Yorkshire and the Humber Early Intervention in Psychosis Network Minutes

17th November 2016, 13:30-16:30
Oxford Place Centre, Leeds

No.	AGENDA ITEMS	Action By
1.	**Welcome, Introductions & Housekeeping, Rebecca Campbell, Quality Improvement Manager, Y&H Clinical Networks** Rebecca Campbell conducted introductions and gave an overview of the organisations represented at the meeting. Rebecca Campbell also provided an overview of the Clinical Networks. Please see the presentation slides for further information.	
2.	**National & Regional Update, Moggie McGowan, Clinical Advisor (Y&H IRIS & NHS England North)** Moggie McGowan also welcomed the attendees and thanked the Clinical Network for their input in the development of the EIP Network. Moggie McGowan provided a national overview of the EIP programme. He advised the attendees of 3 key points: "Gold" - regarding investment and savings for future years. With regards to receiving funding and using it appropriately Providers need to concentrate on, and understand, levels of demand and utilise available data to ensure funding received is used in the service. The new Mental Health dashboard will highlight if funding allocated to EIP services has been used in the service. "Frankincense" – an overview of available assistance with performance objectives from the Intensive Support Team (IST). Also an overview of the self-assessment scoring matrix. Results will be disseminated in January 2017 and support will be available to interpret/understand these. "Myrrh" - a CQUIN for improving physical healthcare in patients with Serious Mental Illness (SMI) has been developed and service users and Greater Manchester West Mental Health Trust have co-produced a leaflet with patients to assist with ensuring physical and mental illness receive parity. The leaflets "Right from the Start: Keeping Your Body in Mind" are available to be adapted for any service for a small fee. Moggie McGowan shared the South West Yorkshire Partnership example, which cost approximately 16p per leaflet to produce. Quotes can be obtained from astridjohnson@icloud.com. ***ACTION: If any services would be interested in adapting the leaflet for their patients please email astridjohnson@icloud.com for further information and a quote.*** Please see the presentation slides for further information.	**ALL**
3.	**At Risk Mental State (ARMS) Interventions, Prof Paul French, EIP Clinical Advisor, Greater Manchester Clinical Network** Paul French advised the attendees that the Cabinet Office have increased	

	pressure on raising mental health up the agenda. They are pushing with pace to give mental health parity and developing waiting times standards and dashboards is putting mental health on a similar footing to physical health. Paul French also advised the attendees that the latest edition of the NHS Operating Framework has recently been released and Early Intervention is still one of the nine "must do's". Paul French also informed the attendees that NHS Improvement will be taking a more active role in focussing on Provider organisation delivery of NICE concordant treatments. Paul French outlined the research that has been conducted into ARMS and described the interventions package provided in Greater Manchester West. Please see the presentation slides for more information.	
4.	**Questions & Discussion** *Question:* How does the ARMS pathway work in your region? *Answer:* Patients are offered therapy, it is offered flexibly, where necessary within an assertive outreach programme. Approximately 12 sessions are offered but more if needed and we offer a year's worth of intervention and then monitor for 2 years. Monitoring is really important as patients do not voluntarily come back into the service. We conduct a lot of outreach work and we are not overwhelmed with referrals. *Question:* How do people identify patients and send to your ARMs service rather than the EI service? *Answer:* We were established for a considerable period before our EI service and we had very distinct teams, and our funding remained separate. However, with the new access and waiting times standards we have needed to change the way we work, we now need to have integrated teams, we need to work in partnership with our EI team. We accept lots of referrals and filter out the ones that need ARMS. I would recommend that for the first 6-12 months, just focus on those referred to the service and identified as ARMS. So if you receive a referral who is not a First Episode of Psychosis (FEP) you then need to conduct an ARMs assessment – you will then understand what the demand and capacity is and you can then develop your ARMs pathways, outreach services, etc. from there. *Question:* How do you manage separating the functions within the team? *Answer:* It is about ensuring people understand the difference in ARMS and EIP and refer appropriately. *Question:* What would an ideal ARMS service look like? *Answer:* The ideal ARMs team would have a some Consultant Psychiatry input (but not for prescribing antipsychotics) and a couple of well qualified CBT therapists. Not all teams have Consultant time but some do have GP input instead and ARMS needs some primary care input. In our service the teams are quite small, we don't have care coordinators, we do have psychological therapists but we do not do formal case management despite the patients being complex. *Question:* Does your service offer CBT or CBTp? What should we as commissioners be commissioning? *Answer:* For most FEP the CBT therapist will initially be working on social anxiety, etc. rather than psychotic symptoms. For patients hearing voices, etc. these symptoms will usually subside but the remaining symptoms require focus. Most CBT therapists can provide therapy to psychotic patients and those who are not CBTp may just require some coaching regarding psychotic symptom management.	

