

Yorkshire and the Humber Early Intervention in Psychosis Network Minutes 3rd March 2016, 13:30-16:00 The Hilton Hotel, York

Present:	
Nicola Abdy	Acting Team Manager, RDaSH
Rubia Atkinson	Mental Health Social Worker, Kirklees Insight Team, SWYFT
Alison Bagnall	SCN Network Manager – MHDN, SCN
Fiona Barber	Acting Services Manager, Aspire, Community Links
Emma Booth	Senior STR Worker, PSYPHER, Hull Foundation Trust
Sarah Boul	Quality Improvement Lead – MH, SCN
Rebecca Campbell	Quality Improvement Manager – MH, SCN
Emma Carpenter	Aspire Team Leader, Aspire Community Links
Ali Cook	Nurse – Manager, NAViGO
Daniel Cottam	Team Leader Manchester EIS, RDaSH
Alison Couch	Operational Service Manager, Hull Community MH Teams
Andrew Clarke	Quality Improvement Manager – Children’s MH, SCN
Sara Davies	Consultant Psychiatrist, South West Yorkshire Partnership FT
Richard Dalby	Senior Commissioner Specialist, Partnership Commissioning Unit
Cheryl Day	Programme Lead, Health Education England
Paul Dennis	Recovery Worker, Northlands EIS, SHSC NHS FT
Jane Dixon	Consultant Psychiatrist, Aspire, Lees & York Partnership NHS FT
Scott Feeney	Care Co-Ordinator, RDaSH
Sheila Fletcher	Assistant Commissioning Specialist, Partnership Commissioning Unit
Barry Foley	IAPT Workforce Consultant, Y&H HEE
Sarah Hope	Administration & Support Officer, SCN
Laura Johnson	Social Worker, Northlands EIS, SHSC NHS FT
Amanda Leadbeater	Nurse, NAViGO
Sarah Leason-Hurley	Deputy Team Manager, Insight EI Team, Wakefield
Nick Lattimer	Care Co-Ordinator, Airedale EIP
Nat Lindo	Operational Manager, Community Links
Sue Martindale	Lead Psychologist, SHSC NHS FT
Rachel McCluskey	Contracts & PBR Development Manager, Leeds CCG
Stephen McGowan (Co-Chair)	EIP Clinical Lead (Y&H), NHS England North
Jane McKenzie	Social Worker, NAViGO
David McMullan	Acting Manager, RDaSH
Jill Parsons	Care Co-Ordinator, PSYPHER, Hull EI
Alex Perry	Clinical Psychologist, Aspire, Leeds
Stephanie Pursehouse	Employment & Education Worker, Northlands EIS, SHSC NHS FT
Kate Quinn	Clinical Psychologist, Insight EI Team, Wakefield
Vickie Richardson	CBT Therapist, NAViGO
Alison Rumbol	Senior Commissioning Manager, Adult Joint Commissioning, Barnsley CCG
Tanuja Sinha	Speciality Doctor & EI Expert, RDaSH
Kerry Smith	Course Director PG Diploma in CBT, Hull University
Ola Tyryk	CPN, RDaSH
Viv Uttley	Family Therapist, Aspire, Community Links
Emma Waters	Assistant Psychologist, TEVW
Lesley Whiteley	Team Leader, TEVW
Steve Wright (Co-Chair)	Consultant Psychiatrist, TEVW

Apologies:	
Jeanette Blythe	NAViGO
Anita Brewin	Consultant Clinical Psychologist, Bradford & Airedale EIP, BDCFT
Tanya Cooper	Care Co-Ordinator, PSYPHER, Hull Foundation Trust
Adam Jhugroo	Community MH Nurse, Bradford & Airedale EIP, BDCFT
Jim Millns	Deputy Head of Contracting, NHS Sheffield CCG
Angela Moulson	GPwSI MH & Clinical Specialist Lead, Bradford City & District CCGs
Adrian Phillipson	Consultant, RDaSH
Simon Platts	Principal Clinical Psychologist, South West Partnership FT
Lisa Rudkin	Consultant Psychiatrist, Insight Wakefield
Theingi Thant	Non Acute Contracts Manager, NHS Southern Derbyshire CCG
Dipo Togun	Mental Health Manager, RDaSH
Tracey Walker	Early Intervention Service Manager, TEVW

