

Who needs information

Service users and families

Commissioners

CCGs, NHS England, PHE, Local authorities & Health & Well being boards

Service Providers: who want to improve quality & outcomes

The Mental Health national Intelligence/ Informatics network aims

Provide a new way to commission

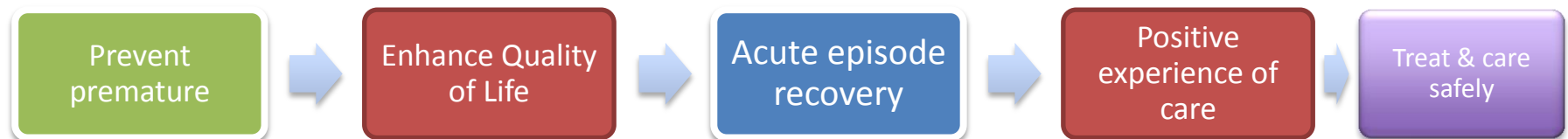
that is based on expert service user voice, public health, mental health academic, service development & improvement experts using integrated information

Deliver to the public, patients families and staff

Information decision support systems needed to make care more accessible, safer, effective and empowering

Make a reality of the NHS Mandate to deliver 'parity'

Deliver the Outcomes improvements



Deliver ROI in MH informatics through:

- the power of close expert partnership working
- Which align our programmes to deliver the maximum improvements in commissioning, service delivery, quality improvements & regulation

Who are we developing a MH intelligence network for

Starting with our values and vision of care

A value based, affordable vision of care for people with mental health conditions & their families to maximize outcomes

I am educated to have a healthy lifestyle to prevent ill health

I am supported to build my mental and physical resilience

Given my risks of ill health I am given priority care to prevent illness developing

I was diagnosed early by my GP and my primary care treatment was expert

s I got the best treatment I need for my condition & my life

My family and friends are supported to help me

I am treated with dignity and respect as a person

I know what I can do to help myself and my life

I continue to be part of my community and contribute to it

Achieving the NHS Mandate: the definition of parity

- I was struck the other day when I saw a patient - who has been off work for 3 months waiting for CBT. He is depressed and was just told to go on sick leave- no medication, just a referral for CBT in the distance future.
- When I saw him , what upset me most was that if he had broken his leg, he would have been treated asap, given rehab, told to go to work on crutches and would not have just been abandoned.
- I want to make it impossible for mental health problems to be treated as second class illnesses - with patients with treatable conditions languishing on waiting lists or worst still with no treatment at all

From GPClare Gerrada

JSNA and local care pathway profiling.

What information do they want

The Information commissioners are asking for is to have, for each CCG and each HWWB:

The local social determinants of mental ill health

The local community assets and strengths

Current prevalence of each MH key area ie SMI, common MH conditions, CYP, subst misuse, ASD & ADHD, dementia,

Predicted future prevalence based on population predictions

High risk groups: numbers and types of people who would benefit from early intervention

Identification rates in primary care

Information on **access, quality, outcomes and funding** across the Tiers 0-4 pathways in

- Primary care
- Social care access
- Specialist MH services:
- Acute trust / community provider care:

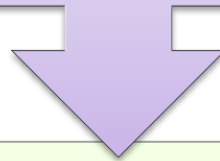
How does care pathway profiling lead to commissioning based on intelligence and transformational large scale improvement: London dementia case study

The services people tell us they want	A	B	Commissioning success factors in borough A
Rate of diagnosis of dementia	78% Best in UK	32%	Tier 2 outreach memory clinic model Tele helpline for local GPs by MHT Earlier effective treatment
Rates of A/E presentations	low	High++	MH liaison team in A/E Raid model
Rates of admissions	low	high	Care home weekly proactive 'ward rounds' with GP and MHT MHT train & supervise care home staff
Rates of prescribing antipsychotic medicines in dementia	V low	high	Medicine helpline for GPs Shared prescribing & review protocols
Social care funding available for home based care	45%	6%	Less admissions to care homes & acutes & MHT beds Personalized care budgets Carer respite
Outcome across London : 420 person strong network with 56% reduction in prescribing:			

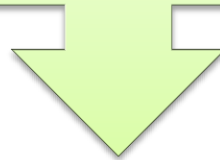
Clinical and economic best information and commissioning tools
pilot examples available ...

