

IAPT Employment Advisor Pilots

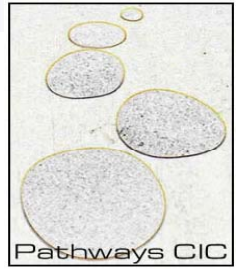
(funded by Department for Work and Pensions until 31 December 2010)



Key Features - Lincolnshire

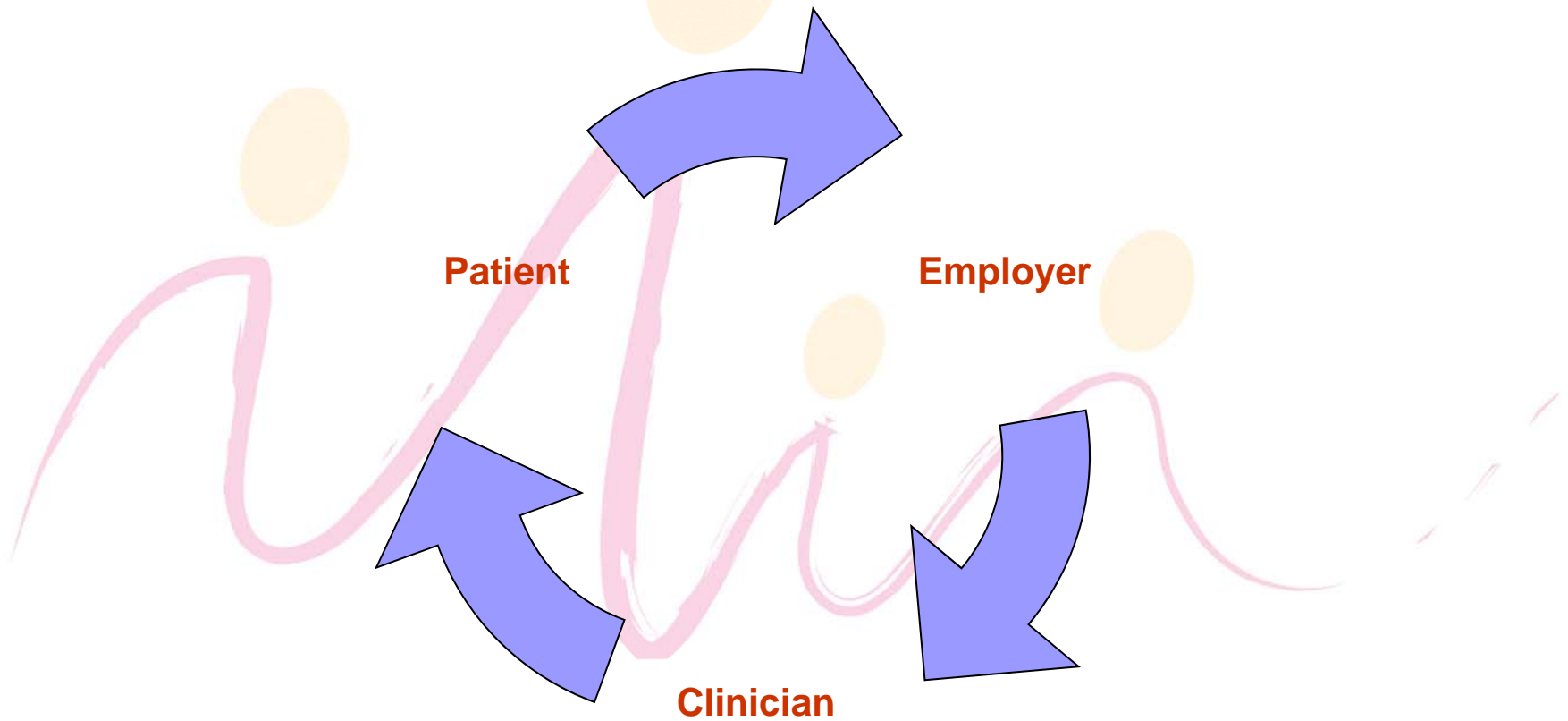
- **Delivery within a Primary Care Model**
- Co-located with Primary Care Mental health teams from The Archway Centre's in the county
- **Two geographical locations based on identified need – Lincoln City and Boston**
- 1.8 Employment Advisors (increasing to 2.8 and more..) and 1.0 Senior Employment Advisor
- **Support achievement of Mental Health and Employment Strategy**

