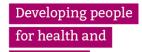




Welcome to the

North West IAPT Leadership & Innovation Forum Event 'Black, Asian, Minority Ethnic and Refugee (BAMER) Communities: Hard to Reach Groups or Hard to Reach Services?'

2nd October 2019 at King's House Conference Centre





Follow us @NWPPN #IAPTNW2019

www.hee.nhs.uk

healthcare



Housekeeping:

- ➢ Facilities, Fire Exits & Alarms
- ➢Wi-Fi: 'King's House' & password: Welcome247
- Delegate Packs
- ≻Tweet about the event @NWPPN
- Refreshments & Lunch







09:45 - 10:00

Welcome and Opening Remarks Dr Paul Campbell

Chair of the North West IAPT Leadership & Innovation Forum



Developing people for health and

healthcare





National updates:

Long Term plan prevalence figures

≻EMDR

Every Mind Matters







Long Term Plan prevalence figures:

- LTP does not cite increased percentage
- ➢Prevalence denominators have been updated as per APMS 2014
- >31% of old prevalence or 25% of new prevalence
- ≻New targets begin in 21/22



for health and			
healthcare			

Long Term Plan prevalence figures: Cheshire & Merseyside 5 Health Education England

CCG Area	FYFV prevalenc e denominat or	LTP prevalenc e denomina tor	CCG Area	FYFV prevalence denominat or	LTP prevalence denominat or
South Sefton	24,321	24,006	Eastern Cheshire	20,658	21,522
Liverpool	86,370	88,596	West Cheshire	27,079	29,115
Knowsley	27,051	24,958	South Cheshire	17,671	22,140
St Helens	29,160	27,000	Vale Royal	10,346	13,268
Halton	16,528	19,755	Wirral	49.176	45,760
Warrington	26,240	26,971	Southport & Formby	19,112	14,712

Long Term Plan prevalence figures: Greater Mancheste

CCG Area	FYFV prevalenc e denomina tor	LTP prevalenc e denomina tor	CCG Area	FYFV prevalenc e denomina tor	LTP prevalence denominat or
Bolton	39,263	42,389	Stockport	41,009	37,041
Bury	26,985	26,427	Tameside & Glossop	36,775	39,184
HMR	32,106	34,109	Trafford	31,486	26,638
Mancheste r	88,401	96,615	Wigan	45,600	47,578
Oldham	33,439	34,728	Salford	36,357	40,902





EMDR:

- ➢Originally considered "a CBT technique"
- ≻A revised approach has been taken by NHS-E
- > Minimum standard = the 7 day training
- >NHS-E will advise re additional base qualification









EMDR:

- >HEE will not be funding EMDR training for at least the next year
- ≻HIT trainees not confident in PTSD upon qualification
- ≻Additional top up training in PTSD to be funded for current HITs
- Curriculum to be revised to include mandatory PTSD case during training









Every mind matters campaign:

- ➢Publicity campaign re emotional wellbeing and CMHDs
- ➤Will include links to IAPT
- >Various resources including conversation starter cards, app, videos, etc
- ≻High profile launch in the week of WMHD
- Webinar recording available here <u>https://campaignresources.phe.gov.uk/resources/campaigns/82-every-mind-matters/Every%20Mind%20Matters</u>







Regional updates:

Cheshire & Merseyside

➤Greater Manchester



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Regional updates:

- ➢ Joint recruitment plan in each STP area
- ➢ Joint digital procurement in each STP area
- ➢ Joint apprenticeship programmes in each STP area
- ≻GP engagement campaign in Cheshire & Merseyside, working with GPFV







10:00 - 10:30

Health Education England IAPT Update

Laura Dunaway

Mental Health Project Manager, North West, Health Education England



healthcare



IAPT Training Update

Laura Dunaway Mental Health Project Manager – North West

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- Introduce HEE North Mental Health Team
- Update on core training 2019/20
- IAPT approved modalities
- Next steps

HEE North Mental Health Team

- Who we are
- Areas of work
 - Adult IAPT
 - CYP
 - Perinatal
 - Suicide Prevention
 - Serious Mental Illness
 - Early Intervention Psychosis





IAPT Core Training

- Funding
- Education providers
 - LJMU PWP Oct & Mar
 - University of Manchester PWP Oct & Mar
 - UCLAN PWP Sept & Mar
 - University of Chester HIT Nov
 - University of Cumbria HIT Jan
 - GMMH HIT Oct







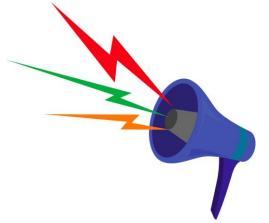
Numbers by STP/ICS

	Total Activity - Actual 18/19 and Planned 19/20				
	18/19 Actual	19/20 identified to date	Total	Position for 18/19 and 19/20 combined (growth and maintenanc e)	Differen ce
Cheshire and Merseyside	26	88	114	200	-86
Greater Manchester	41	111	152	233	-81
Lancashire and South Cumbria	29	34	63	123	-60
North West Total	96	233	329	556	-227

As at 18.9.19

Key Messages

- Significantly short of meeting NHSE trajectories across the North West
- Demand from service was higher unable to progress some due to lack of CCG funding
- Recruitment ongoing 31 PWPs and 13 HITs recruited to date
- Training places still available for Spring 2020 deadline 31.10.19
- PWP Apprenticeship





Modalities

- Training needs survey June 2019
- High demand identified for some programmes
- Funding
- Education provision



Next Steps

- Modalities to be confirmed
- Timescales clearer, longer
- Joint recruitment
- Event 5th December





Any questions ...

