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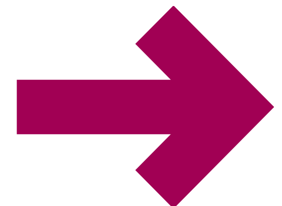
Yorkshire and the Humber
Clinical Networks

Yorkshire and the Humber Mental Health Network

Senior PWP Network 13 October 2016

- Andy Wright, IAPT Clinical Advisor, Rebecca Campbell, Quality Improvement Manager and Sarah Boul, Quality Improvement Lead
- andywright1@nhs.net, rebecca.campbell6@nhs.net and sarah.boul@nhs.net
- Twitter: @YHSCN_MHDN #yhmentalhealth

- October 2016



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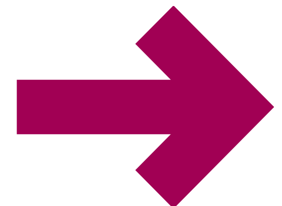
Housekeeping:

#YHSCN_MHDN
#yhmentalhealth



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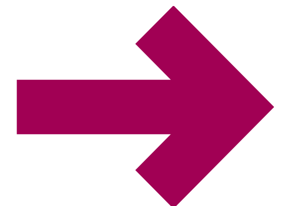
Welcome, Introductions and Apologies

Sarah Boul, Quality Improvement Lead, Clinical Networks



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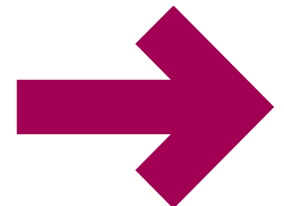
Setting the Scene for the Senior PWP Network

Andy Wright, IAPT Clinical Advisor, Yorkshire and the Humber Clinical Networks

and

Heather Stonebank, Senior PWP, Sheffield Health and Social Care NHS Foundation Trust



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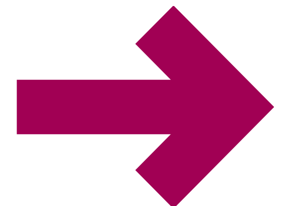
What are the Clinical Networks?

- Clinical Networks operate as engines for change across complex systems of care, maintaining and or improving quality and outcomes.
- They bring primary, secondary and tertiary care clinicians and practitioners together with partners from commissioning, social care, the third sector and patients.
- Clinical Networks are hosted by NHS England and receive national commissioning funding for their core functions.
- Within Yorkshire and the Humber the Clinical Network is by the District Commissioning Office of NHS England in Yorkshire and the Humber.



Clinical Network and Senate Geography

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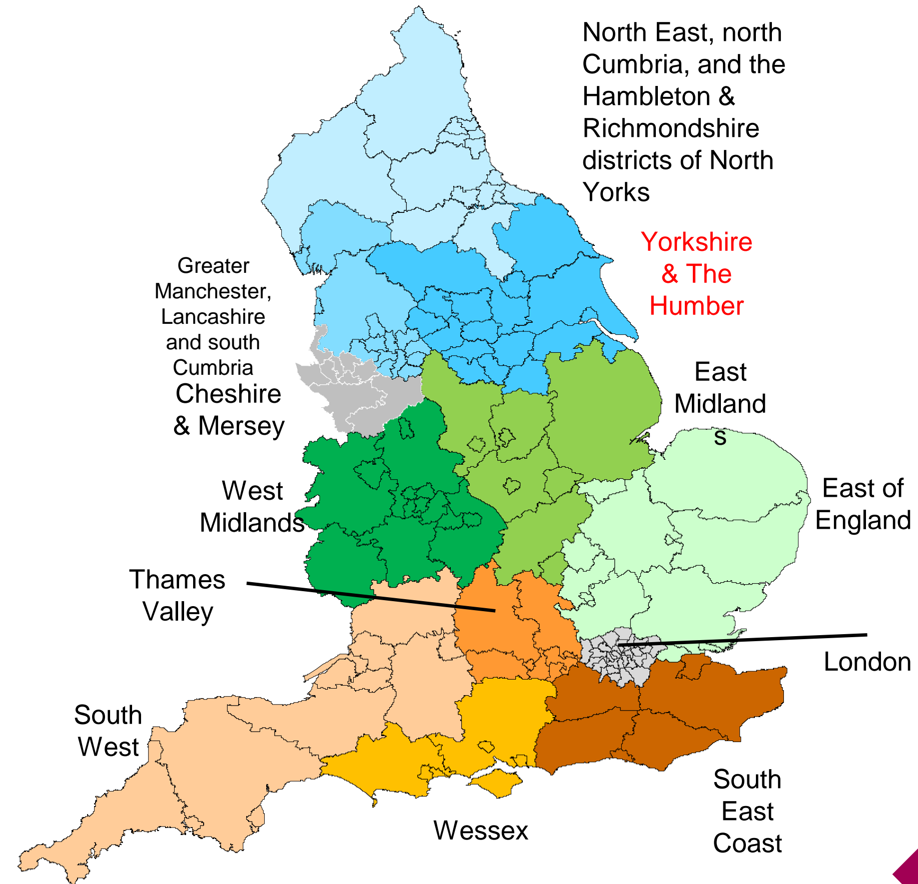
Clinical Networks

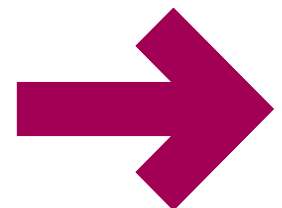
- 12 senate geographical areas
- One core support team per senate
- Number and size of each network is locally determined, to take account of patient flows and clinical relationships



What can the Clinical Networks do for you?

