

**Improved Access to Psychological Therapies (IAPT)
 Notes of Engagement Session 23rd Nov 2020 (Via Teams call)**

Attendees:

Neil Manrai (NM) - Mental Health and Learning Disabilities Commissioner, NHS Surrey Heartlands CCG
 Liz Patroe (LP) – Head of Engagement, NHS Surrey Heartlands CCG
 Linda Broughton (LB) – Project Accountant, NHS Surrey Heartlands CCG
 Harriet Keen (HK) - Senior Contracts Manager for Mental Health, Surrey ICS
 Angie Burn (AB) – SP Support Worker, Elmbridge Borough Council
 Jane Soothill (JS) – SP Link Worker, Surrey County Council
 Claire McMillan (CM) – SP Link Worker, Runnymede Borough Council
 Bethany Wood (BW) – SP Link Worker, Runnymede Borough Council

NM presented the slide deck.

Social prescribers advised that referrals tend to be submitted to GPIMHS rather than to the IAPT service. Part of this is because the referral process for IAPT is not very clear.

For referrals that have been submitted, the feedback from service users has been positive. Signposting advice has been provided for service users that did not recover following IAPT treatment but sometimes the advice was unclear.

NM advised that CBT is one of the therapies offered by IAPT. Feedback received was that the full range of therapies offered by IAPT was not well known or advertised.

The tables on the market engagement slide were updated from the feedback received:

LEAD PROVIDER MODEL Vs ANY QUALIFIED PROVIDER (AQP) MODEL

STRENGTHS	WEAKNESSES
Having one organisation coordinating or taking the lead could be simpler (Lead Provider)	Ensure data reporting for multiple providers are consistent (AQP)
	Confusion for specific cohorts of population about multiple providers. They felt that patient choice has not made a major difference. AB stated that six providers was too many (AQP)

COMMISSIONING LEVEL CONSIDERATIONS/STRENGTHS

SURREY HEARTLANDS LEVEL	ICP/PCN LEVEL
Standardising the service across Surrey Heartlands is more fair	Each ICP/PCN may have population demographics unique to the area, which may provide separate arguments for more local-based services, which

	could have a wider system impact such as reducing pressures on other services (A&E).
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PREFERANCES & REASONS

COMMISSIONING/COMMERCIAL MODEL	SERVICE/OPERATIONAL DELIVERY MODEL
	Range of options to access the service is preferable but may be a challenge for service providers. Note access to technology may not be equal for the whole population. Need to ensure access options are simplistic.

SPECIFICATION REVISIONS

INCLUDE	REMOVE
Navigating the mental health system in Surrey	
Clearer communications about the IAPT service	
List of LTCs such as fibromyalgia in younger women. Note – uncertainty if IAPT would be useful for specific LTCs.	
Expand peer support, not just for the short-term – supporting Recovery Colleges.	

HK outlined that the procurement has been paused due to the impact of the pandemic. Whilst this pause is in place, it is still an opportunity to undertake engagement, gain feedback, further develop the draft service specification, the commercial and commissioning model. A review of the situation will be taken in March 2021. The indicative procurement timelines were discussed, on the basis of approval being gained in March for an April 2022 go live.

Participants were thanked for their time and input and were encouraged to view the contents of the established webpage, which includes the draft service specification and provide any further feedback via the generic email inbox, which has also been established.

Email: syheartlandscg.iaptprocurement@nhs.net

Website: <https://www.surreyheartlandscg.nhs.uk/get-involved/engagement-and-consultation-programmes/improving-access-to-psychological-therapies-in-surrey-heartlands>