[redacted]

Top 3 concerns

- Ursula James outlining IAPT training compliance
How do you balance with service funding / demands
Existing CBT therapists in services prior to IAPT. Surely it should be competency based.

- Main issue is prevalence going up but no additional money. Very little additional money from CCGs / funding

- Still awaiting NICE guidelines for depression. What's happening with IPT?

Solutions -
mesg to providers is not helpful that money is in the CCG baseline.

Conversation should be via CCG not provider as out of providers control.

GM Regional discussion at IAPT steering grp. - strength in numbers.

Key Action - take
We will ~~go back to~~ our issues of training/funding/capacity back to our Strategic Leads meeting.

What topics for Autumn -
- Return to discussion of funding/training issue. feeding from Steering grp & next steps
- Showcase of LTC model.

1. Levels of complexity.
Being the service that can't say no and are required to offer input to anyone who doesn't fit other service

2 Long waiting list for therapy
- reduced recovery
- treatment of patients who will not benefit form focal goal directed therapy takes extra time.

3. Long terms Conditions
Pathway — targets
— timescales.

Topics for Autumn

1. Move discussion abt services after then psychological therapy to be attached to IAPT services to meet needs of patients with long term complex needs.
   ? Step 1, psychosocial, collaborative.

Concerns.

- PBR - difficulty engaging with commissioners in meaningful way
- Managing working towards improving wellbeing and promoting all meeting / support networks with pressure of targets.
- Can feel like we work in a punitive system.
- Self isolation of staff to cope with demands and impact on culture and wellbeing.
- National picture not supporting providers to promote staff retention and wellbeing due to targets.
- People not understanding 'your story' eg bringing the human element to commissioning.
- Unclear numbers for HIT training - make planning difficult.

Ideas

- 'PIT' stops for staff for increasing contact
- Otherways of contact - Skype / omnijoin
- Different structure within Sep 3+
- Risk management protocol / contracts
- Schwartz Rounds
- Managers modeling improving working relationships

Topics for next time

- Perinatal
- LTC
- social prescribing