Thames Valley Strategic Clinical Network

Thames Valley MHDN Work Plan V0.10

2014 - 2016

INSIDE THIS WORKPLAN

Introduction

This (DRAFT) work plan outlines the proposed projects and work streams for the Thames Valley Mental Health, Dementia and Neurological Conditions Strategic Clinical Network (TV MHDN SCN). Created in April 2013, as one of twelve MHDN networks launched nationally, the TV MHDN SCN seeks to work with multiple partners across Thames Valley, to support and improve services and ensure that patients receive the best quality care possible at all localities.

The network has a wide portfolio which embraces all aspects of mental health, including the mental and physical interface, children's mental health, learning disabilities, the wide spectrum of autism, all forms of dementia (including aspects pertaining to support carers) and the huge portfolio included within neurological conditions. The MHDN network also recognises its alignment to the three other networks: Cancer, CVD, and Children and Maternity and where appropriate, it will seek to collaborate on shared priorities.

This work plan provides an outline of proposed activity for the period of 2013 / 2015. It has been developed in collaboration with a number of stakeholders at both national and local level. It is intended to reflect a number of sources of priorities, many of which were identified and debated during and following the MHDN network development day on the 18th July 2013. The plan also reflects legacy work from South Central Strategic Health Authority (SC SHA), before its dissolution in March 2013.

Governance

It is intended that this work plan is transparent in its creation, inclusive of all stakeholder inputs, is strongly evidence based and holds resonance with the patient. The MHDN network leads have developed this work plan from:

- National Clinical Directors plans and priorities
- A review of all local CCG plans, which include national directives and locally defined issues and opportunities
- Legacy documents from South Central Strategic Health Authority
- Direct engagement with multiple stakeholders including patients, commissioners, providers and the third sector
- Priorities proposed during the network development day on 18th July 2013
- Reflection on the plans of other regional MHDN SCNs

To ensure effective delivery of the work plan there is also a need to form suitable governance arrangements. The dissolution of previous networks and adoption of a wider disease portfolio has meant that additional expertise is necessary to identify priorities and work effectively with unfamiliar groups in the Thames Valley. In order to deliver the network's priorities the MHDN Team will work with:

- A nominated MHDN Network Steering Group representing all aspects of the portfolio and NHS system. Organisational membership and representation is shown in the table below.

- National and local stakeholders for each sub topic, such as Dementia or suicide prevention comprised of multi-disciplinary representation which can actively support improvement across Thames Valley.

MHDN Steering Group Membership

SCN Clinical Directors	X2	Mental Health Provider	X1 clinical lead
Clinical Commissioning Groups	X4	Local Authority	X1 commissioning lead
Specialised Commissioning	X1	Community Providers	X1 clinical lead X1 GP
Academic Health Science Network	X1 clinical lead	Patient / Public / 3rd Sector	X2 patient representatives
Public Health	X1 Director of Public Health	NHS England Area Team	X1 Network Manager X2 Quality Improvement Lead
Acute Providers	X2 clinical lead	Health Education England	X1

The Thames Valley MHDN network will apply the NHS Change Model in its planning and delivery of all projects and work streams. This work plan is built around the shared purpose of improving patient care and the quality of mental health, dementia and neurology services across Thames Valley.

Context and National Policy

A number of outcomes relevant to mental health and dementia are outlined in the NHS mandate and updated NHS Outcomes Framework. These outcomes are in all of the five domains; however there is very little relating to neurological conditions (as a specified disease group although it could be "assumed" to be under domain 2: enhancing quality of life for people with long term conditions). MHDN networks are tasked to deliver chiefly on domains 1 and 2. Similar outcomes are stated in the public health outcomes framework under domains 1 and 4: Improving the wider determinants of health and prevention of premature death. Domains 1, 2 and 3 of the Adult Social Care Outcomes Framework provide guidance on aims for long term support (carers, patients with

learning disabilities and patients with mental health issues) and rehabilitation in terms of remaining at home, integrated care and carer reported quality of life. Clinical Commissioning Groups will be judged on the following NICE defined indicators related to mental health and dementia care:

NHS / PH / Social Care Outcomes Framework[1], 2013

Domain 1 Preventing people from dying prematurely

1.5 Excess under 75 mortality rate in adults with serious mental health illness

1.7 Excess under 60 mortality rate in adults with a learning disability

Domain 2 Enhancing quality of life for people with long term conditions

2.1 Proportion of people feeling supported to manage their own condition

2.2 Employment of people with long term conditions

2.4 Health-related quality of life for carers

2.5 Employment of people with mental illness

2.6 Enhancing the quality of life for people with dementia

Domain 3 Helping people to recover from episodes of ill health or following injury

3.1 Number of elective procedures weighted by psychological therapies

Domain 4 Ensuring that people have a positive experience of care

4.4.i Access to GP services

4.7 Patient experience of community mental health services

4.9 People's experience of integrated care

Commissioning Outcomes Framework, 2013

Domain 1 Preventing people from dying prematurely

1.23 People with dementia prescribed anti-psychotic medication

1.30 People with severe mental illness who have received a list of physical checks

Domain 2 Enhancing quality of life for people with long term conditions

2.79 People on Care Programme Approach (CPA) followed-up within 7 days of discharge from psychiatric inpatient stay

Domain 3 Helping people to recover from episodes of ill health or following injury

