

**North East and Yorkshire and the Humber Clinical Network  
Early Intervention in Psychosis Network  
2 December 2020, 9.30am – 11am**

**Minutes**

No.	AGENDA ITEMS	Action By
1.	<p><b>Welcome, Introductions and Housekeeping - Sarah Boul, Quality Improvement Manager, Yorkshire and the Humber Clinical Networks</b></p> <p>Sarah Boul welcomed everyone to the North East and Yorkshire and the Humber EIP Network MS Teams meeting and thanked all for attending.</p>	
2.	<p><b>Update on New National Guidelines - Moggie McGowan, Co-Chair, Clinical Advisor, Y&amp;H IRIS, Y&amp;H Clinical Network &amp; NHS England North</b></p> <p>Moggie McGowan presented to the attendees on the Implementing Early Intervention in Psychosis: 2020 Updated Guidance; a summary of new guidance from the 2020 NHS England refresh of the national EIP standards which includes:-</p> <ul style="list-style-type: none"> <li>A refresh of the 2016 guidelines, capturing experience gained during the 5YFVMH and new evidence</li> <li>Reflects the LTP objective (95% Level 3 by 2024)</li> <li>Emphasises the 14-65 age range</li> <li>Increased contributions from service users and carers</li> <li>NICE 2014 remains the basis (CG155 &amp; CG178)</li> <li>Promotes the PsyMaptic psychosis prediction tool for estimating local incidence</li> <li>Expanded sections covering key areas including ARMS</li> </ul> <p>Moggie McGowan confirmed that the new guidelines would be published on the NHS Futures website week commencing 7 December and that hard copies would be available.</p> <p>Sarah Boul informed the attendees that the Clinical Network will be working closely with the national NHS England EIP programme and HEE on the CAARMS training. There is an intention to start rolling this out in Spring 2021.</p> <p><b>ACTION:</b> Sarah Boul to scope with all teams what the requirements are for CAARMS training.</p> <p>Please see the presentation slide pack for further information.</p> <p>A discussion took place around the ARMS pathway which included the following questions:</p> <p><b>Question:</b> Tracey Walker stated that one of her worries was that the ARMS pathway sounded like a very expensive service and together with a worry about resource and capacity she was starting to lose sight of how the ARMS pathway will differ from the FET pathway. Services could actually be causing more harm by keeping the young people for too long. The services aim should be to get people to use their own resources, in their own communities and by doing a lot of sign-posting and she was not seeing that in the model. Tracey Walker continued that she understood the theory behind the preventative strategy and the ARMS pathway but that she was worried about the scale.</p> <p><b>Responses:</b></p> <ul style="list-style-type: none"> <li>Steve Wright replied that it was a genuine question but that there was something about the inclusion – it is good to see a holistic model around ARMS and generally that is the direction of travel for community mental health too who are being asked to develop system wide community support. This is going to be crucial to support ARMS patients as much as anybody else so how services link with that and how the population health management approach provides that for services. There is funding</li> </ul>	<b>Sarah Boul</b>

