

Yorkshire and the Humber IAPT Providers Network

Minutes

3 October 2018, 09:45-15:45

Novotel, 4 Whitehall Quay, Leeds LS1 4HR

No.	AGENDA ITEMS	Action By
1.	<p>Welcome, Apologies and Introductions. Minutes from the Last Meeting (02.05.18) and Matters Arising - Andy Wright, IAPT Advisor, Yorkshire and the Humber Clinical Networks</p> <p>Andy Wright welcomed everyone to the meeting and conducted introductions around the room. Andy Wright informed the attendees that there had been a change to the agenda as Steve Kellett from The University of Sheffield had agreed to present at short notice.</p> <p>The minutes of the last meeting were reviewed and accepted as a correct record. However, two actions have not yet been completed and will be carried forward.</p> <p><i>ACTION: All attendees to consider questions for older adults and feedback at the next IAPT Provider Network. This will be revisited as there has not been the opportunity to regenerate the questions.</i></p> <p><i>ACTION: Sarah Boul to enquire of the National IAPT Team if they have further information on how service user involvement facilitated by the National Team would work.</i></p> <p>Andy Wright invited everyone to enjoy the day, take the time to reflect and share best practice.</p>	<p>All</p> <p>Sarah Boul</p>
2.	<p>HEI Update: Steve Kellett, University of Sheffield</p> <p>Steve Kellett presented to the attendees on the current training demands and future commissioning intentions for IAPT training. Steve Kellett informed the meeting that the October cohort of training has been delayed, as there had not been enough registered interest. There will be a new HIT cohort starting on 4 February 2019 and a new PWP cohort starting on 11 February 2019. Steve Kellett also addressed the issue of staff working in services that may not have the low intensity qualification from an accredited training course.</p> <p>Please see the presentation slides for more information.</p> <p>Questions and Answers:</p> <p><u>Question:</u> What options are available to services that may have non-IAPT accredited staff to access the university training course?</p> <p><u>Answer:</u> Steve Kellett stated that if there were sufficient numbers the University of Sheffield may be able to put on a five day top up training course to enable staff to join the February 2019 cohort. Alternatively, there is a possibility of working with The University of Manchester to accept people onto their November cohort. Steve Kellett also advised that the University of Sheffield had created a matrix, which can be used to demonstrate fidelity and compliance in low intensity treatment training. The matrix has not yet been published but attendees should email Steve for the information if they think it would be useful in their service.</p> <p><i>ACTION: For copies of the competency framework for PWPs email s.kellett@sheffield.ac.uk.</i></p>	<p>All</p>

	<p>Question: The email circulated around the Yorkshire and Humber region regarding non-IAPT accredited PWPs came at a very bad time especially as PWP recruitment is low. How can we increase recruitment and retention in these roles?</p> <p>Answer: Steve Kellett informed the meeting that he is working with King's College London around the recruitment of PWPs, especially as psychology graduates often see the role of PWP as a stepping stone to clinical psychologist. The research is hoping to focus on recruiting people from different backgrounds to ensure diversity and retention in the role.</p> <p>A discussion was held in the room regarding the issue around non-IAPT accredited staff and it was agreed that conversations need to take place with NHS England, Providers, CCGs, HEE, the HEIs and the national team regarding next steps to be taken and potential training solutions, as all parties need to be signed up to decisions and aware of the consequences. To allow the Clinical Network team to assess the scale of the issue regarding staff members who have not attended the PWP training course IAPT Providers are invited to submit numbers of staff privately via Survey Monkey.</p> <p>ACTION: All services who may have staff who have not completed the PWP training course to identify numbers of staff affected by the following Survey Monkey link: https://www.surveymonkey.co.uk/r/8HF7JM8</p>	<p>All</p>
<p>3.</p>	<p>Provider Presentation: James Bell, Team Manager, Rotherham IAPT Service, RDASH</p> <p>James Bell provided the attendees with an excellent presentation on his service. The presentation covered the history of the Rotherham IAPT service; changes to the service, the process of service transformation, adherence to the IAPT Manual, the current service position and future plans. James Bell also provided the attendees with an overview of the impact of an IST visit, which identified non-IAPT compliant staff within the service and how the service has managed this process to reach full compliancy.</p> <p>Please see the presentation slides for more information.</p> <p>Questions and Answers:</p> <p>Question: What changes did you make to your did not attend (DNA) process?</p> <p>Answer: We put in a DNA policy, which helped facilitate a reduction in waiting times. We also made changes to opt in and access processes. Patients now receive a letter and a text reminder the day before and on the day of their appointment.</p> <p>Question: What is the DNA policy?</p> <p>Answer: If patients miss the first appointment they are automatically discharged. If patients miss their second or third appointment we allow a second chance before discharging.</p> <p>Question: How do you manage your step up meetings?</p> <p>Answer: We hold weekly meetings with clinicians and then discuss each case with the whole team. It is typically the same group of staff who sit on the meetings so we have consistency and 90% of the time the team agrees on the step up. However, if we don't then we would go back to the clinician for further</p>	

