

**Yorkshire and the Humber IAPT Providers Network**  
**Minutes**  
**2<sup>nd</sup> November 2016, 10:00-13:00**  
**Double Tree by Hilton, Leeds**

<b>Present:</b>			
<b>First Name</b>	<b>Surname</b>	<b>Job Title</b>	<b>Employer</b>
Alison	Bagnall	Clinical Network Manager: Mental Health and Dementia	Yorkshire and the Humber Clinical Network
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
Linda	Brownbridge	IAPT Clinical Lead	Navigo (Grimsby)
John	Butler	IAPT Team Manager	South West Yorkshire Partnership NHS Foundation Trust
Rebecca	Campbell	Quality Improvement Manager, Mental Health	Yorkshire and the Humber CN
Richard	Carroll	Service Manager, IAPT & EIP	Bradford District Care Trust
Sara	Collier-Hield	Quality Improvement Lead, Perinatal Mental Health	Yorkshire and the Humber CN
Mick	Collins	Clinical Lead	Insight Healthcare (Bassetlaw)
Jaime	Delgadillo	Lecturer in Clinical Psychology/Cognitive Behavioural Therapist	University of Sheffield/Leeds IAPT
Richard	Garland	IAPT Manager	Touchstone (Leeds)
Tim	Godley	Team Manager / Cognitive Behavioural Psychotherapist	Rotherham, Doncaster and Scunthorpe NHS Foundation Trust, Doncaster IAPT
Elaine	Goodwin	Service Manager	Leeds Community Healthcare NHS Trust
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

Liz	Holdsworth	MHAT Manager	South West Yorkshire Partnership NHS Foundation Trust
Liz	Howes	Team Manager/ Staff Governor	Bradford District Care Trust
Ursula	James	IAPT Programme Manager	Adult Mental Health Programme Delivery, NHS England
Mark	Knowles	IAPT Manager	Sheffield Health and Social 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
Toni	Mank	Head of Service	Sheffield Health and Social Care Trust
Jenny	Meehan	Deputy Manager	Community Links IAPT (Leeds)
Gayle	Porter	IAPT Clinical Manager	Bradford District Care Trust
Andrew	Sainty	Team Manager	East Riding Emotional Wellbeing Service (IAPT)
Paula	Scott-Loftus	Team Manager	Tees, Esk and Wear Valley NHS Foundation Trust
Ros	Speck	Performance Manager	Rotherham, Doncaster and Scunthorpe NHS Foundation Trust, North Lincs.
Heather	Stonebank	Senior PWP	Sheffield Health and Social Care Trust
Maureen	Trant	Clinical Manager	Bradford District Care Trust
Clare	Wdowczyk	CBT and EMDR Therapist, Clinical Lead	Turning Point Rightsteps® Wakefield
Andy	Wright	IAPT Clinical Advisor	Yorkshire and the Humber CN
<b>Apologies:</b>			
<b>First Name</b>	<b>Surname</b>	<b>Job Title</b>	<b>Employer</b>
Debi	Bray - Menezes	Service Manager	Tees, Esk and Wear Valley NHS Foundation Trust (York IAPT)
Mandy	Capaldi	Service Lead	Insight Healthcare (East Riding)
Coxon	Caroline	IST Manager	NHS England
Sam	Farrington	Clinical Lead	Insight Healthcare (East Riding)

Neal	Harris	Intervention & Support Manager	NHS England (North)
Alison	Hobbs	North Yorkshire IAPT Clinical Lead	Tees, Esk and Wear Valley NHS Foundation Trust (Harrogate IAPT)
Pauline	Laverie	Team Manager	City (IAPT) Services, Bradford District Care Trust
Dawn	Libby	Senior IAPT Practitioner	Tees, Esk and Wear Valley NHS Foundation Trust (York IAPT)
Cathryn	Milthorpe	Data Quality Lead	South West Yorkshire Partnership NHS Foundation Trust
Liz	Oxtoby	Head of Service-Clinical Lead (Adult)	Northpoint Wellbeing (Leeds)
Jo	Russell	Senior Information Analyst	Tees, Esk and Wear Valley NHS Foundation Trust