Key features of Central and Eastern Cheshire Model

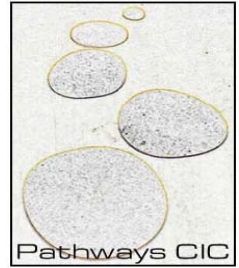


- Delivered by Third Sector organisation
- No one base – hot desking and flexible venues to see clients
- Work closely with but not solely with IAPT and Primary Care Mental Health Teams
- Referrals come from Social Care, GP's and individuals
- 6 Employment Advisors plus 1 WTE Senior Employment Advisor

How Lincolnshire deliver service...

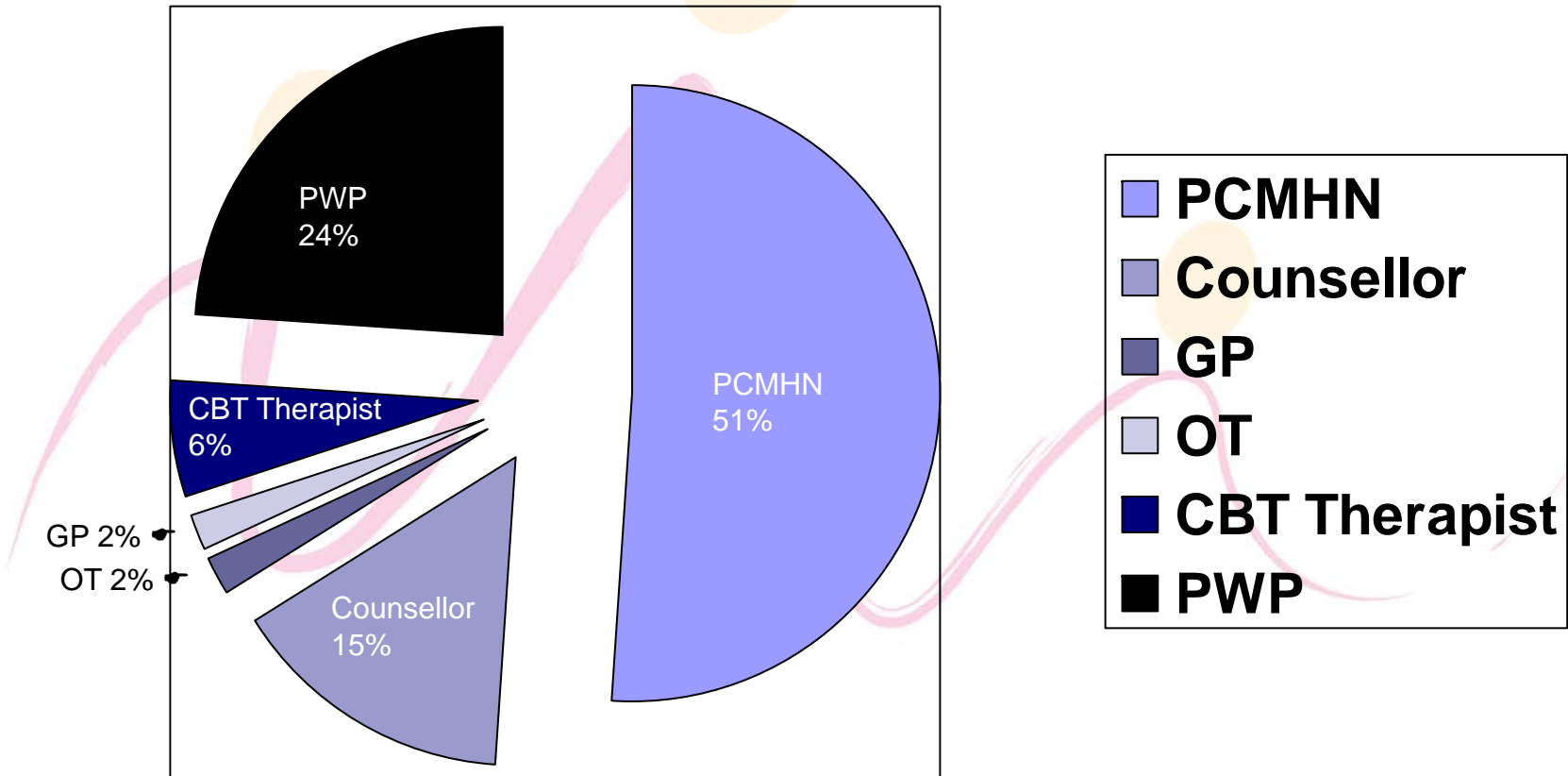


