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# Academic Health Science Network for the North East and North Cumbria Mental Health Programme

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AHSN NENC Mental Health Programme Lead

## Background

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- ‘No health without mental health’ Five Year Forward and NHS Mandate (2015) along with the NHS Constitution
- Investment and the new standards for mental health services five-year ambition which is important to enable parity of esteem for mental health services a step closer
- Mental health poses a significant challenge which impacts upon mortality and economic conditions and locally is seen as a priority for focussed action
- AHSN NENC is committed to building a culture of co-production with patients and public alongside other stakeholders to promote and support the implementation and measurement of impact of the national priorities and innovations

## Working in Collaboration

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- A multi agency mental health task and finish group chaired by the NHS England Strategic Clinical Network (SCN) has been established to ensure that agencies work in partnership to streamline effort and avoid any duplication with the limited resource available

### Introducing:

- Catherine Parker - Public Health North East
- Charlotte Carr - Health Education North East
- Suzanne Thompson - Strategic Clinical Network Lead (Group Chair)

### Also close working with:

- Lyndsey Bowker – Yorkshire & Humber AHSN

# Joint Business Plan – AHSN NENC Activities

The North East and North Cumbria Mental Health Working Group brings together Northern England Strategic Clinical Networks (NESCN), Northern England Academic Health Science Network (NE AHSN), Health Education North East (HENE) and Public Health England North East Centre (PHE NE) to develop and implement a coordinated programme of work to improve mental health services across the North East and North Cumbria.

	<u>Five Year Forward View:</u>	<u>NHS Mandate:</u>	<u>Transformation through local service improvement:</u>
	<ul style="list-style-type: none"> <li>- Better Prevention</li> <li>- Increased early access to effective treatments and crisis care</li> <li>- Integration of care to address mental and physical health co-morbidities, improve outcomes and reduce premature mortality</li> <li>- New commissioning and delivery models incorporating adoption/ adaptation new technologies</li> </ul>	<ul style="list-style-type: none"> <li>- Crisis care</li> <li>- Dementia diagnosis and post diagnostic support</li> <li>- IAPT access and recovery</li> <li>- Access and waiting time standards for EIP, IAPT, Liaison Psychiatry, Eating Disorders</li> </ul>	<ul style="list-style-type: none"> <li>- Ensure timely access to NICE concordant perinatal mental health services (sitting across Children &amp; Maternity Network)</li> <li>- Ensure effective transition from CAMHS to AMHS and on to Older People Mental Health services consistently for all patients as required</li> <li>- Transform and increase scope/capacity in CAMHS</li> </ul>
SCN	<ul style="list-style-type: none"> <li>□ Bring together Mental Health providers to share learning from their improvement programmes related to the Physical health CQUIN(e.g. improved communication between primary and secondary care and work with the Cardiovascular Strategic Clinical Network to develop robust mechanisms to ensure mental health providers can obtain specialist cardiovascular advice.</li> <li>□ Improve physical health monitoring and intervention in primary care by supporting a CCG to pilot the Bradford Physical Health Monitoring Template with the intention to roll out in CCGs and Mental Health Trusts.</li> <li>□ Reduce premature mortality and the number of people living with preventable ill health by work in partnership on a harm reduction and healthy lifestyles programme.               <ul style="list-style-type: none"> <li>○ First phase to support Mental Health Trusts to go Smoke Free</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>□ Work with HENE to develop delirium training for inclusion in all undergraduate and postgraduate training and deliver a roadshow across the North East and Cumbria for current staff.</li> <li>□ Develop a modified NICE pathway for dementia to reflect the need to provide support prior to a diagnosis rather than post diagnosis. The model for support should be focused on well-being as well as diagnosis throughout the pathway.</li> <li>□ Bring together Crisis Care Partnerships to implement action plans. Priorities for regional collaboration are:               <ul style="list-style-type: none"> <li>○ Training (e.g. simulation training for police, joint with AHSN)</li> <li>○ Conveyance</li> <li>○ Information sharing between organisations</li> </ul> </li> <li>□ Implementation of work programme to support access and waiting times standards for EIP, IAPT, Liaison Psychiatry, Eating Disorders</li> </ul>	<ul style="list-style-type: none"> <li>□ Scope existing Peri-natal mental health services across the North East and North Cumbria and work with commissioners to review provision in line with NICE guidance.</li> <li>□ Support commissioners to develop and implement Local Transformation Plans for CAMHS in line with CAMHS Taskforce review.</li> </ul>
AHSN	<ul style="list-style-type: none"> <li>□ Disseminate the co-production methodology of a NICE concordant psychosis pathway and associated outcome measurements (Including increasing the number of physical health checks for individuals with psychosis)</li> <li>□ Work in partnership to develop and deliver education interventions to raise awareness of depression for the primary and community care workforce</li> <li>□ Analyse the published data and implement specific interventions to reduce premature mortality ( e.g. Men in Cumbria)</li> <li>□ Discover innovation and implement specific interventions relating to self-care development (e.g. Leadership Programme for Individuals with diagnosis of dementia, promote Edinburgh and Warwick Scale in individuals with physical health long term conditions )</li> </ul>	<ul style="list-style-type: none"> <li>□ Build upon the scoping of the current workforce data collection when available to map this against the requirements to deliver the access and wait standards for EIP, IAPT, Liaison Psychiatry and Eating Disorders</li> <li>□ Share and spread the data from the Tees Dementia Collaborative into other Local Authority/CCG areas to promote and support further uptake.</li> </ul>	
PHE	<p>Adopt a 0 approach to suicide prevention including;</p> <ul style="list-style-type: none"> <li>□ Reduce suicide rate specifically amongst individuals in contact (current or recent) with NHS services. Identify a local service area to pilot the Detriot model</li> <li>□ Develop a suicide prevention programme aimed at middle aged men through harnessing the sporting culture of the North East (Modelled on the "State of mind" Rugby league initiative)</li> </ul> <p>In partnership with the 12 LAs, HENE ASCN, develop a North East implementation plan for the PHE "Public mental health leadership and workforce framework" to address:</p> <ul style="list-style-type: none"> <li>□ the mental health skills of the wider public health workforce across a range of risk behaviours</li> <li>□ the public health skills of the mental health workforce</li> <li>□ the wellbeing of NHS staff in the North East.</li> </ul> <p>Support Mental Health Trusts to go smoke free and reduce smoking in both patients and staff.</p>		<ul style="list-style-type: none"> <li>□ Work with Local Authority leads to review current activity to support resilience and emotional wellbeing in schools. Facilitate sharing of good practice and emerging evidence base.</li> </ul>
HENE	<ul style="list-style-type: none"> <li>□ Development of a regional obesity management strategy linking to medicine adherence</li> <li>□ Provision of peer support worker training</li> <li>□ Investigate the use of link workers in primary care to help patients to take up and sustain physical activity, healthy eating/cooking, social interaction, to access welfare rights advice and to support positive relationships.</li> <li>□ Investigating the use of Physician's Associates in Mental Health service provision</li> <li>□ Explore general practice mental health and LD training as a deficit area of training for the region, with a view to the development of integrated and extended mental health &amp; learning disability training models and pilots for GP &amp; psychiatry trainees, post certificate GP's and Primary Care Nurses.</li> </ul>	<ul style="list-style-type: none"> <li>□ Analysing provision of Dietetics training with a view to commissioning training in the region</li> <li>□ Addressing recruitment issues in Psychiatry and MH nursing</li> <li>□ Regional roll out of delirium training</li> <li>□ Regional roll out of dementia awareness training</li> <li>□ Provision of CBT diploma training to improve access to CBT through IAPT programme in secondary care</li> </ul>	<ul style="list-style-type: none"> <li>□ Provision of EMDR training, linking with veterans agenda</li> <li>□ Provision of Sensory Integration training in the region</li> <li>□ Develop a one year pilot to understand the extended roles of specialist MH Occupational Therapists roles to empower and enable service users with mental health issues in Primary care to make informed choices about clinical and cost effective therapeutic options for mental wellbeing and recovery.</li> <li>□ Support a region-wide evaluation of the role of the Assistant Practitioner. This is a new role in nursing, who will free up the nurses to perform a greater level of patient-centred care.</li> </ul>