3.26i Recovery following talking therapies for people of all ages

3.26ii Recovery following talking therapies for people older than 65

[1] Note: the indicators within this section are only a selection, there are others that relate within the domains

4.20 Access to community mental health services by people from black and minority ethnic groups

4.21 Access to psychological therapies services by people from black and minority ethnic groups

No health without mental health: A cross-government mental health outcomes strategy for people of all ages, February 2011

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

Mental health: priorities for change, January 2014

Increasing access to mental health services

1. High-quality mental health services with an emphasis on recovery should be commissioned in all areas, reflecting local need
2. We will lead an information revolution around mental health and wellbeing.
3. We will, for the first time, establish clear waiting time limits for mental health services
4. We will tackle inequalities around access to mental health services
5. Over 900,000 people will benefit from psychological therapies every year
6. There will be improved access to psychological therapies for children and young people across the whole of England.
7. The most effective services will get the most funding.
8. Adults will be given the right to make choices about the mental health care they receive
9. We will radically reduce the use of all restrictive practices and take action to end the use of high risk restraint, including face down restraint and holding people on the floor
10. We will use the Friends and Family Test to allow all patients to comment on their experience of mental health services – including children's mental health services
11. Poor quality services will be identified sooner and action taken to improve care and where necessary protect patients
12. Carers will be better supported and more closely involved in decisions about mental health service provision.

Integrating physical and mental health care

13. Mental health care and physical health care will be better integrated at every level
14. We will change the way frontline health services respond to self-harm
15. No-one experiencing a mental health crisis should ever be turned away from services

Starting early to promote mental wellbeing and prevent mental health problems

16. We will offer better support to new mothers to minimise the risks and impacts of postnatal depression.
17. Schools will be supported to identify mental health problems sooner
18. We will end the cliff-edge of lost support as children and young people with mental health needs reach the age of 18

Improving the quality of life of people with mental health problems

19. People with mental health problems will live healthier lives and longer lives.
20. More people with mental health problems will live in homes that support recovery
21. We will introduce a national liaison and diversion service so that the mental health needs of offenders will be identified sooner and appropriate support provided
22. Anyone with a mental health problem who is a victim of crime will be offered enhanced support.
23. We will support employers to help more people with mental health problems to remain in or move into work
24. We will develop new approaches to help people with mental health problems who are unemployed to move into work and seek to support them during periods when they are unable to work
25. We will stamp out discrimination around mental health

Quality indicators and variances within Thames Valley

Mental Health

- The **mental health register** (rate per 1000 population) for Thames Valley (6.74) is well below national average (8.15). Only one CCG (Slough) is above the national average (8.77). Whilst the lowest (Wokingham) is significantly lower (4.70). Data source QOF 2012
- The **Depression Register** (rate per 1000 population) in Thames Valley (91.69 is just below the national level (92.28). However the regional variance by CCG is significant, from North and West Reading (114.40) to its neighbouring South Reading (67.31). Data source QOF 2012
- The **excess under 75 mortality rate in adults with serious mental illness** (SMI), is particularly high in West Berkshire (1489) being fourth highest in England and Wokingham (1456) fifth highest, against the national rate (921) and compared with the lowest rate in Thames Valley in Slough (747) which is particularly low. Data source NEPHO 2013
- Typically, the incidence of **suicide and mortality from suicide** are low and therefore it is difficult to assess variation. In 2013 Wokingham is particularly low in both measures (5.3 and 3.74 respectively) compared to

the national average (7.9 and 7.72). Data source Public Health Outcomes Framework and the NHS IC Indicator Portal.

- NEPHO, Community Mental Health Profile 2013 indicates that Thames Valley **hospital admissions for mental health** are well below the national rate, with one area less than 50% below national levels and a further two very close to 50%.
- **Hospital admissions for schizophrenia, schizotypal and delusional disorders** are again low across the region, with five areas all well below 25% of the national rate (NEPHO).
- **Hospital admissions for unipolar depressive disorders** are also low, with three areas below 25% of the national rate (NEPHO).

Directly standardised rate for hospital admissions for:

	National	Bracknell Forest	Bucks	Oxfordshire	Reading	Slough	West Berks	Windsor and Maidenhead	Wokingham
Mental Health	243	139	122	131	220	187	123	156	**112**
Schizophrenia, schizotypal and delusional disorders	57	7	7	33	36	9	18	**5**	9
Unipolar depressive disorders	32.1	**4.7**	7.8	24.5	19.3	16.4	13.1	6.6	10.8

- **Hospital admissions for children with mental health conditions** are also much lower than national levels (91.3), with West Berkshire (22.6) and Buckinghamshire (28.6) being particularly low. Child and Maternal Health Observatory, 2013.
- **IAPT**: the percentage of **referrals entering treatment and recovery rates** are all above national levels (60.1 and 43.8 respectively) in Thames Valley. The federated CCGS in West Berkshire have demonstrated the highest rates (73.2 and 57.7 respectively). NEPHO 2011/12
- **Mental health spend** is largely in line with national levels (209) ranging between Chiltern CCG and Aylesbury CCG (both 186) and Oxfordshire CCG (216). Data source Yorkshire and Humber Public Health Observatory 2010/11

