



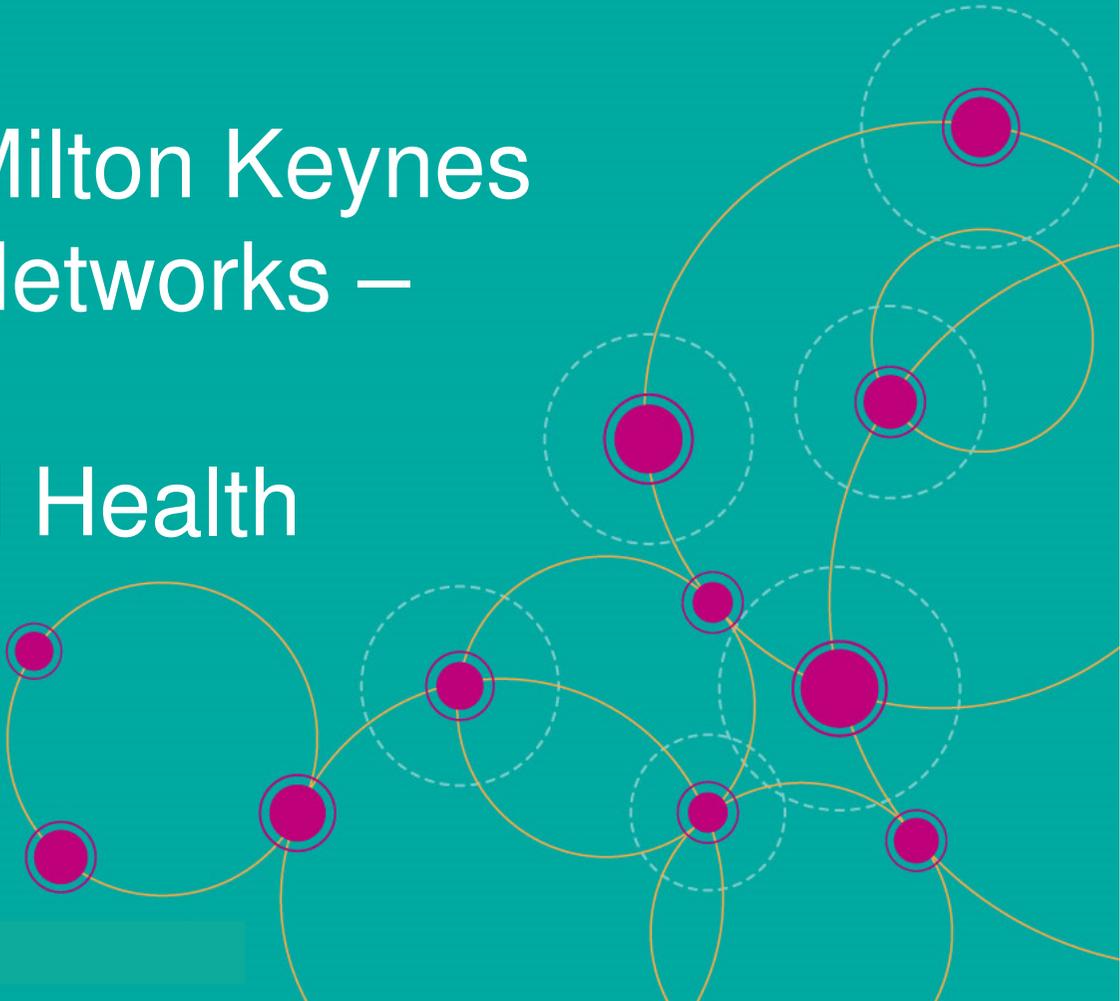
Strategic clinical networks
Clinical senates



Thames Valley & Milton Keynes Strategic Clinical Networks –

Summary – Mental Health Recommendations

September 2016



We trust you will find this commissioning guidance for the Mental Health agenda in Thames Valley and Milton Keynes for 2016/17 useful.