**What are the top 4 service 'Best buys' for each
'condition' service line**

2 sides A 4 summaries and knowledge summaries



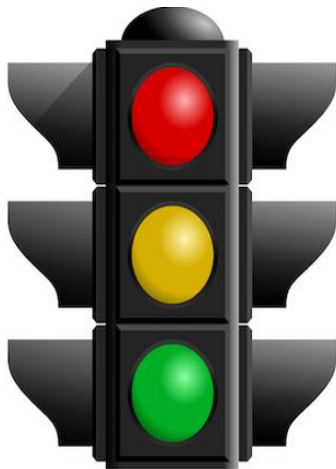
**Model service specification examples (
outcomes and values based)**



**Economic modelling tools to design and reengineer
effective models for local needs**

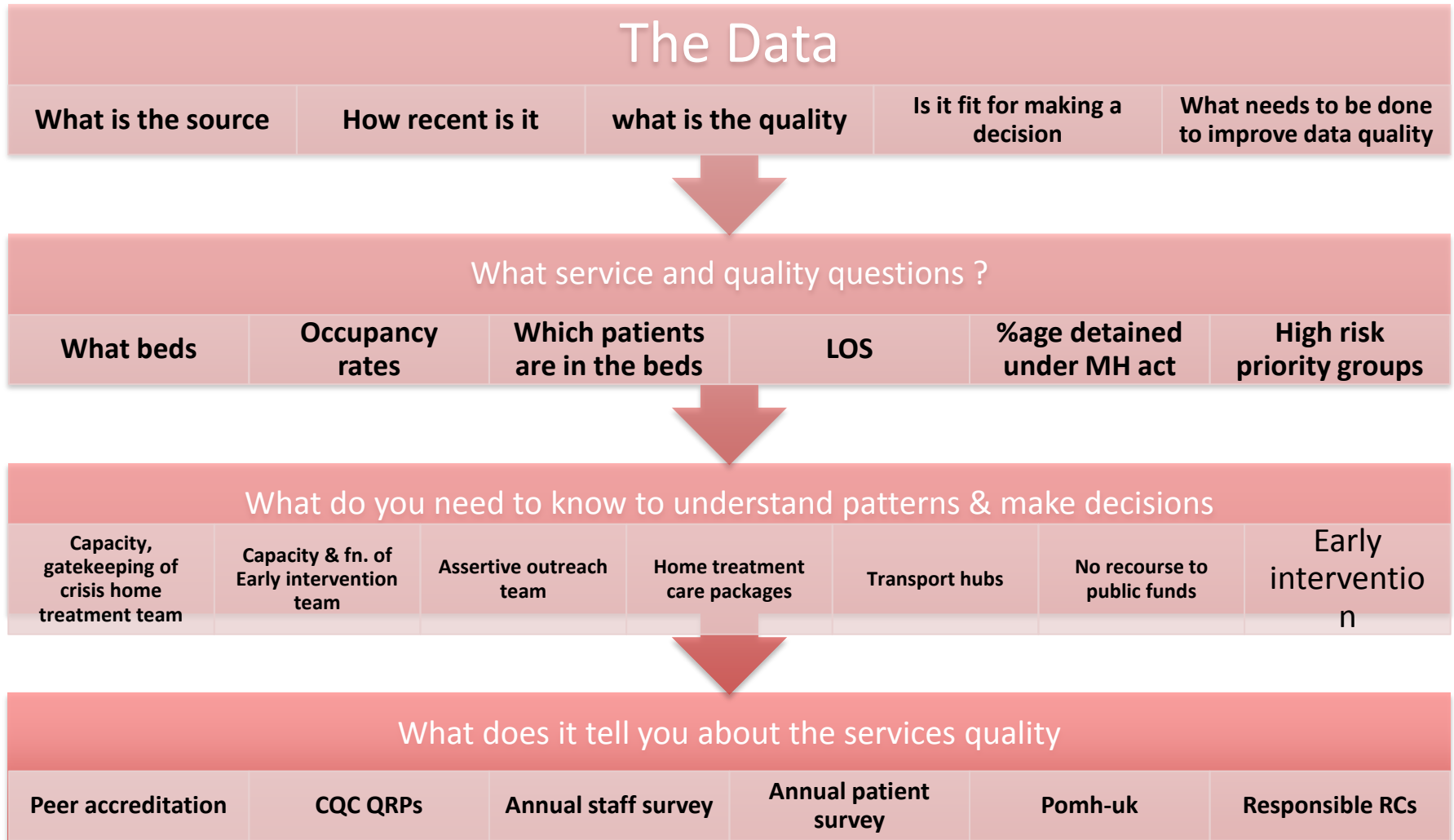
To use information SAFELY and well, we need a range of experts