No.	AGENDA ITEMS	Action By
1.	<p><b>Welcome, Apologies and Introductions</b></p> <p>Andy Wright welcomed everyone to the meeting and conducted introductions and apologies. An especial welcome was given to the speakers Ursula James, Jaime Delgadillo, Toni Mank, Mark Knowles and Heather Stonebank.</p>	
2.	<p><b>Minutes from the Last Meeting (27.07.16) and Matters Arising</b></p> <p>The minutes of the last meeting were reviewed and accepted as a correct record.</p>	
3.	<p><b>National Update and Q&amp;A Session</b></p> <p>Andy Wright introduced Ursula James to the group and highlighted the importance of our local network staying aligned to the national perspective.</p> <p>Ursula James advised the attendees that centrally changes occur quickly and so provided a brief overview of upcoming areas for information which included:</p> <ul style="list-style-type: none"> <li>• The long term conditions (LTC) pilot, the announcement of the wave 2 sites and the potential impact of the LTC pilot on recovery rates.</li> <li>• A focus on equality and quality, particularly around data input for ethnic status.</li> <li>• Productivity increases potentially via apps, digital expansion etc.</li> <li>• Payment system</li> <li>• Sustainability – workforce census showed PWP's are leaving services, anecdotal evidence supports this. Workforce and wellbeing advisor being recruited.</li> </ul> <p>For Yorkshire and the Humber Ursula James noted that some CCGs are achieving the recovery target with ethnic minorities and an approach may be made to CCGs for case studies.</p> <p><b><i>ACTION: If your service is contacted for a case study please provide this to ensure shared learning and development.</i></b></p> <p>Ursula James also highlighted the importance of sharing best practice and requested that Providers feedback regarding the best ways to connect i.e. would an online forum site such as Yammer be useful?</p> <p><b><i>ACTION: All Providers to send feedback regarding methods of communication and ways of sharing best practice to Ursula James at <a href="mailto:ujames@nhs.net">ujames@nhs.net</a></i></b></p> <p>Please see the presentation slides for further information.</p> <p><b>Questions and Answers:</b></p> <p>Question: Is there any prospect that we might move off the IAPT definition of recovery for LTC?</p> <p>Answer: Performance will be monitored regarding recovery. The 50% target will remain but reliable improvement will feature more highly. The national team want to see what happens to the recovery rate. The team are also exploring other scales for disease specific interventions. For example, the use of PHQ15 for MUS.</p> <p>Question: Is there any prospect of sharing the current Yammer log in with Providers who are not Wave 1 or 2 or LTC?</p> <p>Answer: It should be feasible. Email the national team and they will grant</p>	<p style="text-align: right;"><b>All</b></p> <p style="text-align: right;"><b>All</b></p>

