

Yorkshire and the Humber IAPT Providers Network
Minutes
27th July 2016, 10:00-13:00
Hatfield Hall, Wakefield

Present:			
First Name	Surname	Job Title	Employer
Dawn	Barnes	Operational Manager	City Healthcare Partnership
James	Bell	Team Manager (Rotherham IAPT)	Rotherham, Doncaster and South Humber NHS Foundation Trust
Sarah	Boul	Quality Improvement Lead, Mental Health	Yorkshire and the Humber CN
Joy	Bowhay	Team Manager	Bradford District Care NHS Foundation Trust (North District IAPT)
Linda	Brownbridge	Clinical Lead	NAVIGO
Rebecca	Campbell	Quality Improvement Manager, Mental Health	Yorkshire and the Humber CN
Mandy	Capaldi	Service Lead	Insight Healthcare (East Riding)
Mick	Collins	Clinical Lead	Insight Healthcare (Bassetlaw)
Cheryl	Day	Programme Lead	Health Education England
Sam	Farrington	Clinical Lead	Insight Healthcare (East Riding)
Barry	Foley	IAPT Workforce Consultant/Advisor	Health Education England
Gareth	Griffiths	Service Manager	Turning Point Rightsteps® 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
Naomi	Holdsworth	Team Manager	Airedale, Wharfedale and Craven IAPT Team
Louise	Kirkland	Team Manager Northallerton/VVADS IAPT Teams	Tees, Esk and Wear NHS Foundation Trust
Mark	Knowles	IAPT Manager	Sheffield Health and Social Care Trust
Jenny	Meehan	Deputy Manager	Community Links
Cathryn	Milthorpe	Data Quality Lead (Barnsley)	South West Yorkshire

			Partnership NHS Foundation Trust
Jo	Russell	Senior Information Analyst	Tees, Esk and Wear NHS Foundation Trust
Andrew	Sainty	Team Manager	East Riding Emotional Wellbeing Service (IAPT)
Beckie	Smith	Open Minds IAPT Team Manager	NAVIGO
Clare	Wdowczyk	CBT and EMDR Therapist, Clinical Lead	Turning Point Rightsteps® Wakefield
Andy	Wright	IAPT Clinical Advisor	Yorkshire and the Humber CN
Apologies:			
First Name	Surname	Job Title	Employer
Debi	Bray - Menezes	Service Manager	Tees, Esk and Wear Valley NHS Foundation Trust (York IAPT)
Caroline	Coxon	IST Manager	NHS England
Jaime	Delgadillo	Lecturer in Clinical Psychology/Cognitive Behavioural Therapist	University of Sheffield / Leeds IAPT
Ron	Dukelow	Manager	Bradford Counselling Services
Kristina	Fletcher	Service Manager	NAVIGO
Elaine	Goodwin	Service Manager	Leeds Community Healthcare NHS Trust
Alison	Hobbs	North Yorkshire IAPT Clinical Lead	Tees, Esk and Wear Valley NHS Foundation Trust (Harrogate IAPT)
Dawn	Libby	Senior IAPT Practitioner	Tees, Esk and Wear Valley NHS Foundation Trust (York and Selby IAPT)
Lynskey	Alison	Performance Manager & Trainee CBT Therapist	RDASH (Doncaster)
Ros	Speck	Performance Manager	RDASH (Scunthorpe)