Clinical Networks are established to:

- Work across the boundaries of commissioning and provision, as engines for change in the modernised NHS
- Support commissioners with their core purpose of quality improvement and ultimately the achievement of outcome ambitions for patients
- Work within a single framework which promotes consistency of approach but also allows flexibility for health communities to develop their structures in line with local need and circumstances



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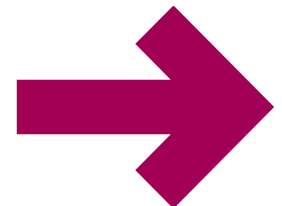
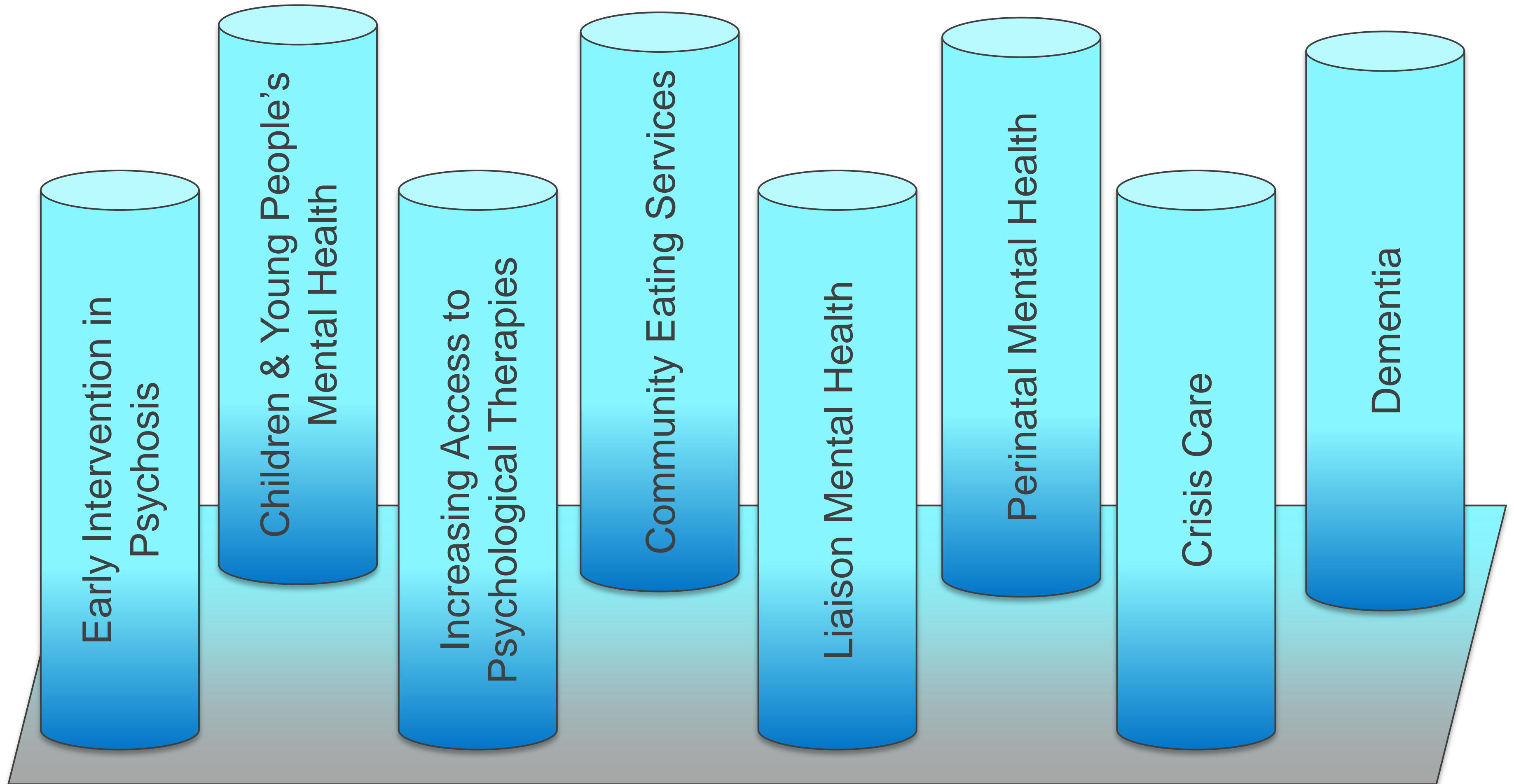
How Clinical Networks can be Effective

- Added value for patients, professionals and constituent organisations
- Support teams will have a significant role in supporting the development of coherent and effective network arrangements – fostering a culture of collaboration and engagement for quality improvement
- Clear terms of reference for groups relating to outcome ambitions and quality improvement
- Support CCGs in their annual assessment (authorisation process) – demonstrating excellence



