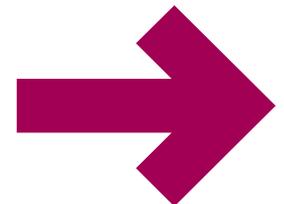


# Yorkshire and the Humber Mental Health Network

## IAPT Providers Network 12<sup>th</sup> May 2016

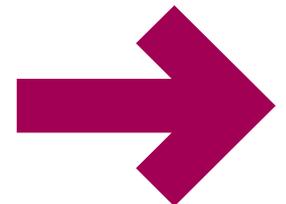
- Andy Wright, IAPT Clinical Advisor, Rebecca Campbell, Quality Improvement Manager and Sarah Boul, Quality Improvement Lead
- [andywright1@nhs.net](mailto:andywright1@nhs.net), [rebecca.campbell6@nhs.net](mailto:rebecca.campbell6@nhs.net) and [sarah.boul@nhs.net](mailto:sarah.boul@nhs.net)
- Twitter: @YHSCN\_MHDN
- May 2016



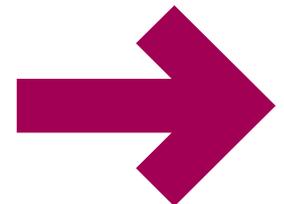
# Yorkshire and the Humber IAPT Providers Network

## Welcome

### Andy Wright, IAPT Clinical Advisor

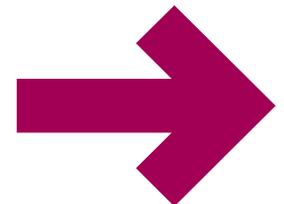


# Housekeeping:



## Yorkshire and the Humber IAPT Providers Network

# Minutes from Last Meeting (27.01.16) and Matters Arising

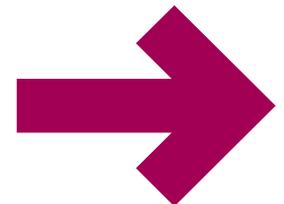


# Yorkshire and the Humber IAPT Providers Network

## Update from the Northern IAPT Practice Research Network (PRN)

**Jaime Delgadillo**

Please note we are unable to share Jaime's slides, as they contain information regarding a research project not yet published. However, if you require further information or would like to join the PRN please contact Jaime directly (contact details on next slide).





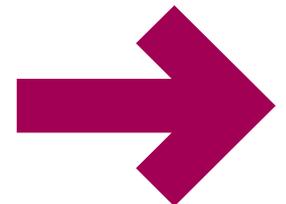
**Next annual PRN meeting:  
June 2016**

**If you would like to get involved contact:  
[jaime.delgadillo@nhs.net](mailto:jaime.delgadillo@nhs.net)**

## Yorkshire and the Humber IAPT Providers Network

# Results from the Survey Monkey Questionnaire

**Sarah Boul, Quality Improvement Lead**



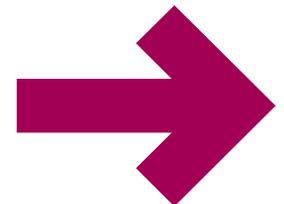
# Results of the Survey...

Following discussions at the IAPT Providers Network on 27 January 2016 a survey of 9 questions to collate views on the frequency; location, membership and content of the meeting was circulated to all attendees.

The survey received 7 responses!



**KEEP  
CALM  
AND  
WAIT FOR  
THE RESULTS**



# Results of the Survey...

## Question 1: Where should we hold the IAPT Providers' Network Meeting?

Answers Received (Multiple Choice):

