

Sustainability of mental healthcare delivery – how to learn from the Covid-19 crisis

Building Back Better? How can we build a new model of mental healthcare delivery which is more robust and sustainable?

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#BuildBackBetter

<https://www.buildbackbetter.org.uk>

BUILD BACK BETTER STATEMENT

**As we emerge from this crisis, now is
the time to Build Back Better.**

Yet we can also draw on new sources of hope:

That when faced with a crisis, government can spend wisely, at speed and at scale.

That care, neighbourliness and mutual support are the threads that bind our communities together.

That clean air and a concern for wellbeing can inspire more sustainable and enjoyable ways of living.

And that by working with other countries we can find common solutions to the gravest problems.

Some have compared this crisis to the Second World War. Then, as now, it was widely agreed that there was no going back.



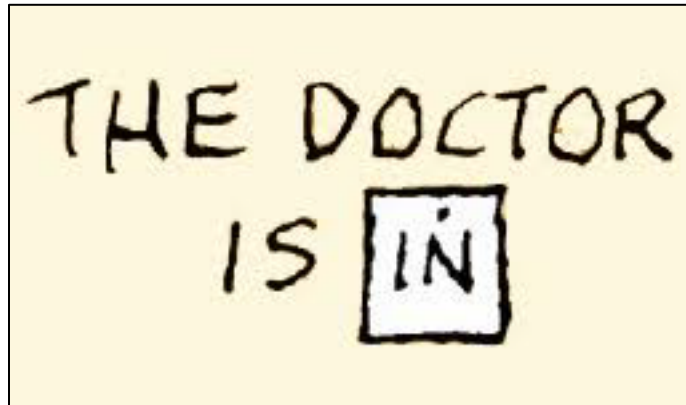
So what have we learnt?

- Things people said couldn't be done, were done.. And quickly!
- We HAVE the technology to work remotely - but lots of other barriers
- Clinicians still lag behind the public in embracing virtual consultations
- It is much more sustainable to the environment to offer some remote consultation
- Use of remote consultation can be much more accessible to patients and families especially across greater distances or long travel times/complex routes
- There are benefits and also risks and new considerations
- It has to be the right modality of treatment for the right patients



How can we do better?

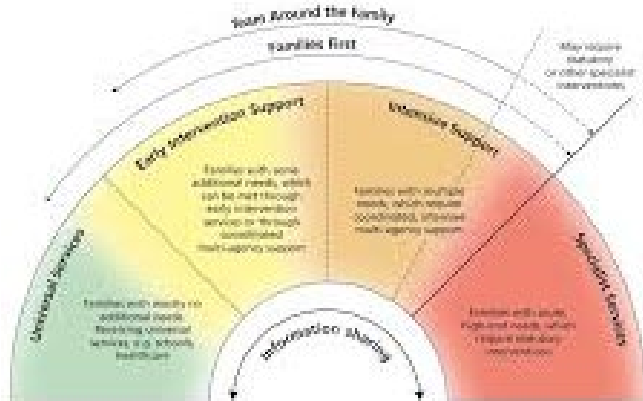
- Stepping back and taking a good look at the system
- Mental health works in silos
- Doctors mainly work in bases – people come to us on our turf





How can we do better?

- Current inequities and issues
- Expertise available to the very ill
- Entry criteria - services seen as very inaccessible and rejecting to majority while giving gold standard care to the privileged few who make it in

