

North East and Yorkshire and the Humber
Adult Mental Health Clinical Networks

Early Intervention in Psychosis Network

11 February 2021

NHS England and NHS Improvement



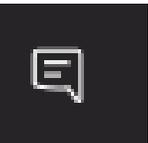
Housekeeping



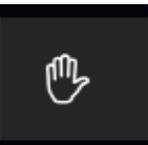
Please remain on mute throughout the session, unless invited to speak – thank you.



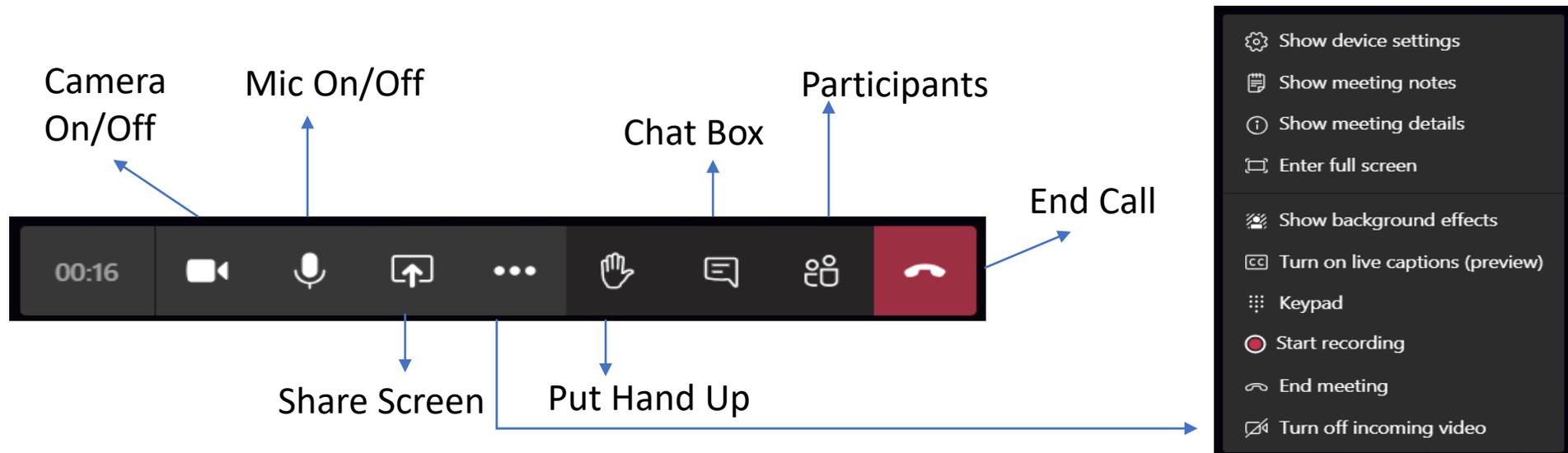
You are welcome to use the video function, however this occasionally causes bandwidth problems so you may wish to turn it off.



Whilst we will have an open conversation, please *feel free to use the chat box function* to ask questions or make comments.



If you would like to speak please use the “Put Hand Up” function and the moderator will come to you in due course.



During the session today we are going to attempt to use Slido to capture some real time feedback from attendees.

As the meeting progresses questions and polls will appear in the chat function for you to respond to.

All responses will be anonymous.

If you have any questions you would like to include in the Slido chat please email them to sarah.boul@nhs.net

Today's Agenda



Time	Title	Lead
12.30	Welcome, Introductions and Housekeeping	Sarah Boul, Quality Improvement Manager, Yorkshire and the Humber Clinical Networks
12:35	Recap of the New National Guidelines: - ARMS - Improving EIP provision and consistency for Children and Young People	Moggie McGowan, Co-Chair, Clinical Advisor, Y&H IRIS, Y&H Clinical Network & NHS England North
13.05	Contingency Planning in Response to COVID Wave 3	All
13.35	Establishing a Virtual Network for People with Lived Experience of EIP	Dr Steve Wright, Co-Chair, Consultant Psychiatrist, TEWV & Clinical Advisor, Y&H Clinical Network
13.50	Summary and Close	Dr Steve Wright, Co-Chair, Consultant Psychiatrist, TEWV & Clinical Advisor, Y&H Clinical Network
14.00	Close	

