

**Yorkshire and the Humber Senior PWP Network  
Minutes  
9<sup>th</sup> May 2017, 10:00-15:30  
Oxford Place Centre, Oxford Place, Leeds, LS1 3AX**

No.	AGENDA ITEMS	Action By
1.	<p><b>Welcome, Apologies and Introductions</b></p> <p>Andy Wright welcomed everyone to the meeting of the Yorkshire and the Humber Senior PWP Network and conducted introductions and apologies.</p> <p>Andy Wright also advised the attendees about the PWP widening participation research, advising that attendees can influence the conversation nationally. Andy Wright encouraged all attendees to complete the survey.</p> <p><b><i>ACTION: Sarah Boul to redistribute PWP Widening Participation survey link.</i></b></p>	Sarah Boul
2.	<p><b>Introduction and Role Update, Becky Minton, National Workforce and Wellbeing Advisor, NHS England</b></p> <p>Andy Wright introduced Becky Minton to the attendees. Andy Wright reminded the attendees that wellbeing was one of the issues highlighted by the Senior PWP Network as being a key topic and the Network are keen to ensure that this topic remains on our agenda.</p> <p>Becky advised the attendees that this was her tenth day in the role. Becky then advised the attendees of her background: Becky trained as a PWP when IAPT first started, then as a Senior PWP then CBT therapist and finally moved into IAPT service management. Becky advised that she works for Camden and Islington IAPT but is now also employed in NHS England for 2 days per week focussing on staff wellbeing in IAPT. Becky also advised attendees that the only other service focussing on staff wellbeing across the NHS is GPs.</p> <p>Becky stated that IAPT have recognised a need to focus on wellbeing and want to resolve issues for staff. In NHS England Simon Stevens stated that the health of the workforce must be improved but his approach is more on physical health and healthy food options and there is less focus on mental health.</p> <p>Becky then enquired of the attendees what they would like to see the National Workforce and Wellbeing Advisor role focus on. The following suggestions were put forward:</p> <ul style="list-style-type: none"> <li>• PWP role currently does not feel as valued as the HIT role and a career development path would be welcomed.</li> <li>• How to make new PWPs feel welcome - could there be a standard welcome pack?</li> <li>• Accreditation for PWPs and accreditation for allied health professionals as not all services will hire people without PWP qualifications, even via the KSA route.</li> <li>• Improvements in IT systems.</li> <li>• Guidance on how staff are treated when they take time off work with stress and how to reintegrate staff when they come back following leave caused by stress.</li> <li>• Best practice, guidelines, recommendations for what services could do.</li> <li>• Focus on working with universities regarding career development, workshops on wellbeing, work with the Networks.</li> <li>• Recommendations and standardisation on number of contacts done by</li> </ul>	

