London Digital IAPT Hackathon

6th February 2018

Recap and Next Steps

Problem Statement

CCG's have been tasked to increase access to IAPT services by 25% by 2021

This means the number of Londoners accessing services should increase from

153,000 → **260,000**

Challenges

There are considerable workforce, estates and funding challenges to meet these targets and develop new models aligned with the management of Long Term physical health Conditions (LTCs).
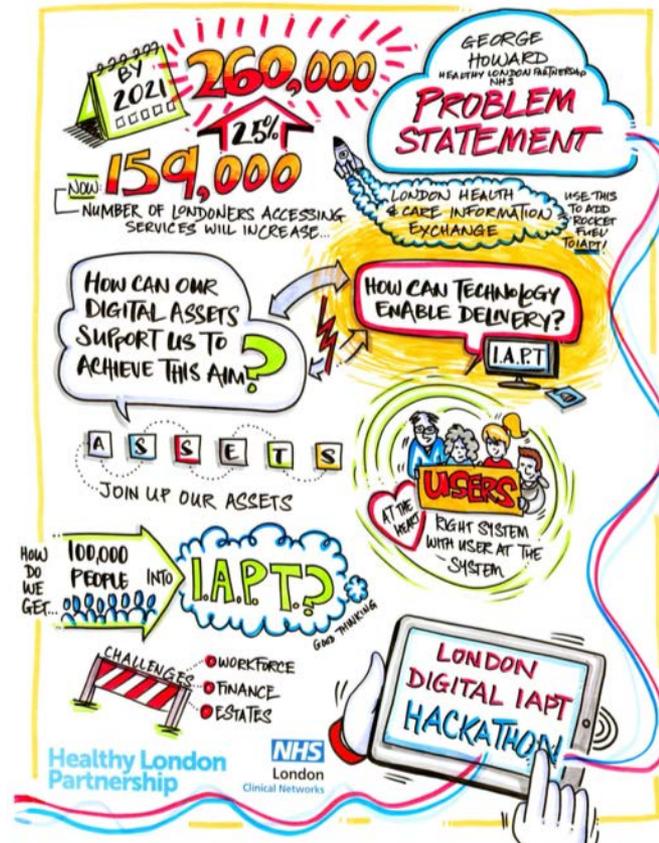
Opportunities

- **Good Thinking Service:** low cost mass marketing of IAPT, channel shift the digitally enfranchised , Improve productivity, improve digital IAPT outcomes, and sustain recovery
- **Health and Care Information Exchange**: a standardised London Shared Care Plan for IAPT/LTC
- **NICE:** commissioning efficiency and market management opportunities of commissioning digital IAPT at scale
- **CYP IAPT**: digital generation

Expert Panel

London's Good Thinking Programme:
- Service went live in Beta at the end of October 2017
- End to end user journeys provide opportunity for: ethical identification of users online; self assessment and triage; access to evidence-based resources and peer support; clinical outcomes; digital technology to enable Londoners to manage own mental health and wellbeing, e-safety risk management
- People are able to express their mental health issues online without discussing them overtly – enables early targeting and identification
- How can we use the data from Good Thinking together with IAPT service data intelligently to inform future of Digital IAPT e.g. who is accessing, what citizen group do we need to target?
- The ability to negotiate commissioning relationships with people who develop products is key
- Clinical engagement – hold conversations with GP's, IAPT leads, etc.

London's Health and Care Information Exchange:
- Information/data centre – provides opportunity for local information sharing
- Can provide patient data, information governance tool for digital platforms, and an information sharing tool for pan-London
- Fantastic opportunity to join up local areas and organisations and align with Long Term physical Conditions

Rand Corporation:
- Evidence review on Digital IAPT: activity data can be hugely beneficial – what happens at the end of therapy on digital platforms and where do clinicians come in? – potential for online community support

