







NHS Integration Operational Group – Meeting 2

Friday 14th August 2020, 14:00-16:00

Chair:	Laura Gibbon (LG) - first hour
	Steve Pilling (SP)- joined at 15:00
Attendees:	Medha Akella (MA), Wendy Appleby (WA), Marie-Clair Breen
	(MCB), Yasmeen Daoud (YD), Claire Elliot (CE), Hanna
	Hirvonen (HH), Barry Keane (BK), Denise Long (DL), Aeli
	Roberts (AR), Karen Smith (KS), Simon To (ST)
Apologies:	Joshua Cane (JC), Hilary Grater (HC), Judy Leibowitz (JL)
Minutes:	Rosemary Ellis (RE)

Agenda Item		Decision/ Action
1.	Welcome and Introductions	
	LG welcomed everyone to the meeting and noted that SP had been unavoidably detained and would be joining the meeting at 15:00. LG would chair the meeting until SP joins.	
	There was a round of introductions and LG thanked MA for joining the meeting from California.	
2.	Minutes from the last meeting and matters arising	
	Minutes of the last meeting were approved.	
	Matters arising	
	LG noted that for transparency the PsychUP Advisory Board Terms of Reference and meeting minutes would be made available on the website. Minutes would be posted following approval each meeting and accepting some parts may require redaction on occasions. LG queried whether this group would be happy for the same approach to be taken. There were no objections from the group to this.	ToR and meeting minutes to
	Terms of Reference (ToR)	be made available on
	Following feedback on the provisional Terms of the Reference for the group presented at the last meeting, a revised draft incorporating comments had been circulated with the meeting papers.	the PsychUP website
	LG provided an overview of the revised document.	

























Objectives of this group are:

- Strengthening connections with NHS colleagues
- Keeping interested parties updated on relevant developments and progress with the programme
- To support wider potential for collaborations
- To disseminate useful learning from sector
- Promote data sharing and drive good practice

WA raised the question as to where this group and PsychUP fits with wider UCL governance structures and other work going on. WA suggested that it could report into the Student Experience Committee.

LG said that the PsychUP programme team receive strategic guidance from the PsychUP Advisory Board. The NHS-IOG is not a decision-making group.

LG noted that this suggestion should be raised with SP, as the meeting Chair, on arrival at 15:00.

3. **Updates**

(i) Student Psychological & Counselling Services and Disability, Mental Health and Wellbeing

BK provided an update on both SPCS and Disability, Mental Health and Wellbeing Services.

Disability, Mental Health and Wellbeing Services

- SSW held Teams workshops for staff and students to offer support during the pandemic. These were well attended.
- Academic mentoring group were also held for students not meeting the threshold of support with great feedback and little drop-off. Specific study skills for students with specific learning disabilities.
- There has been a smooth transition to providing support services digitally in response to the pandemic.

SPCS

- Counselling services transitioned their face to face offer online in around two to three weeks.
- A student engagement programme is in place for checking in with students at risk monthly
- There is currently a two-week waiting list for initial counselling appointments





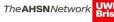






















- Some students have expressed apprehension in relation to the confidentiality and security of online support and SPCS have been exploring ways to address these concerns for UKbased students
- Number of individual counselling and assessment sessions significantly increased compared to the same period last year (c6.7k compared to c6.5k)
- Currently reviewing risk assessments and safe practices
- Staff training underway looking at complex in context of Covid. Working with the Tavistock on more training around more psychoanalytic approaches to complex trauma.
- Looking at support offer for BAME students
- Developing outcome evaluations in collaboration with CE, collating information from SSW
- Exploring ways of providing support specifically to students who have to self-isolate and alleviating the psychological effects. There is a dedicated page on the SSW website including a timetable of events. Workshops will run two weeks into terms and then two weeks in term. Pop-ups of these support workshops through the year.

DL noted that all students in quarantine are receiving a check-in as to their wellbeing.

WA and others congratulated the SSW team on their response to the pandemic and pivot to digital operations, ensuring increased support for staff and students.

LG informed the group that one of the PsychUP third year clinical trainees is leading on a consultation project with two students finishing their BSc; the consultation is on barriers to Chinese and Hong Students accessing support – staff and students are being interviewed perceived barriers. General barriers (such as those highlighted in the Student Minds Grand Challenges report) are being explored as well as those specific to the current climate (Covid-19 and pro-democracy protests in HK). Some really interesting findings are emerging and they will be used to inform understanding of ways to improve services and support for these students. Findings can be shared with the group when available.

Input from the group or colleagues would be appreciated. ST and BK happy to speak with the trainee.

ST also noted that the SU is working with the Diversity and Inclusion team looking at the experiences of students of East Asian heritage;

























both international and home students. Relates to the race equality charter but also to the heightened race climate. Will start a way into the academic year.

BK noted that Chinese students are the second highest group to access the University's psychological services, in absolute terms.

