

Assistant Practitioners for IAPT Pilot Project – Midway Evaluation and Future Developments



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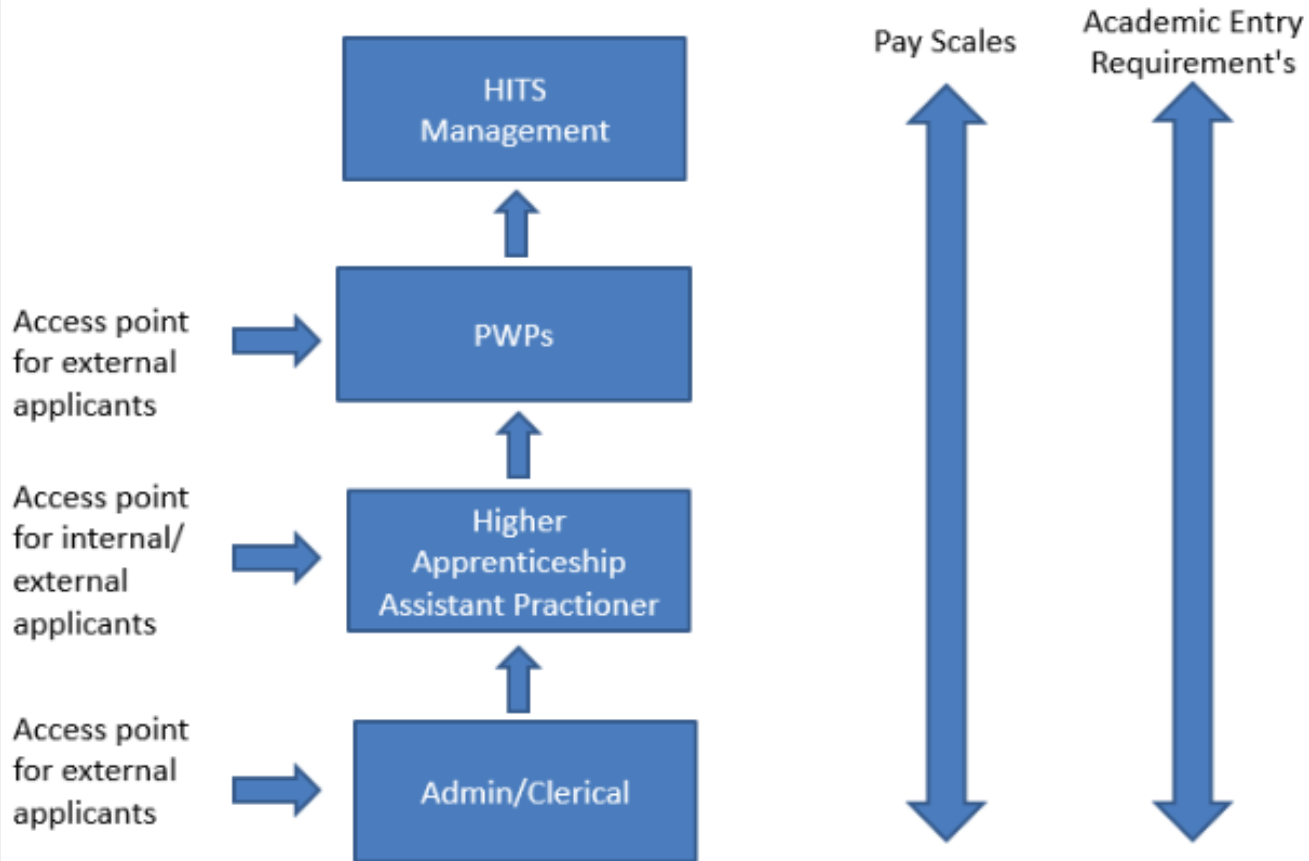
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Developing people
for health and
healthcare

The Pilot Project

- Initiation in September 2016
- 3 Step 2 Low Intensity IAPT pilot sites across the Greater Manchester STP
- 3 TAPs currently undergoing their second year of the Core Foundation Degree delivered by University of Bolton
- Upon successful completion of training and pass of work-based competencies, TAPs will gain Level 4 AP status in IAPT
- Managed/ supported by a 'TAPs for IAPT' Steering Group chaired by the PPN - service leads, practice education facilitators, education provider, PWP professional representative and Project Manager
- Supported by a Project Team – HEE funding for a 6 months seconded project manager from the WBEF Network
- AP role piloted to:
 1. Support the work of PWPs
 2. Provide future opportunities to individuals considering working in MH - earlier career entry points into MH services and further career progression opportunities within the IAPT service.
 3. Provide care under a wider skill mix - collaborative work in a multi-disciplinary setting

Proposed IAPT Career Structure



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

- NW level: overall number of 1709 APs with only **9.5%** APs used within Mental Health services
- North level **12%**
- National level **13%**
- Discrepancy in the development of the AP role between physical health and mental health settings – perpetuation of disconnect between health and social care workforce development and sustainability

Training Delivery:

- 2 year foundation degree training programme
- It follows an apprentice model with trainees spending their time on day release to fulfil the academic tasks
- Core and specialist modules tailored to their intended area of practice:
 1. Mental Health Perspectives
 2. Health Promotion and Social Inclusion
- Trainees are supervised and assessed by a trained mentor; undertake supervised practice throughout the two years up to completion of the programme
- Care Certificate built into the degree