The Pillars of Mental Health



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Contacts for the IAPT Work Programme

- Sarah Boul, Mental Health Quality Improvement Lead: Sarah.boul@nhs.net
- Rebecca Campbell, Mental Health Quality Improvement Manager: Rebecca.Campbell6@nhs.net
- Andy Wright, IAPT Clinical Advisor, andywright1@nhs.net

Twitter: @YHSCN_MHDN

Website: http://www.yhscn.nhs.uk/mental-health-clinic/mental-health-network.php

The Senior PWP Network

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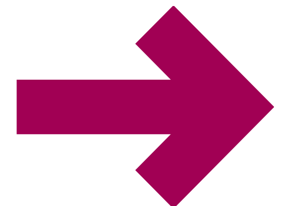
Idea for the network inspired by:

1. My passion for developing the Senior PWP role and IAPT
2. My strong belief in promoting collective leadership in IAPT
3. The great work of the North West Senior PWP network
4. Sharing good practice to improve quality of care



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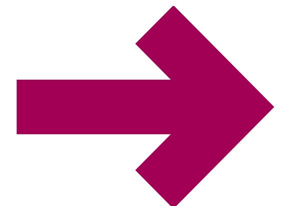
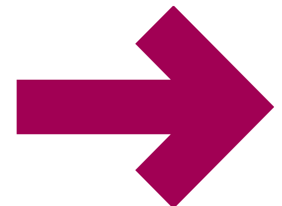
Purpose of the Senior PWP Network

- To provide a network for Senior PWPs in Yorkshire and Humber to share good practice and innovation
- Create a network to address local, regional and national topics for the Step 2 role
- To come together to reflect and support each other in the Senior PWP role
- An opportunity to develop the Senior PWP role, contribute to improving IAPT services, Step 2 interventions and improving quality of patient care



The Senior PWP Role

- Senior PWP role is fast paced and varied, duties range from supervising, service development and management responsibilities (PWP Best Practice Guide, 2015)
- The Senior PWP role is becoming more established within IAPT, making up 9% of the low intensity workforce (IAPT Census Report, 2016)
- The PWP and Senior PWP roles are both diverse and dynamic which are constantly evolving
- Opportunities to contribute to the development of Step 2



Our journey so far…

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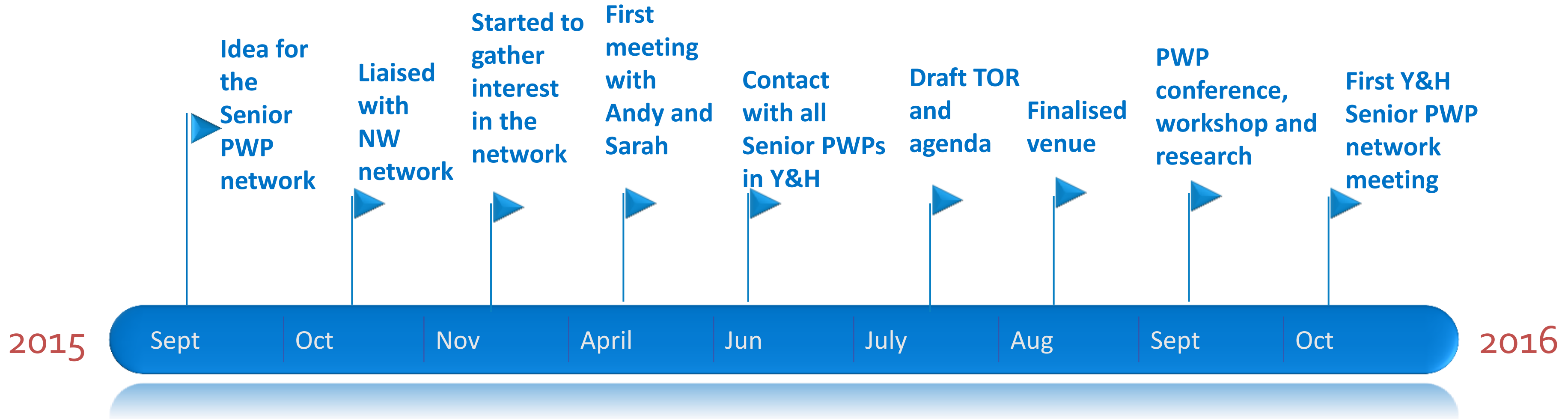
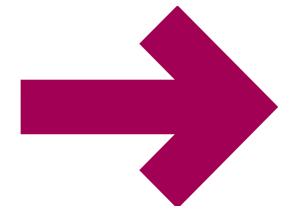
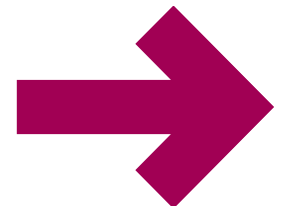




Yorkshire and the Humber
Senior PWP Network

Terms of Reference - Discussion

Andy Wright, IAPT Clinical Advisor, Yorkshire and the Humber Clinical Networks



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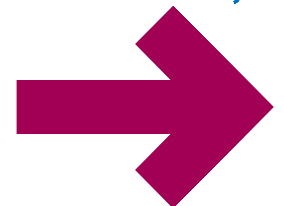
Senior PWP Network

