Early Interventions in Psychosis (EIP): Introduction & Guidance

The Five Year Forward View workforce readiness assessment and use of the Workforce Calculator

Document objectives

This document introduces the EIP requirements and provides high level guidelines on how to effectively utilize the EIP Workforce Calculator to assess workforce gaps and support stakeholders in implementing a transformation programme. The suggested approach is derived from the Five Year Forward View (FYFV) workforce readiness assessment project, launched in London in January 2017.

The document includes the following sections:

- Context behind the EIP initiative
- Five Year Forward View workforce readiness assessment approach
- Recommendations on how to use the EIP Workforce Calculator as an enabler of the initiative
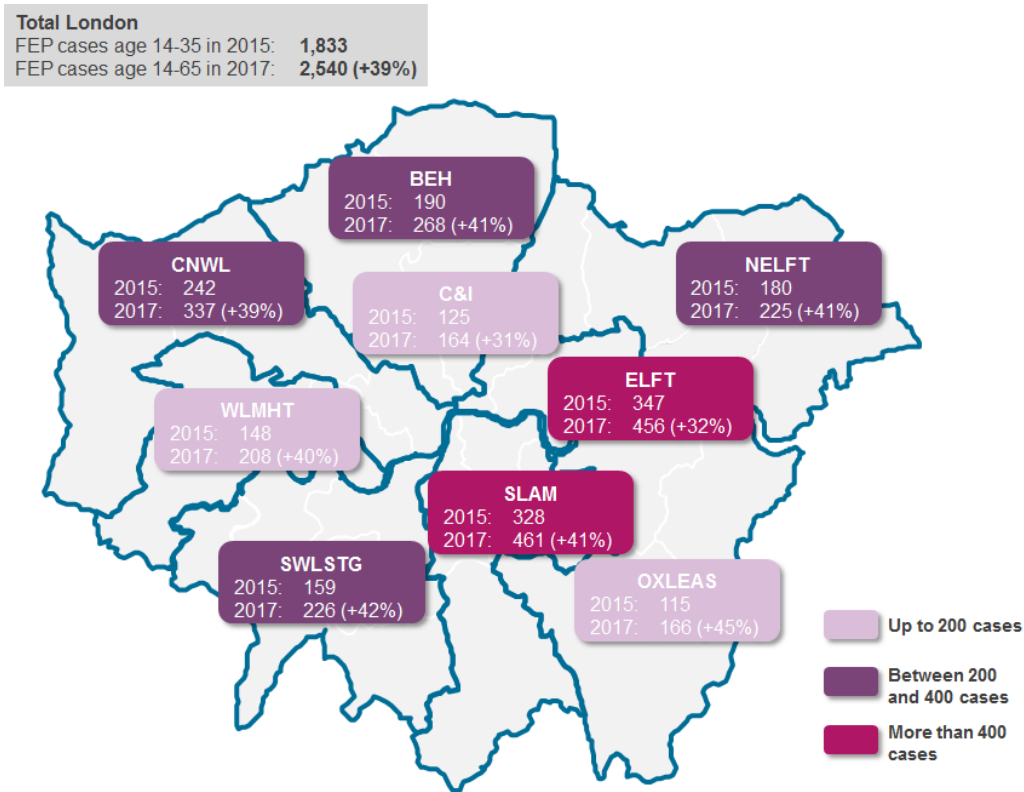
Context behind the EIP initiative

The FYFV vision for mental health stressed the need to implement new strategies for achieving both improved health outcomes for patients and sustainability of services. This translated into a clear national mandate from NHS England to further develop recovery-oriented community mental health services and to securing full access to such services.

For EIP, this meant the implementation of new access standards, which from April 2016 are requesting EIP teams to ensure the assessment of referrals is performed within 14 days for at least 50% of cases. A second part of the new published standards will become mandatory shortly to promote greater access levels.   As a result, implementing the new standards will increasingly place added pressure on the operations of existing EIP teams and concerns are arising as to whether the additional workload can be absorbed by the current workforce.