Any questions, queries or to secure training places for Spring 2020, please contact me at;

laura.dunaway@hee.nhs.uk or on 0161 268 9613





10:30 - 11:00

Keynote: Opportunities and challenges facings BAME and faith

communities in mental health

Maqsood Ahmad

Chief Executive Officer, British Muslim Heritage Centre



for health and

healthcare



Centre of Excellence for Learning and Development

North West IAPT Leadership & Innovation Forum

'Black, Asian, Minority Ethnic and Refugee (BAMER) Communities: Hard to Reach Groups or Hard to Reach Services?'

Opportunities and challenges facings BAME and faith communities in mental health

> Maqsood Ahmad Chief Executive Officer



Our Vision:

To be a centre of excellence for learning & development that promotes:

- a) Muslim Heritage
- b) the empowerment and development of the Muslim community and;
- c) foster good relations between Muslims and other faith groups including diverse communities without a faith.

Our Strategic Goals

- 1. Create an inclusive & learning environment everyone can benefit.
- 2. Work in partnership to deliver programmes that support communities
- 3. Promote better understanding between Muslim and non-Muslim communities.
- 4. Support and develop our staff, board members and volunteers
- 5. Promote the work we do and hold ourselves to account.



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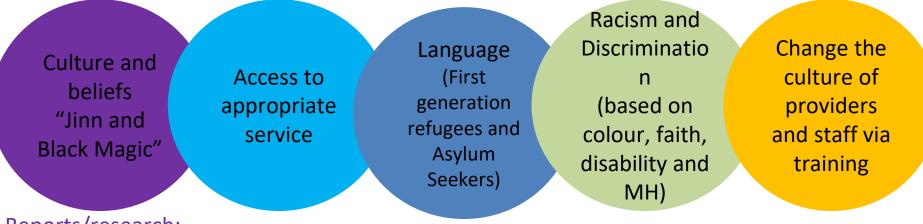
Contributory factors and challenges facing BAME and Muslim Communities in relation to Mental Health

- Racism, discrimination and Scapegoating and stereotyping of under constant media pressure/scrutiny
- Facing high unemployment and lack of under-representation at a senior decision/policy making level.
- Most live in deprived areas
- Facing poor health conditions in general
- Young population but feeling isolated in society
- Lack of belonging and identity



Depression via Lens of BAME and Muslim Communities

"What are the challenges faced by Black, Asian and Minority (BAM) communities in relation to depression ?"



Reports/research:

- MHFA Manual and training for Instructors Kit
- Understanding and addressing the stigma of mental illness with ethnic minority communities. Lee Knifton Published online: Dec 2014
- Barrier to mental health care among ethnic minorities Faye A. Gary July 2009
- Learning the Lessons from BAM Communities IAPT Project (GM HSCP, 2017)



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Opportunities for the HSC leaders/organisations

- Tapping into the BAME and Muslim Entrepreneurs and businesses
- Tapping into the vibrant BAME and Muslim professionals
- Build partnerships with the faith and voluntary organisations: providing links/access to Patients, carers and BAME and Muslim communities
- To be bold as leaders and take/justify positive action under the Equality Act 2010
- Show practical commitment and become a inclusive leaders



Example of Inclusive leadership and positive action: IAPT:













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Hard to Reach Groups or Hard to Reach Services?'

"If the tax people can get hold of me anytime and anywhere, why can't the Health and Social Care Services find me?" African-Caribbean patient at one of the workshop.

"we are not hard to reach, it's the NHS organisations which are hard to reach, no one know who runs them or how to get hold of them" Asian women at one of the workshops.

> Experience has shown: "There are no hard to reach groups only hard to reach organisations"



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Thank you for listening

Happy to take questions





11:00 – 11:30 Refreshments & Networking

Optional poster presentations:

- 1.) Temmi Roberts, 'Improving Access to Psychological Therapies'
- 2.) Jessica Palmer & Charlotte Harding, 'Think Wellbeing Wigan, a pathway to success; the

development of CBT based courses'

3.) Anne-Marie Lapsley, 'Working in a new way? Introducing Mental Health Practitioners into an





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11:30 - 12:15

The role of the Independent & Voluntary Sector in working with people from

BAMER communities

Alex Habens, BABCP Accredited CBT Therapist & Service Manager (Counselling and Therapy),

42nd Street, Reece Williams Young Black Men's Engagement Worker (Film 42 Project), 42nd Street

& Karina Nyananyo, Service Manager (Youth Work), 42nd Street





We Tell You: **They Spoke and We Listened** Film 42 session





Aims

- To provide context for the Film 42 project (We Tell You Report);
- Make the case for increasing access to mental health services for young Black men;
- Present the response of 42nd Street to the We Tell You report;
- Use films produced on Film 42 project to inspire change.