- What is the data set?
 - What population/service does it cover?
 - How well established is the data return?
 - What time period does it cover? How frequently is it collected? How timely are the data? When will it next be refreshed?



- **RED: Do not make decisions based on this information until the quality improves;**
- **AMBER: Only make decisions based on this information if the results triangulate well with other intelligence;**
- **GREEN: Data quality is robust and can be used as the basis of decision making.**

It needs a range of competencies to make sense of the dataTaking bed use as an example



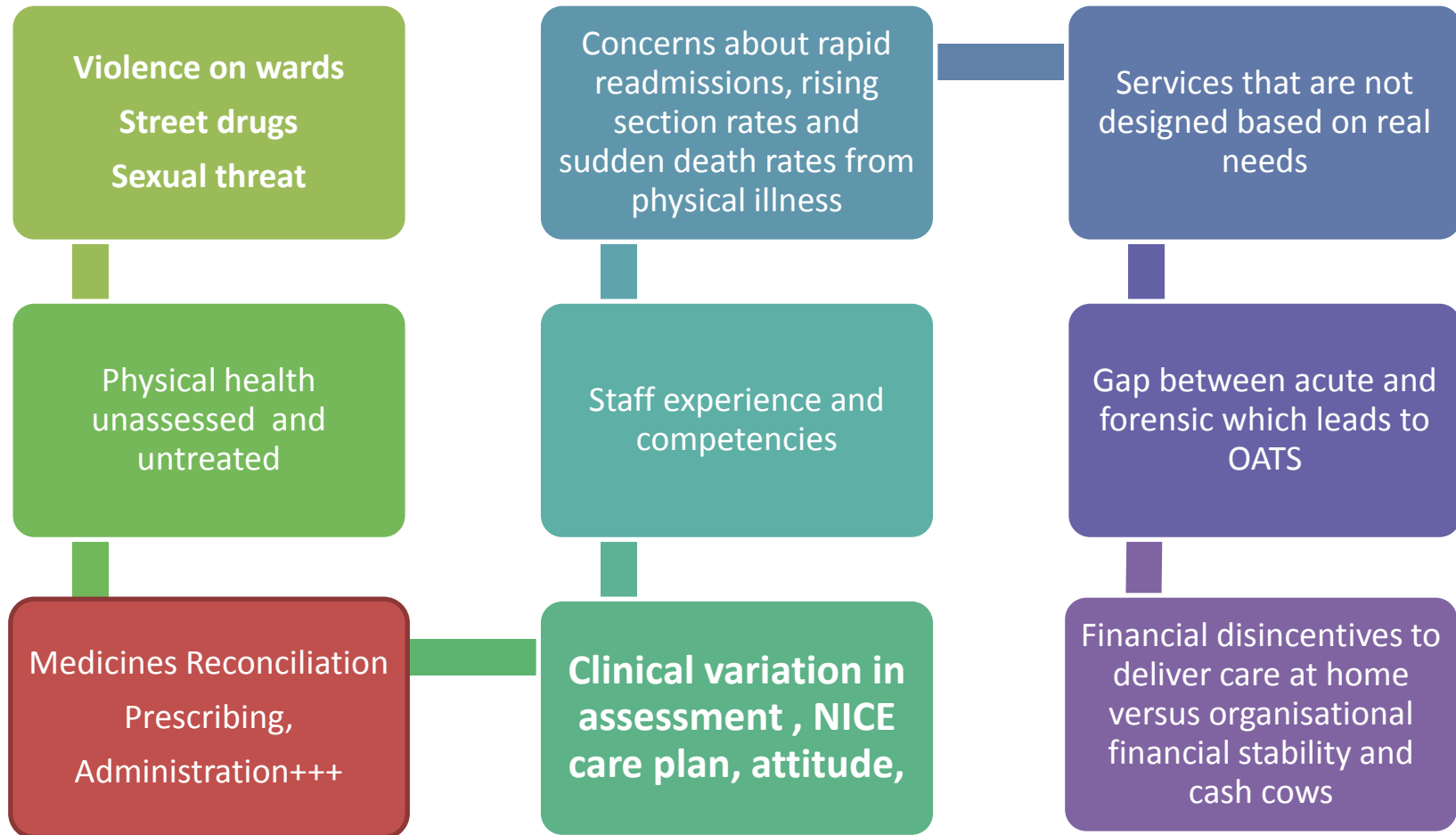
What do systems leadership organizations want to know

