

**North East and Yorkshire and the Humber Clinical Network  
Early Intervention in Psychosis (EIP) Network  
11 February 2021, 12.30pm-2pm**

**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> <p>Sarah Boul then asked attendees “how confident are you that your team is coping in the current context?” with responses via the MS Teams chat box or Slido. The responses to be rated - 1 star not confident - 5 stars very confident</p> <p>Responses ranged from 2 to 4/5</p>	
2.	<p><b>Recap of the 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 a recap of the New National Guidelines, published in December 2020, with particular attention to the expanded sections for ARMS and Improving EIP Provision and Consistency for Children and Young People (CYP).</p> <ul style="list-style-type: none"> <li>• <b>ARMS:</b> Treatment guidelines and options for delivery</li> <li>• <b>CYP:</b> Comprehensive care package and CYP competent workforce</li> </ul> <p>Please see the presentation slide pack for further information.</p> <p>A discussion took place around the ARMS and CYP pathways which included the following questions and information share:</p> <p>Peter Sandford shared details of the New White Paper launched on 11 February 2021 which focuses on collaborative working between health and care services, local government, NHS, and other bodies to work more closely - <a href="https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all">https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all</a></p> <p><b>Question:</b> Peter Sandford asked how can we make the most of this opportunity, eg through Educational Health and Care Plans (childhood to 25 age range)?</p> <p><b>Responses:</b></p> <ul style="list-style-type: none"> <li>• Steve Wright replied EI services should be closely involved in developing 0-25 services so it would be worth enquiring locally if this is not yet the case.</li> <li>• Moggie McGowan suggested that 0-25 could be seen as an opportunity as well as a threat. EIP is part of the answer although management might not see it and it overlaps with the ARMS pathway for young people who have a range of symptoms.</li> <li>• Peter Sandford continued that the Carers Support team within SHSC are looking at how they can collaborate to work more effectively with local authorities and Trusts to join up 0-25 services.</li> <li>• Sarah Boul explained that there is a specific Children and Young People's Mental Health Network across Yorkshire and the Humber and it was agreed to hold a joint session on development of 0-25 services in the context of EIP in the future.</li> </ul> <p><b>ACTION: Sarah Boul to arrange a joint EIP/CYP Mental Health Network on the development of 0-25 services</b></p>	<b>Sarah Boul</b>

	<p><b>Question:</b> Susannah Parker asked will there be any specific training to give staff skills in working with children?</p> <p><b>Responses:</b></p> <ul style="list-style-type: none"> <li>• Moggie McGowan suggested that services should look to recruit for a skill mix and there is much to learn about CYP mental health. Moggie McGowan continued that one size does not fit all and it is important children get broader needs met by specialist treatment.</li> <li>• Steve Wright stated that it is work in progress as to the correct approach.</li> <li>• Emily-Jayne Goodridge explained that some teams have learnt as they have gone along but are now co-located with CAHMS and they do joint training. Emily advised attendees to shadow or link up with their CAHMS team.</li> </ul> <p><b>Question:</b> Simon Mullins stated that trauma informed approaches are gaining more mainstream acceptance at strategic levels in the NHS and social care and asked if anyone was aware of toolkits or accreditation routes to help define a service as genuinely trauma informed?</p> <p><b>Responses:</b></p> <ul style="list-style-type: none"> <li>• Vickie Nielsen recommended “101 Trauma Informed Intervention” book by Linda A. Curran</li> <li>• Andrew Sainty shared the following links - <ul style="list-style-type: none"> <li>○ Trauma-informed Care and Practice Organisational Toolkit (TICPOT) - A FREE quality improvement audit and implementation resource for developing a trauma-informed organisational and practice culture: <a href="#">Trauma-informed Care and Practice Organisational Toolkit (TICPOT) – Mental Health Coordinating Council (mhcc.org.au)</a></li> <li>○ TIC workspace on Future NHS - <a href="https://future.nhs.uk/TICC/grouphome">https://future.nhs.uk/TICC/grouphome</a></li> <li>○ TIC video - <a href="https://www.youtube.com/watch?v=b6Y5vbsQeWM&amp;feature=youtu.be">https://www.youtube.com/watch?v=b6Y5vbsQeWM&amp;feature=youtu.be</a></li> </ul> </li> <li>• Steve Wright stated that it is right to bring TIC into the EIP Network as it links in with the Long Term Plan</li> </ul> <p><b>Question:</b> Moggie McGowan asked another poll question: “Should an EI team accept a 64 year old?” Please answer Yes or No in the chat box.</p> <p><b>Responses:</b></p> <ul style="list-style-type: none"> <li>• Simon Platts – Yes - under current guidance but questionable whether we're equipped/skilled enough to work with them.</li> <li>• Simon Mullins – There are pressures on acute beds (particularly low bed base in Sheffield) and a significant rise in out of area placements are associated with more challenges for us responding to new cases. Similar issues with younger people in that there needs to be access to expertise in organic syndromes - different ways to do this but collaboration with OA experts would be a minimal</li> <li>• Emily-Jayne Goodridge - No - We would only assess 64 year olds if they were FEP and acutely unwell.</li> <li>• Vickie Nielsen agreed with Simon and think this applies to both ends of the age range and something we need to be planning for.</li> <li>• Moggie McGowan stated that it is not an age group that EIP have experience of compared to a 20 year old who are the usual.</li> <li>• Peter Sandford - Post-COVID Psychosis may be relevant. Please see study linked here - <a href="#">Neurological and neuropsychiatric complications of COVID-19 in 153 patients: a UK-wide surveillance study - The Lancet Psychiatry</a></li> </ul> <p>Jacqui Cheesman informed the attendees that Darren Archer, Mental Health and Dementia Network Manager in the North East has been working on Trauma Informed Care with Angela Kennedy, TEWV, and the national team as well as developing a website.</p> <p><b>ACTION: Jacqui Cheesman to look into the TIC work being carried out in the North East and share any information with Sarah Boul</b></p>	<p style="text-align: right;"><b>Jacqui Cheesman</b></p>
<p><b>3.</b></p>	<p><b>Contingency Planning in Response to COVID Wave 3 – All</b></p>	