Existing patient journey and how online therapies impact on stepped care:
- Online services are accessible and affordable options for Step 1 - people on more severe end find it difficult to use online self-help services, need face to face interaction and counselling – online access has supported expansion of low intensity treatments and allowed an increase in number of people having Step 2 and then Step 3 - next stage in process is the introduction of parallel interventions
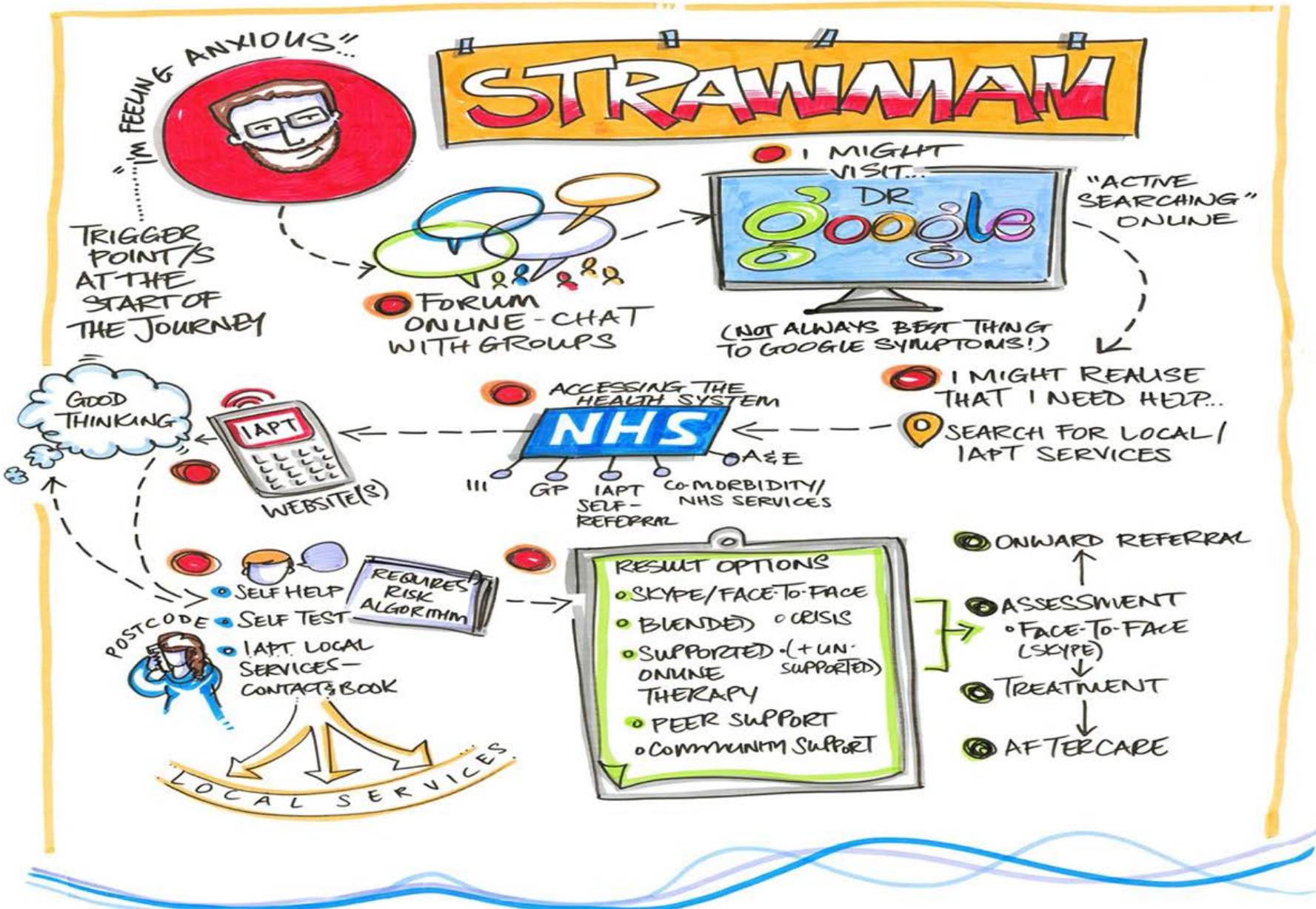
Investigate & Develop

During the next segment, attendees were asked to form four groups to:

1. Select and define a target 'Citizen Segment' (i.e. single mother suffering from depression and anxiety, career driven male in 40's stressed and anxious)

2. Investigate what the Citizen Segment 'Says', 'Does', 'Thinks', and 'Feels'

3. Complete a 'Customer Journey Map', describing how a member of their selected Citizen Segment currently manages their care requirements, their 'Needs/Wants' from the service, the challenges IAPT currently faces in meeting them, etc.