	<p>PWPs, guidance on feasible amount of contacts and good service turnover would be welcomed by services and be good for staff wellbeing.</p> <ul style="list-style-type: none"> <li>The Supervision course is quite outdated and guidance around it is outdated – a reminder of the principles around good supervision would be useful.</li> </ul> <p>Becky advised the attendees that the national team are looking at a PWP career path with more focus on CPD and training for PWPs to make them feel more valued. The team are also considering outcomes of research into burnout and are looking at producing best practice guidelines for a number of the areas suggested above.</p> <p>Becky advised that services are all doing really great things and the national team are keen to hear about what services have done and what PWPs find to be effective so best practice can be shared.</p> <p><b><i>ACTION: All attendees to share areas of best practice regarding wellbeing with Becky Minton.</i></b></p>	<p>All</p>
<p>3.</p>	<p><b>Wellbeing Update: Ideas taken forward and impact</b></p> <p>Andy Wright reminded the attendees that wellbeing was a topic of concern raised by the Senior PWPs for the Network to focus on. Andy Wright stated that wellbeing is complex and can be difficult to manage and one issue raised was how PWPs manage when the profile of patients is not fitting the profile of the PWP role. It is important that services need to articulate who they are commissioned to work with and who they are not.</p> <p>Heather Stonebank advised that at the last meeting the Network discussed wellbeing and we collected these ideas. Heather Stonebank enquired if people could feedback on ideas they have taken forward. The following were shared:</p> <ul style="list-style-type: none"> <li>In Humber on each clinical skills group agenda the Senior PWPs have introduced a positive sharing concept where someone brings a positive idea or concept to share. A business case for a wellbeing initiative has also been put forward, which will be based on an audit of wellbeing in the team and observing if making small changes improves wellbeing. A proposal to provide an employee prize draw to give one employee a month a voucher for a massage has also been included.</li> <li>In York the service is taking a proactive focus on wellbeing and has dedicated two lunchtimes a week to which all the team are invited to spend time together, reduce isolation and create space and time to spend together. The service organisational team have also given training on social safety and shared experiences, which improved team wellbeing.</li> <li>In Whitby positive wellbeing work continues with team lunches and games to continue to help the team to bond and improve wellbeing. CPD days across the service have also been increased.</li> <li>In Sheffield the ideas raised from this network have been presented to the Sheffield PWP forum and PWPs have been asked what would help most; the team identified supervision and supervision of supervision as well as creating more CPD opportunities.</li> </ul> <p><b><i>ACTION: Sarah Boul to ensure wellbeing is a standing agenda item at each Network meeting.</i></b></p>	<p>Sarah Boul</p>
<p>4.</p>	<p><b>Service Overview and Improving Access, Senior PWPs, Sheffield Health and Social Care NHS Foundation Trust</b></p> <p>Andy Wright introduced the presenters from the Sheffield team and thanked</p>	

them for agreeing to present.

The Sheffield Senior PWPs presented an update on the service in Sheffield and the activities they are undertaking to improve access for older adults, children and young people and women in the perinatal period. Please see the presentation slides for further information.

**Questions and Answers:**

Q. How do you publicise your courses to get such high numbers of attendees?

A. We give out consistent messages, have posters in GP practices, work with community support workers and are consistent in the delivery of the training.

Q. How do you get PWPs to volunteer to deliver groups?

A. We asked all PWPs what they wanted to specialise in and from this we got a dedicated group who deliver the group therapy sessions.

Q. Are we able to share the resources you use with your groups?

A. Yes we can share these.

Q. For the perinatal sessions do you collect outcome measures with the patients?

A. We will have 5 sessions with patients and capture 5 sets of outcomes at each session.

Q. Is Silver Cloud not provided to 16-17 year olds?

A. Due to not being commissioned for this age group we currently only offer face to face treatment if a patient of this age group is suitable for IAPT on a case by case basis.

Q. How do people access the wellbeing sessions?

A. It is a self-referral route for the sessions, we have done a lot of work with GPs and created prescription pads for them to give to patient to then self refer.

Q. How do you manage risk?

A. In wellbeing sessions we do measures and so if they are scoring we speak to patients, we give helpline numbers out also and we are there at the break and afterwards to offer 1-1 support. We also offer follow up calls and if the risk level is high we write to the GP.

In stress control we have huge numbers of patients so cannot offer the same service as in the wellbeing sessions. However, we very proactively hand out risk cards, crisis numbers and try and make ourselves available at breaks and afterwards. Due to the high numbers we no longer follow everyone up with a phone call but we are proactive in giving out helpline and crisis information and encourage people to use this.

Q. If a patient has stress control but doesn't recover do they then get offered other interventions?

A. Stress control is stand alone and nothing else is automatically offered. However, patients can be referred into the service for further intervention if needed. Wellbeing sessions are different and additional interventions are more frequently offered.

