

Yorkshire and the Humber IAPT Providers' Network

Table Top Discussions 06.11.2019

Summary Feedback

Please spend a few minutes on your tables discussing the following questions:

1. What is good about your current Core IAPT Service?

- Achieving targets (sometimes 😊)
- Clinical Team of the Year – good staff – well trained
- Good leadership
- Well-being initiatives
- Nice building (accessible and in the town centre)
- Never forget you are a team
- Culture of wellbeing – over arch headline
- CPD for staff
- Staff are really passionate about delivering good quality care and make a difference.
- LTC pilot – grown massively – linking with GP.
- Health and Wellbeing Service – worked to LTC – linking MDT/hospital.
- Extension working well – blocks taken time to develop.
- Working college – full service – working well 16+
- Commissioned working 17½ to assess for service IAPT appropriate – take to MDT if not appropriate – weekly meetings – created better pathway.
- Sense of team - established and mutually support each other across a large rural patch.
- Linked to the spread of the patch we are good at overcoming challenges unique to the different areas.
- Dialogue with commissioners and wider Trust has allowed us to approach targets for access in a balanced way so clinical work/wait for second treatment is not compromised. There is a balanced approach.
- On a bespoke system (PCMIS) which helps with reports.
- Integration with secondary services and ability to access information on history of patient's journey in mental health.
- Integrated triage with our colleagues in secondary care – better outcomes for patients.
- Bespoke system provides quality data and reports are impressive. Migrates data from Silvercloud.
- Ways of mitigating the disadvantages of bespoke systems that don't allow when triaging to see the bigger picture of patient contact with mental health.

2. What successes could you share with other providers?

- Successful recruitment of first CBT trainee in years
- Mental health awareness sessions with businesses e.g. Ikea = sessions with the workforce and Doncaster Council.
- CBT online – type to each other so clients can keep transcript.
- RESEARCH 1700 clients – looking at content/outcomes/structure – insight.
- What therapy “good” look like – pick up in supervision – informs decisions.
- Courses women (step 2) speak. Arabic/PWP speak Arabic and interpreter. Next year in Urdu.
- Evaluate courses and perinatal – bring baby – recovery good – need to continue to promote – getting people attending – lack of understanding.
- Gaps in GP understanding of what IAPT is.
- Engagement by GP referral is better.
- Deaf PWP – treatment in sign language.

3. What would you like to see in the future that could make your service even more successful?

- More PWPs recruited.
- National IAPT website – resources/benchmarking/accessibility
- Shared job profiles and job descriptions.
- Defined career pathway for PWPs.
- Language change about PWPs.
- IAPT modalities need to be offered to the whole team (inc. counselling).
- Ideas and top tips around the development of LTC.
- Understanding changes to prevalence calculations.
- Using supervision to prevent burnout – Andrew Beck

4. Who could help you to achieve success?

- Information sharing from LTC 1st wave sites.
- Recruitment and retention of PWPs – what do different modalities look like for prep to step up to HIWs.
- More diverse workforce and how do we reach out to that?
- HEE – continues to support funding for training and effective communication around that.