AR noted that a large proportion of students presenting to the Faculty with requests for suspension of regulations are Chinese students. Often issues are in relation to mental health and these have progressed significantly, but this is still very few students. It does perhaps indicate for some there is still a barrier/stigma to helpseeking until it is too late. For these students it is essential we better understand how to support them in engaging with the support that is available.

KS noted they see around 6k students a year. They are looking at CBT training for their clinicians. Training happening in the next two weeks. They also now have SilverCloud in place for the staff community with a range of CBT-paced workshops. Have funding for rollout to students and full access to all programmes. Setting up a task and finish group to progress with a planned launch for October.

Ridgmount General Practice update (ii)

CE reported that a significant amount of work had been undertaken to ensure the practice meets guidelines for being Covid-safe; zoning of the premises to manage access, movement around building etc. Regular follow-ups with patients with Covid, sometimes twice daily. Have also made changes to how patients access the service and are seen.

- Offer options online access has been improved, telephone and video consultations but now also use e-consultations; do see some patients face to face.
- E-consultations being well used. Once patients have filled in consultation form onus is on staff to follow-up. This has resulted in an interesting shift.
- They have increased their catchment area.
- Working with BK and DL on outcomes monitoring.
- 70% of students registering are Chinese.

(iii) Students' Union UCL

ST and YD provided updates on work in the SU.

























- They have been working with the SU Officers on priorities for the coming year. One such priority is the experiences of BAME students and Concerns raised by international students. Lebanon. Making sure they have the right access to support and they know where to go
- 70% of staff had to be furloughed and are just now coming back.
- The Union is heavily involved in support for new and returning students via the 'Making the Most of UCL' programme.
- Over last few months have been working with SPCS and PsychUP, iCope looking at workshops and peer support model to enhance signposting

(iv) **University Clinic**

SP provided an update on the University Clinic.

- Clinic trainee placements are a combination of leadership placements and those linked to IAPT. The focus of the latter has been on workshop delivery. A series of workshops on the topics of perfectionism, assertiveness and stress and relaxation were delivered in the spring and well received by students as evidenced by satisfaction data. These are being developed as an online offering and linked with peer support in the SU.
- Dr Joshua Buckman, Clinical Psychologist and Research Fellow has come on board to support the clinic and to help develop existing links with Camden and Islington IAPT but also wider services.
- Work is on-going to transition to remote delivery and make adjustments to systems and services.
- One aim of the clinic is to support the development of novel interventions. For example Will Mandy, Professor of Neurodevelopmental Disorders, has conducted research into eating disorders in people with autism spectrum disorder (ASD). Factors associated with eating disorders in those with ASD may be different; less about body image and more about restrictive eating. Potential for developing interventions specifically for this group. Other areas of research where novel psychological interventions could be develop include bipolar disorder.

























- Interventions offered by the University Clinic will fall within a number of the steps in the Steps model; lower intensity interventions such as the iCope workshops will be 1/2 and specialist, higher intensity treatments will be above this.
- Priorities for developing and growing the Clinic; research funding, development of specific projects (e.g. supporting students with addictions) and exploring ways to support the entire student population (e.g. IAPT).

Summary of discussion around considerations as the Clinic develops:

- Future discussion in relation to a service level agreement or MOU between UCL and the Clinic and ensuring clear understanding of the Clinic offer.
- WA raised the importance of ensuring that students understand interventions are research/training interventions and are not standard NHS services as such. SP noted that most work of the Clinic will be in collaboration with NHS and therefore subject to a high degree of scrutiny; i.e. ethics approval, clear information and informed consent for treatments, trainees closely supervised by experienced staff. Given that the Clinic may well be supporting vulnerable students involvement of specialist ethics committees for some projects.
- BK reflected on potential duplication of services but as already discussed the Clinic will seek to develop novel interventions in specialist areas or where there are perceived gaps. Appropriate, clear information about what's on offer across services; offering choice; and providing clear pathways to different support.
- DL expressed interest in referral routes and whether the Clinic will be for UCL students only. SP confirmed referrals will be via multiple routes (e.g. via Ridgmount, other GPs where UCL students are registered etc) and not just referrals through IAPT but other NHS services. SP also noted that 60-70% iCope are self-referrals.

There was some discussion about the Pathways and Outcomes Evaluation toolkit being developed with Sheffield University as part of the OfS project and the group expressed interest in seeing this when available.

LG share POE toolkit when available

4. Updates on research and evidence

























	 SP and LG provided an overview of some of the research completed and planned within PsychUP A PhD student supervised by SP will be starting in September and focusing on mental health of Chinese students; A PhD student recently completed their thesis on the efficacy of adapting psychological treatments for the student population – across a range of groups; BAME, refugees. There is a consistent and significant benefit of adaptations. In terms of understanding what factors contribute to their efficacy, changes to content and adapting methods of delivery are helpful but organisational aspects of adaptations makes the more substantial difference. 	
5.	Future planning and areas of collaboration This was not covered in the meeting and have	
6.	Sum Up and AOB The group were asked if they are happy for their profiles (picture and job title) to be included on the PsychUP website and this was agreed.	















