



NEWSLETTER

May 2010

SOUTH WEST DEVELOPMENT CENTRE

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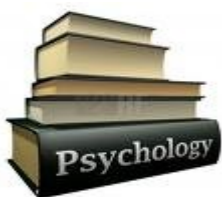
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Do you have any comments about this newsletter, perhaps an event you want to tell others about or have an article that you want us to include in a future edition, please contact:

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Next issue due:
September 2010
Deadline for articles:
15 August 2010



Counting down

Its now less than twelve months to go before April 2011 and the SWDC team has been agreeing the finishing touches to its Work Plan for the remainder of the programme.

Among the main objectives in what promises be a busy and varied year, the team will be focussing its efforts working with commissioners and providers to develop robust and innovative IAPT services; to offer support and expertise towards ensuring the sustain-



Self referrals - making a difference

Bournemouth and Poole went over to self referral on 1st May 2009. We asked **Karen Davies who manages the local PWP service** to tell us the facts.

How did you do it ? ... Initially the service wrote to all GP's and practice managers informing them of the telephone number for self referrals, and encouraging patients to ring in when they were ready to make the changes necessary to improve their mental health. GP's were asked to only send in written referrals for people with a forensic history or who have had a history of CMHT involvement.

What happens now Self referrers now ring in, all their demographic details are taken over the phone by admin staff. They are then asked a series of questions to determine

ability of services beyond March next year.

Helping to frame the team's objectives will be their shared commitment to helping those deliver services and ensure meaningful engagement with people with lived experience; to use their knowledge and expertise to inform the wider health and social care community about the benefits of the wider well being agenda for all ages and sectors of society.

As in previous years there will be regular monthly regional meetings of the ERG and quarterly Leadership programme events, carrying out Site Performance Visits in September and next February and a re-

gional Conference.

This year the team will also be taking forward the national agenda outlined in **Realising The Benefits** regarding the new modalities and supporting appropriate training programmes for IPT, Counselling, Couples therapy and Brief Psychodynamic therapy.

The agreed plan also features aims to ensure that robust employment support is available in all PCT areas; as well as developing the required competencies to assist those working directly with people with personality disorder and for others who may be involved in other initiatives such as inherited waiting lists, self-referrals, care pathways and the QIPP agenda.

their difficulties and any risk issues. Patients are then offered an assessment appointment. 76% of referrals over the last 6 months have been self referrals.

So far, so good ... tell us about the main benefits ? The introduction of self referrals has reduced the admin time for GP's, its also reduced the service's admin time of putting on referrals that never opt in to the service, and gives the power to the patient to refer when and if they are ready for change. There is increased admin time in talking to clients as each referral takes 10-15 minutes. Self referral has also increased the numbers of people opting into the service including some that are inappropriate.

In order to address this, the service is

now doing visits to all GP surgeries. 'We have also developed a training presentation about the service, the referral route, what it provides, symptoms of anxiety and depression and other low level interventions that could be done in the community.' This training has been requested by



a large number of agencies. All have found it very useful to meet staff and talk about the issues they come across and have a named person to contact. This also assists the IAPT services to receive more appropriate referrals.

In general, how would you sum up the experience to date Self referral has generally been seen as very positive in this area by the IAPT service, GP's, other agencies and the patients.

CONFERENCE REVIEW - MANAGING LONG TERM CONDITIONS

Harrogate International Centre April 2010

I had the pleasure of attending this national conference on behalf of the South West Development Centre IAPT Programme. Ash clouds and a looming election meant that the programme suffered some last minute changes, but I was still impressed by the speakers I heard.

The Mental Health workshops strongly emphasised the importance of recognising and addressing the significant burden of mental health problems in people with long term conditions such as diabetes, neurological illness, COPD etc. and empowering patients to take more direct control of aspects of their illness. We all likely "know" that depression, for example, is many times more common in people with diabetes than in the general population, but do we "understand" all the implications in terms of the effects on the individual (poorer diabetic control), their family (poorer employment prospects), health services (more demand)?



IAPT services can have a major impact on this burden of illness and Dr. Alan Cohen, National Primary Care Advisor, IAPT Programme spoke strongly on this, emphasising the stepped-care approach in the recently published revised NICE Guidance for the assessment and management of Depression in the general adult population (CG90) and the new specific Guidance for the assessment and management of Depression with a Chronic Physical Condition (CG91).

