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THE INTEGRATED CARE SUMMIT SOUTH 2023

Wednesday 18th October | 15Hatfields, London

Agenda for today:

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Welcome to The Integrated Care Summit South 2023!

19th October 2023
8am – 4pm
15Hatfields, London

THE INTEGRATED CARE SUMMIT SOUTH 2023

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Chairs Opening Address

Dr Masood Ahmed
Chief Digital Officer (CDO)
West Midlands Academic Health Science Network (AHSN)

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Speaking Now…

Dr Masood Ahmed
Chief Digital Officer (CDO)
West Midlands Academic Health Science Network (AHSN)

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Speaking Now…

Suzie Ali-Hassan
Chief Partnerships Officer - Healthcare Innovation Consortium

Siân Howell
GP and Clinical and Care Professional Lead - Population Health Management and Equalities at NHS South East London Integrated Commissioning Board and Project lead - Hypertension Pathfinder Project, London Health Data Strategy Programme

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Up next…

CATALYST BI
BRINGING PEOPLE AND DATA TOGETHER

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Speaking Now…

Adam Auty
Account Director
Catalyst BI

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Q&A Panel

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Morning Break

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Chairs Morning Reflection

Dr Masood Ahmed
Chief Digital Officer (CDO)
West Midlands Academic Health Science Network (AHSN)

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Up next…

access
freedom to do more

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Speaking Now…

Alan Payne

Group Product and Engineering Director - Access HSC

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Up next…

exponential-e
APPLIED INNOVATION

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Speaking Now…

Paulash Haider
Assistant Chief Pharmacist – Business & Operations - Northern Lincolnshire & Goole NHS Foundation Trust

