

Yorkshire and the Humber IAPT Providers Network

Minutes

1st February 2017, 10:00-15:30

The Met Hotel, Leeds

Present:			
First Name	Surname	Job Title	Employer
Liz	Barkham	Lead Psychologist; Offender Health	Nottinghamshire Healthcare NHS Foundation Trust
Dawn	Barnes	Operational Manager	City Health Care Partnership CIC
James	Bell	Team Manager	Rotherham, Doncaster and Scunthorpe NHS Foundation Trust Rotherham IAPT
Sarah	Boul	Quality Improvement Lead, Mental Health	Yorkshire and the Humber CN
Debi	Bray - Menezes	Service Manager	Tees, Esk and Wear Valley NHS Foundation Trust (York IAPT)
Linda	Brownbridge	IAPT Clinical Lead	Navigo (Grimsby)
Rebecca	Campbell	Quality Improvement Manager, Mental Health	Yorkshire and the Humber CN
Judith	Chapman	IAPT Clinical Advisor	IST, NHS England
Sara	Collier-Hield	Quality Improvement Lead, Perinatal Mental Health	Yorkshire and the Humber CN
Mick	Collins	Clinical Lead	Insight Healthcare (Bassetlaw)
Kate	Cowl	Professional Lead (not in IAPT Providers Group)	Let's Talk Hull
Vimbai	Egaru	Intensive Support Manager	NHS England
Hilary	Farrow	Quality Improvement Lead, Maternity	Yorkshire and the Humber CN
Guy	Fillipich	Service Lead	Insight Healthcare Bassetlaw
Richard	Garland	IAPT Manager	Touchstone (Leeds)
Tim	Godley	Team Manager / Cognitive Behavioural Psychotherapist	Rotherham, Doncaster and Scunthorpe NHS Foundation Trust Doncaster IAPT
Gareth	Griffiths	IAPT Team Manager	Turning Point Talking Therapies (Wakefield)
Nichola	Hartshorne	Kirklees & Calderdale IAPT HI Team Manager	South West Yorkshire Partnership NHS Foundation Trust

Jacks	Hillaby	Clinical Team Manager	Leeds Community Healthcare NHS Trust
Alison	Hobbs	North Yorkshire IAPT Clinical Lead	Tees, Esk and Wear Valley NHS Foundation Trust
Liz	Holdsworth	MHAT Manager	South West Yorkshire Partnership NHS Foundation Trust
Steve	Kellett	IAPT Programme Director and Consultant Clinical Psychologist	Sheffield University and Sheffield Health and Social Care NHS Foundation Trust
Karen	Kirby	Team Manager	Rotherham, Doncaster and Scunthorpe NHS Foundation Trust North Lincs.
Mark	Knowles	IAPT Manager	Sheffield Health and Social Care Trust
Pauline	Laverie	Team Manager	City (IAPT) Services, Bradford District Care Trust
Janet	Leaning	Clinical Lead	Rotherham, Doncaster and Scunthorpe NHS Foundation Trust North Lincs.
David	Lee	IAPT Manager	Bradford District Care Trust
Alison	Lynskey	Trainee Cognitive Behavioural Therapist / Performance Manager	Rotherham, Doncaster and Scunthorpe NHS Foundation Trust Rotherham and Doncaster IAPT
Jim	MacDonald	IAPT Service Manager	Rotherham, Doncaster and Scunthorpe NHS Foundation Trust
Jenny	Meehan	Deputy Manager	Community Links IAPT (Leeds)
Cathryn	Milthorpe	Data Quality Lead	South West Yorkshire Partnership NHS Foundation Trust
Liz	Oxtoby	Head of Service-Clinical Lead (Adult)	Northpoint Wellbeing
Gayle	Porter	IAPT Clinical Manager	Bradford District Care Trust
Joanne	Russell	Senior Information Analyst	Tees, Esk and Wear Valley NHS Foundation Trust
Andrew	Sainty	Team Manager	East Riding Emotional Wellbeing Service (IAPT)
Beckie	Smith	IAPT Open Minds Team Manager	Navigo (Grimsby)
Ros	Speck	Performance Manager	Rotherham, Doncaster and Scunthorpe NHS Foundation

