Interview with Dr Adrian James, Clinical Director of the South West Strategic Clinical Network for Mental Health, Neurology and Dementia; Consultant Psychiatrist; and Chair of Westminster Parliamentary Liaison Committee

It would be great to hear all about the South West Strategic Clinical Network and what its main functions are, but first, please tell us about the background to how you came to be involved.

When the latest re-organisation of the NHS was gathering pace, I was Chair of the South West Division (SWD) of Royal College of Psychiatrists. I realised that whilst the regional NHS bodies were being dismantled, the College was not and there was an opportunity for the Royal College to provide some stability through this period of change. I had recently observed the Royal College act in a united way and as a powerful force for change during the revision of the UK Mental Health Act for the 2007 amendment and it was this that got me thinking. I wanted to find a way to represent this stable positive force in the south west, to maintain a focus on mental health locally through a period of great change.

I got together a group of likeminded people interested in maintaining the focus and high standards for mental health in the region and invited them to a conference in 2011. We had over 100 stakeholders; service users, carers, third sector housing, vocational services, social services, local authorities, mental health trusts and mental health practitioners. The Conference was successful and the South West Mental Health Alliance was created. One of the main aims of the Alliance was to increase engagement with stakeholders, rather than be isolationist and to link in with emerging NHS structures as they arose.

The new Health and Social Care Bill was going through parliament at that time and a pause had been requested to try to ensure confidence in the new NHS structures and particularly to look at the influence of secondary care clinicians. Out of this pause the idea for Clinical Networks began to emerge and as the White Paper progressed through Parliament it became apparent that they would be a key new structure (strategic networks) to safeguard quality mental health services in the South West.

So, after lots of debate, in anticipation of developments during the pause I took a change of tack; I positioned myself to be available to be part of the emerging Clinical Network. It was felt that the Mental Health Alliance was still of value and provided a voice on the ground and could serve a Clinical Network by capturing the voice of service user and carer groups. But we needed to create a separate group.

We therefore divided the Mental Health Alliance as it was (a complicated manoeuvre), into a group more appropriate to become the Clinical Network and a group that maintained the functions of the Mental Health Alliance- focusing on improving the mental health and wellbeing of local communities in the south west.

So you were really ahead of the game then? It sounds like you had to take a leap of faith, and work with the unknown.

The South West was the only place in the country that organised itself ready to form a Clinical Network- an interim Network prior to the act going through Parliament, if you like.
We had to cope with an ever changing environment. It was a long time before the group was recognised as legitimate- not until April 2013.

Of course we received lots of support from the SWD. We couldn't have done it without their support. The Divisional manager at the time, Pat McPhee put a lot of work into the planning and together with the SWD executive committee; we really had a lot of help. Organisations like Rethink also gave a lot, particularly administrative support and provided us with a degree of independence. We were also financially supported by these organisations which was a great help.

The posts for each Network Clinical Director were advertised nationally; I applied and was appointed to the South West Network for Dementia, Mental Health and Neurology.

**Clinical Networks aren’t a new thing, cancer networks have been around for some time, but these Strategic Clinical Networks (SCN) seem quite different, tell us a bit more about them and what they aim to do.**

There are 4 SCNs in each region and the country is divided into 12 regions each with its own CCG and Clinical Senate. The 4 SCNs, all clinician led, address 4 different areas; Cancer, Cardiology, Maternity and Children’s Services and the 4th covers Mental Health, Dementia and Neurology. The idea is to address conditions that would benefit from an integrated ‘whole system’ approach. Our main role is to support Clinical Commissioning Groups (CCGs) by providing information- if they can get on without us they will but we step in when we’re needed. We bring together the experts in the specialist service areas and on particular conditions. Our strength is in complex, cross boundary care pathways where lots of different stakeholders and service provider partners are involved.

Each CCG has a mental health lead. It is our role to support each mental health lead and maintain integration with the other structures in our region- to keep together as a group. There are lots of meetings! As well as meeting regularly with the CCG mental health leads as a group, we meet nationally with all SCNs at regular intervals and of course we all engage with NHS England. Another key structure we engage with is the Academic Health Science Networks (AHSN). There is a strong emphasis at the moment on bridging the gap between the research and academic work that goes into health care and service provision. It is hoped that developing connections will promote industry in this area. The overall aim of our work is to enable NHS England to commission the most fit for purpose services. One of the things we will be doing is setting up development programme tools that enable CCGs to commission the right services.

Several key areas for us to provide the focus of our expertise have been identified and one of the first priorities is to address is the collection of useful data for mental health. Mental health data is currently relatively poor and there is a great desire to improve this. As it is over 40 different data bases are being used and there is no integration of the data collected. The aim is to have data that will facilitate timely, relevant service change. We are very excited that here in the South West we are a pilot site for the collection of this robust data. We have had a lot of input in this area from Dr Geraldine Strathdee, Consultant Psychiatrist and NHS England National Clinical Director of Mental Health. She is passionate about gaining the information we need in mental health to optimise informed decision making, her input is ensuring we gain Intelligence that's aligned to what's needed.

Liaison mental health services have also been identified as an area that would benefit from the expert and integrated input of the SCN. There are some examples of very good practice across the country, but it’s patchy. Good liaison services are known to have a knock on positive effect in so many areas, not least in reducing length of hospital admissions, and that is one of the reasons it’s receiving this attention. Indeed it has been the general hospitals that have identified this need. We will be supporting improving the evidence base in liaison services and making commissioning recommendations for liaison services in the South West.
Similarly, perinatal mental health services are receiving the same attention. There’s a focus on improving the care pathway, making services more robust and more uniform. There have been good services available for puerperal psychosis but we need better early detection services too. Dr Jo Black, Consultant psychiatrist and regional lead for perinatal mental health services, who has been involved in the launch of two new perinatal services in Devon, is leading for the network on this.

The Networks are still themselves in an early phase and there is further work to be done on pinning down the priority areas and deciding how the Networks are to be developed.

*Thank you very much for telling us all about the SWSCN for Mental Health, Dementia and Neurology. It sounds like some very exciting developments are under way and we look forward to hearing more about it in the future.*