Recap of the New National Guidelines: - ARMS - Improving EIP provision and consistency for Children and Young People

Moggie McGowan, Co-Chair, Clinical Advisor, Y&H IRIS, Y&H Clinical Network & NHS
England North

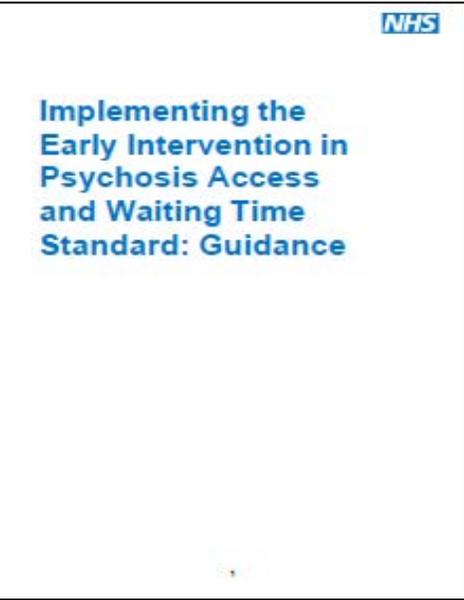
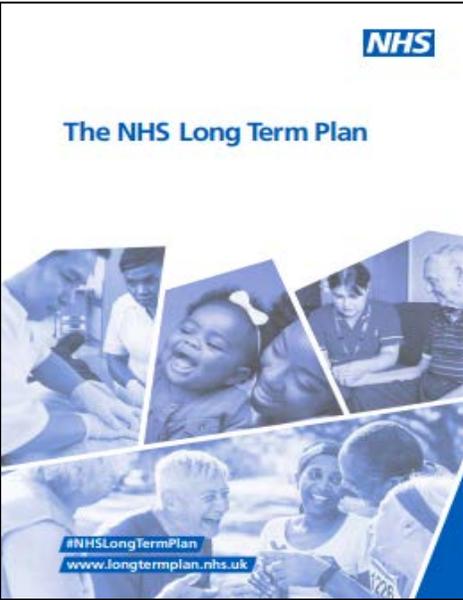
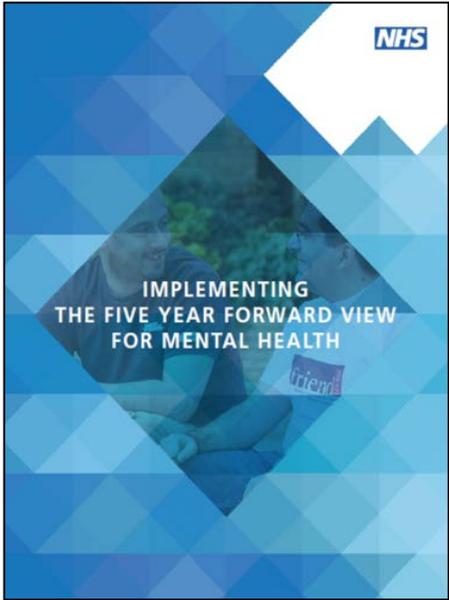
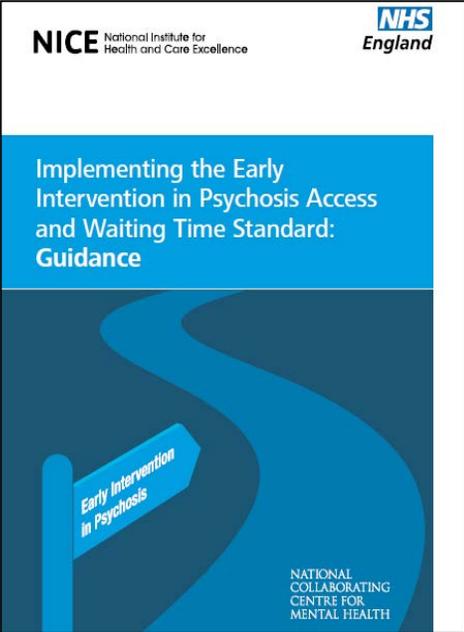
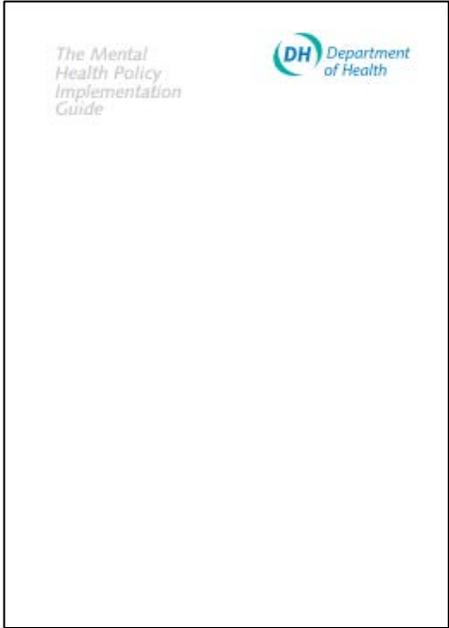