Feedback from PWP Conference 14 September 2016:

Feedback from the Conference
Feedback from the Workshops
Feedback from the Survey

Heather Stonebank, Senior PWP, Sheffield Health and Social Care NHS Foundation Trust and Sarah Boul, Quality Improvement Lead, Yorkshire and the Humber Clinical Networks

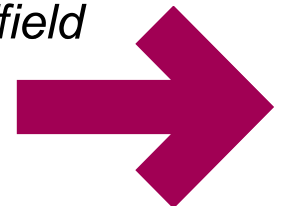


Agenda for North of England PWP Conference

Welcome & Introduction
Barry Foley, *IAPT Adviser for Health Education England working across Yorkshire and the Humber and* Cheryl Day, *Programme Lead, Health Education England working across Yorkshire and the Humber*

Dilemmas in Step 2 Delivery - What are the Evidence - Based Choices?
Prof Chris Williams, *Professor of Psychosocial Psychiatry, University of Glasgow & President of the British Association for Behavioural and Cognitive Psychotherapies (BABCP)*

Stress Control at Step 2: Origins, Development and Evidence Base
Dr Jim White, *Consultant Clinical Psychologist, Stress Control Ltd.*
Dr Jaime Delgadillo, *Lecturer in Clinical Psychology, University of Sheffield*



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Agenda for North of England PWP Conference

Choice of Workshops Across the 3 North Regions presented by PWPs:

A PWP Use of Digital Technology

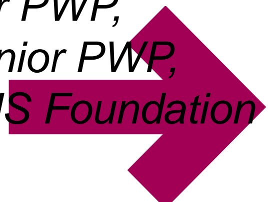
Katie Kay, *Project Lead, Health and Wellbeing College / Team Manager, Staff Wellbeing Service, Pennine Care NHS Foundation Trust & Deputy Chair of the North West PWP Professional Network*

Pain, Mental Health and the PWP Role

John Firth, *Extended Scope Physiotherapist and PWP, Sheffield Teaching Hospitals NHS Foundation Trust,* Gill Randall, *Community Nurse and PWP, Sheffield Teaching Hospitals NHS Foundation Trust* and Nicola Willcocks, *Advanced Physiotherapist and PWP, Sheffield Teaching Hospitals NHS Foundation Trust*

The Development of a Northern Senior PWP Network

Liz Kell, *Senior Lecturer in Psychological Interventions, University of Central Lancashire & Chair of the North West PWP Professional Network,* Heather Stonebank, *Senior PWP, Sheffield Health and Social Care NHS Foundation Trust* and Elizabeth King, *Senior PWP, Sunderland Psychological Wellbeing Service, Northumberland Tyne & Wear NHS Foundation Trust*



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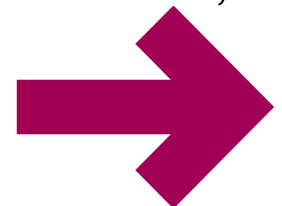
Agenda for North of England PWP Conference

Behavioural Activation: Complex versus Simple Models
Dr David Ekers, *Clinical Senior Lecturer - Psychological Interventions, Durham University*

Combining Behavioural Activation with Physical Activity Promotion (BAcPAc) for the Treatment of Depression: Development, Preliminary Outcomes and Adaptations
Prof Paul Farrand, *Professor & Director of Step 2 Psychological Therapy Training, CEDAR, University of Exeter*

Summary & Close
Barry Foley, *IAPT Adviser for Health Education England working across Yorkshire and the Humber* and Clare Baguley, *Programme Manager & Mental Health Lead, North West Psychological*



Dilemmas in Step 2 Delivery –
What are the Evidence - Based Choices?

The speaker was:
Prof Chris Williams, *Professor of Psychosocial Psychiatry, University of Glasgow & President of the British Association for Behavioural and Cognitive Psychotherapies (BABCP)*

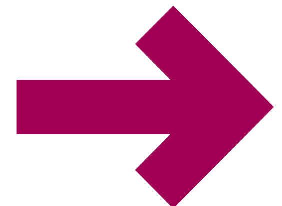
Key Points:

- Covered current challenges including: how do we translate research to practice, engagement and access, assessment, employment advisors and looking after your own mental health.
- Relationships are key to Step 2: getting relationships right helps to improve outcomes but different therapies are required.
- Highlighted the inverse care law by Tudor-Heart in that those who need help the most seek it least.
- Give consideration to the building in which you work – is it warm and welcoming for patients?
- Are your materials accessible? 12% of the population cannot read at age 11 – this should be considered.
- Locations matter, branding matters and communications matter.
- Patient choice is very important but too much choice is as unhelpful as no choice at all.
- NICE states that cCBT, exercise and psychoeducation groups do not have a strong evidence base – guided self help, pure self help and behavioural activations are better.

Dilemmas in Step 2 Delivery – What are the Evidence - Based Choices?

Key Points continued:

- PWPs are coaches not therapists.
- Outcomes can be improved by good training, manualised models, supervision and good relationships.
- Depression = two lines of thought - ETIC – depression is the same worldwide and can be treated using standard methods or EMIC/EHIC – depression is based on local cultures and communities – adaptations are needed.
- Commented on appropriateness of Employment Advisors at Step 2 or in IAPT.
- Encouraged to read The Case for a Charter for Psychological Wellbeing and Resilience in the NHS.



