

# Yorkshire and the Humber Adult Mental Health Network

**Older People in IAPT Conference  
22 June 2017**

# Evaluation Report



# **Older People in IAPT Conference: Evaluation Report**

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## 1 Purpose

The purpose of this report is to present an analysis of evaluation information, collected by the Yorkshire and the Humber Mental Health Clinical Network, following the delivery of the Older People in IAPT Conference on 22 June 2017.

## 2 Introduction

Across the Yorkshire and the Humber region Improving Access to Psychological Therapies (IAPT) services provide assessment and treatment to a population of approximately 5.6 million. IAPT services are provided through a range of service models: some Clinical Commissioning Groups (CCGs) commission a range of services and smaller organisations to provide IAPT through a lead provider model, whilst other CCGs commission a single provider that operates one service across a geographical area.

The Yorkshire and the Humber Mental Health Clinical Network is committed to supporting Providers and Commissioners in the development of their IAPT services and are committed to supporting services to achieve the Access, Waiting Time and Recovery Standards for IAPT. In particular the Network is keen to promote access to IAPT services for older adults.

To facilitate developments and improvements in IAPT services the Yorkshire and the Humber Mental Health Clinical Network host a Senior Psychological Wellbeing Practitioner (PWP) Network and an IAPT Providers' Network. Both Networks have the purpose of providing a forum to support IAPT Providers' to deliver best practice services and to ensure fair and timely access, treatment and recovery for the population of Yorkshire and the Humber.

At recent provider network meetings, commissioner network meetings and national meetings access for older adults to IAPT services, which research has indicated impacts positively on patient recovery rates, has been debated. Subsequent to these debates the Yorkshire and the Humber Mental Health Clinical Network, in conjunction with the National IAPT Programme, agreed to engage the local health economy with an introductory conference focussing on older adults in IAPT.

## 3 Aim, Objectives and Session Outline

### 3.1 Aim

The overall aim of the Older Adults in IAPT conference was:

- To bring together experts in the field of IAPT with providers, commissioners and the third sector to enable attendees to develop their understanding around how IAPT services can increase access for older people and share best practice examples of current work being undertaken with older adults and carers.

### 3.2 Objectives

The objectives for the conference were for attendees to:

- Be presented with an overview of the national direction for Older People’s Mental Health from Professor Alistair Burns;
- See case examples of successful service innovations with older adults;
- Have an opportunity to make a pledge about improving access to IAPT services for older people;
- Gain an understanding of the application and effectiveness of low intensity interventions with older people and;
- Have the opportunity to participate in a Q&A panel discussion.

### 3.3 Conference Outline

The agenda below outlines the format of the conference:

Time	Title	Lead
10:00	Arrival, Registration and Refreshments	
10:30	Welcome and Introduction to the Older People’s Mental Health Programme	Professor Alistair Burns, Professor of Old Age Psychiatry, University of Manchester & National Clinical Director for Dementia and for Mental Health in Older People, NHS England
11:00	Increasing Older Adult Access to Psychological Therapies in North Yorkshire: The Journey So Far	Alison Hobbs, Clinical Lead and Louise Unitt, Senior PWP, North Yorkshire IAPT Service
11:30	Sheffield Health and Social Care: Older Adults Overcoming Worry Group Research Study	Manreesh Bains, Older Adults Psychologist and Heather Stonebank, Lead PWP, Sheffield Health and Social Care
12:00	Innovative Treatment for Depression in Older People	Dean Mcmillan, Senior Lecturer in Mental Health Services Research, University of York
12:30	Lunch and Networking (1 hour)	
13:30	Low Intensity Interventions for Older Adults and Carers	Dr Joanne Woodford, Clinical Education, Development and Research (CEDAR), University of Exeter
14:15	Increasing Access to Older Adults from BAME Communities	Dr Beverley Costa, Chief Executive Officer and Clinical Director, Mothertongue
15:00	Tea and Coffee Break (20 minutes)	

15:20	Q&A Panel Discussion	All Speakers
15:50	Summary of the Day, Future Steps and Evaluation	Ursula James, IAPT Programme Manager, NHS England
16:00	Close	

## 4 Evaluation Results

The Older People in IAPT Conference was held in Leeds and was attended by 135 people. The Clinical Network received 94 completed evaluation forms.

