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Local Care, a new dawn?

1948

Energy Monitor
Electric
Motor
Engine
Electric
Motor
Battery
Trip Information
Past Record

alamy

So why are clinical & social pathways important?

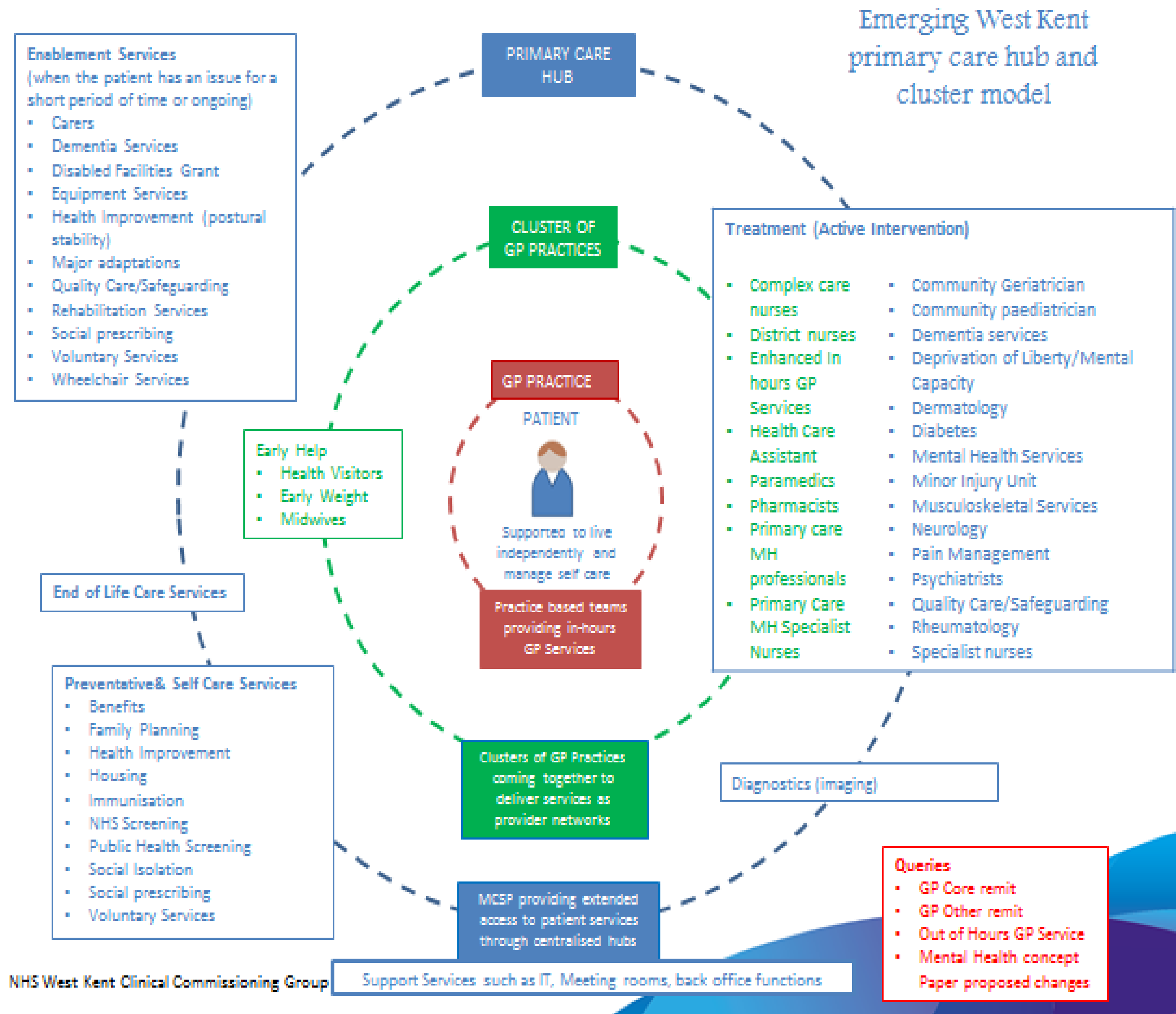
- Descriptive of expected care for patient
- Support patient centred specifications
- Help clarify some complexities of care
- Increasingly IT driven
- Right care right place
- Capacity, continuity & cost
- Quality and outcomes integral
- Reduce duplication and service gaps

Primary Care, better now described as Local Care, is evolving into an MDT team driving complex care delivery systems that increasingly are being driven by clinical pathway design, evidence, population age changes and patient wishes

but hindered

by financial and staffing crises, persisting pathway isolation, falling moral and diminishing educational opportunities

New Primary / Local Care Cluster in West Kent



££££££££££££££££££££

90%

10%

££££££££££££££££££££

80%

20%

How can local care deliver best care to patients?