CYP & The New EIP Guidance

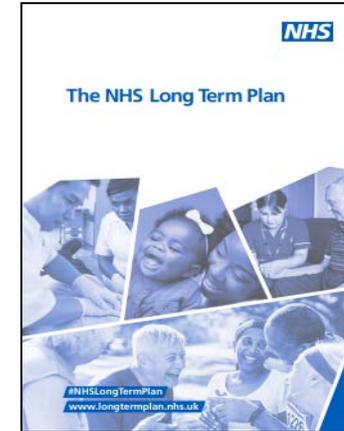
Moggie McGowan

Regional Clinical Lead for Early Intervention in Psychosis

NHS England and NHS Improvement

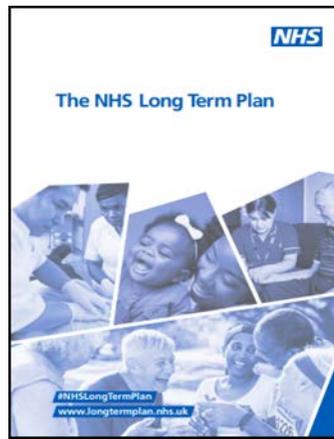


NHS Long Term Plan



All areas should commission services in line with this guidance, providing a service that covers an age range of 14-65 and has a provision with an At-Risk Mental State

The NHS Mental Health Implementation plan (Long-Term Plan)



- The [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#) was published in July 2019 and sets out the detailed requirements for Mental Health,
- LTP states that all areas must invest to ensure EIP services are commissioned in line with NHS England guidance which includes:
 1. **Provision for all age groups (under 18s and over 35 year olds)** – areas should be aiming to deliver this now rather than planning for delivery in 2023/24
 2. **Provision for people with an At Risk Mental State** - areas should be aiming to deliver this now rather than planning for delivery in 2023/24
 3. **Ensuring improvements are made in levels of NICE concordance (NCAP level 3)**
 4. **The referral to treatment element of the standard is met**

By 2024: 95% Level 3 NICE concordance and maintain 60% EIP Access Standard

There is now a ringfenced local investment fund worth at least **£2.3 billion** a year by 2023/24 covering the Long Term Plan (LTP) ambitions for Mental Health

A ringfenced local investment fund worth at least **£2.3 billion** a year by 2023/24 covering the Long-Term Plan (LTP) ambitions for Mental Health (including EIP)

CCG baseline investment totalling **£52 million**
for EIP nationally in 2020/21.