Introduction

About 42nd Street

About We Tell You (Perceptions)

• About Film 42

Young Black men and mental health: Making the case

- Young Black men and mental health diagnosis;
- Young Black men and over-representation in crisis;
- Young Black men and criminalisation;
- Young Black men and early help services;
- Young Black men and role modeling;
- Young Black men and trauma



We Tell You (Perceptions report)

- 42nd Street recognition of low service engagement of young Black men;
- Manchester City Council recognition of disparity of Black men's' experiences in relation to their white counterparts;
- Equalities Commission for Human Rights (2016) report highlighted Black men spent most time in hospital related to mental health;

We Tell You (Continued)

- Approach:
 - Meeting young men where they are;
- Research Questions:
 - 1. What perceptions do young Black men hold re mental health?
 - 2. How do these perceptions impact on personal responses to mental health?
 - 3. What barriers inhibit appropriate help-seeking responses to mental health?
 - 4. What are the help-seeking behaviours of young Black men experiencing mental health problems?
 - 5. What are the experiences of young Black men who have had intervention/treatment for mental health problems?

We Tell You (Findings)

Young Black men:

- Have a wealth of knowledge around mental health;
- Recognised the different attitudes toward mental health and physical health;
- Know where to get support from;
- Feel it is important to have people to talk to and 'get things off their chest'
- Feel that working as part of a group to solve problems helped;
- Feel racialised and fear that engagement with mental health



We Tell You Recommendations

- Ten point manifesto;
- Rooted in being listened to;
- Key themes of Black workforce representation, clear information and change of language;
- Emphasis on the importance of follow-up with young Black men.

They Spoke; We Listened

- Film 42 Project as a response;
- Creative intervention;
- Using media as a tool for change;
- Visibility of Black professionals;
- Empowering young men to become advocates.

What should services look like? (1)

- Given the range of information sources a need for clear and informed sources which can be (physically or virtually) accessed through different mediums.
- To avoid direct reference to MH in developing interventions and services.
- Interventions to be developed which interact with the everyday encounters of young people (within schools, youth centres and online).



What should services look like (2)

- Services which provide a space for "talking" and "group work".
- An acknowledgement of racialisation (media driven and personally experienced) and interventions to both acknowledge and address its effects.
- Evidence of "Black professionals".
- Provide young people with evidence of success where people who have successfully been through their services.

Contacts

Get in touch with us :

Karina.nyananyo@42ndstreet.org.uk Reece.Williams@42ndstreet.org.uk



Thanks for listening. Any Questions?







12:15 - 13:00

Mental Health and BAMER Communities

Jason Bromley, Senior Manager, Tameside, Oldham and Glossop Mind (TOG Mind), Abdul Shakoor,

Community Development Lead, Tameside, Oldham and Glossop Mind (TOG Mind) & Vicky

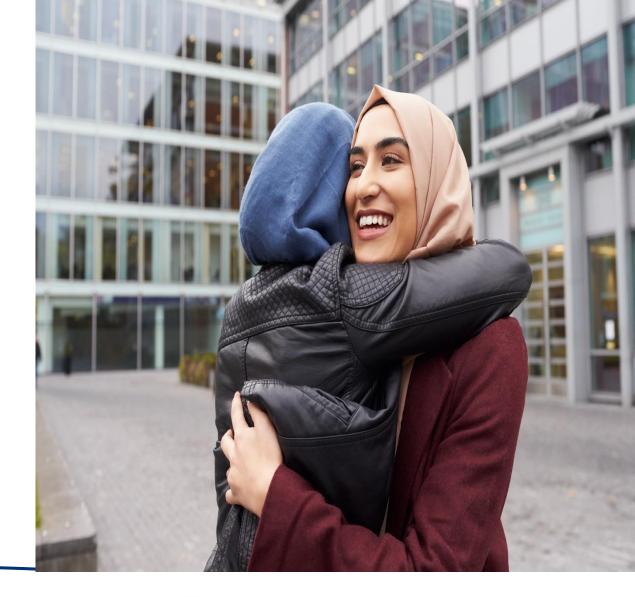
Broadbent, Adults and Communities Director, Tameside, Oldham and Glossop Mind (TOG Mind)



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Mental Health and BAMER Communities



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let's end mental health discrimination



Tameside, Oldham and Glossop



- Tameside, Oldham and Glossop Mind is committed to reaching our whole community.
- Successful pilot of our Active Monitoring service working across five GP practices in Oldham in 2016/17.
- BAMER communities in the area were not being reached in the same numbers as they are represented within Oldham generally.
- Only 7% of our service's clients were from BAMER backgrounds compared with 22.5 % of the local population (2011 census).

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Tameside, Oldham and Glossop

Census data tells us that Oldham has

- Higher levels of unemployment amongst South Asian communities. •
- High levels of overcrowding amongst Pakistani and Bangladeshi peoples. ٠
- High rates of unpaid carers. ۲
- High incidence of poor health amongst older Asian people. ۲



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Tameside, Oldham Glossop



- Speaking with local Community Activists.
- Ensuring effective engagement of people within their own communities.
- Ongoing promotion, signposting, social prescribing and general public education.