- How does my service benchmark for quality
- How well trained are my staff
- How can we reduce information gathering burden and have accessible information for it staff

MH workforce model: can staff deliver effective care

Type of Basic Training Healthcare Commission staff survey	Yes, in the last month	Yes > 12 months ago
How to undertake the care programme approach (CPA)	26%	30%
How to give information on medications & side effects to people with mental health disorders	21%	26%
How to conduct a mental health risk assessment	32%	30%
How to identify patients/service users at risk of committing suicide	26%	29%
How to assess and support carers patients with a mental health disorder	21%	24%
How to assess & treat service users with dual diagnosis (mental health & substance misuse)	16%	23%
How to undertake medicines management including non-medical prescribing	21%	19%
Psychological therapies	24%	21%

CQC identified key quality and safety issues in 21st century mental health secondary care services.....



ROI: The vision of care, reducing health and social care institutional based carewhen it is not needed

Joining up health and social care

Improving value for money across
the interface

December 2011

For health and social care partnerships, this means focusing on:

reducing unplanned hospital admissions;

reducing admissions to residential and nursing home care from the community;

improving hospital discharge arrangements, particularly to residential and nursing home care; and

enabling people to be treated at home and die at home rather than in hospital if that is what they prefer.



Key issues

What can be gathered nationally to support local commissioning decision making

What data sets can be linked to plan care pathway best care

How do we in mental health emulate the success stories of cancer, stroke and trauma with

- Intelligence networks
- Annual targeted National audit
- Peer accreditation improvement programmes

Some new innovative collaborative prototypes that have changed the face of London services

The digital era and recording access

What information do our service users & carers want?

What, when, how & who:

What: information do users and carers want

When: do they want to receive information?

How: in what formats do they the information

Who: do they want to give the information?

The basics:

What is my 'condition'

What treatments are available and safe?

What medication should I choose & what are the effects & side effects?

What is a care plan

The practical:

Lifestyle and diet advice

Structured day

How to get back to work

How to overcome sleep problems

The experiential:

How will this affect my life?

Real life stories of recovery or coping

- In writing
- Listening to Podcasts
- Watching dvds
- In self help groups
- 1: 1 with keyworker
- By email

How can carers help?

What information can be shared with carers?

What help can carers get?

NICE made easy : are we implementing the 7 core treatments in every guideline

Information: the patient should be given information on his/ her condition

Medication : the patient is offered a choice of medication and given information on it with side effects monitored

Physical health monitoring

Psychological Therapies as appropriate are provided

Occupational assessments are undertaken (Recovery)

Crisis plans and advance directives including choice of medication is negotiated between patient and clinician

The appropriate team with NICE service stds provides care