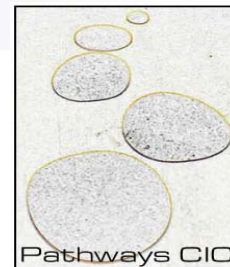
What is the Central and Eastern Cheshire Model



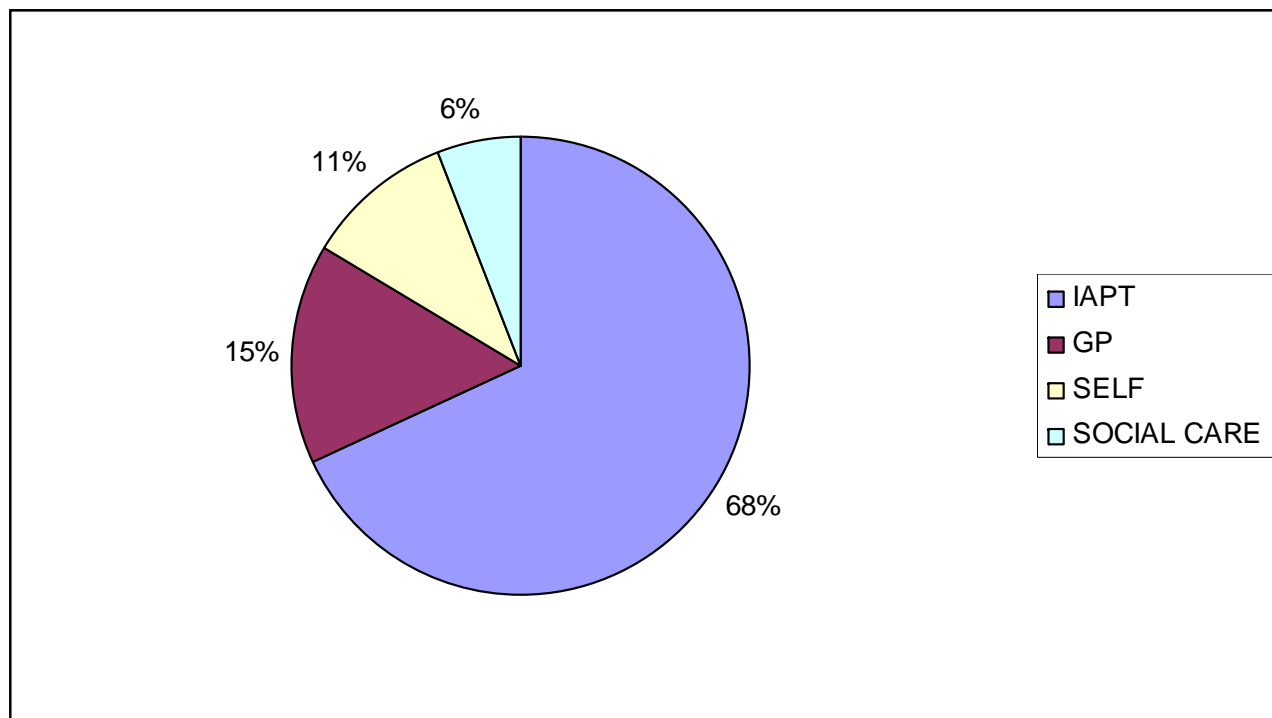
- Problem identification
- Single point of access to service
- Complete employment needs assessment
- Complete minimum dataset
- Development with the client Work goal and action plan containing work focused solutions
- Action plan makes links to existing services
- Case management
- Tracking up to 26 weeks