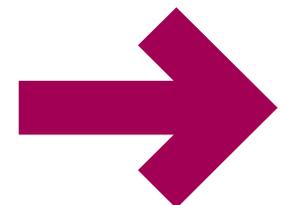
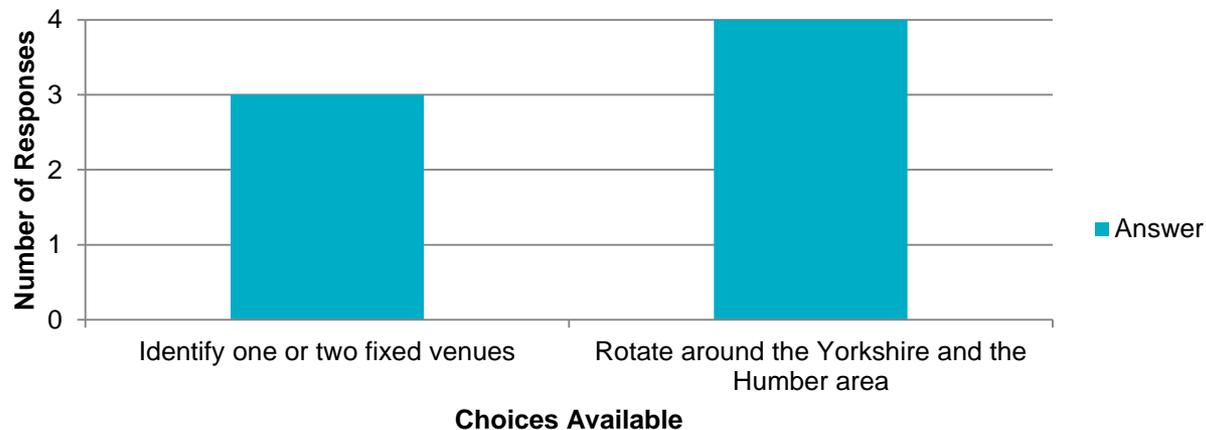
Option 1 - Identify one or two fixed venues

3 Respondents selected Option 1

Option 2 - Rotate around the Yorkshire and the Humber area

4 Respondents selected Option 2

### 1. Where Should We Hold the IAPT Providers' Network Meeting?



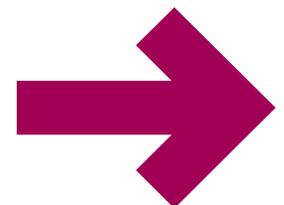
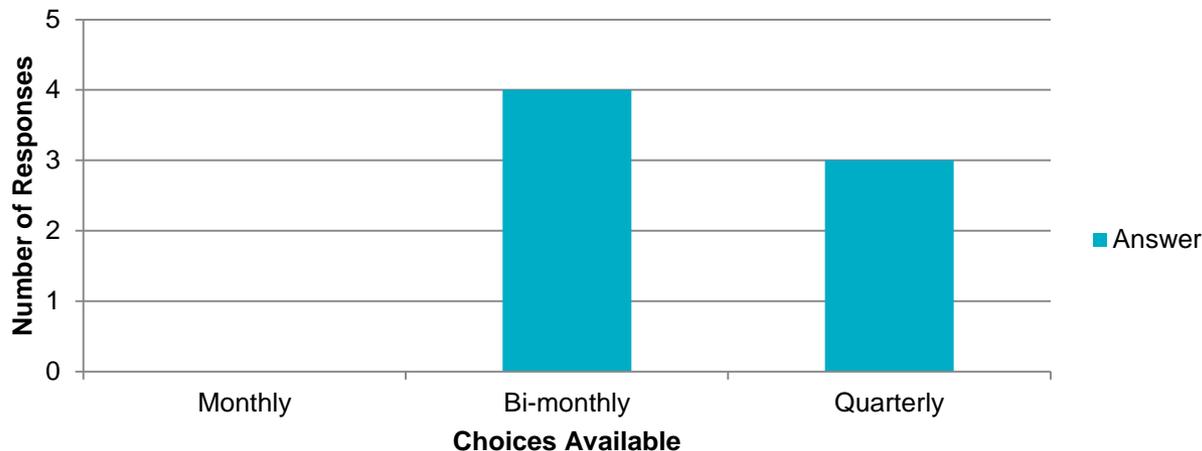
# Results of the Survey...

