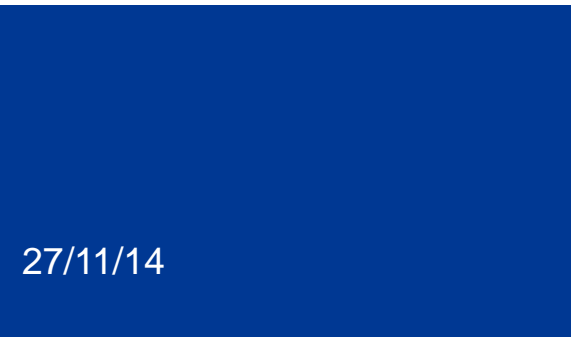
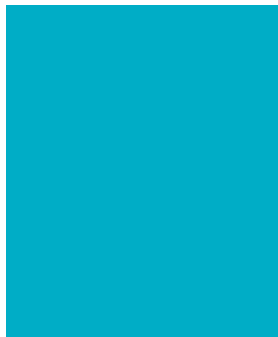


Mental Health, Dementia and Neurological Conditions



27/11/14



The Network

- The task- supporting commissioners, identifying variation, improving service user outcomes
- Clinical Director, Clinical Leads, Network Manager and Quality Improvement Team
- Working closely with people who use services
- 3 work streams- MH, Dementia and Neurology, each with associated improvement group
- Underpinning project structure with service user and commissioner involvement and clinical leadership

Mental Health

- Child and Adolescent MH services- regional consensus on what good looks like, mapping, co-commissioning
- IAPT- regional reference group, IAPT dashboard, IAPT workforce plan, working with HESW
- Early intervention in psychosis- identifying regional variation

Mental Health

- Crisis care- steering grp/mapping/ good practice model/Action & Learning set/collaborative events
- Liaison- good practice guide/outcomes framework
- Zero suicide- Launch 8 Oct/charter/ steering grp/ collaborative/national, international and DoH links/ learning events/IHI
- Commissioning support- 20 Jan 15 launch
- Data- Pilot/Regional data indicators/PHE
- Perinatal Tier 4

Dementia

- Diagnosis rates: national 'push' supported
- Diagnostic pathway: improvements in waiting times etc.
- Post-diagnosis support: services commissioned all areas
- Prescribing: AChIs and anti-psychotics
- End of Life: input to advance care planning work by Network
- Prevention: new working group
- Early onset dementias: new working group
- Mental health bed stay variations: new working group

Neurology 1

- Ensuring appropriate assessment for individuals after first fit
 - “First fit” clinic guidance written & agreed – SW stakeholders – in line with National guidance
 - Partial implementation across SW
 - To be done – ensure equity of access across SW
 - Better access = better care + fewer admissions from A&E
- Maximising access to neurology advice and guidance = more neurology expertise at the “front door”
 - Referral triage service variable across region – reduce out-patient clinic work to divert neurology to A & E
 - C & B – or bespoke system?
 - Rearrangement of consultant job plans – “pump priming”

Neurology 2

- Developing a Headache Management / Clinic template (national workstream) - more neurology expertise at the “front door”
 - Reduce out-patient clinic work to divert neurology to A & E
 - Links into Advice & Guidance system?
- Neurotherapists – template for management (out of hospital) of common problems in LTC e.g. UTI in PD
 - admission avoidance + better care
- Help CCG’s develop plans for April 2015 when majority neurology commissioning for out-patients will pass Specialist commissioning to CCG

We would love to hear from you....

- Whether our priorities are the right ones?
- Are there other things we can do to help and support the whole system?
- If there are changes that we could helpfully make in how we communicate with you?
- Anything else that you can tell us!