Dementia

- In 2012, the national QOF **dementia register** (rate per 1000) was 5.29. All Thames Valley CCGs were below this level with the highest being Aylesbury CCG (5.07) and the lowest Slough CCG (2.29). This is similarly reflected in the **ratio of recorded to expected prevalence**. However, the SCN is aware that significant improvements have been made locally and revised data is anticipated in early 2014.
- Rates of hospital admissions for Alzheimer's and related dementia are significantly below national levels (80) ranging between the highest in Bracknell Forest (28) and the lowest in Reading (10). NEPHO 2013
- Diagnosis rates are significantly better in South Reading (53.74%) considerably lower in Chiltern (38.5%). Oxfordshire is also below the national average (42.7%0. DoH Variation Map.
- Waiting times for referrals and diagnosis are very mixed across the region. Both are very low in Slough (1week and 0 weeks respectively), following considerable local efforts to reduce waits. Waits for results are also very low in South Reading (1 week) and Oxfordshire (0 weeks). However, waits for testing is very high in Chiltern (12 weeks) and Newbury for results (10). DoH Variation Map.

- Chiltern and Aylesbury do not have home assessments for suspected dementia patients or specialist post diagnostic counselling.

Neurological Conditions

- The availability of reliable neurological data is low. Evidence is often used from the National Audit Office report (December 2012), the Neurological Alliance and anecdotally, however the local value of these data sources is limited. To address this gap, TVSCN has commissioned a detailed baseline study of neurological services. The outputs of this report are expected in April 2014 and will be used to evidence future SCN activity and investment.
- Audit studies have shown that **migraine**, a primary headache disorder with a lifetime incidence of 30%, is the commonest neurological presentation to General Practitioners (94 per 10 000 patients as first visits) and constitutes at least 25% of neurology new out-patient load.
- In Thames Valley, for long term neurological conditions is low against national levels (5.9) with the highest being Aylesbury Vale (5.02) and below 4 in Bracknell and Ascot (3.59), Windsor, Ascot and Maidenhead (3.78), Oxfordshire (3.85), Wokingham (3.87) and Chiltern (3.93).

Thames Valley Strategic Clinical Network – Mental Health, Dementia and Neurological Conditions Network Objective: ***To contribute to the achievement of high quality care for all now and for future generations.***						
Aim: ***Improve health and reduce inequalities***						
Work stream	**Project number**	**Programmes of work**	**Outcome**	**Timescale**	**Lead**	**Comments**
Network Development and Management	MHDN/ NDM/N D/01	Annual network development event • To review delivery against plan. • To provide progress updates to stakeholders. • To influence the next planning cycle. Up to 100 attendees with key note speakers. Based on the model of the first network development day on 18th July 2013.	Maintaining an engaged membership. Re-energise activity and sense check activity against changing national priorities and local landscape. Support network members to develop their own professional networks and encourage communication across professionals and organisations.	Annual September 2014	LT	
Network Development and Management	MHDN/ NDM/N D/02	Topic network events • To support the development of satellite networks with a focus on topic or condition specific discussions. Two have already been identified in the first instance: Dementia and Suicide Prevention. Others may include children's mental health and care for carers, neurology pathways	To enable detailed discussion, necessary for scoping activity building professional networks, standardising systems and facilitating change.	As required		
NHS Outcome Domain: ***1 - Preventing people from dying prematurely*** **NHS Indicator:** ***Reducing premature mortality from the major causes of death*** **Outcomes Framework:** **1.5** Excess under 75 mortality rate in adults with serious mental health illness. **1.7** Excess under 60 mortality rate in adults with a learning disability **Commissioning Outcomes Framework:**						

1.30 People with severe mental illness who have received a list of physical checks **No Health Without Mental Health:** Objective 2 More people with mental health problems will recover Objective 3, More people with mental health problems will have good physical health						
Aim: ***Improve health and reduce inequalities***						
Suicide Prevention	MHDN/MH/D1/03	To establish a Suicide Prevention and Intervention Network and deliver on the objectives as defined by the regional suicide prevention benchmarking legacy work of former South Central SHA. Thames Valley has a number of areas of expertise in Suicide Prevention and this will enable continued development in the area. The network will link with these and other stakeholders including local authorities, academia and the voluntary sector.	Development of a collaborative network for the continued delivery of suicide prevention interventions. Creation of bereavement training endorsed by the Royal College of Psychiatrists. Establishment of two Reader Groups to support high risk patients in hospital and community settings. Review of risk assessment tools and revised training for secondary care staff. Host of IMHL exchange on suicide prevention and multi-party collaborative approach in TV Link with international leadership (Joiner model)		LT	
Mental-physical parity	MHDN/MH/D1/04	Patients with severe mental illness typically die 20 years younger and have poorer health outcomes. National CQUIN from April 2014	Support the development of a national data set. Monitor delivery against CQUIN, disseminate good practice			
Mental-physical parity	MHDN/MH/D1/05	There is a need to support the continued improvement of physical health in parallel with supporting mental health conditions. Wokingham CCG has stated an intention to provide MH patients with physical health checks in primary care. The SCN proposes to support that implementation, review of impact, data analysis and dissemination of successes. (Dr Stephen Madgwick tbc)	Evidenced impact of physical health checks for mental health patients.			

