Disruptive and Collaborative Innovations in Mental Health:

Academic Health Science Networks: Bold ideas, dramatic results, lasting change
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Mental Health Statistics from MINDSet

Recovery

- 60% of service users with personal health budgets experience more control
- 70% of people applying for 'out-of-work' benefits have a mental health condition
- 43% of taskforce respondents view the theme of recovery as a top priority

Physical Health

- 33% of people with mental illness smoke compared to 19% in the general population
- 15-20 years earlier, two-thirds of deaths due to mental illness are caused by physical illness
- 46% of people with a mental illness have a physical illness compared with 30% in the general population
- £1.8 billion additional costs of untreated mental health problems in Type 2 diabetes
An Introduction from the Chair of the AHSN Network

As our Academic Health Science Networks (AHSNs) enter the next stage of operation, we are delighted to present this Disruptive and Collaborative Innovations in Mental Health report. This report demonstrates the depth and breadth of our work in mental health—across geographies and in collaboration with other partners in the system to address issues of national importance, as outlined in the Five Year Forward View for Mental Health.

This report sets out the potential for innovation to drive improvements in mental health and demonstrates the important role AHSNs play in the health system. Our remit is clear: to connect NHS and academic organisations, local authorities, the third sector and industry. We do this to help create the right conditions to achieve change across whole health and social care economies, with a clear and consistent focus on citizens and service users. Each AHSN works within its own local area to develop and deliver projects that meet their differing populations and healthcare challenges. Crucially, AHSNs also work together on key areas such as spread and adoption of innovative products, medicines optimisation, improving quality and patient safety, putting research into practice and the running of national programmes, such as SBRI Healthcare and the NHS Innovation Accelerator. To learn more about the AHSN Network visit www.ahsnnetwork.com. For more information about our mental health work visit www.atlas.ahsnnetwork.com and search ‘mental health’. You can also get in touch with us – the contact details for each AHSN are at the back of this document.

Special thanks go to Yorkshire & Humber AHSN for co-ordinating and writing this report.

Dr Liz Mear,
Chair of the AHSN Network and Chief Executive of the Innovation Agency (Academic Health Science Network for the North West Coast).
With the launch of this AHSN Network Disruptive and Collaborative Mental Health report, we can celebrate another year of progress in mental health across England.

The level of awareness and support for mental health continues to grow from the Royal Family, prime ministers, Parliamentarians, celebrities and the wider public, public health planners, front line blue light services and health and social care professionals. The ‘disruptive’ world of social media has been our friend, with 32 million people a year now accessing the mental health section of NHS Choices website: Information that spans how individuals and communities can develop their mental health ‘fitness’ and resilience, access peer support, understand the range of conditions and effective treatments, and the quality of local services. Stigma is beginning to decrease and this makes it easier for people to seek help earlier, when treatments are at their most effective.

Mental ill health treatments have a sound basis. There are 50+ National Institute for Health and Care Excellence (NICE) Health Technology Appraisals, NICE guidelines and NICE Quality standards for each of the major sixteen mental health conditions and pathways. The Five Year Forward View and subsequent implementation plans set out clear standards on a par with those of physical health conditions pathways. They focus on the essentials: the vital timing for early recognition and referral for evidence based holistic biopsychosocial care packages and the routine recording of PROMs, PREMs and CROMs* fed back for continuous Quality Improvement to service users and their clinical teams.

But for many with mental ill health conditions, only one third get access to any care. Even for those that do get access, there is major variation in the commissioning and provision of proven, effective interventions and routine recording and feedback of outcomes. This level of inequality would not be accepted in any physical health condition. It’s time for the AHSNs and partners to work to right this health injustice.

Implementation science is the raison d’être for AHSNs. So how can the AHSNs transform the levels of knowledge and access to evidence based effective treatments? What solid systematic collaborative partnerships are needed to effect that implementation transformation? Will only new ‘disruptive’ innovations, including digital, help us make the giant leaps forward needed in prevention and self management, essential for both individual empowerment but also to reduce demand, provide home based care and improve sustainability of public services.

This report gives great hope. It shows the growing capacity and capability of AHSNs to work collaboratively to transform at scale. It has outstanding examples of locally effective implementation of the evidence base to tackle the ‘wicked issues’ in mental health. The Bradford clinician decision support electronic template is spreading to reduce the 20 years premature mortality from physical health neglect of people with psychosis. The suicide prevention and improving safety collaborative programmes are inspiring. The focus across the life course pathways has expanded exponentially since last year. Let’s watch this space for the coming year!

(* patient reported outcome measures, patient reported experience measures, clinical reports outcomes measures).

Dr. Geraldine Strathdee
C.B.E. O.B.E. MRCPsych.

Former NCD now working on improving lives through quality improvement programmes in population health, information and intelligence.
Our Report

Disruptive: challenging and transforming existing assumptions; practices and power structures; groundbreaking

Collaborative: coming together to authentically listen, share and co-create

Our aim
This report has been created to inform Trusts, Clinical Commissioning Groups (CCGs) and other organisations and individuals interested in transforming how we approach, design and deliver mental health services. The report seeks to inspire curiosity and spark action by providing a selection of disruptive and collaborative innovations from across the AHSN Network. It also includes some innovations that partner organisations are involved in.

Our findings
The key conclusions from the selection of innovations in this report is that what really matters is:
1. A strong evidence base
2. Strategic Quality Improvement (QI)
3. Co-producing bravely
As Geraldine’s foreword emphasises, building data literacy is key to the successful development and spread of disruptive mental health interventions. Appreciating the necessity for commissioners and others to link good evaluation to the implementation of innovation is critical. The Detroit Suicide Model, which also features later in this report, is a great example of the importance of having a strong evidence-base.

**A Strong Evidence Base**

**The Detroit Suicide Model: Innovative, evidence based depression screening**

Based on 2013 data, this US programme has reduced suicide rates from 89 per 100,000 mental health patients in 2001 to 16 per 100,000. This compares with a US national average of 230 per 100,000 mental health patients. See [Further Resources](#).

**Do you know the rates of suicide in your population?**

The Mental Health Intelligence Network reveals the determinants and rates of suicide, as well as potential prevention opportunities, for your local authority, CCG and Sustainable Transformation Plan (STP) area. You can find this tool here: [https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide](https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide)

Of the approximately 5,000 suicides a year:

- About 130 are Mental Health Trust (MHT) inpatients, despite the UK having some of the safest services in the world.
- 50 and rising occur in crisis home treatment teams as Length of Stay (LOS) shortens and team-commissioned capacity decreases.
- In 50% of cases, alcohol has been a factor, thus showing the importance of alcohol services commissioned by local authorities.

- About 75% have been seen in primary care in the year before committing suicide and 45% in the month before.

**Evaluation resources**

West of England AHSN helped create an excellent resource Evaluation Works. It can be found here: [http://www.nhsevaluationtoolkit.net/evaluation-cycle/](http://www.nhsevaluationtoolkit.net/evaluation-cycle/). Across the AHSN Network, we have invaluable evaluation expertise to support not their partners and members in the development, adoption and spread of innovation as well as in Quality Improvement Training, another key pillar in good mental health services.
Embedding Strategic Quality Improvement

Strategic Quality Improvement (QI) is one of the key bedrocks to cultivating the ideal culture and systems for high-quality and efficient services. Since QI is often misunderstood, this means the brilliant opportunities it brings for organisations and staff to develop and ‘get better’ are often missed. As the MINDSet resource linked below explains, QI is not just a method or model but a way to enhance personal or organisational learning. And who doesn’t want that?