	<p>information. The process has ensured consistency of access to step 3 across our service.</p>	
<p>4.</p>	<p>Compassionate Leadership: Presentation and Discussion, Andy Wright, IAPT Advisor, Yorkshire and the Humber Clinical Networks</p> <p>Andy Wright presented to the attendees on Compassionate Leadership. Andy Wright opened his presentation by asking the attendees would it be helpful to ground ourselves in a leadership framework that is evidence based and aligned to us?</p> <p>Andy Wright then went on to discuss:-</p> <ul style="list-style-type: none"> • How did I get here? • What’s happening in my trust? • Cultural profiling. • What’s happening in IAPT locally? <p>Andy Wright shared a video by Professor Michael West, Head of Thought Leadership at The King’s Fund and Professor of Work and Organisational Psychology at Lancaster University Management School.</p> <p>The video is available to view on YouTube - https://www.youtube.com/watch?v=0RXthT32vcY</p> <p>Please see the presentation slides for more information.</p> <p>Following the presentation and video Andy Wright asked the attendees to reflect on what they had heard in Professor West’s video and to think about the following questions:</p> <ul style="list-style-type: none"> • How do we currently model compassion? • Do we follow the four leadership statements? • Are we compassionate towards ourselves? • How do you support each other to be compassionate leaders? <p>Andy Wright drew the attendees’ attention to Paul Gilbert’s The Compassionate Mind model and stated that we want to be compassionate but IAPT is continually under threat from competition, tenders and targets etc. and it makes compassionate leadership difficult to balance.</p> <p>Andy Wright encouraged the attendees to reflect on the video from Professor West and the questions posed around compassionate leadership and feedback any comments to Sarah Boul.</p> <p>ACTION: All attendees to watch the video by Professor West and consider the questions posed around compassionate leadership and feedback any comments or thoughts to sarah.boul@nhs.net.</p> <p>Questions and Answers:</p> <p><u>Comment:</u> We trained to become therapists but haven’t been trained as a manager/leader. A management role in IAPT sets up new challenges balancing performance management with being compassionate to staff, which can result in conflict amongst the staff you are managing. It would be helpful to have some leadership training specific to IAPT services.</p> <p><u>Comment:</u> The goals and aspirations of IAPT are focussed on empathy but</p>	<p>All</p>