£500 million for Covid related mental health demand

NHSE EIP Standard – New 2020 Guidance



- A refresh of the 2016 guidelines, capturing experience gained during the 5YFVMH and new evidence
- Reflects the LTP objective (95% Level 3 by 2024)
- Emphasises the 14-65 age range
- Increased contributions from service users and carers
- NICE 2014 remains the basis (CG155 & CG178)
- New link to the Rehabilitation for Adults with Complex Psychosis NICE guideline (2020)
- Promotes the PsyMaptic psychosis prediction tool for estimating local incidence
- Expanded sections covering key areas including ARMS and CYP

Expanded sections:

- **Models of care:** Dispersed teams removed
- **Carer education:** Includes recommendations for a typical programme
- **Workforce:**
 - Improved workforce descriptors including social workers and peer workers
 - The HEE workforce calculator remains the formula for planning team skill-mixes (including caseloads of 15 for care coordinators).
- **ARMS:** Treatment guidelines and options for delivery
- **CYP:** Comprehensive care package and CYP competent workforce

Children and Young People

- All children and young people, aged 14 and above, experiencing first episode psychosis should receive a comprehensive package of NICE concordant care within two weeks of referral to a specialist service.
- As set out in the NHS Long Term Plan and associated Mental Health Implementation Plan, children and young people accessing EIP services should have a seamless experience of NICE concordant care
- All services treating first episode psychosis should provide the full range of psychological, psychosocial, pharmacological and other interventions shown to be effective in NICE guidelines and quality standards, including support for families and carers.
- All services supporting children and young people, between the ages of 14-18, with first episode psychosis, should be able to support them for at least the duration of the full three years, avoiding premature transitioning to alternative services.
- Identifying children and young people who are experiencing an ARMS is particularly important
- Robust local arrangements to ensure that specialist expertise in working with children and young people with psychosis is available.

CYP: Workforce & Competencies

- Practitioners working with children with FEP should have the necessary training, expertise and support in children and young people's mental health **as well as** the required competencies in EIP
- EIP teams working with children will need to include or, as a minimum, have access to clinicians (particularly clinical psychologists and child and adolescent psychiatrists) with specialist neurodevelopmental assessment and management skills
- An understanding of the role of trauma including that experienced by looked after children is important.
- Staff should also be fully competent in safeguarding procedures and in working with education and social care colleagues
- There should be a strong interface and relationship between CYPMH and EIP

NCAP Recommendation 10

10. Under 18s

a. Clinicians should ensure that:

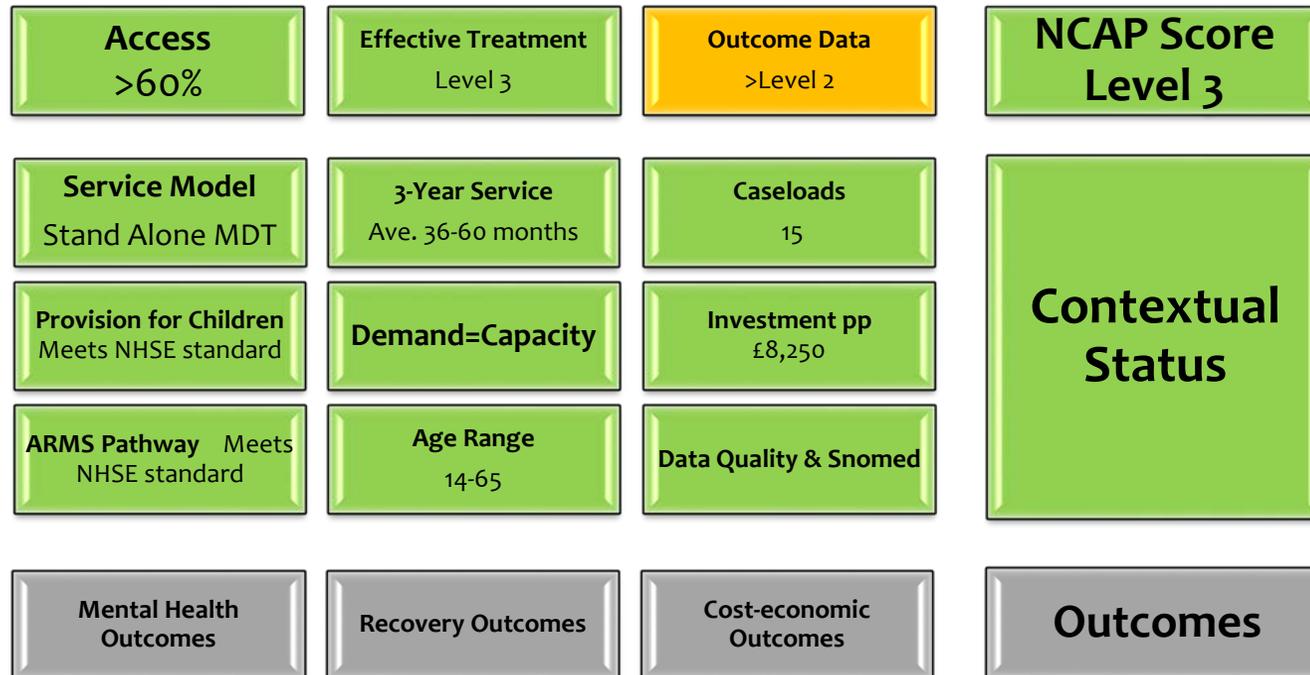
- CYP with FEP aged under 18 receive appropriate physical health interventions where screening identifies a risk.

