

Best Care Programme

Early Intervention in Mental Health



The Oxford AHSN for Early Intervention in Mental Health

- **Our Vision.** Improved access, care quality and care continuity for young people presenting with severe mental health problems including psychosis throughout our region
- **Our Mission.** The network brings together local experts in the mental health of adolescents and young adults, and those with experience in system wide transformation with the purpose of improving outcomes for young people through rapid clinical adoption of innovation and research findings

Clinical Network Vision

- To reduce unwarranted variation in quality of care and improve outcomes in Early Intervention in Psychosis (EIP) services across the region.
- To improve access and access times to EIP services and introduce a standardised clinical assessment and access criteria.
- To improve the engagement of EIP services with research activity, recruitment and knowledge utilisation
- To enhance care continuity and the interface between CAMHS an AMH services
- To extend the model of early intervention to other conditions and improve access to Mental Health Services for this age group.

Clinical Network Team

- Joint network leads
 - Belinda Lennox : Associate Professor and Clinical Senior Lecturer University of Oxford
 - Mark Allsopp : Consultant in the Psychiatry of Adolescence BHCFT
- Network manager
 - Sarah Amani (currently on secondment to NHS England South)
 - Mike Maynard (interim)
- AHSN support
 - Katie James . Oxford AHSN informatics lead
 - Sarah Pyne . Oxford AHSN PPIEE lead
 - Amy Shearman. Oxford AHSN Project Officer

Network membership and communication

At the time of our most recent study day:

- 148 professional clinical / stakeholder members
- 16 patient /carer members
- 14000 Twitter followers, Website and Newsletter

Meetings Structure:

- Business Meeting (monthly)
- EIP Best Practice Group (Bi-monthly)
- Extending Early Intervention Steering Group (Bi-monthly)
- Eating Disorders Best Practice Group (Bi-monthly tbe)
- Interface/Transitions Work Group (with SCN tbe)
- Research work group (ad hoc)
- CCG, GP, Operational Manager groups (ad hoc)

What have we achieved ? 1

- Identified local “as is” in the 4 EIP provider Trusts /CCG areas.
- Facilitated development of EIP Clinical Interest Group in Berkshire where EIP function integrated in CMHTs
- Attempted to clarify local informatics data on EIP service activity and outcome.
- Commissioned Janson and Janson to analyse nationally reported data for our CCG areas and report on clinical and cost-effectiveness of EIP services / model. Paper in preparation for health Services Journal

What have achieved? 2

- Established a best Practice in EIP working group
- Facilitated the group in agreeing a benchmarking process across the 4 provider areas with an agreed assessment data set and outcome suite.
- Invited by NHS England to facilitate the National Reference Group to develop National Access Standards- now nearing finalisation.
- Areas preparing to report first baseline data set figures in line with new National Standards; Oxford and Buckinghamshire June 2015, berkshire and Milton Keynes September 2015

What have we achieved? 3

- Training
 - Provided update training for PANS and DUP to > 90% EIP clinicians
 - Employed Quality Champions to support staff teams
 - Working with NHS England South to develop preparedness training programmes for National standards

What have we yet to achieve?

Work in progress 1

- Research Awareness and Involvement
 - CLAHRC collaboration
 - Post doctorate research fellow
 - Increased EIP studies
 - Increased Participants
 - Quality Champions
 - Developing data sets

What have we yet to achieve?

Work in progress 2

- CAMHS /AMH Interface
 - Scoped models across region in EIP
 - begun to benchmark data about care continuity and identification 14 -18 yrs
 - Identified local best practice initiatives
 - Worked with providers on local action plans toward Improvement
 - Collaboration with SCN Children and maternity on this issue

What have we yet to achieve?

Work in progress 3

- Extending Early Intervention in Mental Health
 - Convened Extending EI Steering Group
 - Review of Research Evidence regarding access models for young people and other conditions.
 - Convening Best Practice Group for Early Intervention in Eating Disorders to support proposed National standards
 - Supporting work on School based models of intervention

Summary

- The building blocks are in place to deliver clinical benefit to young people in our region by:
 - implementing National Standards for access, assessment, quality and outcome in EIP services.
 - benchmarking delivery, training staff and sharing good practice & innovation
- We have more work to do in:
 - improving research engagement
 - Improving access and continuity for young people at the CAMHS / AMH interface
 - Extending early intervention to other conditions

Future focus

- **Broaden and build our engagement**
 - For the delivery of our existing EIP projects we need active engagement of Provider Trust Informatics and Quality Depts.
 - To improve the proportion of EIP patients in education and employment we need to engage experts in these areas
 - To ensure that quality improvement, research knowledge and innovation is embedded in the forthcoming service transformations of services for Eating Disorders for young people we need engagement with local commissioner and provider teams, and academic departments
 - To improve the interface between CAMHS and AMH services we need to engage with clinicians and managers in both
 - We need all of the above to begin to plan transformational change in service access for young people, and clinical benefit in other conditions such as OCD and affect and impulse control problems/ emerging personality disorder