The importance of QI methods, including cultural change, in the implementation of innovations cannot be overstated. AHSNs understand this and have developed a unique suite of offers around support and resources for service improvements.

Across the AHSN Network, we seek to offer brilliant service and quality improvement. Supported by its Quality Improvement Team, West of England AHSN does important work including QI programmes, Evidence into Practice and Evidence into Commissioning. The Yorkshire & Humber Improvement Academy is supporting work to improve services in a number of priority areas for patients and partners, as well as mobilising and inspiring frontline teams to reduce patient harms and engage with patients and the public. Further information can be found at: http://www.improvementacademy.org/

One resource the West of England AHSN has helped develop is a simple and elegant MINDSet introduction to Quality Improvement in mental health. It can downloaded as a PDF for free here: http://mindsetqi.net/

See Further Resources for useful links and information on the need to develop QI measurement skills. The growing global Mental Health Improvement Network can be joined here: https://mhimprove.slack.com/messages.
A Call to Co-produce: Disruption and courage in co-producing mental health services

I have mental health problems. I also have big ideas about what that should feel like as a patient, citizen, employee and friend. Co-production is saying to someone like me, “Tell us more about how it could be. In fact, why don’t we try to make it like that together?” That is why it is powerful. That is why it is disruptive. That is also why it takes courage.

Making your service and professional self vulnerable to this sharing of power is more than a declaration that you will design, deliver and evaluate differently. It is inviting a different kind of knowledge and player into the room, as an equal. The unknown patient. Through asking questions, remarking on the conveniently forgotten, or quietly suggesting the profound, new things are placed on the table.

Valuing citizens as trusted agents in their own health declares deep confidence and meaning in what people experience and value. That is not to say it is an act of generosity to include communities. It exposes our system, allowing services to be human, complex and transformative. The biggest confusion here is often our perception of vulnerability. As the researcher Brene Brown argues, vulnerability is not weakness. Indeed, it is the source of accountability, creativity and innovation. It challenges our services to be more.

A few years ago I experienced such debilitating mental health problems that I stopped going to school and came very close taking my own life. Connection and hope were what mattered to my recovery. I agree entirely with what David Smith, Mind Hull and East Yorkshire Chief Executive says in Let’s REACH for Good Mental Health: of the pillars of good mental health “the most important, and one often lacking for those with more severe mental illness, is that of hope”. Co-produced services involving people, in their role as patients or carers, and the third sector might be better at recognising that.

One of the most ground-breaking examples of co-production in mental health, and one that fundamentally involves that key pillar of hope, is the ambitious suicide prevention work Marie Ash has been involved in. As someone with lived experience of depression and attempted suicide, she has been fundamental in the Letter of Hope programme at Devon Partnership NHS Trust. This is a co-created letter written by those with lived experience to offer hope and support to others considering taking their own life. This work features later in this report (page 13).

Leaders such as Helen Smith, lead for the Letter of Hope programme, and Dr Adrian James, lead for the Zero Suicide initiative, at Devon Partnership NHS Trust, dared to do something different. Helen, Adrian and Marie are now working to bring together people with lived experience and other stakeholders, to reduce suicide to zero across the south west of England by October 2018.

Their story shows we must dare to co-produce. We must actively bring in citizens to the spiderweb of people, services and invisible silk threads of power that make up our complex healthcare system.

Opening up this world may change it. But isn’t that what we want?

Rebecca Verlander
Project Assistant, Yorkshire & Humber AHSN. Founder of the Mad Women Podcast.

The AHSN Network
Co-production brings a richness to the redesign and provision of services that can only come from including the perspective of someone with lived experience. The outcome of this will be a service that is holistically complete and recovery focused.

Co-production can feel threatening as it changes the direction of the service and profession from “I have the knowledge so know how to treat you”, to “Let’s start working together and sharing knowledge and experience”. Co-producing can also offer hope; a feeling many lose with a mental health diagnosis.

I lost hope that change was possible, as did my family in many ways and it was this that led to my last suicide attempt. Thankfully, I survived and slowly recovery began for me. Mine is a story I am happy and confident enough to share, and one that I tell to give others hope. At my lowest I was in the middle of a divorce and was not in contact with my family, since neither my family nor husband could cope with my negative and challenging behaviour any longer. My life now is so different to that time eight years ago. I am back with my husband and family, they have a wife, mother and a nan, and I have a husband and family who I love and who are central in my life.

My experience of co-production has been such a positive one, not only in the work I do within the Devon and Torbay Suicide Prevention Alliance, but also in the Recovery colleges and the groups relating to services in Devon Partnership Trust. I feel valued and respected for the perspective I can bring and learn so much.

We are all affected by the financial situation now and we must look at how to provide services in a different and more sustainable way. I think this has been a contributing factor to the success we have had in reducing access to means of suicide here in North Devon. When we had our first meeting, we all knew there were financial limitations but were committed to working together to provide the best prevention possible.

Co-production is central to the groups that I help run on the inpatient unit in Barnstaple. This was the unit I was so often a patient on. We run a ward round group which explains what a ward round is and gives an opportunity to plan for the next ward round. I often hear the comment “well you know what it’s like you’ve been here”. I remember the anxiety and confusion that ward round often brings.”

We are at a point in mental health when we all need to work together, with respect, by valuing each other’s perspectives. This is how we will make services fit for purpose, properly funded and, most importantly, recovery focused.

Mary Ash
Founder and Chair of Devon Suicide Prevention Alliance. Marie draws upon her own experience with mental ill health in her campaigning and leadership. See page 13 for further information.
Patient Safety, Seclusions and Suicide

Safety huddles in mental health

The innovation
- The Yorkshire & Humber AHSN’s Improvement Academy is supporting frontline teams in mental health settings to integrate multi-professional safety huddles into their routine clinical care as part of a systematic approach to reducing harm. Safety huddles, led by senior clinicians, involve all levels of trained and untrained staff and provide important space in which to discuss patient safety issues, teamwork and patient care. The safety concern is selected by the team themselves, based around the question: “What might stop us keeping our patients safe?”

- The AHSN is working with three Trusts in the Yorkshire and Humber region. Patients’ safety concerns include violence and aggression, seclusion practices and self-harm. Measurable impacts have been seen in violence and aggression rates and seclusion.

Key AHSN/partners
- Yorkshire & Humber AHSN

Next step?
- Contact melanie.johnson@yhahsn.nhs.uk for more information.

Building resilience in mental health services

The innovation
- In order for professionals to focus on patients’ needs, systemic awareness and a focus on improving organisational systems are needed. Each team involved in the programme has identified their main patient safety issues, and developed ways to improve effective care pathways. These improvements aim to increase the safety and reliability of care. As a result of the Human Factors sessions, 87.7% of the participants left feeling confident to apply human factors to their work with minimal supervision.

- The project has led to the implementation of several patient safety improvement projects, and has facilitated shared learning between organisations. As a result, it has been suggested that the project has strengthened patient safety culture in the teams.