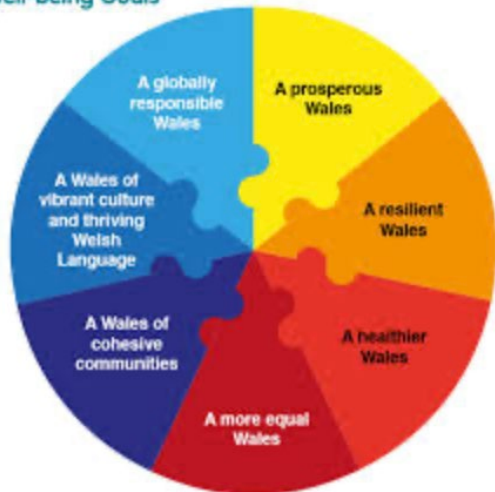




The context is key for setting up for change

- Healthier Wales
- Wellbeing of Future Generations Act
- ALN Act

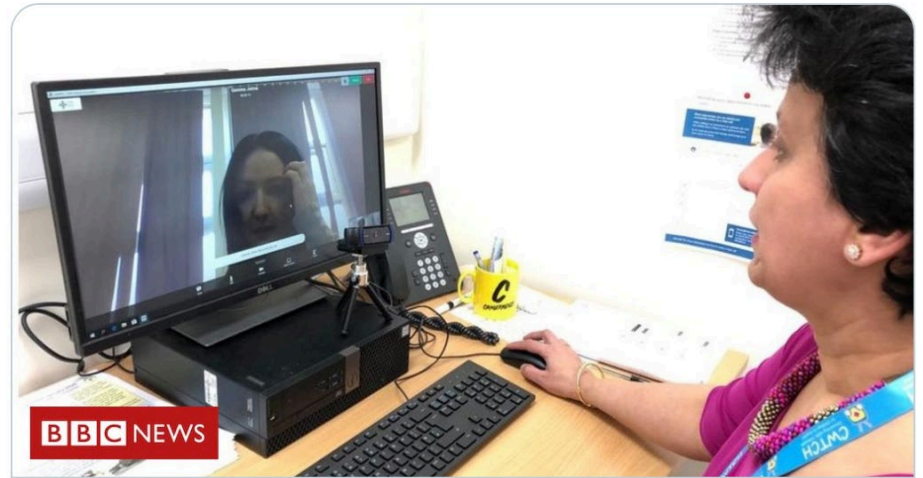
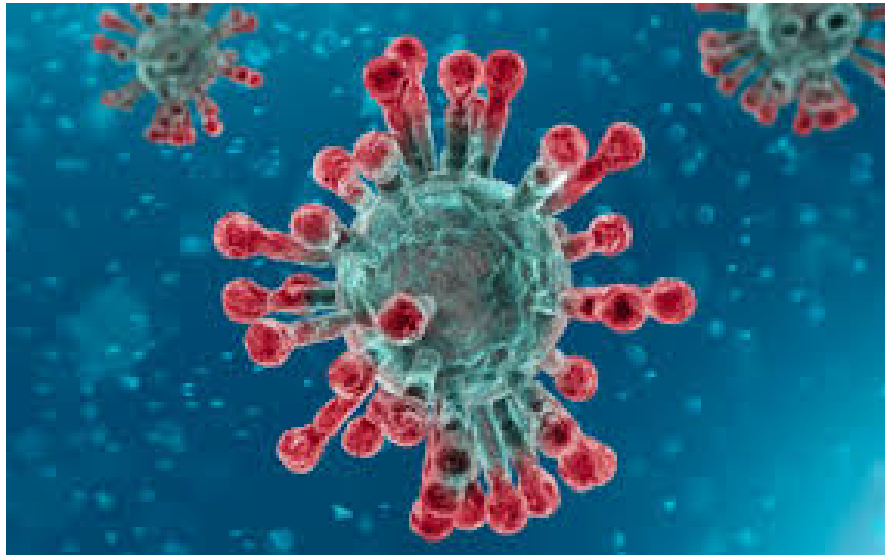
Well-being Goals





The context is key for setting up for change

- Necessity as a driver of change in Covid-19 pandemic



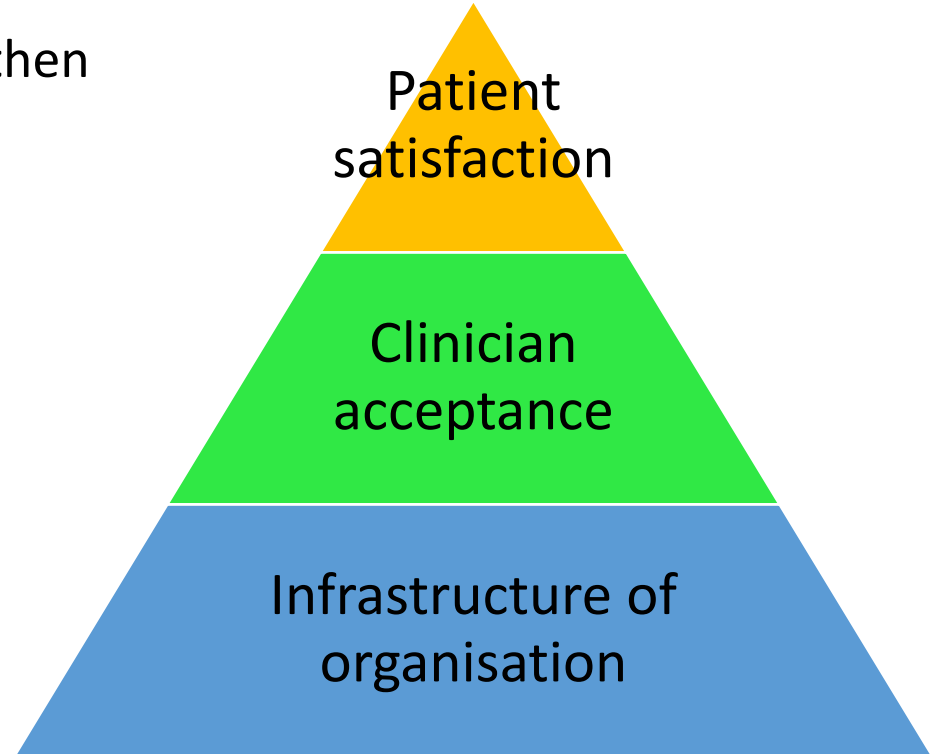
Covid-19: Online check-ups set to 'transform' healthcare
Video consultations used by GPs during the Covid-19 outbreak will be rolled out across health services.