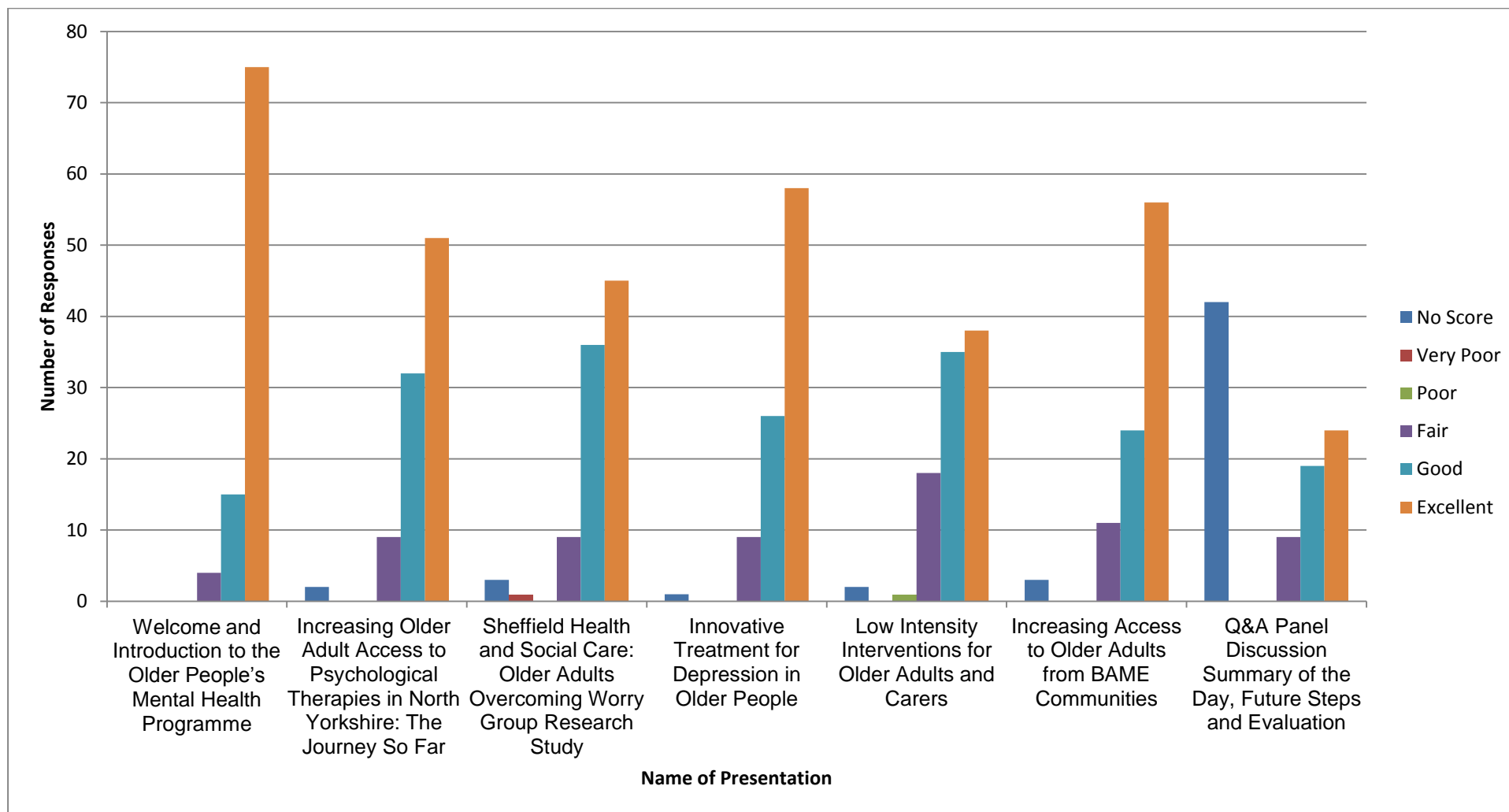
The evaluation forms from each session requested participant feedback on the presentations provided by the speakers and sought views on the location of the conference. Feedback was sought by both quantitative and qualitative methods and the quantitative feedback is summarised in the following section.

