Yorkshire and the Humber IAPT Providers Network
Minutes
27th January 2016, 10:00-13:00
Cedar Court, Rooley Lane, Bradford, West Yorkshire, BD5 8HW

Present:	
Name	**Job Title and Employer**
Catherine Baxter (CB)	PWP Lead, BDCFT
Sarah Boul (SB)	Quality Improvement Lead, Y&H SCN
Linda Brownbridge (LB)	IAPT Clinical Lead, North East Lincs, NAVIGO
Alison Hobbs (AH)	NY IAPT Clinical Lead, TEWV
Liz Holdsworth (LH1)	MHAT Manager, SWYPFT
Sarah Hope (SH)	Administration & Support Officer – MHDN, Y&H SCN
Liz Howes (LH2)	Team Manager – District South IAPT
Mark Knowles (MK)	IAPT Manager, Sheffield
Pauline Laverie (PL)	Team Manager – Bradford City IAPT
David Lee (DL)	IAPT Psychological Therapist, BDCFT
Jenny Meehan (JM)	IAPT Deputy Manager, Leeds IAPT Consortium & Community Limes IAPT
Sue Sutcliffe (SS)	General Manager, SWYPFT
Maureen Trant (MT)	Clinical Manager, BDCFT
Andy Wright (AW) (Chair)	IAPT Service Manager, TEWV & IAPT Clinical Advisor for the Y&H SCN
Apologies:	
Dr Ian Aldridge	MH Clinical Lead, Y&H SCN
Jim Macdonald	IAPT Service Manager, RDaSH
Andrew Sainty	Team Manager, Humber NHSFT
Ros Speck	Performance Manager, RDaSH, Scunthorpe Talking Shop

No.	AGENDA ITEMS	Action By
1.	**Welcome, Apologies and Introductions** AW introduced himself to the group as the new SCN IAPT Clinical Advisor and Chair for the IAPT Providers Network Meeting. He welcomed everyone to the meeting and apologies were shared with the group.	
2.	**Minutes from last meeting (28.10.15) and matters arising** The minutes from the meeting held 28.10.15 were agreed as a correct record. - **IAPT Online Forum** At the last meeting it was suggested that an online forum, to ask questions and share best practice, would be useful. It was acknowledged that everyone valued coming together face to face but an online forum/chatroom would be a valuable resource. It was noted that the sharing of resources was beneficial but some consideration should be given to the fact that there is the potential for competition between some providers in the Yorkshire and the Humber area and therefore not all materials may be pertinent to share. *ACTION: SB to establish an online forum for the IAPT Providers Network.* AW advised the group that he would like to ensure that all Yorkshire and the Humber IAPT Providers are represented at the network meetings and on the online forum. AW advised that he would contact specific providers across the region to ensure representation from all areas. *ACTION: AW to contact Vale of York to ascertain if they intend to attend the network meetings.* **Post Meeting Note:** AW contacted Vale of York but at this time they do not have a representative available to attend the meetings. - **Senior PWP Network** At the last meeting the group discussed the setting up of a support network for senior PWPs. LH1 advised that this is being developed by Heather Stonebank from Sheffield. The group discussed the potential for this network and felt it would be useful to enhance job roles and sharing of best practice. Additionally, issues that may arise from discussions at the Senior PWP Network could be brought to the IAPT Provider Network meetings. *ACTION: AW to contact Heather Stonebank (heather.stonebank@shsc.nhs.uk) to discuss her progress in developing the Senior PWP Network and enquire if the SCN could assist.* - **CEG and GP Network launch – Update** At the last meeting the group were advised that a Clinical Expert Group (CEG) and GP network were going to be launched on 2nd December 2015. However, SB advised that due to staffing issues within the SCN the launch of this network has been put on hold until further notice. The group enquired what the purpose of the CEG and GP network was and enquired who had been invited to the meeting. SB advised that the purpose of the group was to improve communication and collaboration amongst Mental Health Clinicians and identify common themes across Yorkshire and Humber where a 'do once and share' approach can be taken. SB was unsure who had been invited to the launch	**Sarah Boul** **Andy Wright** **Andy Wright/ Sarah Boul**