No.	AGENDA ITEMS	Action By
1.	<p>Welcome</p> <ul style="list-style-type: none"> - Introductions Steve Wright conducted introductions, in particular of Alison Bagnall, SCN Network Manager for Mental Health and Stephen McGowan (Moggie) EIP Clinical Lead for Yorkshire and the Humber. Steve also welcomed everyone to the first Yorkshire and the Humber EIP Network meeting. - Aims, Objectives and Terms of Reference Steve advised the group that the main intention of the establishment of this EIP Network was to integrate the existing networks (including the Iris Network); eliminate duplication, have clear terms of reference, a clear mandate and to be as productive and purposeful as possible. To ensure the Network is able to meet these aims feedback from attendees is essential. <p>Steve went through the terms of reference with the group and advised that if any amendments needed to be made these should be emailed in to the Network.</p> <p><i>ACTION: For any comments on/amendments to the Terms of Reference please email sarah.boul@nhs.net.</i></p> <p>Steve emphasised that the Network meetings are established to provide an opportunity to discuss issues, such as the waiting time access standards, but also to go much further and provide an environment where wider sharing and learning can occur on issues such as recovery.</p> <p>Steve also emphasised that the Network needs to consider the implications of the Five Year Forward View for Mental Health and the potential for the creation of a Prevention Concordat, at which EIP should be at the heart.</p>	All
2.	<p>Strategic Clinical Network Overview</p> <p>Alison Bagnall provided an overview of the Strategic Clinical Network (SCN) with an emphasis on the fact that networks are a membership model and the attendees of these meetings are the Network.</p> <p>Please see the presentation slides for more information.</p>	
3.	<p>Overview of New Commissioning Guidelines</p> <p>Moggie introduced himself to the group and thanked everyone for attending. Moggie reiterated Steve's earlier points that the meeting today may have a</p>	

<p>focus on access and waiting times but this is not the only area for discussion at these forums and feedback from attendees as to future content and organisation of the meetings is very welcome.</p> <p>ACTION: For future agenda items or comments on the organisation of the network please email sarah.boul@nhs.net.</p> <p>Moggie presented to the group an overview of the draft Commissioning Guide, how this is being implemented and what lessons have been learned. Moggie stressed that EIP is expensive but it works and the economic and social benefits from early intervention validate this area of work.</p> <p>Moggie advised the group that, at this present time, he was unable to share his presentation slides or a copy of the draft Commissioning Guidance. However, he stressed that the guidance had been sent to all Trust Chief Executives and if attendees wanted to receive a copy to email their Chief Executive. As soon as agreement is granted the slides and guidance will be circulated.</p> <p>ACTION: Please email Trust Chief Executives to request a copy of the Commissioning Guidance.</p>	<p>All</p> <p>All</p>
<p>Questions & Discussion</p> <p>Moggie stated that he hoped his presentation had stimulated some thought in the room and then enquired of the group if there were any questions/comments:</p> <p><i>Question:</i> Considering the content of your presentation service specifications will have to be changed to reflect this going forward. This is going to be challenging. Do you have any service specification guidance that could be shared?</p> <p><i>Answer:</i> Moggie stated that there are some draft service specifications that can be shared and the technical guidance, which has recently been published, will also provide some clarity.</p> <p>ACTION: For anyone wishing to receive copies of the draft service specification please contact Stephen.McGowan@swyt.nhs.uk.</p> <p><i>Question:</i> Regarding CBT is there consensus between Commissioners and Providers regarding funding and is the training in place for practitioners to be able to deliver this service?</p> <p><i>Answer:</i> Moggie stated that CBT training is available to practitioners and would encourage everyone applicable to take this up. Regarding funding arrangements this is dependent on individual baseline positions, which are very varied. There are gaps in the funding and a tripartite audit is underway, which NHS England and Monitor are closely following.</p> <p><i>Question:</i> Are we prepared to deliver the required EIP services as of April 2016?</p> <p><i>Answer:</i> It is a mixed picture across the region. Some services are very close to accreditation. EIP treatment and therapy works so we must do what is best for our patients, resource EIP and monitor its progress.</p> <p><i>Question:</i> What is the evidence for the effectiveness of early intervention for</p>	<p>All</p>