NHS Outcome Domain: *2 – Enhancing quality of life for people with long term conditions* **NHS Indicator: *Ensuring people feel supported to manage their conditions*** **Outcomes Framework:** **2.1 Proportion of people feeling supported to manage their own condition.** **2.4 Health-related quality of life for carers.** **2.5 Employment of people with mental illness.** **2.6 Enhancing the quality of life for people with dementia.** **Commissioning Outcomes Framework:** **2.79 People on Care Programme Approach (CPA) followed-up within 7 days of discharge from psychiatric inpatient stay.** **No Health Without Mental Health:** **Objective 6 Fewer people will experience stigma and discrimination**						
Aim: *Equip patients with the skills, knowledge and support mechanism to manage their long term condition on a daily basis.*						
Psychological Therapies for Psychosis	MHDN/D/D2/06	Psychological therapies have been shown to provide improved outcomes for the physical health of mental health patients, supporting parity of esteem.	To be scoped for 2015/16 To include a review of national audits.			
Psychological Therapies and Long Term Conditions	MHDN/MH/D2/07	Four Pathfinder projects in Thames Valley were established in 2011 and are now in their second year of funding. Each locality (Berkshire, Buckinghamshire and Oxfordshire) has focused on a specific LTC: Diabetes, COPD, and CHD respectively, with Berkshire also looking at MUS. The next phase is to take these pilot projects into wider commissioning; to increase geographical and disease coverage. This will need to be evidence based and requires a detailed local impact review. The opportunity is to conduct a detailed economic review of each pathfinder project in Thames Valley. Evaluation may also include other similar projects within the county boundaries, e.g. Aylesbury Vale CCG. Evaluation will include thorough review of impact on both direct quality of care as well as the ability of such interventions to affect change in future patient need.	The MHDN network has a particular interest in MUS (or PPS) The project will provide comprehensive review of previous and current activity in providing psychological therapies to patients with LTCs. This evaluation will then inform future commissioning and support long term service modeling. Depending on the outcome of the evaluation, the project has potential to reduce cost, improve patient care and direct services towards mental health, with the desired outcome of improving physical health. By working together it is anticipated that services and commissioners will continue to share evolving theories and practical skills enabling the fast track implementation	March to July 2014	LT	

			of lessons learnt.			
Dementia in primary care	MHDN/D/D2/08	In recent years there has been an increased focus on improving dementia care and services. This has been fuelled by the PM's Dementia Challenge. Each CCG with Thames Valley has appointed a Dementia lead and devised comprehensive programmes of work. Excellent progress has been made locally with increased diagnosis, new services and improved wards. Consequently, there are also a number of local networks and stakeholder groups. The SCN proposes to establish a regional Dementia Board which offers a forum for sharing of excellence, collaboration on issues and challenges and a vehicle for the delivery of regional initiatives.	Phase 1: Regional event of feedback from local Dementia projects. To share learning and disseminate good practice. Establishment of a regional board which is facilitated and managed by the SCN in collaboration with our strategic partners. Meeting quarterly, with a proposed membership of around 25 (maximum of 5 members per locality; Berkshire East, Berkshire West, Oxfordshire, Buckinghamshire)	February 2014 From May 2014, held quarterly		
Dementia in primary care	MHDN/MH/D2/09	To deliver a number of dementia projects, led by the Thames Valley Dementia Board. • Work collaboratively with all regional organisations including: AHSN, HIEC,HEE • To understand and develop standardised referral pathways from primary care • Develop an exemplar Dementia Friendly Practice • Develop a co-ordinated and integrated approach for care home projects, e.g. guidelines for care homes & staff education	Delivered under the direction of the TV Dementia Board: - Reduction in duplication (board leadership) - Development of regional protocols - Clear referral pathways - Dementia friendly practice embedded within a dementia friendly community which links with similar initiatives such as the neighbourhood return scheme - Care home guidance materials - Prevention strategies (with PHE) - Workforce development (with HEE)	From April 2014, milestones to be defined by the Dementia Board		Possible cost to dementia friendly practice tbc.
NHS Outcome Domain: ***3 – Helping people to recover from episodes of ill health or following injury*** **NHS Indicator*:*** ***3a Emergency admissions for acute conditions that should not usually require hospital admission*** ***3b Emergency readmissions within 30 days of discharge from hospital*** **Outcomes Framework:** **3.1** Number of elective procedures weighted by psychological therapies **Commissioning Outcomes Framework:**						

