Northern England
Strategic Clinical Networks

Psychological Health Sub-Group
1000 – 1200 on Tuesday 13 October 2015
at Evolve Business Centre, Houghton-le-Spring

M I N U T E S

Present:	Jackie Bailey, Northumbria Healthcare NHS FT	**JB**
	Peter Blackburn, Consultant Clinical Psychologist, Gateshead Health NHS FT	**PB**
	Anna Chaddock, Newcastle Hospitals NHS FT	**AC**
	Suzanna Clark, Northumbria Healthcare NHS FT	**SC**
	Rebecca Clark-Dowd, Clinical Psychologist, Northumbria Healthcare	**RCD**
	Clare Davies, Consultant Clinical Psychologist, South Tees	**CD**
	Elspeth Desert, Cumbria Partnership NHS FT	**ED**
	Mary Douthwaite, Consultant Clinical Psychologist, South Tyneside	**MD**
	Lucy Eastlake, Cumbria Partnership NHS FT	**LE**
	Geoff Gulston, Patient Representative, Cumbria	**GG**
	Kate Kendell, Cancer Network Psychology Lead **(Chair)**	**KK**
	Anne Pelham, Newcastle Hospitals NHS FT	**AP**
	Nancy Vanderpuye, North Tees & Hartlepool NHS FT	**NV**
	Hannah Wade, North Tees & Hartlepool NHS FT	**HW**
	Lyndall Wallace, County Durham and Darlington NHS FT	**LW**
	Sonia Wilson, City Hospitals Sunderland NHS FT	**SW**
	Michelle Wren, NESCN	**MW**
In Attendance	Naomi Tinnion, Network Administration and Support Officer, NHS England	**NT**
Apologies:	Donald Brechin, South Tees NHS FT	**DB**
	Hilary Cave, Cumbria Partnership NHS FT	**HC**
	Sian Dogan, Northumbria Healthcare NHS FT	**SD**
	Karen Ellis, Northumbria Healthcare NHS FT	**KE**
	Kate Farnell, Butterfly North East	**KF**
	Alison Featherstone, Network Manager, Northern England SCN	**AF**
	Nick Hartley, Clinical Psychologist, Newcastle upon Tyne Hospitals NHS FT	**NH**
	Kirsty Kennedy, South Tees NHS FT	**KK**
	Leonie Lalayiannis, Northumbria Healthcare NHS FT	**LL**
	Elaine McWilliams, North Tees & Hartlepool NHS FT	**EMc**
	Rachel Morse, Newcastle Hospitals NHS FT	**RM**
	Kate Reilly, Clinical Psychologist, Newcastle Hospitals	**KR**
	Anu Sinha-Reid, County Durham & Darlington NHS FT	**AS-R**
	Alison Woods, South Tees NHS FT	**AW**

1. **BUSINESS MEETING : 10am – 1045am**

1.1 Welcome and Apologies

KK welcomed everyone to the meeting and introductions were made around the table. The above apologies were noted.

1.2 Minutes of the previous meeting (13 July 2015)

CD asked for the first sentence under AOB to be amended to read “CD advised that South Tees now has a “surviving and thriving” pilot group in place.” The remainder of the minutes were taken to be an accurate reflection of the meeting.

1.3 Matters Arising / Action from previous minutes

Advanced Communications Skills Training: although Dr Branson has discussed the letter sent on behalf of the group in February, informally with AF, he has never formally responded to the Group. KK has e-mailed a request for a response that can be shared with the Group.

Service User Questionnaire: KK advised that she had attended a meeting of the Nurses Group as they had expressed concern over the amount of questionnaires patients are being asked to complete. KK advised that this questionnaire is optional but can be used by any service that would find it useful. The Nurses Group may give this further consideration.

Level 2 Psychological Supervision: PB agreed to circulate a copy of the annual letter he provides to the Head of Nurses detailing who has attended training and when. **PB**

1.4 Circulation List (Standing item)

This was updated by the Group. It was agreed that as Kate Reilly will be leaving her post that her name should be removed from the list after the end of October. **NT**

1.5 Northern England Strategic Clinical Networks update

MW advised the Group that a Cancer Strategy Workshop is being held in November and agreed to find out if KK should attend. **MW**

Work continues on the emotional needs project. MW explained that the NESCN was asked to carry out a network wide review of the current approaches used for mental health support for patients with a physical health problem in primary and secondary care to establish what is currently happening in practice. The networks used the data from the Kings Fund report to inform the first phase of the review. This first phase surveyed only services that look after patients with Diabetes or Heart Disease.

Key Points:

- Assessment and screening practices vary widely but most services do have a system. They do not all routinely ask the four key screening questions from the DoH.
- As expected, staff have more skills in basic tier skills than more specialist care. However the provision of specialist mental health interventions is too sparse to meet demand.
- Staff interpret basic interventions fairly narrowly, which suggests staff may not be aware of what may be helpful.
- Time is perceived as a critical factor in addressing psychological needs but staff felt short on this.
- The ability to generalise from these results is questionable because of the low response rate. It appears from follow-up that addressing mental health issues in these services may not necessarily be seen as a priority by all staff and leaders.

Recommendations:

Although there are regional variations, all clearly require improved provision of psychological care for people with diabetes and heart disease. The recommendations take into account how the region appears to be matching up to national good practice guidelines. Three main themes have been identified:

1. Awareness raising of the importance of addressing emotional needs in physical health care settings may be useful.

2. Assessment and screening should be more routine.

3. Ongoing training opportunities and supervision– around providing emotional and psychological care in physical health (tier 2) and some arrangement for supervision/reflective practice. Some key areas for training are in the basics of emotional support and also some key behavioural change techniques.

