Yorkshire and the Humber IAPT Providers Network
Minutes
12th May 2016, 09:30-12:00
The Leeds Club, 3 Albion Place, Leeds

Present:			
First Name	**Surname**	**Job Title**	**Employer**
Catherine	Baxter	PWP Lead	Bradford District Care Trust
James	Bell	James Bell	RDaSH
Sarah	Boul	Quality Improvement Lead, Mental Health	Yorkshire and the Humber Clinical Network
Debi	Bray-Menezes	IAPT Lead	York IAPT
Linda	Brownbridge	IAPT Clinical Lead	NAViGO Health and Social Care CIC
John	Butler	PWP Manager	South West Yorkshire Partnership NHS Foundation Trust
Rebecca	Campbell	Quality Improvement Manager, Mental Health	Yorkshire and the Humber Clinical Network
Caroline	Coxon	Intensive Support Manager	NHS England
Jaime	Delgadillo	Lecturer	University of York
Samantha	Dent	Lead PWP/Assistant Manager	Bradford District Care Trust
Tim	Godley	Team Manager	RDaSH
Elaine	Goodwin	Service Manager	Leeds Community Healthcare IAPT
Gareth	Griffith	Service Manager for Wakefield IAPT	Turning Point Rightsteps® Wakefield
Alison	Hobbs	North Yorkshire IAPT Clinical Lead	Tees Esk and Wear Valley Foundation Trust
Liz	Holdsworth	MHAT Manager	South West Yorkshire Partnership NHS Foundation Trust
Karen	Kirby	Team Manager	RDaSH
Janet	Leaning	Clinical Lead, IAPT Service	Talking Shop
David	Lee	Acting Manager / PWP Lead	Bradford District Care Trust
Alison	Lynskey	Performance Manager & Trainee CBT Therapist	RDaSH

James (Jim)	McDonald	IAPT Service Manager	RDaSH
Jenny	Meehan	Deputy Manager	Community Links Young People's IAPT
Gayle	Porter	IAPT Team Manager (High Intensity)	South West Yorkshire Partnership NHS Foundation Trust
Andrew	Sainty	Team Manager - East Riding Emotional Wellbeing Service (IAPT)	Humber NHS Foundation Trust
Beckie	Smith	IAPT Open Minds Team Manager	NAViGO Health and Social Care CIC
Ros	Speck	Performance Manager	RDaSH
Clare	Wdowczyk	CBT and EMDR Therapist - Clinical Lead for Wakefield IAPT	Turning Point Rightsteps® Wakefield
Andy	Wright	IAPT Clinical Advisor	Yorkshire and the Humber Clinical Network
Apologies:			
First Name	**Surname**	**Job Title**	**Employer**
Kristina	Fletcher	Senior Operational Manager	NAViGO Health and Social Care CIC
Liz	Howes	Team Manager/ Staff Governor	Bradford District South IAPT Service
Mark	Knowles	IAPT Manager	Sheffield Health and social Care Trust

No.	AGENDA ITEMS	Action By
1.	**Welcome, Apologies and Introductions** Andy Wright introduced himself to the attendees and provided an overview of the purpose of the meeting, which focussed on creating time and space for IAPT Providers to think; share best practice, learn from each other and network. Andy Wright advised the attendees that, as a result of an overwhelmingly positive response to the survey conducted after the last meeting; Caroline Coxon from the Intensive Support Team (IST) was in attendance at the meeting and was available for questions/discussions. All attendees then conducted introductions.	
2.	**Minutes from the Last Meeting (27.01.16) and Matters Arising** The minutes from the last meeting were reviewed and accepted as a correct record. With regards to the note on presentations from Providers at each network meeting it was agreed that this would remain as a standing agenda item and Providers who wish to present are to contact the Clinical Network Team. *ACTION: Any Providers who wish to present at a Network meeting please email sarah.boul@nhs.net.*	**ALL**
3.	**Update from the Northern IAPT Practice Research Network** Andy Wright introduced Jaime Delgadillo to the group. Jaime advised the attendees that his presentation would cover a brief overview of the Northern IAPT Practice Research Network, briefly discuss three examples of three pieces of work undertaken by the Network and invite the attendees to join the Network and take part in projects. **The Network:** The Network started in 2014 and is a collaboration of IAPT services and academic collaborators. The Network has a shared goal to improve IAPT services for all. The Network observes practice, develops an understanding of patterns and trends, formulates improvement ideas, disseminates ideas and then reviews (PDSA cycles). **On poverty, politics and psychology: the socioeconomic gradient of mental healthcare utilisation and outcomes (Delgadillo, Asaria, Ali and Gilbody, 2015):** Jaime provided an overview of the methodology used in this study which included: obtaining referral, access and outcomes data for all IAPT services in England, matching these to the Index of Multiple Deprivation (IMD) for each CCG area and examining	

deprivation levels against recovery rates.

