‘Mini-Team’ model of managing caseloads within an Early Intervention Psychosis (EIP) Service

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Our Values
Welcoming Kind Positive Respectful Professional

Brief background to PATH Service

- HPFT set up a stand alone EIP service a year ago:
  - Psychosis Prevention, Assessment and Treatment (PATH) – in Hertfordshire
- PATH service currently has approximately 500 people under their care
- The number of service users accepted by the service is expected to rise to 615 – 815 over a 2 year period depending on predicted number of new cases per month (20 – 26 cases)
- National guidance for EIPS stipulates that service users accepted onto an EIP team caseload should be care coordinated by an experienced EIP Band 6 registered practitioner with a maximum caseload of 15 service-users
- HPFT secured additional funding to recruit mental health practitioners in order for the Trust to meet the access and waiting time for EIP
- Failure to recruit into the Band 6 practitioner roles would have led the Trust to not meet the Achieving Better Access standards for service users with suspected psychosis

Workforce Context in England

Report by the Centre of Mental Health (2017) – The future of the mental health workforce

- There are circa 200,000 whole time equivalent staff i.e. psychiatry, nursing, psychology and workers in other roles
- Attracting people to work in mental health nursing and psychiatry is a major challenge
- Attrition rates are higher in mental health services than for many other health services
- Aspirations of The Five Year Forward View for Mental Health, including for EIPS, will be difficult to meet unless workforce development occurs
- New roles are currently being piloted in other areas to address the workforce challenges e.g. Nursing and Physician Associate roles

What did HPFT do to address the workforce challenge?

- We developed a **'mini-team' model** to manage caseload in our service

- The 'mini-team' model comprises of **three practitioners**:
  - Band 6 registered practitioner i.e. a nurse, social worker or occupational therapist
  - Band 5 associate practitioner (AP) psychology graduate with mental health experience
  - Band 4 Support Time and Recovery worker (STaR worker)

- The registered practitioner is the designated care coordinator and accountable practitioner and; is responsible for overseeing care of service users and; supervises Band 5 and 4 practitioners

- We have **18 'mini-teams'** who hold a total caseload of **35 service users each**

The ‘mini-team’ model

- We developed a competency framework for the ‘mini-team’ based on University College London’s (UCL) “Core competencies for work with people with psychosis and bipolar disorder” and other relevant guidelines e.g. NICE guidelines for Schizophrenia and Psychosis

- The mini-teams use a ‘zoning process’ in their weekly team meetings (supported by a Standard Operating Procedure) to manage their clinical casework in order to effectively target interventions and resources to deliver care

- The zoning process uses a RAG system to manage risk

- We have a rolling in-house training programme aligned to the competency framework

Mini-Team model cont.

Prior to development we consulted with:

- HPFT Service User Council
- HPFT Carer Council
- Carers who had experience of the previous HPFT EIP service which utilised the nationally recommended model
- Heads of Professions within HPFT
- Local commissioners

PATH protocols supporting ‘mini-team’ model of working

- Competency Framework

- PATH Zoning Process protocol

- Standard Operating Procedure for Mini-Teams
- PATH Service In-House Training Programme 2018

PATH Competency Framework

The PATH competency framework is intended to:

- Outline the competencies that are required to carry out effective clinical work for people experiencing a FEP and subsequent episodes of psychosis in EIP
- Clarify the roles in within EIP ‘mini teams’ i.e. Bands 4-6 in the delivery of care and treatment to service-users in EIP and the different levels of accountabilities for each staffing band.
- Provide a framework for EIP clinical supervisors to support and develop staff’s competency in EIP over the initial 12 month period and beyond including PDP planning
- Provide support and opportunities for development, by outlining the areas that each member of staff is competent in and those areas requiring further improvement
- Give clear guidance, by suggesting but not prescribing, the time-frame for the competency development
- Provide a consistent approach to developing and supporting EIP staff across the county
- Inform PDP plans and to provide a framework for supervision for EIP staff

In addition, there has been comprehensive training for staff to support them to meet the competencies identified within the framework.

‘Mini-Team’ roles

Band 6 Registered Practitioner	Band 5 Associate Practitioner	Band 4 Support Workers
Initial Specialist Assessment	Support with assertive engagement	Vocational and Employment Support
Care Coordination and Care Planning	Delivery of Family Intervention	Social and Community Engagement
Overseeing risk management	Carer Education	Assertive Engagement
Developing Recovery Plans	Assistance with Physical Health Monitoring	Carer’s Assessments and Support
Providing Clinical Supervision and Leadership	Delivering Psychologically Informed Interventions	
Ongoing Monitoring (incl. Medication)		
Holds Clinical Responsibility for Caseload		
Line Management and Responsibility for Caseload Team		

Advantages of ‘mini-team’ model for staff

- Opportunities for staff to develop skills and competencies:
  - Band 4 STaR workers have opportunities to develop skills in employment and vocational interventions
  - Band 5 associate practitioners have opportunity to develop low intensity psychological therapy skills as well as Family Intervention skills
  - Band 6 registered practitioners have opportunities to develop supervision and clinical leadership skills

- Increase in recruitment and retention:
  - opportunities for career development within the team

- Embeds a team approach to care planning and risk management

- Reduces professional isolation

- Makes better use of expertise of different staff groups. Tasks are designated according to role which enables care coordinator to focus on more complex tasks

Advantages of ‘mini-team’ model for service users and carers

- Provides continuity of care during planned and unplanned absence
- Reduces demand on duty worker: service-users and carers have access to three practitioners who are familiar with their circumstances and whom they can contact
- Better liaison with psychiatrists and other services as there is always a member of the mini-team to attend OPAs, handovers and ward rounds
- Mixed skills within the min-team which can contribute to more effective assessments
- Flexibility – around visits and also when there are difficulties between the care coordinator and service users, other members of the mini-team can step up until situation is resolved without the need to change care coordinator
- Weekly review of service users’ care plans in mini team meetings ensures focus on care plan

Disadvantages of mini-team model

- The role can be demanding for Band 6 practitioners as it has a significant supervisory and management component
- Confusion for other services who do not use similar model
- Huge investment around training to Band 4 and Band 5 staff
- Potential for conflict especially around different thresholds/perception of risk and also difficulties when mini-team does not get on well
- Less Band 6 practitioners to undertake other duties e.g. duty.
- Increased demand on Band 6 practitioners regarding assessments compared to other EIP services

Future Developments

- Leadership development for Band 6 practitioners
- Formal evaluation of the model by service-users, carers and PATH mini-team members (underway)
- Compare clinical outcomes with EIP teams who are delivering a service with fidelity to recommended caseload size for EIPS

Conclusion

New mental health worker roles and different models of working have the potential to fill current workforce gaps but changes in the way that we plan, recruit, train, retain and develop the mental health workforce is required

References

- University College London's (UCL) "Core competencies for work with people with psychosis and bipolar disorder" https://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/Psychological_Interventions_with_People_with_Psychosis_and_Bipolar_Disorder

- Report by the Centre of Mental Health (2017) - The future of the mental health workforce

http://www.nhsconfed.org/resources/2017/09/the-future-of-the-mental-health-workforce