	meeting and advised that this would be investigated and shared. ***ACTION: SB/SH to investigate and share with the group who was invited to the CEG and GP Network launch.*** **Post Meeting Note:** The invitation was distributed to GPs and Practice Managers, Mental Health Commissioners and the Medical Directors of Mental Health Trusts with a request to disseminate to relevant clinicians working across areas such as IAPT, Early Intervention in Psychosis, Crisis Care and Liaison Psychiatry.	**Sarah Boul / Sarah Hope**
3.	**Strategic Clinical Network Update & Overview** AW provided the group with an overview of the purpose of the SCN and how the SCN can work with IAPT Providers to make the network meetings effective for all attendees. Please see the presentation slides for further information. AW stressed that the agenda should focus around sharing the expertise in the room and requested that any ideas/suggestions for future meetings be emailed to AW. ***ACTION: All to email AW (andywright1@nhs.net) with suggestions for future meetings.***	**ALL**
4.	**Provider Presentation** - **Bradford District Care Foundation Trust** Maureen Trant, Clinical Manager from Bradford District Care Foundation Trust presented to the group providing an update on progress with Bradford's IAPT services in the last 12 months. Please see the presentation slides for further information. Questions following the presentation: Q. Will the Recovery College be part of your IAPT service? A. Yes it will be but it will be branded as part of the Recovery College. Q. How are you protecting your IAPT services from inappropriate referrals? A. It has been a difficult process as there has not been complete clarity on the changes between Primary Care CMHT and IAPT and further definition is needed. However, we are working with a new service manager who is developing a business case to increase the number of staff in the Step 4. Q. How much time do you spend signposting inappropriate referrals? A. Because we have advertised the service and have a self-referral system in place we do receive some inappropriate referrals but the level of these is not overwhelming and so does not take a significant proportion of time. Q. Do you get asked to see patients who are open to Secondary Care? A. Occasionally but we treat based on individual client needs. For example, we would not treat if the client was already on stepped care unless they were ready to step down. Q. Do you have an analyst in the team to assist with data returns? A. We have two analysts due to issues with SystmOne.	

	Q. How do your PWPs respond to having to aim to book 35 appointments per week? A. The response can vary depending on the member of staff but overall, as long as the PWPs focus on seeing the relevant client group and are supported, booking in 35 appointments is not unachievable. It is essential that we nurture our PWPs and provide them with the support they need to achieve. Q. You stated that you have a 60/40 split of staff – is this 60% PWP and 40% High Intensity? A. No. It is 60% High Intensity and 40% PWP. This split was chosen based on advice from the IST as we see a high number of complex cases but if there was a lull in complex cases the High Intensity staff could then pick up a proportion of PWP work if necessary.	

5.	**Data**
	   - **Accuracy Survey**
	   - **Workshops**
	
	AW advised the group that the first of three IAPT data analyst events took place on 14 January 2016. AW stated that the event was very informative and the key message from IST was that Providers need to ensure their data is accurate and is refreshed before the return is verified and unchangeable. It was agreed that the slides from Day 1 would be shared with the group.
	
	ACTION: Slides from Data Analyst event 14.01.16 to be shared with the group.
	
	The group then discussed how their differing IAPT data systems work and the issues the systems cause for example, extra time inputting onto the system or not refreshing the data before it is locked in and sent to HSCIC.
		Sarah Hope

6.	**Risk Assessment Tools (Discussion)** MT from Bradford advised the group that they are currently using a TAG score, which is an assessment grid with 7 domains, but are considering changing this. MT enquired of the group which evidence based system they used and does it work for their service. Barnsley advised that they are tied into the Trusts RIO system and use a Sainsbury's clinical risk assessment tool, which mostly works for the IAPT service. However, the tool is laborious to fill out and contains some sections that are inappropriate to IAPT. Sheffield advised that the Trust has a risk assessment tool called DRAM, which is extremely detailed. However, in the IAPT service an internal risk assessment tool has been developed, which works on three continuums: risk, concern and intent and seeks to put in place actions to support patients. MK stated that he would be interested in sharing the document developed in Sheffield for comment/advice from other Providers. ***ACTION: MK to send the Sheffield risk assessment protocol, with an explanation, to SH for circulation to the group.*** ***Feedback any comments to MK.*** Leeds advised that they use the risk assessment tool in PCMIS, which has eight questions and risk management plan.	**Mark Knowles / Sarah Hope All**

