

**Intensive Support Team  
and  
Yorkshire and the Humber Clinical Networks**

**IAPT Recovery Workshop  
21 April 2016**

**Evaluation Report**



## 1 Purpose

The purpose of this paper is to present the outcomes of the evaluation of the Recovery Workshop held on 21 April 2016.

## 2 Introduction

Yorkshire and the Humber Clinical Network (YHCN) and the Intensive Support Team (IST) are committed to supporting Providers and Commissioners in the development of their Improving Access to Psychological Therapies (IAPT) services and are committed to supporting services to achieve the Access and Waiting Time Standards for IAPT.

To facilitate developments and improvements in IAPT services the YHCN hosted the IAPT Recovery Workshop to bring together experts in the field of IAPT, particularly IAPT Recovery, with a wide range of attendees from Providers and Commissioners across Yorkshire and the Humber and Northern England.

The workshop was chaired in the morning by Professor David Clark and in the afternoon by Els Drewek, Intensive Support Manager from the Mental Health Directorate of NHS England.

## 3 Aims

The overall aims of the Recovery Workshop were to enable participants to develop a clear understanding of Recovery and Reliable Improvement in IAPT Services and of how best to assure high performance.

## 4 What we did

152 people registered to attend the workshop and 128 attended on the day. Of those that attended 108 were from Provider Organisations, 9 were from Clinical Commissioning Groups and 11 were from NHS England.

The attendees heard from a variety of national speakers on the following topics:

AGENDA ITEM	SPEAKER
Enhancing Recovery Rates: lessons from the national data and local innovation	Professor David Clark, <i>National Clinical Advisor for IAPT</i>
Plan, Do, Study, Act: a methodology for enhancing Recovery in your Service	John Pimm, <i>Clinical Lead Buckinghamshire Psychological Therapies Pathway Buckinghamshire Healthy Minds.</i>

The Road to Recovery: The Bath and NE Somerset Experience	Ursula James, <i>Clinical Lead Bath and NE Somerset Talking Therapy Service, Avon and Wiltshire Mental Health Partnership NHS Trust</i>
The IAPT Fingertips Tool	Professor David Clark, <i>National Clinical Advisor for IAPT</i>
Reflections from the NHS England Intensive Support Team	Els Drewek, <i>Head of Mental Health Intensive Support, NHS Improvement</i>
Maximising Clinical Performance and Recovery at Step 2 – Best practice in supervision and delivering tailored treatments	Judith Chapman, <i>Clinical Director, Specialist Mental Health Services Talking Therapies (IAPT) Berkshire Health FT</i>
Plans for further expansion of IAPT in this parliament	Professor David Clark, <i>National Clinical Advisor for IAPT</i>

In addition to the speaker led presentations there were also group discussion sessions, question and answer sessions and an action planning session. The outputs of the latter session can be found in Appendix A.

## 5 Evaluation Results

### 5.1 Evaluation Feedback Forms

The feedback from the evaluation forms collated after the workshop is summarised below:

#### Presentations:

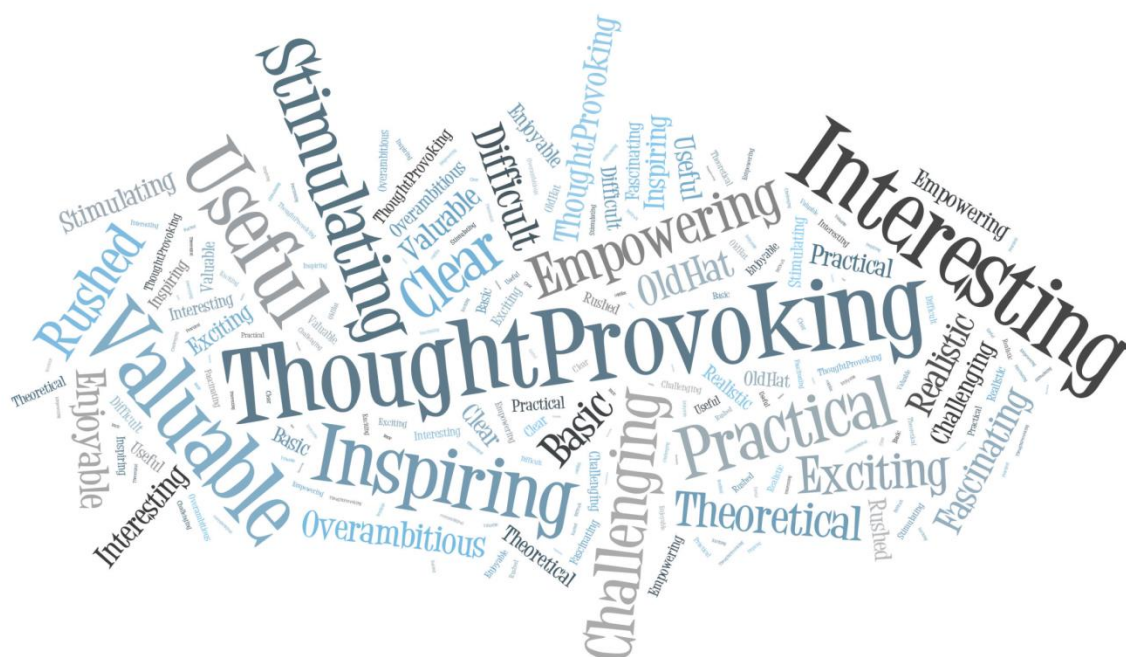
The Presentations						
<b>Enhancing Recovery Rates: lessons from the national data and local innovation</b>	No Score	Very Poor	Poor	Fair	Good	Excellent
	0	0	0	4	35	35
<b>Plan, Do, Study, Act: a methodology for enhancing Recovery in your Service</b>	No Score	Very Poor	Poor	Fair	Good	Excellent
	1	0	1	7	31	34
<b>The Road to Recovery: The Bath and NE Somerset Experience</b>	No Score	Very Poor	Poor	Fair	Good	Excellent
	0	1	1	9	35	28