3.26i Recovery following talking therapies for people of all ages. **3.26ii** Recovery following talking therapies for people older than 65. **No Health Without Mental Health:** Objective 2 – More people with mental health problems will recover						
Aim: ***Ensure patients receive the right treatment at the right time with the right support to aid timely recovery.***						
Street Triage	MHDN/MH/D3/10	Thames Valley Police have been awarded a £200K grant by the Department of Health to improve the triage of patients presenting with mental health concerns. This is one of five new pilot projects confirmed nationally and will launch in January 2014. MHDN and Oxford Health have worked closely with TVP to scope the proposals which will provide MHP on police calls which have a potential mental health need. The role of the MHDN network is to facilitate The quality evaluation of the pilot to ensure it meets service user needs.	Patients treated safely and effectively by a trained mental health professional. Improved quality of care. Reduction in patients' detained inappropriately in cells. Possible reduction in '136'. Ambition for CCGs to commission long term.	12 months from January 2014 January 2014 to March 2014	TVP: April to Oct 2014 EM to lead for SCN	
	MHDN/MH/D3/11	Local implementation of national crisis concordat	To be scoped	2014/15		
Map Neurology services in Thames Valley	MHDN/N/D3/12	The provision of Neurology Services in England is unclear; there is little focus and no national targets. This is replicated within Thames Valley and there is a little emphasis in CCG plans. This project proposes to fully evaluate current services across Thames Valley and indicate where the greatest potential for improvements might be made. TV SCN intends to use the services of the National Commissioning Support (NCS) organisation who have completed similar pieces of work in the South West and other SCNs	Phase 1. To map current service provision across the Thames Valley region and provide a baseline of services across Thames Valley The end of phase 1 will include a formal workshop with key stakeholders to discuss the report, its recommendations and the actions for prioritisation	December 2013 to March 2014 2014/15	EM	
Integrated Care Pathways		Developing integrated care pathways across health and social care This will be informed by the work completed in by	Identify working groups for the major neurological disorders	2014/15	EM ZC	

for NC (Health and Social Care)		the NCS project and is likely to focus on developing integrated pathways across secondary and primary care that are defined, documented and commissioned				
Emergency Neurology Evaluation	MHDN/N/D3/13	5% of A&E attendances are due to headaches and epilepsy / fits are in the top ten of ambulatory case sensitive conditions that are recognised as being able to be managed in the community.	Identify % of patients that go through A&E presenting with headaches / "first fits" that could have been seen elsewhere i.e. in the community with the appropriate support	Jan – March 2014	EM ZC	
Set up Community support networks	MHDN/MH/D3/14	Early diagnosis and timely management of neurological conditions is important to ensure positive patient experience and reducing unnecessary admissions Integrated community care e.g. ensuring that community nurses are able to prevent secondary care admissions for co-morbidities	Pilot a Headache clinic in the community run by GPwSI. This will be supported by the Oxford Headache Centre through Drs Paul Davies, Ben Wakerly and Zameel Cader. During this period pilot a specialist nurse to work across secondary and primary care (Headache Clinic) to provide patient support and reduce need for follow-up visits. To be scoped	14/15	EM ZC	
Psychological therapies for LTCs	MHDN/MH/D3/15	Based on the four pathfinder projects in Thames Valley for psychological therapies and their evaluation by the MHDN network, there is an opportunity to apply these principles to other LTCs such as many of the neurological conditions.	To be scoped Many patients suffering with Neurological Conditions will go through depression and anxiety; psychological therapies can provide a vehicle to support patients, has the potential to reduce cost, improve patient care and direct services towards mental health,	14/15	EM ZC	

			with the desired outcome of improving physical health			
NHS Outcome Domain: *4 – Ensuring that people have a positive experience of care* **NHS Indicator:** **4a** Patient experience of primary care **I** GP services **ii** GP Out of Hours services **iii** NHS Dental Services **4b** Patient experience of hospital care **4c** *Friends and family test* **Improvement Area: NHS / PH / Social Care** **Outcomes Framework:** **4.1** Patient experience of outpatient services. **4.2** Responsiveness to inpatient personal needs. **4.4.i.** Access to GP services. **4.7** Patient experience of community mental health services. **4.9** People's experience of integrated care **Commissioning Outcomes Framework:** **4.20** Access to community mental health services by people from black and minority ethnic groups. **4.21** Access to psychological therapies services by people from black and minority ethnic groups **No Health Without Mental Health:** Objective 4 More people will have a positive experience of care and support						
Aim: *Ensure all services are developed and commissioned from the patient/user experience and voice.*						
Children's mental health	MHDN/MH/D4/16	Early scoping underway in discussion with the C&M network leads. – improving integration and coordination of care for CAMHS This project has been integrated with the C&M Network and is being carried forward by their QILs MHDN will keep abreast of the work and ensure lines of communication are kept open	See C&M Network work plan	June 2014	C&M Network C&M/MH/D2/02	**Children's mental health**
NHS Outcome Domain: *5 – Treating and caring for people in a safe environment and protecting them from avoidable harm* **NHS Indicator:** **5a** Patient safety incidents reported **5b** Safety incidents involving severe harm or death **5c** *Hospital deaths attributable to problems in care* **No Health Without Mental Health:** Objective 4 More people will have a positive experience of care and support						