This year there are two main differences in our approach:

- We heard from you that it was a valuable resource which would be made more valuable by bringing together the advice from our partners as well. This now includes support and guidance from PHE, the Oxford AHSN and HEE.
- This year as well as bringing you this guidance as a web portal which aims to be intuitive, convenient and more detailed - we are able to provide pdf copies of the guidance which should aid accessibility and provide an opportunity to print and share should you so wish.

While the Guidance is segmented by the clinical areas covered by the SCN, we would like to stress some underlying principles:

- Prevention is a key priority for all and is everyone's responsibility. We are pleased to partner with PHE and bring their message to you with ideas for what needs to be addressed, examples of how it can be done and the potential gain from the initiatives.
- The integration of mental and physical health is key to providing holistic patient-centred care. This is gaining traction in clinical areas such as perinatal mental health, cardiovascular disease and serious mental illness, the entire long term condition agenda and end of life care.
- With the significant proportion of health care burden on patients and the system related to long term conditions, the importance of the TV LTC transformational programme cannot be overemphasised. The traction that programme has gained in primary care now needs to be firmly embedded and systematised.
- The current push for system working gives us all the opportunity to contribute in different ways and at varying levels towards the same aim. We hope this guidance will provide an opportunity to connect widely and pose questions, share good practice and offer practical solutions. Your SCN leads contact details can be found at the end of this guidance (alongside your other clinical network leads)

Commissioner Recommendation-Liaison Psychiatry

Thames Valley has an active Suicide Prevention and Intervention Network (SPIN) devoted to suicide reduction and prevention across the region (Oxfordshire, Berkshire, Buckinghamshire and, since late 2014, Milton Keynes). This is supported by the SCN with all Thames Valley local authorities aligned to it.

- Local Partnership work on mental health conditions prevention planning is in progress
- By summer 2017 the NHS, PHE and other partners will have signed up to a Mental Health Prevention Concordat and local partnerships will have developed mental health prevention plans
- By the end of 2016 TVSCN will have completed a review and stocktake of Crisis Care Concordat across Thames Valley which will include 24 hour access, provision for all ages, quality care and recovery

CCGs are encouraged to attend the Thames Valley Suicide Prevention Event – 13th September at Kassam Stadium

All information on SPIN can be accessed via the TVSCN website

Commissioner Recommendation-Best Practice – Oxford AHSN EIP Preparedness Programme

- Ensure CCG adequately invest in EIP services as per best practice
- Consideration should be taken to commission the right model, team structures and pathways
- Ensure that you work with providers to plan staff capacity and skill mix required locally to ensure the sustained delivery of high quality EIP services
- Commissioner need to be cognisant of the need to increase staffing levels, particularly staff able to deliver specialist family interventions and CBT for psychosis
- Ensure that providers have the necessary technology to record and report accurately on the EIP access and waiting time standards and monitor quality of the service provided (reference to EIP matrix tool)

Commissioning Recommendation-Dementia Friendly Communities

- Address Variation in Dementia Diagnosis Rates between GP practices within your CCG, starting with the lowest 10% (TVSCN scoping potential support)
- CCGs should provide a change management leadership approach to drive improvement and to promote a culture and enough time that ensures commits to meeting the needs of people with dementia and their carers
- Promote DAAG Dementia Training provided by HETV and facilitate the up-take by your providers. All health and social care professionals should have a basic understanding of dementia in line with the core competencies published by Health Education England
- Post-Diagnostic services – CCGs to commission information and sign-posting to appropriate and up to date post-diagnostic services available in your area
- Commission peri-diagnostic support e.g. Dementia Care Advisors/Dementia Champions
- Long Term Conditions and End of Life – CCGs should widening person-centred care and support planning approach to those with dementia, and that end of life planning is commenced as early as possible to ensure Advanced Care Plans are in place as per NICE guidance