	<p>access. The national team have just agreed with PCMIS and IAPTUS to fund for the new questionnaires to be put on their software so much of the information will be available to all Providers anyway.</p> <p>Question: Are you aware of any innovative ideas to recruit qualified PWPS?</p> <p>Answer: The national team are aware this is an issue across the country and are trying to bring together training and recruitment more tightly. The national team are very clear that IAPT services need to recruit IAPT qualified staff not unqualified staff. Additionally, agency staff is becoming an issue and there is the potential that PWP agency work may receive the same cap as nursing. However, this is not the answer to recruitment and it is also necessary to look at providers and commissioners and consider more flexible recruitment, agreed pay scales etc. as there is significant variance across the country. The PWP role cannot be devalued and providers and commissioners need to work together to make the role attractive and sustainable.</p> <p>Question: What is your view on screening for IAPT suitability?</p> <p>Answer: Some services do not screen at all and the service still runs very well and is very accessible for patients.</p> <p>Question: Regarding the ethnicity reporting – is there a standard list that all IAPT Providers pick from?</p> <p>Answer: The list is in the monthly reports from NHS Digital if you access the reports the full list that should be being utilised is on there.</p> <p><b>ACTION: All Providers to check the ethnicity information being used on their clinical systems to ensure the full list is being used to accurately reflect ethnic diversity. Also highlight the pick list during in house training to ensure all staff are aware and using it appropriately.</b></p>	<p>All</p>
<p>4.</p>	<p><b>Practice Research Network: Update on Annual Meeting and Future Research Intentions</b></p> <p>Jaime Delgadillo provided the attendees with an overview of the Practice Research Network, the outputs of a recent study and two new study proposals. Please see the presentation slides for more details.</p> <p><b>ACTION: If any Providers would like to become involved in the study on stress control groups please contact Chief investigator: Dr Steve Kellett, University of Sheffield: <a href="mailto:s.kellett@sheffield.ac.uk">s.kellett@sheffield.ac.uk</a></b></p> <p><b>ACTION: If any Providers would like to become involved in the study on patient intensity mapping please contact Chief investigator: Dr Jaime Delgadillo, University of Sheffield: <a href="mailto:jaime.delgadillo@nhs.net">jaime.delgadillo@nhs.net</a></b></p>	<p>All</p> <p>All</p>
<p>5.</p>	<p><b>Provider Presentation – Sheffield Health and Social Care Trust</b></p> <p>Toni Mank and Mark Knowles provided an overview of the IAPT services offered in Sheffield. Please see the presentation slides for further information or contact <a href="mailto:toni.mank@shsc.nhs.uk">toni.mank@shsc.nhs.uk</a> / <a href="mailto:mark.knowles@shsc.nhs.uk">mark.knowles@shsc.nhs.uk</a></p> <p><b>Questions and Answers:</b></p> <p>Question: How many staff do you have?</p> <p>Answer: In Sheffield we have 135 staff, Toni is Head of Service and there are 4</p>	