For example, in London by 2017, there will be approximately 2,500 new cases of First Episode of Psychosis among the population aged between 14 and 65 years, the age segment to be served as per new standards. This represents a 39% increase in the number of cases the current EIP teams were managing until 2015, when the target segment was capped at 35 years.
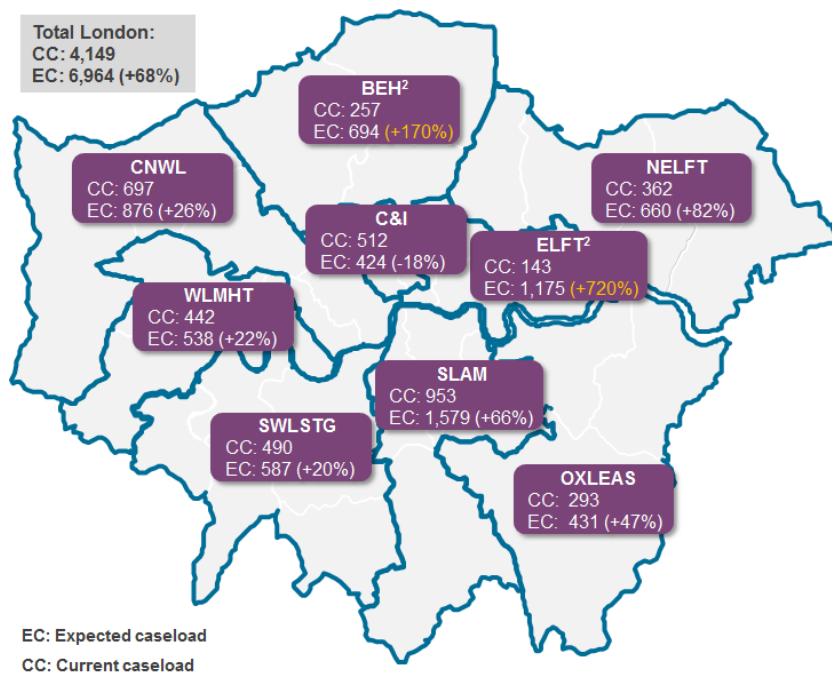
Predicted FEP cases based on population by MHT in London, age segment 13-35 in 2015 and age segment 14-65 in 2017

Total London
FEP cases age 14-35 in 2015: **1,833**
FEP cases age 14-65 in 2017: **2,540 (+39%)**

BEH
2015: 190
2017: 268 (+41%)

CNWL
2015: 242
2017: 337 (+39%)

C&I
2015: 125
2017: 164 (+31%)

NELFT
2015: 180
2017: 225 (+41%)

ELFT
2015: 347
2017: 456 (+32%)

WLMHT
2015: 148
2017: 208 (+40%)

SLAM
2015: 328
2017: 461 (+41%)

SWLSTG
2015: 159
2017: 226 (+42%)

OXLEAS
2015: 115
2017: 166 (+45%)

Up to 200 cases

Between 200 and 400 cases

More than 400 cases

Notes: HLP analysis on Psymaptic Cambridge University and on population projections GLA 2015

EIP teams have witnessed a spike in the number of accepted cases during 2016, but the impact of this on operations will continue to grow in the next 2-3 years as the caseload adjusts to new levels. In fact, due to the age segment expansion alone, EIP teams will need to manage a 68% increase in caseload by 2020.