Objective 5 Fewer people will suffer avoidable harm						
Aim: ***Ensure Trust/Provider services are compliant with nationally recognised standards of care.***						
Dementia Friendly Wards	MHDN/D/	25% of beds are occupied by patients with Dementia. Typically, the hospitalisation of these patients is for existing co-morbidities. Cognitive impairment requires additional consideration in the treatment and delivery of care	Support the normalising of Dementia friendly wards in TV. Raise levels of Dementia training in hospitals.			To be scoped

Appendix 1

Mortality under 75

	Excess under 75 mortality rate in adults with serious mental illness, 2010/11	Mortality from all causes, age <75, per 100,000 European Standard population
England	921	280.65
Bracknell Forest	1140	240.73
Buckinghamshire	1109	223.17
Oxfordshire	1060	237.75
Reading	1068	303.38
Slough	747	318.93
West Berkshire	1489	223.51
Windsor and Maidenhead	1338	235.13
Wokingham	1456	204.66
Data Source	Community Mental health Profile 2013	Compendium of Population Health Indicators
Period	2010/11	Pooled 2008-09

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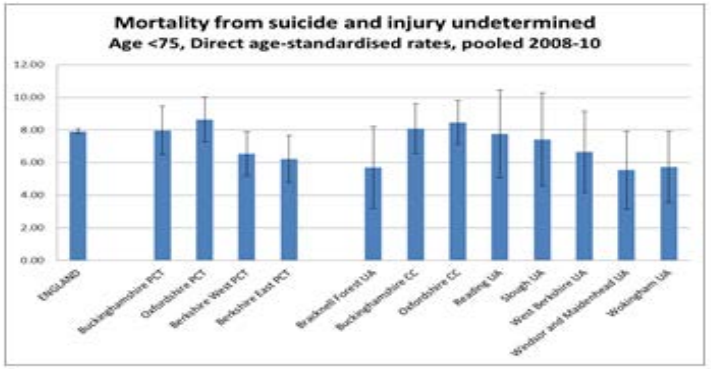
Variation in West Berkshire

Mortality from suicide & injury undetermined



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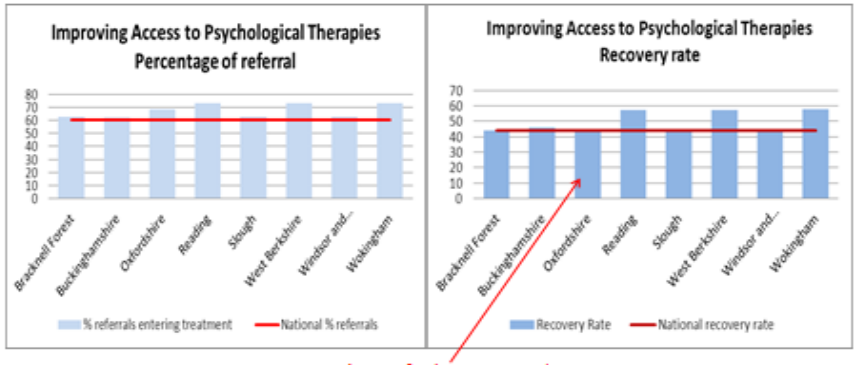
Compendium of Population Health Indicators

Improving access to Psychological therapies



Areas for Improvement

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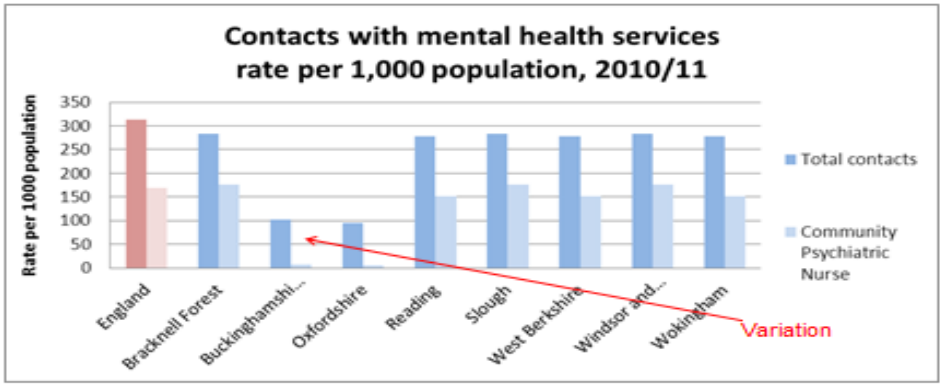
NEPHO, Community Mental Health Profile 2013

Contacts with mental health services



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NEPHO, Community Mental Health Profile 2013

Department of Health Dementia Variation Map – by CCG area

Yellow rates show CCG areas whose services are high performing in specific categories.

Red rates show CCG areas whose services are low performing in specific categories.

