

SOUTH OF ENGLAND EARLY INTERVENTION IN PSYCHOSIS PROGRAMME

ANNUAL REPORT 2019-20



COMMISSIONED BY
NHS ENGLAND (SOUTH)



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SOUTH REGION EIP PROGRAMME

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1. Document and Version Control

Version	Date	Authors	Changes Included
1.0	14.11.2019	Sarah Amani	· First draft
1.1	02.12.2019	Sarah Amani, Belinda Lennox, James O'Donoghue, Nik Nikolic, Shanaya Rathod, Lynne Dickson, Samantha Lungu and Ann Tweedale	· Review of findings with Regional EIP Clinical leads and NHS England Quality Improvement Managers · Exploration of possible reasons for drop in caseloads
1.2	10.12.2019	Belinda Lennox and Sarah Amani	· Reviewed and verified EIP Matrix findings with EIP Leads, Provider Directors, Commissioners and NHS England Managers · Added narrative on role of crisis and psychiatric liaison teams in supporting EIP to reduce hospital admissions
1.3	06.01.2019	Belinda Lennox and Sarah Amani	· Added FEP caseload as percentage of Psymaptic incidence · Added possible reasons for reducing caseloads
1.4	08.01.2020	Sarah Amani	· Amended difference between best and worst funded teams · Corrected NICE reference cost reference to correct year

Document Review Distribution List

Chair	Forum
Jay Nairn	National NHS England EIP Clinical Leads Group
Prof. Belinda Lennox	South EIP Clinical & Technical Group
Samantha Allen	NHS England (South East) Mental Health Priority Board
Mark Cooke	NHS England (South West) Operations and Improvement Group

Document Approval [Persons designated to approve and sign off of this document]

Name	Title, Organization
Ann Tweedale	Senior Programme Manager, NHS England South West
Oral Arrindell	Senior Programme Manager, NHS England South East
Prof Belinda Lennox	Senior Responsible Officer, University of Oxford

2. Introduction

Psychosis

Psychosis is a severe mental illness which affects up to 3% of the population and is associated with significant impairment in social functioning and shorter life expectancy¹.

Early intervention for first episode psychosis has been shown to be significantly cost effective in terms of the reduction in the use of crisis and inpatient services, improved employment outcomes and reduction in admissions to hospital.

In the short and longer-term there are estimated net cost savings of £7,972 per person after the first four years and £6,780 per person in the next four to 10 years, if full EIP provisions are provided. Over a 10-year period this would result in £15 of costs saved for every £1 invested in EIP services.

There is significant evidence that early access to services, together with the delivery of defined evidence-based interventions for the first 3 years following onset, is essential for improving outcomes and is highly cost effective².

Context

NHS England introduced the psychosis standards in 2016 to ensure:

1. People with suspected first episode psychosis are assessed by EIP within 2 weeks of referral
2. Treatment is in accordance with NICE guidelines for psychosis and schizophrenia

In addition, EIP teams were also tasked with extending the service remit to treat individuals with At Risk Mental States (ARMS) and those aged 36-65.

Purpose

This report provides an update on what is being commissioned and delivered at a regional and local level with a summary of activities which have supported teams to make improvements.

Objectives

The South EIP Programme is commissioned by NHS England (South) and its objectives are to:

1. Engage clinical leads to optimise their workforce and pathways to improve quality
2. Reduce variation by sharing good practice to speed up wider adoption
3. Design easy to use tools to help systems track performance and plan for improvements
4. Support commissioners to build compelling business cases to secure investment
5. Share our methods to support delivery of other NHS England priorities

Method

The findings in this report are from the **EIP Matrix** online data analytics and visualisation tool. The EIP Matrix uses audit questions from the Royal College of Psychiatry's College for Clinical Quality Improvement (CCQI) as well as contextual audit questions on caseloads, investment and outcomes. EIP team managers were invited to update their data from 31st August 2019 with a deadline of 31st October 2019. On 4th November 2019, team managers received draft summary reports to verify and correct as required before final publication. Apart from Plymouth EIP team, all EIP teams in the South of England completed the EIP Matrix audit.

¹ Academy of Royal Medical Colleges (2016) Improving the physical health of adults with severe mental illness: Essential actions. Accessed online on 20th November 2019 at: <http://www.rcpsych.ac.uk/files/pdfversion/OP100.pdf>

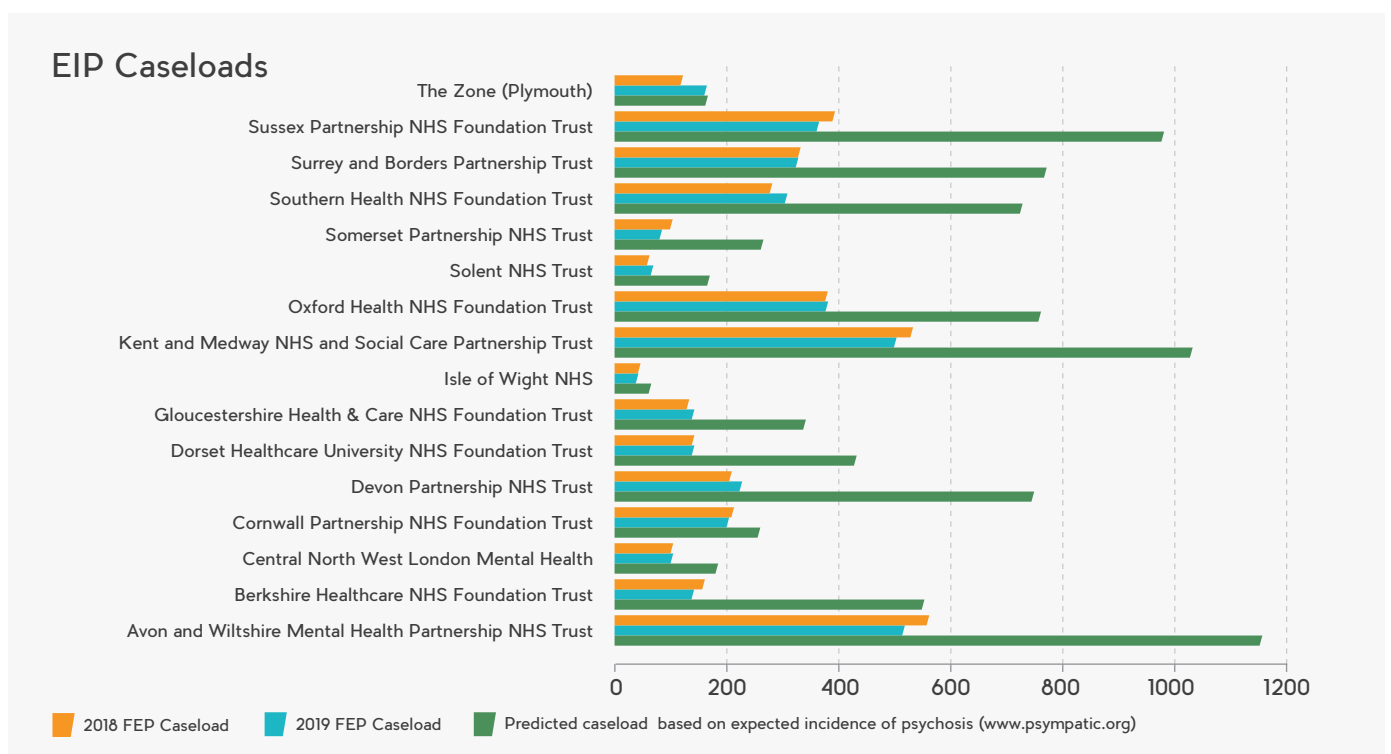
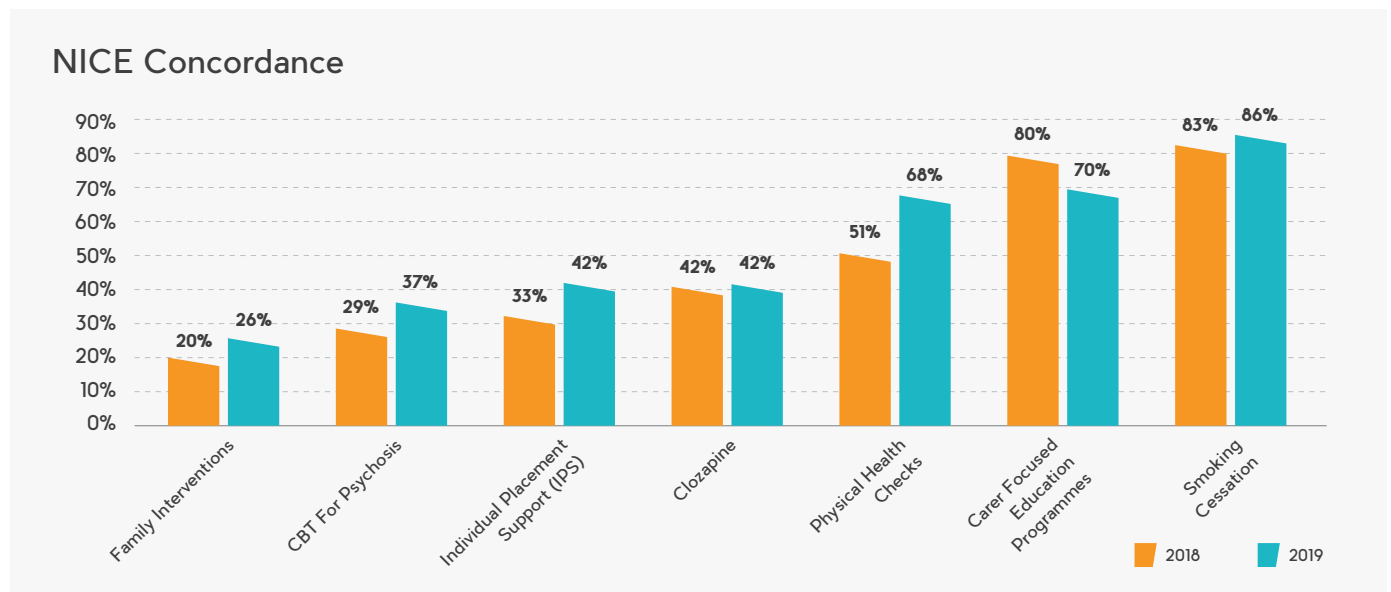
² Tsiachristas et al (2016) Economic impact of early intervention in psychosis services: results from a longitudinal retrospective controlled study in England Accessed online on 11th November 2019 at <http://bmjopen.bmj.com/content/6/10/e012611.full.pdf+html>