Stress Control at Step 2: Origins, Development and Evidence Base

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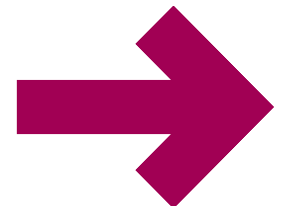
The speakers were:
Dr Jim White, *Consultant Clinical Psychologist, Stress Control Ltd.*
Dr Jaime Delgadillo, *Lecturer in Clinical Psychology, University of Sheffield*

Key Points from Jim:

- In 1986 there were long waiting lists of patients with mild to moderate mental ill health, there was no early intervention or prevention work, there were high DNAs/dropout and large numbers of hard to reach groups – are there any parallels with 2016?
- Common mental health problems can be enduring they are not curable – there can be recovery but not cure.
- Focussed on stress control being about coaching and not delivering therapy.
- Stress = anxiety, depression, panic etc. Stress is normal and inevitable – it cannot be cured but it can be controlled.
- Stress control = group sessions covering things such as the mind, body, life model, vicious circles, flourishing and languishing, 5 a day etc.
- Assertive outreach is essential.

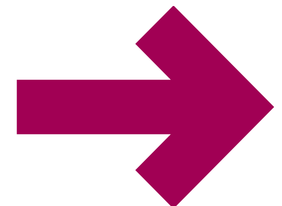


Stress Control at Step 2: Origins, Development and Evidence Base

The speakers were:
Dr Jim White, *Consultant Clinical Psychologist, Stress Control Ltd.*
Dr Jaime Delgadillo, *Lecturer in Clinical Psychology, University of Sheffield*

Key Points from Jaime:

- Gave an overview of the Practice Research Network and provided an overview of the stress control study currently being undertaken – does it work in IAPT?
- The research shows that people who attend more sessions are more likely to recover.
- The research also shows that people who live in deprived areas or areas of poverty are less likely to recover.
- The research also indicates that a good facilitator of the stress control group makes a significant difference to attendance and recovery.
- Overall stress control works well but poverty impacts and those who are severely ill will not recover.

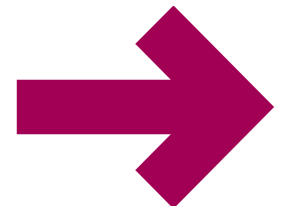


Behavioural Activation: Complex versus Simple Models

The speaker was:
Dr David Ekers, *Clinical Senior Lecturer - Psychological Interventions, Durham University*

Key Points:

- What is behavioural activation? It is about putting people back in touch with their positive reinforcers – depression is caused by isolating people from their positive reinforcers.
- There are 3 components that underpin behavioural activation – self monitoring, functional analysis and activity scheduling.
- Behavioural activation works really well and can be taught by non specialists.
- Behavioural activation is just as effective as CBT and it's cheaper!



Combining Behavioural Activation with Physical Activity Promotion (BAcPAc) for the Treatment of Depression: Development, Preliminary Outcomes and Adaptations

The speaker was:
Prof Paul Farrand, *Professor & Director of Step 2 Psychological Therapy Training, CEDAR, University of Exeter*

Key Points:

- Behavioural activation and physical activity are NICE recommended treatments for depression. Doing them separately makes them limited – doing them together works better.
- Babyak (2002) concluded that exercise makes a massive difference but people who have depression think negatively and refuse to believe that exercise will work and have no motivation to take it up. However, depression is linked to comorbidities and obesity can lead to increase chance of depression.
- PWPs need to focus on physical health as well as mental health – services need to be combined as patients are often comorbid.
- BAcPAc – read the study protocol and also consider Get Active! Feel Good!
- Physical activity can contribute to mood regulation, breaks ruminative behaviour and can make people feel more connected.
- Blue and green space activities are also being shown to impact on people's mood.
- Focus on "what matters to you not what is the matter with you"
- Also look at information for treating veterans = Help for Heroes – Hidden Wounds

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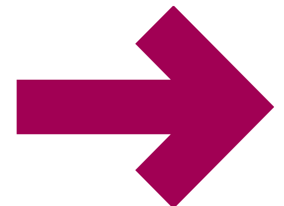
Feedback from the Workshop

- Collaboration of North West, North East and Yorkshire and Humber Senior PWP networks
- Each network is at a different stage in their development
- North West – codes of conduct and CPD survey
- North East – CPD survey
- Y&H - first network meeting
- Important to establish links with other northern networks
- Currently establishing links with the BABCP



Feedback from the Workshop

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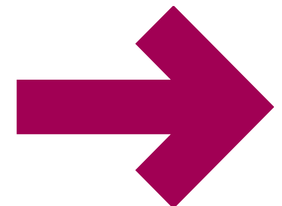
Senior PWP network workshop feedback:

What do you want from the network?