Few patients with long term conditions attending Primary Care give psychological problems as their main complaint even where there are significant difficulties. In this context I was struck by the need to raise the profile of screening for depression as part of long term condition management in Primary Care and make sure there are strong links between this activity and IAPT services so that we can ensure that, for appropriate patients, both physical and mental health issues can be addressed simultaneously in an holistic way.

I found this conference stimulating and thought provoking and for those who may be interested in hearing more I would encourage you to have a look at the presentations, a list of which are available via the SWDC website, and that can be accessed via e-mail from Silvia Cataudo (silvia.cataudo@swdc.org.uk)

Dr Tim Burke, Joint GP Lead

Key Performance Indicators and Technical Guidance

Earlier this year the Department of Health published [Realising the Benefits : IAPT at Full Roll out](#) (February 2010). RTB describes the next steps in the move towards the full roll out of Improving Access to Psychological Therapy services. As part of this guidance which is intended to provide support for established and developing services, focusing on quality standards and analysing the progress that has been made in rolling out services to date, there is also specific mention of the KPIs and Technical Guidance which since the beginning of the programme have always played an integral part in defining the responsibilities of commissioners and service providers. The [Key Performance Indicators Technical Guidance](#) providing the technical guidance and the specifications for data extract from psychological therapies services.

The Review of Central Returns Steering Committee – ROCR (reference number ROCR/OR/0231/002) has approved this collection from April 2010 until April 2011

There are various measurements that services are required to complete. The first of these is that where possible commissioners should arrange for all IAPT services to complete and return the **IAPT Data Quality Metrics template**. The expectation is that from April 2010 this template should be filled in by service providers and commissioners and that this should be forwarded to the South West SHA on a quarterly basis not to the IAPT national team.

It is recommended that PCT commissioners ensure that IAPT Service Level Agreements specify:

The revised guidance includes the following changes to the collection and reporting of IAPT KPI as well as a more detailed definitions of the existing IAPT Key Performance Indicators to assure the reliability of data reported

Revised Guidance April 2010 To support recommendations in Realising the Benefits, the revised guidance include line KPI3B which now counts the number proportion of patients who have waited more than 28 days from initial referral and revised workforce indicators (KPI 8-12)

Revised Guidance March 2009 KPI2 The number of people diagnosed with depression and or anxiety. This item is no longer required to be collected or reported by PCTs, this decision has been due to issues of data quality and utility as well as an identified resource burden for PCT. **KPI 6b the number of people completing treatment who were not at caseness on a treatment commencement** . This is a new collection item which is required from all IAPT funded PCTs. This line will ensure the IAPT programme can accurately calculate recovery rates.

IAPT Key Performance Indicators Supporting Material [IAPT Key Performance Indicator Technical Guidance \(Last Updated April 2010\)](#) / [IAPT KPI1 Prevalence Data Worksheet](#) / [Letter to Directors of Performance August 2008 pdf 200K](#) / [IAPT Outcomes Toolkit pdf 100K](#)

Process All Data should be submitted using the Omnibus system, and will be extracted by the Information Centre every quarter. All PCTs should have **nominated a lead** for Key Performance Indicators (KPI) returns to the Information Centre. Internal governance and sign-off processes should be agreed locally, but sign-off by the PCT Director of Performance is recommended before submission of Key Performance Indicators (KPI). All PCTs should now have received a login for Omnibus Survey tool. <http://www.omnibus.nhs.uk> However the collection form for the IAPT Key Performance Indicators will not be live until the end of each reporting quarter. If you have any queries regarding the use of the Omnibus tool please contact: surveyteam@ic.nhs.uk

All queries regarding quarterly / monthly submissions of data in the South West should be made to Alun Williams at the South West Strategic Health Authority (email: alun.williams@southwest.nhs.uk / tel: 0823 381348) . The table below sets out the required quarterly submission dates for 2010 - 11.