3. Findings

Executive Summary

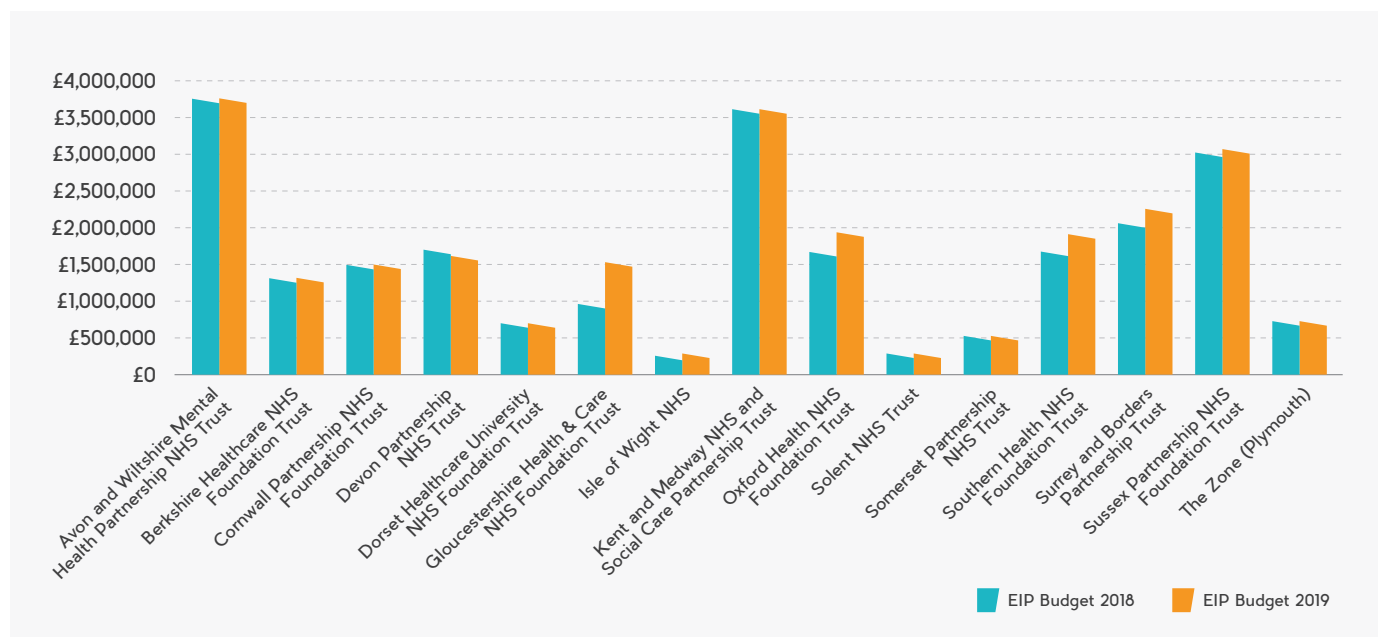
South of England Early Intervention in Psychosis (EIP) teams have made improvements in the majority of key performance indicators, most notably in the delivery of comprehensive physical health checks which have increased from 51% in 2018 to 68% in 2019.

There have also been improvements in the delivery of Cognitive Behavioural Therapy for Psychosis (CBTp), Family Interventions, Individual Placement and Support and referral to smoking cessation services. However, these figures are in the context of a worrying trend of a drop in the number of people with first episode psychosis being treated by EIP teams across the region. The majority of teams are reporting a reduced caseload when compared to previous years, and far below the expected numbers of people with psychosis in the population. In the following sections, we will explore each of these findings in more detail.



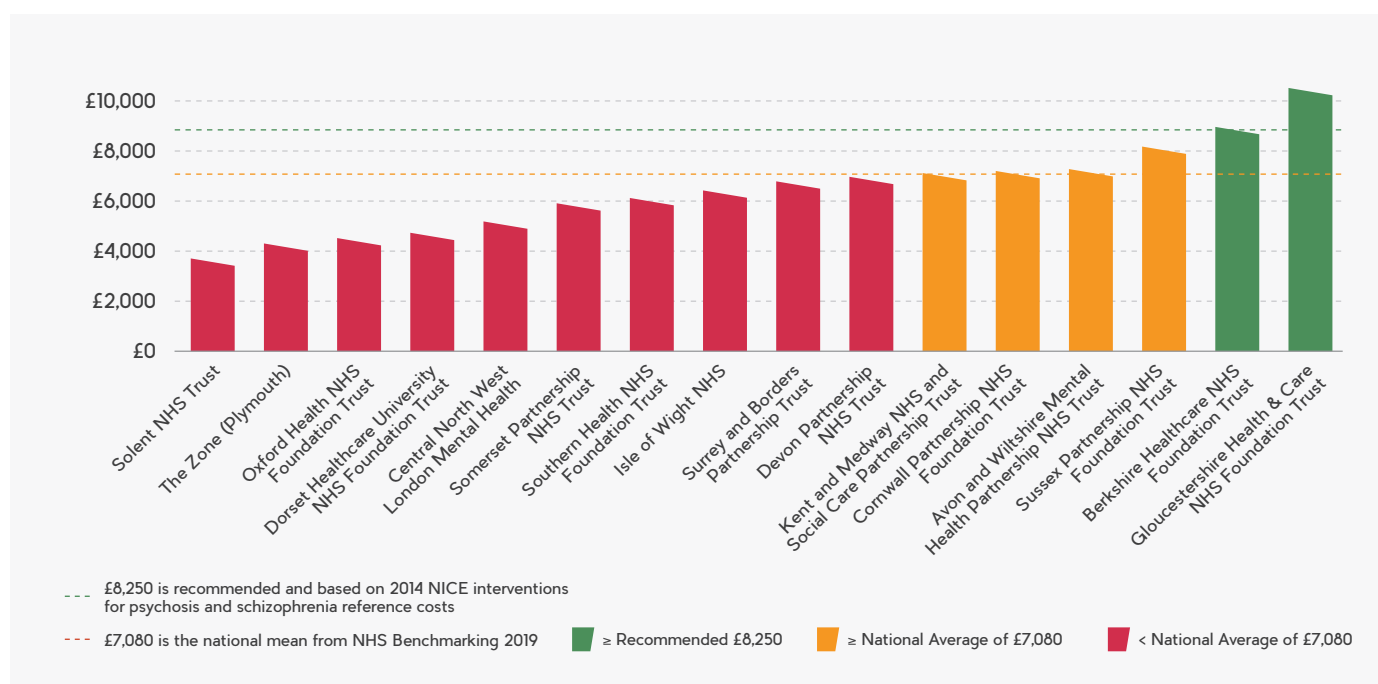
Funding

NHS England's Long Term Plan allocated a national budget of £18 million for EIP through Clinical Commissioning Group (CCG) baselines in 2019³. However, despite the strong research evidence, economic case and the clear mandate from NHS England, securing funding for EIP remains a challenge. In the majority of cases (9 out of 15 providers) funding for EIP has not increased in the last year:



Investment per Patient

It is therefore unsurprising that there continues to be a threefold variation between the best and worst funded EIP services in the South of England (a range of £3,844 - £10,509):



