Yorkshire and the Humber Mental Health Network

Early Intervention in Psychosis Network
19 July 2018

- Stephen McGowan, EIP Clinical Lead for Y&H CN and NHSE (North) (Chair)
- Dr Steve Wright, Consultant Psychiatrist, TEWV (Co-Chair)
- Sarah Boul, Quality Improvement Manager sarah.boul@nhs.net
- Twitter: @YHSCN_MHDN #yhmentalhealth
- July 2018
Yorkshire and the Humber
Early Intervention in Psychosis Network

Welcome and Housekeeping
Sarah Boul, Quality Improvement Manager,
Yorkshire and the Humber Clinical Networks
Housekeeping:

- Fire
- Toilet
- No cell phone
- Coffee and cookies
- Twitter: @YHSCN_MHDN
- hashtag: #yhmentalhealth
- Wi-Fi
- Happycoconut779
Yorkshire and the Humber
Early Intervention in Psychosis Network

National EIP Work Programme Overview
And
National Response to CCQI Results
Amy Clark, Programme Manager, Adult Mental Health, NHS England
Early Intervention in Psychosis
National update for the North region

Amy Clark, Programme Manager, Adult Mental Health
July 2018
Contents

• Early Intervention in Psychosis standard
• Latest data from CCQI audit
• Next steps at a national level
EIP access and waiting time standard

By 2020/21, ensure that “at least 60% of people with first episode psychosis [are] starting treatment with a NICE-recommended package of care with a specialist early intervention in psychosis (EIP) service within two weeks of referral”.

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<tbody>
<tr>
<td>% of people receiving treatment in 2 weeks</td>
<td>50%</td>
<td>50%</td>
<td>53%</td>
<td>56%</td>
<td>60%</td>
<td>UNIFY data collection, Moving to MHSDS as soon as possible</td>
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<td>Specialist EIP provision in line with NICE recommendations</td>
<td>All services complete baseline self-assessment</td>
<td>All services graded at level 2 by year end</td>
<td>25% of services graded at least level 3 by year end</td>
<td>50% of services graded at least level 3 by year end</td>
<td>60% of services graded at least level 3 by year end</td>
<td>Royal College of Psychiatrists College Centre for Quality Improvement (CCQI) annual quality assessment and improvement scheme.</td>
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List of quality statements

**Statement 1.** Adults with a first episode of psychosis start treatment in early intervention in psychosis services within 2 weeks of referral.

**Statement 2.** Adults with psychosis or schizophrenia are offered cognitive behavioural therapy for psychosis (CBTp).

**Statement 3.** Family members of adults with psychosis or schizophrenia are offered family intervention.

**Statement 4.** Adults with schizophrenia that has not responded adequately to treatment with at least 2 antipsychotic drugs are offered clozapine.

**Statement 5.** Adults with psychosis or schizophrenia who wish to find or return to work are offered supported employment programmes.

**Statement 6.** Adults with psychosis or schizophrenia have specific comprehensive physical health assessments.

**Statement 7.** Adults with psychosis or schizophrenia are offered combined healthy eating and physical activity programmes, and help to stop smoking.

**Statement 8.** Carers of adults with psychosis or schizophrenia are offered carer-focused education and support programmes.
Implementing the Five Year Forward View for Mental Health set the expectation that all EIP services should be graded at level 2 by 2017/18

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<th>Level</th>
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<td>4</td>
<td>Top performing</td>
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<td>3</td>
<td>Performing well</td>
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<td>Needs improvement</td>
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<td>Greatest need for improvement</td>
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- The level is calculated using a **scoring matrix** which considers:
  - performance against the **NICE concordant elements of EIP care** (effective treatment domain, six indicators);
  - **timely access** (timely access domain, one indicator) and;
  - the recording of **outcome measures** (well managed service domain, one indicator).
The national picture

Progress

- First data collection July-Sept 2016
- Second data collection Oct 2017-Jan 2018
- More people taking up CBTp and FI
- More carers getting support and education
- More people started treatment within 2 weeks
- EIP in England is world-leading in access and quality of care
THANK YOU!
The national picture

- The EIP standard has reduced variation in access for people with first episode psychosis.
- ‘Envy of the world’: detailed and comprehensive data.
- Strong clinical leadership and investment in workforce training has led to increased delivery of evidence based interventions.
- But we are still not seeing improvements in physical health screening and interventions, and recording and reporting outcomes.
- EIP teams are seeing increased demand and continued investment is needed to ensure improvements in the quality of care delivered.
- Action required to ensure the implementation plan trajectory is met.
Overall scores