- Increased access to appropriate CPD
- Involvement in developments/research
- Development/training/CPD opportunities
- Regular updates and events
- Increased awareness of the PWP role
- Professional status – to feel equal (core profession)
- Highlighting opportunities
- Networking and sharing best practice of IAPT work
- Opportunities for non-senior PWPs to input
- Long term PWP development/specialisms within the role



Feedback from the Survey

At the PWP Conference held on 14 September 2016 the Clinical Network conducted a short, anonymous survey to gain some insight into current feelings and experiences of the PWP workforce.

The survey had 9 questions on which respondents rated their experience from 1 for poor up to 5 for excellent.

The survey also had 5 qualitative questions to which respondents could provide more detail on their feelings and experiences.

The survey received 23 responses – 11 of which were from Yorkshire and the Humber and the remaining 12 from the North East and North West.

Of the 23 responses 13 were by PWPs, 8 by Senior PWPs and 2 who identified themselves as "other".

Of all the respondents 1 was accredited (with BABCP) and 7 were working towards accreditation.

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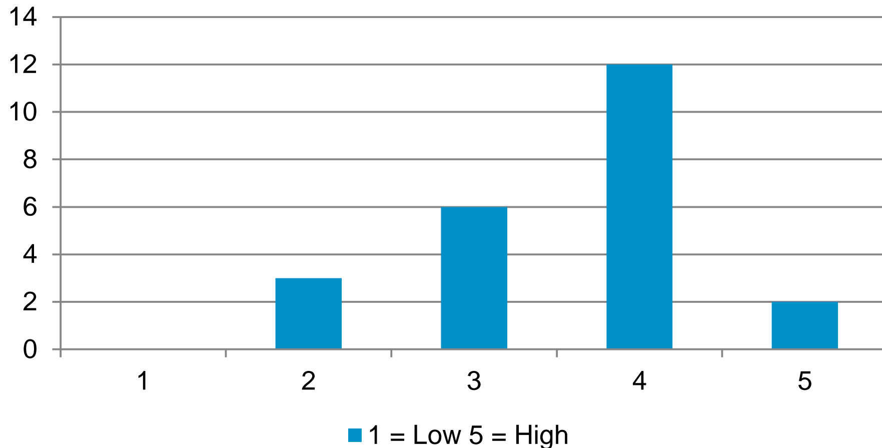
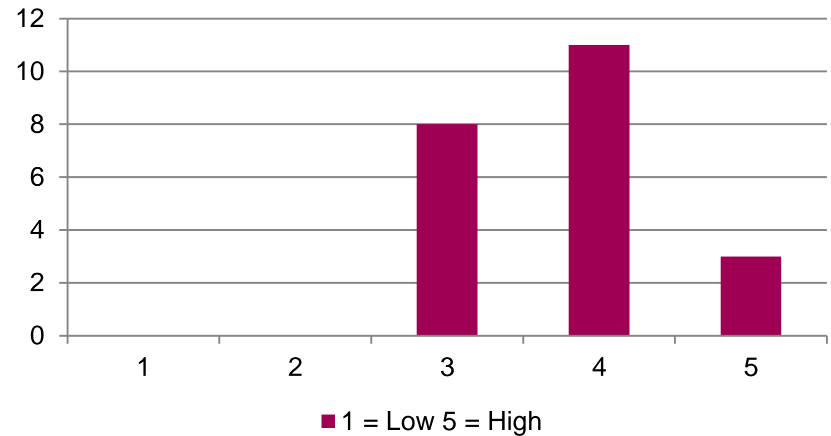
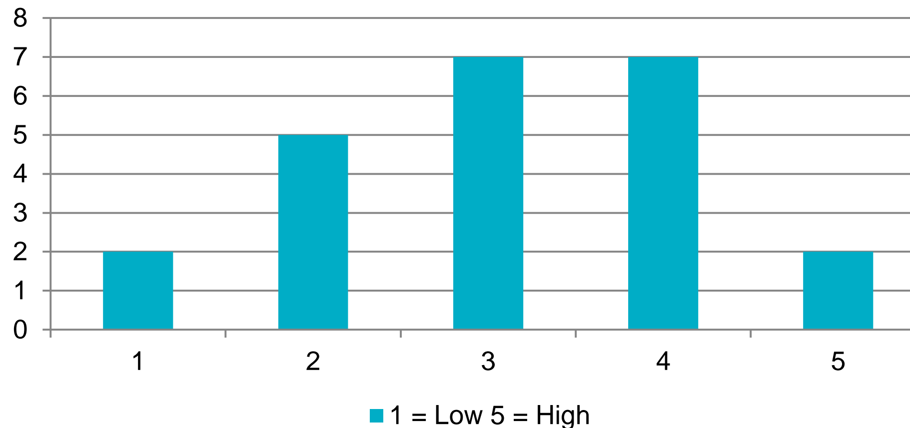
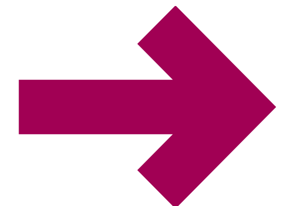
Feedback from the Survey