### 4.1 Presentations

The feedback from the evaluation forms regarding the presentational elements of the conference is summarised below:

	No Score	Very Poor	Poor	Fair	Good	Excellent
<b>Welcome and Introduction to the Older People's Mental Health Programme</b>	0	0	0	4	15	75
<b>Increasing Older Adult Access to Psychological Therapies in North Yorkshire: The Journey So Far</b>	2	0	0	9	32	51
<b>Sheffield Health and Social Care: Older Adults Overcoming Worry Group Research Study</b>	3	1	0	9	36	45
<b>Innovative Treatment for Depression in Older People</b>	1	0	0	9	26	58
<b>Low Intensity Interventions for Older Adults and Carers</b>	2	0	1	18	35	38
<b>Increasing Access to Older Adults from BAME Communities</b>	3	0	0	11	24	56
<b>Q&amp;A Panel Discussion</b>	42	0	0	9	19	24

## Presentation Scores





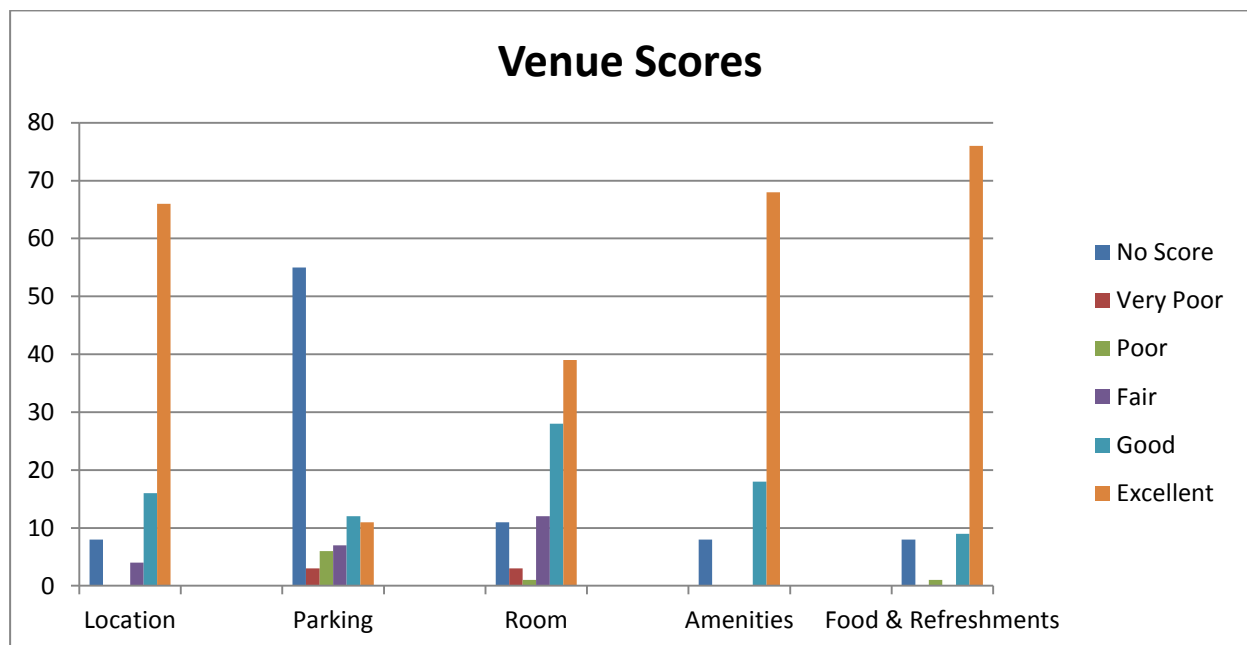


## 4.2 Venue

The Clinical Network aims to source venues in locations as central to the region of Yorkshire and the Humber as possible to try and minimise journey times for attendees. A significant number of attendees reported that the consideration given to venue location and facilities had made them feel especially valued.