***ACTION: Sarah Boul to add a conversation on how risk is managed to the next agenda.***

**Sarah Boul**

<p>5.</p>	<p><b>Improving Access Table Top Discussion</b></p> <p>The attendees took part in a table top discussion centred on the following questions:</p> <ol style="list-style-type: none"> <li>1. What is your service currently doing to improve access in the following areas: Older adults, Perinatal, Young people and BAME?</li> <li>2. What are the challenges for these patient populations accessing services?</li> <li>3. What could we do to improve access for these patient populations?</li> </ol> <p><b><i>ACTION: Sarah Wood to collate feedback from table top discussion for circulation to attendees.</i></b></p>	<p>Sarah Wood</p>
<p>6.</p>	<p><b>Self-help Materials Discussion, Sarah Gaines, Senior PWP, Sheffield Health and Social Care NHS Foundation Trust</b></p> <p>The attendees took part in a table top discussion centred on the following questions:</p> <ol style="list-style-type: none"> <li>1. What internally developed materials do you use for Step 2 guided self-help?</li> <li>2. What externally sourced materials do you use for Step 2 guided self-help?</li> <li>3. What are the advantages and disadvantages of using internally developed materials for Step 2 guided self-help?</li> <li>4. What are the advantages and disadvantages of using externally sourced materials for Step 2 guided self-help?</li> <li>5. What percentage of guided self-help materials that you use are internally developed and what percentage are externally developed? Which do you prefer?</li> <li>6. Does your service have a process of evaluating self-help material? If yes please outline the process.</li> <li>7. What translated materials do you use?</li> <li>8. Are there any specific self-help materials you use to engage specific patient populations? (e.g. older adults, perinatal etc.)</li> </ol> <p><b><i>ACTION: Sarah Wood to collate feedback from table top discussion for circulation to attendees.</i></b></p> <p>After the table top exercise a brief discussion was held around self-help materials and the following actions were agreed:</p> <p><b><i>ACTION: Clinical Network to consider the production of guidelines on self-help materials including what good looks like for self-help materials, improving access, wellbeing etc.</i></b></p> <p><b><i>ACTION: Heather Stonebank to share the link from UCL website for evaluating self-help materials. Heather Stonebank to put on the online forum also.</i></b></p> <p><b><i>ACTION: Sarah Boul to ask the university providers' what self-help materials people are currently being trained in on the PWP course.</i></b></p>	<p>Sarah Wood</p> <p>Clinical Network</p> <p>Heather Stonebank</p> <p>Sarah Boul</p>
<p>7.</p>	<p><b>Psychoeducational Training Update, Sarah Boul, Quality Improvement Lead, Yorkshire and the Humber Clinical Networks</b></p> <p>Sarah Boul presented feedback from the Psychoeducational Training to the attendees. Please see the presentation slides for further information.</p>	

<p>8.</p>	<p><b>cCBT – Training Proposal, Andy Wright, IAPT Advisor, Yorkshire and the Humber Clinical Networks</b></p> <p>Andy Wright presented the results of a cCBT survey recently conducted by the Clinical Network to the attendees. Please see the presentation slides for further information.</p> <p>Andy Wright enquired of attendees if there was any desire to receive further training on cCBT. Attendees fed back that a cCBT masterclass would be very helpful.</p> <p>Andy Wright enquired if anyone had suggestions for content for a masterclass and the following ideas were suggested:</p> <ul style="list-style-type: none"> <li>• Creating standardised templates explaining DNA policy etc.</li> <li>• What is the best practice in engaging people with cCBT?</li> <li>• NHS England presenting on the work they are conducting around digital technologies and developing best practice guidelines.</li> <li>• A lecture on digital therapies by Surry based psychologist Dr Helen Pote – further information can be found online here: <a href="https://www.iaptus.co.uk/2016/11/presentations-from-the-iapt-ehealth-summit/">https://www.iaptus.co.uk/2016/11/presentations-from-the-iapt-ehealth-summit/</a>.</li> <li>• Ask people to table real life scenarios and have an experiential workshop.</li> <li>• Address dose - how much cCBT is enough for clients?</li> <li>• Include Silver Cloud representative for technology questions.</li> </ul> <p><b><i>ACTION: Andy Wright, Heather Stonebank and Sarah Boul to conduct scoping exercise into possibility of a cCBT workshop</i></b></p>	<p><b>Clinical Network</b></p>
<p>9.</p>	<p><b>Accreditation Update, Heather Stonebank, Senior PWP Advisor, Yorkshire and the Humber Clinical Networks</b></p> <p>Heather Stonebank advised the attendees that a temporary suspension of the accreditation for PWPs has been installed.</p> <p>The decision was taken to end the current PWP accreditation because the change of the PWP national curriculum made our current accreditation criteria outdated. The BABCP board are currently reviewing PWP accreditation and actively looking at introducing a reformed accreditation for Low Intensity Practitioner rather than PWPs alone.</p> <p>Heather Stonebank also advised that the Annual PWP Conference will be held on 5<sup>th</sup> September in Sheffield. Booking information will be shared in due course.</p> <p>Heather Stonebank also advised that a discussion about accreditation will take place at the conference and requested thoughts/feedback/ideas on this topic from the attendees.</p> <p><b><i>ACTION: All attendees to send thoughts/feedback/ideas on accreditation to Heather Stonebank to be fed into the Special Interest Group.</i></b></p>	<p><b>All / Heather Stonebank</b></p>
<p>10.</p>	<p><b>Any Other Business</b></p> <p><b><i>PWP Widening Participation Survey:</i></b></p> <p>Please complete the survey and please ask colleagues in your services to also complete. Relevant links below:</p>	