- Approximately 80% of services nationally will have achieved at least a level 2. 20% of services have not met this level.
- 38 of 51 teams are at level 2 in the North
Effective treatment: CBTp, FI, supported employment, carer support, physical health

- 81% of services are at level 2 or above for the “effective treatment” domain
- This domain provides a score for the NICE concordant elements of care and demonstrates progress since 2016/17
- 38 of 51 teams are at level 2 (6 are at level 4) in the North.
CBT for psychosis

Nationally:
2016/17
- 24% take up CBTp
2017/18
- 34% take up CBTp
Supported employment

Nationally:

2016/17
- 30% people took up supported employment

2017/18
- 22% people took up supported employment
- Reduction could be due to tighter interpretation of supported employment
Family interventions

Nationally:
2016/17
• 15% took up a family intervention

2017/18
• 18% took up a family intervention
Carer support and education

Nationally:
2016/17
• 38% people took up carer support & education

2017/18
• 51% people took up carer support & education

www.england.nhs.uk
Physical health assessment & intervention

Nationally:

2016/17
- 40% people had a full physical health assessment
- Not directly comparable as only assessment was audited (not interventions)

2017/18
- 44.18% people had a full assessment and interventions
- Levels 1, 2, 3, 4 correspond to CQUIN payment thresholds
Well managed service domain: outcome measures

Nationally:
- Only 5.7% of service users had two outcome measures recorded twice
- All teams in West Midlands are at level 1
- Most services using HoNOS/HoNOSCa
  - 60% recorded twice or more
  - 88% recorded at least once
- DIALOG and QPR not as well used
  - 5% DIALOG recorded twice
  - 4% QPR recorded twice
- More recorded once, suggesting implementation underway
Timely access domain: waiting times

Nationally:
2016/17
• 73% people start treatment within 2 weeks

2017/18
• 85% people start treatment within 2 weeks
National focus going forward

• ARMS and over 35s
• Continuing to improve the quality of care
  • Family Intervention
  • Physical health
  • Outcomes measures
• Quality Improvement across teams
• Going further to improve access
  • Waiting time target increasing to 60% by 2020/21
  • Working with commissioners to ensure continued funding of NICE recommended care package and improvements in line with the implementation plan
  • Accountability for delivering quality care
Moving forward in your area

- Use CCQI data to identify areas for improvement and EIP triangulation tool later in the year
- Access support including EIP Network, regional clinical network events, support from clinical leads, IST whole system reviews and data flow workshops
- Take part in 2018/19 EIP NCAP spotlight audit
- Regionally led process (SDIPs) to support services not yet at level 2, and supporting higher performing services to achieve level 3 (led by clinical networks)
Analyse and disseminate data
New EIP triangulation tool to support service improvement

Mental Health Investment Standard
NHSE will hold CCGs to account on meeting the MHIS to ensure the deliverables outlined in Refreshing NHS Plans for 2018/19 are achieved including EIP provision

Improving physical healthcare programme: PH SMI CQUIN
The PH SMI CQUIN incentivises comprehensive cardio metabolic assessment and interventions with a focus on smoking cessation and weight management outcomes in EIP services. NHSE is working in partnership with clinical networks and NHSI to drive quality improvement.

Investment in employment programmes
NHSE is investing to double access to Individual Placement and Support (IPS) by 2020/21.

Workforce development
NHSE is working with HEE to make further investment in CBTp and FI courses for EIP staff in 2018/19 academic year.

IST whole system reviews
IST will work with EIP services in 2018/19 to provide intensive support for services not yet at level 2 standard by providing whole system reviews and master classes. IST will work with regions to prioritise teams.

Outcomes work stream
NHSE is to launch a working group including IST and EIP clinical lead membership to lead improvement in the recording of outcomes and flow of data to MHSDS. Monitoring will be facilitated through regular reports on the flow of outcomes data.

ARMS and over 35s best practice cases
In response to feedback to services NHSE is compiling best practice cases to support services in implementing ARMS and over 35s care.

SNoMED guidance and data workshops
NHSE has worked with NCCMH to publish guidance for EIP services on flowing data to MHSDS. IST will run regional workshops on implementing this guidance, with a particular focus on outcomes recording, and continue to provide support to improve the quality of MHSDS RTT data.
Early intervention in psychosis services – 90%:

- A completed assessment for each of the cardio-metabolic parameters with results documented in the patient’s electronic care record held by the secondary care provider.
- A record of interventions offered where indicated, for patients who are identified as at risk as per the red zone of the Lester Tool.