Quarter	Period covered	PCT deadline
Quarter 1	1 April – 30 June 2010	21 July 2010
Quarter 2	1 July – 30 September 2010	21 October 2010
Quarter 3	1 October – 31 December 2010	21 January 2011
Quarter 4	1 January – 31 March 2011	21 April 2011

Upcoming Expert Reference Group meeting dates - all to be held at Taunton Rugby Club 10am - 3pm Contact Silvia Cataudo for further details

03.06.10 Long Term Conditions with Dr Tim Burke & Dr David Porteous

08.07.10 Care Pathways with Dr Stuart Purcell

PUTTING THE ESC IN IAPT

In March 2009, the Secretary of State announced that the government is investing an additional £13m to target 'credit crunch stress' by funding a range of initiatives to support both employment and primary care during the economic down turn. This included the Employment Support Co-ordinators (ESC) that would be linked to every IAPT service, providing job support for people with common mental health problems and help people back to work.

All PCT's in the South West have appointed or are nearing the completion of recruitment of ESC's that will be attached to the IAPT services in the PCT locality.

The key functions of ESC are to:

To review, and ensure there are in place local capacity, leadership, and expertise, to enhance people's access to employment advice and support.

To ensure there are resources, networks and partnerships working to



gether locally to promote and facilitate people's access to employment advice and support; (**IAPT Plan For Employment Support – South West SHA 2009**)

The role of the ESC is therefore to co-ordinate employment support within IAPT services; to ensure that local service directories have employment support well publicised within them and that the directories can be linked to local websites and the credit crunch helpline; training and education for staff supporting distressed people in primary care in

employment related support and supporting the delivery of the key 'performance indicators' for IAPT employment support. (***Realising the benefits: IAPT at full roll-out (Annex 5) – DH Feb 2010**)

The link between employment and IAPT has been apparent since Lord Layard proposed the economic argument for psychological support to become cost effective through the longer term savings on welfare benefits. With the work undertaken by Dame Carol Black leading to Working for a

healthier tomorrow in 2008, to the Marmot Review on health inequalities from February this year, the link between employment and health has never been so strong. The banking crisis and subsequent economic down turn last year only helped to sharpen the focus on employment and health.

Some IAPT sites already have a strong link with work and employment services and for others the ESC function will just become the start of developing this work. SWDC will be supporting IAPT sites and their ESC posts in developing this work and bringing together the people in ESC posts with their corresponding Jobcentre Plus Mental Health Co-ordinators, who are also recent appointments to demonstrate the link between employment and mental health.

Any suggestions from ESCs themselves or the IAPT sites on development needs for the new ESC posts are welcome by contacting Geoff Degg Tel: 07825 732339 geoff.degg@swdc.org.uk or James de Pury Tel: 07810 658284

Conference Review Mindful Employer Swindon (April 2010)

This was the second annual conference that has been organised by the Swindon Mindful Employer network, the largest Mindful Employer Network in the UK with regularly 40 to 45 organisations attending the bi-monthly meetings

Mindful Employer does not necessarily have close links with IAPT services but the development of emotional resilience around IAPT services and the recent appointments of Employment Support Co-ordination within IAPT services continue to develop the links between employment and IAPT. The Swindon Mindful Employer network is co-ordinated through funding from NHS Swindon who commission Richmond Fellowship to provide the main role in coordinating the network and developing the initiative across the employers in Swindon.

Richmond Fellowship are also commissioned in Swindon to provide the ESC in IAPT and a range of employment support initiatives for people with serious and enduring mental health problems. The services in Richmond Fellowship therefore both link together and have the synergy of being able to cover the range of serious and enduring mental health, primary care mental health and employers, all within a

single organisation.

The conference was planning to have Dame Carol Black as keynote speaker but she had to cancel at a late stage due to the impending elections. Professor Derek Mowbray filled in for her at the last minute as was able to talk about the links between employment and health and the recent work he has undertaken across the NHS. The conference is aimed at commercial organisations and takes place over an extended lunchtime (rather than a full day) between 12 noon and 3.30 pm. The conference is filmed and then made available to members of the network so that the speakers and presentations are available to those people who are unable to attend. The presentations are packed in though, with Ali Vowels from BBC Points West chairing the event, and the main theme of the conference being Resilience, Recovery and Reputation. Presentations were made by Melanie Richens from Thring, Townsend Lee & Pemberton (Solicitors) in Swindon, who is the current chair of the Mindful Employer network in Swindon. This was followed by the key note presentation from Professor Mowbray. Phil Parr branding consultant then gave an interesting talk about the Reputation of organisations and the key role of branding as a commercial tool.