<p>The purpose of this HEE funded project is to consider ways to widen the potential pool of applicants to the PWP role so that the PWP workforce might be more representative of the populations served by IAPT services. To achieve this two surveys have been developed:</p> <p><b>1. <a href="#">HEE PWP Widening Participation Survey</a></b></p> <p>This survey is aimed at <b>course and service leads</b> and asks about widening participation initiatives (if any) which your service has been involved in, what has worked and obstacles/barriers. It also asks your views as to target groups for widening participation, current obstacles/barriers to their participation and ideas/suggestions for increasing applications/involvement of these target group in PWP training</p> <p>The survey can be accessed <a href="#">here</a>. We would be very grateful if you would complete the survey <b>by 31.05.17</b>.</p> <p><b>2. <a href="#">HEE PWP Widening Participation Survey - Diverse PWP Version</a></b></p> <p>This survey is aimed directly <b>at individual PWP</b>s, especially those who have come to PWP work from a more diverse background. We would be grateful if you could pass this survey on to all PWP's in your service (either to all PWP's in your workforce or just to those from a different background to the majority young relatively recent graduates).</p> <p>The survey can be accessed <a href="#">here</a>. We would be very grateful if you would complete the survey <b>by 31.05.17</b>.</p> <p>If you have any queries you can email <a href="mailto:pals.pwpaccess@ucl.ac.uk">pals.pwpaccess@ucl.ac.uk</a></p> <p><b>The Online Forum:</b></p> <p>Andy Wright advised the attendees that there is an online forum for Senior PWP's to share ideas, documents and best practice. Andy Wright advised that joining instructions for the forum would be shared.</p> <p><b>ACTION: Sarah Boul to share the joining instructions for the online forum.</b></p> <p><b>Agenda items for next time:</b></p> <p>Andy Wright invited suggestions for the agenda for the next Network meeting. The following suggestions were put forward for consideration:</p> <ul style="list-style-type: none"> <li>• Discussion on Apps/Technology innovations</li> <li>• Court Cases – how to support patients involved in legal issues</li> <li>• Clinical Supervision – groups and managing people in groups</li> <li>• Prevalence of mindfulness</li> <li>• Provider presentation – suggested presenters include RDASH, Humber and Leeds.</li> </ul>	<p><b>Sarah Boul</b></p>
<p><b>ITEMS FOR INFORMATION:</b></p>	
<p><b>Future Meetings:</b> <b>Tuesday 26 September 2017, 10:00-15:30, Leeds (venue to be confirmed).</b></p>	