4. Select a "How might we…" question and generate as many ideas as possible for how they might solve it

5. Collectively choose one larger idea which brings together various ideas to address the citizen segment and their journey through IAPT services.

   The next four slides illustrate the ideas formulated by each group…

'From Crystal Palace to a Silver Cloud'

Citizen segment: Male, 18-35, aware of need, not engaged by MH treatments, hopelessness re: health

Say…
- "If I could sort out my sleep, I'd be ok"
- "My life is crap, what's the point?"

Do…
- Complain to partner/friends
- Speak about issues on specific forums
- Avoid people, drink

Think…
- "If others hear what I really feel, they will think I'm pathetic"
- "I can do digital w/o anyone noticing"

Feel…
- It's everything/everyone else
- Misunderstood
- Fear, anxiety, loneliness

'How might we'…

Use 'Good Thinking' to get ambivalent Andy to Digital IAPT before he's not holding it together anymore?

"Develop/use branding differently, i.e. Good Thinking, Silver Cloud – not IAPT"

"Segment targets – use Good Thinking data to identify 'ambivalent Andy's'"

"Use quantitative user reach with people like Andy"

"Andy is directed to early help that may prevent access, e.g. drugs"

"Proper research that takes people a step further – small steps to positive outcomes at early stage"

"Use awareness raising videos that are psychoeducational and de-stigmatising"

"Online surveys – test the journey"

This proposal offers a supportive online user journey providing the user with seamless, non-stigmatising access to evidence based intervention.

Key features:
- Reel him in – fly fishing, 'on boarding' (targeting need)
- Localised population segmentation
- Agile testing of an incremental pathway with a high probability of a positive outcome at each stage

Value proposition:
- Reaching harder to reach groups <u>at scale</u>
- Solution to increased (25%) IAPT target
- Early intervention/prevention

Scale of achievability:
- Desirability: **8.5 out of 10**

- Feasibility: **8 out of 10** (agile mind-set!)

- Viability: **5 out of 10** (funding decisions pending)

'Nav me Well'

Citizen segment: Male, 40s-50's, depressed, isolated, work difficulties, relationship breakdown

Say…
- "I wish I could go back and start again"
- "I feel useless"
- "Bloody Facebook!"

Do…
- Disengagement from family and social life
- Drinking most days
- Doesn't sleep well , naps

Think…
- "Nobody notices or cares about how I feel"
- "I need to do something about this"

Feel…
- Trapped
- Numb and lonely
- Scared
- "Temporary happiness"

'How might we'…

Be smarter as a system to support ongoing wellness?

"Personalised email reminders #futureself"   "Peer support platform"   "Peer learning from users"   "Tailor made relapse prevention blueprint as therapy ends – what to do if start to become unwell again"

"Co-production with service users"   "Feedback from others – visual qualitative stories"

"Encouragement to help practice new behaviours"   "Collaborative working across the system"

"Personalised to current and contextual need"   "Service user led Google Map asset mapping"

This proposal offers a personalised and localised approach to sustained wellness, with timeliness/context adaptation.

Key features:
- User interface (adapts from known data/preferences)
- Timeliness prompts- sensor data
- Social assets links – sharing mapping technology

Value proposition:
- Preventing relapse
- Community development

Scale of achievability:
- Desirability: **8.5 out of 10**

- Feasibility: **9 out of 10**

- Viability: **5 out of 10** (staff attitude, service models)

'The Magic Gate'

Citizen segment: Single mother, long-term pain, says stressed & isolated, but heavy social media user

Say…
- "Wouldn't anyone be stressed in my position?"
- "My back hurts so I can't.."
- "Kids are stressing me out"

Do…
- Lies in bed and ignores children
- Takes regular medication
- Family doesn't eat healthily

Think…
- "I'm worried about my finances"
- "I wish I could do more with my kids"
- "I have no friends"

Feel…
- Things aren't getting better
- Low self-esteem
- Tired
- Love my children

'How might we'…

Ensure people are offered the right services at the right time?