Following lunch and networking there were presentations by Dr Liz Miller who talked about her experience of being a doctor with manic depression and her links with the Stand to Reason national campaign to combat stigma around mental health problems in the workplace. Louise Aston Director of Business in the Community presented on Resilience and the Business Action on Health campaign looking at the costs of poor health in the workplace and the resources that are available on through the campaign including the Emotional Resilience Toolkit for employers and the Workwell Model of partnership between employer and employee. The final formal presentation of the day came from Lynne Copp from the Worklife company who made a return visit to the conference after her highly entertaining presentation at last year's event. She did not disappoint. The event was finally summed up by Frances Mayes from the Public Health Department in NHS Swindon, who thanked the presenters and looked to the work to be undertaken by the network in the future.

Geoff Degg

Development Consultant

Check the SWDC website for the Swindon Mindful Employer film from last year and expect to see the film of this conference on the SWDC website as soon as it is available. Further details on this conference and the Mindful Employer initiative in Swindon from:

David Latham
David.Latham@RichmondFellowship.org.uk

Mental Health and Employment

South West Development Centre's pages – your feedback welcome!

<http://www.swdc.org.uk/mental-health/mental-health--employment>

Health, Work and Well-being is a Government-led initiative to protect and improve the health and well-being of working age people.

Founded on a growing evidence base that working is good for health, it brings together employers, unions, healthcare professionals and other stakeholders to promote the positive links between health and work and help more people with health conditions to find and stay in employment.

<http://www.workingforhealth.gov.uk/>

Working for a Healthier tomorrow - Dame Carol Black report and links to the subsequent response from government.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083560

Marmot Review of Health Inequalities, this is a key public health document that describes the direction for health inequalities from 2010 onwards, there are six policy objectives including one on 'Creating fair employment and good work for all'.

http://www.dh.gov.uk/en/PublicHealth/Healthinequalities/DH_094770



Web links ...

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The South West IAPT team



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Not forgetting ... Dr Tim Burke / Dr David Porteous, our GP leads and Experts by Experience -

Iola Davies, Kate Atkinson and Sue Forber - all contactable via Silvia Cataudo

IAPT Evaluation Project Research Latest



This research project aims to improve IAPT services by examining how different service designs affect access to psychological therapy and patients' mental health outcomes. This is a regional project and all 14 PCTs in the South West have agreed in principle to take part. The project has been funded by the Strategic Health Authority and the research is being carried out by the Peninsular Medical School, Plymouth. The research will involve analysing anonymised copies of the IAPT full data set which is collected routinely in every IAPT service. In some areas the research team will also conduct interviews or surveys with IAPT workers, with staff who work alongside IAPT workers and with patients. The data collection will be in two rounds, during 2010/2011.

The IAPT evaluation team are delighted to announce that the project has now gained ethical approval from Cornwall and Plymouth Research Ethics Committee. They have received Research and Development approvals from Devon and Cornwall PCTs and in the process of negotiating these approvals in the other 12 South West Primary Care Trusts. The project's Research Coordinator Dr Lexy Newbold or Chief Investigator Dr Richard Byng will be contacting all the South West the IAPT services in the near future.

Following input from IAPT commissioners and providers at the regional conference and February ERG we are 1) adding more detail to the site questionnaires in order to classify service design consistently across the 14 PCTs and 2) we are developing a uniform PCT level of individual access and health outcomes. This cooperation will mean that the team can produce a comprehensive regional picture of what has worked well in South West IAPT services. The learning will be fed back to stakeholders, commissioners and service providers after the first round of data has been analysed and at the end of the project so that service provision may be improved and learning shared across the region. If you would like further information on the project then please get in touch with Richard at richard.byng@pms.ac.uk (phone 07765400752) or Lexy at lex.newbold@pms.ac.uk (07817620364).

And finally ...

A society cannot flourish without some shared sense of purpose. The (current) pursuit of self-realisation will not work. If your sole duty is to achieve the best for yourself, life becomes too stressful, too lonely - you are set up to fail. Instead, you need to feel you exist for something larger, and that very thought takes off some of the pressure.