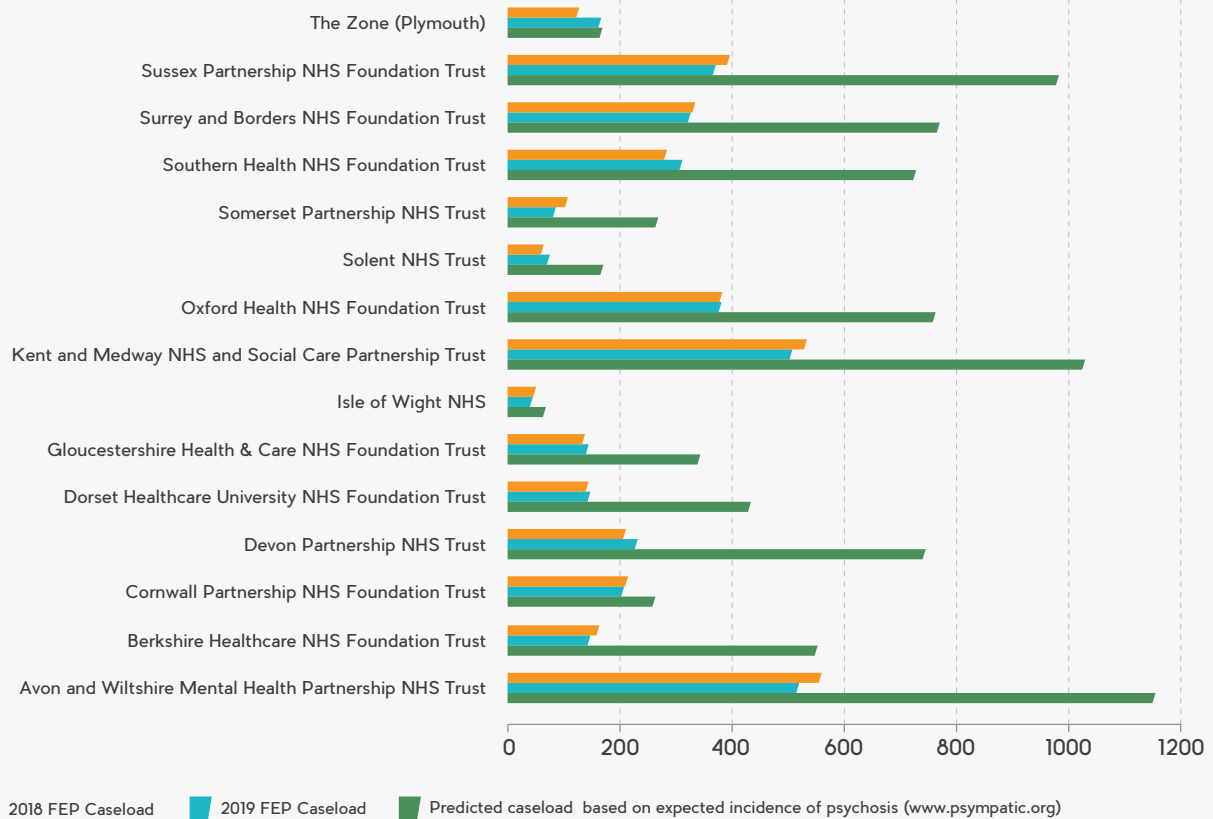
³ NHS England (2019) Long Term Plan for Mental Health. Accessed online on 4th November 2019 at <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/better-care-for-major-health-conditions/adult-mental-health-services/>

Caseloads

Psymaptic (www.psymaptic.org) is an epidemiological tool which predicts the number of new cases of psychosis expected to emerge in a population per year. This figure has been multiplied by 3 to signify the accumulation expected as a result of 3 years of treatment within EIP. When we compare caseloads to predicted caseload (yellow column), it is clear that not all people experiencing first episode psychosis are able to access EIP or able to receive the recommended 3 years of treatment, with some services treating less than 30% of the anticipated psychosis population in their area:

Provider	2016 FEP Caseload	2017 FEP Caseload	2018 FEP Caseload	2019 FEP Caseload	Expected Caseload Based on Psymaptic Psychosis Incidence	Change in Caseload Between 2016 and 2019	2019 FEP Caseload as Percentage of Psymaptic Prediction
Avon and Wiltshire Mental Health Partnership NHS Trust	561	592	562	521	1,155	-40 (-4%)	45%
Berkshire Healthcare NHS Foundation Trust	205	179	166	148	555	-57 (-10%)	27%
Cornwall Partnership NHS Foundation Trust	166	176	217	210	267	+44 (+17%)	79%
Devon Partnership NHS Trust	200	326	213	231	747	+31 (+4%)	31%
Dorset Healthcare University NHS Foundation Trust	220	290	146	148	435	-72 (-17%)	34%
Gloucestershire Health & Care NHS Foundation Trust	132	131	138	146	345	14 (+4%)	42%
Isle of Wight NHS	50	52	52	46	69	-4 (-5%)	67%
Kent and Medway NHS and Social Care Partnership Trust	551	542	533	507	1,029	-44 (-5%)	49%
Oxford Health NHS Foundation Trust	413	338	385	382	762	-31 (-4%)	50%
Solent NHS Trust	39	56	65	77	174	+38 (+22%)	44%
Somerset Partnership NHS Trust	158	154	111	89	270	-69 (-26%)	33%
Southern Health NHS Foundation Trust	284	283	284	311	729	+27 (+4%)	43%
Surrey and Borders Partnership NHS Foundation Trust	379	336	335	330	771	-49 (-6%)	43%
Sussex Partnership NHS Foundation Trust	579	407	398	371	981	-208 (-21%)	38%
The Zone (Plymouth)	86	130	130	153	168	+67 (+40%)	91%

EIP Caseloads



Caseloads

It is concerning that the number of people accessing EIP has decreased for yet another year from a South of England caseload of 4,130 in 2016 when the psychosis standards were introduced, down to 3,780 in 2019. Our interpretation of these findings is that faced with rising demand with no extra resource, teams may have resorted to:

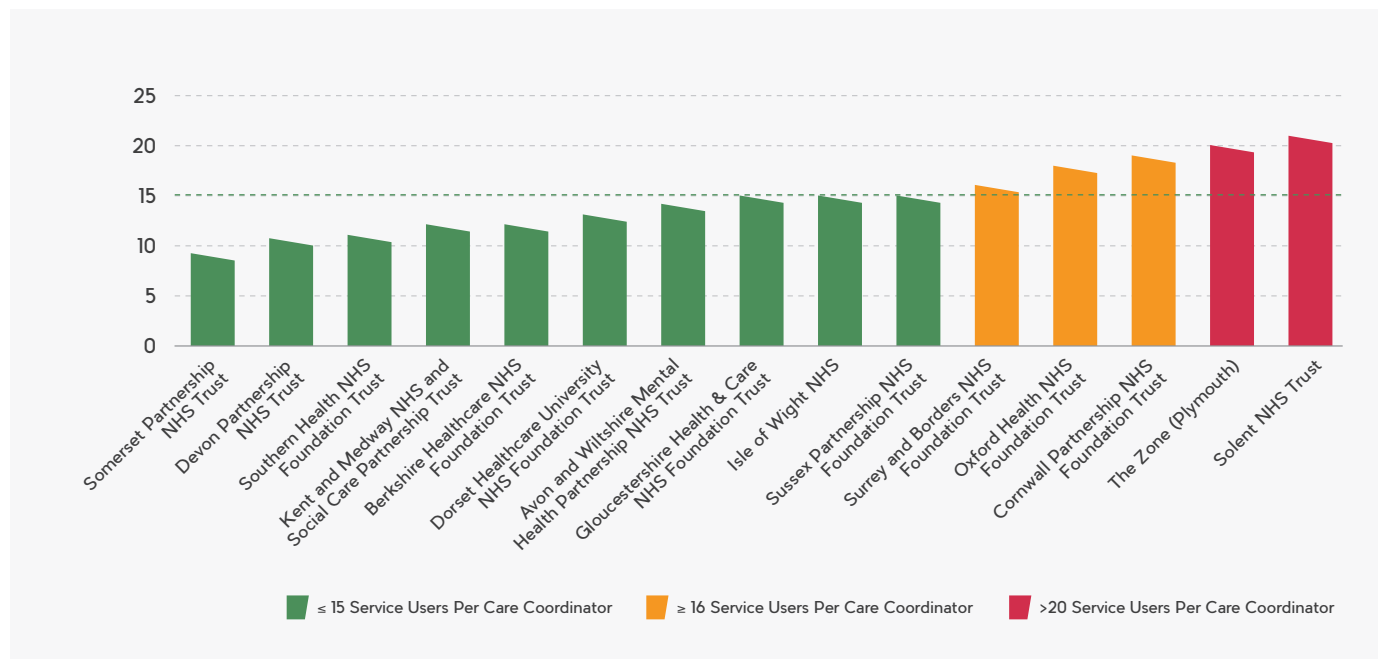
1. Stopping health promotion and early detection work with referrers e.g. Primary Care
2. Restricting access by raising their thresholds at referral and assessment
3. Discharging patients earlier before the end of the 3-year period of treatment

The above factors may also be compounded by lack of experience in assessment teams who may not detect early signs of psychosis, or of cases which are rejected at the Single Point of Access (SPA) as they do not meet the higher thresholds of symptom severity used by generic Community Mental Health Teams (CMHTs). This trend of reducing EIP caseloads is an area we plan to explore in future as it suggests that there is a cohort of eligible patients who are going without access to early intervention in psychosis and are likely to have longer Durations of Untreated Psychosis (DUP), present in crisis and via the acute pathway⁴.