Map 1: In the Community

http://dementiachallenge.dh.gov.uk/map/?map=1

				Berkshire East			Berkshire West									
Key	**In the Community**	Aylesbury Vale CCG	BaNES CCG	Bracknell and Ascot CCG	Windsor & Maidenhead CCG	Slough CCG	Newbury& District CCG	North & West Reading CCG	South Reading CCG	Wokingham CCG	Chiltern CCG	Gloucestershire CCG	Oxfordshire CCG	Swindon CCG	Wiltshire CCG
Above Average Below Average	**Checking for Dementia** – People who have had a formal diagnosis of their condition (%)	47.67	41.82	50.06	48.12	48.51	48.01	50.24	53.74	46.49	38.52	50.68	42.70	46.13	36.72
A few weeks A few months	**Waiting to be Tested** – How long someone will wait to be seen by a memory clinic (weeks)	5	No data	4	7	1	6	No data	5	6	12	No data	8	No data	6
Above Average Below Average	**Waiting for the Results** – How long someone will wait for results from a memory clinic (weeks)	8	No data	8	5	0	10	No data	1	8	6	No data	0	No data	8
A low proportion A high proportion	**Prescribing Anti-psychotic Drugs** – The proportion of diagnosed dementia patients who were prescribed an anti-psychotic drug within the first year of diagnosis (%)	2.08	0	0	1.96	0	0	6.12	4.17	No data	2.47	1.98	2.5	No data	No data

Daisy Baker, December 2013

Map 2: At Hospital

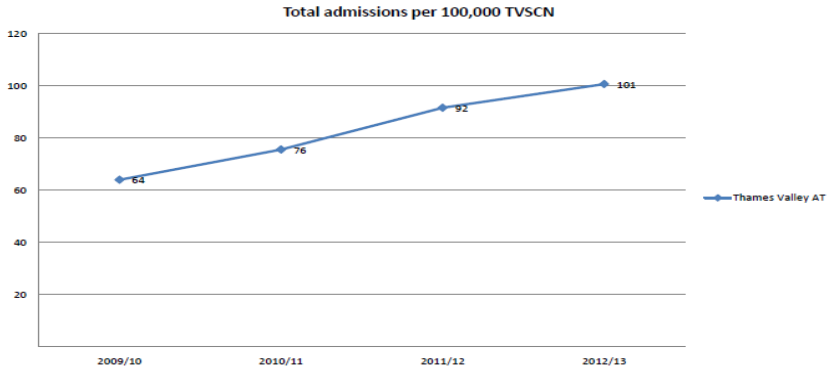
http://dementiachallenge.dh.gov.uk/map/?map=2

Key	At Hospital (See Acute Trust Key Below)	Aylesbury Vale CCG	BaNES CCG	Berkshire East: Bracknell and Ascot CCG	Berkshire East: Windsor & Maidenhead CCG	Berkshire East: Slough CCG	Berkshire West: Newbury& District CCG	Berkshire West: North & West Reading CCG	Berkshire West: South Reading CCG	Berkshire West: Wokingham CCG	Chiltern CCG	Gloucestershire CCG	Oxfordshire CCG	Swindon CCG	Wiltshire CCG
High / Low	**Looking for Dementia at Hospital** – The number of people who are over 75 and come to hospital in an emergency, that are assessed for signs of dementia (%)	66.1[1] / 49.0[2]	80.33	100[3] / 92.2[4] / 89.7[5]	92.2	92.2	89.7[5] / 73.0[6] / 48.0[7]	89.72	89.72	89.72	92.2[4] / 66.1[1]	79.73	49.01	73.04	82.2[8] / 80.3[9] / 73.0[6]
	Assessing Dementia at Hospital - The number of people who are over 75 and come to hospital in an emergency that show signs of dementia and have further assessment (%)	99.4[2] / 69.1[1]	No data	100[3] / 99.3[5] / 94.1[4]	94.06	94.06	99.3[5] / 74.3[6]	99.25	99.25	99.25	94.1[4] / 69.1[1]	100	99.37	74.26	95.4[8] / 74.3[6]
	Referring People for Further Tests - The number of people referred for further tests who are over 75, come to hospital in an emergency and have had a full assessment (%)	100[2] / 48.7[1]	No data	100[3] / 100[5] / 98.2[4]	98.15	98.15	100[5] / 60.2[6]	100	100	100	98.2[4] / 48.7[1]	76.15	100	60.19	60.2[6] / 42.2[8]

Acute Trusts Key:
1- Buckinghamshire Healthcare NHS Trust 2- Oxford University Hospitals NHS Trust 3- Frimley Park Hospital NHS Foundation Trust 4- Heatherwood and Wexham Park Hospitals NHS Foundation Trust 5- Royal Berkshire NHS Foundation Trust 6- Great Western Hospitals NHS Foundation Trust 7- Hampshire Hospitals NHS Foundation Trust 8- Salisbury NHS Foundation Trust 9- Royal United Hospital Bath NHS Trust 10- Older Adult Central Oxford City 11- South Locality Memory Clinic