Key AHSN/partners
- Eastern AHSN

Next step?
- Contact danielle.luciano@eahsn.org for more information.
Serenity Integrated Mentoring (SIM)

The innovation
- The SIM model of care combines the best of mental health nursing and the best of policing to form a specialist support team that intensively manages the needs and behaviours of high intensity mental health service users.
- Impact so far includes: a 53% reduction in use of s136 police powers and up to 90% reduction in police, ambulance and ED contact.
- SIM won HRH Prince of Wales Approaches to Integrated Care at the Nursing Times Awards last year. SIM also recently featured on BBC News as a solution to mental health crisis and police intervention.

The promotional video can be found here: https://vimeo.com/179883091

Key AHSN/partners
• Wessex AHSN

Next step?
Contact rachel.dominey@wessexahsn.net for further information

Zero Suicide Collective in South West England

The innovation
- Following the success of the Detroit Project, referenced in our opening page, A strong Evidence Base, the South West Zero Suicide Collaborative was born, bringing together service providers, emergency responders and charitable organisations to reduce the rate of suicide.
- The South West Zero Suicide Collaborative enabled the development of collaborative behaviours, breaking down organisational barriers and included service users in every stage of project design and delivery. Letters of Hope, written by service users, carers and service providers, aim to reach those who are at suicide point, signpost statutory services and offer a way forward. Police, Ambulance Trusts, Fire Services, Public Health England, National Trust, Samaritans and local authorities all came together and successfully lobbied for help to be made available at key access points to known suicide destinations.
- The “Don’t flush your feelings away” campaign of St Austell Brewery, targeted middle-aged men who are more reluctant to talk about their feelings and are at a higher risk of suicide. The campaign was rolled out across the region with very positive media coverage.

Key AHSN/partners
• South West AHSN

Next step?
Contact kim.hannah@swahsn.com for further information.

Tomorrow Project

The innovation
- Run by a community interest company called Harmless (staffed 90% by services users), the Tomorrow Project provides rapid and bespoke intervention to support people crisis, as well as those recently bereaved by suicide (who present a significantly higher risk of committing suicide).
- Results so far show a reduction in suicidal thinking, as measured by a statistical shift. There has also been a statistically significant reduction in suicide planning, measured again by a statistical shift and a safety plan in place for all clients.

Key AHSN/partners
• East Midlands AHSN

Next step?
• Contact nick.hamilton@nottingham.ac.uk for further information.
Memory clinics

The innovation

- Memory clinics provide valuable support to people with dementia and their carers. Having identified unwarranted variation across the region, Oxford AHSN appointed a specialist nurse to work with six memory clinic teams to bring them up to the best standard.

- 8,500 patients and carers have benefitted so far and, as a result of Oxford AHSN’s input, all six memory clinics have been accredited by the Royal College of Psychiatrists’ Memory Services National Accreditation Programme (MSNAP) and three have received the highest ‘excellent’ rating.

Key AHSN/partners

- Oxford AHSN

Next step?

- Contact martin.leaver@oxfordahsn.org for more information.

MindMate

The innovation

- MindMate is an award-winning app designed to provide an assistance platform for people with dementia, their carers and family members. The app was designed and optimised specifically for older people and is currently being used by thousands of people worldwide.

- It currently provides three different products: MindMate, for patients living with dementia; MindMate Family, to support family members; and MindMate Pro, for care facilities.

- The app reached second place in the iTunes app store for health and well-being apps, with over 200,000 downloads and, most importantly, over 45,000 active users.

Key AHSN/partners

- NENC AHSN

Next step?

- Contact Joanna.Collerton@ahsn-nenc.org.uk for further information.

House of Memories

The innovation

- An award-winning dementia awareness programme created by National Museums Liverpool for the health and care sector to help people live well with dementia. The House of Memories training programme provides participants with practical skills and knowledge to facilitate a positive quality of life.

- More than 11,000 carers have been trained and the app has been downloaded 11,000 times since its launch in 2014. It won the ‘Excellent Smart Health Innovation Award 2015’ at the Think Dementia Conference.

- More information can be found at: http://www.innovationagencyexchange.org.uk/projects/house-memories-dementia-initiative

Key AHSN/partners

- The Innovation Agency (North West Coast AHSN)
- National Museums Liverpool

Next step?

- Contact lisa.butland@innovationagencywnc.nhs.uk for further information.
CareCity NHS Test Bed and HealthUnlocked

The innovation
- There is work underway within CareCity NHS Test Bed using HealthUnlocked as a social platform for health. They are using HealthUnlocked as a social prescribing tool for people with dementia and other Long Term Conditions. CareCity is also using a number of further innovations for dementia.
- All three of the innovations are summarised briefly in CareCity’s recent video: https://carecity.london/news/updates/410-care-city-appoints-programme-evaluator-2

Key AHSN/partners
- CareCity NHS Test Bed
- Part of the NHS Innovation Accelerator Programme, supported by the AHSNs.

Next step?
- Many of the above innovations are NIA innovations. If you want to find out more, John Craig is the CEO of CareCity: John.Craig@nelft.nhs.uk

Join Dementia Research

The innovation
- Join Dementia Research (JDR) allows people to easily register their interest in participating in research via an online form and matches them to appropriate studies. Once matched, individuals and researchers are able to discuss participation in studies.

Key AHSN/partners
- UCL Partners (AHSN)
- Part of the NHS Innovation Accelerator Programme, supported by the AHSNs.

Next step?
- Contact NIA@uclpartners.com for more information.

Dementia awareness training in care homes using Barbara’s Story

The innovation
- The project aim was to determine whether ‘Barbara’s Story’, an innovative dementia awareness training resource developed at Guy’s and St Thomas’ NHS Foundation Trust (GSTT), is suitable for use in care homes (residential and nursing). Barbara’s Story focuses on a person living with dementia.
- 29 homes in three boroughs in south London (Richmond, Bexley and Greenwich) participated in the feasibility study. 15 care home staff were taught to deliver Barbara’s Story training in south London care homes with a further 541 care home staff successfully trained. This training covered more than 25% of the competencies in the Care Certificate.
- Based on the success of the feasibility study, the AHSN has secured Health Education England funding to spread Barbara’s Story to a further 40 care homes in south London. Further funding has been secured from the London Dementia Strategic Clinical Network to provide the training to care homes in London, working with UCLP.

Key AHSN/partners
- Health Innovation Network
- UCL Partners AHSN
- Guy’s and St Thomas’ NHS Foundation Trust

Next step?
Contact hin.southlondon@nhs.net for further information.
Detecting dementia in care homes using DeAR-GP

The innovation
• DeAR-GP is a simple paper-based case-finding tool for use by care workers to identify people showing signs of dementia. Three care homes trialled the innovation and identified 23 residents showing significant signs of memory loss or confusion who had not been diagnosed with dementia.
• Once completed by a care worker, DeAR-GP is reviewed by a clinician who can assess the resident further. The pilot study showed clinicians found 87% to be: diagnosed with dementia; referred to the memory service; or found to have a previous diagnosis unbeknown to the care home. The tool acts as a communication channel between care workers and the health professionals who have the results of a brief cognitive test. It has been endorsed by the National Clinical Director for Dementia, and has been supported by the Alzheimer’s Society. It has been downloaded 130 times and is being used in London, Kent, Surrey and Sussex, Wessex and the Yorkshire and Humber region (www.dear-gp.org).