No.	AGENDA ITEMS	Action By
1.	<p>Welcome, Apologies and Introductions</p> <p>Andy Wright welcomed everyone to the meeting and conducted introductions and apologies.</p>	
2.	<p>Minutes from the Last Meeting (12.05.16) and Matters Arising</p> <p>The group reviewed the minutes from the last meeting and agreed them as a correct record.</p> <p>Andy Wright asked the group to review the action log at the end of the minutes and provide exception feedback on actions. No exceptions were noted.</p>	
3.	<p>Terms of Reference (Discussion and Approval)</p> <p>Andy Wright advised the group that the previous Terms of Reference had been reviewed and a new version had been shared with all attendees in advance of the meeting.</p> <p>Andy Wright drew the attention of the attendees to the updated sections of the Terms of Reference including the line of accountability of the group; the Senior PWP Network being accountable to the Provider Network, working methods of the group including active participation online and face to face and the sharing of resources section, which highlights the need to be commercially sensitive.</p> <p>No objections to the new terms of reference were raised. The terms of reference were agreed.</p> <p><i>ACTION: Sarah Boul to circulate the final terms of reference to the group.</i></p>	<p>Sarah Boul</p>
4.	<p>Health Education England (HEE): IAPT Training Provision, Cheryl Day, Programme Lead & Barry Foley, IAPT Workforce Advisor</p> <p>Andy Wright introduced Cheryl Day and Barry Foley to the attendees.</p> <p>Andy Wright advised the attendees that at the Recovery Workshop training for IAPT Providers by Health Education England (HEE) was raised as an issue and so it is very pertinent that HEE have linked into the network.</p> <p>Cheryl Day introduced herself to the attendees and advised that she does not have a mental health background and so the position in HEE has been a very large learning curve.</p> <p>Cheryl enquired of the attendees if they had experienced any direct contact with HEE. A small number of attendees confirmed that they had experienced direct contact.</p> <p>Cheryl provided the attendees with an overview of HEE stating that it was set up in 2012 and replaced Strategic Health Authority workforce teams. HEE is one umbrella organisation with thirteen local teams including doctors, dentists, all healthcare staff, some social care workers and Public Health. Cheryl Day and Barry Foley cover the Yorkshire and the Humber region but also link into the wider North region.</p> <p>Cheryl stated that HEE has an annual workforce planning round and they are trying to develop the process for this. HEE contact providers to ask what their workforce is like currently, what it should look like (establishment) and what it needs to look like in five years' time to meet future demand.</p> <p><i>Question: Does the questionnaire only go to NHS providers?</i></p> <p><i>Answer: Yes. But HEE are trying to go wider and are developing bespoke questionnaires for non NHS Providers.</i></p>	

	<p><i>Answer:</i> If all vacancies were filled the service would have 55 clinicians and 5 administration staff. Before AQP the service only had 9 whole time equivalent staff. We have 12 Psychological Wellbeing Practitioners and 25-26 High Intensity Therapists.</p> <p><i>Question:</i> What are your access rates like?</p> <p><i>Answer:</i> Our access rates could be better. We have some difficulty with access rates as our CCG insists that patients at non caseness are accepted but taking patients at non caseness will affect recovery. Also for patients that score lower than 9 on GAD MIND have a block contract to see these patients.</p> <p><i>Question:</i> You state that you treat clusters over 4. Are these patients not treated by Community Mental Health Teams (CMHT)?</p> <p><i>Answer:</i> Some patients are treated by the CMHT but this service is not heavily commissioned in the East Riding and so if IAPT did not pick up some of these patients they would not receive a service. We exclude borderline personality disorder and patients at imminent risk. It does affect our recovery rates but we do make reliable improvement and the patients say it has changed their life.</p> <p><i>Question:</i> How do you manage direct access to courses? Do people just turn up?</p> <p><i>Answer:</i> We market our groups as a ring and book service but some people do walk in off the street. For all groups we have 2 qualified staff and 1 trainee if available. We explain what the group is and if anyone is scoring high on PHQ we speak to them at the break. We also have a breakout room and qualified staff can remove distressed people to the breakout room. We would prefer to risk assess but we have to provide direct access services so it is not possible other than for online referrals where we are able to risk assess.</p> <p><i>Question:</i> Do you provide open access groups at step 3?</p> <p><i>Answer:</i> We do not run any groups at step 3 but we are planning to run some. We are trying to set up groups that are accessible to all and we will be setting up a specific group for perinatal mental health.</p> <p><i>ACTION: If any attendees would like further information on the work of the East Riding Emotional Wellbeing Service please contact asainty@nhs.net.</i></p>	<p>All</p>
<p>7.</p>	<p>Commissioner Engagement (Discussion)</p> <p>Andy Wright advised the group that the focus of the IAPT Providers' Network has been on providers and enquired of the attendees what their thoughts were on how the group can engage with commissioners. How can the network connect with commissioners in a meaningful way?</p> <p>Andy Sainty stated it can be difficult to engage with commissioners as they may hold a very varied portfolio and cannot commit the time to attend provider network meetings or engage in other ways.</p> <p>Dawn Barnes stated Hull have a mature relationship with commissioners and have a lead provider model. They have joint operational meetings with commissioners and the discussions have been open, honest and frank. Having an "open door" bi-monthly operational meeting has been very useful in</p>	