**Question 2: If we identify a fixed location please indicate which area would be preferential?**

**Answers Received (Free Text):**

- The closest to Grimsby please
- Leeds
- Somewhere central with good road access for the majority of attendees
- Leeds or York - middle of Y&H
- Cedar Court Bradford was great or Wakefield

## 3. How often do you think the IAPT Providers' Network should meet?



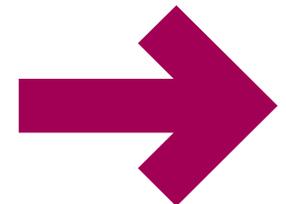
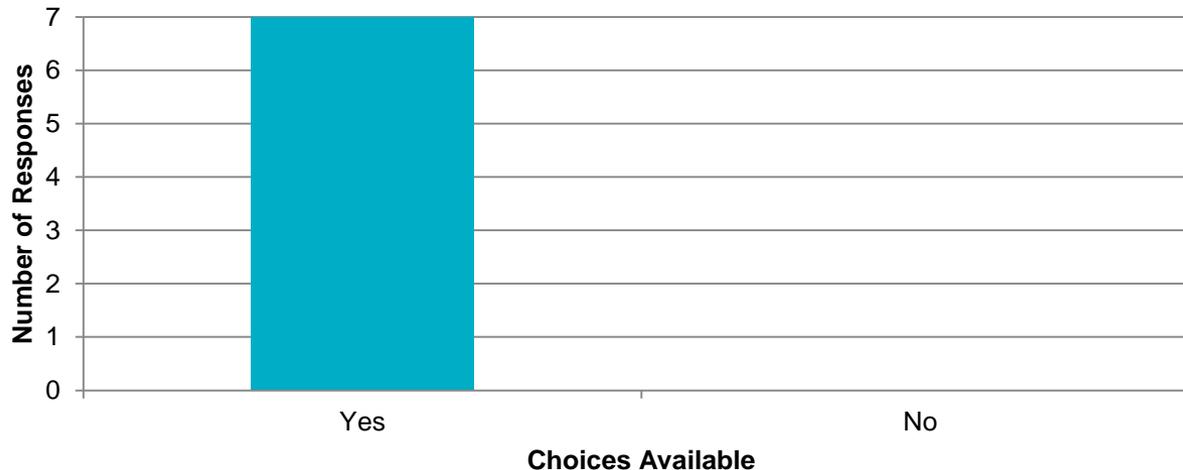
# Results of the Survey...

**Question 4: Is there anyone else from your organisation that you think we should invite to the network meetings?**

Answers Received (Free Text):

- Team Managers
- Maybe invite Commissioners to one event
- Clinical Lead when in post
- Depending on the agenda invite different team members
- No, Clinical Lead and Ops Manager's good

**5. The IAPT Intensive Support Team has offered to attend our network meetings. Do you think this would be helpful?**



# Results of the Survey...

## Question 6: Any thoughts/comments on support available from the IST at the IAPT Providers' Meetings?

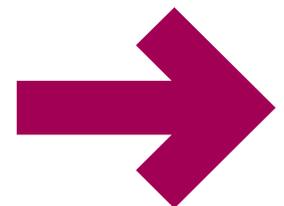
### Answers Received (Free Text):

- I think a talk on Top Tips for IAPT services would be helpful. What are the lessons learned from the top performing IAPT services, What are the common mistakes made by less successful IAPT services.
- I would be interested to know of those areas that received the extra money what projects they did that fit the scope and what are the range of things the IST could offer.
- They must have lots of learning they can collectively and helpfully share.

## Question 7: Are there any standing agenda items that you would like to add to the network meeting?

### Answers Received (Free Text):

- The service presentations are helpful, as are the opportunities to network.
- Regular updates from NHS England on the direction of travel are also helpful.
- DQ, Headline measures.
- Host provider to give an overview of their service.



# Results of the Survey...

**Question 8: Looking forward, are there any specific IAPT issues that you would like the Providers' Network to address?**

**Answers Received (Free Text):**

- Roles and unqualified staff NICE guidance RE: interventions vs training expectations (protocols are longer than sessions allowed) in a lot of services.
- It is good to have updates on national agendas.
- How you influence your waiting times when they are recorded at discharge would be good if anyone has any ideas I am struggling with this.
- Engaging difficult to reach cohorts and staff well-being given the charter coming out soon.
- Best practice for efficiency from contact to treatment care pathways.
- Qualified PWP recruitment crisis.