Key AHSN/partners
• Guy’s and St Thomas’ NHS Foundation Trust

Next step?
• Health Innovation Network is currently working with community health providers and housing providers with a view to adapting DeAR-GP for use in these sectors. Contact hin.southlondon@nhs.net for further information.

How dementia could be... Jack and Jenny's story

The innovation
• The dementia pathway must consider the carer and family, the community and the many services involved in caring for the person with dementia.
• A short animated video highlights how a dementia pathway could appear. Dementia does not have a linear pathway but, like many other life-limiting illnesses and long term conditions, it does have a start and an end.

• The animation was commissioned by Doncaster CCG with support from the Yorkshire and Humber Dementia Clinical Network for dementia and has been developed by Inkwel Arts Media and Leeds Mind. You can watch the video by clicking on this link: https://www.youtube.com/watch?v=5h4IV1VJMM8

Key AHSN/partners
• Doncaster CCG
• Y&H Clinical Network

Next step?
• Contact: Wayne.Goddard@doncasterccg.nhs.uk for further information

DiADeM (Diagnosis of Advanced Dementia Mandate in Care Homes)

The innovation
• Developed by the Yorkshire and Humber Dementia Clinical Network, this protocol aims to support GPs in diagnosing dementia for people living with advanced dementia in a care home setting. DiADeM is designed to be used only with those patients for whom a trip to memory services is unlikely to be feasible and/or make a difference to ongoing management.
• People with advanced dementia, their families and staff caring for them, still benefit from a formal diagnosis. It enables access to appropriate care to meet individual needs and prompts staff to consider MCA and DOLs issues where appropriate. A diagnosis of dementia can be made with a high degree of certainty if all five criteria listed in the protocol are met.
• Yorkshire and Humber Dementia Clinical Network are working with Code4Health to develop this tool into an app.

Key AHSN/partners
• Yorkshire and Humber Dementia Clinical Network

Next step?
• Contact the Yorkshire and Humber Dementia Clinical Network england.yhscn@nhs.net
Delirium awareness toolkit

The innovation

• Professionals in Yorkshire and Humber confirmed the need to raise awareness of delirium in acute settings. Delirium is more prevalent in people with dementia. Preventing and managing delirium is a national priority, supported by NICE (2014). A presentation of delirium is often confused with dementia, ignoring the risk factors and potential manifestation of serious illness.

• A multidisciplinary group led by the Yorkshire and Humber Clinical Network, with input and support from the Yorkshire & Humber AHSN Improvement Academy, was established to develop a toolkit of awareness raising resources. The group is currently developing a charter that sets out key principles/standards for delirium care. PDSA cycles combined with action research will track and drive progress. Logic modelling will evaluate implementation of resources and further identify influencing factors to clinicians’ behaviour.

Key AHSN/ partners

• Yorkshire and Humber Clinical Network

Next step?

• Contact the Yorkshire and Humber Dementia Clinical Network: england.yhscn@nhs.net

The North East Dementia Innovation Hub

The innovation

• This innovative hub supports and stimulates the delivery of world-class support for people with dementia and their families. It enables effective interventions by bringing together evidence and insights from people with direct experience of living with dementia.

• The Dementia Hub has led to an initial pilot of the ‘RCGP Dementia Roadmap’, a web-based application designed by the Royal College of General Practitioners. The Dementia Roadmap provides nationally relevant resources organised across the main topics that reflect the dementia journey, along with detailed information about the services available in that locality. This enables primary care staff to more effectively support people living with dementia, their families and carers (http://dementiaroadmap.info/). 33 dementia information films have been produced by the Sound Doctor company, working with a range of experts including people with dementia and their carers. The films give practical advice on how to cope with dementia and get the most out of life (http://thesounddoctor.org/).

Key AHSN/ partners

• NENC AHSN

Next step?

• Contact Katherine.barbour@wessexahsn.net for further information.

iSPACE - dementia-friendly GP surgeries

The innovation

• iSPACE focuses on keeping more people at home in dementia-friendly communities and preventing a move to residential or nursing care. It achieves this by making changes to the surgery approach to better support people living with dementia and their carers.

• iSPACE is a quality improvement and innovation programme that seeks to better manage the pathway of patients with dementia and their carers through primary care.

• Over 1,000 NHS staff have been trained at tier one in dementia awareness and 12,197 people living with dementia are registered in the surgeries included in this project. 128 surgeries in Wessex are involved and 27 surgeries have completed the process to become dementia-friendly. Data evidences a 6% reduction in clinical consultations and the number of carers identified has gone up by 26%. Diagnosis rates have increased by 24%. Moreover, feedback from patients living with dementia and their carers has been positive and the staff teams have increased their understanding of dementia; on average, knowledge about dementia has gone up by 40%.

Key AHSN/partners

• Wessex AHSN

Next step?

• Contact Joanna.Collerton@ahsn-nenc.org.uk for further information.

Leeds Memory Support Workers Service

The innovation

• The Memory Support Worker Team was set up in partnership with the Alzheimer’s Society to provide a service to people who have memory problems or a diagnosis of dementia.

• Their aim is to ensure that everyone living with dementia in the Leeds area is able to access meaningful information, advice and support. They can enable service users to attend services such as memory cafes, carers’ groups and advocacy and can ensure patients can access support to manage finances and get them help with decision-making, if needed.

• The Yorkshire & Humber AHSN has worked in partnership with Leeds CCGs, Leeds and York Partnership NHS Foundation Trust and the Alzheimer’s Society to deliver an economic evaluation of the Memory Support Workers Service across the Leeds Health Economy.

Key AHSN/ partners

• Yorkshire & Humber AHSN

Next step?

• Contact melanie.johnson@yhahsn.nhs.uk for more information.
Children, Young People and Families

i-Thrive

The innovation
- Delivers mental health support for children and young people, transforming the way mental health services are organised. The model incorporates a new way of delivering support alongside shared decision making: children and young people have much greater control over their care, which is integrated along the pathway from prevention through to complex treatment.
- i-Thrive has been shown to reduce waiting times and improve the experience of care by accurately assessing young people the first time they ask for help, and delivering the care that they need more quickly.
- The project is working with 40 NHS organisations and has developed a community of practice, covering approximately 20% of England’s young people. An i-Thrive academy has been established in London, which provides training for clinicians in shared decision making, supported by an i-Thrive implementation toolkit.

Key AHSN partners
- UCLPartners AHSN

Next step?
- Part of the NHS Innovation Accelerator Programme, supported by the AHSNs. Please contact NIA@uclpartners.com for further information.

Since 2013, HEALIOS has delivered over 6,000 sessions and demonstrated improved clinical outcomes, including:
- Increased speed of delivery, with 100% of referrals to the first session, within two weeks.
- Significant savings in cost of delivery. On average, the cost of Healios delivering family intervention is 50% less than the NHS. Supporting the delivery of the new Early Intervention in Psychosis (EIP) Access & Waiting Time Standards. One Trust now offers Healios support to clients and families as first-line.
- There has been a 25% reduction in family burden, 29% reduction in anxiety levels, 35% reduction in depression levels, 10% reduction in family critical comments, 21% improvement in work and social functioning, excellent service user experience, with 98% of service users being very satisfied or satisfied. A further 95% would recommend Healios to a friend.