	<p>going into it as part of the community mental health transformation so services have to think about how they can take advantage of improvements within the system to fund part of the ARMS offer. Steve Wright continued that providers are going to need to make sure they are getting the appropriate level of funding from the commissioners to support it and makes it a feasible offer.</p> <ul style="list-style-type: none"> <li>Moggie McGowan continued that Tracey Walker had asked the perfect question because naturally that is everybody's first response to the new guidelines. Moggie McGowan explained that if services are trying to take early intervention back upstream and, for him, it feels more like early intervention was before the emphasis to was shifted to treatment. However, it still raises concerns especially about the funnel model. Services will need to co-operate with young people's mental health services for trauma pathway services and will have to have a benign as possible rapid access process for people to get to a point where services then need to think about what are the thresholds for them entering treatment for an at risk mental state. The pathway for people with an identified ARMS has to be as benign as possible as does the care and treatment for people with psychosis. We should not be adding further trauma to their experience or stigmatising them.</li> </ul> <p><b>Question:</b> Tracey Walker then asked how ARMS would be measured in NCAP ie. what will the question be around the ARMS pathway?</p> <p><b>Response:</b></p> <ul style="list-style-type: none"> <li>Moggie McGowan stated that his prediction is that NCAP will not do that. This year NCAP have rated services against their ARMS provision based on the take up of CBT within the ARMS pathway. The remainder will come down to regional support and assurance and NCAP will only be a small part of that.</li> </ul> <p><b>Question:</b> Steph Common asked Moggie McGowan to clarify that in terms of what he had said about ARMS - the referral to treatment – was he saying that if a service does not provide an ARMS pathway then it is not going to be possible to “stop the clock” if somebody is identified as meeting ARMS criteria?</p> <p><b>Response:</b></p> <ul style="list-style-type: none"> <li>Moggie McGowan replied that logically that is exactly what it says but at the moment nobody is under pressure to change their system.</li> <li>Services who have an ARMS pathway already do this – the system for counting “clock stop” and “clock start” should incorporate this but it has been an acceptable exception for people to say we do not have an ARMS pathway so the “clock stops” for those people when we work out that they are not the first episode of psychosis but we have to change that.</li> </ul> <p><b>Question:</b> Steph Common asked whether there was a finite whole amount of time that includes monitoring or is there a finite amount of time for monitoring?</p> <p><b>Response:</b></p> <ul style="list-style-type: none"> <li>Moggie McGowan stated that most people would need a year of year of care and treatment (eg. to be engaged, therapy ready and to receive CBT), however, some people may take longer but the professional opinion is at least a year followed by a year of active monitoring.</li> </ul>	
3.	<p><b>Results of the NCAP Audit and Next Steps - Moggie McGowan, Co-Chair, Clinical Advisor, Y&amp;H IRIS, Y&amp;H Clinical Network &amp; NHS England North</b></p> <p>Moggie McGowan presented and explained the results of the NCAP Audit to the attendees and explained the trajectories and support available along with details of the self-completed performance and trajectory monitoring.</p> <p>Please see the presentation slides for further information.</p> <p>Moggie McGowan then shared an EIP Dashboard matrix spreadsheet which will be used to produce a dashboard to show what is really happening in services in “live” terms. The dashboard will help negotiate trajectories, identify funding gaps, work to understand the level of demand and will also be able to map what funding services have or have not received in the last five years.</p>	

	<p>Moggie McGowan confirmed that there will be three levels of support and all services will have help to complete the dashboard.</p> <p>Steve Wright informed the attendees the system transformation will be funded from different sources ie. the baseline uplift with the CCGs and the transformational funding. The transformational funding is intended to transform the system in a sustainable way and the baseline money is around all the other elements of mental health including community mental health and EIP. It is very clear in the guidance to the CCGs around how the minimum mental health investment standard should be used. Steve Wright urged everybody to try to be involved in place based discussions because the better we understand how the system is going to be able to support, particularly the ARMS pathway, the more efficient the use of funding is going to be across the whole system. The transformation plans are currently being rapidly put together with the implementation scheduled to start from April 2021.</p> <p><b>Question:</b> How will ARMS services link to Primary Care Networks (PCNs)?  <b>Response:</b> Steve Wright informed the attendees that the unit of population which everything will operate around is the Primary Care Network which is roughly 30,000 people, however, the PCNs will have their own funding particularly around PCN mental health. Therefore, the community assets and the community transformation will be built around the PCNs and the more EIP services can align with those the better.</p> <p>Jenni Simpson and Michael Colledge from Durham EIP team explained to the attendees how they set up and run their ARMS pathway.</p> <p><b>ACTION:</b> Steve Wright suggested that all services try to evaluate their own ARMS pathway so that it can be shared and discussed further across the Network at a future meeting.</p>	<b>All</b>
5.	<p><b>Introduction and Group Discussion: COVID Wave 2 and Beyond – Impact on Teams and Impact on Patients, All</b></p> <p>Moggie McGowan stated that one of the biggest impacts of COVID had been the increase in demand for acute hospital beds and first time presenting with ARMS seen as a way to redress the balance.</p> <p>Unfortunately there was no time to discuss COVID Wave 2 and beyond due to discussions around the new guidance and ARMS pathways.</p>	
6.	<p><b>Summary and Close, Dr Steve Wright, Co-Chair, Consultant Psychiatrist, TEWV &amp; Clinical Advisor, Y&amp;H Clinical Network</b></p> <p>Steve Wright thanked everyone for attending today’s meeting.</p> <p><b>ACTION:</b> Sarah Boul to send out a Survey Monkey to ask attendees their opinion on the frequency, length and content of future meetings.</p>	<b>Sarah Boul</b>
	<b>ITEMS FOR INFORMATION:</b>	
	<p><b>Future Meetings:</b></p> <p>The next EIP Network meeting will be in January/February 2021 – date to be confirmed.</p>	