

**EAST OF ENGLAND STRATEGIC CLINICAL NETWORKS IMPROVEMENT PLAN FOR
MENTAL HEALTH, DEMENTIA, LEARNING DISABILITY AND AUTISM, AND NEUROLOGICAL CONDITIONS 2014-2016**

The East of England Strategic Clinical Networks' vision is of an NHS that provides high quality care for all patients resulting in outcomes for the population served, that compare favourably with the best in the world. * Quality is taken as safe, clinically effective, patient centred, equitable, accessible and sustainable care. The SCN team supports an organisational model that brings together patients, professionals and organisations to achieve programmes of significant and lasting improvement where a whole system or collective endeavour is required.

<p>System Objective One- Domain 1 Securing additional years of life for the people of East of England with treatable mental and physical health conditions</p>	<p align="center">Awareness and Early Diagnosis Initiatives</p> <p>Zero suicide and improving depression care pathways – 4 CCG led projects reducing suicides, improving depression care and improving integration between primary and secondary mental health care</p>	<p>Overseen through the following governance arrangements:</p> <ul style="list-style-type: none"> • East of England Strategic Clinical Network Steering Group • Multi-agency Strategic Dementia Advisory group • Multi-agency Neurology Advisory Group • Learning Disability Leadership Forum • Project task and finish groups/programme boards
<p>System Objective Two- Domain 2 Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions.</p>	<p align="center">Delivered through a number of cross cutting themes across the 5 networks</p> <ul style="list-style-type: none"> • Embed and evaluate coproduction and personalisation to support people with long term conditions across all SCN networks, and 2 CCG projects to test and evaluate for people with mental health or neurological problems • Programme of work to transform dementia diagnosis and post diagnostic support to those with dementia, their families and carers 	
<p>System Objective Three – Domain 3</p> <p>a) Integration of care to support early and timely discharge</p> <p>b) Supporting the frail and vulnerable to remain in their communities</p>	<p align="center">Delivered through a focus on rehabilitation, re-enablement and survivorship</p> <p>Improve post diagnostic support to people with neurological conditions, enabling care closer to home and reducing reliance on secondary care</p> <p align="center">Delivered through a review of pathways across primary, secondary and specialised care</p> <ul style="list-style-type: none"> • Improve quality and efficiency of epilepsy pathways • Facilitate achievement of national IAPT indicators • Support access, quality and safety for people with learning disability and autism • Facilitate improvement relating to Winterbourne view • Facilitate pathway for the management of common mental health problems in primary care • Facilitate pathways to improve the care of people in mental health crisis - improving access to inpatient and community liaison psychiatry 	
<p>System Objective 4 – Right Care</p> <p>Supporting commissioners to develop optimum pathways of care</p>	<p align="center">Parity of esteem</p> <p>Develop integrated physical, mental health and learning disability pathways to achieve equity in investment, and equity in mental health and learning disability outcomes</p>	
<p>System Objective 5- Parity of Esteem</p>		

Supported by a mental health CCG leadership development programme

Underpinned by engagement with patients, families and carers and clinicians to improve the commissioning and delivery of patient centred care