	<p>developing provider/commissioner relationships.</p> <p>Liz Holdsworth advised that Barnsley meet regularly with their commissioner and email in between. They have a strong working together relationship.</p> <p>Andy Wright enquired if there was a place for commissioners in this forum? Liz Holdsworth stated it would be useful to have commissioners periodically attend meetings or workshops but not attend every time. Andy Sainty agreed and stated it would be useful to hear from other commissioners to understand variation across the region. The group agreed that the network should remain a provider only group but that invitations to the network meeting and shared events should be extended periodically to commissioners.</p> <p>Andy Wright asked attendees to give the development of commissioner/provider relationships more thought within their own services and feedback ideas for development to Sarah Boul.</p> <p><i>ACTION: All to give the development of commissioner/provider relationships more thought and feedback ideas for development to sarah.boul@nhs.net.</i></p>	<p>All</p>
<p>8.</p>	<p>IAPT North Report – Data Requirements Going Forwards (Discussion)</p> <p>Andy Wright advised the group that he and Sarah Boul had met with colleagues in NHS England North Region to discuss the development of a bespoke report for Yorkshire and the Humber IAPT Providers.</p> <p>Sarah Boul provided an overview of some reports already in circulation and Andy Wright enquired of the attendees if there was any desire to have a bespoke Yorkshire and the Humber report. The attendees confirmed that this was desired.</p> <p>Andy Wright asked for volunteers to sit on a small working group to decide what would be most helpful to include in the report. Andy Sainty, Liz Holdsworth, Mark Knowles and Mick Collins all agreed to volunteer to sit on the working group.</p> <p><i>ACTION: Sarah Boul to set up a meeting of the working group to develop a bespoke Yorkshire and the Humber IAPT report.</i></p>	<p>Sarah Boul</p>
<p>9.</p>	<p>Update from IST</p> <p>Andy Wright advised the attendees that Caroline Coxon sent her apologies to the meeting but had sent a slide pack on IAPT data to be shared with the providers.</p> <p>Andy advised that firstly the slides are being made available to commissioners. The data is not only key KPIs but also includes other items of interest that are gaining momentum at national and commissioner level. Secondly, the slide pack highlights the importance of data quality. At a national level the only data that counts is the HSCIC data, local service data is not considered, therefore it is essential that the data uploaded to HSCIC is accurate.</p> <p>Following the presentation of the slides the group discussed paired scores and it was agreed that this should be a discussion at the next IAPT Providers meeting.</p> <p><i>ACTION: Sarah Boul to ensure paired scores are on the agenda for the next meeting.</i></p>	<p>Sarah Boul</p>
<p>10.</p>	<p>Senior PWP Network Update, Sarah Boul, Quality Improvement Lead,</p>	