What is happening to join the system up and support mental health local care?

- Strategic CCG
- Clinical cabinet
- ICS
- Single pot of money for a population?

Does this enable local care and create collaborative systems for mental health care?

What do we need?

Mental Health Five Year Forward View: priorities for 2020/21

70,000 more children will access evidence based mental health care interventions.

Intensive home treatment will be available in every part of England as an alternative to hospital. Older People

No acute hospital is without all-age mental health liaison services, and at least 50% are meeting the 'core 24' service standard. Older People

At least 30,000 more women each year can access evidence-based specialist perinatal mental health care.

10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 2017. Older People

Increase access to evidence-based psychological therapies to reach 25% of need, helping 600,000 more people per year. Older People

The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled.

280,000 people with SMI will have access to evidence based physical health checks and interventions. Older People

60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks including children.

Inappropriate out of area placements (OAPs) will have been eliminated for adult acute mental health care.

New models of care for tertiary MH will deliver quality care close to home reduced inpatient spend, increased community provision including for children and young people.

There will be the right number of CAMHS T4 beds in the right place reducing the number of inappropriate out of area placements for children and young people.

What does local care need?

- **Specialist support throughout the local care mental health pathways**
- Quick and understandable access for urgent care and crisis through NHS 111 with integrated mental health line
- Integrated physical and mental health teams that look after all individuals with mental health illness throughout the whole clinical pathway
- Rapid escalation and recovery pathways that support local care to deliver high quality mental health care
- Integrated public health, authority and voluntary / charitable sector and equals in MH systems

PRISM – PRImary Service for Mental health

Third Sector
Local Authority
Recovery Coaches

Inpatient Mental Health Services

Community-Based Secondary Care Mental Health Services

Enhanced Primary MH Service (PRISM)

Primary Care "Core Work" Plus Community Resources

Cambridgeshire and Peterborough
NHS Foundation Trust

Cambridgeshire and Peterborough
Clinical Commissioning Group

Advantages of PRISM

- Maximise primary care and MH resource
- Recovery model
- Parity of esteem/integrated approach
- Collaborative working between primary and secondary care through joint prioritisation
- Build on C&P Parity of Esteem investments – Recovery Coach Service, third sector

Our challenge

To create system change that enables care to deliver local care that fully integrates mental health and social care supported by necessary funding to create that change and end gaps in the delivery of care

Do we have the right fundamentals in place???

MISSION: ~~IM~~POSSIBLE

- The current common clinical boundaries separating primary and secondary patient care should be disbanded to allow the establishment of collaborative clinical health and social care based on patient need
- Specialists and generalist clinicians, health care professionals and voluntary / charitable sector should all be identifiable within described whole teams that reach across historical healthcare referral boundaries
- New Integrated Care Systems should fully support patient care led with clinically agreed evidenced patient pathways (note: evidence can be quantitative, qualitative and / or experiential)
- Acute, community, mental health care trusts and authorities must be required to create clinical and social teams that provide integrated mental and physical health care as described by clinical pathways and identified needs
- The focus of care should be on prevention, improvement and maintenance of patient experienced health in recovery. This focus should as far as possible be within local care near the patient

- Shared experience, knowledge and collective education should be core to all health care provision. An integrated HEE is essential to this aim
- All clinical and social teams must have appropriate patient representation
- Managed population areas (currently CCGs) need to be of a size to be fiscally robust and stable enough to allow and ensure required local variations in health and social care
- The boundaries of managed patient populations (currently CCGs) should as far as possible match the boundaries of providers and local authorities. When this does not occur, the boundaries of current CCGs (or their replacement) and provider should change, but as a **default** providers must work collaboratively to provide all necessary services and staff across historical boundaries to ensure care is delivered seamlessly as described in clinical pathways

THANK YOU