Service updates and maps would be useful so staff know where to signpost people to (including peer support). These could be available to patients directly so that patients can be pro-active with their emotional needs.

Staffing issues – resource numbers is an issue for the delivery of basic interventions at tier one and two. However, investment here may be cost effective to prevent the development of more entrenched or complex difficulties that require more specialist interventions. More expert psychological care could be provided by Mental Health Specialists in each team. Finally, some patients may need more direct access to psychology or mental health services.

Commissioners may need to have a key role in facilitating services to be able to provide effective identification, assessment and treatment of the psychological problems and disorders suffered by their population of people with diabetes and heart disease.

Once finalised the report will be uploaded onto the NESCN website.

The Network would now like to do some awareness raising and are working with HENE and IAPT providers to take this forward although this is still very much in the early stages. The Group is also looking to run a shared decision making project with Richard Thompson at Newcastle University.

MW is hoping to arrange a telephone call with Helen O'Kelly of SCN London to discuss common themes emerging from their cancer and CVD strategies to discuss whether they can be taken forward by all twelve Clinical Networks. **MW**

MW agreed to look at how the above ties in with the Comprehensive Spending Review and come back to the Group. **MW**

The review of the Clinical Networks remains ongoing.

1.6 Baseline Mapping

KK advised that this had been done in 2012 and therefore needs to be updated. It should now include voluntary sector provision. The figures shown are staff funded/appointed rather than just clinical time. Discussion took place about the overlap between levels 3 and 4. KK advised that it is important to refer to definitions in NICE and Peer Review measures to ensure that Commissioners understand the range of resources and different skill sets required. Most localities are under resourced at both levels 3 & 4.

Levels of Psychological support are defined differently within our NICE guidance and mental health guidance. It would be helpful to have some consistency within NESCN documents. Therefore KK agreed to discuss this with Angela Kennedy. **KK**

MD advised that there are about 20 Gateshead volunteer counsellors, most of who are not accredited, each doing around 2-3 hours counselling a week. It was agreed that only accredited counsellor resource should be included in the mapping.

KK advised that the wording of the 'Remaining Gaps' column needs to be consistent and asked those around the table to check this for their area and get back to her with any amendments. This needs to be very specific about which services **cannot** be provided.

KK asked those around the table to check the figures for their particular area and come back to her with any amendments by Friday 6 November 2015. **ALL**

1.7 Any Other Business

LW advised that during a recent inspection the CQC had red flagged an issue around end of life care although it is not yet known what the implications will be for Durham and Darlington. She agreed to keep the Group posted. **LW**

NV advised that Hartlepool Hospice had lost some of its funding so can currently only offer counselling to known patients and not the community, which will have a knock on effect on services.

LW advised that they currently have a bid in for a multi-disciplinary post and agreed to keep the Group updated on any progress. **LW**

1.8 Outline for January meeting

It was agreed that the January meeting should be split into two halves. The first hour will be the business meeting with the remaining three hours focusing on level 2 training with each locality having a slot on the agenda. PB requested an early slot as he is unable to stay for the duration of the meeting.

It was agreed that the January meeting could also be used to discuss the issues around level 2 supervision, communication skills training and supplementary level 2 training, and plans for future development.
It was agreed that Angela Kennedy should be invited along to the January meeting as she is now exploring similar training for staff in diabetes and heart disease. **KK/ MW**

2. GROUP DISCUSSION: 1045am – 12noon

Strategic Direction for Psychological Health sub-group in light of three recent documents:

1. Achieving World Class Cancer Outcomes: A strategy for England 2015-2020

2. Demonstrating Quality and Outcomes in Psycho-oncology published by the British Psychological Society (2015)

3. Psychological Support for People living with Cancer: Commissioning Guidance for Cancer Care in London (2015)

2.1 Presentation and discussion led by Kate Kendell and Elspeth Desert

A copy of this presentation is attached to these minutes. Several common themes have emerged from these documents around shared decision making and end of life care.

The London document provides a lot of evidence about the benefit of psychological support. It also mentions Level 2 training and recognises that patients need help right along their pathway not just at the beginning and end.

The BPS document refers to both psychological and mental health and reflects a lot of what is in the London paper. Both have a lot of evidence based information.

The Group agreed that the national Cancer Strategy is not an easy document to navigate and that there is a lack of referral to psychological help. However, it was acknowledged by the Group that this is not a 'set in stone' document but one where Networks have to decide what is needed regionally to meet the targets set within it and ensure it is used appropriately in commissioning discussions.

PB suggested that it would be good to have a standardised measure in place across the Network to measure patient satisfaction after every session. This would be benchmarked and would help show that localities are responsive and effective. It was agreed that a slot should be allocated at a future meeting to discuss the therapeutic process and patient satisfaction, what is being measured and how it should be measured. **KK/ NT/ PB**

The Group agreed that it would be useful for NESCN to implement a survey of IAPT services, based on the London survey. This would be useful in guiding discussion with commissioners. KK/ED agreed to take this forward with Alison Featherstone during their meeting in early November. **KK/ ED**

ED advised that she had started to put together a competency framework for levels 3 and 4. The Group agreed that she should continue with this piece of work as it would provide useful information. **ED**

GG advised that for patients every day is different depending on their personal circumstances and that this would be very difficult to document. It would however be useful to look at how to get more service users engaged. He also

agreed that it would not be acceptable to have a “one size fits all” approach as every patient’s journey is different.

ED and KK thanked everyone for their contribution to today’s discussion which they will take forward with Alison Featherstone when they meet with her in early November.

3. MEETING CLOSE

3.1 Date and time of next meeting

10am – 2pm on 27 January 2016 at Evolve