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Tameside, Oldham and Glossop

Abdul Shakoor and other key staff

- Mapping local provisions. •
- Developing meaningful partnerships. •
- Understanding linguistic, religious, cultural and national differences. •
- Community development and guided self-help services. •



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Tameside, Oldham and Glossop





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Tameside, Oldham and Glossop



Tamesule, Oldham and Glossop

87.7 FM From 6th May 2019 **Childeren Programme** Aap k Sawalaat **Ulema k Jawabaat** Hamd o Naat, Shan e Oliya **Competitions and More**

RADIO RAMADAN

OLDHAM

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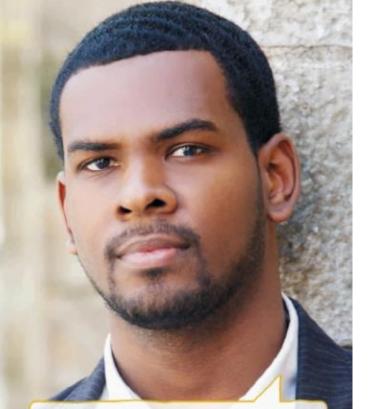
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for better mental health

Tameside, Oldham and Glossop



Feeling stressed, anxious or fed up with life? Need someone to talk to?

Abdul Shakoor and other key staff

- Community development and working with clients in a guided self-help service.
- Share the methods that we use and work with volunteers.
- Greater access to people in luncheon clubs, Mosques, Temples, Churches and community centres.
- Evidencing cultural competence in terms of making support acceptable.
- Worked to break down the help we can offer to support "emotional wellbeing" into practical things like money help, family advice and working through stress.
- Developed and shared a list of local GPs and the languages they speak.

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Tameside, Oldham and Glossop



Abdul Shakoor and other key staff

- Building assets with our partners is another key element.
- Further partnership development with the NHS, Red Cross, Age UK, Job Centre Plus and many more whilst developing a social prescribing model.
- We have found that people have told us and their friends that our support makes a difference.
- Volunteers whom we've met as we worked from the local communities now work alongside our team and signpost / support.
- Regular contributions to local radio throughout Ramadan and appropriate visual marketing that's inclusive and easy to understand.

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Multilingual promotional materials for Drop In Sessions – Clinical and non clinical settings are important

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Pride in Oldham nominee Dr Hyder Abbas and his team at the Jarvis Medical Practice in Glodwick

Dr Abbas – Jarvis Medical Practice Glodwick Health Centre, Oldham.

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Tameside, Oldham and Glossop

Outcomes and BAMER representation

- From 7 % in 2015-6 to 25% in 2017-18. ۲
- We know there are more people to engage with, those who find themselves older ۲ and isolated at home.
- Seeking funding to develop materials aimed at breaking down barriers between ۲ mental health and faith.
- Further expand our volunteer pool and to develop content for our Youtube ۲ channel.
- Our work has recently been recognised nationally as we have been awarded a ۲ Mind Network Excellence Award in "Equality and Diversity".



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time to change greater manchest let's end mental health discriminati



Tameside, Oldham and Glossop

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f: 0161 339 1100

w. www.togmind.org

Sometimes life can be stressful, it may make you feel anxious or fed up with life. Maybe you need someone to talk to, who can listen without judgement and help you find the right support.

Fride Tameside, Oldham

کبهی کبهی زندگی میں مشکلات اور فکریں بڑ د جایں تو ہےچینی اور بیزاری مصوس ہوتي ہے ، ہو سکتا ہے آپ کو کسی کی ضرورت ہو جو آپ کی بات سن سکے اور آپ کی مند اور راہنمای

Come along to one of our 20 minute Drop-In sessions to find out how we can help you.

そない

28منٹ کے ڈراپ اِن سیشن میں تشريف لابن جبان آب مكمل رازداري مين بمارے تجریہ کار ماہر پریکٹیشٹر مسے اپنی رَبان میں بھی بات چیت کر سکتے ہیں۔ ہمارے ڈراپ ان سیشن مندرجہ زیل مقامات یر ہوتے ہیں

Tameside Oldvaro and Glosson Mind 216-218 Katherina Street, Ashton-under-lyne, Lanes CLE 7AS T. 6161 308 9273 Eroffice @togmind.org W. JuLiu. togrvind.org



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Questions?





11:00 - 11:30

Lunch & Networking

Optional poster presentations (13:30 – 13:45):

- 1.) Temmi Roberts, 'Improving Access to Psychological Therapies'
- 2.) Jessica Palmer & Charlotte Harding, 'Think Wellbeing Wigan, a pathway to success; the

development of CBT based courses'

3.) Anne-Marie Lapsley, 'Working in a new way? Introducing Mental Health Practitioners into an





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NHS Health Education England

13:45 - 14:15

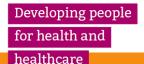
Assistant Practitioners (APs) for IAPT – Widening Access Within

the Workforce

Kay Helliwell

Project Team Manager - Assistant Practitioners for Mental Health,

Health Education England North



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Assistant Practitioners for Mental Health Widening Access Within the Workforce

A Workforce Development Project for the North of England led by Health Education England North West in collaboration with Mersey Care NHS Foundation Trust



NHS Health Education England

Agenda

The Role of an Assistant Practitioner

The Transformational Contribution of the Assistant Practitioner

The Health Education England Workforce Transformation Offer for Trainee Assistant Practitioners in Mental Health

The Assistant Practitioner Education Programme

Expression of Interest & the Selection Process

Next Steps



The Role of Assistant Practitioner

- A trained senior clinical care support worker who competently delivers health and social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker <u>(Skills for Health, 2015)</u>.
- Band 4 NHS Careers Framework
- Designed to work across patient pathways and can offer additional flexibility in the delivery of new care models.
- Able to work across professional boundaries e.g. nursing, AHP, social work
- <u>The Assistant Practitioners in England Report (SfH, 2015)</u> identifies that stakeholders can clearly articulate the benefits of introducing the AP role, which include :
 - Contribution improvements in quality, productivity and efficiency
 - Able to work in a range of clinical, community and laboratory situations
 - Increasingly seen in roles that cross health and social care and professional boundaries.