Key AHSN partners
- East Midlands AHSN

Next step?
- Contact mike.catton@healios.org.uk for further information.

Healios

The innovation
- This project is helping transform how services are delivered for people affected by severe mental illness (SMI) defined as psychosis and schizophrenia, as well as their families. The online model of delivery provides greater choice and convenience. The Healios family intervention service manual has been endorsed by NICE and, with the support of East Midlands AHSN, is now also available across Lincolnshire for people affected by SMI and their families. Helios are just moving in to the area of Child and Adolescent Mental Health Services.

Healios
Next Step Cards

The innovation
• Created by Cheshire and Wirral Partnership NHS Foundation Trust, Next Step is a unique resource to facilitate the use of Goal Based Outcomes within the field of Child and Adolescent Mental Health. The resource is aimed at professionals involved in promoting the mental health and well-being of children and young people, regardless of whether they are within a healthcare, education or other relevant setting.

• Designed with both young people and mental health practitioners in mind, the resource is made up of an easy-to-use set of cards which immediately engage service users in setting and achieving their own mental health goals and an accompanying facilitator’s handbook. This guides the practitioner through the process, providing tips and suggestions as to how the cards can be used in different ways.

• The Next Step process very much places service users at the centre of the care they receive, empowering them to determine their own direction, assess the interventions they are offered, and take ownership in achieving their own successful outcomes.

Key AHSN/partners
• The Innovation Agency (North West Coast AHSN)

Next step?
• http://cwpcamhscentre.mymind.org.uk/
• Contact lisa.butland@innovationagencynwc.nhs.uk

In Hand: mental well-being app

The innovation
• In Hand is a mental well-being app designed by young people, for young people. It allows the user to focus in a moment of stress or low mood. Once the app knows how the user feels, it takes them through simple steps including talking to someone, reading inspirational quotes and taking pictures.

• The app was developed to support young people in managing their mental health and well-being.

• Developed as part of the Innovation Labs initiative, supported by Comic Relief and Nominet Trust, the In Hand team included a group of 16-25 year olds, FACT (Foundation for Art & Creative Technology), Red Ninja (design and creative technology studio), and Mersey Care NHS Trust, which provides specialist mental health and learning disability services for the people of Liverpool, Sefton, and Kirkby.

Key AHSN/partners
• The Innovation Agency (North West Coast AHSN)

Next step?
• See http://www.inhand.org.uk/ or contact lisa.butland@innovationagencynwc.nhs.uk
Routine Enquiry about Adversity in Childhood (REACh)

The innovation

• The REACh Approach has been developed over the course of the last three years by Dr. Warren Larkin and colleagues at Lancashire Care Foundation Trust and supported by a range of professionals across the region.

• Evaluations were conducted from a qualitative perspective, mainly focusing on the short term changes in practice, feasibility and acceptability of the intervention as well as refinement of the enquiry protocol.

• There is now enough evidence to support the generalisability of the approach across a range of settings with a variety of professionals and client groups.

Key AHSN/partners

• The Innovation Agency (North West Coast AHSN)

Next step?

• See https://www.lancashirecare.nhs.uk/ or contact lisa.butland@innovationagencywnc.nhs.uk

Team of Life: Narrative Therapy Intervention

The innovation

• Team of Life is a group-therapy programme empowering children and young people to work as a team, build resilience and improve mental health and well-being. Fun and interactive, Team of Life uses sporting themes to promote help-seeking, goal-orientated behaviour.

• Young people work together in teams to identify their ‘team mates’, key supporters in their lives. The programme highlights skills for tackling problems, avoiding obstacles, ‘scoring goals’ in life, and shares and celebrates stories of achievement, hope and survival.

Key AHSN/partners

• The Innovation Agency (North West Coast AHSN)

Next step?

• See http://cwpcamhscentre.mymind.org.uk/?page_id=11706
Lifestyle, Physical Health and Independent Living

Sleepio

The innovation
• Sleepio is a digital sleep improvement programme (available online), clinically proven to help overcome even long-term poor sleep. Over a number of weekly sessions, users are taught proven cognitive and behavioural techniques by a virtual sleep expert to help them get their schedule, thoughts and lifestyle on track.

• Routine data shows that Sleepio is exceeding national targets for recovery – 68% of anxiety and depression patients using Sleepio move to recovery, compared to a national average across IAPT interventions of 45%. Discussions with local government are exploring potential ways to include Sleepio within suicide prevention programmes.

• It is offered as an alternative to traditional therapies via Improving Access to Psychological Therapies. CCGs and community pharmacists also explored ways in which Sleepio could be an alternative to sleeping pills. There are plans for Sleepio to be offered to NHS employees in the future.

Key AHSN/partners
• UCLPartners AHSN

Next step?
• Contact NIA@uclpartners.com for more information.

ClinTouch

The innovation
• ClinTouch is a smartphone-based platform for a range of mental health interventions designed to help people with serious mental illnesses to manage their own symptoms and prevent relapse. ClinTouch has been field-tested in 120 SMI users over periods up to three months.

• Using ‘experience-driven design’, it has been developed with service users, clinicians at Manchester Mental Health and Social Care Trust and an academic team of clinicians, social scientists and software engineers at the University of Manchester. It was funded by MRC grants of £1.5m.

• Its aim is to achieve a step change in the quality and efficiency of care in SMI in two main ways: enabling self-management of symptoms; enabling early intervention for relapse. ClinTouch is a platform technology that can be deployed in any long-term condition. Affigo, the social enterprise that ClinTouch is part of, has a lot of evidence from clinical trials behind it and is now making traction within some mental health trusts in Manchester and London, with support from GM AHSN and Health Innovation Network. It is ahead of the nearest competition by 2-3 years because of the time it has invested in its research base.

• Even if ClinTouch averts just 5% of relapses (its data suggests this is a conservative estimate), it will save the average Trust £250,000-£400,000 annually.

Key AHSN/partners
• Greater Manchester AHSN
• Health Innovation Network (South London AHSN)

Next step?
• Please contact either charlotte.stockton-powdrell@manchester.ac.uk or h.harniess@nhs.net
Health Coaching: a better conversation

The innovation
• Health Coaching aims to help people feel more confident and in control of managing their own health and care.
• Detrimental health behaviours cause 60% of deaths, long term conditions are responsible for 70% of NHS costs, only a third to half of all people take their medications correctly; Health Coaching provides people with the skills through ‘a better conversation’ to participate in their care and reach self-identified health goals.
• The implementation toolkit, co-funded by the NIA Fellowship and HEE, was commissioned by Dr Penny Newman, an NIA Fellow.

Key AHSN/ partners
• The Innovation Agency (North West Coast AHSN)
• Eastern AHSN
• The Yorkshire & Humber AHSN

Next step?
• Further information can be found at www.betterconversation.co.uk

Improving Access to Psychological Therapies

The innovation
• The AHSN’s Anxiety & Depression Clinical Network is linked to the nationwide Improving Access to Psychological Therapies (IAPT) programme, which aims to implement NICE-recommended talking therapies for adults with common mental health problems. IAPT is open to patients who refer themselves, as well as those who are referred by GPs. Patients receive NICE-recommended therapies, such as cognitive behaviour therapy, brief psychodynamic therapy, couples therapy, and counselling.
• Between January 2014 and November 2015, 38,411 patients finished treatment within the Oxford AHSN IAPTs programme. A total of 20,395 patients recovered, an additional 3,199 patients compared to the national average.