⁴Suvisaari et al (2018) Is It Possible to Predict the Future in First-Episode Psychosis? Accessed online on 14th November 2019 at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6243124/>

Care Coordinator: Service User Ratio

It is recommended that Care Coordinators maintain a caseload of 15 service users per care coordinator to ensure maximum engagement. This improves their ability to spot and manage early signs of deterioration and prevents relapse. There is a wide variation in Care Coordinator caseloads, ranging from 9 to 21 as illustrated in the following graph:

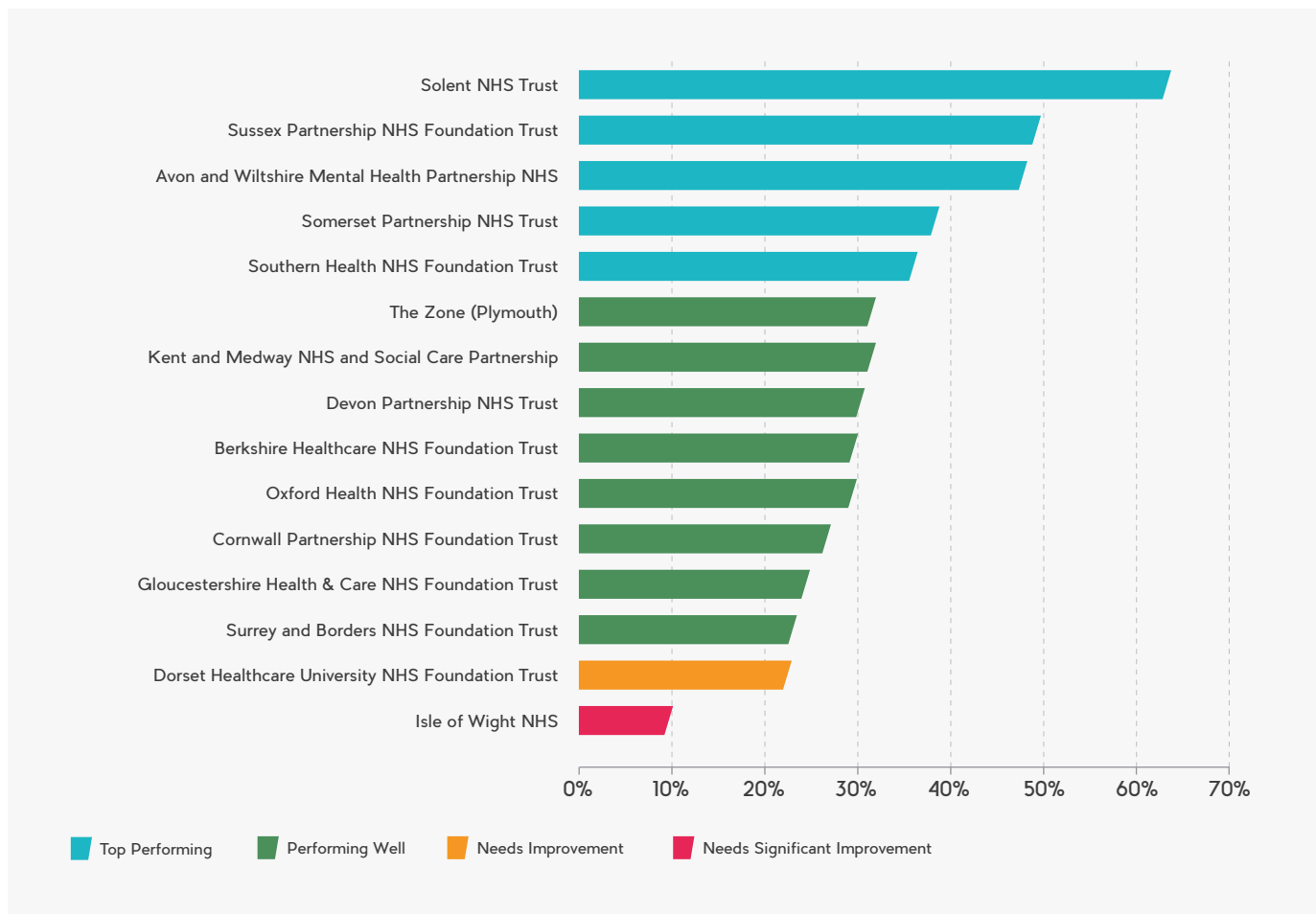


It is important to note that the above Care Coordinator figures include vacancies which were yet to be filled at the time of submitting data to the EIP Matrix (October 2019). The caseload per actual care coordinator is therefore higher. In future audits, we plan to ask teams to tell us about the number of vacancies for each discipline as anecdotal feedback suggests that teams are typically running with a 10-20% vacancy rate and often having to advertise roles multiple times before being able to appoint.

The national shortage of nurses (estimated at 41,000) and the dissolution of the Health and Social Care Act (2012) Section 75 arrangements with Social Care (resulting in the removal of Social Workers from NHS Trusts) has also impacted the number of Care Coordinators working in EIP⁵. In 2018, there were 227 Care Coordinators working in EIP across the South region, this has only grown marginally to 236. However, this is still less than the 243 Care Coordinators who were working in EIP in 2016 when the standards were first introduced. Team Leads have reported that some Care Coordinators who have trained in CBTp have left EIP for higher paying posts in services such as Increasing Access to Psychological Therapies (IAPT).

⁵ Nuffield Trust (2019) Closing the gap: Key areas for action on the health and care workforce. Accessed online on 18th December 2019 at: <https://www.nuffieldtrust.org.uk/files/2019-03/hea6708-workforce-full-report-web.pdf>

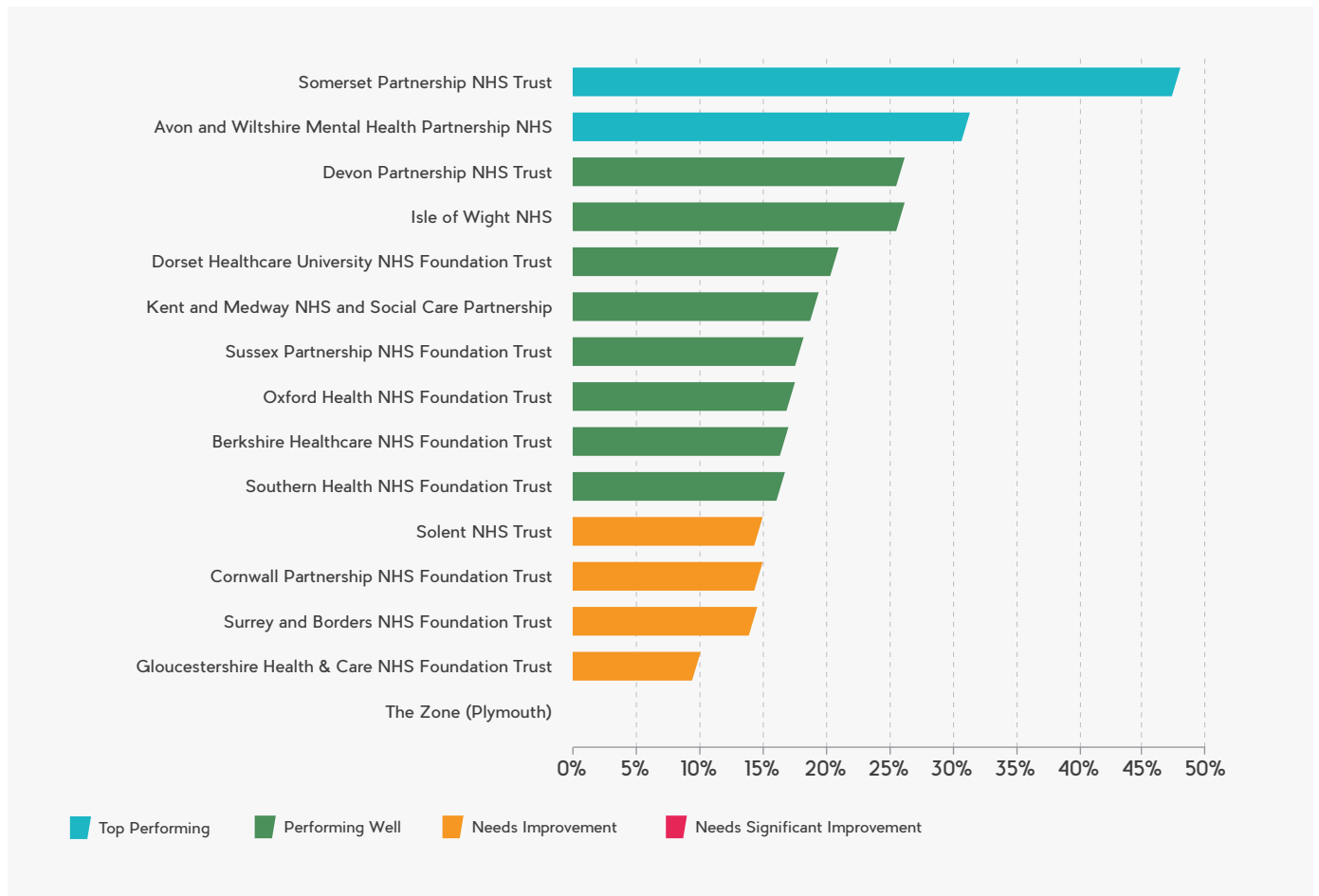
Cognitive Behavioural Therapy for Psychosis



More people with psychosis accessing EIP in the South of England have received CBTp than in previous years: 37% of people with psychosis had 2 or more sessions of CBTp in 2019 as compared to 29% in 2018. This increase is largely because of Health Education England (HEE) commissioning of CBTp training places funded during 2016 and 2017 which was also accompanied by funding for backfill. As the Post Graduate Diploma in CBTp takes 18 - 24 months, we are only now starting to see the improvements from recent graduates. In 2018, EIP teams in the South region struggled to release staff to undertake more CBTp training as there was no funding from HEE for backfill. For future years, teams will need to secure recurring investment from commissioners. This investment from commissioners is critical to ensure there is adequate capacity to release staff for training (backfill) and to re-band those who are newly qualified to higher banding to retain them and sustain improvements.

