

# Yorkshire and the Humber IAPT Providers Network Minutes 27<sup>th</sup> July 2016, 10:00-13:00 Hatfeild Hall, Wakefield

Present:			
First Name	Surname	Job Title	Employer
Dawn	Barnes	Operational Manager	City Healthcare Partnership
James	Bell	Team Manager (Rotherham IAPT)	Rotherham, Doncaster and South Humber NHS Foundation Trust
Sarah	Boul	Quality Improvement Lead, Mental Health	Yorkshire and the Humber CN
Joy	Bowhay	Team Manager	Bradford District Care NHS Foundation Trust (North District IAPT)
Linda	Brownbridge	Clinical Lead	NAVIGO
Rebecca	Campbell	Quality Improvement Manager, Mental Health	Yorkshire and the Humber CN
Mandy	Capaldi	Service Lead	Insight Healthcare (East Riding)
Mick	Collins	Clinical Lead	Insight Healthcare (Bassetlaw)
Cheryl	Day	Programme Lead	Health Education England
Sam	Farrington	Clinical Lead	Insight Healthcare (East Riding)
Barry	Foley	IAPT Workforce Consultant/Advisor	Health Education England
Gareth	Griffiths	Service Manager	Turning Point Rightsteps® Wakefield
Nichola	Hartshorne	Kirklees & Calderdale IAPT HI Team Manager	South West Yorkshire Partnership NHS Foundation Trust
Liz	Holdsworth	MHAT Manager	South West Yorkshire Partnership NHS Foundation Trust
Naomi	Holdsworth	Team Manager	Airedale, Wharfedale and Craven IAPT Team
Louise	Kirkland	Team Manager Northallerton/VVADS IAPT Teams	Tees, Esk and Wear NHS Foundation Trust
Mark	Knowles	IAPT Manager	Sheffield Health and Social Care Trust
Jenny	Meehan	Deputy Manager	Community Links
Cathryn	Milthorpe	Data Quality Lead (Barnsley)	South West Yorkshire



#### Yorkshire and the Humber Clinical Networks

			Partnership NHS Foundation Trust	
Jo	Russell	Senior Information Analyst	Tees, Esk and Wear NHS Foundation Trust	
Andrew	Sainty	Team Manager	East Riding Emotional Wellbeing Service (IAPT)	
Beckie	Smith	Open Minds IAPT Team Manager	NAVIGO	
Clare	Wdowczyk	CBT and EMDR Therapist, Clinical Lead	Turning Point Rightsteps® Wakefield	
Andy	Wright	IAPT Clinical Advisor	Yorkshire and the Humber CN	
Apologies:				
First Name	Surname	Job Title	Employer	
Debi	Bray - Menezes	Service Manager	Tees, Esk and Wear Valley NHS Foundation Trust (York IAPT)	
Caroline	Coxon	IST Manager	NHS England	
Jaime	Delgadillo	Lecturer in Clinical Psychology/Cognitive Behavioural Therapist	University of Sheffield / Leeds IAPT	
Ron	Dukelow	Manager	Bradford Counselling Services	
Kristina	Fletcher	Service Manager	NAVIGO	
Elaine	Goodwin	Service Manager	Leeds Community Healthcare NHS Trust	
Alison	Hobbs	North Yorkshire IAPT Clinical Lead	Tees, Esk and Wear Valley NHS Foundation Trust (Harrogate IAPT)	
Dawn	Libby	Senior IAPT Practitioner	Tees, Esk and Wear Valley NHS Foundation Trust (York and Selby IAPT)	
Lynskey	Alison	Performance Manager & Trainee CBT Therapist	RDASH (Doncaster)	
Ros	Speck	Performance Manager	RDASH (Scunthorpe)	