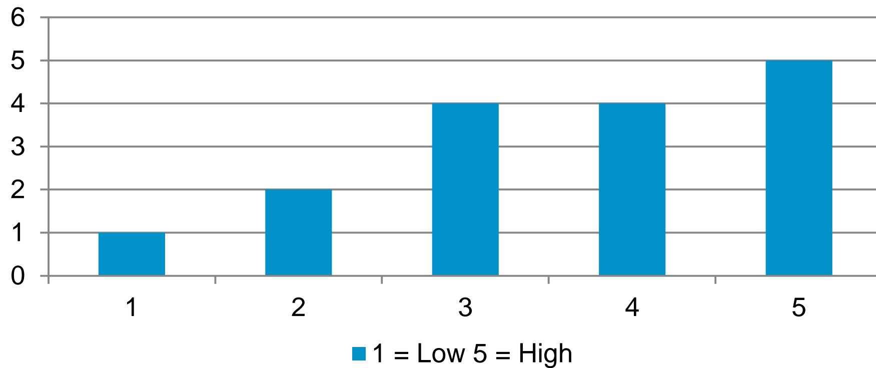


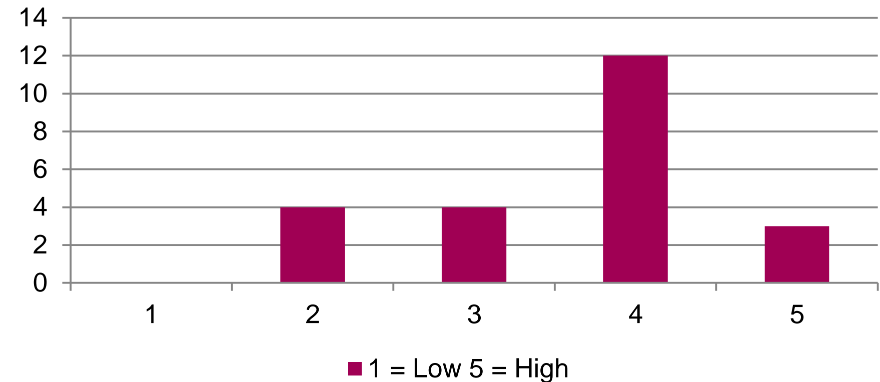


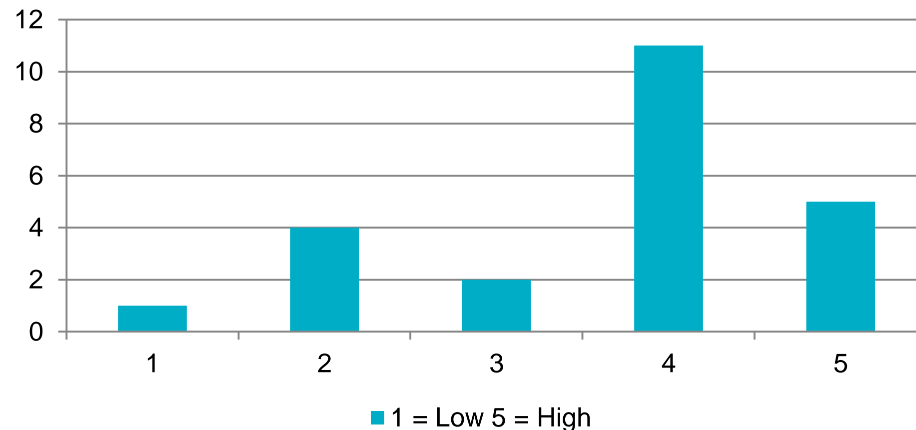


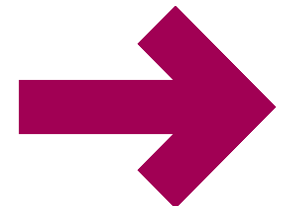


Feedback from the Survey









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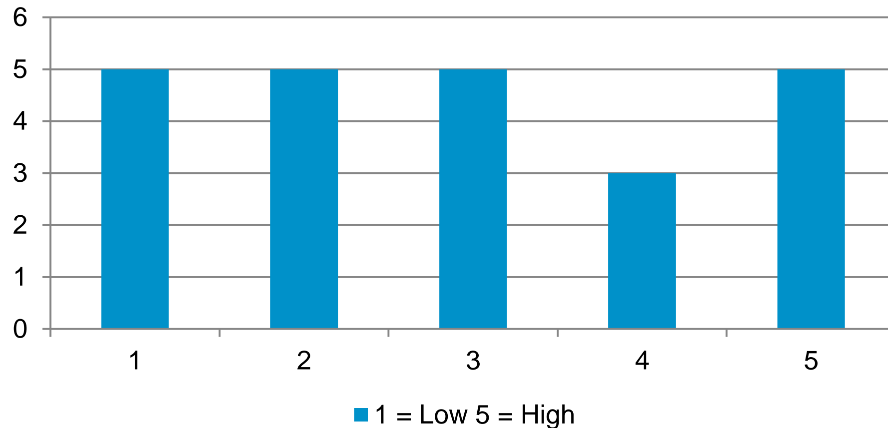