⁶The Royal College of Psychiatry’s College for Clinical Quality Improvement (CCQI) has set percentage thresholds for rating performance for each indicator, the thresholds can be viewed by clicking [here](#).

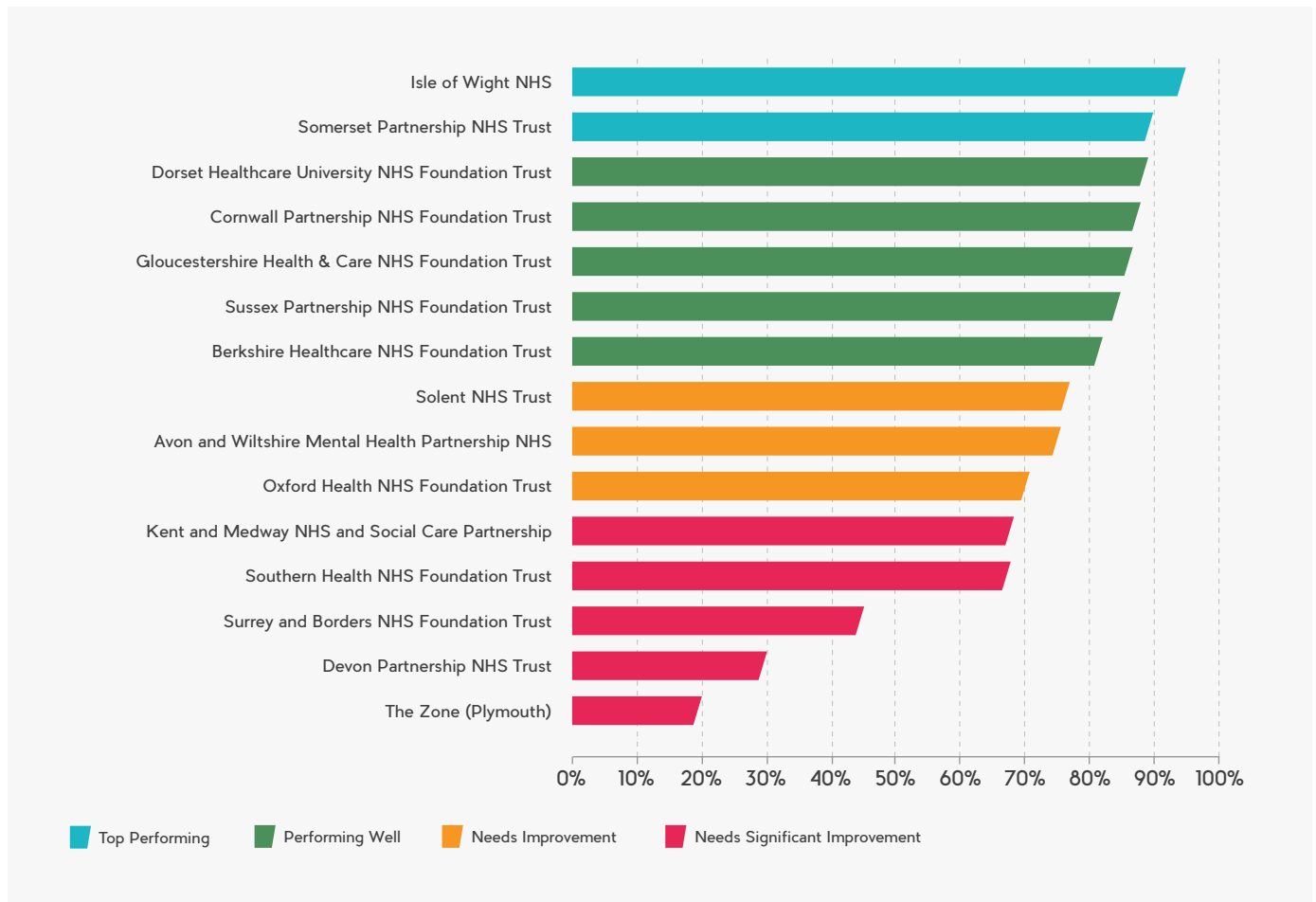
Family Interventions



Numerous studies and meta-analysis have shown that structured Family interventions for psychosis (FI) are effective in reducing service user relapse and carer distress. There has been a small improvement in the percentage of families receiving FI in the South of England from 20% in 2018 to 26% in 2019. Most staff working in EIP in the South of England have completed training in the delivery of FI. Most courses of FI run for 10 days with supervision groups thereafter. The relatively low delivery of FI i.e. just over 2 out of 10 families receive this intervention, is likely due to the need for two Care Coordinators to deliver the intervention. As with Carer Education Groups, FI is typically delivered in evenings to allow for family members who work during the day to join the sessions. Where Care Coordinators have high caseloads or teams are generally under pressure, then it is unlikely that FI will be offered or delivered.

⁷ Claxton et al (2017) Family interventions for psychosis (Fip) are effective in reducing service user relapse and carer distress in people with schizophrenia-spectrum conditions. Accessed online on 18th December 2019 at: <https://www.frontiersin.org/articles/10.3389/fpsyg.2017.00371/full>

Physical Health Monitoring



People living with psychosis live 20-25 years shorter than the general population. Cardiovascular disease, weight gain and diabetes are the greatest contributors to this reduction in life expectancy. Regionally, there has been an improvement in the comprehensive screening of physical health from 51% in 2018 to 68% in 2019. EIP teams have used multi-pronged strategies to make improvements including:

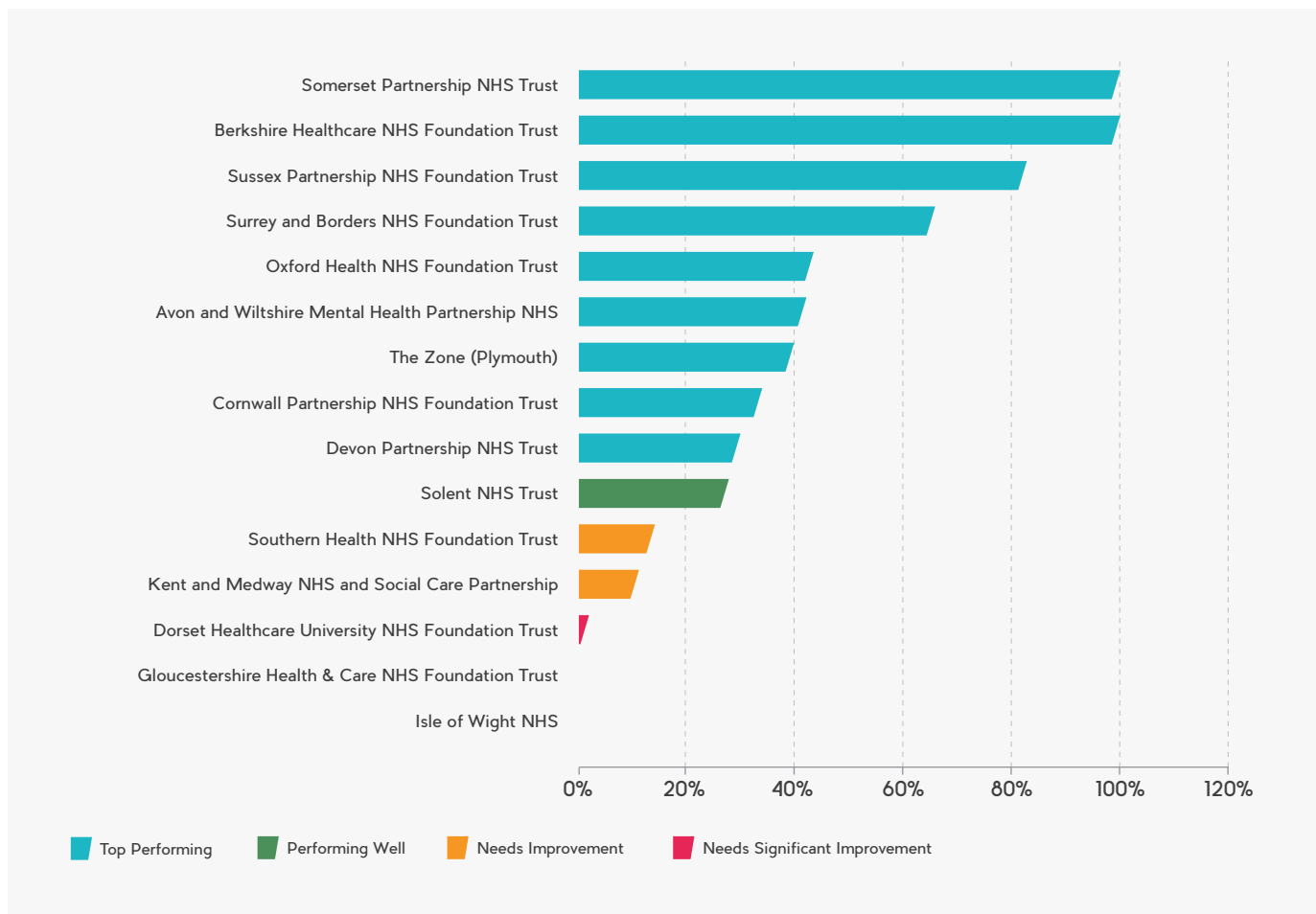
- Training staff in phlebotomy
- Assigning named staff to GP surgeries to improve relationships with primary care
- Recruiting Registered General Nurses (RGNs) as physical health leads
- Running annual wellbeing clinics and supporting people’s travel to take part in a physical health ‘MOT’ which is followed by fun social activities e.g. boxing or surfing (Cornwall EIP Service)
- Using point of care blood testing machines (e.g. in Oxford and Sussex)