No.	AGENDA ITEMS	Action By
1.	Welcome, Apologies and Introductions	
	Andy Wright welcomed everyone to the meeting and conducted introductions and apologies.	
2.	Minutes from the Last Meeting (12.05.16) and Matters Arising	
	The group reviewed the minutes from the last meeting and agreed them as a correct record.	
	Andy Wright asked the group to review the action log at the end of the minutes and provide exception feedback on actions. No exceptions were noted.	
3.	Terms of Reference (Discussion and Approval)	
	Andy Wright advised the group that the previous Terms of Reference had been reviewed and a new version had been shared with all attendees in advance of the meeting.	
	Andy Wright drew the attention of the attendees to the updated sections of the Terms of Reference including the line of accountability of the group; the Senior PWP Network being accountable to the Provider Network, working methods of the group including active participation online and face to face and the sharing of resources section, which highlights the need to be commercially sensitive.	
	No objections to the new terms of reference were raised. The terms of reference were agreed.	
	ACTION: Sarah Boul to circulate the final terms of reference to the group.	Sarah Boul
4.	Health Education England (HEE): IAPT Training Provision, Cheryl Day, Programme Lead & Barry Foley, IAPT Workforce Advisor	
	Andy Wright introduced Cheryl Day and Barry Foley to the attendees.	
	Andy Wright advised the attendees that at the Recovery Workshop training for IAPT Providers by Health Education England (HEE) was raised as an issue and so it is very pertinent that HEE have linked into the network.	
	Cheryl Day introduced herself to the attendees and advised that she does not have a mental health background and so the position in HEE has been a very large learning curve.	
	Cheryl enquired of the attendees if they had experienced any direct contact with HEE. A small number of attendees confirmed that they had experienced direct contact.	
	Cheryl provided the attendees with an overview of HEE stating that it was set up in 2012 and replaced Strategic Health Authority workforce teams. HEE is one umbrella organisation with thirteen local teams including doctors, dentists, all healthcare staff, some social care workers and Public Health. Cheryl Day and Barry Foley cover the Yorkshire and the Humber region but also link into the wider North region.	
	Cheryl stated that HEE has an annual workforce planning round and they are trying to develop the process for this. HEE contact providers to ask what their workforce is like currently, what it should look like (establishment) and what it needs to look like in five years' time to meet future demand.	
	Question: Does the questionnaire only go to NHS providers?	
	Answer: Yes. But HEE are trying to go wider and are developing bespoke questionnaires for non NHS Providers.	

Cheryl advised that the returns often are completed by HR or Finance and often consist of an extract from ESR, which is not always accurate. Therefore, HEE are asking further questions to try and gain more information. All Provider Boards have to sign off their workforce as being accurate, but HEE suspect that the returns often do not get down to service level to receive the very close check that they require.

Cheryl also advised the attendees that HEE have established partnership councils where stakeholders can come and discuss workforce and training and provide input into the annual planning round that may not have been captured in each provider. Specifically for mental health and learning disabilities a reference group has been established.

Cheryl stated that all information gathered from the questionnaires and reference groups is collated, aligned to budgets and then training is delivered as to what could be afforded. For 2016/17 it was identified that more Psychological Wellbeing Practitioners (PWPs) were needed but due to budgetary constraints this has been difficult.

It was agreed that when the next workforce planning round begins Cheryl will advise the Clinical Network and a workshop can be established with HEE and the IAPT Providers Network to capture information.

ACTION: Cheryl Day to advise the Clinical Network when the next workforce planning round begins and Sarah Boul to explore the potential to set up a workshop between HEE and IAPT Providers.

Cheryl Day then advised the attendees that HEE will be facing some challenges in the near future. The first challenge will be that the Yorkshire and the Humber part of HEE will be merging into a North of England regional team and this could change how workforce planning rounds will take place. The second challenge is the expansion of the IAPT work programme and remit, which will entail extensive training need on an already limited budget.

Question: Regarding annual training for PWPs, if assistant PWP posts were established within services and provided some funding for training of this would HEE support?

Answer: Yes, this is exactly the kind of thing HEE would like to support.

Question: It feels like there is a crisis in terms of qualified PWPs. Are HEE aware of this crisis? There is a huge workforce gap.

Answer: We are aware and we are very concerned. PWPs are a transient workforce but HEE have sourced money and sponsored extra University places in universities outside of Sheffield. HEE are exploring other ways to get more people through but this is very complex. 15 places have been secured out of region and the workforce crisis is being highlighted with the national team.

Barry Foley introduced himself to the attendees and drew their attention to the recently released document Implementing the Five Year Forward View for Mental Health. Barry stated that the implications of the review for IAPT are that an additional 3000 workers are required to reach the levels required by 2025. Barry stated that it was essential for HEE to work with IAPT Providers to understand what they need to ensure we are delivering the workforce of the future to support recovery in mental health.

ACTION: Sarah Boul to share a link with the IAPT Providers' Network to the Implementing the Five Year Forward View document.