	Tees, Esk and Weir advised that they do not use a specific tool but rather use an assessment similar to that used in Sheffield. The assessment is a one side of A4 guide and chart that clinicians fill in.	
7.	**Criteria for IAPT (Discussion)** Linking to the presentation from Bradford the group further discussed IAPT criteria. The group considered whether it was appropriate to set acceptance criteria as a region to ensure only appropriate referrals were received and actioned. In particular the group discussed issues with wording around single event and multiple event traumas. The group felt it would be beneficial to make everyone aware what each criterion stands for and make it very specific. ***ACTION: AH and LB agreed to share their criteria with the group. AH and LB to email to SH for distribution. If any other Providers would also like to share criteria please send to SH for distribution.***	**Alison Hobbs/ Linda Brownbridge/ Sarah Hope**
8.	**Future Initiatives** - **IST Workshop** AW advised the group that the Yorkshire and the Humber SCN are hosting an IAPT Recovery Workshop on Thursday 21st April 2016 at The Met Hotel in Leeds. Booking information will be circulated to the group in advance of it going to wider stakeholders. ***ACTION: SH to circulate flyer for IAPT Recovery Workshop to the IAPT Provider Network in advance of circulation to wider stakeholders.*** AW also advised the group that the SCN will be hosting a half day workshop on Demand and Capacity, which will consider size of services and include a presentation of a new toolkit. AW stated that the workshop would be held in early May and enquired if the group would find it beneficial to cancel the Network meeting on 27 April and instead hold the Network meeting in the morning in early May and follow this with the Demand and Capacity workshop in the afternoon. The group agreed and SH will circulate a cancellation of 27 April and provide the group with a new date to meet in early May. ***ACTION: SH to circulate new May date once workshop is confirmed.***	**Sarah Hope** **Sarah Hope**
9.	**Meeting Format and Future Planning (Discussion)** AW enquired of the group if they found the meetings useful and asked for views on meeting format and future agenda planning. The group agreed that the meetings were useful and AW advised that he would email out a questionnaire to clarify the frequency, location and membership of the group. ***ACTION: AW and SB to create a Survey Monkey questionnaire and email to the Network for completion.***	**Andy Wright / Sarah Boul**
10.	**Any Other Business (AOB)** **Materials Not in English** AH enquired if any providers have materials for step 2 that are not in English.	

	The group discussed materials not in English and agreed that any that were available could be shared but perhaps this should also be noted at a higher level. ***ACTION: All to send materials not in English to*** sarahhope2@nhs.net ***and these will then be shared with the wider group.***	**ALL / Sarah Hope**
	ACTION: SB to investigate availability of materials not in English with regional and national NHS England colleagues.	**Sarah Boul**
	Older Peoples IAPT Materials LH1 advised that she had recently been perusing some useful materials for conducting CBT with older people and low intensity CBT with older people, which could be shared with the group. ***ACTION: LH1 to share link to older peoples CBT materials.*** **Post Meeting Note:** Link to the materials is www.UEA.ac.uk. Please search "IAPT and CBT resources". **Post Meeting AOB: Developing Mental Health Services for Veterans in England** NHS England has recently launched a survey asking patients to share their views and experiences of mental health services for veterans to help improve future care across England. Patients can access the survey in a number of ways and all responses will be kept in the strictest confidence. The survey can be completed by: • An online survey at: https://www.engage.england.nhs.uk/survey/veterans-mental-health-services • Via email to: feedback@nelcsu.nhs.uk • By telephoning: 020 3688 1615 The survey closes at 5pm on 31st March 2016 and we would encourage veterans to share their experiences of existing mental health services to understand the reasons why some people have not sought or received support and treatment.	**Liz Holdsworth**
	ITEMS FOR INFORMATION:	
	Future Meetings: **2016 Meeting Dates:** The meeting on 27 April has been cancelled and will be replaced by a date in early May, which will coincide with a Demand and Capacity workshop. The date will be circulated as soon as possible. The other meetings in 2016 remain as follows: Wednesday 27 July 2016, 10:00-13:00 Wednesday 26 October 2016, 10:00-13:00	