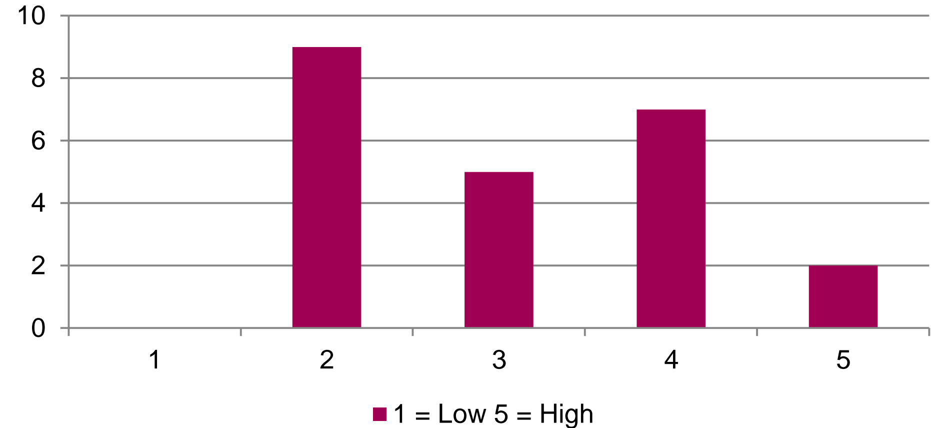

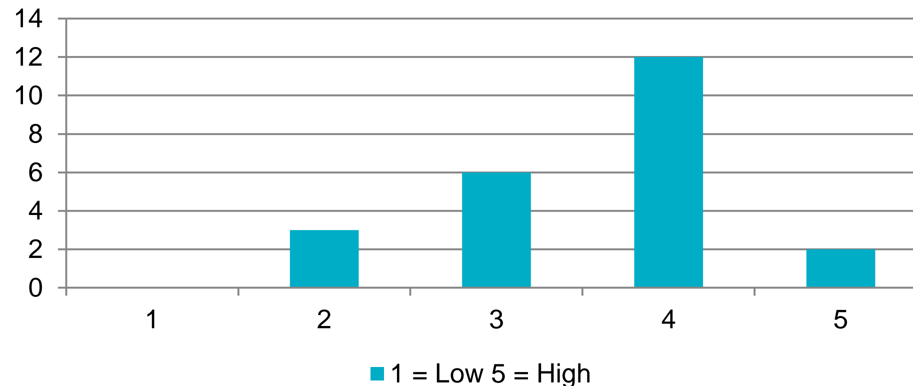

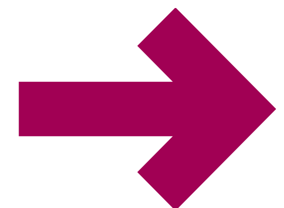

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Feedback from the Survey

Key themes from the qualitative questions:

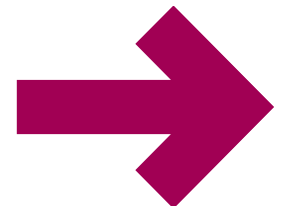
Q. What challenges have you experienced working within IAPT?
A. Targets and inappropriate referrals

Q. What knowledge and/or skills do you need to develop within your PWP role?
A. Knowledge of wider/complex conditions and leadership/supervision

Q. What has your service done to help you do your job better?
A. Masterclasses and access to training

Q. What has your service done to hinder your performance?
A. Restricted development opportunities and targets

Q. What accomplishments are you most proud of within IAPT or within your role?
A. Helping patients!



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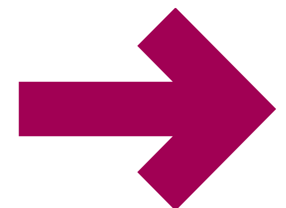
Time for a break?

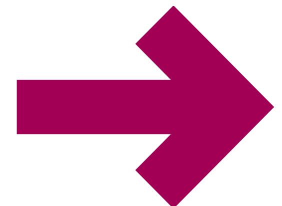
15 minutes only please!



Yorkshire and the Humber
Senior PWP Network

Table Top Discussion – Development of the Senior PWP Network:

What is working well in services?
What challenges are you facing in your role?
How can we support each other in this network?
Identification of Key Themes



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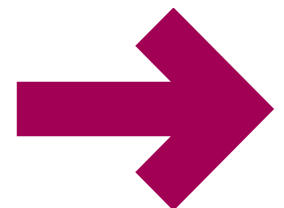
Feedback from Table Top Discussions and Identification of Key Themes



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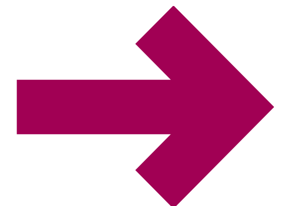
The Online Forum!

Sarah Boul, Quality Improvement Lead

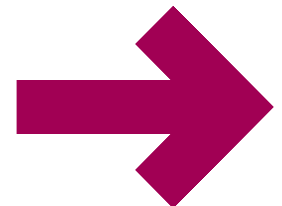


How to Join…

A private online forum has been established to give Senior PWPs 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 Clinical Network website here: 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 "Adult Mental Health" from the drop down box and then in the categories section select "Senior PWP 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 'Senior PWP Network Forum' and all posts for this group.



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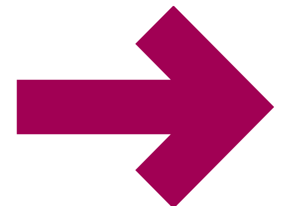
Any Other Business



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Thank you for Attending!

Please remember to fill out your evaluation forms!