Barry echoed the comments of Cheryl regarding access to places for training and stated that HEE are trying to work with universities to extend places but it is difficult. Barry advised that NSCAP in Leeds is providing training and York is Cheryl Day

Sarah Boul

	also providing training. Barry also stated that issues surrounding local provision of training as an alternative are being fed back up into the national team. Additionally, there could be an option for people to self fund.	
	Barry also advised the attendees that at present HEE still do not have a business plan for 2016/17. However, as soon as a business plan is provided it will be shared and a discussion workshop could be held.	
	ACTION: Barry Foley/Cheryl Day to share the HEE Business Plan for 2016/17 once released.	Barry Foley / Cheryl Day
	The group then returned to discussing PWPs. Mark Knowles stated that labelling the PWP workforce as transient, as Professor David Clark does, is not helpful. Services do not want a transient workforce, PWPs are a very skilled post and they need to be recruited for a long term period.	
	Barry stated that HEE are trying to promote PWPs and they link into the North West PWP Network and promote a Yorkshire and the Humber PWP conference once per year. Regarding the potential to develop Assistant PWP posts it was noted that Clare Bagley in the North West runs training courses for such posts. Liz Holdsworth started that this is positive but the training needs to be more widely available and it needs to occur more than once a year. Dawn Barnes advised the group that Hull is undertaking some training for a role similar to that of Assistant PWP already.	
	Barry stated that the national view is we should be training more High Intensity Therapists (HITs) than PWPs. It should be a 60/40 split of workforce. Service experience reports that commissioners are pressing for more recruitment at Step 2. However, HITs stay and PWPs are more transient and so it is argued that the funding should be directed towards HITs.	
	Cheryl and Barry stated that they were very keen to maintain links with the IAPT Providers and encouraged providers to get in touch to share their ideas and thoughts for the development of the future workforce and training.	
	ACTION: All Providers to share their ideas and thoughts for the development of the future workforce and training with <a href="mailto:cheryl.day@yh.hee.nhs.uk">cheryl.day@yh.hee.nhs.uk</a> and <a href="mailto:mbarryfoley@aol.com">mbarryfoley@aol.com</a> from HEE.	All
	It was agreed the HEE would become a co-opted member of the IAPT Provider Network and future attendance would be agreed in consultation with the Network Chair.	
5.	IAPT Providers Online Forum (Demonstration and Discussion)	
	Sarah Boul provided a demonstration of the online IAPT Providers Forum showing attendees how to access the forum, how to register and how to view and make posts.	
	ACTION: Sarah Boul to circulate joining instructions for the online forum to all attendees of the Provider Network.	Sarah Boul
6.	Provider Presentation, Andrew Sainty, East Riding Emotional Wellbeing Service (IAPT)	
	Andy Wright introduced Andy Sainty to the group and thanked Andy for agreeing to present on his service. Please see the presentation slides for more information.	
	Questions and Answers:	
	Question: How big is your workforce?	

Answer: If all vacancies were filled the service would have 55 clinicians and 5 administration staff. Before AQP the service only had 9 whole time equivalent staff. We have 12 Psychological Wellbeing Practitioners and 25-26 High Intensity Therapists.

Question: What are your access rates like?

Answer: Our access rates could be better. We have some difficulty with access rates as our CCG insists that patients at non caseness are accepted but taking patients at non caseness will affect recovery. Also for patients that score lower than 9 on GAD MIND have a block contract to see these patients.

Question: You state that you treat clusters over 4. Are these patients not treated by Community Mental Health Teams (CMHT)?

Answer: Some patients are treated by the CMHT but this service is not heavily commissioned in the East Riding and so if IAPT did not pick up some of these patients they would not receive a service. We exclude borderline personality disorder and patients at imminent risk. It does affect our recovery rates but we do make reliable improvement and the patients say it has changed their life.

Question: How do you manage direct access to courses? Do people just turn up?

Answer: We market our groups as a ring and book service but some people do walk in off the street. For all groups we have 2 qualified staff and 1 trainee if available. We explain what the group is and if anyone is scoring high on PHQ we speak to them at the break. We also have a breakout room and qualified staff can remove distressed people to the breakout room. We would prefer to risk assess but we have to provide direct access services so it is not possible other than for online referrals where we are able to risk assess.

Question: Do you provide open access groups at step 3?

Answer: We do not run any groups at step 3 but we are planning to run some. We are trying to set up groups that are accessible to all and we will be setting up a specific group for perinatal mental health.

ACTION: If any attendees would like further information on the work of the East Riding Emotional Wellbeing Service please contact <u>asainty@nhs.net</u>.

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#### 7. Commissioner Engagement (Discussion)

Andy Wright advised the group that the focus of the IAPT Providers' Network has been on providers and enquired of the attendees what their thoughts were on how the group can engage with commissioners. How can the network connect with commissioners in a meaningful way?

Andy Sainty stated it can be difficult to engage with commissioners as they may hold a very varied portfolio and cannot commit the time to attend provider network meetings or engage in other ways.