Employment Advisor Referrals





Employment Advisor Referrals



What do clinicians say?

- ‘Initially I was sceptical as I couldn’t see how this would work!’
- ‘The EA role so complements the therapeutic work I do as a clinician’
- ‘Gives us an extra layer of expertise’

Maxine's Story....

- Referred by Primary Care Mental Health Nurse at Assessment due to the anxiety presented
- Maxine is struggling at work, feels she can't cope with the job and that her manager does not understand



Maxine meets her Employment Advisor

- Maxine has opportunity to tell her EA about how her job has resulted in her absence from work
- During discussion the EA discovers that Maxine has hidden how she feels at work and how this has led to her absence
- Maxine and her Advisor identify and consider her options



Employment Advisor Actions

- EA has case conference with clinician who is co-working and receives assurance of shared objectives for service user, addressing how both professionals can jointly meet patient's need to progress return to work
- Maxine and EA meet with employer to discuss her situation and how she can be best supported to return to work
- EA makes a series of recommendations to Maxine's employer

Recommendations to Maxine's Employer

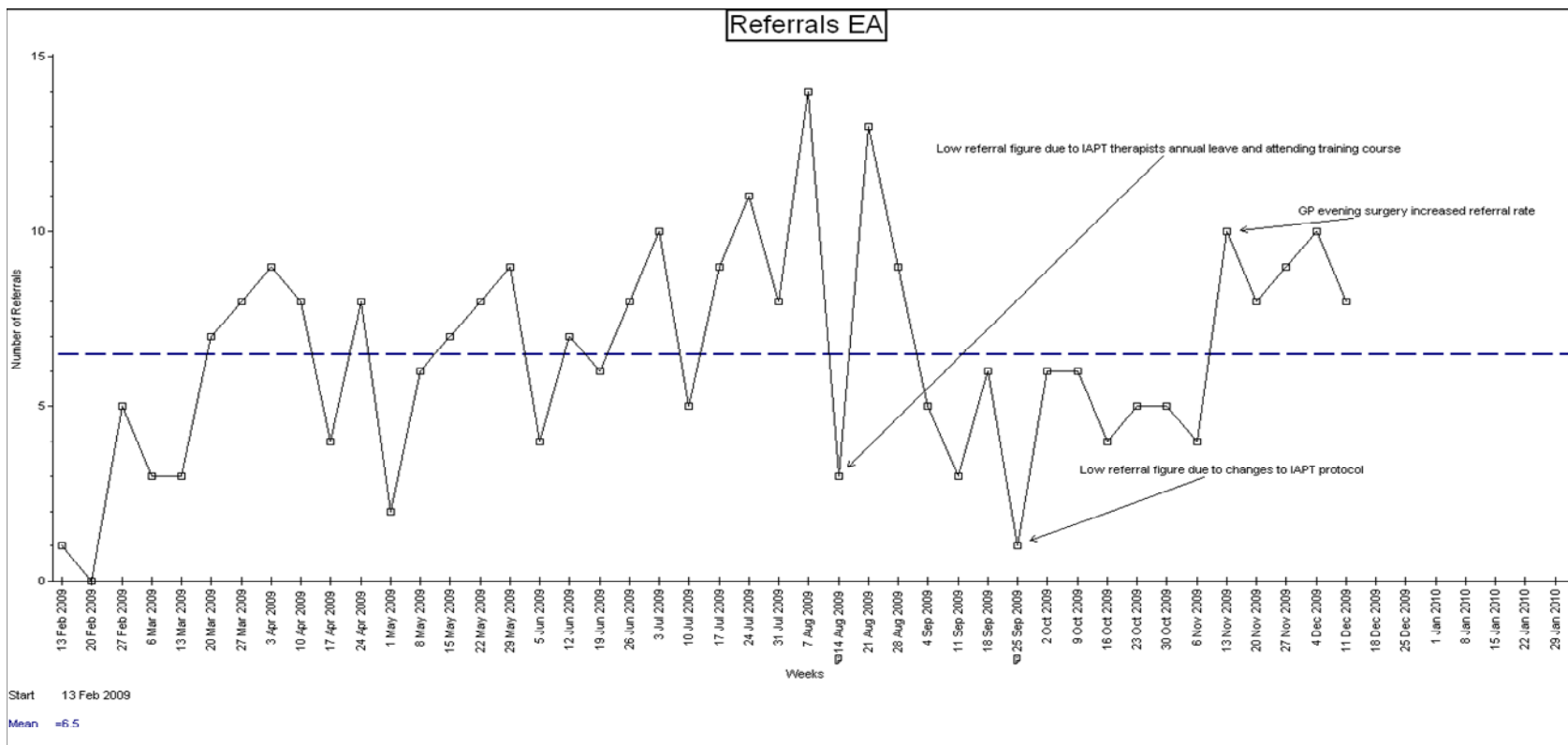
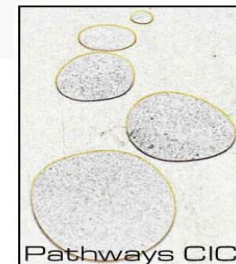
- Phased return to work over six weeks increasing from two days in week 1 to three days in weeks 2-3, 4 days in week 4-5 and full-time from week 6
- Supervision (weekly on return to work increasing to monthly)
- Mental health awareness for the Team
- Communication requirements to support Maxine's memory loss (use of whiteboard and e-mail)
- Regular Team meetings in place
- Team Build to support effective working relationships
- Monthly feedback on performance
- Temporary suspension of capability review (re-visit after 6 weeks)

- Maxine returned to work following successful implementation of the EAs recommendations

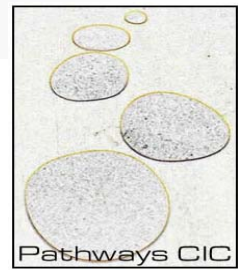
GP Referrals

- Recently launched early intervention referrals direct from GP
- Referral criteria defined with Clinical Director to Psychological Therapies and Primary Care
- Over-riding reason for referral within watchful waiting – Stress at Work
- GP Read Code – 13JM