FEP caseload current 2016 vs. expected by 2020

Total London:
CC: 4,149
EC: 6,964 (+68%)

BEH[2]
CC: 257
EC: 694 (+170%)

CNWL
CC: 697
EC: 876 (+26%)

C&I
CC: 512
EC: 424 (-18%)

ELFT[2]
CC: 143
EC: 1,175 (+720%)

NELFT
CC: 362
EC: 660 (+82%)

WLMHT
CC: 442
EC: 538 (+22%)

SLAM
CC: 953
EC: 1,579 (+66%)

SWLSTG
CC: 490
EC: 587 (+20%)

OXLEAS
CC: 293
EC: 431 (+47%)

EC: Expected caseload
CC: Current caseload

The same considerations are likely to be valid for many areas in England. Because of the significant increase in operational activity, EIP teams will most probably identify a workforce capacity gap that, if not addressed, will restrict the implementation of the FYFV vision for the service.
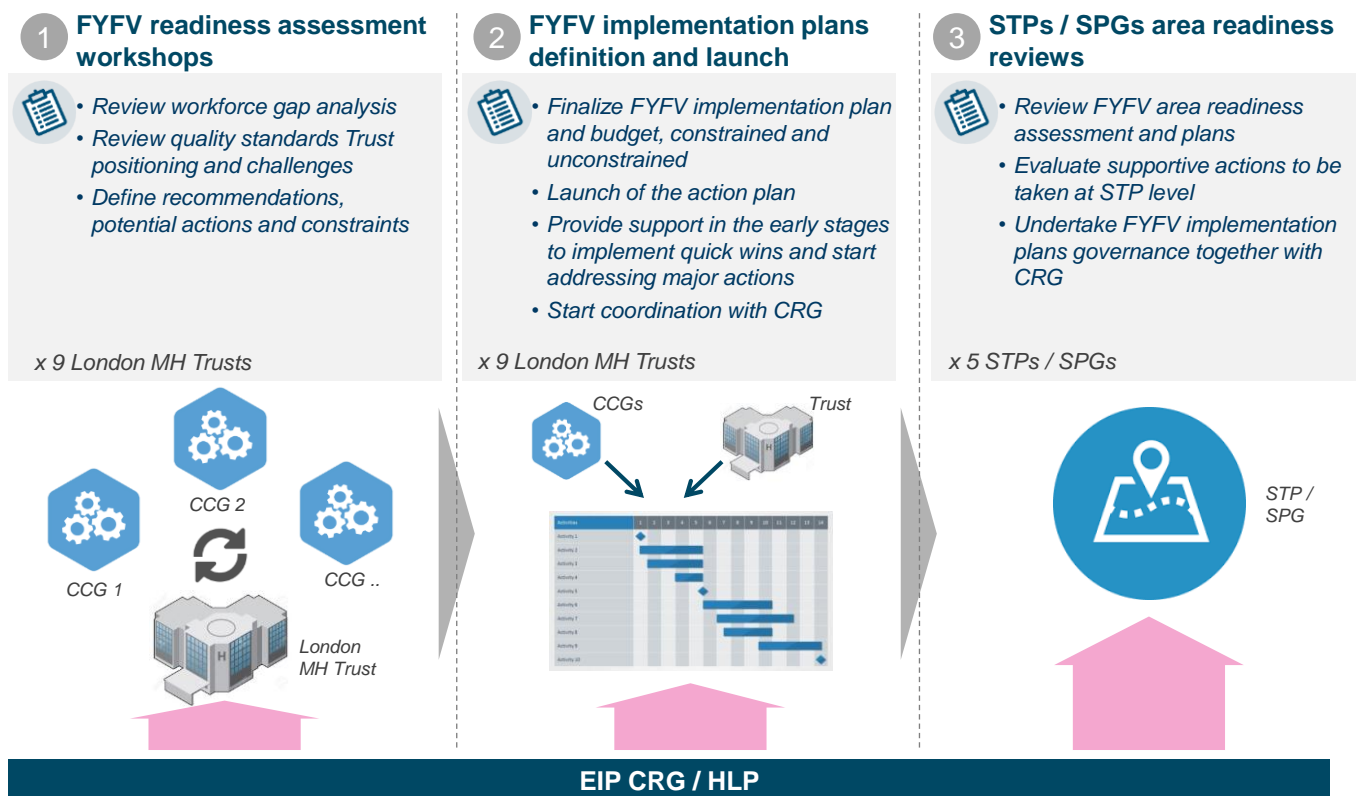
Five Year Forward View workforce readiness assessment approach