Dawn Barnes stated Hull have a mature relationship with commissioners and have a lead provider model. They have joint operational meetings with commissioners and the discussions have been open, honest and frank. Having an "open door" bi-monthly operational meeting has been very useful in

	developing provider/commissioner relationships.	
	Liz Holdsworth advised that Barnsley meet regularly with their commissioner and email in between. They have a strong working together relationship.	
	Andy Wright enquired if there was a place for commissioners in this forum? Liz Holdsworth stated it would be useful to have commissioners periodically attend meetings or workshops but not attend every time. Andy Sainty agreed and stated it would be useful to hear from other commissioners to understand variation across the region. The group agreed that the network should remain a provider only group but that invitations to the network meeting and shared events should be extended periodically to commissioners.	
	Andy Wright asked attendees to give the development of commissioner/provider relationships more thought within their own services and feedback ideas for development to Sarah Boul.	
	ACTION: All to give the development of commissioner/provider relationships more thought and feedback ideas for development to <a href="mailto:sarah.boul@nhs.net">sarah.boul@nhs.net</a> .	All
8.	IAPT North Report – Data Requirements Going Forwards (Discussion) Andy Wright advised the group that he and Sarah Boul had met with colleagues in NHS England North Region to discuss the development of a bespoke report for Yorkshire and the Humber IAPT Providers.	
	Sarah Boul provided an overview of some reports already in circulation and Andy Wright enquired of the attendees if there was any desire to have a bespoke Yorkshire and the Humber report. The attendees confirmed that this was desired.	
	Andy Wright asked for volunteers to sit on a small working group to decide what would be most helpful to include in the report. Andy Sainty, Liz Holdsworth, Mark Knowles and Mick Collins all agreed to volunteer to sit on the working group.	
	ACTION: Sarah Boul to set up a meeting of the working group to develop a bespoke Yorkshire and the Humber IAPT report.	Sarah Boul
9.	Update from IST	
	Andy Wright advised the attendees that Caroline Coxon sent her apologies to the meeting but had sent a slide pack on IAPT data to be shared with the providers.	
	Andy advised that firstly the slides are being made available to commissioners. The data is not only key KPIs but also includes other items of interest that are gaining momentum at national and commissioner level. Secondly, the slide pack highlights the importance of data quality. At a national level the only data that counts is the HSCIC data, local service data is not considered, therefore it is essential that the data uploaded to HSCIC is accurate.	
	Following the presentation of the slides the group discussed paired scores and it was agreed that this should be a discussion at the next IAPT Providers meeting.	
	ACTION: Sarah Boul to ensure paired scores are on the agenda for the	
	next meeting.	Sarah Boul
10.	Senior PWP Network Update, Sarah Boul, Quality Improvement Lead,	

#### **Clinical Network**

Sarah Boul advised attendees that the Clinical Network are working with Heather Stonebank from Sheffield Health and Social Care Foundation Trust to develop a network for Senior PWPs.

The draft Terms of Reference have been shared with the IAPT Providers Network for review.

Three meetings have been held between Heather Stonebank and the Clinical Network to develop the terms of reference; purpose, attendees and potential agenda.

A date has been set for the inaugural meeting of the Yorkshire and the Humber Senior PWP Network. The Network will officially be launched on: Thursday 13th October, 09:30-12:30, at The Cosmopolitan Hotel, Leeds.

All invited attendees have been asked to gain permission to attend from their line manager and all outputs of the group will be fed up into the IAPT Providers Network for review.

## 11. Future Initiatives – Early Implementers Initiative and IAPT Employment Advisors (EA) Programme

Andy Wright provided the attendees with an overview of future IAPT initiatives including the early implementers' initiative, which focusses on patients with long term conditions (LTC) and the employment advisors programme.

Andy Wright advised the attendees that some providers in Yorkshire and the Humber have been approached to express and interest/bid to work with patients who have long term conditions. Successful providers will be given a financial incentive for eighteen months and will be expected to increase prevalence and provide lessons learned for when other providers are expected to roll out services for patients with long term conditions.

Andy Wright also provided an overview of the employment advisors programme. Andy advised the attendees that Kevin Mullins is leading this piece of work as part of his role in the Department of Work and Pensions. Andy advised that NHS England is keen to work with providers who already have employment advisors in place.

Sheffield, Wakefield, North East Lincs, Hull and Rotherham confirmed they all provide employment advisor services already and Barnsley and Bassetlaw stated that they used to have employment advisors but these posts were lost when the funding for them ceased.

Mark Knowles advised that there are privately funded services that want to provide employment advice into IAPT services but that this is variable per area. Mark Knowles also stated that having an employment advisor works really well in Sheffield, they are part of the team and they understand how talking therapies work. Sheffield has one employment advisor based in the team and some based out in GP surgeries. Mark Knowles offered to provide a brief service overview followed by a description of the Sheffield employment advisor service at the next Provider Network meeting.