Challenges Facing Secondary Care Pharmacy within the ICS

Paulash Haider

Assistant Chief Pharmacist

Northern Lincolnshire & Goole NHS FT

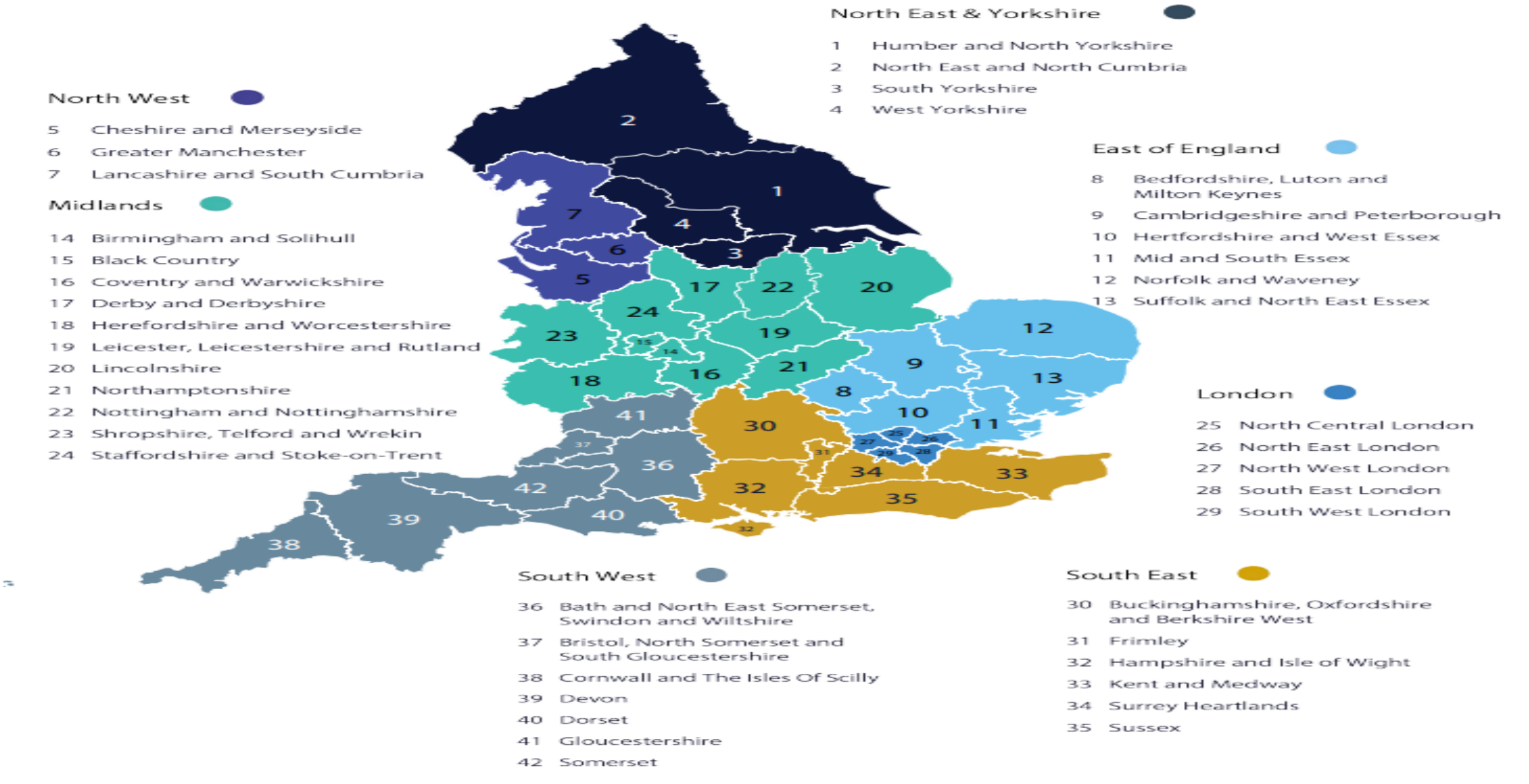
October 2023

Introduction

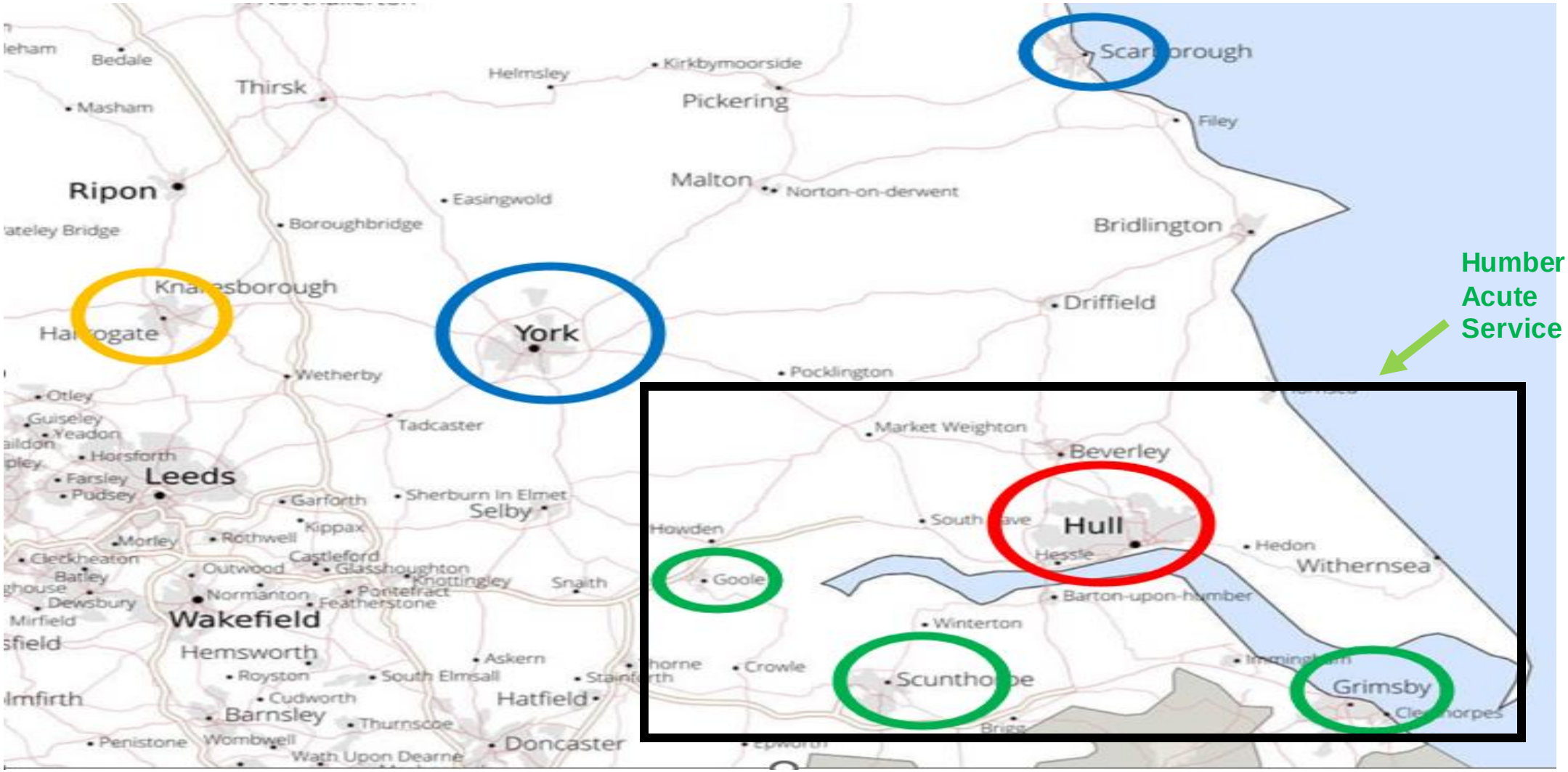
- Description of the ICS
- Illustrate the challenges and problems
- What are the changes to address the problems
- What impact these changes are having on hospital pharmacy
- Look at solutions
- Summary

Humber and North Yorkshire ICS

NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)



Access to health for 1.7 million population across 3000 sq miles (approx)



Humber Acute Services

- **Hull University Teaching Hospitals NHS Trust (HUTH)**
- Two hospital sites in Hull
- Approx 1300 beds
- Specialist services

Northern Lincolnshire & Goole NHS Foundation Trust (NLaG)

- Three district general hospital sites - Goole, Scunthorpe, Grimsby
- Approx 850 beds

Humber bridge

Connects East Yorkshire to Lincolnshire
Staff, patients, emergency services rely on this bridge
Distance Grimsby to Hull

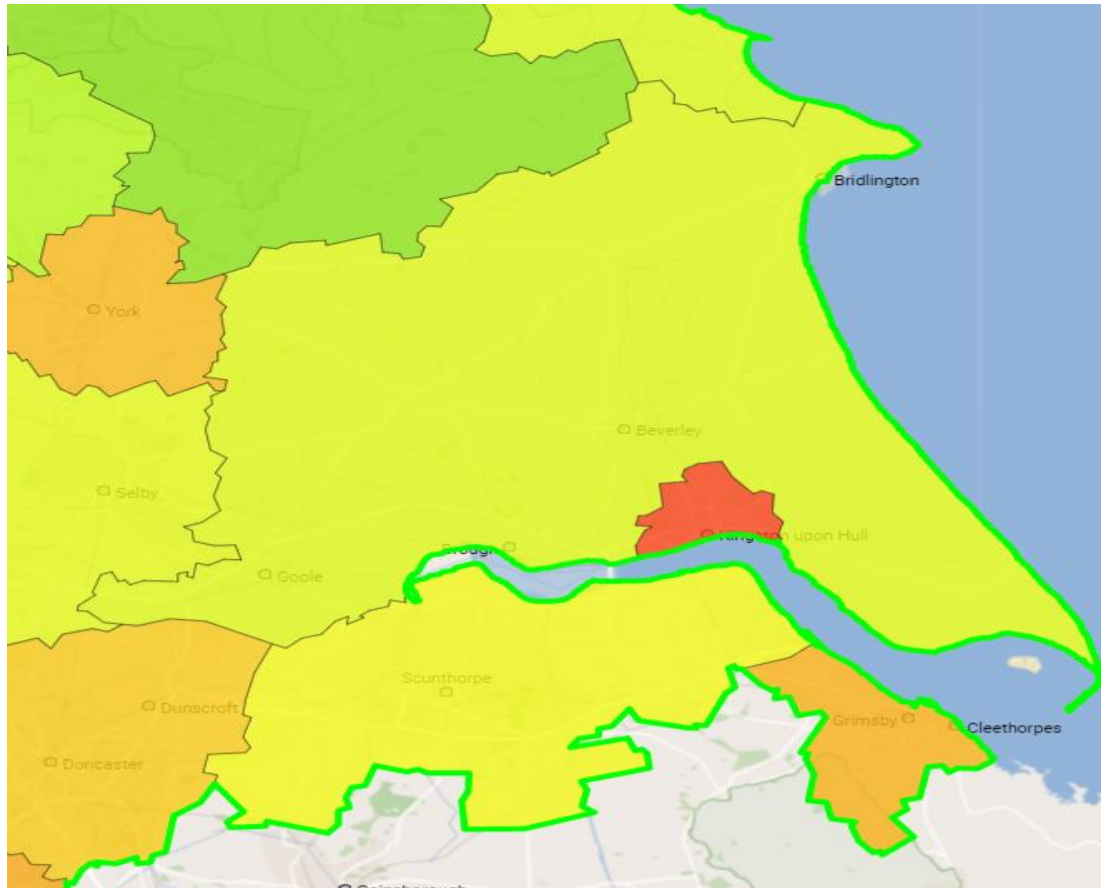
- With Humber bridge 35 miles one way
- Without bridge 80 miles one way along poor road infrastructure

Humber Acute Services Review

To provide services across a large geographic area with above average levels of deprivation

Challenges for both organisations

Connect the patient effectively to the service



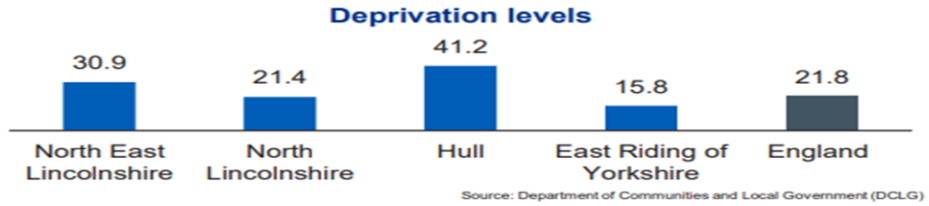
Population density

Hull urban 3700/km^2

Hull surrounding areas 140/km^2

Grimsby (NE Linc) 818/km^2

Scunthorpe (N Linc) 200/km^2



ICS fundamentals

- The purpose of ICSs is to bring partner organisations together to:
  - improve outcomes in population health and healthcare
  - tackle inequalities in outcomes, experience and access
  - enhance productivity and value for money
  - help the NHS support broader social and economic development.