In January 2017, the HLP programme and the London EIP CRG launched a support initiative in order to provide clarity around the extent of the potential workforce gap in the implementation of the FYFV, and to stimulate the decision-making among the relevant stakeholders (i.e. trusts, CCGs, STPs) on how to address the gap. This chapter highlights the key steps of this tested approach, which could be replicated in other local areas.

Learning from project implementation in London has identified the following key success factors, which are reflected in the recommended approach:

- Ensure support from the clinical community by pursuing co-creation and early engagement – the clinical community is ultimately responsible for service delivery and their full support and buy-in is pivotal for the success of the initiative
- Engage all stakeholders early in the conversation – consensus on the direction to be taken needs to be built as soon as possible during the curse of the initiative by integrating the different interests and point of views of all stakeholders
- Stimulate ownership and agency in all stakeholders – organizational changes and initiatives require collaboration among all parties involved. It is important to make sure that every stakeholder can play a unique role according to their scope of responsibilities
- Provide actionable insights – there can be a risk of providing information and data without clarifying what the 'call-to-action' is for the audience. In change programmes, the information provided needs to generate new perspectives or an enhanced level of understanding for the stakeholder group. It should specify what are the risks of persisting in the current state and suggest potential ways to overcome the issues
- [EIP context specific] Review of quality standards positioning – as quality standards clearly have a significant impact on service delivery, it is recommended that the day-by-day operations at trust level are discussed in detail to reveal any constraint or challenge that might undermine other system-wide conversations

Based on these principles, the initiative involves three steps and a potential blueprint is illustrated as follows:

1 **FYFV readiness assessment workshops**

- *Review workforce gap analysis*
- *Review quality standards Trust positioning and challenges*
- *Define recommendations, potential actions and constraints*

x 9 London MH Trusts

CCG 2

CCG 1

CCG ..

London MH Trust

2 **FYFV implementation plans definition and launch**

- *Finalize FYFV implementation plan and budget, constrained and unconstrained*
- *Launch of the action plan*
- *Provide support in the early stages to implement quick wins and start addressing major actions*
- *Start coordination with CRG*

x 9 London MH Trusts

CCGs

Trust

3 **STPs / SPGs area readiness reviews**

- *Review FYFV area readiness assessment and plans*
- *Evaluate supportive actions to be taken at STP level*
- *Undertake FYFV implementation plans governance together with CRG*