b. Trusts should work with commissioners for EIP and CYP services to:

- Ensure CYP experiencing FEP have access to specialist EIP CYP expertise and the full range of evidence-based interventions
- Hold regular joint meetings with senior managers for EIP and CYPMH services to discuss referral pathways and service delivery to CYP with FEP to ensure those under 18 years old are accessing evidence-based treatment for early psychosis
- Ensure that there are robust shared care protocols in place to manage care and transition between CYP and EIP services for CYP with FEP
- Ensure that EIP teams are able to access specialist CYP support when prescribing for under 18s with FEP and CYPMH
- Teams are able to access specialist EIP support when supporting and prescribing for CYP with FEP
- Ensure that there are regular opportunities for joint training and case-note audits between EIP and CYPMH services to improve practice and outcomes for CYP with FEP.

Standards

Self-completed Performance & Trajectory Dashboard



Provision for Children
Meets NHSE standard

Clock Starts and Clock Stops



- The clock for the two-week pathway starts when a referral has been identified or flagged as ‘suspected first episode psychosis’
- The clock starts regardless of referral source, **the age of the person** being referred or comorbidities such as learning disabilities, substance misuse, personality disorder or autism.
- The clock will stop when the person is accepted on to the caseload of **an EIP service assessed as capable of providing a full package of NICE-recommended care** and the person is allocated to and engaged with an **EIP care coordinator**
- If the person may have an at-risk mental state, the clock will stop when the person is accepted on to the caseload of an **EIP service, and allocated to and engaged with an EIP care coordinator** and an ARMS assessment has commenced
- Provision for all age groups and for people with an At-Risk Mental State - Areas should be aiming to deliver this **now** rather than planning for delivery in 2023/24 (NHSLTP, 2020)

Round Table Discussion: Contingency Planning in Response to COVID Wave 3

All

NHS England and NHS Improvement



Establishing a Virtual Network for People with Lived Experience of EIP

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

NHS England and NHS Improvement



Establishing a Virtual Network for People with Lived Experience of EIP



Within the Clinical Network we have always been committed to enabling and encouraging service user and carer representation at our network events and are in the process of establishing a lived experience network for Early Intervention in Psychosis.

Our aim, in this virtual network of lived experience of EIP, would be to collaborate with service user and carer representatives on their experiences and establish a genuine sense of there being an equal partnership in the delivery of the NHS Long Term Plan for EIP for our region.

Thank you very much to those of you who have spoken to service users and carers and nominated them to take part in the network.