PERFORMANCE MANAGEMENT



PERFORMANCE MANAGEMENT

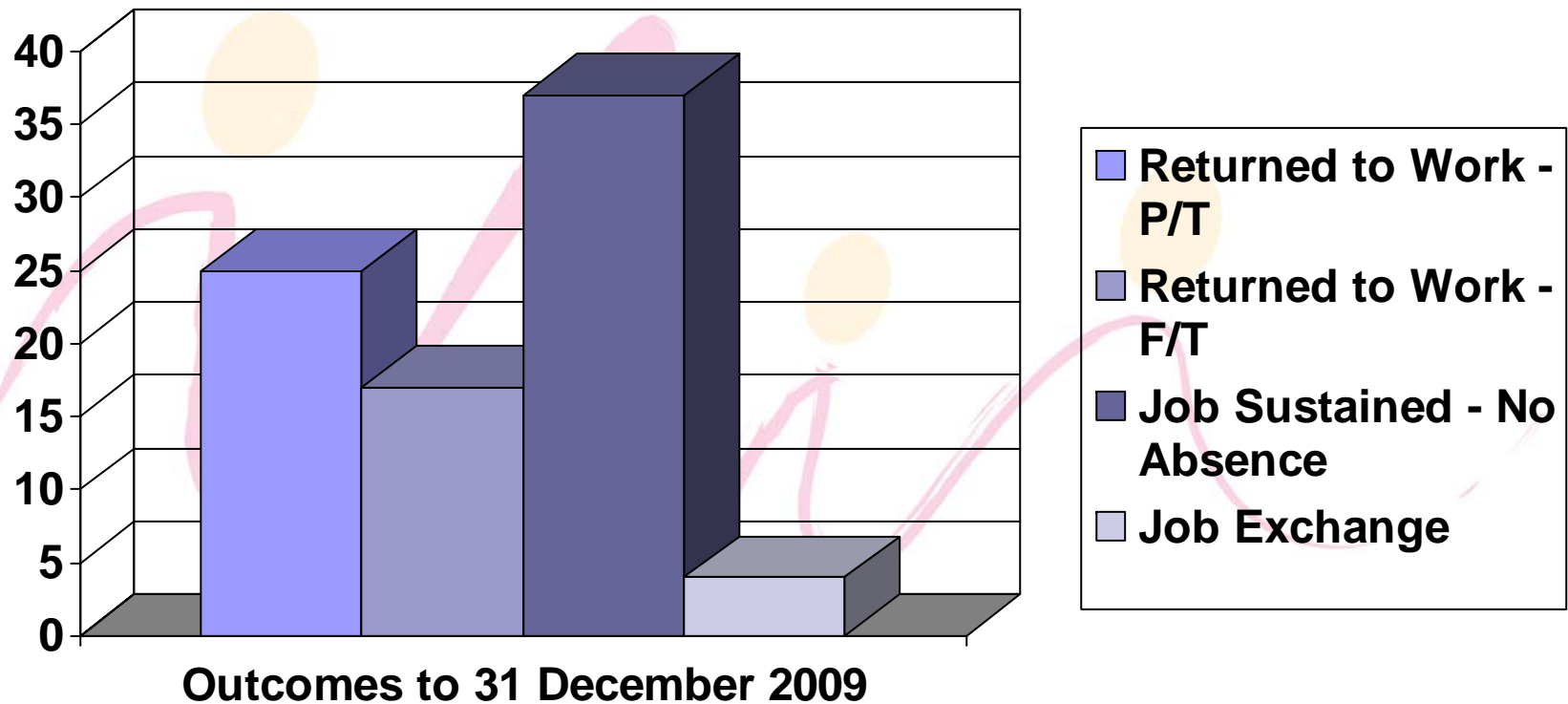


- Waiting times
- Attrition
- Numbers referred v numbers entering service
- Outcomes pre/post tracking
- Staff absences
- Client and referrer engagement
- Risks
- Capacity and demand