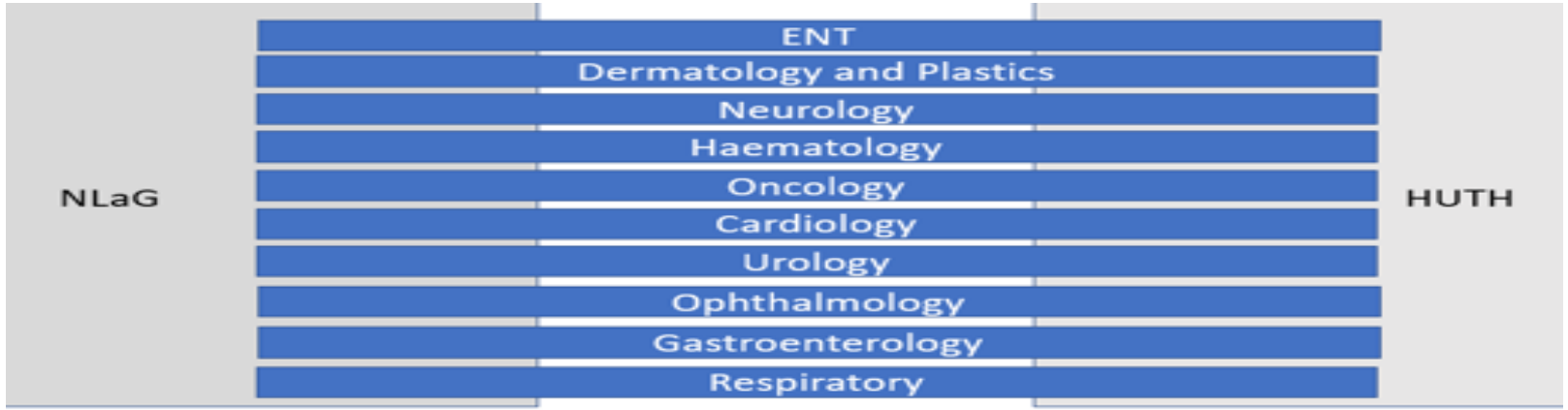
Need for change - HASR

Challenges	Changes
Redesigning services around the patient	**Workstreams with active engagement from key stakeholders to understand requirements**
Region historically **poor staff recruitment** – some hospital sites have no speciality consultants	**Pool resources** - joint posts, shared knowledge, more efficient "enhance productivity and value for money"
Mostly rural large geographic area, patients not always seen or treated quickly enough	**Remote working –** access to specialist care across Humber through virtual consultations "improve access"
Hospital sites spread out with **duplication of services**	**Integrated care pathways** – reduce duplication of work **Single leadership (HUTH) -** Hub and spoke model of care "improve outcomes"

Humber Clinical Collaborative Programme (HCCP)
Supporting the Single Leadership Model

Oversees the development and delivery of a single service transformation plan for each of the HCCP specialties

Agree and implement a sustainable clinical model for each of the 10 services



Urology and Dermatology already transitioned to Single Leadership model (HUTH managed)

The HCCP have 8 remaining specialties with varying systems and outpatient/inpatient setups to transition across

NEED a reliable infrastructure to support care pathways and service transformation

Single Leadership Challenge for Hospital Pharmacy

Outpatient Medicines Provision across Organisations

TRADITIONAL MODEL OF MEDICINE SUPPLY FOR OUTPATIENTS

- Patient attends outpatient clinic at hospital
- Presented with prescription if needed
- Patient takes to on site Pharmacy for dispensing
- Collects medication or it is delivered

REMOTE WORKING

- Patient consults with HCP either on phone or video conferencing media
- Prescription generated (either paper or electronic) if needed
- Then…….

DIGITAL SOLUTION

- HCCP Pharmacy workstream Chairman's mission

HCCP Digital infrastructure to future proof services

WHAT WE WANT

- Outpatient electronic prescribing integrated with hospital PAS
- Interoperable with hospital pharmacy system in both Trusts
- Electronic Prescription Service (EPS) functionality

WHAT WE HAVE

- No outpatient electronic prescribing and outdated pharmacy IT systems that are not interoperable
- Primitive workaround for the 2 specialities so far – not sustainable for on-boarding remainder
- Patients facing potential delays in receiving treatment

DIGITAL SOLUTION USED IN PRIMARY CARE

ELECTRONIC PRESCRIPTION SERVICE (EPS)

- The Electronic Prescription Service (EPS) allows prescribers to send prescriptions electronically to a dispenser, such as a pharmacy, via the NHS spine
- EPS is already widely used in primary care with over 95% of all prescriptions now being produced electronically
- Now available to secondary care on some systems

Positives

- Prescription sent directly to local pharmacy so no need for delivery service
- Supports controlled drugs prescribing and dispensing

Negatives

- Formulary control – rogue prescribing?
- High cost drugs – contractual price differences between secondary and primary care medicines supply

POSSIBLE INTERIM SOLUTIONS

ELECTRONIC OUTPATIENT SYSTEM

INTERNAL

Both NLaG and HUTH have Electronic Prescribing and Medicines Administration (ePMA) systems in the inpatient setting but outpatients was out of scope

NLaG system capable of outpatient functions with closed loop dispensing but **no EPS access** so can only be used during opening hours of hospital OPD – will require funding

HUTH system less capable so defer to above

3RD PARTY

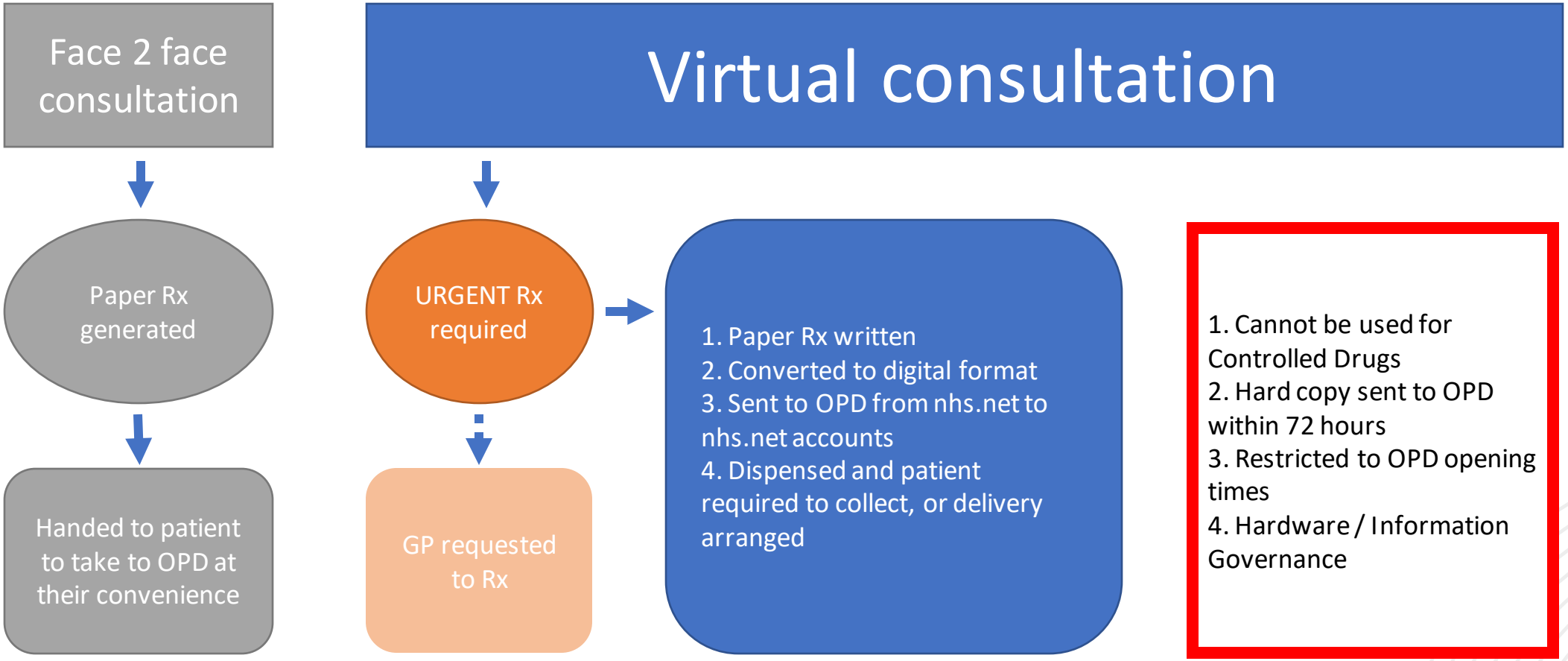
Commercial stand systems with EPS functionality