**EIP BMI outcome indicator**

- 35% or more patients should gain no more than 7% body weight in the first year of taking antipsychotic medication.

**EIP Smoking cessation outcome indicator**

- 10% or more patients who were previously identified as in the Red Zone for smoking on the Lester Tool should have stopped smoking.
**Investment in IPS: Wave 1 funding (2018/19 – 2019/20)**

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<td>West Yorkshire and Harrogate STP</td>
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These STPs have existing quality assured IPS services that will expand at pace over the next two years to good fidelity.
Wave 2 funding (2019/20 – 2020/21)

- Wave 2: allocating money to areas in order to set up new IPS teams in STP geographies with limited or no provision.

- Areas interested in should begin thinking, in STP areas, about preparatory work to support IPS service delivery.

- NHS England are also looking at investing in a national project to support the growth of IPS services across the country, in order to ensure that more people in the UK are able to achieve job outcomes, through the growth of consistently high quality IPS services.
Yorkshire and the Humber
Early Intervention in Psychosis Network

CCQI Results and Next Steps for Yorkshire and the Humber Services
Moggie McGowan, Co-Chair, Clinical Advisor, Y&H IRIS, Y&H Clinical Network & NHS England North
Parish Notices

- CBT and FI training
- PSI training
- Deep Dives 2018
- Mapping
- New IRIS website
- NCAP
- CCQI accreditation
- NHS England North EIP event
  27th September 2018, Manchester
Welcome to the new IRIS website!

OUT WITH THE OLD...

Our old site, established in the era of the National Mental Health Development Unit — under the last labour government (T) — finally gave up the ghost last year. Dense with content but hard to navigate and ultimately broken, it has been a labour of love to create this new site, which we hope will be valuable to everyone with an interest in improving services for people with early psychosis and their families.

We are living in interesting times.

Early Intervention in Psychosis (EIP) was given a major boost by its inclusion in the new Government’s Better Access for Older People (2014), and its prominence in the current Five Year Forward View for Mental Health.
www.iris-initiative.org.uk

www.yhscn.nhs.uk/mental-health-clinic/mental-health-network/EIP.php

www.rcpsych.ac.uk/eipn
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Y&H Quality Self-Assessment 2017
Y&H Quality Self-Assessment 2017

Strengths:

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<th>Team Name</th>
<th>Region</th>
<th>Overall score</th>
<th>Timely access domain score (waiting times)</th>
<th>Effective treatment domain score</th>
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Y&H Quality Self-Assessment 2017

Needs:

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Regional Strengths

• Waiting Times
• CBTp
• Family Interventions
• Carer Support & Education
• Service Model
• CYP provision
• Caseloads
Development Needs

• Supported Employment
• Physical Health
• Measuring Outcomes
• Length of Treatment

Plus ARMS
Are we on target?

<table>
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<tr>
<th>Team Name</th>
<th>Region</th>
<th>Overall score 2017 (Target 2)</th>
<th>Preparedness 2021 (Target 3)</th>
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Areas for development

• Supported Employment
• Physical Health
• Measuring Outcomes
• Length of Treatment
• ARMS
Yorkshire and the Humber
Early Intervention in Psychosis Network

Intensive Support Team (IST) Update and Offer to EIP Services
Caroline Coxon and Sarah Butt, Improvement Managers, NHS Improvement
Mental Health Intensive Support Team (MH IST)
Early Intervention in Psychosis Services
Proposed Offer 2018-19
Mental Health Intensive Support Team

- Part of NHS Improvement working closely with NHS England
- A free resource to NHS organisations
- Work with local health communities that are facing particular challenges in delivery of national standards within the context of the 5YFV MH.
- Children and Young Peoples (CYP); Early Intervention in Psychosis (EIP) and Improving Access to Psychological Therapies (IAPT).
The Intensive Support Team

To support CCGs and providers to deliver **in-year improvements** on **existing pathways and standards** on mental health CYP / EIP / IAPT.