APs in Mental Health Services

GEOGRAPHY	No of APs *AfC Band 4 Only	Physical Health	Mental Health	
NORTH WEST	1709	1547	162	9.5%
NORTH	3484	3053	431	12%
NATIONAL	7900	6871	1029	13%

Comments:

- Discrepancy in the development of the AP role between physical health and mental health settings
- Why? Awareness? Relevance? Need? Engagement?



Assistant Practitioner v's Nurse Associate - What's the Difference?

Nursing Associate: Bridges the gap between health & care assistants and **registered nurses**. A stand-alone role that provides a career pathway into graduate level nursing.

A role designed to develop the nursing workforce that can work across all nurse led settings.

Assistant Practitioners: Bridges the gap between healthcare assistant/ support worker and **registered professions**. A non-occupational specific role deployed across multi-professional settings. Provides a career pathway into a range of registered graduate professional roles such as a nurse, dietitian, physiotherapist, healthcare science practitioner, occupational therapist, psychological wellbeing practitioner.

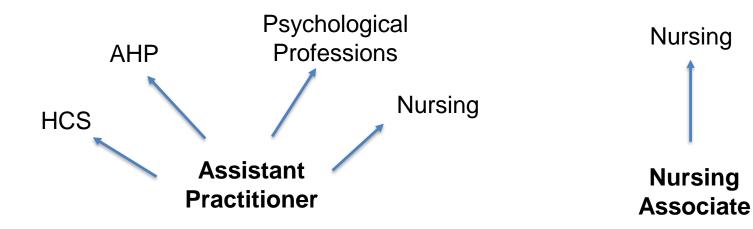
A role with a flexible mix of skills that can work with a range of registered practitioners across health & care in multi-professional settings

For more information go to NHS Employers 'Developing your Support Workforce'



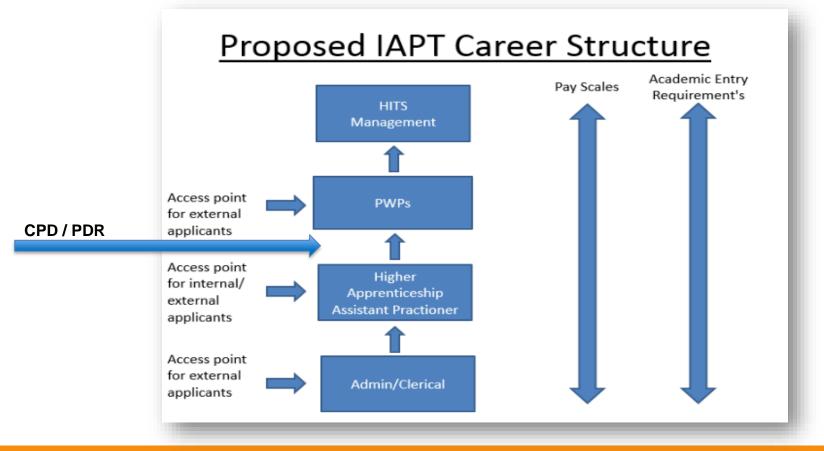
Widening Career Pathways Across the Professions

IAPT / Primary Care / Acute / Community Setting & Provider Focus Primary Care / Acute / MH Liaison Profession Specific Focus





Lengthening the Career Ladder & Widening Participation IAPT Case Example





Development of role and responsibilities

Four key responsibilities for APs in Mental Health services:

1. Supporting the multidisciplinary team with the organisation, implementation and coordination of clinical tasks - including Social Prescribing & Care Navigation

2. Patient Involvement and Engagement. Including collating patient feedback, following up patient experience questionnaires for inputting into service quality assurance processes.

3. Community Engagement. Building connections with community groups and resources; maintaining links with partner organisations; engaging with marginalised / hard to reach sections of the community

4. Support and coordination of Psychoeducational Groups. Supporting organisation and running of groups, follow-up of DNAs and gathering of service user feedback.



The Transformational Contribution of the Assistant Practitioner

- Patient Care: supporting transformation of the mental health care pathway by increasing the skill mix of the workforce
- Widening Participation: enabling careers of individuals employed on Agenda for Change bands 2-4.
- **Diversification of the workforce:** enabling recruitment of individuals with non-standard qualifications, including lived experience.
- Workforce Growth & Retention: expanding recruitment points and extending career pathways in to mental health and registered professions
- Sustainable Work Based 'Earning & Learning': the AP role is approved as a higher apprenticeship training route and funded through the Apprentice Levy



North Region Assistant Practitioner for Mental Health Workforce Development Offer

Stepping forward to 2020/21 states the importance of adopting support roles as part of the large scale expansion the mental health workforce in order to meet the ambition of treating one million more patients by 2021.