The Commissioning for Quality and Innovation (CQUIN) 2017-19 contracting framework has set a standard requiring all secondary mental health teams, including EIP, to complete a comprehensive physical health check for at least 90% of those on their caseload . Only Isle of Wight and Somerset achieved this ambition in 2019.

⁸Academy of Royal Medical Colleges (2016) Improving the physical health of adults with severe mental illness: Essential actions. Accessed online on 20th November 2019 at: <http://www.rcpsych.ac.uk/files/pdfversion/OP100.pdf>

⁹NHS England (2016) Commissioning for Quality and Innovation (CQUIN): Guidance for 2017-19. Accessed online on 21st November 2019 at: <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>

Individual Placement Support

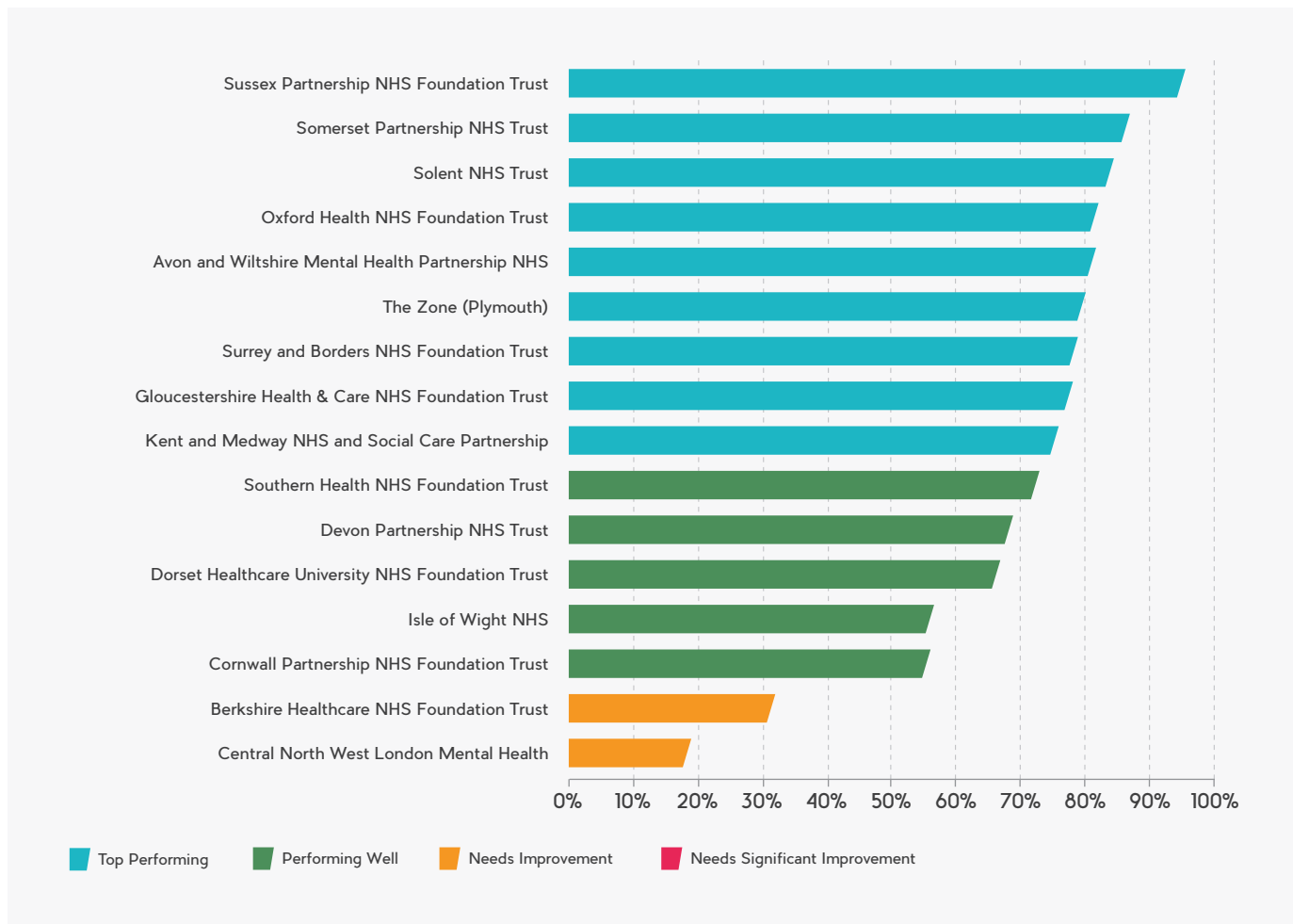


Studies on people with psychosis accessing EIP have found unemployment rates to be 10 times higher than the general population. Individual Placement and Support (IPS) has been shown to be an effective intervention for supporting people with severe mental illness back into paid employment with results which are superior to generic employment support. In 2016, only Sussex and Southampton (the latter is in Southern Health) EIP teams had IPS Workers embedded within EIP. Following the successful bidding for NHS England IPS funding, the majority of EIP teams in the South of England (except for Gloucestershire, Isle of Wight, Kent and Medway and Southern Health) now have IPS Workers working alongside EIP clinicians to offer and deliver vocational support. As a result, 43% of people on the EIP caseload are in employment or education as illustrated in the Outcomes section on page 15.

¹⁰ Killackey et al (2006) Exciting career opportunity beckons! Early intervention and vocational rehabilitation in first episode psychosis: employing cautious optimism. Accessed online on 11th November 2019: <https://www.ncbi.nlm.nih.gov/pubmed/17054563>

¹¹ Killackey et al (2018) Individual placement and support for vocational recovery in first-episode psychosis: randomised controlled trial. British Journal of Psychiatry. Accessed online at: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/A726CEE0656004CA696134DA0063D750/S0007125000235484a.pdf/vocational_intervention_in_firstepisode_psychosis_individual_placement_and_support_v_treatment_as_usual.pdf