### Aim:

- To deliver transformational change that can add value for service users, carers, families and local communities

### Objectives:

- Identify key priorities/discovery of best practice
- Implement specific interventions
- Systematically adopt at scale and pace

## Aims and Objectives

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- The recent listening exercise suggested the following six areas for the AHSN NENC to focus upon:
  - This is what is included in the joint plan but the deliverables and expected outcomes will be dependent upon the debate and agreement at today's event
1. Disseminate the co-production methodology of a NICE concordant psychosis pathway and associated outcome measurements (including increasing the number of physical health checks for individuals with psychosis)
  2. Work in partnership to develop and deliver education interventions to raise awareness of depression for the primary and community care workforce
  3. Analyse the published data and implement specific interventions to reduce premature mortality ( e.g. male suicide in Cumbria)

## Aims and Objectives

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4. Discover innovation and implement specific interventions relating to self care development (e.g. Living Well Programme for individuals with diagnosis of dementia, promote Edinburgh and Warwick Scale in individuals with physical health long term conditions)
5. Build upon the scoping of the current workforce data collection when available to map this against the requirements to deliver the access and wait standard
6. Share and spread the data from the Tees Dementia Collaborative and other innovations into other Local Authority/CCG areas to promote and support further uptake



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# Psychosis Pathway

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*Dedicated to improving healthcare and driving economic growth through innovation*

[www.ahsn-nenc.org.uk](http://www.ahsn-nenc.org.uk)  @AHSN\_NENC

- Combined methods to give a user by user count per CCG of patients with Psychosis
- Identified highest need to build a picture of demand for mental health care
- Measured the impact of service users on aspects of the acute healthcare system
  - Psychosis users accessing A&E anytime in 3 years
  - Psychosis users needing acute trust emergency admission anytime in three years

## Sample of data shared

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- 67% of psychosis service users visit A&E
- 37% get admitted to Acute Trust emergency beds
- Average length of stay 5 days
  
- Unit Cost assumption of £108 per visit
  
- Estimate NW London spends
- 3 million on A&E attendances
- 12 million on Acute Trust emergency beds

# Question

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- Do we know this data for North East and North Cumbria?
- Could the AHSN help?



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Thank you for listening, more information available at:  
[http://www.ahsn-nenc.org.uk/project\\_type/mental-health/](http://www.ahsn-nenc.org.uk/project_type/mental-health/)

Or please contact Elaine Readhead:  
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