Funding request declined by ICB as too expensive

Being standalone does not link PMR details to Trust systems only community pharmacies

Management of High-cost drug dispensing

Current workaround for Virtual consultations requiring URGENT medicines supply



Shared hospital Electronic Patient Record (EPR) system

- ICB Digital Strategy agreement to provide a new EPR system to be funded and shared by HUTH and NLaG
- Universal platform to include all Pharmacy IT systems required to support digital vision
- As shared, avoids issues with:
  - Accessibility
  - Knowledge of multiple systems
  - Security
  - Interoperability
  - Digital governance
- Expected to be expensive
- Anticipated Go-live **July 2026**

HCCP Risk Escalation

Pharmacy Risk Log

Open Risks

Item	Date Raised	Raised By	Owner	Risk Type	Specialty
[redacted]	Dec 1, …	AR	AR	Threat	HCCP Wide
[redacted]	Dec 1, …	AR	AR	Threat	HCCP Wide
On issue log: Lack of IT systems interoperability and no current link to EPS (co…	Dec 14,…	PH/AH	ALL	Threat	HCCP Wide
[redacted]	May 25	WC	WC	Threat	Haem and Onc
[redacted]	Sep 28	AE	AE	Threat	Haem and Onc

- Risk score 15 – 25 very high
- Outpatient prescribing assessment completed and NO digital solution available – this will be a major barrier to the onboarding of further specialities unless funding is made available to explore potential in-house solutions
- Shared EPR system planned for the ICS may prove to be effective digital platform for prescribing and supply of medicines across all boundaries but that is at least mid 2026 when available and subject to meeting the required specifications

SUMMARY

- Connect the patient to the service - Implement digital infrastructure to support Pharmacy services and medicines provision with support from ICS digital strategy
- Ensure problems are escalated to correct levels of ownership along with risks to enable progress towards a solution
- Active and meaningful engagement with stakeholders so they understand the challenges and can support with work arounds or resolutions – “the art of the possible”
- Try to future proof – interoperability and disaster contingencies
- New EPR - 


Thanks!
Hope you enjoyed the ride

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Up next…

opto

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Speaking Now…

Max Freeman
Clinical Director
Opto Health

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Q&A Panel

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Lunch & Networking

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Chairs Afternoon Address

Dr Masood Ahmed
Chief Digital Officer (CDO)
West Midlands Academic Health Science Network (AHSN)

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Speaking Now…

Rosie Seymour
Programme Director
The Better Care Fund team

Department of Health & Social Care

Department for Levelling Up, Housing & Communities

Local Government Association

NHS England

Integration and The Better Care Fund

NHS ICS Conference 2023

19 October 2023

Rosie Seymour, Programme Director, The Better Care Fund team

Integration and Better Care Fund

Department of Health & Social Care

Department for Levelling Up, Housing & Communities

Local Government Association

NHS England

Contents

What is the Better Care Fund?

Announced in 2013 and implemented from 2015, the Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health, housing and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

The BCF represents a unique collaboration between:

- **The Department of Health and Social Care**
- **Department for Levelling Up, Housing and Communities**
- **NHS England**
- **The Local Government Association**

The four partners work closely together to help local areas plan and implement integrated health and social care services across England.

Each year, the BCF Policy Framework and Planning Requirements are published. The BCF Policy Framework sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations. The Planning Requirements set out the requirements for two-year plans to enable areas to deliver tangible impacts in line with the vision and objectives set out in the Policy Framework.

BCF Policy Objectives 2023-25

- The policy objectives remain the same as in 2022-23:

Enable people to stay well, safe and independent at home for longer.

Provide the right care in the right place at the right time.

- The Policy Framework centres on these objectives.
- BCF objectives link to priorities on reducing pressure on Urgent and Emergency Care (UEC) and social care, as well as tackling pressures in delayed discharges.
- The two-year framework will help to enable areas to deliver tangible impacts in line with these objectives.

Department of Health & Social Care | Department for Levelling Up, Housing & Communities | Local Government Association | NHS England

Funding in 2023-25

- Additional £600m in 2023-24 and £1bn in 2024-25 to support discharge from hospital and reduce delays allocated equally across ICBs (£300m/500m) and LA (£300m/£500m).
- The NHS minimum contributions for social care and NHS commissioned out of hospital spend for all HWB areas is uplifted by 5.66% for each year.
- Spending plans cover two years, with plans for 2024-25 provisional.

Minimum contribution	2023-24	2024-25
NHS contribution	£4,759m	£5,029m
Discharge funding	£600m	£1000m
iBCF grant	£2,140m	£2,140m*
Disabled Facilities Grant (DFG)	£573m	£573m*

* National allocation – local figures not yet published

Planning footprints

- Plans for all funding agreed between Integrated Care Board (ICB) and Local Authority (LA).
- Agreed at Health and Wellbeing Board (HWB) level and focussed on social care, community health and intermediate care services that operate at place and neighbourhood level.
- An opportunity to delegate commissioning decisions and spending to Place level and agree local priorities across health and social care.
- It is a core requirement that each BCF plan reflects agreement between ICB and LA. Useful priorities from Place based guidance to BCF priorities.