	<p>often we are placed in a “threat” situation and we need to focus on ways to reduce threat. The Network provides a great space for these discussions.</p>	
<p>5.</p>	<p>Workforce and Wellbeing Update and Table Top Discussions: Becky Minton, Workforce and Wellbeing Lead, National IAPT Programme, NHS England</p> <p>Becky Minton presented to the attendees on workforce development and wellbeing stating that staff wellbeing is paramount.</p> <p>Becky Minton continued that it is important to understand and/or have:-</p> <ul style="list-style-type: none"> • The key factors impacting on staff wellbeing in IAPT • The issues and measure improvement. • Good leadership and good management. • The right working environment. • Training and CPD. • A wellbeing culture. <p>Becky Minton advised the attendees that there are a number of robust research studies considering staff wellbeing and staff retention and if anyone would like copies of the research papers to email rebecca.minton@nhs.net.</p> <p><i>ACTION: For copies of research papers on staff wellbeing and staff retention email rebecca.minton@nhs.net</i></p> <p>Becky Minton also highlighted that the BABCP have a considerable amount of information on staff wellbeing and this can be accessed here: https://www.babcp.com/Therapists/Helpful-Resources.aspx</p> <p>Becky Minton also highlighted a wellbeing checklist to all attendees and encouraged the attendees to take the checklist back to their services, reflect on the checklist and then feedback to the next network meeting on progress.</p> <p><i>ACTION: All services to reflect on the wellbeing checklist (included in Becky’s slides) and feedback on this at the next IAPT Providers’ meeting.</i></p> <p>Becky Minton also highlighted that one of the issues that affects staff wellbeing is confidence with using IT systems. Becky Minton encouraged attendees to contact her with any ideas regarding how staff knowledge of IT could be improved.</p> <p><i>ACTION: All attendees to contact rebecca.minton@nhs.net with any ideas on how to improve staff IT knowledge.</i></p> <p>Please see the presentation slides for more information.</p> <p>Questions and Answers</p> <p><u>Question:</u> What are the pebbles in your shoes in terms of wellbeing?</p> <p><u>Answer:</u> That action to improve wellbeing is not taking place and wellbeing is not at the top of all agendas, though it should be.</p> <p><u>Question:</u> How do you work on wellbeing without people potentially viewing it as a double edged sound for example, you want me to be well so that I can do</p>	<p>All</p> <p>All</p> <p>All</p>

	<p>more work!</p> <p><u>Answer:</u> We need to move wellbeing away from the individual resilience focus and more to a systematic resilience approach and then people will not feel it is a double edged sword.</p> <p><u>Question:</u> How do you measure and monitor wellbeing? Our service doesn't measure it, as we don't want wellbeing to be seen as target driven.</p> <p><u>Answer:</u> Cultural change is important. Wellbeing has got to be seen as continued improvement and not as a one off. The measurement can be a daily measure i.e. a noticeboard where staff put a pin in to show how they are feeling that particular day. Wellbeing can lead to disgruntlement so it is important to encourage daily involvement rather than a one off initiative.</p>	
<p>6.</p>	<p>Senior PWP Update – Heather Stonebank</p> <p>Heather Stonebank provided the attendees with an update on the activities of the Senior PWP Network. The presentation covered what had taken place at the last Senior PWP Network meeting. The agenda for the last meeting had a theme of celebration and nostalgia running through it and included checking in (how are you landing today?), a national IAPT update from Becky Gill followed by an insight into Becky's journey from PWP to national Project Manager, a presentation from North Yorkshire on their wellbeing initiatives, celebrating 10 years of IAPT by way of discussion and wellbeing activities and finally the day ended by checking out (how are you leaving today?).</p> <p>Please see the presentation slides for more information.</p> <p>Heather Stonebank then asked the attendees for their thoughts on holding a joint Senior PWP/IAPT Providers Network meeting along with what, if any, message they would like to send to the Senior PWP network. The attendees were asked to write their message on a post-it note and leave on their table at the end of the meeting.</p>	
<p>7.</p>	<p>National IAPT Programme Update: Ursula James – IAPT Senior Clinical Delivery Manager, NHS England</p> <p>Ursula James provided the attendees with a reflection on the achievements of IAPT in the last decade, her personal journey with IAPT, a National IAPT Programme update, horizon scanning for opportunities and hazards and an overview of the NHS England/NHS Improvement alignment.</p> <p>Ursula James advised that the National IAPT Programme team are looking to expand into different long term conditions (LTCs) such as Parkinson's and stated that if anyone was developing new and innovative pathways to please get in touch with the national team.</p> <p><i>ACTION: For services developing new and innovative LTC pathways i.e. Parkinson's please email ujames@nhs.net with further information.</i></p> <p>Ursula James also encouraged the attendees to become involved in the discussions around the development of the new NHS Long Term Plan.</p> <p><i>ACTION: All attendees to contribute to Ursula James' tweet on the "long term plan" from 29 September 2018. The Tweet can be found at https://twitter.com/sophieshaesam (scroll back to 29 September).</i></p>	<p>All</p> <p>All</p>