The IAPT Fingertips Tool	No Score	Very Poor	Poor	Fair	Good	Excellent
	0	0	0	12	40	22
Reflections from the NHS England Intensive Support Team	No Score	Very Poor	Poor	Fair	Good	Excellent
	3	1	1	17	35	17
Maximising Clinical Performance and Recovery at Step 2 – Best practice in supervision and delivering tailored treatments	No Score	Very Poor	Poor	Fair	Good	Excellent
	3	0	1	15	28	27
Plans for further expansion of IAPT in this parliament	No Score	Very Poor	Poor	Fair	Good	Excellent
	20	0	0	8	24	22

**Interactive Sessions:**

The Interactive Sessions						
Group Discussion and Feedback	No Score	Very Poor	Poor	Fair	Good	Excellent
	3	0	2	17	34	18
Questions and Answers	No Score	Very Poor	Poor	Fair	Good	Excellent
	12	0	1	15	31	15
Action Planning	No Score	Very Poor	Poor	Fair	Good	Excellent
	11	0	5	16	20	22
Panel Discussion	No Score	Very Poor	Poor	Fair	Good	Excellent
	34	0	0	7	20	13

Summary Word Cloud:



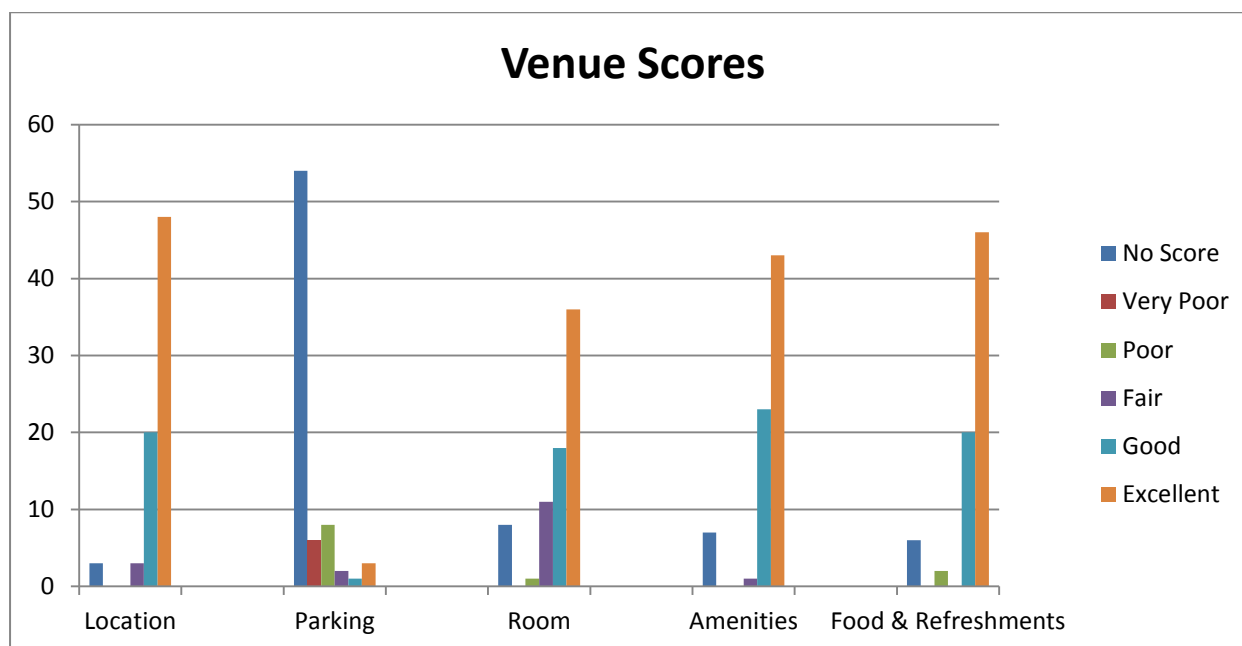
Other Information:

Total Number of Evaluation Forms Received	74
Total Number Received from Yorkshire and the Humber	31
Total Number Received from Other Areas	21
Total Number Received with No Identified Area	22

How did you find out about the Recovery Workshop?					
E-mail	Word of Mouth	Website	Twitter	Linked In	Other
42	14	0	0	0	15

The Venue						
Location	No Score	Very Poor	Poor	Fair	Good	Excellent
		3	0	0	3	20
Parking	No Score	Very Poor	Poor	Fair	Good	Excellent
	54	6	8	2	1	3
	No Score	Very Poor	Poor	Fair	Good	Excellent

<b>Room</b>	8	0	1	11	18	36
<b>Amenities</b>	No Score	Very Poor	Poor	Fair	Good	Excellent
	7	0	0	1	23	43
<b>Food &amp; Refreshments</b>	No Score	Very Poor	Poor	Fair	Good	Excellent
	6	0	2	0	20	46



## 6 Conclusion

The attendees of the workshop benefitted from hearing presentations from nationally renowned speakers and from undertaking group work and discussions. The number of delegates attending the workshop was impressive and showed keenness to better understand recovery and reliable improvement and of how best to assure high performance.

There was a good mix of IAPT stakeholders from across the North Region and the interactive sessions provided opportunities for networking and sharing of best practice.

Overall the evaluations indicated that delegates found the workshop useful and, for those people who made suggestions for improvements to future workshops, this has been relayed to the Intensive Support Team to facilitate continued learning and improvement.

## 7 Appendix A: Summary of Action Planning Templates

### 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

### 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

### 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

## 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

## 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

## 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

### 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

## 8 Appendix B: Selection of Twitter Activity

**Emma Leigh**  
@Emma\_Leigh\_MBE

Packed agenda here #YHSCN\_MHDN looking forward to talking more @NHSECCCG Primary Mental Health Care spec at lunch

09:30 - 10:30	Enhancing Recovery Rates: lessons from the national data and local experience	Professor David Clark, National Clinical Advisor for IAPT
10:30 - 11:10	Paul (Dr) White: AIC, a model for us? Planning Recovery in your Service	John Pilling, Clinical Lead Buckinghamshire & Philip Kingsland, Primary Care, Primary Care, Primary Care, Primary Care, Primary Care
11:00	Group Discussion	
11:30	Break	
11:45 - 12:10	Group Discussion and Feedback	
12:10 - 12:40	The Road to Recovery: The Bath and NE Somerset Experience	Ursula James, Clinical Lead Bath and NE Somerset Talking Therapies Service, Avon and Somerset Mental Health Partnership Trust
12:40	GAA	
00	Lunch	IST Surgery Sessions: (Surgery on the day)
13:00	Chair: Elis Drewek	
13:14:30	The IAPT Fingertips Tool	Professor David Clark
13:14:35	Reflections from the NHS England Intensive Support Team	Elis Drewek, Head of Intensive Support, NHS England
13:15:00	Maximising Clinical Performance and Recovery at Step 2 – Best practice in supervision and delivering tailored treatments	Judith Chapman, Clinical Director, Specialist Services Talking Therapies, The Humber Health FT
13:30	Action Planning	
13:45	Plans for further expansion of IAPT in this parliament	Professor David Clark

**Lloyd Hardman**  
@LloydHardman

In Leeds today at the IAPT Recovery Workshop on behalf of @NorthumbriaNHS North Tyneside Talking Therapies #YHSCN\_MHDN

9:57 AM - 21 Apr 2016

**Elaine Goodwin**  
@GoodwinElaine

Looking forward to the IAPT recovery event today #YHSCN\_MHDN



**debbie blakeston**  
@debbiebj22

@allofusinmind IAPT listening to the brain child of IAPT Professor David Clark #YHSCN\_MHDN



**Emma Leigh**  
@Emma\_Leigh\_MBE

Some excellent learning from Ursula James #Talking #Therapies service, importance of getting first assessment right in #IAPT #YHSCN\_MHDN

RETWEET 1  
12:45 PM - 21 Apr 2016

**Heather Tattersall**  
@HevaRileyTatt

Good morning workshop on enhancing recovery rates in IAPT. Be great to hear from some services in the North #YHSCN\_MHDN

RETWEET 1  
1:58 PM - 21 Apr 2016

**NHS** YHCN MHDN Team  
@YHSCN\_MHDN

#IAPT for Adults Minimum Quality Standards are available here:

[iapt.nhs.uk/silo/files/iap...](http://iapt.nhs.uk/silo/files/iap...)

#YHSCN\_MHDN

2:23 PM - 21 Apr 2016

**Lloyd Hardman**  
@LloydHardman

Correct treatment for the correct problem #YHSCN\_MHDN

RETWEETS 2 LIKE 1  
11:26 AM - 21 Apr 2016