Thriving places – suggested priorities for place based partnerships

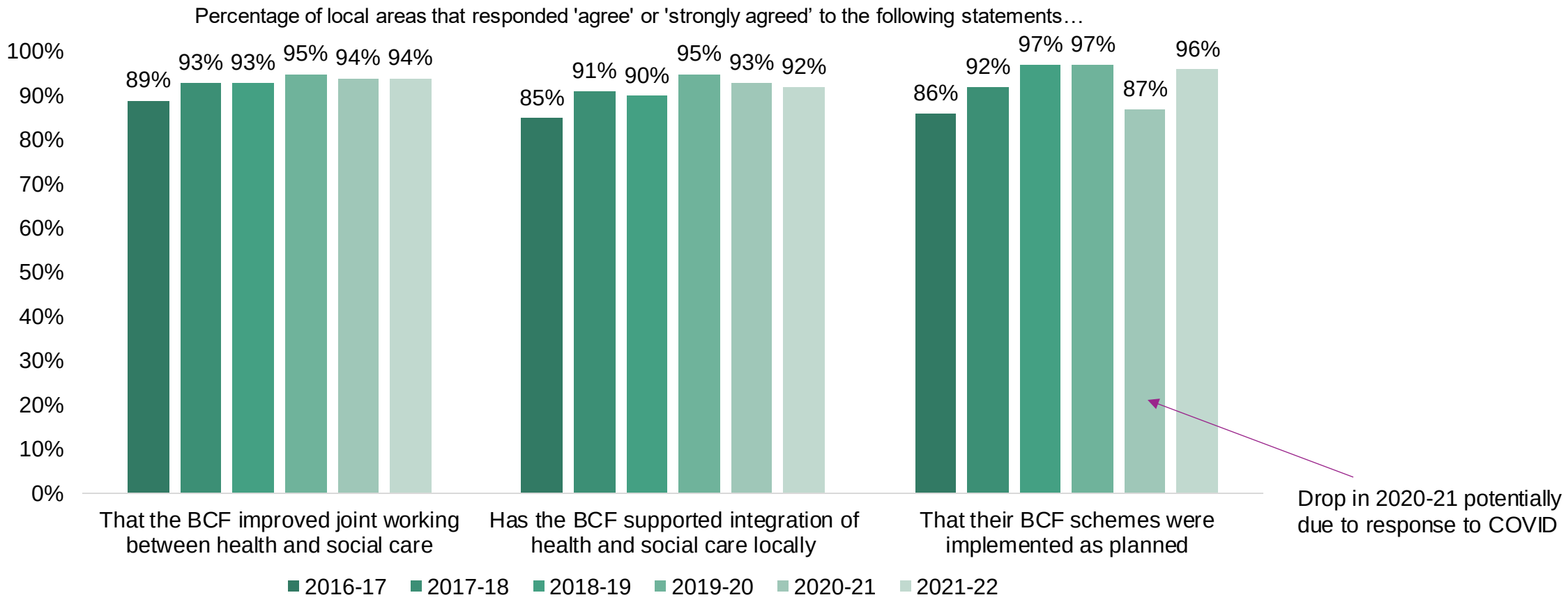
- Health and care strategy and planning at place
- Service planning
- Service delivery and transformation
- Population health management
- Connect support in the community
- Promote health and wellbeing

Key points

Duration	• 2 year plans for meeting the national conditions and objectives • 2 year spending plans with second year provisional for some aspects • 1 year plans for metrics and capacity and demand with updates collected for 2024-25
Funding sources	• NHS minimum funding allocations, ICB discharge funding allocations • Additional discharge funding included in the BCF, second year conditions and allocations are still tbc • iBCF allocations for second year not yet published • Disabled Facilities Grant allocations for 2024-25 not yet published
Collection of outputs and capacity	• Capacity and demand planning retained and is a core element of BCF plans • Departmental and NHS focus on whether there is sufficient capacity in the system – particularly to support discharge • Reintroduction of estimated outputs for BCF spend • Inclusion of an estimate of the BCF spend on services as a proportion of overall system spend.

National impact of the BCF

Local areas continue to report that the BCF has a positive impact on joint working and integrated care.



What impact has the BCF had on the integration of health, social care and housing?

The BCF has moved integration forward by **enabling greater cooperation** between health and social care partners at a local level. Many local areas have committed additional money to their BCF plans as they seek to **accelerate joint commissioning and integration** based on the success of partnership working in their local areas.

Local area investment totalled £10.5 billion to the BCF in 2022-23, which included voluntary contributions and an injection of £500 million to speed up the safe discharge of patients this winter, from hospital to home or appropriate community setting.

94% of local systems in 2021-22 agreed, when surveyed, that delivery of the **BCF improved joint working between health and social care.**

92% of local systems in 2021-22 agreed, when surveyed, that the **BCF supported integration of health and social care locally**

96% of local systems agreed in 2021-22, when surveyed that their **BCF schemes were implemented as planned**

About the BCF Support Programme

Through its national support programme, the BCF team is committed to ensuring that local areas have the right support available to them as they work towards; delivering their BCF plans, reducing delays in discharge, improving prevention, managing overall system flow and improving integration between health, housing and social care services.

Following the completion of a recent tender exercise we have moved to a two-year funding arrangement, with the providers Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and Newton, that will increase the range of discharge and non-discharge related support available to local systems through an expanded BCF support programme.

Support can be targeted towards a range of system priorities, such as:

- Supporting the implementation of discharge to assess and tackling inconsistent application, performance issues and immediate pressures in delayed discharges
- Reducing pressure on Urgent Emergency Care (UEC) and acute services.
- Improving capability and capacity to undertake effective capacity and demand planning and modelling for intermediate care.
- Accelerating implementation of integration and BCF ambitions and programmes
- Reshaping pathways and community capacity to meet the changing demand from Home First and/or Long Term Plan (LTP) aims
- Strengthening system leadership and collaborative culture, including developing Integrated Care Systems (ICSs) and place-based partnerships
- Developing workforce capacity, skills and a collaborative, multi-disciplinary culture across health and care jointly
- Implementing system-wide recovery plans

BCF Support Programme

How is the support identified and delivered?

The support work is led and delivered by senior leaders and experts with extensive experience leading and shaping health and care systems, supported by other peers in a range of disciplines depending on the needs of the local system.

Systems will be encouraged to take up discharge support (particularly those systems experiencing significant challenges around discharge) and work with their regional Better Care Manager (BCM) to identify where systems could benefit from a broader range of non-discharge related support.

These support requests are co-developed with the local system with the aim of encouraging regional ownership of support and can be adapted from a single council footprint to larger ICS or whole region.

Types of support

Deliverables include a combination of interventions and targeted outputs designed to support local systems in bringing about change and improving person-centred integrated services for example, local/regional workshops, webinars, peer reviews and action learning sets with outputs including diagnostic reports, deep dive analysis reports, project and programme plans and integration-focused action plans including key recommendations.

An innovative aspect of the support offer is the introduction of follow-up implementation support delivered after the core 'support phase' has completed. These 'check-ins' are co-designed with the local system and aimed at supportively reinforcing positive behaviours and optimising local system ownership of change by taking a strengths-based approach and embedding high impact interventions.

Case Study Primary Prevention: Hydration Project in Care Homes - Torbay and South Devon

Using funding from the BCF, Torbay and South Devon NHS Foundation Trust ran an Enhanced Health in Care Homes (EHCH) Hydration Project between May 2021 – May 2022.

The project aimed to improve hydration practices through: hydration training delivered in house; nomination of hydration champions to receive specialist training; and implementation of 7 structured drinks rounds per day.

It resulted in improved hydration practices within participating care homes, and demonstrated a cost-effective potential hospital avoidance initiative. Comparing all cohort one homes over a calendar period of 6 months between July 2021-December 2021:

- **UTI's requiring antibiotics:** 22 to 15 (31.8% decrease)
- **UTI's requiring admission to hospital:** 2 to 1 (50% decrease)
- **Falls managed within care home:** 67 to 60 (10.4% decrease)
- **Falls requiring an ambulance with no admission:** 6 to 3 (50% decrease)
- **Falls requiring admission to hospital:** 3 to 1 (66.6% decrease)

Case Study Housing: Housing Occupational Therapist Service in Wiltshire

In Wiltshire, the BCF funding supports the roles of three Housing Occupational Therapists (Housing OTs) who each cover an Adult Social Care sub area and three Housing Occupational Therapists Assistants who act as Trusted Assessors.

- The Housing occupational therapists undertake assessment and coordinate relevant agencies to provide minor and major adaptations.
- Their work prioritises effective rehousing activity, so that people can be better matched to homes that already meet their physical needs.
- They can effectively influence registered social housing providers refurbishment and new build programmes so that more homes meet the needs of more people without the need for post occupation adaptations.