Carer Education Programmes

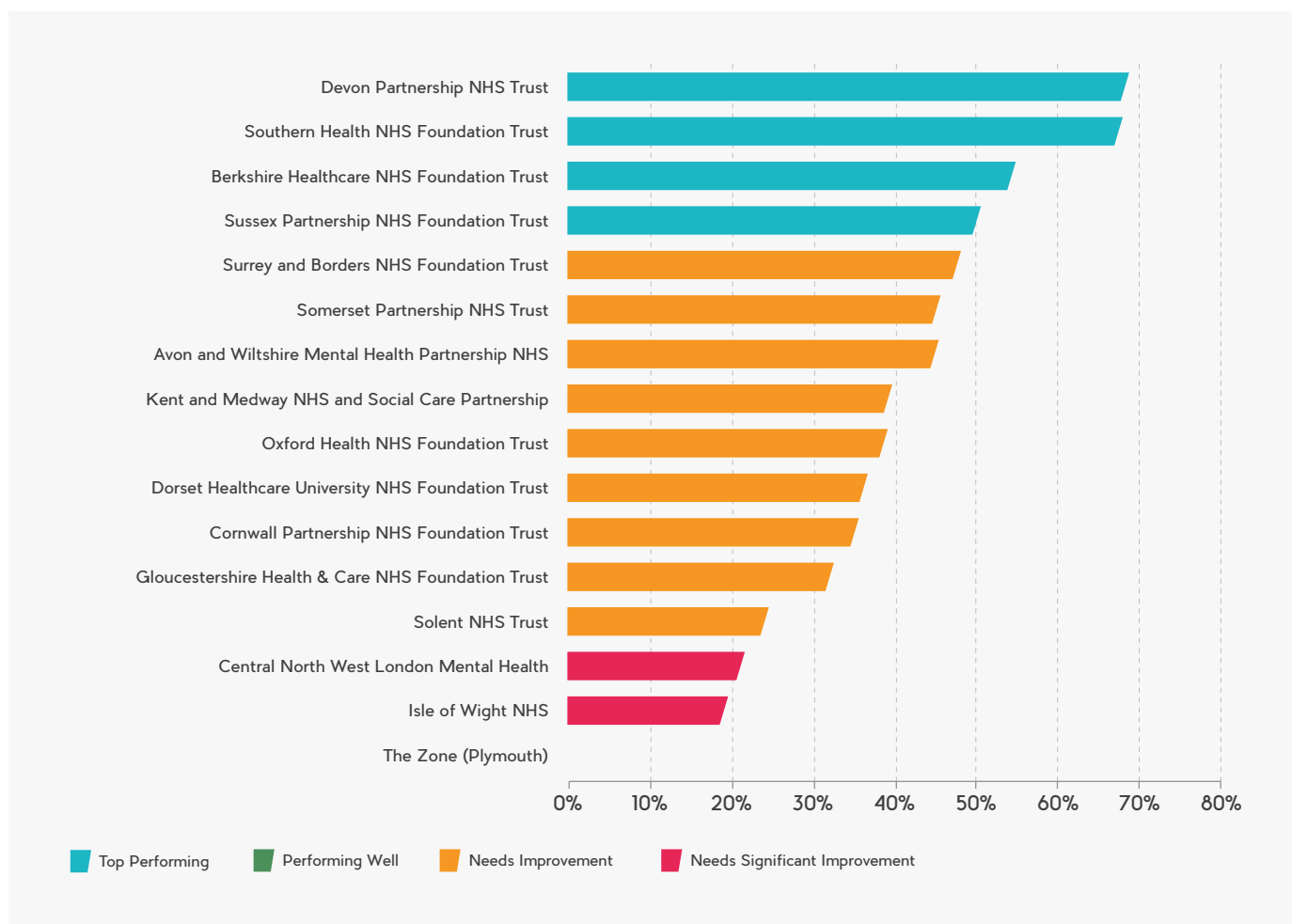


Families and carers play a key role in supporting people with psychosis, often providing support at all hours of the day and all year. This can lead to loss of work, financial difficulties, social isolation and mental health issues in family members because of taking on the carer role¹². To reduce these risks, families must have access to information about psychosis and opportunities to learn a range of coping skills. Families and Carers Education Programmes aim to promote positive mental health outcomes by increasing knowledge, competence and resilience in families and carers. Carer Education Programmes are typically delivered in evenings or weekends to allow family members who work during the day to join the groups. The groups are typically delivered by two clinicians and can therefore be labour intensive. In 2019, the percentage of families accessing Carer Education Programmes has dropped from 80% to 70%. We suspect this may be due to Care Coordinators lacking capacity to deliver these groups after a full day if they have a high caseload.

¹²Lobban et al (2013) A systematic review of randomised controlled trials of interventions reporting outcomes for relatives of people with psychosis. Clinical Psychology Review (33): 372-382 <https://core.ac.uk/download/pdf/82650235.pdf>

4. Outcomes

Paired Outcome Measures



Before the psychosis standards were introduced in 2016, EIP teams had already been collecting the Health of the Nation Outcome Scales (HoNOS). HoNOS has 12 items assessing behaviour, impairment, symptoms and social functioning. It is typically completed by the clinician during a Care Programme Approach (CPA) care planning meeting or completed when there has been a change in clinical presentation or the circumstances of the person accessing services.

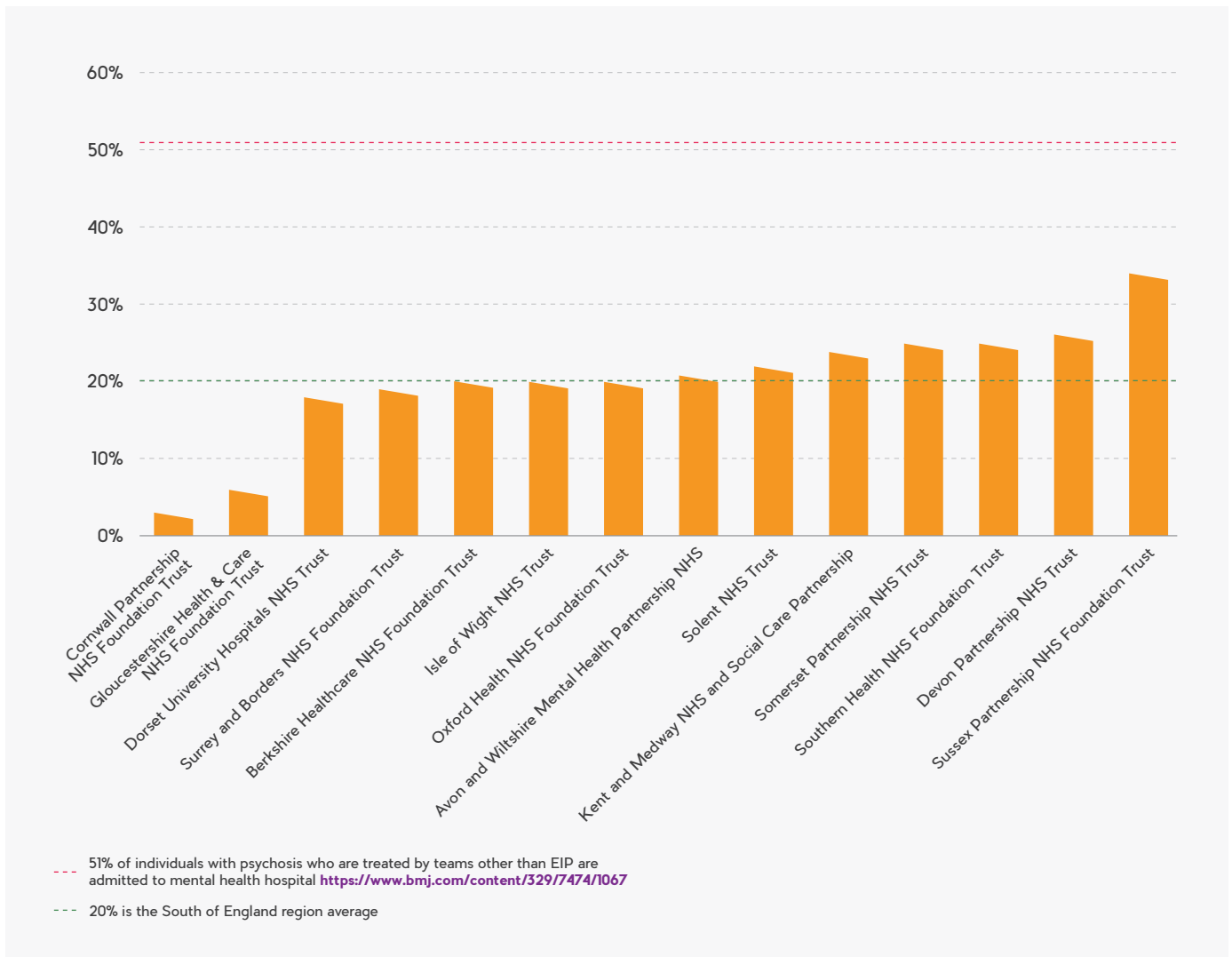
The psychosis standards introduced in 2016 added 2 patient reported outcome measures that need to be recorded by EIP teams at least twice a year:

1. The Questionnaire about the Process of Recovery (QPR) which is a 15-item measure developed from service users' accounts of recovery from psychosis
2. DIALOG which is an 11-item scale which service users are supported to rate their subjective satisfaction with their quality of life and treatment.

Services which have digitised the collection of the 2 new outcome measures e.g. using iPads; and embedded them within their care planning routine such as Devon, have seen the best results. The next step will be to analyse the actual ratings from service users to see if there is any change in how they rate their subjective satisfaction with quality of life and experience of treatment over time.