	We would recommend just employing good CBT therapists and then provide extra training (we do this in house) and good supervision. The CBTp training is only one element and the main focus needs to be on proficient overall CBT skills. *Question:* How does the fingertips fit in with ARMS? *Answer:* I have concerns about fingertips data, it is only based on two studies and the data was from East Anglia, London and Cambridge and then extrapolated out to other areas. The data does not represent the North well. A new version is being worked on so do not rely on fingertips data for your service. *Question:* Have you got a sense of where people end up when they leave the service? *Answer:* The majority of patients go back to primary care. A few may be escalated up through the service as they require much more complex system interventions for FEP and ARMs can only offer so much. *Question:* Do you keep a record of how many come back with a FEP? *Answer:* Yes our service collects data on this it is around 5 or 6%. *Question:* Do you have a support worker in the ARMS team? *Answer:* No it is only therapists but a support worker would be a great addition.	
5.	**Summary & Supervision, Moggie McGowan, Clinical Advisor (Y&H IRIS & NHS England North)** Moggie McGowan thanked Paul French for his excellent presentation and summarised the discussions undertaken. He also reminded the group that a number of concerns had been raised about supervision for CBTp therapists and that there was an opportunity to discuss this with Kerry Smith in the networking break.	
6.	**Introduction to Group Discussions, Dr Steve Wright, Consultant Psychiatrist, TEWV** Steve Wright thanked the attendees for providing, in advance, their questions and concerns regarding ARMS. Steve Wright advised that these questions and concerns had been grouped into categories and each table could select a topic to discuss and share experiences. Steve Wright also asked attendees to briefly discuss what an ideal ARMS pathway would look like and shared a diagram flow chart used in the Tees, Esk and Wear Valley Trust to enhance discussions. ***ACTION: ARMS diagram flow chart to be shared with all attendees with the papers from the meeting.*** Please see the presentation slides for further information.	**Sarah Wood**
7.	**Feedback from Table Top Discussions, Dr Steve Wright, Consultant Psychiatrist, TEWV** Following the table top discussions Steve Wright asked each table to provide very brief summary feedback of their discussions. The following discussion themes were highlighted: • Assessment – how do we identify people? • ARMs and CAARMs. • Using PANSS and then CAARMs –interesting discussion. • Psychology – offer 6 months psychological interventions but also issues	

	with psychologist waiting times. • Training. • Care co-ordination and how this would be resourced. • CAHMS and extended assessments. • Holistic pathway focus – less medication and more CBT. • Capacity. • Separating ARMS and EI Services. • The role of IAPT in EI services, particularly around the Step 2 work and provision of CBT to patients with psychosis. **ACTION: All summary sheets to collated by the Clinical Network and shared with attendees.**	**Sarah Wood**
8.	**Any Other Business (AOB), Dr Steve Wright, Consultant Psychiatrist, TEWV** - **Future Meeting Planning** Steve Wright advised the group that the next meeting will be held on Thursday 2 March and will concentrate on CAMHS. Additionally, in the morning of the 2 March the Intensive Support Team will also provide another data workshop. - **Closing Remarks** Steve Wright thanked the presenters, all attendees and the Clinical Network. - **Evaluation** Steve Wright asked the attendees to complete their evaluation forms and leave them on the tables for collation by the network.	
	ITEMS FOR INFORMATION:	
	Future Meetings: **2016 Meeting Dates:** Intensive Support Team Workshop: Thursday 2 March 2017, 10:00-12:30, Oxford Place Centre, Leeds. EIP Network Meeting: Thursday 2 March 2017, 13:30-16:30, Oxford Place Centre, Leeds.	