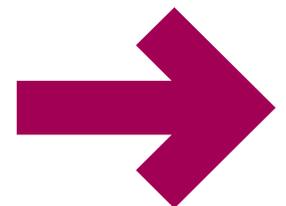
**Question 9: Please provide any additional comments on how the Strategic Clinical Network can support you and your service.**

**Answers Received (Free Text):**

- All the meetings I have attended so far have been useful, so I am happy with the content and format
- Networking, communicating, focus point.
- I find it useful to share good ideas, reassurance that others feel the way you do.
- Are there other developments in other regions that it would be useful to share with our area?
- Comparing logistics in terms of pathways if not numbers/sensitive information.
- It is about trying to remain having a willingness to help one another and share learning despite being in a new NHS culture of competition. Without help and cooperation across services the task of having services that make sense to patients across the area is made very hard; but ultimately being potential competitors throws a large spanner in the works.

# Results of the Survey...

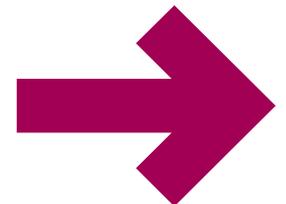
## Any questions?



# Yorkshire and the Humber IAPT Providers Network

## The Online Forum!

**Sarah Boul, Quality Improvement Lead**

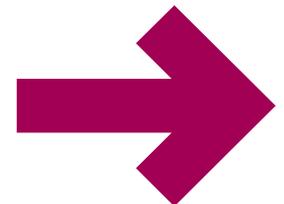


# How to Join...

As discussed at the last meeting a private online forum has now been established to give Providers an opportunity to ask questions, share ideas and share best practice in a safe environment.

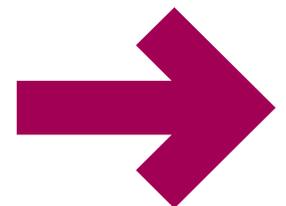
**To register for the forum** please follow the instructions below:

- Go to the Yorkshire and the Humber SCN website here: [www.yhscn.nhs.uk](http://www.yhscn.nhs.uk)
- Click the orange 'forum' tab at the top right of the page
- Fill in the form on the right of the page
- In the interested network section, select "Mental Health" from the drop down box and then select "IAPT Providers Network Forum"
- Create a password
- Once registered, in approx. 1-2 working days you will receive an email to let you know you have access to the forum
- Log on to the forum and you should be able to see the heading 'IAPT Providers Network Forum' and all posts for this group.



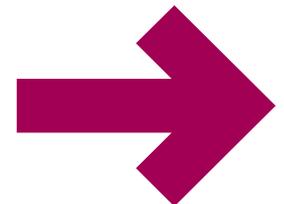
## Yorkshire and the Humber IAPT Providers Network

# Reflections on the IST Workshops for Data and Recovery: What have we learned? (Discussion and Action Plan Review)



# Summary of Data Workshop Table Top Discussions

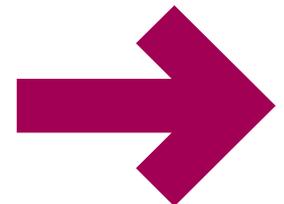
1. What have been your key learning points?
  - Improved communications between analysts and clinicians
  - Ability to refresh knowledge of the terminology and technical process and disseminate this through the team
  - Sharing experiences and sharing best practice
  - Awareness of the level of reporting available
  - Learning about the diversity of IAPT teams, multiple skill sets and multiple systems being used
  - That the IST is a resource for all to access and making contact is welcome
2. What changes have you made already?
  - Involving clinicians in the data quality process
  - Using validation reports as part of the submission process
  - Undertaking more and higher quality data validation