All of the North STPs have identified the development of support roles as part of their workforce expansion strategy.

Coordinated expansion of the AP role across mental health and improving access to psychological therapy teams (IAPT). Builds sustainability by building commitment and capability of service providers at scale and pace to access apprentice levy funding to develop AP career pathways.

Assistant Practitioner Offer:

- Training support package for NHS & NHS commissioned providers of Mental Health and IAPT services to take up the Assistant Practitioner role to enhance their care pathways.
- Integrated practical support to develop the capability of NHS & PIVO mental health service providers to access apprentice levy funding for sustainability of new Assistant Practitioner apprenticeships in mental health.
- Monitoring and quality assurance of the uptake and application of the role across mental health settings to guide implementation and disseminate new ways of working and good practice at scale and pace.

NHS Health Education England

Assistant Practitioner Training

- Band 4 NHS Careers Framework
- Higher Apprentice model with trainees spending their time on day release to undertake 2 year foundation degree training programme
- Core and specialist modules tailored to intended area of practice.
- Care Certificate built into the degree
- Supervised practice throughout training to completion of the Programme assessed by a trained mentor,
- Standard entry route for an AP is employment at Band 2/3 in their first year of training, progressing to Band 3 in year two and, on successful completion at the end of year 2, progressing to Band 4 responsibilities.



Higher Apprenticeship Healthcare Assistant Practitioner Programme overview

	FdSc Health & Social Care (Assistant Practitioner)			Total credits
	Semester 1	Semester 2	Semester 3	240
	Attendance to UCLan 1 day per week + 4 days' Work based Learning			
Level 4	PZ1015 Study and Lifelong Learning skills (20)	PZ1067 Anatomy, Physiology and Psychology of Health (20)	PZ1046 Mental Health across the lifespan (20)	120
	PZ1022 Communication and Collaboration (20)	NU1019 Care from the Clients Perspective (20) OR PW1002 Introduction to Medicines Management for Assistant practitioners (20)	PZ1068 Foundations For Practice (20)	
Level 5	PZ2091 Evidence Based Practice (20) OR PW2002 Medicines Management for Assistant Practitioners (20)	Mental Healthcare: The Broader Context (20)	PZ2035 Management and Leadership in Health and Social Care (20)	120
		PZ2066 Developing Practice (40)		
	PZ2073 Health Promotion (20)		PZ2066 Developing Practice (40)	



Higher Apprenticeship - FdSc in Health and Social Care (Assistant Practitioner)

- Consists of Core and Optional Modules
 specific to service need
- FdSc (240 academic credits) 20 credits year 1 and 40 credits year 2
- Work based learning modules supports 20% off the job training within the Apprenticeship Standard
- 2 year course
- 1 day a week 3 campuses Burnley, Preston & Westlakes
- Delivered over 3 semesters

- Core Skills Apprenticeship Standard
- Fit For Practice Skills Service Specific
 Support for interview and application process
- Continues Employer Engagement Facilitate
 Mentor & Manager support
- Monitor and record WBL
- Attend Organisational Forums
- Work Collaboratively with Service / Training & Development Management
- Provide Guidance job descriptions, policy (SOP)
- Support Role Redesign
- Share Good Practice
- End Point Assessment 3 elements MCQ, Observation of Practice & Interview



Examples of the Assistant Practitioner role in Practice

- Theatre AP's undertake a scrub role developing within roles within recovery
- Managing non complex case loads and patient groups
- Leading within link roles e.g. Audit, Infection Control, M&H
- Leading patient groups e.g. Therapies, Children's services, Mental Health
- Providing clinic service e.g. Flu, INR, NHS Checks
- Reduce waiting times A&E, Urgent Care, Radiography, Breast Screening
- Practice Assessments and Referrals