Key AHSN/ partners
• Oxford AHSN

Next step?
• Contact will.pank@oxfordahsn.org
Integrated Liaison Model (RAID)

The innovation
- The RAID (Rapid Assessment, Interface and Discharge) programme promptly assesses anyone attending A&E or who is a hospital inpatient who might have mental health problems. West Midlands AHSN has supported the adoption of RAID beyond the initial participating Trusts and the establishment of a regional RAID Network to facilitate collaborative work on research and innovation projects, facilitate adoption of RAID and improve and expand the overall service provided by RAID across the NHS.

- 6,528 patients have benefitted from RAID, with NHS savings of £10,893,000. 257 attendees from 158 organisations have attended RAID Network events, and in response to demand from around the country, this has evolved into a national RAID Network. The innovative approach to the mental health crisis has attracted support from police, local authorities and third sector agencies and the success of the RAIDPlus test bed application is attracting attention from across the UK and beyond. 27 organisations nationwide have now taken up RAID.

Key AHSN/partners
- West Midlands AHSN

Next step?
- Contact neil.mortimer@wmahsn.org for more information.

IMPARTS

The innovation
- Integrating Mental & Physical healthcare: Research, Training & Services (IMPARTS) is an initiative funded by King’s Health Partners to integrate mental and physical healthcare to research, training and clinical services at Guy’s, St Thomas’s and King’s College Hospitals, as well as South London and Maudsley NHS Foundation Trust.

Key AHSN/partners
- King’s Health Partners

Next step?
Find out more at: http://www.kcl.ac.uk/ioppn/depts/pm/research/imparts/index.aspx

Timely access to palliative and EOL Care

The innovation
- The Yorkshire & Humber AHSN Improvement Academy is exploring the relationship between dementia and frailty via the Connected Bradford frailty programme to understand if there is a frailty score that is indicative of last year of life for people living with dementia. This is to support timely advanced care planning conversations and EOL care planning.

Next step?
- Sarah De-Biase and Paul Ashwood, a Yorkshire & Humber AHSN Improvement Academy Leadership Fellow, is leading on this work.
- Please contact Sarah.De-Biase@yhahsn.nhs.uk for further information.
Patient safety work: reducing falls

The innovation
• The Yorkshire & Humber AHSN Improvement Academy is working in a number of settings to reduce falls. This intervention to prevent harm is important for many patients, including dementia patients.
• An extensive summary can be found at: http://www.improvementacademy.org/patient-safety/preventing-falls.html

Key AHSN/ partners
• Yorkshire & Humber AHSN

Next step?
• Please contact Melanie.Johnson@yhahsn.nhs.uk for further information about reducing falls.

Mylinqs

The innovation
• Mylinqs enhances the lives of vulnerable people through a suite of technological products to improve independent living.
• Mylinqs provides a range of technology products for assisting independent living, and connects families, carers and health professionals.
• Mylinqs is a Nimbus Medical Ltd brand. Nimbus is dedicated to finding innovative ways of using technology to enhance the lives of socially isolated individuals.

Key AHSN/ partners
• The Innovation Agency (North West Coast AHSN)

Next step?
• See http://www.nimbusmedical.co.uk/

ArcAngel

The innovation
• SeftonArc’s ArcAngel alarm utilises the latest technology for those requiring support or reassurance - in the home, out and about, or lone workers.

Key AHSN/ partners
• The Innovation Agency (North West Coast AHSN)

Next step?
• See http://www.seftonarc.com/arcangel

IBA Commissioning Toolkit

The innovation
• A toolkit to promote the commissioning of alcohol brief interventions bringing together in one place evidence-based resources, as well as guidance and case studies to help commissioners to commission effectively. Resources include: information on different settings in which IBA can be commissioned, including a whole-system approach maximising funding to reach as many people as possible in the population and suggestions for indicators commissioners can use to monitor quality of local services and identify potential improvements.

Key AHSN/ partners
• Health Innovation Network

Next step?
• Contact hin.southlondon@nhs.net for further information.
IBA Direct Service

The innovation
• This project tested whether alcohol IBA (Identification, Brief Advice) can be delivered to 18-30 year-old people by trained workers, known as Brand Ambassadors, who were not healthcare professionals and were not delivering the intervention in a health-related setting. Alcohol IBA is simple, structured and brief advice given to a person after completing a validated alcohol screening tool. It is a preventative approach aimed at identifying and providing brief advice to increasing and higher-risk drinkers. Specifically, the aim of the project was to determine the feasibility of delivering alcohol IBA in a direct outreach fashion to young people in Lambeth. Qualitative research with young people in Lambeth informed the approach and branding used for the project.

• This approach has been delivered over three days on high streets and adjacent to a busy Underground station in Lambeth. Findings from the project indicated that alcohol IBA can be delivered by newly trained, non-health workers in a public environment, such as on a high street. Feedback from people who participated in the project was exceedingly positive and constructive.

Key AHSN/ partners
• Health Innovation Network

Next step?
• Contact hin.southlondon@nhs.net for further information.

Introduction of the Diabetes Distress Screening scale in outpatient consultations

The innovation
• Health Innovation Network worked with local clinicians to develop an innovative type 1 diabetes consultation tool which incorporates the diabetes distress scale alongside other clinical information.

• Diabetes Distress (DD) is an emotional response to living with and managing type 1 and type 2 diabetes. It covers four domains of burden of diabetes: emotional burden, physician-related distress, regimen related distress and interpersonal distress.

• This work is targeting DD, using the DDS2 tool, because in recent published research by Sturt et al DD, as opposed to other psychological morbidities such as depression and anxiety, it was found to be at the root of most people’s self-care coping struggles with diabetes and found to be resolvable within the diabetes clinic setting.

• The consultation tool is being piloted in South London. The tool has also been incorporated in a service specification for type 1 diabetes developed by the London Clinical Network which is soon to be rolled out nationally with the support of Dr Partha Kar, Associate National Clinical Director at NHS England.

Key AHSN/ partners
• Health Innovation Network

Next step?
• Contact hin.southlondon@nhs.net for further information.
Get Active

The innovation
- Get Active is an innovative digital physical activity service for practitioners working with groups or individuals. It can transform health and well-being across a range of ages and needs by promoting increased levels of physical fitness.
- The system combines an inexpensive, wearable, activity tracker device, with web and mobile apps that support group activity and wellness programmes. The system also promotes increased fitness through self-management and social inclusion for users and their carers. It is designed to increase healthy lifestyles and reduce the onset of medical and emotional conditions, especially those requiring hospital admission. Patients are given wearable trackers and assigned to a weekly group. Coordinators set targets and provide motivation, support and encouragement.
- Now supporting more than 500 people across Liverpool.