# Summary of Data Workshop Table Top Discussions

## 3. What are your future plans?

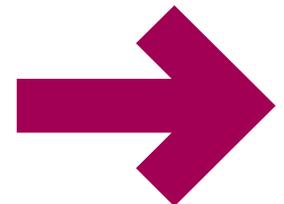
- Develop a Data Analyst network
- Develop PCMIS and IAPTUS networks
- Attend the Demand and Capacity workshop on 12 May 2016
- Gain a better understanding of Demand and Capacity
- Gain more information on clustering
- Explore practical solutions for improving communications
- Bring together Providers and Commissioners to gain a common understanding and take things forwards with a collaborative approach
- Develop the IAPT Providers network to include input from Commissioners
- Create an online forum to share learning and best practice
- Make contact with the IST team
- Re-establish the Data Quality Special Interest Group



# Summary of Data Workshop Table Top Discussions

## 4. What have your potential challenges been?

- Resources and expertise
- Staff wellbeing and workforce issues
- Commissioning models
- Future data set requirements
- Getting therapists to understand that “data” is everyone’s problem
- Communication



# Summary of Recovery Workshop

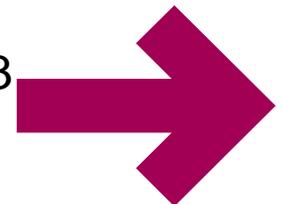
## Action Planning

### Analysis

- More detailed analysis on data
- Reviewing local community, tap into Relate / Diabetes
- Identify data needed for staff and how to get it
- Discover average number of sessions
- Identifying local needs (problem codes)
- Understand recovery rate by diagnosis
- Understand recovery rate by treatment

### Recording

- Recording mixed anxiety/depression
- Recording professional outcomes – Appropriate number of sessions attended by patients. Appropriate group training session attended by the patients. Staff training fixed every week for training/CPD
- Availability of problem descriptor specific recovery rates, Step 2 + 3



# Summary of Recovery Workshop

## Action Planning

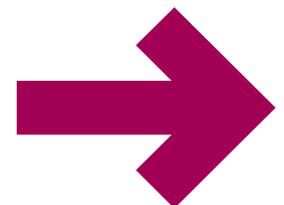
Yorkshire and the Humber  
Clinical Networks

### Reporting

- Improvement and reliability of recovery / real improvement reports – Correspondence between HSCiC reported recovery rates and KPI reported rates
- Regular monthly reports with increased granularity – Current ‘reports’ broken down monthly by gender, age, diagnosis, step and recovery etc. – Time and new admin role to make permanent
- Rio issues around admin time and reporting, feedback individual recovery rates
- CCG targets and compliance – National indicators etc. achieved, review and increase of providers

### Demand and Capacity

- Capacity and Demand modelling
- Demand and Capacity explore this



# Summary of Recovery Workshop

## Action Planning

### **Supervision**

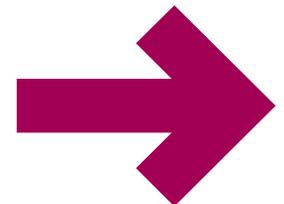
- Review supervision arrangements
- CPD for supervisors, external supervisors of supervisors, possible to be explored
- Review of supervision and case management/line management

### **Role and Responsibility**

- Define senior PWP role to include DQ – Review of Step 2 cases by deactivation / DNA / prop out
- STAFF WELLBEING, Reduce admin responsibility

### **Recruitment**

- Explore employing assistants
- Explore assistant PWP
- Recruit lead PWP



# Summary of Recovery Workshop

## Action Planning

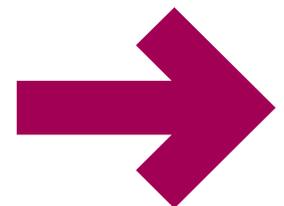
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### **Treatment**

- Right treatment dosage
- NICE compliant treatment, protocols delivered at Step 2 + Step 3 – Pathway guidance, ongoing supervision of compliance
- NICE compliant treatments delivered at the right time

### **Communications**

- Formal trust wide IAPT Network
- Access to shared policies and procedures
- Sharing key messages of what we need to do
- Team briefs to look at future standards