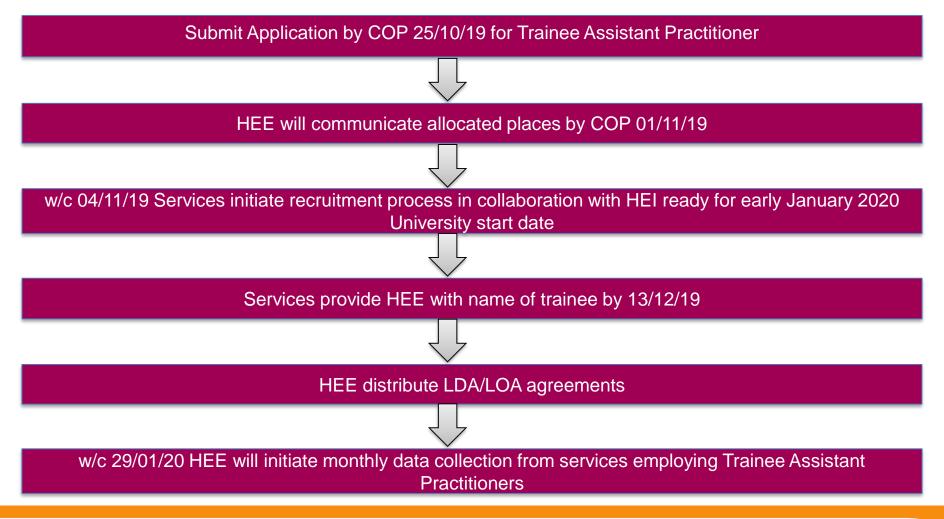
NHS Health Education England

Expression of Interest

Health Education E	NHS gland Health Education England
Mental Health & IAPT Commissioning Leads Mental Health & IAPT Service Providers 3 Piccadilly P Manchester M1 3BN	A trained senior clinical care support worker who competently delivers health and social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker (Skills for Health, 2015). Designed to work across patient pathways and can offer additional flexibility in the delivery of new care models. Able to work across professional boundaries e.g. nursing, AHP, social work
6 th September Dear Colleagues RE: Expression of Interest for Trainee Assistant Practitioners in Mental Heal – January 2020	19 • The Assistant Practitioners in England Report (411, 2015) identifies that stakeholders can clearly articulate the benefits of introducing the AP role, which include :
Building on the ' <u>The NHS Five Year Forward View for Mental Health (FYFV/MH)</u> ' and ' <u>Stepping Forward to 2020/2021</u> , <u>The Mental health Workforce Plan for England</u> ' I am pleased to confirm that Health Education England in collaboration with Mersey Care NHS Foundation Trust are offering funding packages to NHS and NHS Commissioned Provide of Mental Health services interested in transforming their workforce through the role of a 'Trainee Assistant Practitioner'. 'The Assistant Practitioner' is a 2 year Higher Apprenticeship, with 1 day on training relea at university. It is a support role that works across professions and care settings. This means that they can bridge the gap across integrated care pathways, and be supervised a range of health and care professionals.	Band 4 NHS Careers Framework Higher Apprentice model with trainees spending their time on day release to undertake 2 year foundation degree training programme Core and specialist modules tailored to intended area of practice. Care Certificate built into the degree Supervised practice throughout training to completion of the Programme - assessed by a trained mentor, rout for an AP is employment at Band 2 in their first year of training, progressing to Band 3 in year two and, on successful completion at the end of year 2, progressing to Band 4 responsibilities.
 Health Education England are able to offer the following workforce transformation packages:- Applies to Apprenticeship Levy Paying Organisations:- A Training Grant' contribution will be provided based upon an ArC Band 3 mid point scale plus on costs to support 2 days training. Education costs to be drawn direct fro the Apprenticeship Levy. Applies to Non Levy Paying Organisations:- Under the Co-Investment model HEE will provide the 5% Employer contribution and a Training Grant' contribution based upon an ArC Band 3 mid point scale plus on costs support 2 days training. We are looking for expressions of interest from services able to provide the appropriate access to work-based training and supervision in line with <u>Apprenticeship guidance.</u> 	The Transformational Contribution of the Assistant Practitioner • Patient Care: supporting transformation of the mental health care pathway by increasing the skill mix of the workforce • Widening Participation: enabling careers of individuals employed on Agenda for Change bands 2-4. • Diversification of the workforce: enabling recruitment of individuals with non-standard qualifications, including lived experience. • Workforce Growth & Retention: expanding recruitment points and extending career pathways in to mental health and registered professions • Sustainable Work Based 'Earning & Learning': the AP role is approved as a higher apprenticeship training route and funded through the Apprentice Levy
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Trainee Assistant Practitioner – Application/ Recruitment Timeline





Trainee Assistant Practitioner – Selection Criteria

HEE will allocate places based on the criteria below:-

<u>Understanding of the role -</u>
 <u>key competencies & boundaries</u>
 <u>of responsibility :</u>

- Supporting multidisciplinary teams
- Patient involvement/engagement
 - Community engagement
 - Support & Co-ordination of
 Psychoeducational groups

System Readiness:

 In a position to recruit ready for the university start date in early January 2020

- <u>Meets requirements for</u> <u>Apprenticeship Standard:</u>
- Able to employ the trainee
- Guaranteed post at the end of 2 years

Innovation

- Equitable spread across the STP's / CCG's
- <u>NHS Commissioned Provider</u>



What is the Apprenticeship Levy?

- Sustainable source of funding
- The apprenticeship levy came into effect 6th April 2017
- UK Employers in both private and public sectors with an annual pay bill in excess of £3 million are required to pay 0.5% of the entire pay bill.
- Those with a pay bill of less than £3 million won't pay anything, but will still be able to access funds to pay for apprenticeship training through the co-investment model.
- Payments will work on a first-in, first-out basis, and will be taken from the funds that enter the account first. Any funds not spent will expire after 24 months and will support existing apprenticeship learners, new starts with levy- paying employers who spend more than the funds available in their accounts, and apprenticeships with non-levy paying employers.