This led to a **reduction in hospital discharge times** and **reduced pressure on Disabled Facilities Grants.**

A 9-month review highlighted savings made by making better use of housing stock, through facilitating 11 customers to move to more suitable accommodation that better met their needs, or accommodation that could be adapted more cost effectively. The savings of not adapting their original home were calculated to be more than £55,000.

Case Study Discharge: Homeless Hospital Discharge Team in Bath and North East Somerset

The Homeless Hospital Discharge service reduces the number of people returning to rough sleeping in whichever area they have a 'local connection' to:

It prevents people who are at risk of homelessness because of a hospital admission from becoming a rough sleeper by finding appropriate accommodation for them.

Patients supported by the service are generally from the hospital's main catchment areas of Bath and North East Somerset (BaNES), Wiltshire & Mendip but often includes people from Bristol, and has included people from all over the country.

The Better Care Fund is providing funding of £60k across 2 years (2021/22 – 2023/24) to support this charity, mainly funding the salary of 1.5 FTE contract of a service manager.

THANK YOU

For more information and regular updates, sign up to the Bulletin and the Better Care Exchange

Integration and Better Care Fund

england.bettercarefundteam@nhs.net

england.bettercareexchange@nhs.net

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Speaking Now…

Andy Bell
Chief Executive
Centre for Mental Health

MENTAL HEALTH EQUALITY

HOW SYSTEMS CAN TAKE THE LEAD

Andy Bell

andy.bell@centreformentalhealth.org.uk
@CentreforMH @Andy__Bell__

19 October 2023

WHO WE ARE

Centre for Mental Health is an independent charity.

We take the lead in challenging injustices in policies, systems and society, so that everyone can have better mental health.

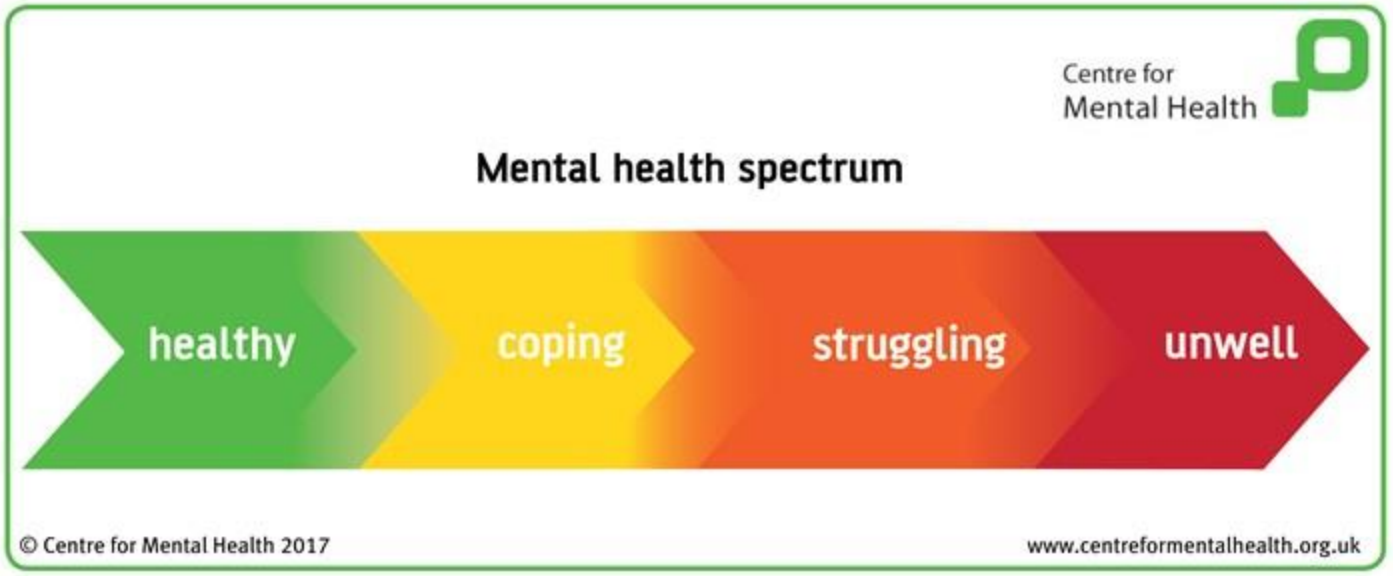
By building research evidence to create fairer mental health policy, we are pursuing equality, social justice and good mental health for all.

MENTAL HEALTH INEQUALITIES

- Social and economic inequality and injustice drive poor mental health
- Access, experience and outcome inequalities in mental health support
- Unequal outcomes for people living with mental health difficulties – including physical health and life expectancy
- Absence of mental health support for people with physical health needs

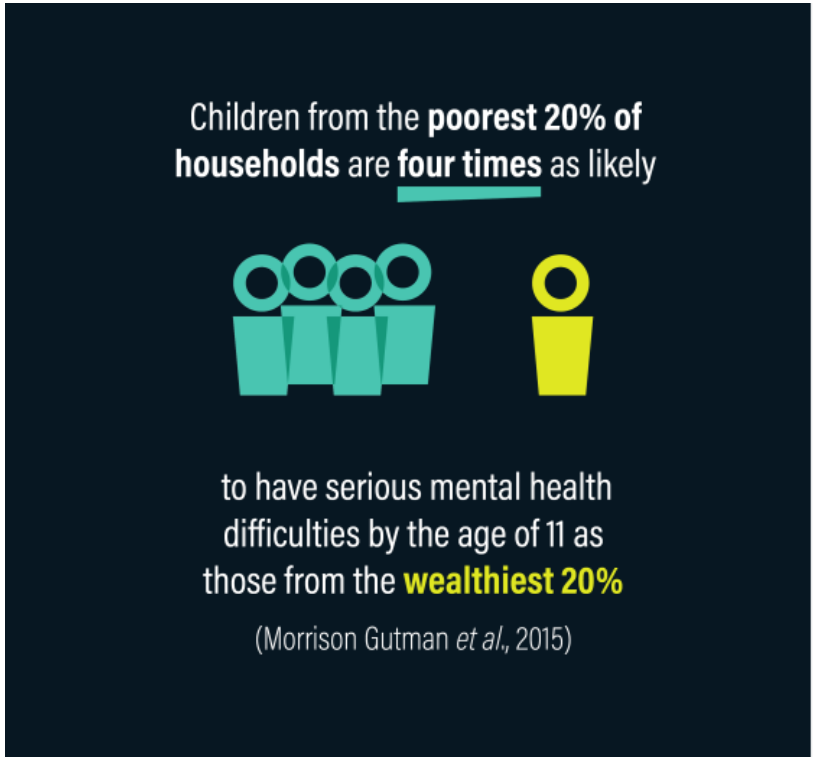
MENTAL HEALTH SPECTRUM

- About 1 in 4 have a current mental health difficulty
- Lifetime risk approx. 3/4
- Risk and protective factors determine our positions on the spectrum during our lives



GROUPS FACING HIGHER RISKS

People on low incomes
Racialised communities
Disabled people
LGBTQ+
Long-term illness
Neurodiverse
Looked After Children
Criminal justice system
Residential care



JOIN US IN DEMANDING A FAIRER AND HEALTHIER FUTURE FOR US ALL

PROTECTIVE FACTORS

Secure attachment in infancy
Positive parenting
Safe, warm housing
Economic security
Positive school experience
Procedural justice, eg at work
Access to green spaces and nature