			Trust North Lincs.
Heather	Stonebank	Senior PWP	Sheffield Health and Social Care Trust
Nii	Wallace-Davies	Account Manager	Ieso Health
Clare	Wdowczyk	CBT and EMDR Therapist, Clinical Lead	Turning Point Rightsteps® Wakefield
Carla	Webb	Team Manager	Tees, Esk and Wear Valley NHS Foundation Trust
Andy	Wright	IAPT Advisor	Yorkshire and the Humber CN
Apologies:			
First Name	Surname	Job Title	Employer
Catherine	Baxter	Senior PWP Lead	Bradford District Care NHS Foundation Trust
Caroline	Coxon	IST Manager	NHS England
Liz	Howes	Team Manager/ Staff Governor	Bradford District Care Trust
Dawn	Libby	Senior IAPT Practitioner	Tees, Esk and Wear Valley NHS Foundation Trust (York IAPT)
Paula	Scott-Loftus	Team Manager	Tees, Esk and Wear Valley NHS Foundation Trust
Charlotte	Whale	Quality Improvement Manager, Mental Health	Yorkshire and the Humber CN

No.	AGENDA ITEMS	Action By
1.	<p>Welcome, Apologies and Introductions</p> <p>Andy Wright welcomed everyone to the meeting and conducted introductions.</p> <p>Andy Wright highlighted the benefits of spending time together in terms of making connections across the region, supporting each other and learning from each other.</p>	
2.	<p>Minutes from the Last Meeting (02.11.16) and Matters Arising</p> <p>The minutes of the last meeting were reviewed and accepted as a correct record.</p> <p>Andy Wright reviewed the action log with the attendees and highlighted that the documents that the Sheffield service are to share are currently under review and will be shared as soon as possible.</p> <p>Andy Wright also highlighted that Sarah Boul has been uploading information and questions to the online forum and if anyone requires any help logging on to the forum to contact Sarah Boul who will be happy to assist.</p>	
3.	<p>A Focus on Recovery, Judith Chapman, Clinical Lead, Intensive Support Team (IST).</p> <p>Andy Wright introduced Judith Chapman to the attendees and thanked Judith for attending the meeting to provide valuable insights into improving recovery rates.</p> <p>Judith Chapman introduced herself and stated that she was pleased to see such a good Network in existence. Judith advised that she is a Clinical Director of two IAPT services and works for the IST one day a week.</p> <p>Judith Chapman advised that the IST have developed a Recovery Masterclass, which Judith would briefly cover today. Judith advised the attendees to share the slides with their services and if anyone had further questions or required further resources to contact Judith via email at judith.chapman3@nhs.net.</p> <p>Judith Chapman presented a number of top tips around improving recovery including:</p> <ul style="list-style-type: none"> • Putting patients closer to the heart of recovery – do not discuss percentages with staff rather discuss how many patients have you moved to recovery. • Consider the rule of four: two patients will be on the road to recovery, one will reliably improve and one may not recover. For the latter two consider their cases in more detail, discuss at supervision and consider if they may be better suited to a different treatment modality. • Undertake regular clinical audits. • Ensure there is strong leadership in the service and that the IAPT service is represented at a Board level in your organisation. • Work closely with data leads and consider your data by modality and diagnostic group. <p><i>ACTION: Judith Chapman to provide accompanying recovery workshop materials and a copy of the decision making flow chart.</i></p> <p>Please see the presentation slides for more information.</p>	<p>Judith Chapman</p>

	<ul style="list-style-type: none"> • Our service has a healthy reciprocal relationship with our Commissioner. We support them by providing information to give at CCG meetings and then they reciprocate because they understand the service, they understand how hard we are working and so provide support with extra funding etc. We also meet regularly. • Our service has a dedicated IAPT Commissioner and we hold monthly meetings so they understand what we do and we work with them to look at ideas that may have worked elsewhere and where this may or may not work in our service. • Not having a permanent or engaged commissioner makes things difficult. The service is unsupported. • Recent funding bids have been a useful exercise in improving relationships with commissioners, as we have had to work together to complete the bids in a collaborative, joint working way. • Within our CCG we have influential GPs who sit on the Board. We have undertaken targeted work with these GPs in the CCGs to ensure our service is discussed and understood. <p>Andy Wright then enquired if you have a relationship that works well – what steps did you take to achieve this?</p> <p>Answers received included:</p> <ul style="list-style-type: none"> • Continuity helps. • Trust is essential! • Partnership working needs to be the focus. • Sharing successes with commissioners is really helpful, it builds relationships. • Share challenges or alerting commissioners to service pressures also helps. <p>Andy Wright thanked the attendees for their input and advised that the Clinical Network would consider what the common themes of narrative were between Providers and Commissioners and consider how we could work together in future.</p> <p><i>ACTION: Andy Wright and Sarah Boul to consider common themes of narrative between Providers and Commissioners and consider how we could work together in future.</i></p>	<p>Andy Wright / Sarah Boul</p>
<p>6.</p>	<p>Provider Presentation – Insight Bassetlaw, Guy Fillipich and Dr Mick Collins</p> <p>Andy Wright introduced Guy Fillipich and Mick Collins to the attendees and thanked them for attending the meeting to present on their service.</p> <p>Please see the presentation slides for further information.</p> <p>Questions and Answers:</p> <p><i>Question:</i> What is the size of the team?</p> <p><i>Answer:</i> We have 7 PWP's, a Team Leader and Senior PWP, 4 Counsellors and 6 CBT therapists.</p> <p><i>Question:</i> Does your Step 3 recovery rate fluctuate?</p> <p><i>Answer:</i> The number of discharges varies but the recovery rate is stable. We hold monthly meetings with our top performers to understand their practice and we encourage all our staff to really work on developing trust at start of therapy,</p>	