Jaime showed the attendees a scatter plot that indicated proportion of people recovered is linked to levels of deprivation, 72.5% of services are underperforming on the 50% target and working in a deprived area indicated that recovery rates will be lower. The correlation is statistically significant – poverty is not the only factor but it is significant.

Different people respond differently to therapy: A demonstration using patient profiling and risk stratification (Delgadillo, Moreea and Lutz, 2016): The premise of this study was to consider whether we can predict which patients are at risk of a poor outcome in IAPT. The study assessed thirteen baseline patient characteristics as potential outcome predictors using logistic regression, in a cross-validation design and identified that age, employment status, baseline severity of depression, baseline functioning, disability and outcome expectancy were all factors that affected outcomes. Based on this understanding a Risk Index patient profiling tool was developed. It was concluded that complex patients should be offered Step 3 (HI) treatment straight away or they have a 50% chance of not completing treatment.

Clinical effectiveness of stress control: results from a multi-site practice research network (Delgadillo et al. - not yet published). Findings indicate that stress groups are not just attended by people with stress, that groups have a 30 % drop out rate and that there is a direct correlation between dose (sessions attended) and recovery.

As soon as the research is published attendees will be advised and the slide set will then be shared.

Questions and Answers:

Question: With regards to your study of clinical effectiveness of stress control are you planning on conducting any follow up work?

Answer: We have just finished conducted some more data gathering and more research is in the pipeline.

Question: I have recently discussed with my Commissioner reducing the number of sessions offered to patients but increasing the session times. If session times and increased but number of weeks of attendance are decreased would this still be effective?

Answer: Some research has indicated that long intensive sessions work well with some phobias but overall reducing the number of sessions does not help.

	Question: All the Leeds Risk Index (LRI) indices are interrelated. Are there any studies to look at how to improve attendance/recovery from deprived areas? *Answer:* Yes there are some things, such as motivational interviewing (at Step 3), that have been considered but overall this is an area for development. *Question:* What was the sample size for your study "Different People Respond Differently to Therapy"? *Answer:* 1347 cases. *Question:* How do you manage the LRI rate? *Answer:* The LRI index is a challenge to current practice, as it suggests immediate step up and more treatment. It requires culture change in clinical practice. *Question:* How do we join your network and what is the commitment? *Answer:* To join go to www.iaptprn.com and join via the contact form. The commitment is to attend one meeting annually. For further information please contact Jaime via email at jaime.delgadillo@nhs.net.	

4.	**Results from the Survey Monkey Questionnaire**
	
	Andy Wright advised the attendees that the results of the Survey Monkey had been circulated to all but for some key points further investigation was required. Andy Wright asked the group to decide on the following:
	
	   1. Where should the IAPT Provider Network meetings be hosted: circulate around the region or in one or two fixed venues?
	
	The attendees voted to host the meetings in one or two fixed venues.
	
	   2. How frequently should the meetings be held: bi-monthly or quarterly?
	
	The attendees voted for quarterly with use of the online forum/WebEx in between.	

5.	**IAPT Providers Online Forum (Demonstration and Discussion)** An overview of the online forum was provided to the attendees and it was reiterated that networks which are active and communicative are better and have improved services. The online forum provides a platform to connect between meetings and all members of the IAPT Providers Network were urged to join the forum. ***ACTION: Sarah Boul to share joining instructions and if further assistance is required please contact Sarah Boul via 0113 8253458***	**Sarah Boul**

	or sarah.boul@nhs.net. ***ACTION: All members of the IAPT Providers Network are to join the online forum. If you would like a step by step guide through the process please contact Sarah Boul via 0113 8253458 or sarah.boul@nhs.net.***	**ALL**
6.	**Reflections on the IST Workshops for Data and Recovery: What have we learned? (Discussion and Action Plan Review)** Andy Wright provided the attendees with a brief overview of the Data Analyst and Recovery Workshops and enquired of the attendees what we, as a Network, could do to take forward the learning from these workshops. The following ideas were suggested: • A review of the action planning that was undertaken and then link together services that have similar issues. • Develop threads online for discussion based on the outputs of the Recovery workshop. • Develop a series of WebEx presentations based on topical issues such as data quality. • Add an hour onto each Provider Network meeting to "deep dive" into a specific issue such as Recovery Rates or Access and Waiting Time Standards. Caroline Coxon also advised attendees that the IST team, in conjunction with the Yorkshire and the Humber Clinical Network, are planning to set up a national online forum for clinicians in IAPT services to share issues and best practice to build on the outputs of the workshops. Further information will follow in due course. ***ACTION: Sarah Boul/Rebecca Campbell/Andy Wright to review the ideas suggested above and develop an action plan to implement them.***	**Sarah Boul / Rebecca Campbell / Andy Wright**
7.	**Risk Assessment Tools (Discussion)** This was deferred to the next meeting as Mark Knowles was unable to attend the meeting. **Managing Risk with Online Screening (Discussion)** Elaine Goodwin from Leeds IAPT advised the group that their service is trying to develop an online screening tool. Currently if a patient completes the online screening and they score anything above 0 on risk they can no longer proceed with the online tool and are instead directed to contact the service. The Leeds service are looking to develop the online screening to	