"Offering options based on what we know about client"   "Efficient and effective method of gathering required information"

"Gateway uses standardised metrics, e.g. PHQe GAD with good visuals"   "Using data collected intelligently and efficiently"

"Offers confidentiality and/or anonymity"   "Connects cyberspace to face to face"   "Easy to answer – not ambiguous"

"Sharing patients preferences with clinicians"   "For people with physical disabilities"   "Same assistance across London"

This proposal offers a pan-London online gateway with triage function (self-directed).

Key features:
- Smart analytics magically find you
- NHS branded advertisement
- Anonymity with choice disclosure – link to IAPT
- Simple standardised questionnaire – results return personalised interventions

Value proposition:
- Finds people who may not realise they have a psychological need
- Complete control: you decide how far you go through NHS services, you decide whether or not you remain anonymous

Scale of achievability:
- Desirability: **5 out of 10**
- Feasibility: **5 out of 10**
- Viability: **8 out of 10**

'Local Voices'

Citizen segment: Unemployed, 18-25, living in an area of social deprivation

Say…
- "I can't afford to access anything online"
- "I don't need therapy, what I really need is a job"

Do…
- Drink or use drugs
- Become angry or violent
- Stay close to home/people they can trust

Think…
- "I'm ashamed of feeling like this"
- "I hate the government, they should be supporting this"

Feel…
- Angry and depressed
- Suicidal
- Not clear enough

'How might we'…

Use endorsements/stories from communities to increase awareness, engagement, access and sustain?

"Statistical analysis of IAPT database to identify dropout characteristics"   "Send patient stories to people on waiting list for treatment"

"Prioritise key communities where access is poor"   "Employ experts by experience into the service"

"Find 18-25 year olds who are highly socially networked to endorse and encourage sharing"   "Local ambassadors"

"Andy is directed to early help that may prevent access, e.g. drugs"   "Use non-stigmatising language"

This proposal offers a solution that uses endorsement from local and relatable people that will help motivate the disenfranchised segment.

Key features:
- Recruit local voices to tell their stories in person with communities
- Stories will be widely dispersed
- Timed notifications throughout the patient journey (and beyond)

Value proposition:
- Increased access
- Improved outcomes
- Longer term employment outcomes

Scale of achievability:
- Desirability: **9 out of 10**
- Feasibility: **5 out of 10** (difficulty with stigma)
- Viability: **7 out of 10**

Next Steps

Following the workshop, we plan to:

- Develop an outline business case

- Review with senior sponsors

- Create programme plan based on business case, including all stages of engagement with wider system

Who did we have in the room?

Name	Job Title/Organisation
Alastair bailey*	Clinical Lead, Grenfell Health and Wellbeing Service and Primary Care Mental Health Service
Alex Goforth	London & South East Children & Young People's IAPT Collaborative
Charlotte Wallis	NHS England Natioanl Project Manager IAPT Digital
Christian van Stolk*	Rand - Review of evidence
Craig Tucker	Integrated UEC - 111/Babylon Etc.
Dan Burningham*	NHS City and Hackney CCG
Diarmaid Crean*	PHE Digital Deputy Director/Good Thinking Steering Group/senior digital advisor
Elaine Bennett	ATOS - Partner
Fran O'hara	MD & Creative Director, Scarlet Design Group
George Howard	Programme Lead Mental Health, HLP and London Clinical Networks
Glen Crosier *	Lead Good Thinking Programme Delivery/Commissioning
James Woollard	Chair, Digital IAPT National Reference Group/Good Thinking Steering Group
Jill Belcher	Service Manager, NELFT
John Cape	Workstream member – UCL educational lead
Judy Leibowitz	Clinical Lead Camden iCope
Kumar Jacob	Good Thinking service provider lead (Mindwave Ventures CEO)
Leire Zazpe-Rey	Expert by Experience
Michael Oates	Programme Manager IAPT, HLP and London Clinical Networks
Nicholas McNulty	Principal Clinical Psychologist (Lambeth), SLAM
Poppy Mulvaney	ATOS - Scientific Community
Richard Graham*	Good Thinking Clinical Director
Ruth Dennis	IAPT Clinical Lead
Sam Ball	Islington CCG
Sarah Burns*	Lead Business Analyst - London Digital Programme
Shaun Crowe	London Clinical network
Tola Masha	Project Manager IAPT, HLP and London Clinical Networks

*Expert panellists

**Thank you very much to all who attended.
Your contribution was much appreciated and valued.**