RISK FACTORS

Traumatic events and experiences
Abuse and neglect
Isolation and loneliness
Bullying
Poverty and financial precarity
Insecure housing and homelessness
(Fear of) crime
Discrimination
Racism

DEPRESSION AND DEPRIVATION

CENTRE FOR MENTAL HEALTH

Figure 4: Map of County & UA (pre 4/19)s in England for Estimated prevalence of common mental disorders: % population aged 16 & over (Percentage point - per 100 2017)

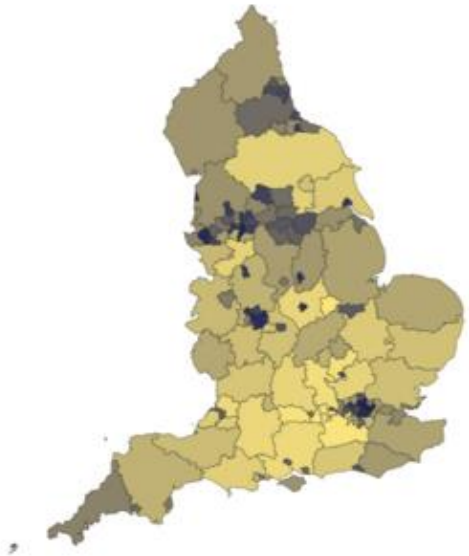
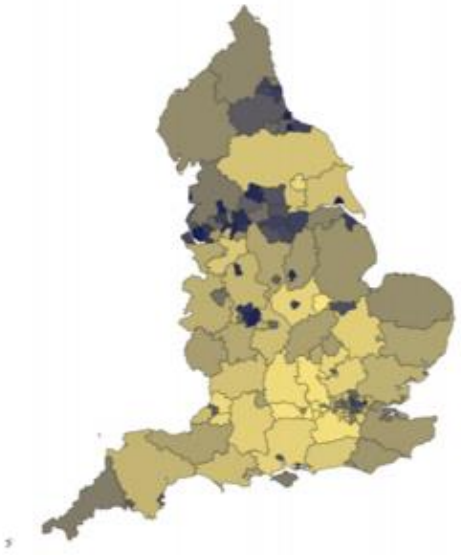


Figure 5: Map of County & UA (pre 4/19)s in England for Deprivation score (IMD 2015) (Score - 2015)



Continuous: Lowest Highest

Figure 2: Map of County & UA (pre 4/19)s in England for Estimated prevalence of emotional disorders: % population aged 5-16 (Proportion - % 2015)

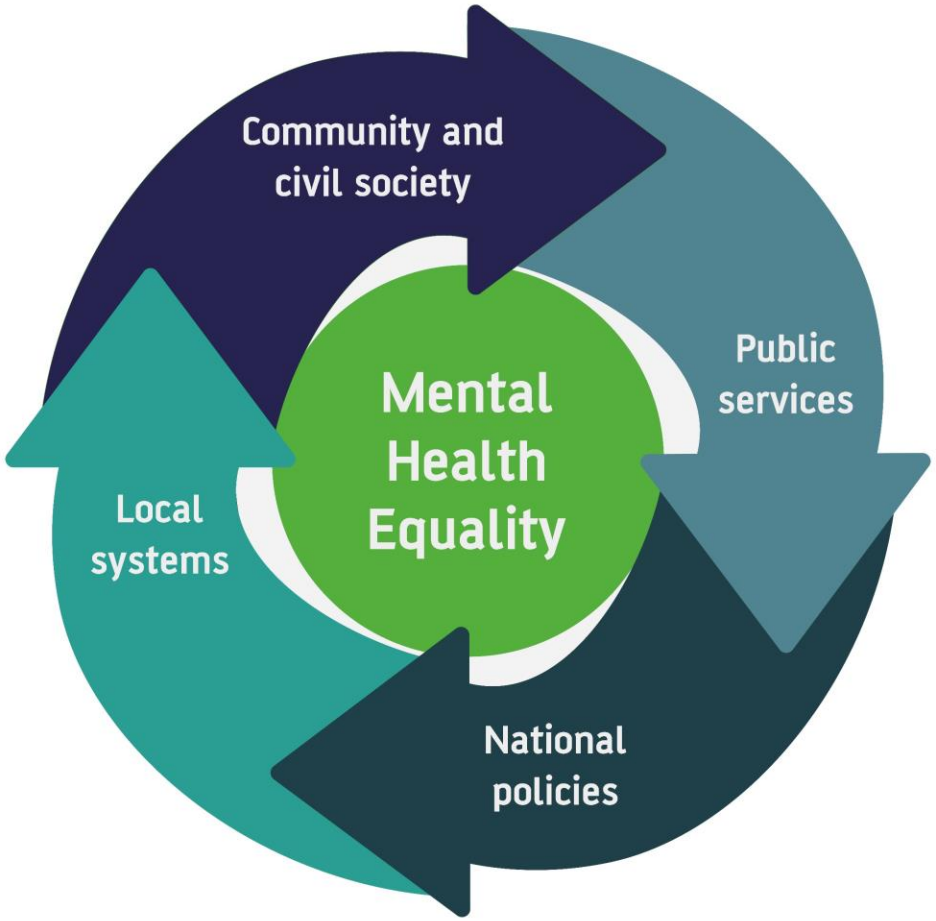
Figure 3: Map of County & UA (pre 4/19)s in England for Children in low income families (under 16s) (Proportion - % 2016)

Continuous: Lowest Highest

Used with permission from Public Health England

A SYSTEM DESIGNED FOR EQUALITY

- Mental health is made in communities
- Supported by public services…
- …local systems…
- and national policies



CENTRE FOR MENTAL HEALTH

COMMUNITIES & CIVIL SOCIETY

- Communities can create good mental health through:
  - Sense of belonging & being valued
  - Mutual aid and peer support
  - Empowerment & challenging unjust systems: collective impact model
  - Safe, trustworthy sources of support
- Challenges:
  - Insecure, short-term statutory sector funding
  - 'Class system' in charitable activity and philanthropy

NATIONAL POLICIES

- A national mental health plan
- Mental health in all policies
- Social security
- Education
- Justice
- Race equality