	<p>Please see the presentation slides for more information.</p> <p>Questions and Answers:</p> <p><u>Question:</u> In the presentation, when you mentioned old and new prevalence targets, were you talking about using APMS or the updated prevalence?</p> <p><u>Answer:</u> It is the updated APMS survey; the 10 year plan will link to the new prevalence figures.</p> <p><u>Question:</u> It would be good to connect with universities to share best practice on how to treat those aged 0-25. Would you have any contacts you could share?</p> <p><u>Answer:</u> Please email ujames@nhs.net for contact details at Bournemouth and Southampton universities, who have lots of best practice to share.</p> <p><u>Question:</u> How do we benchmark against the IAPT manual?</p> <p><u>Answer:</u> The Clinical Network is encouraged to help areas benchmark against the manual but this can be done in service to see how your service compares to the manual. The National Team will also support services to do this.</p> <p><u>Question:</u> The email sent from NHS England, last week, regarding non-IAPT accredited PWP's how fixed and rigid is the national view that these staff must attend the yearlong training?</p> <p><u>Answer:</u> The staff who do not hold the PWP accreditation are not PWP's and therefore cannot deliver interventions, or have their data counted, until they have attended the training course. Having non-accredited staff working in the PWP role completely undermines the role and the quality of the services being delivered to patients cannot be assured. All services have a responsibility to ensure that they have trained and competent staff. The national line is that anyone not qualified cannot be included in the Minimum Data Set (MDS). It is clear in the IAPT manual that staff must be trained and competent and services that have moved away from the model need to rectify this. Untrained PWP's cannot deliver PWP interventions. A national staffing position statement on this will be circulated in the near future.</p> <p>To allow the Clinical Network team to assess the scale of the issue regarding staff members who have not attended the PWP training course attendees were once again encouraged to submit numbers of staff via Survey Monkey: https://www.surveymonkey.co.uk/r/8HF7JM8</p>	
<p>8.</p>	<p>IAPT and NICE Guidelines: Rachel Reid – NICE</p> <p>Rachel Reid presented an overview of NICE before moving on to information on the NICE guidelines, NICE and IAPT, NICE tools and resources to support implementation, practical support and finding what you need and staying up to date. Rachel Reid recommended that attendees sign up for the NICE News, a monthly e-bulletin, via the NICE website and encouraged attendees to send shared learning around IAPT, which could be publicised on the NICE website.</p> <p><i>ACTION: All attendees to sign up for the NICE News, a monthly e-bulletin, via the NICE website: https://www.nice.org.uk/</i></p> <p><i>ACTION: All attendees to share stories/information of their IAPT implementation journey, which could be used as shared learning on the</i></p>	<p>All</p> <p>All</p>