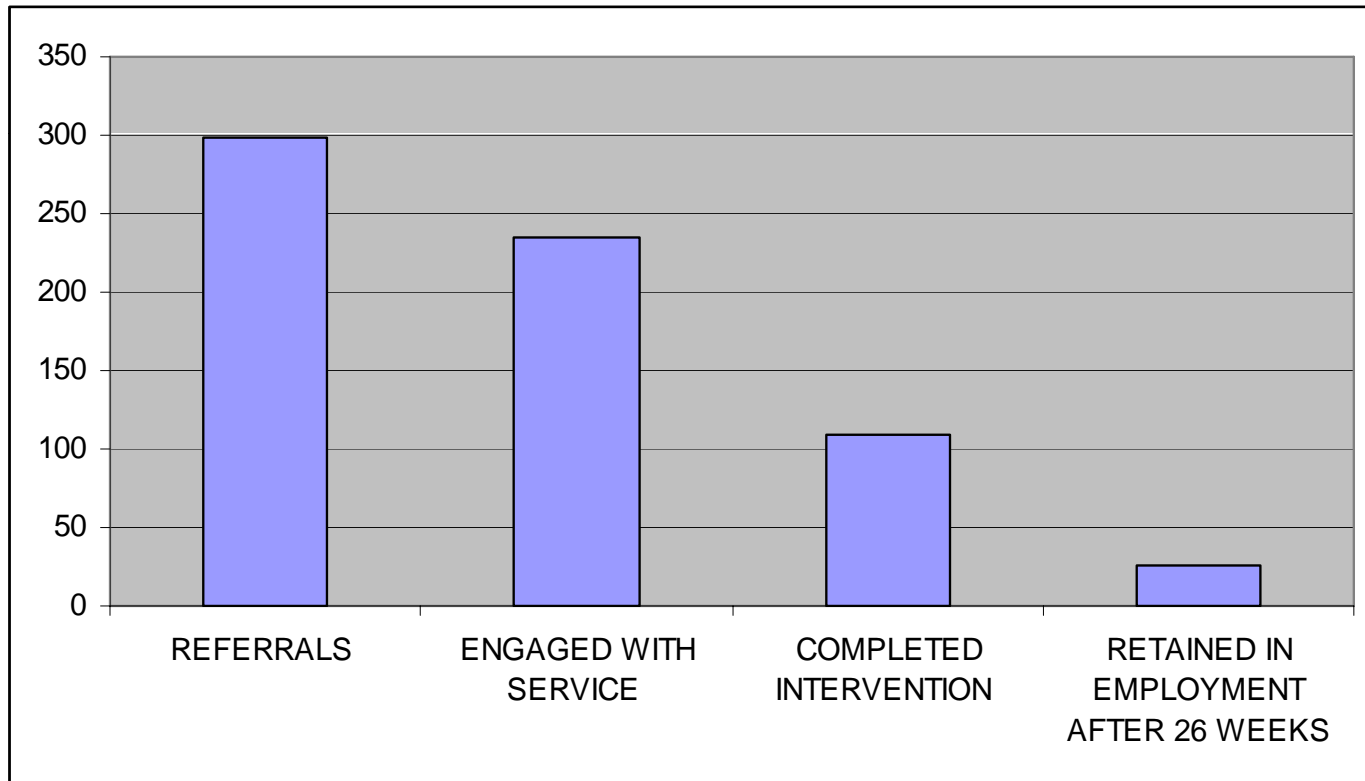
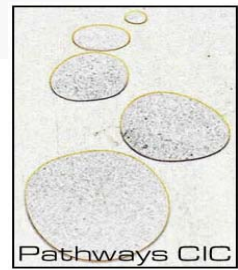
Feedback from Patients

- “What, you can get that here?”
- “Somebody to talk to about my options”
- “Explained where I stood under employment law”
- “Gave me hope.....gives me support”
- “Offered impartial advice”
- “Meeting my line manager.....raising awareness of issues”

What have we achieved?



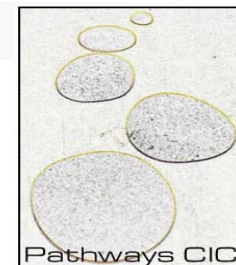
OUTCOMES



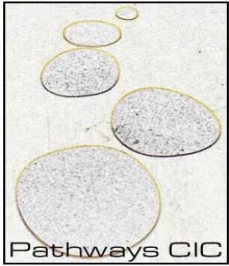
Trends

- 45% of referrals work for a public sector employer
- Some Public Sector resistance to work with EAs
- 75% of referrals are designated as High Intensity
- 100% of employer contacts include the need for mental health first aid awareness

MAKING THE SERVICE SUSTAINABLE



- Identified average time span for assessment, low and high intensity cases
- Identifies the maximum demand for the service
- Individual staff/team capacity calculators
- Individual staff capacity action plans



Any Questions?