	allow patients to complete this, even if they score above 0 on risk, and then develop a process by which to manage any risk identified.	
	Elaine enquired if any of the other Providers are doing this and had information they could share. Unfortunately none of the attendees are processing online screening in this way.	
	ACTION: Sarah Boul to contact the IST and enquire if they would be able to provide contact details for other services who may be undertaking risk screening in the way in which Leeds are intending to proceed.	**Sarah Boul**
	The attendees then continued to discuss risk and risk screening. It was enquired of the attendees if a risk assessment was conducted every time for each patient. The question received a mixed response with all Providers agreeing that the PHQ 9 was always reviewed each time but then some Providers did risk assess each time and some did not. One Provider stated that rather than conducting a full risk assessment each time patients were asked to identify if their circumstances had changed and if they advised no this was recorded in their notes. It was agreed that a regional stance on frequency of risk assessment would be useful for IAPT Providers.	
	ACTION: Sarah Boul to contact all regional IAPT Providers regarding frequency of risk assessment and agree a peer reviewed stance for the Yorkshire and the Humber region.	**Sarah Boul**
8.	**Development of a Senior PWP Network (Discussion)** Andy Wright provided an overview to the attendees of the evolution of the idea of creating a Senior PWP Network in Yorkshire and the Humber. Andy advised that the idea had been originated by Heather Stonebank, Senior PWP from Sheffield Health and Social Care Trust, discussed at the IAPT Providers Network meetings and is now being developed by the Yorkshire and the Humber Clinical Network in conjunction with Heather Stonebank. Andy stated that the purpose of the Senior PWP Network was to provide a forum for Senior PWPs, in the Yorkshire and Humber region, to meet and share good practice and areas of innovation. This will enable the development of the Senior PWP role, which will contribute towards improving IAPT services and improving quality of patient care something acknowledged at the Recovery Workshop hosted by Prof David Clark. The importance of strong governance for the SPW network was acknowledged and it was agreed that permission to attend should be sought from the appropriate IAPT Provider Network manager. Overall the attendees felt the establishment of a Senior PWP Network	

	was a good idea and were largely supportive. It was agreed that the draft terms of reference would be shared to gather views from the IAPT Providers Network before any further developments took place. It was also agreed for those Providers who did not have a Senior PWP role that the IAPT Service Manager would nominate a suitable alternative attendee.	
	ACTION: Sarah Boul to circulate the draft terms of reference for the Senior PWP Network and all IAPT Providers are to provide views on the terms of reference.	**Sarah Boul / All**
9.	**IST National Update**	

Caroline Coxon introduced herself to the attendees advising that she is currently seconded to the Intensive Support Team as an Intensive Support Manager for the Mental Health Strategy and Policy Unit. When not on secondment Caroline works in an IAPT Provider and so has a very real understanding of the challenges of the job. Caroline also advised the attendees that the IST is now part of NHS Improvement and will be starting to conduct work in other areas of mental health, not just IAPT.

Caroline advised the attendees that she had reviewed the results of the Survey Monkey questionnaire, which was distributed after the last meeting, and had noted that a request had been made for some IST team "top tips". Therefore, Caroline advised the attendees of the following:

1. Data – aligning local data to HSCIC data is essential – use the reports available, speak to Michael Watson, ensure your data is correct.
2. Data and Clinicians – IAPT data will look very different to a clinician and an analyst, ensure your clinicians understand the data.
3. Consistency – clinician to clinician reporting – they all do it differently, write them a recording protocol. i.e. discharge – 2 therapists had different views on how this was recorded. If you put in place a protocol, consistency is more likely to occur.
4. Analyse your data – if you have a high drop-out rate – do an audit, investigate.
5. Data Analyst time in services is essential! Services must involve analysts and agree dedicated time with an analyst to ensure returns are correct.
6. Self-referrals = better outcomes. Long waits = worse outcomes. The North region has the longest waits in England. The IST would recommend conducting a backlog exercise though acknowledges this may lead to difficult conversations with Commissioners.
7. ADSMs – the problem descriptor has to be changed each time, as they do not count towards recovery rates.
8. Embedding and retaining clinical leadership – having strong leadership within services is essential to motivate and support your teams.
9. Review your service specifications and work with Commissioners