Address the causes of mental ill health

Eradicate mental health inequalities

Ensure timely access to local services

MENTAL HEALTH SUPPORT

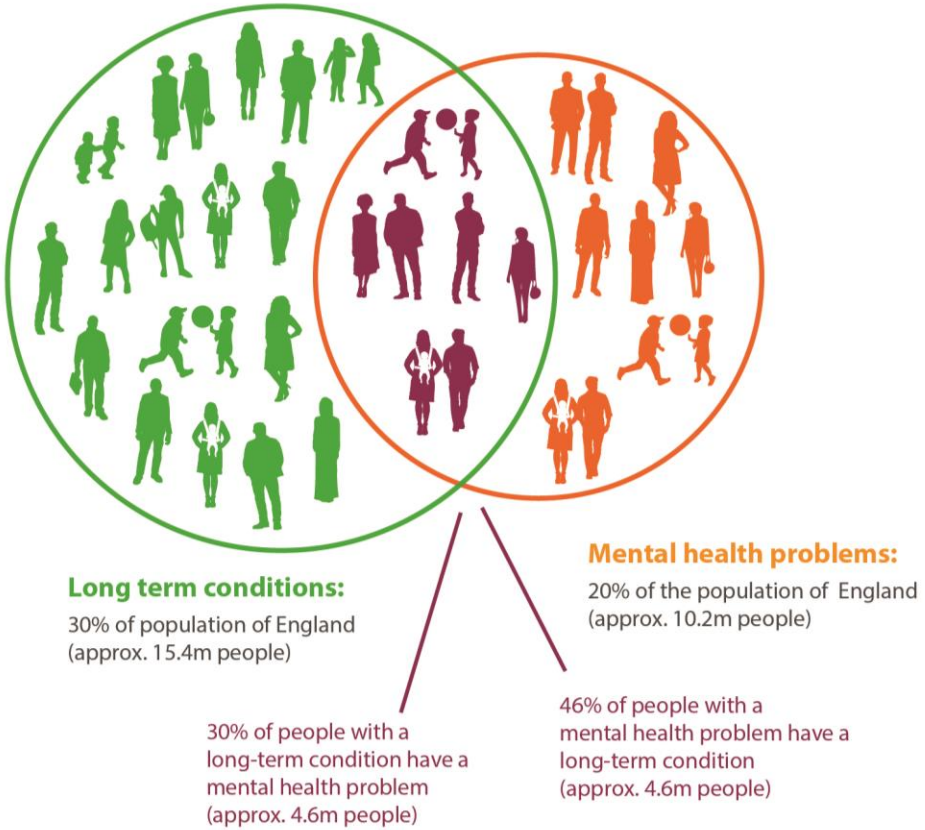
- **What** is on offer: types of intervention & support, eg more holistic & non-Eurocentric approaches
- **Where** it's available: schools, youth clubs, GP surgeries, village halls
- **Who** provides it: more diverse & culturally competent workforce, skill-sharing, peer-led & voluntary/community sector services
- **How** it works: trauma-informed, anti-oppressive, gender aware, adapted to specific needs, etc

IN TEN YEARS' TIME...

- 1. More will be done to prevent mental health difficulties
- 2. Early intervention will be the norm
- 3. No wrong door to get quality, compassionate care
- 4. Services will see the bigger picture in people's lives
- 5. Services treat you as a whole person
- 6. Services proactively tackle structural inequities and injustices
- 7. Coproduction in service design, development and delivery
- 8. Autonomy and human rights boost for community support
- 9. A thriving, well-supported and diverse workforce
- 10. Services measure & are accountable for outcomes that matter

MENTAL AND PHYSICAL HEALTH

- 1/3 have long-term physical condition
- 1/5 have mental health difficulty
- 1/10 have both



THE 'STOLEN YEARS'

- Life expectancy for someone with long-term mental illness 15-20 years shorter
- High rates of physical ill health (diabetes, liver, respiratory and heart disease)
- Three times rate of smoking + higher consumption & dependency
- Greater risk of dying from cancer
- Higher hospitalisation and death rates from infectious disease, including Covid
- Strong links to poverty and exclusion

MIND THE GAP

CENTRE FOR MENTAL HEALTH

- **Primary care data shows:**
- Higher prevalence of diabetes, heart disease, COPD, asthma & stroke
- Greatest inequalities in 15-34 age group
- Higher rates of having more than one long-term condition
- Prevalence higher in more deprived areas
- https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing

SOME KEY AREAS FOR ACTION

- Medication management & decision-making
- Access to health checks & interventions
- Screening and preventive health care
- Smoking cessation services
- Tailored help with physical activity and healthy weight management
- Addressing poverty & access to food
- Vaccinations, including flu

EQUALLY WELL UK

- Collaborative to spur concerted collective action on physical health
- Charter for Equal Health
- Three principles:
  1. We all have a *right* to good health
  2. Achieving equal health is a whole system task in which *every* part has a responsibility
  3. The answers lie in collaboration and *coproduction*

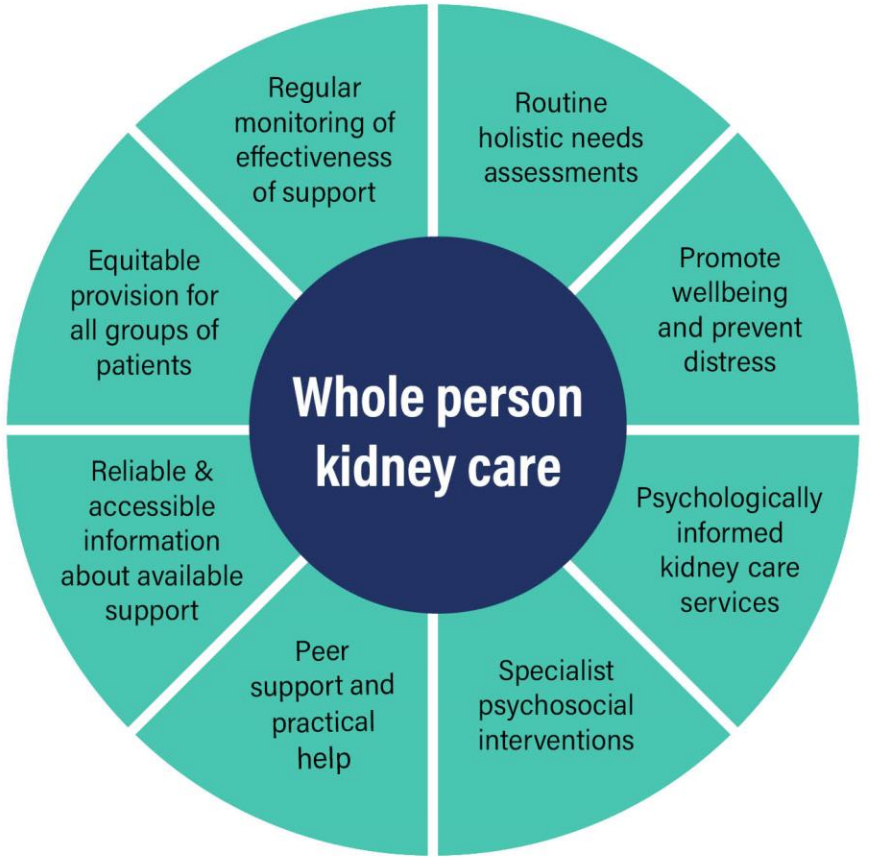
Resources and information at www.equallywell.co.uk @EquallyWellUK

‘ASK HOW I AM’

- **Long term conditions and mental health**
- Coming to terms with it: not just at the start
- Living with it: day to day, without end
- Burden of repeated appointments and interventions
- Impact on relationships
- Ongoing impact of the pandemic
- Financial challenges

WHOLE PERSON CARE: KIDNEY DISEASE

- Stepped care model
- No exclusions
- Proactive offers of support
- Mental health worker in kidney care team
- Adaptations eg for children
- Holistic support offer
- Routine monitoring/reviews of services



REPORTS AND RESOURCES

- ‘A Mentally Healthier Nation’ https://www.centreformentalhealth.org.uk/publications/mentally-healthier-nation
- ‘No Wrong Door’ https://www.centreformentalhealth.org.uk/publications/no-wrong-door
- ‘Ask How I Am’ https://www.centreformentalhealth.org.uk/publications/ask-how-i-am
- Equally Well UK https://equallywell.co.uk/

CENTRE FOR MENTAL HEALTH

ANY QUESTIONS ?

THANK YOU

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@CentreforMH @Andy__Bell__ @EquallyWellUK

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Speaking Now…

Dr. Sima A. Hamadeh

Associate Professor - Program Coordinator

Public Health Nutrition Science Journalism - Haigazian University

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Q&A Panel

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