

Yorkshire and the Humber EIP Network – 19.07.18

Table Top Discussions Summary

The group discussion session asked attendees to focus on the following topic areas:

- What is going well?
- What is going less well?
- What trajectories do the teams think they are on to meet the quality standards/over 35s/ARMS?
- What support might be needed from the Clinical Network/STPs/IST?
- What are teams doing that would be helpful to share?
- What have we learned so far?

The key points captured from the discussions are outlined below:

Going Well

- Physical Health Wise clinics -
 - Should CCOs be doing this anyway?
 - Is it creating another job?
 - Service users don't attend in some instances
- Improvement in waiting times –
 - Team manager now in place
 - Staff retention – good team. Supportive leadership team with “open door”
 - Slight improvement in case load size
 - Band 5 having more complex cases than Band 6s – allocation
- Networking
- Joint working
- Rotherham – caseload/management
- Sheffield have got their EIP team back
- Doncaster EIP team – more funding for IPS, F1 and ARMS
- Leeds – more CBT, investment plan → medical – ARMS
- CBT uptake is good → communities and variation
- Top up training
- OD + CBT based ARMS pathway (to share)
- Personal trainer idea in Barnsley
- NM presenter and pharmacist lead medication clinic - really good feedback
- Outcomes improving
- Standards for social/PSI interventions – not just measuring – intervening

Going Less Well

- High caseloads
 - Expected to do extra things on visits e.g. full assessment plus physical health checks
- Caseloads
- Demand
- Staffing levels
- Caseload size – referrals high – discharges hard
- Discharging from caseload - GPs won't accept as CMHTs too full
- Shifting cohorts of patients (medic only caseload → GP/CMHT overload → GP)
- Mostly white workforce
- Help seeking differences
- Supervision capacity
- 40 caseloads – York
- Physical health

- ARMS is taking a back seat in some areas (York/Sheffield)
- Leeds is scoping out and providing limited pathway
- Doncaster did pause while waiting for investment
- Caseloads ↑ Capacity ↓
- Recruitment issues – therapists/Care Cos
- DUP and over 35s - ? different pathways – youth focussed
- Extended assessment in ARMS – energy processes
- Interaction with ward/IHBT – already on anti-psychotic

Trajectories

- Be on level 3 next year
- ARMS pathway

Support Needed

- Data – as it captures what providers are doing accurately
- Is data flowing? Different system – system updates
- Physical healthcare – offered and declined
- Networks – helpful
- IST – helpful
- Over 35s challenges – acuity/complex/unusual presentation
 - ↳ or is it long DUP?
- Guidelines around exemptions from service 3 year DUP?
- Help with engaging senior management support and understanding of what teams need – link with commissioning

Going Well to Share

- Referral process
- Arms pathway in Bradford
- Assessment Service team to meet AWT standard being used in Bradford
 - ↳ working with extended assessment group

Other Points

- Cap on age 35
- Different investments in different services with the same caseloads
- Caseloads that cover the full city
- CA ARMS assessments not yet introduced. Had 1 x training day however expected to do that on own
- The role of care co-ordinator and taking on irrelevant roles