x 5 STPs / SPGs

STP / SPG

EIP CRG / HLP

FYFV readiness assessment workshops

During this phase a workshop is conducted at trust level to highlight the key implications of implementing the new standards for both workforce capacity and team operations. Each workshop will involve the participation of Clinical and Service Leads for the EIP teams, commissioners, HEE and other representation from trust's internal functions. The output of the meeting will be a list of key actions for the implementation of the FYFV in the trust, with a clear distinction between what is currently achievable through the joint effort of trusts and CCGs and areas which may require unplanned additional funding.
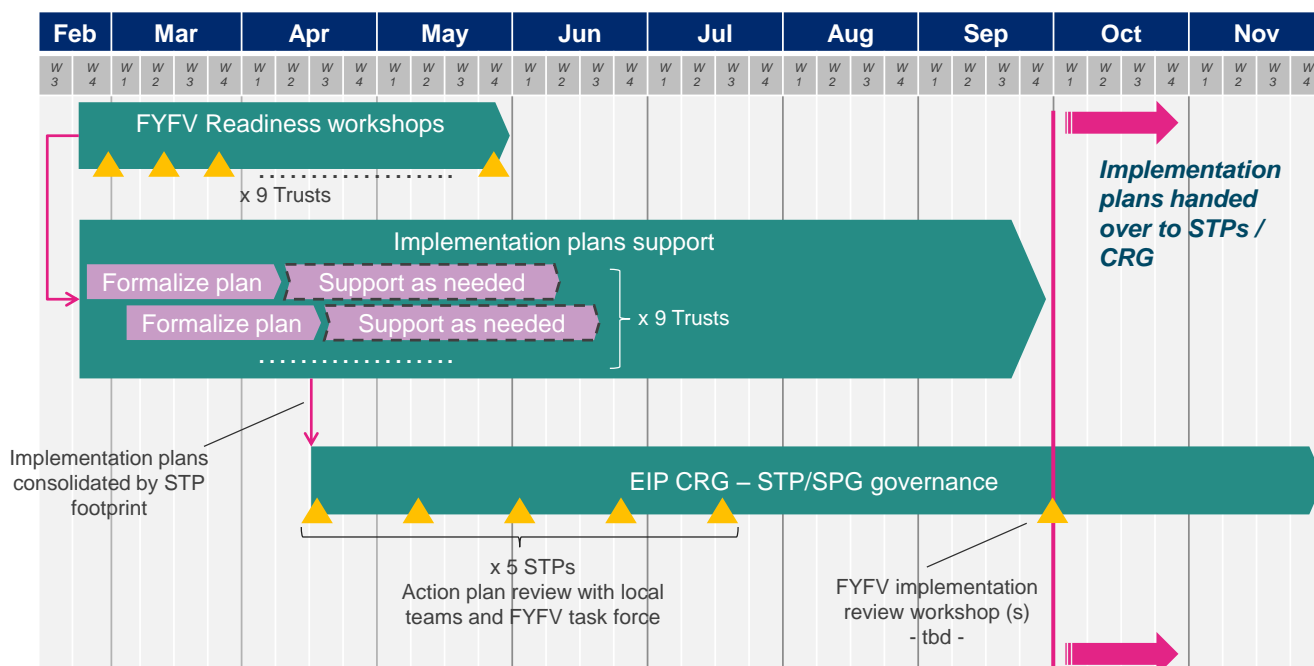
FYFV implementation plans: definition and launch

The team leading the initiative supports each trust in the early stages of implementing their action plans by providing clinical and workforce modelling competencies, addressing quick wins and preparing the ground for the launch of major actions in the medium and long term.

STP / SPG area readiness review

During the last phase the trusts review their action plans at STP level. This may be the right point to develop and implement on-going governance of the programme as well as discussing major actions which require the support of leadership and therefore need to be sponsored by STPs.

The following diagram is an example of the timeline of the approach:

Recommendations on how to use the EIP Workforce Calculator to enable the initiative

This chapter provides a list of practical recommendations on the use of the workforce calculator during a potential workforce assessment initiative.

ID	Recommendation	Comments
1	Competencies for using the workforce calculator	In order to use the tool effectively to enable change it is important that two key competencies are made available: 1. Ability to process data and conduct analysis 2. Ability to identify organizational implications of the insights coming out of the analysis If it is difficult to identify a single person with these two set of competencies then it is advisable to employ more than one person in coordination (core skill)/data analysis and a manager level to look at and champion the organizational changes.
2	Allow time for data collection	A small proportion of people in organizations manage data from day to day; if a data collection is necessary to populate the workforce tool the team needs to allow several days to process the request.
3	Validate analysis with managers and data/process owners before presenting outcomes	It is risky to discuss the outcomes of any analysis without prior validation with the parties directly involved; common risks are: incorrect data provided or requested due to misunderstanding, inability to answer clarifications on data, showing insights that are uncomfortable for the data/process owner or for the audience, etc. Based on this, it is very important to discuss and validate the outcomes of the analysis with the data/process owner before any further disclosure.

For further information please contact us using the contact form at https://www.healthylondon.org/