<p>area managers.</p> <p>Question: Would you consider getting a patient, who has provided positive feedback about the pain group, to facilitate a group?</p> <p>Answer: It is certainly a possibility.</p> <p>Question: How do you get so many people on your stress control groups?</p> <p>Answer: We advertise in GP practices and public areas. We put our service leaflet everywhere. Patient feedback to GPs is also really helpful in promoting the groups. Also it is about establishing the culture, making attending a stress control group okay – we have that culture in Sheffield. We also value it within the service – we share the impact with our staff so they can see the value of the groups.</p> <p>Question: For patients that score high on risk what do you do?</p> <p>Answer: We worked with our risk department and agreed that we provide crisis information outright at the beginning of the course; this is also included in all materials given to patients and stressed throughout the course. The groups are run by two very experienced staff members and they can provide on hand assistance as needed. We did try follow up calls to some patients but routinely we do not follow up.</p> <p>Question: Could you share your risk protocol?</p> <p>Answer: Yes.</p> <p><b><i>ACTION: Toni Mank to share Sheffield's risk protocol for stress control groups.</i></b></p> <p>Question: What information do you ask for on the online booking system?</p> <p>Answer: We ask for all general information such as GP etc. We will share the form so you can see what is asked for.</p> <p><b><i>ACTION: Toni Mank to share Sheffield's online booking form.</i></b></p> <p>Question: How do you do the problem descriptor and cluster?</p> <p>Answer: We do not cluster. We have an agreement with the CCG on this. We provide patients with the right treatment for them and do what is right for the patient.</p> <p>Question: How have you managed with people who are not appropriate for stress control groups?</p> <p>Answer: We have really skilled staff and they deal in the moment with inappropriate patients and ensure they are signposted to the right treatment.</p> <p>Question: Your accessibility from an offender health and prison perspective is really useful. Could I have your details to discuss referrals?</p>	<p><b>Toni Mank</b></p> <p><b>Toni Mank</b></p>
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	<p>Answer: Yes of course.</p> <p>NB: contact details are: <a href="mailto:toni.mank@shsc.nhs.uk">toni.mank@shsc.nhs.uk</a> / <a href="mailto:mark.knowles@shsc.nhs.uk">mark.knowles@shsc.nhs.uk</a></p> <p>Question: Which IT system do you use?</p> <p>Answer: We work on the GP systems and work on the Sheffield Health and Social Care System called Insight. This does require double inputting but information can be copied and pasted between systems.</p> <p>Comment: The attendees felt that a wider discussion around groups and further sharing of best practice would be useful. It was agreed that this would be worked into the agenda for the next meeting.</p> <p><b>ACTION: Sarah Boul to add a discussion around groups to the next agenda.</b></p>	<p>Sarah Boul</p>
<p>6.</p>	<p><b>Senior PWP Network Update</b></p> <p>Andy Wright introduced Heather Stonebank as the newest member of the Clinical Network team and advised that Heather is working with the Clinical Network team to provide advice and support on behalf of the PWP and Senior PWP workforce.</p> <p>Heather Stonebank presented an overview of the development of the Yorkshire and the Humber Senior PWP Network and the first meeting, which was held on 13<sup>th</sup> October 2016. Please see the presentation slides for more information.</p>	
<p>7.</p>	<p><b>IAPT Workforce</b></p> <p>Two questions were proposed regarding IAPT workforce:</p> <ol style="list-style-type: none"> <li>1. Has there been any clinical and/or risk assessment undertaken for a non-qualified workforce which is non- IAPT qualified.</li> <li>2. Can you describe what the non-qualified workforce can deliver?</li> </ol> <p>It was noted that although some IAPT Services have non-qualified staff the message from the national team is that IAPT services should only employ IAPT qualified staff. The non-qualified workforce cannot deliver NICE accredited IAPT therapies.</p> <p>Andy Wright also advised the attendees that Health Education England are attempting to introduce more regular training intakes i.e. 6 monthly rather than 12 monthly. Updates on this will provided when received.</p>	
<p>8.</p>	<p><b>Good Practice in IAPT Services for Perinatal Mental Health (PMH)</b></p> <p>Andy Wright advised attendees that an invitation to tender for money to deliver PMH training had been sent to all IAPT Providers. The deadline for submissions is 5pm 04/11/2016.</p> <p>Andy Wright also stated that it would be very useful to share best practice in IAPT Services regarding PMH, as there are significant developments in PMH across the country with emphasis being placed on the relationship with IAPT services in delivering care to patients with PMH conditions. It was agreed that a question would be added to the online forum enquiring as to best practice in PMH.</p> <p><b>ACTION: Sarah Boul to post on online forum enquiring as to best practice in IAPT Services for Perinatal Mental Health.</b></p>	<p>Sarah Boul</p>

