

Yorkshire and the Humber Early Intervention in Psychosis Network
Minutes
2 November 2017, 13:30-16:30
Novotel, Leeds

No.	AGENDA ITEMS	Action By
1.	<p>Welcome, Introductions & Housekeeping, Moggie McGowan, Co-Chair, Clinical Advisor (Y&H IRIS & NHS England North)</p> <p>Moggie McGowan welcomed everyone to the meeting and reiterated that the aim of the meeting was to go to the heart of what EIP services are all about: service users and carers.</p>	
2.	<p>National, Regional and Local Update, Ceri Owen, Service User Representative</p> <p>Moggie McGowan introduced Ceri Owen, Service User Representative, to the attendees. Ceri enquired of the attendees why am I here? Responses included:</p> <ul style="list-style-type: none"> • Having a voice for other service users, • Trying to get your perspective so EI teams are not overlaying your thoughts, Improving practice, • Demonstration of meaningful user involvement, • Social inclusion, • Being critical of NHS delivery. <p>Ceri thanked attendees for their input and then undertook a brief role play with Moggie McGowan as a service user and Ceri as a psychiatrist to demonstrate to the attendees a service user perspective on treatment and involvement.</p> <p>Ceri shared with attendees her experiences of being a service user representative on a national NHS group and advised that sometimes being a service user representative can feel very tokenistic and the meetings can be intimidating.</p> <p>Ceri advised that it is essential that services and the wider NHS try to involve people in paid work, value their time and make meetings more inclusive. Ceri stated that people are trying to be inclusive but meetings can be intimidating for service users when they are held in big hotels and everyone is dressed very smartly. Service users may not be made welcome at hotels and professionals may seem clinically/managerially overbearing. Ceri enquired of the attendees how meetings could be done better? Responses included:</p> <ul style="list-style-type: none"> • Find out what people are interested in, find out what people's skills are and centre the meeting on that, • Co-produce meetings, • Work together as equals, • Decide the aim of the meeting in collaboration, • Drop how clinical the relationship is, • Acknowledge the person, • Work collaboratively as experts by experience and experts by learning. <p>Ceri stated that service user inclusion and making people feel valued and not frightened is the most important message. All people should be treated as equals, doctors should be user friendly and sympathetic and all people should be treated with kindness and courtesy.</p> <p>Ceri then provided the attendees with an overview of her involvement in the</p>	

	<p>development of the EIP Access and Waiting Times Guidelines. Ceri advised the attendees that the guidelines originated from mental health campaign groups and the purpose of the guidelines was to create standards for a minimum acceptable service that needed to be resourced appropriately. Ceri stated that whilst it is progress to have the access and waiting times standards in place she is concerned that services are still not being appropriately resourced.</p> <p>Questions and Answers: <i>Question:</i> Have you experienced producing a report and then when it is published it is completely different? <i>Answer:</i> Yes but with commissioning guidelines not with the EIP guidance. Working to develop reports or guidelines within a political system can make things difficult.</p> <p><i>Question:</i> Do you think your involvement is making a difference? <i>Answer:</i> It is both in tweaking things around the edges and sometimes directly. But it is really important to acknowledge that things may take a while to happen. Change can take a long time and funding does not always get to services but we have come a long way.</p>	
<p>3.</p>	<p>Service User & Carer Involvement – Examples of Good Practice in Yorkshire & the Humber, Catherine Ding, Service User Development Worker, Bradford District Care Trust</p> <p>Catherine Ding presented to the attendees on the results of a short survey conducted prior to the meeting. The survey asked services of the extent to which teams in the region have employed ex-service users or ‘peer workers’; how teams have engaged service users and carers as volunteers in their service and any other ways that service users and carers have been involved in work with services. Please see the presentation slides for more information.</p> <p>Questions and Answers: <i>Question:</i> Do you link in with other organisations for example the voluntary and community sector or social care? <i>Answer:</i> In the Bradford service we also try and link in with other available services to deliver holistic care.</p> <p><i>Question:</i> How did you start in the Bradford team? <i>Answer:</i> I have been in the Bradford team for 9 years. I was a service user in Bradford, but Early Intervention (EI) services were not established as they are now until the end of my treatment. Towards the end of my time in the EI service my psychologist offered me a job and I took it. I felt unemployable and my past experience as a canoeing and climbing instructor was not overly useful in urban Bradford. The role has helped me grow as a person, it has helped me to see I am more than a service user, I use my own knowledge and my ongoing treatment to enhance what I offer in my role to service users.</p> <p><i>Question:</i> Has it ever been hard? <i>Answer:</i> It is very hard sometimes for others in the service to know how they should be with you. You have had mental health problems and you work with people who have mental health. Initially I found it hard to be in work, to deal with my own issues and listen to others; also the occupational health team were really difficult and challenging. However, I have overcome these barriers and offer service users a really supportive, empathetic service.</p> <p>Moggie McGowan thanked Catherine for her presentation and advised the attendees that across the Yorkshire and the Humber region less than a third of</p>	

	teams are employing peer support workers in salaried roles. Moggie McGowan recommended that those services who are not employing peer support workers in salaried roles to speak to those services that do and then discuss proposals with commissioners. Employing service users as peer support workers is the right thing to do.	
4.	<p>“Discovery” not “Recovery”: Making the most of learning, language and lived experience, Emma McKenzie, Discovery Hub Team Lead, York St John University</p> <p>Emma McKenzie presented to the attendees on the Discovery Hub and Converge project delivered in partnership by Tees, Esk and Wear Valleys NHS Foundation Trust and York St John University. The Discovery Hub and Converge aims to provide Learning and Access workers to give individual support to people moving across from mental health services into the learning opportunities provided at Converge and in the local community.</p> <p>Please see the presentation slides for more information.</p>	
5.	<p>Group Discussion</p> <p>Steve Wright introduced the group discussion session focussing on the following questions:</p> <ol style="list-style-type: none"> 1. How do we keep service-users & carers at the centre of everything we do? 2. How do we support genuine co-production within our teams as we go forward? 3. How can we ensure that our team culture is non-stigmatising and values everyone equally highly? 4. How do we ensure that we understand what service-users think about things before they happen to them? <p>Steve Wright asked the attendees to consider the questions, discuss them and capture feedback on the forms provided. Steve Wright also outlined to the attendees an idea around a text pilot with patients where a series of yes/no questions could be texted to patients for them to feedback to services.</p>	
6.	<p>Summary, Dr Steve Wright, Consultant Psychiatrist, TEWV</p> <p>Steve Wright asked the discussion groups for feedback on the conversations that had been held on the questions outlined above. It was agreed that the captured feedback would be consolidated and typed up by the Clinical Network.</p> <p><i>ACTION: Sarah Boul to consolidate and type up group discussion feedback.</i></p>	Sarah Boul
7.	<p>Any Other Business (AOB), Dr Steve Wright, Consultant Psychiatrist, TEWV</p> <ul style="list-style-type: none"> - Evaluation Steve Wright asked the attendees to complete their evaluation forms and leave them on the tables for collation by the network. - Closing Remarks Steve Wright thanked the presenters, all attendees and the Clinical Network. Steve Wright also advised that if anyone had suggestions for the next meeting to please get in touch. 	
	ITEMS FOR INFORMATION	
	<p>Future Meetings: Thursday 28 March 2018, 13:30-16:30, Venue to be confirmed, Leeds. Places can be booked here.</p>	