talk about acceptance early on and challenge the patients.

Question: Do you only see people in the offices in Retford and Worksop? What do you do for older people who may not be able to make it to the offices?

Answer: We only see patients at our two bases we do not do home visits, but we have access to other teams that could provide this. Access for older people will be part of the new CQUINs and so we will be focussing on phone work and linking in to other services available, such as “Staying Well” and social prescribing.

Question: What is your caseload expectation i.e. how many contacts a week for CBT?

Answer: We work on roughly 5 contacts a day.

Question: You said that you met with top 3 performers and bottom 3 performers in your team, that exactly cuts your team in half, how has that gone down with your team?

Answer: In terms of the top 3 and bottom 3 performers this is from each therapy area so 1 from High Intensity, 1 from PWP and 1 from counselling. We hope to understand why some people are getting good results and share this across the team to enhance all skill sets.

Question: Is there commonality around the top performers across the different teams?

Answer: All the top performers had a strong focus on trust and accountability – essentially it is all about the therapist relationship with the patient.

Question: Were the top performers’ consistent high performers?

Answer: Yes – the performance figures were based on a whole year of data.

Question: What are your top tips for flattening out the recovery rate?

Answer: There are 3 key components – support individuals to focus on doing their job by removing distractions from clinical practice i.e. admin jobs. Focus on new staff understanding, ensuring they are aware of recovery rates etc. and focus on clinician performance in a way suited to each clinician.

Question: Have you looked at case presentation on recovery?

Answer: We have reviewed this as we had issues with prevalence with the number of inappropriate GP referrals. We now have people referred appropriately.

Question: For people who show less recovery are there any trends with the people you see?

Answer: Yes there are trends. One trend is people repeatedly presenting, motivation and expectation affect people and some people just need someone to talk with on a regular basis and not be measured on this. There is something missing for these people and this has been fed back to GPs. We implemented a contract form with patients because of recovery rates and we have a 1 2 3 policy for DNAs. Therefore, with re-referrals the people who come back tend to be more motivated.

Question: How do you get referrals?

Answer: We receive referrals from CMHT, GPs and Self-Referral.

Question: How do you screen for risk?