<p>9.</p>	<p><b>Any Other Business</b></p> <p><b>Yorkshire and the Humber Clinical CPD Network</b></p> <p>Paula Scott-Loftus introduced the idea of creating a Yorkshire and the Humber Clinical CPD Network. The intention of this network would be to provide good quality CPD and share resources with other services. For example, if one service is delivering excellent CPD on Perinatal Mental Health Disorders could they go to another service and share this training and then the receiving service reciprocates and provides CPD training in return on a different topic. The attendees felt this would be useful and Andy Wright advised that the Clinical Network would begin to progress this by firstly asking on the forum what training Providers are offering and how they would share it.</p> <p><b><i>ACTION: Sarah Boul to post on online forum two questions regarding CPD Training: What training are you offering? How would you share it?</i></b></p> <p><b>IAPT Data Working Group</b></p> <p>Andy Wright advised the attendees that following on from the action on data raised in the July meeting Sarah Boul has met with colleagues across the region to discuss the development of a bespoke report for Yorkshire and the Humber. Andy Wright and Sarah Boul will be meeting with colleagues in NHS England Clinical Strategy and Operations and Delivery Team to further this work. Feedback will be provided at the next IAPT Providers meeting.</p> <p>Ursula James also advised attendees that discussions were happening on a national level regarding IAPT data and encouraged attendees to feed their thoughts and views into the national discussions.</p> <p><b><i>ACTION: Andy Wright and Sarah Boul to feed back at the next IAPT Providers meeting regarding progress on IAPT data reporting.</i></b></p> <p><b><i>ACTION: All attendees to feed thoughts and views into the national team regarding IAPT data and regional requests.</i></b></p> <p><b>Online Forum Chatter</b></p> <p>Andy Wright advised the attendees that the level of online forum chatter had increased significantly and thanked the group for their contributions to the forum. For those members of the Network who have not yet joined the online forum and would like help in doing so please contact <a href="mailto:sarah.boul@nhs.net">sarah.boul@nhs.net</a>.</p> <p><b><i>ACTION: Sarah Boul to share joining instructions for online forum and any Providers who require assistance in accessing the forum please contact <a href="mailto:sarah.boul@nhs.net">sarah.boul@nhs.net</a>.</i></b></p> <p><b>Interserve Learning &amp; Employment</b></p> <p>Andy Wright advised the attendees that Interserve Learning and Employment had been in touch with the Clinical Network. The remit of Interserve is to improve the services they deliver to customers on Employment Support Allowance. The customers Interserve work with have a variety of mental and physical health conditions and often a combination of both. Interserve would like to make contact with IAPT practitioners or any other health professionals so they can understand the support available to customers and how they can access this.</p> <p><b><i>ACTION: For any Providers interested in having this conversation with Interserve please contact Anne Hinchliffe, Chartered Psychologist, Mental</i></b></p>	<p>Sarah Boul</p> <p>Andy Wright / Sarah Boul</p> <p>All</p> <p>Sarah Boul</p> <p>All</p>
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## Summary of Actions

No.	Action	Owner
1	If your service is contacted for a case study please provide this to ensure shared learning and development.	All
2	All Providers to send feedback regarding methods of communication and ways of sharing best practice to Ursula James at <a href="mailto:ujames@nhs.net">ujames@nhs.net</a>	All
3	All Providers to check the ethnicity information being used on their clinical systems to ensure the full list is being used to accurately reflect ethnic diversity. Also highlight the pick list during in house training to ensure all staff are aware and using it appropriately.	All
4	Toni Mank to share Sheffield's risk protocol for stress control groups.	Toni Mank
5	Toni Mank to share Sheffield's online booking form.	Toni Mank
6	Sarah Boul to add a discussion around groups to the next agenda.	Sarah Boul
7	Sarah Boul to post on online forum enquiring as to best practice in IAPT Services for Perinatal Mental Health.	Sarah Boul
8	Sarah Boul to post on online forum two questions regarding CPD Training: What training are you offering? How would you share it?	Sarah Boul
9	Andy Wright and Sarah Boul to feed back at the next IAPT Providers meeting regarding progress on IAPT data reporting.	Andy Wright / Sarah Boul
10	All attendees to feed thoughts and views into the national team regarding IAPT data and regional requests.	All
11	Sarah Boul to share joining instructions for online forum and any Providers who require assistance in accessing the forum please contact <a href="mailto:sarah.boul@nhs.net">sarah.boul@nhs.net</a> .	Sarah Boul
12	For any Providers interested in having this conversation with Interserve please contact Anne Hinchliffe, Chartered Psychologist, Mental Healthcare Practitioner, <a href="mailto:Anne.Hinchliffe@best-train.com">Anne.Hinchliffe@best-train.com</a> , 0785 4476138.	All
13	If members of the Network would like for Interserve to present at the next IAPT Providers meeting please email <a href="mailto:sarah.boul@nhs.net">sarah.boul@nhs.net</a> .	All
14	Any Providers that would be willing to share their work on long term conditions and employment advisors with Commissioners please email <a href="mailto:sarah.boul@nhs.net">sarah.boul@nhs.net</a>	All