

Yorkshire and the Humber IAPT Providers Network

Minutes

6 February 2019, 09:45-15:45

The Met Hotel, King Street, Leeds

No.	AGENDA ITEMS	Action By
1.	<p>Welcome, Apologies and Introductions. Minutes from the Last Meeting (03.10.18) 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.</p> <p>The minutes of the last meeting were reviewed and accepted as a correct record.</p>	
2.	<p>Senior PWP Update – Andy Wright</p> <p>Andy Wright advised the attendees that unfortunately Heather Stonebank was unable to attend the meeting to provide the Senior PWP update. Andy Wright then provided an overview of the last Senior PWP Network.</p> <p>Please see the slide pack for more information.</p>	
3.	<p>Training Update and Research Initiatives, Steve Kellett, University of Sheffield</p> <p>Andy Wright introduced Steve Kellett to the attendees. Steve Kellett then presented to the attendees on the current intake of trainees for February 2019 PWP and HIT courses; the projected intake for 2019/20 and 2020/21 and on 3 different relapse projects that were being undertaken at the University.</p> <p>Regarding the current intake of trainees at the University Steve Kellett advised the attendees to contact him if they had any staff who did not hold the low intensity certificate to discuss the best way of getting them onto the course as soon as possible.</p> <p>Regarding the projected intake of trainees for 2019/20 and 2020/21 Steve Kellett advised the attendees that it was expected that, across Yorkshire and the Humber over the 2 year period, 143 PWPs would be trained and 314 HITs. Steve Kellett advised that Health Education England (HEE) are looking to commission additional university providers in the region to deliver this training, as though Sheffield has the capacity to deliver the PWP training delivery of the HIT training is not possible. Steve Kellett then asked the attendees for feedback on the projected figures of HIT trainees. Attendees fed back concerns around a lack of appropriately qualified pool of staff who could train to be HITs, lack of supervisors in service to cover the suggested amount of attendees and no costings to cover the amount of supervisor capacity required. Steve Kellett advised that the University of Sheffield are running supervision training courses but this still does not take account of cost or capacity in service.</p> <p>Andy Wright enquired whether the PWP and HIT courses would be available part-time in future years. Steve Kellett stated that the course would consider this by a process of reaching out to nursing cohorts etc.</p> <p>Steve Kellett then updated the attendees on three different relapse research projects being undertaken by the University of Sheffield. Please see the presentation slides for more information.</p>	

	<p>Questions and Answers:</p> <p><i>Question:</i> In terms of what happens next with the findings from the relapse research, how can we get more involved in discussion around this?</p> <p><i>Answer:</i> Having connections with services is really important. The grant application is based on a three arm plan: no follow up, appointment with therapist support or appointment with no therapist support. To do this we need 1061 people, we have sign up from 3 sites to be involved but we need more. If you want to be involved please get in touch with Steve Kellett or Jaime Delgadillo. Also stay involved in the Northern PRN.</p> <p><i>ACTION: Any Providers who wish to be involved in the ongoing IAPT Research Projects with University of Sheffield please email s.kellett@sheffield.ac.uk or Jaime.delgadillo@nhs.net</i></p> <p><i>Question:</i> You described the darker lines as stronger networks, are there any lines that lead to sustained recovery and how can treatment be personalised?</p> <p><i>Answer:</i> Really good work in IAPT happens when staff know the protocol and the evidence and adapt this to the client. A personalised intervention makes a difference. Good care is personalised but the app needs to be based on a relapse prevention plan. The app has to be based on a bespoke plan for a person not just on plaintiff messages.</p>	<p>All Providers</p>
<p>4.</p>	<p>Provider Presentation: Tom Brown and Victoria Greensmith, Barnsley IAPT</p> <p>Tom Brown and Victoria Greensmith presented to the attendees on the Barnsley IAPT service providing an overview of the service and their experiences of an IST review and retendering process. Please see the presentation slides for more information.</p> <p>Questions and Answers:</p> <p><i>Question:</i> You have additional stretch targets set by your CCG what are the repercussions of not achieving these?</p> <p><i>Answer:</i> There are no financial penalties at this point. However, the 2 day treatment target is difficult to achieve and in some cases can impact on staff wellbeing.</p> <p><i>Question:</i> EIP services have a 2 week target to see patients yet you have been given a stretch target of 2 days for face to face appointments in IAPT, which is very hard. How do you make this work?</p> <p><i>Answer:</i> We closely manage staff rotas and offer a face to face appointment to all patients referred in an initial phone call to them. Everyone therefore, has the opportunity to be seen within 2 days. We are collecting data on this to show if it is working but don't have any analysis available as yet.</p> <p><i>Question:</i> Do you have a triage process?</p> <p><i>Answer:</i> We have an admin process and PWPs do all the assessments in 45 minute appointments. It is challenging to manage but staff diaries are closely monitored to ensure the service can meet demand. The self-referral rate on the</p>	