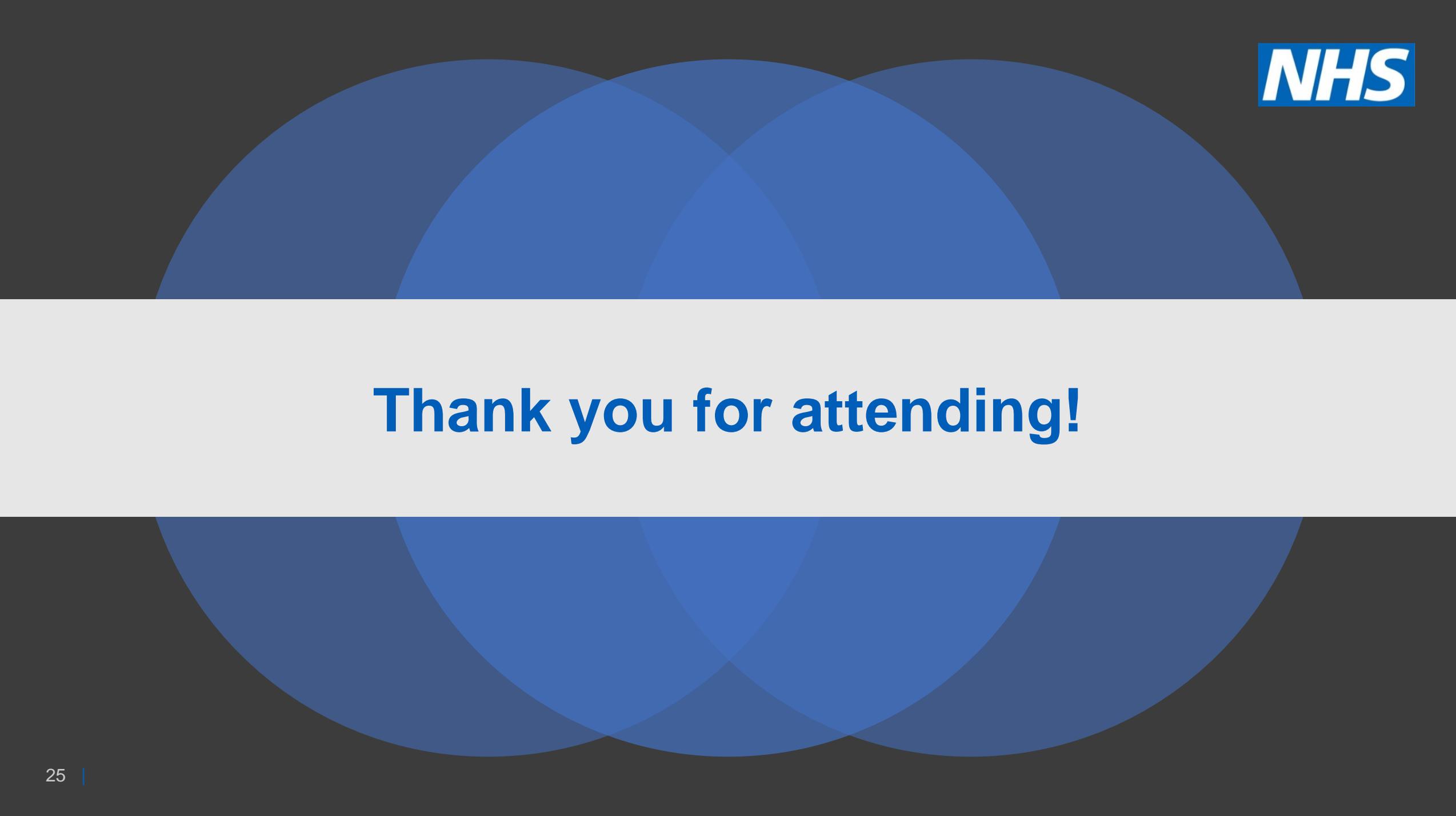
We will be establishing a pilot virtual meeting for lived experience of Early Intervention in Psychosis (EIP) that will be facilitated by Dr Steve Wright and Moggie McGowan and will update at the next network meeting on the outputs.

Summary and Close

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

NHS England and NHS Improvement



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Thank you for attending!