Key AHSN/partners
- Supported by the AHSN Network

Next step?
- See http://www.careinnovation.co.uk/get-active

Brain In Hand

The innovation
- This innovation is designed to help individuals with autism to achieve more.
- It is based on well-established therapeutic principles such as Cognitive Behavioural Therapy (CBT), solution focused therapy, and recovery-based rehabilitation allowing the learning from these approaches to be turned into a set of patient-centred strategies.
- A cloud-based solution, Brain in Hand enables users to access detailed personalised support when and where users need it from their phone.

Key AHSN/partners
- Wessex AHSN

Next step?
- Contact info@braininhand.co.uk for further information.

Improving the Physical Health of people with Serious Mental Illnesses

The innovation
- This innovative programme is helping to improve the physical health of people with serious mental illness through early detection. A team from Bradford District Care Foundation Trust has designed, piloted and implemented a short, electronic physical health assessment template to be used in primary care to support annual health checks for patients with severe mental illness. The Yorkshire & Humber AHSN is supporting the national rollout of the Bradford physical health assessment tool by supporting national providers of IT software for primary care including SystmOne and EMIS web.
- A new eLearning package to help healthcare professionals in primary care carry out the physical health checks is now available. The eLearning module is a free, easy to use training package designed to fill a training gap and give primary care professionals the confidence to address the physical health of people with a serious mental illness.

Key AHSN/partners
- Yorkshire & Humber AHSN
- Bradford District Care Foundation Trust

Next step?
- Contact paul.henry@yhahsn.com for further information
**Florence™**

**The innovation**
- Florence™ (or Flo) is a telehealth application for the NHS, named after Florence Nightingale, allowing people to actively manage their long-term conditions.
- People send in daily blood pressure, temperature and pulse readings via SMS to Flo.
- Created by Mediaburst under licence from Stoke-on-Trent CCG, Flo is being used for heart rate, temperature, weight, medication, blood pressure, blood glucose, smoking cessation, peak flow, exercise reminders and urine tests.

**Key AHSN/ partners**
- Supported by the AHSN Network

**Next step?**
- See https://www.getflorence.co.uk/

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**Lincus**

**The innovation**
- Liverpool City Council, Liverpool YMCA and Rescon, a UK technology company, co-developed a bespoke Lincus application to capture the impact of interventions on individuals and their communities.
- Lincus, a mobile app to help people live healthier lives, enables users to record data, store significant events, and perform interventions to help them, and to capture their perception of wellbeing. The number-free icon-based system was used in a pilot study in 2013 in Liverpool.
- Support workers found Lincus easy to use to record and upload information via the laptop and android application. Participants showed a 50% improvement in their mental health well-being score during the trial (more ‘listened to’).

**Key AHSN/ partners**
- The Innovation Agency (North West Coast AHSN)

**Next step?**
- See http://rescontechnologies.com/
- Contact lisa.butland@innovationagencync.nhs.uk

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**The Sound Doctor**

**The innovation**
- The Sound Doctor (TSD) is the leading ‘library’ of film and audio patient information aimed at encouraging self-management of long-term conditions through access to quality, meaningful information.
- The digital health solution offers an audiovisual learning programme. TSD presents clear information so people better understand their health conditions. More than three million UK patients have access to TSD and it is being successfully used in the public and private sectors to improve outcomes and reduce demand on services.

**Key AHSN/ partners**
- Supported by the AHSN Network

**Next step?**
- See www.thesounddoctor.org

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**Mental & Physical Well-being Resource**

**The innovation**
- This innovation aims to provide evidence-based mental and physical well-being resources including online courses, digital books, videos, face-to-face courses and more (all based on the CBT approach) to enhance the current support available for people who are at risk of self-harm or suicide or who are vulnerable due to depression.

**Key AHSN/ partners**
- The Innovation Agency (North West Coast AHSN)

**Next step?**
- See http://www.merseycare.nhs.uk/our-services/a-z-of-services/community-mental-healthteams/
Workforce, Carers and Pathways

Workforce recruitment and retention

The innovation
• Workforce recruitment and retention are major issues. At Health Innovation Network they lead on the Graduates into Health programme. This is for non-clinical roles. Health Innovation Network is about to start a piece of work with three acute mental health Trusts regarding this issue.

Key AHSN/partners
• Health Innovation Network

Next step?
• Further information can be found here: http://atlas.ahsnnetwork.com/graduates-into-healthbrings-top-students-and-nhs-organisations-together-to-fill-hard-to-recruit-roles/

Standardising psychosis pathway to reduce waiting times

The innovation
• ICHP worked with mental health teams and service users across North West London (NWL) to standardise the pathway for the first episode of psychosis. No matter where patients live in NWL, their healthcare experience for the first episode of psychosis is the same.
• Average assessment waiting times have been reduced by over a month (currently 2.2 weeks as opposed to 7.7 weeks before implementation of co-designed pathway). Providers also now have oversight of waiting time data across organisational boundaries.

Key AHSN/partners
• Imperial College Health Partners AHSN

Next step?
• Contact natalie.hudson@imperialcollegehealthpartners.com for further information.

Early Intervention in Psychosis Clinical Network

The innovation
• The Network’s achievements include: performance against new early intervention (EI) access and waiting time standards has consistently met the proscribed targets and teams are performing well compared to other parts of the country – consistently above 75%. Quality champions have been appointed for each EI service in the Oxford AHSN region to improve the quality and completeness of data.
• For more information visit http://www.oxfordahsn.org/our-work/clinical-networks/early-intervention-in-psychosis/

Key AHSN/partners
• Oxford AHSN

Next step?
• Contact sarah.amani@earlyintervention.oxfordahsn.org for further information.
Community Admiral Nurse Service

The innovation
• In the North East 28.2% of emergency admissions with injuries due to falls (age 65+) have a secondary diagnosis of dementia and/or delirium. This is above the national average of 26.8% and the trend is increasing year on year.

• The AHSN NENC Health Improvement and Patient Safety Collaborative is working in partnership with Dementia Care, Dementia UK, North Star Foundation, Newcastle Gateshead CCG and AMGEN to develop the role of the Community Admiral Nurse Service.

• The objective will be to reduce the incidence of falls and fractures in people with dementia by embedding the recommendations of NICE CG 161 falls in Older people: assessing fracture risk and falls prevention into their role. Injuries related to falls are particularly common in people with dementia and lead to increased premature mortality and prolonged hospital stay or transfer from home to care homes. The overall aim is to spread this new part of the role to other Admiral Nurses in the region and throughout the Admiral Nurse network nationally. In addition, this will be spread through Dementia Care, Dementia UK and through the AHSN Network as well as educating the wider dementia networking in the area of falls and fracture prevention.

Key AHSN/ partners
• NENC AHSN

Next step?
• For further details please contact Helen Ridley, AHSN NENC Falls and Fracture Programme Lead at h.ridley@ahsn-nenc.org.uk

STEPSelect

The innovation
• STEPSelect is a web-based tool developed by Digitalis Mm Ltd, enabling clinicians, other health care providers, and managers to comprehensively select and procure medicines and medical devices.

• STEPSelect is now applied to the selection and procurement of most medicines: total budget of £650 million per year for a reference population of 1.8 million.

