

Emergency Care Pathways Barriers & Solutions

Jim Bosworth

Leicestershire, Leicester & Rutland CCGs

Risk vs Normalisation

Mainstream

- Media, public opinion, coroner.
- Regulatory system
- Professional bodies
- Litigation

Alternatives

- Social interventions
- Crisis House
- 3rd sector & peer support
- Supported housing
- Employment

Treatment vs Recovery

NHS Clinical Commissioners

The independent collective voice of clinical commissioning groups

Clinical

- Assessment, diagnosis & drugs
- Hospital – environment & capacity
- Psychological
- Security

User led

- Recovery & crisis plans
- Build on social & personal assets
- Support in communities
- Users partners in managing risk

Workforce

- Accept we only have so many ‘traditional’ staff
 - Develop alternative roles & suppliers: support staff & peers
 - Use data - lean process & drive productivity
 - Train, supervise, positive recognition

Care pathways

Apply the evidence:

- Personality disorder
- Autistic spectrum
- Substance misuse
- First episode in psychosis
- Assertive out reach

Points of Impact

- Readmissions - 50% in year
- CPA: enable & support before crisis
- Fully exploit IAPT – free CMHTs to respond early; focus crisis/home treatment teams
- 111, street triage (police & ambulance), liaison psychiatry
- CAMHs & First Episode in Psychosis
- Try to focus on finite number of initiatives.....

Parity: STP

- What can mental health do for the wider network?
- Use developing cross agency partnerships
- Focus work on prevention, crisis & recovery
- Mobilise wider community: peers, 3rd sector & mainstream