	<p>over 35s? Does there need to be a different model for this group?</p> <p><i>Answer:</i> This is an issue. There is evidence that more women are missing out due to later presentations, and also that later presentation are something different, but optimal care will result in better outcomes, although optimal care for this group has yet to be defined. With regards to ARMS, there is no evidence for over 35s but there is also no evidence that intervening causes harm.</p> <p><i>Comment:</i> The required CBT therapists are not out there and are not trained, therefore more time is required for training.</p> <p><i>Response:</i> With regards to the CBTp training an appropriate level of pre-training is required. Developing a training pathway is part of the process, and a post-training process is also required. There will still be pressures to pull people into other roles and it will be a challenge to retain and use the skills obtained at the training. There is a high likelihood that care coordinators will be used and this has not worked previously.</p> <p><i>Question:</i> For family intervention, what number are expected to be seen over the course of a year?</p> <p><i>Answer:</i> ?50%The assumptions are in the workforce modelling, which will be checked.</p> <p><i>Question:</i> Is there anything within the technical guidance regarding referrals that cannot be engaged with but demonstrate reasonable attempts? Is there an agreed time gap and how do you get them off the system?</p> <p><i>Answer:</i> The technical guidance does not include this. The definition of engagement is the question. The target is for 2 weeks, but hence the 50%.</p> <p><i>Comment:</i> The role of the care coordinator is poorly understood and evidenced but teams understand the benefits.</p> <p><i>Response:</i> Further collaboration and definition is required regarding the role of the core coordinator. There are also issues with regards to recruitment.</p>	
<p>4.</p>	<p>Identifying Key Concerns</p> <p>Moggie and Steve enquired of the group what their key concerns were and, further to the previous discussions, the following areas were identified:</p> <ul style="list-style-type: none"> • The Money! • Over 35s – In particular evidence of the effectiveness of EIP in the over 35s. • Establishing the CBT Workforce – In particular not enough trained staff, staff not meeting the prerequisites to attend training and retaining staff once trained. • Family Intervention • Engagement and Disengagement of the AWT Pathway • Role of the Care Coordinator – In particular seeking regional consensus on the role of the Care Coordinator. 	
<p>5.</p>	<p>Table Discussions on Key Concerns</p> <p>Please see the presentation slides for a summary of the discussions held on</p>	

	each table.	
6.	<p>Feedback, Discussion and Actions</p> <p>Please see the presentation slides for a summary of the discussions held on each table.</p>	
7.	<p>Any Other Business (AOB)</p> <p>- Future Meeting Planning</p> <p>Comments and ideas for the format of future meetings were sought from the group and one idea that held particular resonance with the attendees was the possibility of dividing a meeting into specific sub sets of work around the following:</p> <ul style="list-style-type: none"> • Workforce • Training • Family Intervention • Demand & Capacity • Waiting List Management <p>In addition it was agreed that there may be a benefit it providing time within the meetings for the professional groups to get together.</p> <p>The group also remarked that having a mechanism for sharing resources was also an important consideration.</p> <p>- Closing Remarks</p> <p>Moggie and Steve thanked all attendees and speakers and hoped that the meeting had been informative and valuable.</p> <p>- Evaluation</p> <p>The attendees were advised that an online evaluation survey would be circulated and feedback on the meeting today will be welcome and very valuable to inform the content and organisation of future meetings.</p> <p><i>ACTION: All to complete the online survey by 31 March 2016.</i></p>	All
	ITEMS FOR INFORMATION:	
	<p>Future Meetings:</p> <p>2016 Meeting Dates:</p> <p>To Be Confirmed</p>	