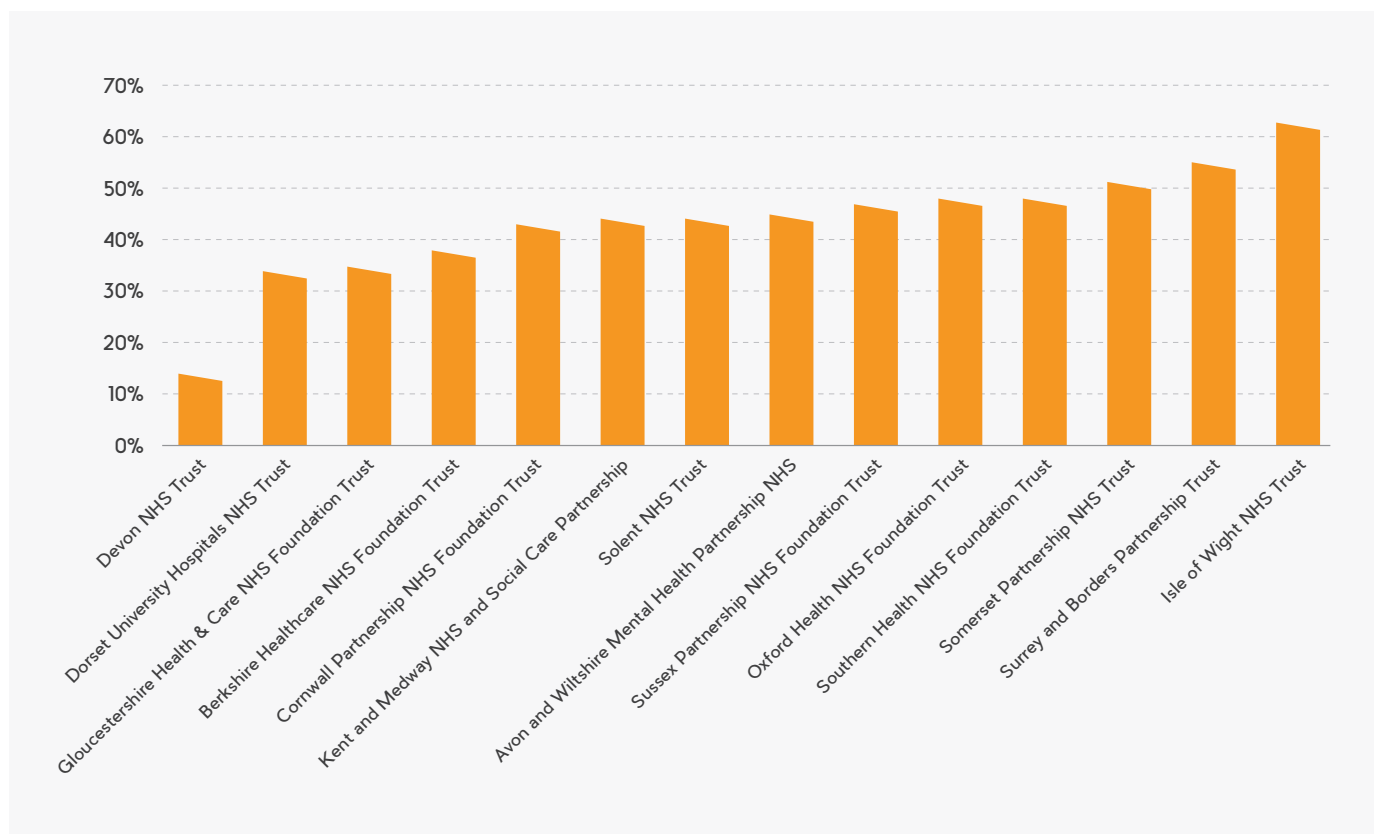
¹³ Harris et al (2018) Measurement properties of the Health of the Nation Outcome Scales (HoNOS) family of measures: protocol for a systematic review. Accessed online on 12th November 2019 at: <https://bmjopen.bmj.com/content/8/4/e021177>

Admission to Hospital



Numerous studies have shown that admission rates of individuals with psychosis who access EIP are lower than for people with psychosis who are treated by mental health teams other than EIP. In the South of England, on average 20% of individuals accessing EIP will have been admitted to a mental health hospital after being accepted on to the EIP caseload (a range of 3% - 34%). Admission rates are lowest where there appears to be well resourced EIP teams and equally well-resourced Crisis and Psychiatric Liaison teams e.g. in Gloucestershire. This appears to allow for strong links which facilitate early discussions about cases that may be first episode psychosis and likewise, cases on the EIP caseload which might be heading into crisis, thus allowing the teams to work together to contain crisis in the community wherever possible.

Individuals with Psychosis in Employment and/or Education



The effects of unemployment on individuals with psychosis, which include social marginalisation, lack of role and purpose, inability to participate in the economy and higher risk of relapse are all well-documented. Studies have found employment rates in people with psychosis; and particularly those with schizophrenia, to be low at 5.8% (a range of 1% - 18.5%). In comparison, 43% of people on the South of England EIP caseload are in employment and/or education (a range of 14% - 63%). We suspect that the high numbers in education and employment is partially due to the recent increase in Individual Placement Support (IPS) provision across the region. The variation between teams is likely partly due to differing levels of educational support and job opportunities in each area.

5. Challenges

Securing Investment

The mandate to raise investment for mental health to be on par with physical health has been enshrined in law since the Health and Social Care Act came into effect in 2012¹⁵. Despite this and the evidence of the economic benefits of investing in EIP, the majority (9 out of 15) EIP services did not receive a share of the £18 million funding that was intended for EIP services in 2019. The South of England EIP Programme has been working with CCGs to locate this funding, and with providers to secure it for EIP once it leaves CCG baselines. NHS England has now produced a breakdown of the EIP funding for each CCG for 2020 and this will be used to ensure that investment for EIP actually gets used for transforming EIP.

Workforce

The national shortage of mental health nurses and psychiatrists has affected all mental health services including EIP. Team managers are increasingly reporting having to advertise posts multiple times and sometimes resorting to recruitment agencies to secure staff from further afield e.g. from Ireland. The lack of investment in Social Care has led to many Section 75 partnership agreements between Social Care and NHS Trusts being dissolved, and Social Workers being pulled from EIP services. The shortage in nurses, Psychiatrists and Social Workers has resulted in some teams considering alternatives such as Support Workers to fill the gap in Care Coordinators and Non-Medical Prescribers to supplement Psychiatrists. However, this trade-off has unknown impact on quality and safety. It is likely that a full understanding of the impact of these substitutions will only be seen in years to come as more systematic studies are conducted.

¹⁴ Rosenbeck et al (2006) CATIE Study Investigators Group. Barriers to employment for people with schizophrenia. Accessed online on 12th November 2019 at: <https://ajp.psychiatryonline.org/doi/pdfplus/10.1176/appi.ajp.163.3.411>

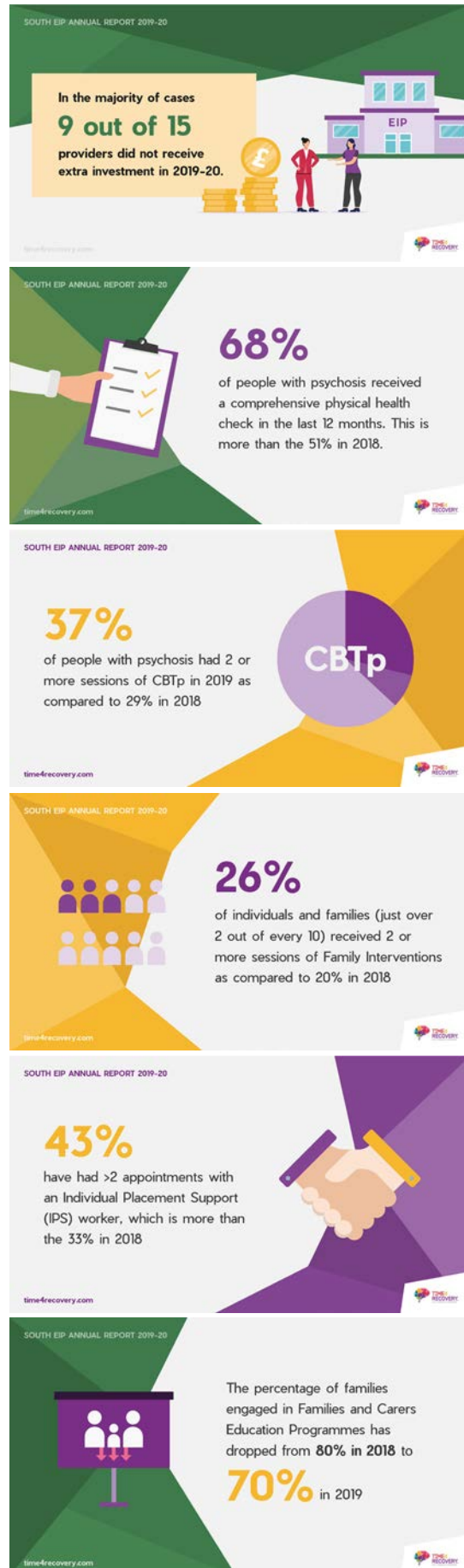
¹⁵ Department of Health and Social Care (2012) Health and Social Care Act 2012. Accessed online on 19th December 2019 <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

6. Discussion

Psychosis is one of the most life changing conditions in healthcare, and arguably the most significant in mental health in terms of poorest long-term outcomes, greatest variation in access to evidence-based care and highest resultant costs. The duration from onset of psychosis to the provision of evidence-based treatment has a significant influence on outcomes. The sooner treatment is started the better the outcome and the lower the overall cost of care to the individual as well as the health system.

The South of England has made progress in improving the quality of services delivered to people with psychosis and their families. More people with psychosis have been able to access CBT for Psychosis, Family Interventions, physical health screening and Individual Placement Support than ever before. However, it is very concerning that this high-quality service is only being provided to a minority of people with first episode of psychosis in some areas, and to fewer people than 3 years ago. These services are not serving the needs of their populations.


This is a direct result of a lack of increase in investment: teams have restricted access by raising thresholds and limiting the length of treatment provided, in order to meet the mandated targets. To reverse this trend, we intend to undertake a more in-depth analysis of the factors which determine the thresholds being set by teams. For instance, are people being rejected by the Single Points of Access or by a new generation of relatively less experienced staff who are undertaking assessments? Are there particular groups of people who are under-represented in EIP services and are currently not accessing treatment? Alongside this, we will also need to ensure that teams receive the investment described in the NHS Long Term Plan and are supported to recruit and train staff to meet their population demand.



YOUR FUTURE IS OUR FOCUS WE ARE ALWAYS READY TO CONNECT

 www.time4recovery.com

 0 1865 613 145

 South EIP Programme
Department of Psychiatry
Warneford Hospital
Oxford
OX3 7JX

 @Time4Recovery