**Table 2.** **A business case template for Early Detection in Psychosis services**

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| EXECUTIVE SUMMARY:1.1 Introductions: |
| STRATEGIC BACKGROUND:* Evidence base for ED

**Strategic Context:*** Add National and Local objectives

**The Case for Change:*** Clinical Effectiveness (better clinical through improved prognosis and reducing chronicity)
* Cost Effectiveness (reducing burden on healthcare systems and better social-economic participation of affected individuals)
* Better Patient experience (E.g. less stigma, easier accessibility, less restrictive care)
* Reduced costs for services (reduce duplication and improving co-working with existing services and third-sector stakeholders)
* Population and Public health benefits including health promotion
* Corporate social responsibility (Involving local community and longer-term potential for recruiting local people)
* incorporating the Green Agenda (e.g. through better IT systems and offering a range of modes of consultations

Investment Objectives:* Local SMART (Specific, Measurable, Achievable, Realistic and Timed) indicators
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| CURRENT SERVICE PROVISION:* Assessment of existing mental health care landscape to identity potential gaps in services
* CAMHS transition
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| PROPOSAL FOR SERVICE:Describe proposed local service structure  |
| DRIVERS FOR THE NEW SERVICE AND SUSTAINABILITY PLAN:Describe local strategy and involvement of commissioners |
| DELIVERABLE OUTCOMES:- Describe locally agreed outcome measures |
| STRATEGIC RISKS: Potential low uptake (identify possible risks and how to mitigate)Possible duplication with other existing servicesAny potential harm or other unintended consequences on existing services Staffing resources, training, recruiting barriers  |
| FUNDING AND AFFORDABILITY:State clearly the intended source of funding including preferred options. Elicit support from commissioners and outcomes from initial negotiations |
| FUNDING Risks:Clear plan around funding options and identification of potential financial risks – e.g. risks associated with unclear or non-recurrent funding streams. Also ensure funding is not diverted from other necessary services including Early Intervention Services. Constraints and Dependencies: Risk of multiple source of funding with fixed contracts  |
| PREFERRED OPTION:OTHER OPTIONS:* Option 1: Do nothing or do minimum – non-compliant with national guidance and five years forward view strategies
* Option 2: Public Health/Presentation: lack of specialist training and psychosocial and medical support
* Option 3: Primary Care: lack of specialist training and psychosocial and medical support
* Option 3: Secondary MH services: stigma, labelling, access only when really unwell, worse outcomes
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| PREMS/PROMS:Local measuresNational measures e.g. DIALOG+, the Health of the Nation Outcome Scales (HoNOS) amd other validated tools.  |
| MANAGEMENT ARRANGEMENTS, ACCOUNTABILITY AND GOVERNANCE: Include Clear Clinical and Management structure (can be complicated with varying funding structures) and accountability  |
| FACILITIES AND BUILDINGS: |
| WORKFORCE:* COMPOSITION
* TRAINING
 |
| TIME-LINE:* Time-table for delivery of project
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| ORGANISATIONAL CHANGE AND CHANGE MANAGEMENT:How to monitor aims, and increase benefits and reduce and minimise risks and “dis-benefits” through audits, service evaluations and impact assessments  |
| EVALUATION OF PROJECT: |
| References |
| Appendices |