North East Lincs advised that they have employed an employment advisor directly and Wakefield stated they also employ and employment advisor who focusses on employment retention and CV writing skills etc.

Barnsley stated they have access to a recovery college that provide CV writing classes etc. that IAPT can refer into.

### 12. Any Other Business

#### - Materials Not in English (All)

Andy Wright advised the group of this outstanding issue from previous meetings and encouraged all attendees to share any materials not in English that their services hold.

Mark Knowles enquired if any progress had been made within NHS England regarding having materials not in English produced nationally. Sarah Boul advised that as yet no response had been received from the central team but that this would be followed up.

# ACTION: Sarah Boul to follow up on request for centrally produced materials not in English with NHS England.

#### Sarah Boul

#### - Out of Area Patients - are they accepted? (Joy Bowhay)

Joy Bowhay enquired of the attendees what process they use to manage out of area patients that are referred to groups – specifically are these patients included in the groups and how is their recovery recorded?

Andrew Sainty advised that in the East Riding out of area patients attend group session and whilst their data is captured it is not submitted with the returns for in area patients.

James Bell advised that Rotherham has a contractual agreement with neighbouring providers regarding reciprocal treatment of patients. However, for patients outside of these contractual areas the patient's commissioner is charged for the treatment provided.

Mark Knowles advised that is Sheffield a lot of out of area patients are treated because of the universities. Their data is uploaded to HSCIC but the credit for the treatment goes to the CCG from which the patient is registered.

Liz Holdsworth advised that Barnsley have reciprocal treatment contracts the same as Rotherham. Liz also stated that the data for out of area patients is uploaded to HSCIC. If the data is cut is cut by service, the provider receives the credit for the treatment. However, if the data is cut by CCG the patients CCG area receives the credit for treatment.

#### - IAPT Providers Contact List (All)

Andy Wright advised the attendees that the Clinical Network has been undertaking a significant piece of work to map the contact details of all the IAPT Providers in Yorkshire and the Humber. This is now complete and members of the IAPT Providers Network can request copies of the contact lists.

Sarah Boul

## ACTION: If any members of the IAPT Providers' Network would like a copy of the contact list email sarah.boul@nhs.net.

#### - Risk (Mark Knowles)

Mark Knowles advised the attendees that the brief risk assessment used in Sheffield had been shared with the IAPT Providers' Network.

#### **ITEMS FOR INFORMATION:**

## Future Meetings: 2016 Meeting Dates:

The meeting scheduled for October 2016 has been cancelled. The next IAPT Providers' Network meeting will take place on:



Yorkshire and the Humber Clinical Networks

Wednesday 2 November 2016, 10:00-13:00, Double Tree by Hilton, Leeds City	
Centre, Granary Wharf, 2 Wharf Approach, Leeds, LS1 4BR and will be joined	
by Ursula James, IAPT Programme Manager	



## **Summary of Actions**

No.	Action	Owner
1	Sarah Boul to circulate the final terms of reference to the group.	Sarah Boul
2	Cheryl Day to advise the Clinical Network when the next workforce planning round begins and Sarah Boul to explore the potential to set up a workshop between HEE and IAPT Providers.	Cheryl Day
3	Sarah Boul to share a link with the IAPT Providers' Network to the Implementing the Five Year Forward View document.	Sarah Boul
4	Barry Foley/Cheryl Day to share the HEE Business Plan for 2016/17 once released.	Barry Foley/Cheryl Day
5	All Providers to share their ideas and thoughts for the development of the future workforce and training with Cheryl Day and Barry Foley from HEE.	All
6	Sarah Boul to circulate joining instructions for the online forum to all attendees of the Provider Network.	Sarah Boul
7	If any attendees would like further information on the work of the East Riding Emotional Wellbeing Service please contact <u>asainty@nhs.net</u> .	All
8	All to give the development of commissioner/provider relationships more thought and feedback ideas for development to <a href="mailto:sarah.boul@nhs.net">sarah.boul@nhs.net</a> .	All
9	Sarah Boul to set up a meeting of the working group to develop a bespoke Yorkshire and the Humber IAPT report.	Sarah Boul
10	Sarah Boul to ensure paired scores are on the agenda for the next meeting.	Sarah Boul
11	Sarah Boul to follow up on request for centrally produced materials not in English with NHS England.	Sarah Boul
12	If any members of the IAPT Providers' Network would like a copy of the contact list email <a href="mailto:sarah.boul@nhs.net">sarah.boul@nhs.net</a> .	All