Evaluation Aims:

- Describes and examines the achievements, developments and progress registered by the pilot project - period covered September 2016 to November 2017
- Link with the training providers and employers to understand the educational and support needs of TAPs working in IAPT services
- Explores the feasibility, impact and system demand for the AP role in IAPT teams in line with the pilot project
- Looks at how the role can be effectively and safely adapted to suit the development and sustainability of the Apprenticeship model

Local Intelligence

1. **AP for IAPT Steering Group chaired by the PPN** – bi-monthly with representation from each of the pilot sites, education provider, PWP professional representative and Project Manager:
 - Development of a common job description and person specification for the role aligned to AP core competencies which compliments the existing IAPT workforce
 - Build engagement in the pilot, maintaining focus and clarity on the role of the pilot
 - Deep dive into the implementation of the role and the specific challenges encountered by pilot site
 - Discussion forum around the delivery of the pilot project: AP understood as a *new role*

2. **Site review meetings** - project team visits to each pilot site for informal discussions with the TAPs, the mentors and the service managers:
 - Seek qualitative responses on TAPs integration within the IAPT service
 - Gain an exploratory work perspective
 - Scope potential future developments of the role within service

3. Daily Log - used to record informal issues, required actions or significant events:

- owned by a designated mentor responsible for disseminating it within the practice area based on who the trainee is interacting with
- acted as the project diary for the project manager
- used as a repository/flagging system for issues and risks during the project development

4. Site visit meetings/emails/phone calls - planned and ad-hoc communications between the project manager and the pilot sites, to ensure compliance and continuity of the phased implementation of the role

Transformational contribution of the role

1. Patient Care

- Supports transformation of care pathway by increasing the skill mix of the workforce through trained support role embedded in IAPT teams
- Improve access rates by proactively supporting community engagement
- Improve patient experience of care and patient engagement

2. Widening Participation - enable services to develop individuals' career with talent from local communities and employed on Agenda for Change (AfC) Bands 2-4

- Diversification of the workforce by enabling recruitment of individuals with non-standard qualifications
- Building careers for people with lived experience by offering entry to mental health services

3. Workforce Growth & Retention

- Expands recruitment points and extending the career pathway for IAPT and mental health services
- Responds to the 'Grow Our Own' agenda

4. Sustainable Work Based 'Earning & Learning'

- AP role is approved as a higher apprenticeship / foundation degree training route
- Provides a sustainable funding routes through the Apprentice Levy available to employers.

Report Outcomes – Conclusions

1. Four key responsibilities for APs in IAPT services emerged:

1. Supporting the multidisciplinary team with the organisation, implementation and coordination of clinical tasks.

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.

2. Demand for further expansion is high once awareness of the role and it's function within the existing multidisciplinary team is understood – cca. 20 NHS and 3rd sector employers expressed a keen interest in embedding the role alongside the pilot services

3. Contributions and evidence of the role's impact within IAPT must continue to be collected in the pilot sites - develop better data collection processes to showcase evidence-based practices
4. Facilitate on-going sustained development of the AP role in IAPT with services given autonomy to embed local community needs
5. Consistency of approach across IAPT services - the role standardised across IAPT services; gateway into wider implementation within mental health settings
6. Provide a line of communication and feedback at a strategic level for the sustainable implementation of the role
7. Further TAPs recruitment to be developed locally in line with specific local plans

Preliminary notes: full impact of the role to be conducted 6 months after the APs have been embedded in service

Report Outcomes – Recommendations

1. To ensure the strategic development of the AP role across the NW and North takes place through a phased approach in IAPT services and wider MH settings.
2. To manage wide scope of practice exercise of APs demand across the NW and North of England - help develop a longitudinal and strategic perspective for further phased roll out.
3. To support the on-going collection of impact evidence from the pilot sites.
4. To encourage all relevant stakeholders to actively participate in evaluation and research to improve AP standards within IAPT settings - meeting strategic drivers and ensure validity of the role.

5. To assist IAPT services in sharing good practice, and to support the development of quality improvement measures for the implementation of the AP role in IAPT.

6. To bridge discussions between employers and training providers on the developments of the role, training programme and the portability of the qualification across MH settings.

Future development

Phase Two development – business case application for a NW and North roll out of the APs in wider MH with specific allocation for IAPT services:

1. Develop, train and employ new AP posts - sustainable Apprentice Levy funded training & recruitment route for ongoing development of the AP workforce.
2. By 2020/21 every NHS MH trust, IAPT provider & 3rd sector across all 7 STPs in the North of England will offer an AP apprentice training package.
3. Direct site engagement, negotiation of uptake of the new role and focus on shared implementation goals - Interested clinical services in further development of the role proactively supported
4. The AP role is developed and standardised in line with core competences, aligned to IAPT outcomes and the APs for IAPT Job Description (in development).

5. Engagement with stakeholders to ensure practice mentorship and liaison systems are in place between clinical services and education providers to support the trainees in achieving their practice based learning outcomes.

6. Curriculum development work with AP education providers to support development of the IAPT & MH components for the AP education programme to meet the specific needs of the clinical services trainees are employed in.

Thank you

Questions