The feedback from the evaluation forms regarding the venue is summarised below:

Location	No Score	Very Poor	Poor	Fair	Good	Excellent
	8	0	0	4	16	66
Parking	No Score	Very Poor	Poor	Fair	Good	Excellent
	55	3	6	7	12	11
Room	No Score	Very Poor	Poor	Fair	Good	Excellent
	11	3	1	12	28	39
Amenities	No Score	Very Poor	Poor	Fair	Good	Excellent
	8	0	0	0	18	68
Food & Refreshments	No Score	Very Poor	Poor	Fair	Good	Excellent
	8	0	1	0	9	76



## 5 Key Issues / Challenges

The quantitative data displayed in the tables and graphs in Section 4, combined with a thematic analysis of the qualitative information provided on the evaluation forms, has highlighted the following areas that could be viewed as key issues or challenges from the conference:

- It was highlighted that abbreviations and acronyms were used by some presenters and not fully explained. This meant that some attendees were unsure of the meaning of some of the topic content;
- Issues were highlighted with the venue in terms of the room temperature being uncomfortably cold and parking difficult;
- Some attendees reported that more opportunities for interaction/challenge would have been welcome.

## 6 Opportunities for Improvement

The quantitative data displayed in the tables and graphs in Section 4, combined with a thematic analysis of the qualitative information provided on the evaluation forms, has highlighted the following areas that could be viewed as opportunities for improvement:

- Asking all presenters in advance to ensure that their presentations do not include abbreviations or acronyms and that when presenting all abbreviations and acronyms are explained in full;
- Working with future venue management teams to ensure the venue is a comfortable temperature to enable attendees to fully concentrate on the content of the day;
- Ensuring that future events include more opportunities for interaction/challenge to enable attendees to network, reflect and utilise different learning approaches;
- Consider a strategy to encourage attendees to consolidate their learning from the day and then embed this in their services. One element of a strategy to consolidate learning could be to encourage providers and commissioners to meet to discuss the development of a place based strategy for older people's access to IAPT.

## 7 Conclusion and Recommendations

The number of delegates attending the conference was impressive and showed keenness from commissioners, providers and the third sector to develop their knowledge in this area and improve the services they deliver to older adults.

The attendees of the conference benefitted from hearing presentations from highly skilled speakers and from undertaking discussions with colleagues from across the Yorkshire and the Humber region and beyond. There was a good mix of providers and commissioners in attendance and the networking lunch provided opportunities for interactivity and sharing of best practice.

Overall the evaluations indicated that attendees found the conference very useful and several requests have been made to repeat the conference across other Clinical Network areas in England to facilitate continued learning about this patient cohort.

From the feedback received, and discussions held within the Yorkshire and the Humber Mental Health Clinical Network, the following recommendations are proposed:

- Share the learning from this conference with regional and national colleagues;
- Explore the potential to hold a series of training sessions on the CASPER and CASPER Plus intervention across the Yorkshire and the Humber region;
- Explore how both IAPT Services and Memory Services can support people with both dementia and depression and their carers;
- Encourage IAPT services to make links with local older people's and carer's charities/groups and encourage the use of older adult volunteers within services to provide peer support;
- Encourage commissioners and providers to work together to improve links and referral routes between IAPT, older people's services and memory services;
- Encourage commissioners and providers to raise awareness of IAPT services and benefits to older adults within older people's services, memory services, GPs, client and carer's groups;
- Encourage Sustainability and Transformation Partnerships (STPs) to incorporate IAPT and Older Adults into their developing mental health portfolios of work.