Answer: We risk screen for self-referrals and this is undertaken by team leaders

	<p>on receipt of a referral.</p> <p><i>Question:</i> Do you offer groups?</p> <p><i>Answer:</i> We offer mindfulness and we do stress control, however, we are currently reviewing this. We are also running a pilot with a local school for group therapy for teachers.</p>	
<p>7.</p>	<p>Perinatal Mental Health and IAPT Interface: Workshop</p> <p>Hilary Farrow and Sara Collier-Hield from the Maternity Clinical Network introduced themselves to the attendees. Hilary Farrow provided an overview of the Maternity Network work programme and Sara Collier-Hield provided an overview of current work in Perinatal Mental Health (PMH).</p> <p>Sara Collier-Hield advised the attendees that the Maternity Network had been tasked by the NHS England North Region to work collaboratively with IAPT Providers to undertake a scoping exercise to map out current IAPT service provision for women in the perinatal period. Sara Collier-Hield introduced the scoping tool to the attendees and asked them to review the questions therein to allow the Maternity Network to understand where further advice/information could be provided to services to aid the completion of the tool.</p> <p>The attendees discussed the questions within the scoping tool and provided feedback to the room. Sara Collier-Hield agreed to draw up a “hints and tips” document to accompany the tool to aid providers in completion of it. Sara Collier-Hield advised attendees to share as much narrative and good examples as possible in their scoping tool returns.</p> <p><i>ACTION: Sara Collier-Hield to draw up a “hints and tips” document to accompany the scoping tool to aid providers in completion of it.</i></p> <p>Hilary Farrow and Sara Collier-Hield thanked the attendees for their input and advised that when the report had been finalised a copy would be circulated to all providers.</p> <p><i>ACTION: Sara Collier-Hield to share final report (when available) with Sarah Boul for circulation to IAPT Providers.</i></p> <p>Hilary Farrow also agreed to circulate NHS Benchmarking information on Perinatal Mental Health to attendees.</p> <p><i>ACTION: Hilary Farrow to share NHS Benchmarking information on Perinatal Mental Health with Sarah Boul to then share with the IAPT Providers.</i></p>	<p>Sara Collier-Hield</p> <p>Sarah Collier-Hield / Sarah Boul</p> <p>Hilary Farrow / Sarah Boul</p>
<p>8.</p>	<p>Best Practice in Delivering Group Therapies, Sarah Boul, Quality Improvement Lead</p> <p>Sarah Boul presented the results of the recent psychoeducational survey undertaken by the Clinical Network to the attendees. Sarah Boul advised that the survey results showed some disparity in training to deliver group therapies and therapist confidence levels in delivering group therapy.</p> <p>Sarah Boul advised that the results were considered within the Clinical Network and a further questionnaire was conducted with the Senior PWP Network regarding the types of groups delivered. It was noted that there is a mixture of didactic and interactive groups delivered but there was a stronger focus on didactic groups. Considering this the Clinical Network put in a bid for some funding to offer a training session, specifically for PWPs, focussing on performance anxiety, presentation skills etc. and some practical skills based work to improve confidence in delivery.</p>	

	<p>Andy Wright provided an update on the development of Yorkshire and the Humber Data Packs. Andy Wright thanked those who had been involved in the development and advised that after clarifying other proposals at a regional and national level it was agreed the Clinical Network will now consider next steps for this region.</p> <p>- <i>Perinatal Mental Health (PMH) Training</i></p> <p>Alison Hobbs advised the attendees that Tees, Esk and Wear Valley Trust had been awarded some funding to provide PMH training to IAPT services across the region. The training is for HITs and PWPs but there are only limited places available. It was agreed that Sarah Boul would circulate the training flyers to attendees.</p> <p>ACTION: Sarah Boul to circulate PMH training flyers to attendees.</p>	<p>Sarah Boul</p>
<p>ITEMS FOR INFORMATION:</p>		
	<p>Future Meetings: The next meeting will be held on Wednesday 24 May 2017, 10:00-15:30, Venue to be confirmed. To book your place please email sarah.wood1@nhs.net.</p>	

Summary of Actions

No.	Action	Owner
1	<i>Judith Chapman to provide accompanying recovery workshop materials and a copy of the decision making flow chart.</i>	Judith Chapman
2	<i>Sarah Boul to provide the attendees with Steve Kellett's contact details.</i>	Sarah Boul
3	<i>Steve Kellett to share proposal on psychoeducational CAT for circulation.</i>	Steve Kellett
4	<i>Andy Wright and Sarah Boul to consider common themes of narrative between Providers and Commissioners and consider how we could work together in future.</i>	Andy Wright and Sarah Boul
5	<i>Sara Collier-Hield to draw up a "hints and tips" document to accompany the scoping tool to aid providers in completion of it.</i>	Sara Collier-Hield
6	<i>Sara Collier-Hield to share final report (when available) with Sarah Boul for circulation to IAPT Providers.</i>	Sara Collier-Hield and Sarah Boul
7	<i>Hilary Farrow to share NHS Benchmarking information on Perinatal Mental Health with Sarah Boul to then share with the IAPT Providers.</i>	Hilary Farrow and Sarah Boul
8	<i>Sarah Boul to circulate flyer for Psychoeducational Group Training (when available).</i>	Sarah Boul
9	<i>Any services interested in collaborating on the development of competency measures for groups to contact Steve Kellett.</i>	All / Steve Kellett
10	<i>Sarah Boul to recirculate the flyer for the Demand and Capacity workshops in March and April 2017.</i>	Sarah Boul
11	<i>Please send any ideas or contributions for the recovery booklet to sarah.boul@nhs.net</i>	Sarah Boul
12	<i>Sarah Boul to update the TOR and recirculate to the attendees.</i>	Sarah Boul
13	<i>Sarah Boul to circulate PMH training flyers to attendees.</i>	Sarah Boul