[bbc.co.uk](https://www.bbc.co.uk)



The context is key for setting up for change

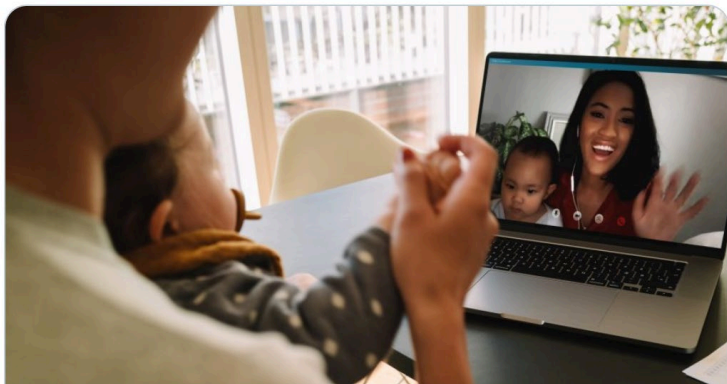
- Building on infrastructure of HB, then clinician acceptance then patient satisfaction





The context is key for setting up for change

- Wellbeing of all staff – empowerment, control, options and control, Balint groups etc



Designing technology-enabled services to tackle loneliness

Tackling loneliness was a priority for Welsh Government and public services across Wales before the Coronavirus pandemic and has ...

wcpp.org.uk





The context is key for setting up for change

- Flexibility and adaptability
- Being able to support vulnerability in both patients and families and protect any vulnerable staff – workforce issues

HWW
Healthy Working Wales



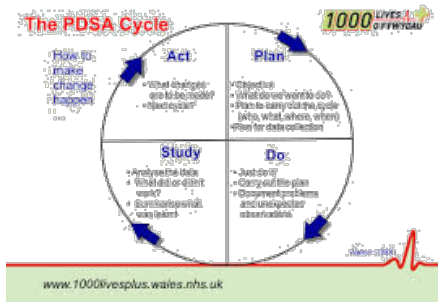
promoting **health, work & wellbeing**



But how? The TEC Cymru experience



- System approach – work individually with HBs to tailor the new VC service to suit culture
- PDSA cycles – work with who matters eg appointment clerks
- Flexibility and ability to adapt to local needs
- Let clinicians see the need, buy into change & drive implementation
- Different uses – e.g. triage, follow-ups versus new assessments
- Not recommending targets – allow people to ascertain
- No specific arbitrary targets
- Evaluate, evaluate, evaluate!
- **Making VC fit into clinical work not the other way**

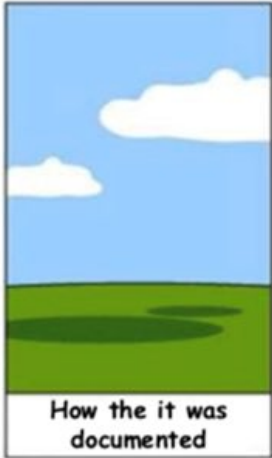




A vision for the future..



- Covid-19 – it was REACTIVE change – born of necessity
- We should aim to move forward with PRO-ACTIVE change
- Suggestion: Using recent changes and clinicians'/managers' experiences and new openness to new ways of working as an opportunity to do things differently
- Suggestion: Evaluate everything to demonstrate cost and clinical effectiveness
- Mental Health not traditionally evaluated on satisfaction and outcome and value for money – maybe because things evolved organically since NHS started
- Build robust models – opportunities to build in PDSA cycles and evaluation of satisfaction and effectiveness



Bottom line:

EVALUATE

EVIDENCE



EMBED

And.. That's it! Any questions?
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