	<p>NICE website, to rachel.reid@nice.org.uk.</p> <p>Please see the presentation slides for more information.</p> <p>Questions and Answers: <u>Question:</u> How big is NICE and how is it set up?</p> <p><u>Answer:</u> NICE has two offices. One in London and one in Manchester. They have 500 employees but take expert input from 2500 experts. The guidelines are produced via committees and collaborative centres, which include topic experts, health economists, services, service users etc.</p> <p><u>Question:</u> Can service providers contact NICE for support and to build relationships?</p> <p><u>Answer:</u> Yes, please contact NICE via the Field Teams – Rachel Reid, Implementation Facilitator- rachel.reid@nice.org.uk</p>	
<p>9.</p>	<p>Any Other Business and Reflections On The Day</p> <p>NHS.UK Website (formally NHS Choices):</p> <p>Andy Wright informed the meeting that work has recently been carried out on the IAPT pages on the nhs.uk website, which connects people to local services. Andy encouraged everyone to check their service details.</p> <p><i>ACTION: All attendees to check and/or update the IAPT services provided in their local area on nhs.uk - https://www.nhs.uk/service-search/Psychological-therapies-(IAPT)/LocationSearch/10008 by using the “edit” button to make any necessary changes.</i></p> <p>Pre-engagement event:</p> <p>Andrew Sainty, Service Manager, Humber Teaching NHS Foundation Trust advised the attendees that they are planning a Pre-Engagement Event in early November. Once a date has been confirmed details will be sent out to the network via the Clinical Network.</p> <p>Reflections on the Day:</p> <p>Andy Wright asked the attendees to reflect on the day and to feedback as to whether the agenda had met people’s expectations. Feedback from the attendees included:</p> <ul style="list-style-type: none"> • It was a useful and informative day. • The honesty from the RDASH and National IAPT Programme update presentations – it was helpful to have clarity. • Thought provoking. • It was my first meeting but I found it really, really interesting with positive thoughts especially from the RDASH presentation. • I took something from every presentation. • Need to take time to reflect after taking loads of notes. There is lots to do, talk about and decide what can be put into place. • Food for thought. 	<p style="text-align: center;">All</p>

	<p>Andy Wright reiterated that once the approximate number of staff who have not done the low intensity treatment training has been identified the Clinical Network will discuss the challenges with NHS England, Providers, Commissioners, Health Education England and the University of Sheffield to progress a solution to the issue. A system wide approach is needed.</p> <p>Andy Wright thanked the attendees for their contribution and comments and encouraged all to complete their evaluation forms.</p>	
	<p>ITEMS FOR INFORMATION:</p>	
	<p>Future Meetings: The next meeting will be held in Winter 2018/19. A booking link and save the date will be circulated in due course.</p>	

Summary of Actions

No.	Action	Owner
1	All attendees to consider questions for older adults and feedback at the next IAPT Provider Network. This will be revisited as there has not been the opportunity to regenerate the questions.	All
2	Sarah Boul to enquire of the National IAPT Team if they have further information on how service user involvement facilitated by the National Team would work.	Sarah Boul
3	For copies of the competency framework for PWP's email s.kellett@sheffield.ac.uk.	All
4	All services who may have staff who have not completed the PWP training course to identify numbers of staff affected by the following Survey Monkey link: https://www.surveymonkey.co.uk/r/8HF7JM8	All
5	All attendees to watch the video by Professor West and consider the questions posed around compassionate leadership and feedback any comments or thoughts to sarah.boul@nhs.net.	All
6	For copies of research papers on staff wellbeing and staff retention email rebecca.minton@nhs.net	All
7	All services to reflect on the wellbeing checklist (included in Becky's slides) and feedback on this at the next IAPT Providers' meeting.	All
8	All attendees to contact rebecca.minton@nhs.net with any ideas on how to improve staff IT knowledge.	All
9	For services developing new and innovative LTC pathways i.e. Parkinson's please email ujames@nhs.net with further information.	All
10	All attendees to contribute to Ursula James' tweet on the "long term plan" from 29 September 2018. The Tweet can be found at https://twitter.com/sophieshaesam (scroll back to 29 September).	All
11	All attendees to sign up for the NICE News, a monthly e-bulletin, via the NICE website: https://www.nice.org.uk/	All
12	All attendees to share stories/information of their IAPT implementation journey, which could be used as shared learning on the NICE website, to rachel.reid@nice.org.uk.	All
13	All attendees to check and/or update the IAPT services provided in their local area on nhs.uk - https://www.nhs.uk/service-search/Psychological-therapies-(IAPT)/LocationSearch/10008 by using the "edit" button to make any necessary changes.	All