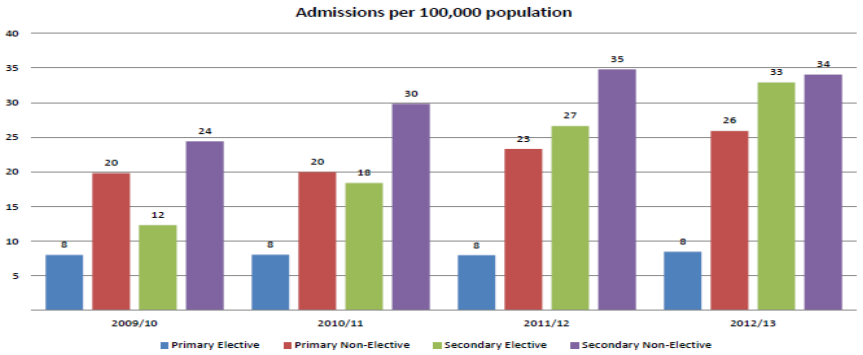
Daisy Baker, December 2013

Admission rate per 100,000 – Total elective and non- elective admissions with a primary or secondary diagnosis of Headache and Migraine 2009/10 to 2012/13 across TVSCN



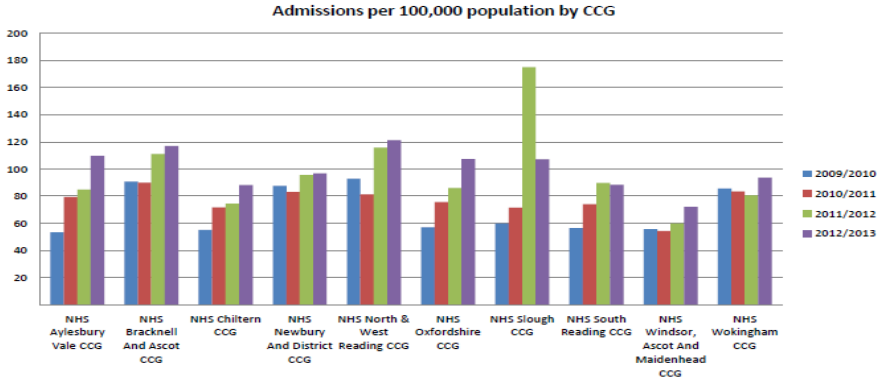
Admissions per 100,000 population across the TVSCN are increasing year on year

Admission count per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of Headache and Migraine 2009/10 to 2012/13 across TVSCN



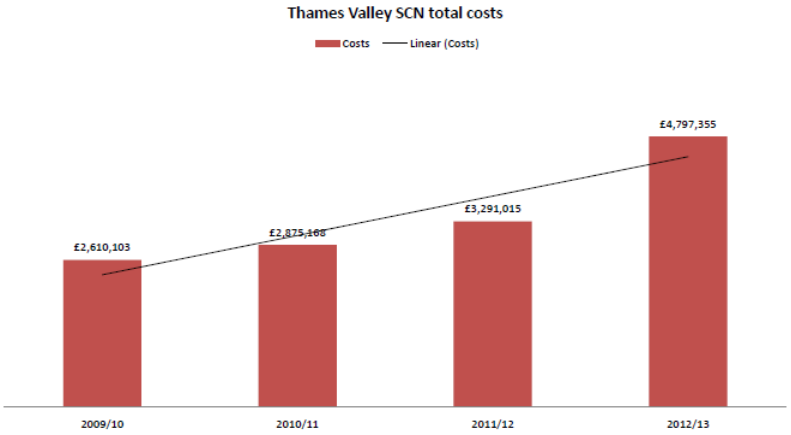
Admissions per 100,000 have risen to 101 in 2012/13

Admission rate per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of Headache and Migraine 2009/10 to 2012/13 by CCG



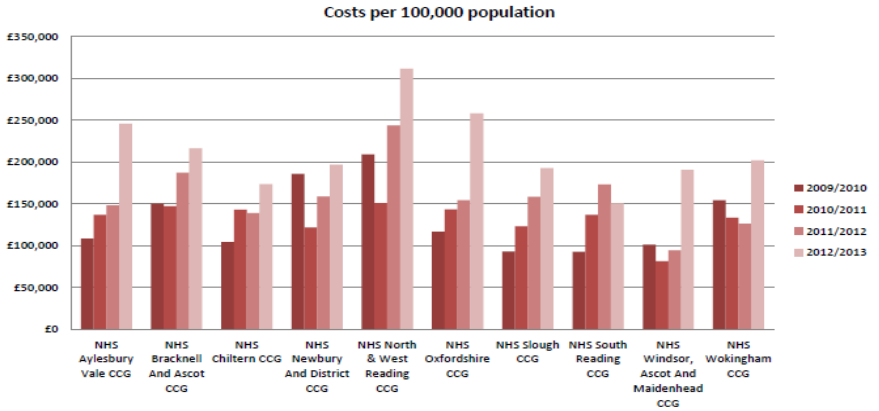
The highest admissions per 100,000 for Headache and Migraine is NHS Slough

Total admission costs – Total elective and non- elective admissions with a primary or secondary diagnosis of Headache and Migraine 2009/10 to 2012/13



Total admission costs for Headache and Migraine across the SCN area are increasing year on year

Admission cost per 100,000 – Total elective and non-elective admissions with a primary or secondary diagnosis of Headache and Migraine 2009/10 to 2012/13 by CCG



Highest costs per 100,000 were incurred by North and West Reading CCG