	<p>Clinical Network</p> <p>Sarah Boul advised attendees that the Clinical Network are working with Heather Stonebank from Sheffield Health and Social Care Foundation Trust to develop a network for Senior PWPs.</p> <p>The draft Terms of Reference have been shared with the IAPT Providers Network for review.</p> <p>Three meetings have been held between Heather Stonebank and the Clinical Network to develop the terms of reference; purpose, attendees and potential agenda.</p> <p>A date has been set for the inaugural meeting of the Yorkshire and the Humber Senior PWP Network. The Network will officially be launched on: Thursday 13th October, 09:30-12:30, at The Cosmopolitan Hotel, Leeds.</p> <p>All invited attendees have been asked to gain permission to attend from their line manager and all outputs of the group will be fed up into the IAPT Providers Network for review.</p>	
<p>11.</p>	<p>Future Initiatives – Early Implementers Initiative and IAPT Employment Advisors (EA) Programme</p> <p>Andy Wright provided the attendees with an overview of future IAPT initiatives including the early implementers’ initiative, which focusses on patients with long term conditions (LTC) and the employment advisors programme.</p> <p>Andy Wright advised the attendees that some providers in Yorkshire and the Humber have been approached to express an interest/bid to work with patients who have long term conditions. Successful providers will be given a financial incentive for eighteen months and will be expected to increase prevalence and provide lessons learned for when other providers are expected to roll out services for patients with long term conditions.</p> <p>Andy Wright also provided an overview of the employment advisors programme. Andy advised the attendees that Kevin Mullins is leading this piece of work as part of his role in the Department of Work and Pensions. Andy advised that NHS England is keen to work with providers who already have employment advisors in place.</p> <p>Sheffield, Wakefield, North East Lincs, Hull and Rotherham confirmed they all provide employment advisor services already and Barnsley and Bassetlaw stated that they used to have employment advisors but these posts were lost when the funding for them ceased.</p> <p>Mark Knowles advised that there are privately funded services that want to provide employment advice into IAPT services but that this is variable per area. Mark Knowles also stated that having an employment advisor works really well in Sheffield, they are part of the team and they understand how talking therapies work. Sheffield has one employment advisor based in the team and some based out in GP surgeries. Mark Knowles offered to provide a brief service overview followed by a description of the Sheffield employment advisor service at the next Provider Network meeting.</p> <p>North East Lincs advised that they have employed an employment advisor directly and Wakefield stated they also employ an employment advisor who focusses on employment retention and CV writing skills etc.</p> <p>Barnsley stated they have access to a recovery college that provide CV writing classes etc. that IAPT can refer into.</p>	
<p>12.</p>	<p>Any Other Business</p>	

	Wednesday 2 November 2016, 10:00-13:00, Double Tree by Hilton, Leeds City Centre, Granary Wharf, 2 Wharf Approach, Leeds, LS1 4BR and will be joined by Ursula James, IAPT Programme Manager	
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Summary of Actions

No.	Action	Owner
1	<i>Sarah Boul to circulate the final terms of reference to the group.</i>	Sarah Boul
2	<i>Cheryl Day to advise the Clinical Network when the next workforce planning round begins and Sarah Boul to explore the potential to set up a workshop between HEE and IAPT Providers.</i>	Cheryl Day
3	<i>Sarah Boul to share a link with the IAPT Providers' Network to the Implementing the Five Year Forward View document.</i>	Sarah Boul
4	<i>Barry Foley/Cheryl Day to share the HEE Business Plan for 2016/17 once released.</i>	Barry Foley/Cheryl Day
5	<i>All Providers to share their ideas and thoughts for the development of the future workforce and training with Cheryl Day and Barry Foley from HEE.</i>	All
6	<i>Sarah Boul to circulate joining instructions for the online forum to all attendees of the Provider Network.</i>	Sarah Boul
7	<i>If any attendees would like further information on the work of the East Riding Emotional Wellbeing Service please contact asainty@nhs.net.</i>	All
8	<i>All to give the development of commissioner/provider relationships more thought and feedback ideas for development to sarah.boul@nhs.net.</i>	All
9	<i>Sarah Boul to set up a meeting of the working group to develop a bespoke Yorkshire and the Humber IAPT report.</i>	Sarah Boul
10	<i>Sarah Boul to ensure paired scores are on the agenda for the next meeting.</i>	Sarah Boul
11	<i>Sarah Boul to follow up on request for centrally produced materials not in English with NHS England.</i>	Sarah Boul
12	<i>If any members of the IAPT Providers' Network would like a copy of the contact list email sarah.boul@nhs.net.</i>	All