• Benefits include significant efficiency gains: saving 20-25% for individual therapeutic groups of medicines

Key AHSN/ partners
• Supported by the AHSN Network

Next step?
• See http://www.themoic.com/
The electronic Frailty Index (eFI)

The innovation
• A team of researchers at Manchester University in collaboration with the Academic Unit of Elderly Care & Rehabilitation, University of Leeds, are in the process of reviewing the Read codes which contribute to the electronic Frailty Index (eFI) http://www.improvementacademy.org/improving-quality/healthy-ageing.html http://www.improvementacademy.org/improvingquality/healthy-ageing.htm). The researchers plan to include 55 deficits in the eFI instead of the current 36 deficits, including a mental health (mood problems) deficit.
• In parallel, the team will conduct a process of reviewing the codes making up each deficit, from a GP perspective, including distinguishing between Read codes that might be resolvable versus those that are not when examining the frailty subdomains. Mental health is a frailty subdomain the team are particularly interested in investigating. This is one where the issue of resolvable codes (eg depression) versus chronic (eg schizophrenia) may be especially important.

Key AHSN/partners
• Manchester University and the University of Leeds
• Yorkshire & Humber AHSN

Next step?
• Contact David Reeves david.reeves@manchester.ac.uk for more information

PRIMIS: improving Primary Care data

The innovation
• PRIMIS is the leading organisation in extracting knowledge and value from primary care data, helping to achieve better health outcomes across the UK.
• A business unit of the University of Nottingham, PRIMIS contributes to the academic and reputational scope of the School of Medicine.
• Producing effective and practical solutions to help people access, understand and use patient data held on GP IT systems, PRIMIS achieves this through health informatics, clinical expertise plus trusted and established products, services, consultancy and training.
• The quality improvement tools (including GRASP-AF, Diabetes Care, Asthma Care and PINCER tools) present a wide range of outcomes including identifying patients potentially missing a diagnosis and improving the accuracy of disease registers

Key AHSN/partners
• Supported by the AHSN Network

Next step?
• See http://www.nottingham.ac.uk/primis

SPACE

The innovation
• The Prescribers’ SPaCE (Sharing Practice and Continuing Education) provides an online community for Non-Medical Prescribers (NMPs) to work together to share ideas, evidence based resources and good practice tools. This supports safe prescribing and the efficient development of new and extended roles by NMPs within their locality.
• Prescribers’ SPaCE also supports NMPs with Continuing Professional Development (CPD) providing access to the latest evidence, e-learning and information on relevant courses, events and conferences. A key benefit for NMPs is that Prescribers’ SPaCE has a CPD tracker which automatically records CPD as users interact with the website. A personalised certificate, detailing completed CPD, is also available for CPD portfolios.

Key AHSN/partners
• Supported by the AHSN Network

Next step?
• See http://www.nonmedicalprescriber.co.uk/

Refer-to-Pharmacy: electronic system

The innovation
• Refer-to-Pharmacy is an electronic referral system allowing pharmacists and pharmacy technicians to refer people from the hospital bedside to their community pharmacist for post hospital discharge support with medication. The system provides the pharmacist with information to arrange a New Medicine Service (NMS) or Discharge Medication Review and ensure patient records are up-to-date.
• The NMS and Discharge Medication Reviews are medicines adherence services commissioned nationally in England. Research has shown they improve medicines adherence and patient outcomes. The NMS, where community pharmacist and patient have three consultations within the first month of starting medicines for long-term conditions, has shown a 10% increased adherence to medication regimens.

Key AHSN/partners
• The Innovation Agency (North West Coast AHSN)
• Greater Manchester AHSN

Next step?
• See http://www.elht.nhs.uk/refer
Support for carers rewarded

The innovation
- The Carers Trust Fylde Coast works closely with NHS Blackpool CCG and Blackpool Council to provide services that support carers in the town. The work was shortlisted as a finalist in the ‘CCG Commissioning for Carers’ category in the Health Service Journal Awards 2015.
- Partnership working highlights include employing young carers at the Carers Trust Fylde Coast and providing training and support

Key AHSN/partners
- Supported by the AHSN Network

Next step?
- See www.carers.org/local-service/fylde-coast

Model for carers’ well-being

The innovation
- The development and commissioning of an integrated system of carers’ services was required as more than 5,700 young and adult carers were registered at Halton Carers Centre - one in eight of Halton’s total population.
- Halton Borough Council and Halton CCG have worked with Halton Carers Centre to improve the wellbeing of carers to including increasing the number of known carers and providing opportunities for a life outside caring.
- The work was shortlisted in the Health Service Journal Awards 2015.

Key AHSN/ partn ers
- Supported by the AHSN Network

Next step?
- See http://www.innovationagencywnc.nhs.uk/

Operation Emblem: mental health

The innovation
- ‘Operation Emblem’ involves community psychiatric nurses accompanying police officers during call-outs to help reduce the amount of people being arrested under section 136 of the Mental Health Act or being taken unnecessarily to hospital for treatment.
- A joint initiative benefitting those with mental health issues and involving NHS Warrington CCG, NHS Halton CCG, Cheshire Police and 5 Boroughs Partnership NHS Foundation Trust, has produced positive outcomes across all areas.

Key AHSN/ partners
- The Innovation Agency (North West Coast AHSN)

Next step?
- See http://www.innovationagencywnc.nhs.uk/

Support for Social Issues: HSJ Winner

The innovation
- An innovative initiative helping primary care patients access support for social problems has produced improvements in mental health and won Health Service Journal’s Award for Primary Care Innovation 2015.
- With life expectancy for men and women in Halton, Cheshire, below the national average, and the borough’s population living a greater proportion of their lives with a health problem, Halton CCG commissioned Wellbeing Enterprises to run a Community Wellbeing Practices initiative to integrate approaches from all 17 GP practices in the borough.
- The scheme aimed to help patients in primary care access support to address the social problems in their lives.

Key AHSN/partners
- The Innovation Agency (North West Coast AHSN)

Next step?
- See http://www.innovationagencywnc.nhs.uk/
Further Resources

Co-production, quality improvement and suicide prevention

**Ground-breaking global Innovations in Mental Health**

**Recovery Colleges: co-producing a new balance of power**
By Sara Meddings, Jane McGregor and Waldo Roeg

**Let’s REACH for Good Mental Health**
- David Smith’s brilliant Let’s REACH for Good Mental Health article: https://davidsmith3012.wordpress.com/2015/10/26/lets-reach-for-good-mental-healthcare/

**MindsetQi**
- Useful case studies where we have seen numerical QI data http://mindsetqi.net/

**Suicide prevention resources**
- http://www.rcpsych.ac.uk/pdf/Pursuing%20Perfect%20Depression%20Care-1-2.pdf

Dementia

**Modem**
- http://www.modem-dementia.org.uk/
- A searchable database with over 1433 research studies or interventions for people living with dementia and their carers.

**Dementia Partnerships**
- http://dementiapartnerships.com/

**Alistair Burns’ blog**
- Useful examples such as the Devon memory service and work being done in care homes https://www.england.nhs.uk/blog/alistair-burns/

**Living well with dementia and sharing innovations in dementia**
- A useful evaluation report commissioned by the NENC AHSN on the previously established Living Well with Dementia programme. Here is their evaluation report.
- The helpful NENC resource can be found here: http://www.ahsn-nenc.org.uk/about-us/resources/
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