	to ensure these are correct. 10. Communication – clear lines of communication up and you're your service are essential. Always communicate rationales/reasons and explain any decisions taken. ***Question:*** Many services are now hitting above 15% but if you only have sufficient workforce to achieve 15% how can we achieve 25%? ***Answer:*** Caroline advised that some additional funding is due to be released and a paper by Felicity Gordon will be released to support this. Caroline also recommended that all Providers reviewed their Service Specification with Commissioners to consider how services need to be developed to achieve the 25% target. Caroline Coxon advised all attendees that both she and Michael Watson are available to provide assistance to any IAPT Providers who may need to contact them. The IST is a supportive mechanism and Caroline/Michael can be contacted for support or advice. ***ACTION: Any IAPT Providers who require support/advice/input from the IST can contact Caroline Coxon or Michael Watson via*** carolinecoxon@nhs.net ***or*** m.watson@nhs.net.	 **ALL**
	ACTION: If any attendees have suggestions or requests regarding what they would like to hear about from the IST team at the next meeting please email sarah.boul@nhs.net.	**ALL**
10.	**Any Other Business** - **Patient Experience Questionnaire (PEQ) Collection (Discussion)** - **Direct Access to Groups** Due to time constraints it was agreed that the items of any other business (PEQ Collection and Direct Access to Groups) would be posted on the online forum for further discussion. ***ACTION: Sarah Boul to post topic threads on PEQ Collection and Direct Access to Groups on the online forum for further discussion.*** **Post Meeting Information:** - **IAPT User Consultation:** The Community and Mental Health Team at the HSCIC would like to invite you to provide feedback on the IAPT publications, as they are keen to understand the way these are used and make these more user friendly. The survey can be completed at the following link:	 **Sarah Boul**

https://www.surveymonkey.co.uk/r/IAPTconsult

The survey will remain open until Friday 10th June will take around 5 minutes to complete. Your answers will be treated in confidence.

- **Ieso Digital Health Service**

Further to the IAPT Providers meeting we have been contacted by Ieso Digital Health Services who would like to come and talk about their online therapy service. The contact details for this service are:

James de Pury

New Business Consultant

j.depury@iesohealth.com

01954 230 066

07557 228 295

Ieso Digital Health Ltd

www.iesohealth.com

ACTION: If you would be interested in hearing a presentation from Ieso at the next Provider Network meeting please email sarah.boul@nhs.net.

ALL

ITEMS FOR INFORMATION:	
Future Meetings: **2016 Meeting Dates:** Wednesday 27 July 2016, 10:00-13:00, Hatfeild Hall, Wakefield. Wednesday 26 October 2016, 10:00-13:00, venue to be confirmed	

Summary of Actions

No.	Action	Owner
1	*Any Providers who wish to present at a Network meeting please email sarah.boul@nhs.net.*	ALL
2	*Sarah Boul to share joining instructions and if further assistance is required please contact Sarah Boul via 0113 8253458 or sarah.boul@nhs.net.*	Sarah Boul
3	*All members of the IAPT Providers Network are to join the online forum. If you would like a step by step guide through the process please contact Sarah Boul via 0113 8253458 or sarah.boul@nhs.net.*	ALL
4	*Sarah Boul/Rebecca Campbell/Andy Wright to review the ideas suggested regarding further actions from the IST workshops and develop an action plan to implement them.*	*Sarah Boul/Rebecca Campbell/Andy Wright*
5	*Sarah Boul to contact the IST and enquire if they would be able to provide contact details for other services who may be undertaking risk screening in the way in which Leeds are intending to proceed.*	Sarah Boul
6	*Sarah Boul to contact all regional IAPT Providers regarding frequency of risk assessment and agree a peer reviewed stance for the Yorkshire and the Humber region.*	Sarah Boul
7	*Sarah Boul to circulate the draft terms of reference for the Senior PWP Network and all IAPT Providers are to provide views on the terms of reference.*	Sarah Boul
8	*Any IAPT Providers who require support/advice/input from the IST can contact Caroline Coxon or Michael Watson via carolinecoxon@nhs.net or m.watson@nhs.net.*	ALL
9	*If any attendees have suggestions or requests regarding what they would like to hear about from the IST team at the next meeting please email sarah.boul@nhs.net.*	ALL
10	*Sarah Boul to post topic threads on PEQ Collection and Direct Access to Groups on the online forum for further discussion.*	Sarah Boul
11	*If you would be interested in hearing a presentation from Ieso at the next Provider Network meeting please email sarah.boul@nhs.net.*	ALL