	<p>website has gone up a lot recently and it can be difficult to balance everything. There is no leeway in the specification. We do whole time equivalent 9 face to face assessments per week but also offer phone.</p> <p><i>Question:</i> What percentage of people accept within 2 days?</p> <p><i>Answer:</i> It is about 40% but we need to do further analysis on this.</p> <p><i>Question:</i> You said that throughout the service changes you engaging with staff, keep them engaged in the process and try to look after their wellbeing – how are your staff now following the service change?</p> <p><i>Answer:</i> We got them involved in the setting up processes for the service. At the last network we learned from Becky Minton and we've set up 2 weekly meetings for managers and PWP's to discuss processes and wellbeing and Admin and CBT get a wellbeing session every 8 weeks. We looked at what is getting in the way of a good day at work and have this as a standard process to follow. It is more effective than just an away day.</p> <p><i>Question:</i> Well done on getting through this! How are your figures from the CBT introduction course?</p> <p><i>Answer:</i> It is too early to say. We are going to produce some analysis on this but at present we are getting about 10-12 attendees but envisaged 20. Robust analysis will be able to tell us more.</p> <p><i>Question:</i> Your information about the 2 formulation sessions feedback is helpful. Would you keep your interim measures in place?</p> <p><i>Answer:</i> This is something we are checking. The little bit of data we have indicates that the interim pathway showed a 76% recovery rate of people who had 2 or more sessions.</p> <p><i>Comment:</i> Huge well done on what you've been through – great job!!!</p>	
<p>5.</p>	<p>Yorkshire and the Humber PPN, Paul Boyden, Y&H PPN</p> <p>Paul Boyden presented to the attendees on the newly established Yorkshire and the Humber PPN. Paul Boyden advised the attendees that the PPN is a free a forum to bring all psychological professions together to share best practice, discuss workforce issues and work more efficiently in the future. Paul Boyden encouraged all the attendees to join the Yorkshire and the Humber PPN and advised that there would be a stakeholder event coming up in late Spring/early summer. Paul Boyden encouraged the attendees to attend the stakeholder event and help to develop the Yorkshire and the Humber PPN.</p> <p>Please see the presentation slides for more information.</p> <p><i>ACTION: All providers to promote the Yorkshire and the Humber PPN within services. Colleagues can sign up to join here.</i></p>	<p>All Providers</p>
<p>6.</p>	<p>Compassionate Leadership Continued: Lindsay Jones, TEWV and Andy Wright, Clinical Networks</p> <p>Lindsay Jones from Tees, Esk and Wear Valley NHS Foundation Trust</p>	

	<p>presented to the attendees on the theory that underpins compassionate leadership focussing on what compassion involves, how a compassionate approach can channel growth and an overview of the threat response system and how a compassionate approach can balance this. Please see the presentation slides for more information.</p> <p>Lindsay Jones and Andy Wright then asked the attendees to discuss on their tables what compassionate leadership means on a personal/individual level, what it means to your team and to your organisation.</p> <p>Following the table top discussions Andy Wright asked for thoughts and reflections and feedback included:</p> <p><i>Individual level:</i> we put up a certain image and it is important to actually give a bit more of yourself, to be more open. Not much focus on the individual, as often defending and deflecting. Managing a situation with no time for reflection. Everything is made up of individuals.</p> <p><i>Team level:</i> managing compassion in the face of targets. Trying to manage compassionate emailing is important too. Clinicians need mental space but that is difficult in the space of a target driven service. However, some services have some protected time to allow people to reflect and grow.</p> <p><i>Organisational level:</i> changing the way in which the message around targets is delivered i.e. recovery is about a reduction in patient symptoms. Old school culture needs to change and compassion needs to be at all levels. Compassion is not always straight forward.</p> <p>It was also acknowledged that the learning from this session needed to be applied outside of individual organisations and that each provider needed to develop a compassionate opportunity to work with commissioners in a collaborative and positive way.</p> <p>Andy Wright acknowledged that identifying barriers to compassionate leadership helps us to think how we can reduce them. Andy Wright advised each attendee to focus on a personal commitment of:</p> <p>My motivation is:</p> <ul style="list-style-type: none"> • Why do I want to be like this (goals and values)? • What skills can I bring and develop? • What will help me to become my compassionate self? • What will challenge me? • How will I address, accept or overcome these challenges? <p>Lindsay Jones stated that adopting a compassionate leader mind-set may seem challenging but it is worth it. Lindsay Jones also advised that TEWV is launching a compassionate leaders' community of practice and there is potential for this to spread.</p> <p><i>ACTION: All attendees to reflect on the motivation to become compassionate leaders.</i></p>	<p>All</p>
<p>7.</p>	<p>Any Other Business and Reflections On The Day</p> <p>Andy Wright invited all the attendees to reflect on the day and consolidate their learning.</p> <p>Andy Wright then advised the attendees that there were a couple of sad goodbyes to colleagues who will be leaving the Network. Andy Wright advised attendees that Andy Sainty, who has been a long standing and very</p>	

	<p>collaborative member of the Network, is moving on to a new role within his Trust. Andy Wright thanked Andy Sainty for his contributions to the Network and wished him the best for the future. Andy Wright then also highlighted that Mark Knowles from Sheffield IAPT, another long standing and collaborative member of the Network, is retiring at the end of March. Andy Wright thanked Mark Knowles for his lovely and thoughtful reflections and contributions to the Network and noted that the Network would miss Mark's experience, advice and support.</p> <p>Andy Wright also highlighted that the Network will be hosting an IAPT Employment Advisors Conference at The Met Hotel, 13 March, 10:00-16:00 and encouraged attendees to sign up to the few remaining places.</p> <p><i>ACTION: Sarah Boul to circulate booking link to IAPT Employment Advisors Conference.</i></p> <p>Andy Wright asked everyone to complete the evaluation form and wished everyone a safe journey home.</p>	<p>Sarah Boul</p>
	<p>ITEMS FOR INFORMATION:</p>	
	<p>Future Meetings: The next meeting will be held in Spring 2019. A booking link and save the date will be circulated in due course.</p>	

Summary of Actions

No.	Action	Owner
1	Any Providers who wish to be involved in the ongoing IAPT Research Projects with University of Sheffield please email s.kellett@sheffield.ac.uk or Jaime.delgadillo@nhs.net	All
2	All providers to promote the Yorkshire and the Humber PPN within services. Colleagues can sign up to join here .	All
3	All attendees to reflect on the motivation to become compassionate leaders.	All
4	Sarah Boul to circulate booking link to IAPT Employment Advisors Conference.	Sarah Boul