# Summary of Recovery Workshop

## Action Planning

### Service Improvement

- Access, Marketing strategy
- Improve website, Online referral
- Productivity
- Case management, High intensity
- Waiting list, Counselling, have got right clients?
- Manager discharge above recovery
- Improving IAPT tool kit, Pathways, 2-3 (hidden waiting lists)
- Waiting times
- Taking appropriate referrals – Improved number of people treated at step 2, improved recovery rate.  
Write up of policies and procedures, additional staff resource
- Create a user guide
- Improve of process of referral from Step 1 to Step 2 – Sign off by supervisor at Step 1 before discharge
- Stepping up / discharge, Protocol developed
- Use follow up letters to decrease drop out of text
- Step 2 discharges discussed daily with duty worker
- Market, Target and Encourage joint working, based on local population ‘make up’
- Recovery, no step 3 wait / no hidden wait of them assessing for counselling etc. then putting on



# Summary of Recovery Workshop

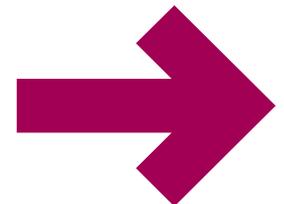
## Action Planning

### Audit

- Service reviews – Increased recovery, Improve DQ, Prevent flow patterns
- Plan do study act
- Robust clinical decision making base on outcomes (in relation to stepping up / discharge) – Case Management / Supervision data, Audit
- Audit of supervision standards
- Stepped care audience
- Research projects, LRI and ETR – Analysis of data and drop out / improved recovery
- What percentage of problem descriptors are mixed anxiety and depression
- Discharges not at recovery
- Look at drop outs – Sample of drop outs, review themes

### CPD Training

- Identify training needs and target CPD
- Tailor CPD / journal clubs
- Further CPD around redirecting therapy drift

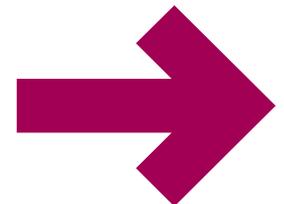


# Summary of Recovery Workshop

## Action Planning

### Training (General)

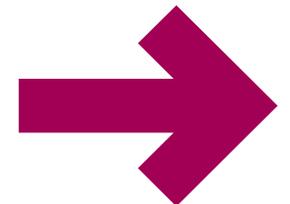
- Discuss protected education time sessions for each team – adjustments to timetable and job plans
- Survey monkey cut-of measures quiz
- Recovery masterclass
- PWP training engagement
- Additional courses for OCD, PTSD
- Review pathways and processes, Install quarterly refreshers
- Top up training
- Team quiz on cut-offs and recovery
- Accurate problem descriptor identification at assessment
- Increase choice of treatment at Step 3, use resources / skillset



# Yorkshire and the Humber IAPT Providers Network Time for a break?



**15 minutes only please!**

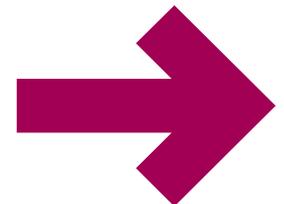


# Yorkshire and the Humber IAPT Providers Network

## Risk Assessment Tools (Discussion)

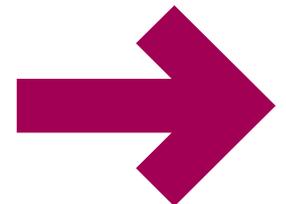
&

## Managing Risk with Online Screening (Discussion)



## Yorkshire and the Humber IAPT Providers Network

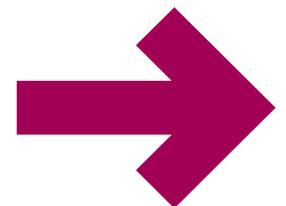
# Development of a Senior PWP Network (Discussion)



# Yorkshire and the Humber IAPT Providers Network

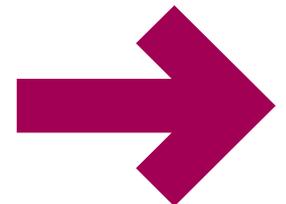
## IST National Update

**Caroline Coxon**



## Yorkshire and the Humber IAPT Providers Network

# Any Other Business PEQ Collection (Discussion) Direct Access to Groups



# Yorkshire and the Humber IAPT Providers Network

# Thank you for Attending!