Next Steps

- Consider if the role of an Assistant Practitioner fits in your service?
- Link in with HEE Project Team Manager/support package
- Put in an expression of interest by Friday 25th October 2019 COP

Link to APs in Mental Health EOI



For more information contact:

<u>Kay Helliwell</u> Project Team Manager – Assistant Practitioners for Mental Health, North of England Mobile: 07825 114 318 Email: <u>kay.helliwell@merseycare.nhs.uk</u>



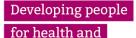
NHS Health Education England

14:15 – 15:00

IAPT (2019) BAME Positive Practice Guide

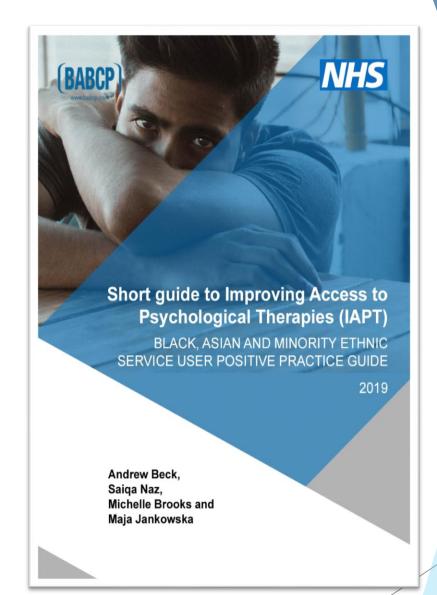
Michelle Brooks

Co-Author & Lecturer at the University of Derby



healthcare

www.hee.nhs.uk



2019 IAPT Positive Practice Guide-BAME

Michelle Brooks-Co-author of the Guide

#IAPTBAMEPOSITIVEPRACTICEGUIDE @BABCP @MichelleBSays

Published last week

BABCP President Paul Salkovskis

"I welcome this guide as pointing to the way forward in terms of how to shape IAPT services, the therapy they deliver, the workforce it recruits and nurtures and the communities which it seeks to involve and serve"

"The BABCP is proud to endorse this fantastic piece of work and will actively seek to promote its objectives"

What do we know.....

- BAME communities with mental health problems are currently less likely to access therapy, less likely to have good outcomes and more likely to report negative experiences in therapy and are more likely to see mental health services as hard to access compared to white majority service users (Mercer et al. 2018, Crawford et al. 2016).
- Recent data from the IAPT programme (Baker, 2018) suggest that, compared to people from White British backgrounds, people from most BAME communities are:
- less likely to use IAPT services (13% of IAPT referrals are from BAME groups whilst 20% of England's population are from BAME groups).
- less likely to complete treatment (46% of White service users complete treatment compared to 40% of Asian service users).
- less likely to reliably improve (66% of White service users reliably improve compared to 61% of Asian service users).
- less likely to achieve full recovery (50% of White service users achieve full recovery compared to 44% of Asian service users).
- There is a clear legislative duty on the part of mental health services to provide equality of access for all communities within their catchment area (Equality Act, 2010)

Sensitivity: Internal

- This 2019 PPG updates the 2009 BAME PPG
- The purpose of the guide is to provide a framework for IAPT commissioners, service managers, supervisors and clinicians to work towards better access and outcomes for BAME service users.
- There are 5 key areas:
- 1: <u>Service-level</u> changes to improve access: Effectively implemented by IAPT service managers and clinical leads, commissioners and those in other leadership roles, service-level changes that can make IAPT services more accessible to BAME communities.
- 2: <u>Adapting therapy:</u> Therapists and supervisors working in IAPT services may need to adapt therapy delivery models to improve access, retention rates and outcomes for BAME service users.

Care needs to be taken to maintain fidelity with the evidence base whilst increasing effectiveness.

- 3: Engagement with service users and communities: Explores ways which services can engage with their BAME communities.
- 4: Workforce and staffing: Increasing access and improving outcomes for BAME communities has a number of key implications for IAPT workforce development.
- 5: <u>Audit tool:</u> Developing an overall strategy to increase access and improve outcomes for BAME communities can be supported and structured through adoption of the audit tool developed for this purpose.

Exercise:

- Think about your service and the area it serves concerning BAME individuals/groups.
- Do you know if your service waitlist is reflective of the population it serves?
- If you don't know, why do you not know? Is there anything you can do to find out?
- What are you doing which is working well to improve access for BAME service users?
- What could you honestly/realistically do as a service to continue to improve access for BAME service users
- Commitment request: In the next 7 days how are you and your team (including your leadership team) going to implement even 1 aspect of the PPG?

BAME Positive Practice Guide (PPG)upcoming training

- We will be delivering training on the PPG across the country focussing on different aspects of the guide. Saiqa Naz (Co-Author and Chair BABCP Equality and Culture Special Interest Group) will be running an event in November in Manchester focussing on the community engagement aspect of the guide.
- More details will follow...

PPG available on the BABCP website https://www.babcp.com/Default.aspx

Sensitivity: Internal



Health Education England

15:00 - 15:15

Comfort Break & Networking



Developing people

for health and healthcare

www.hee.nhs.uk





15:15 - 16:00

Round Table Discussion: Putting the BAME Positive Practice Guide into

Practice

Facilitated by Michelle Brooks, Lecturer at the University of Derby & Clare Baguley,

Programme Manager & Clinical Advisor, North West Psychological Professions

Network & Dr Paul Campbell, Chair of the North West IAPT Leadership & Innovation



Forum

www.hee.nhs.uk





Round table discussion

- What will be your one action in the next 7 days to implement the BAME Good
 Practice Guide?
- What help / support will you need Colleagues / service / HEE / NHSE?
- What is your take away message from today?





NHS Health Education England

16:00 – 16:15

Closing Remarks

Dr Paul Campbell, Chair of the North West IAPT Leadership &

Innovation Forum



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