<table>
<thead>
<tr>
<th>Priority areas</th>
<th>Rationale</th>
<th>Support</th>
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<tbody>
<tr>
<td>Data completeness and data quality</td>
<td>• Enabling services to have accurate data provides solid foundation for all other improvement activity</td>
<td>Operational and Improvement support (clinical and managerial)</td>
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<tr>
<td>Demand and capacity (waiting list management)</td>
<td>• A good basic grounding in delivering demand within agreed standards is key to strong performance</td>
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<tr>
<td>Pathway design</td>
<td>• Trusts need to have confidence that they are operating best practice, NICE concordant, pathways of care to ensure best quality of service and care for patients</td>
<td>Leadership and capability building (incl. commissioning improvement)</td>
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<tr>
<td>Value for money / investment / Productivity</td>
<td>• Similarly to the point 3 above, trusts need to ensure best use of scarce resources in support of responsive patient care</td>
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</table>
Mental Health Programme Governance

Programme governance with national oversight

NHS England CEO

NHSI - Improvement Directorate PMO
- Set priorities; monitor progress
- Hold to account for delivery
- Regular review meeting

SROs
Anne Eden - NHSI
Claire Murdoch - NHSE

Mental Health Performance and Delivery Group (PDG)

Executive director
Adam Sewell-Jones
NHSI

Mental Health IST
Expert Advice & Support

NHSE & NHSI Region North

NHSE & NHSI Region South

NHSE & NHSI Region London

NHSE & NHSI Region Midlands
Mental Health IST offer 2018/19

Individual system support

• **Diagnostic reviews** using relevant IST methodology and tools to deliver recommendations
• **Guide system leaders** on capacity and capability to deliver local recovery plans and agree support mechanisms NHSE/NHSI
• A range of **short interventions** to progress particular challenges
• Training, coaching to build skills knowledge and confidence of senior managers and clinicians
• Provide guidance and support on best practice for leadership, engagement and ownership.

Working to Risk Lists:

• Services not meeting the waiting standard
• Services of concern in CCQI 2018 report
• Local intelligence within clinical networks
• Discussion with regional/national teams to agree which systems, and how many, are supported.

Syllabus

- A. Investment and productivity
- B. Performance measurement
- C. Demand and capacity
- D. Governance
- E. Leadership
- F. Data and information
- G. Pathway redesign
- H. Patient navigation within and between providers

Data completeness and data quality

Demand and capacity (waiting list management)

Pathway design

Value for money / productivity
IST EIP support offer

National:
• To contribute to assurance processes as necessary.
• Tools; ‘How to’ guidance to be published on NHS I Improvement Hub.

Regional:
• Workshops on Data and Outcomes through Strategic Clinical Networks (SCN's).

Individual Systems:
• Deliver System wide reviews to individual organisations and commissioners through data collection and diagnostic review.
• Focus to be on Investment and Productivity, Referrals, Access and Waits; Pathways & flow; Physical Health Checks; IPS; Staffing, Leadership and Management; Improving reporting including interventions (via SNOMED) and outcomes.
• Offer post review support packages based on outcomes and recommendations of review.
• Moving from Unify to MHSDS - continue with data support for individual providers that continue to have variations between local and national data based on priority lists.
Preparatory work to inform IST offer

Good Practice Visits
• IST to undertake best Practice visits (one per region in Q1)

Meetings with key personnel
• National Clinical Lead / Clinical Advisor
• Regional Clinical Leads
• NHS England policy team members
• CCQI
• Regional and DCO Leads

Scoping and mapping
• NICE guidance
• 5 Year Forward View
• CCQI Audit reports
• Review of Clinical Models for the Delivery for EIP
We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.
Yorkshire and the Humber
Early Intervention in Psychosis Network
Time for a break?
Yorkshire and the Humber
Early Intervention in Psychosis Network

Introduction to the Group Discussion

Dr Steve Wright, Co-Chair, Consultant Psychiatrist, TEWV & Clinical Advisor, Y&H Clinical Network
Questions for Consideration

On your tables please consider the following questions and capture the key points from your discussion on the template provided:

1. What is going well?
2. What is going less well?
3. What trajectories do the teams think they are on to meet the quality standards/over 35s/ARMS?
4. What support might be needed from the Clinical Network/STPs/IST?
5. What are teams doing that would be helpful to share?
6. What have we learned so far?
Yorkshire and the Humber
Early Intervention in Psychosis Network

Summary & Close
Dr Steve Wright, Co-Chair, Consultant Psychiatrist, TEWV & Clinical Advisor, Y&H Clinical Network
Date of the Next Meeting…

- October/November 2018 – date and time to be confirmed!
Thank You for Attending!

Don’t forget to fill out your evaluation form!