	<p>Steve Wright asked the attendees to feed back on their contingency planning in response to COVID Wave 3.</p> <p>Feedback included the following comments:</p> <ul style="list-style-type: none"> <li>• Peter Sandford - Post COVID psychosis would not have the same aetiology as organic dementia and would need different treatment and support.</li> <li>• Guy Dodgson - we have seen a few healthcare workers fitting that description, acute onset, but good recovery.</li> <li>• Emily-Jayne Goodridge - in our Trust (5 EIP teams) we have met and acknowledged an 'older' population in our teams and discussed how we can address this and if we have the skills etc. It is worth noting that in our CMHT's allocation and care is based on presentation, so just because some sis 65 it doesn't mean that they would be cared for by an OPS team... who are more specialist in memory and organic illnesses.</li> <li>• Moggie McGowan - The COVID effect is still entirely consistent with the stress vulnerability model.</li> </ul> <p><b>Question:</b> In the MS Teams chat box Sarah Boul asked attendees “what is your current experience of referrals rates?” Up, down or about the same?</p> <p><b>Responses:</b></p> <ul style="list-style-type: none"> <li>• Phil Goodwin – up 20-25%</li> <li>• Jennifer Swift - our referral rate is up</li> <li>• Emily-Jayne Goodridge - more FEP less ARMS in South Kirklees. Referral rates as a whole at the same as usual but acuity has increased. Services are able to do “in reach” as acute wards have had recurrent COVID infections.</li> <li>• L Kitchen - our referrals are up too</li> <li>• Guy Dodgson - In CNTW referrals constant, but the source is from acute (wards and CRHT) so more accepted.</li> </ul> <p><b>Information Shared:</b></p> <ul style="list-style-type: none"> <li>• <a href="https://pubmed.ncbi.nlm.nih.gov/29498174/">https://pubmed.ncbi.nlm.nih.gov/29498174/</a> - You can download the PDF free through ResearchGate</li> <li>• <a href="https://www.researchgate.net/publication/323524799_The_mind-brain_gap_and_the_neuroscience-psychiatry_gap">https://www.researchgate.net/publication/323524799_The_mind-brain_gap_and_the_neuroscience-psychiatry_gap</a></li> </ul>	
4.	<p><b>Establishing a Virtual Network for People with Lived Experience of EIP – Dr Steve Wright, Co-Chair, Consultant Psychiatrist TEWV and Clinical Advisor Y&amp;H Clinical Network</b></p> <p>Steve Wright explained to the attendees that he is involved in establishing a virtual network for people with lived experience of EIP across the North East and Yorkshire and the Humber. The intention over the coming months is to develop a governance structure for the network and develop ways of delivering the virtual network that will work best for service users and carers. The Network membership should consist of more service users than clinicians as it should be a support network for people using these services.</p> <p>Steve Wright continued that the group should consist of the following people:</p> <ul style="list-style-type: none"> <li>• Service users</li> <li>• Carers</li> <li>• Young People</li> <li>• Older People</li> </ul> <p>Steve Wright thanked all the services that had submitted nominations for the network so far and encouraged everyone to discuss with potential service users/carers who would like to be involved and put forward more names.</p> <p><b>ACTION: All attendees to consider people who they think would like to be part of the lived experience network and send details to <a href="mailto:sarah.boul@nhs.net">sarah.boul@nhs.net</a></b></p> <p><b>Question:</b> Moggie McGowan asked if peer workers could be included in the network?  <b>Response:</b></p>	All

	<ul style="list-style-type: none"> <li>Steve Wright explained that it is more about the lived experience so yes peer workers could be involved in terms of being inclusive, but in terms of co-production service users and carers are more the target audience.</li> </ul> <p>Simon Mullins informed the attendees that there are professionals working in EIS with lived experience of psychosis either as service users or carers. Simon Mullins and Peter Sandford are part of a staff Lived Experience Network in Sheffield and are happy to share this experience.</p>	
5.	<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 and contributing to today's meeting.</p> <p>Moggie McGowan advised attendees to look at the updated New National Guidelines and contact <a href="mailto:stephen.mcgowan@swyt.nhs.uk">stephen.mcgowan@swyt.nhs.uk</a> or <a href="mailto:stephenwright@nhs.net">stephenwright@nhs.net</a> with any questions.</p>	
	<b>ITEMS FOR INFORMATION:</b>	
	<p><b>Future Meetings:</b></p> <p>The next EIP Network meeting will be late March 2021, date to be confirmed and communicated via email.</p>	