



## DCP view - Stepping in Up

- Overhaul our Political + Training structures
- Speed the Death of Professional Paternalism and Democratisation of Healthcare
- Revolutionise Distress Difference Disability
- Get serious about public health
- A compelling vision of future workforce
- Build Psychology linked to a Social Movement

# Austerity Psychology

[Liberating the NHS? Liberating Psychology?](#)

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## Building Local and National Influence

- Establishing England DCP
- Reviewing the role and resourcing of the English Branches with Heads of Psychology and Universities
- Mapping Influence - Commissioning Groups - LETB's - Health and Wellbeing Boards - PBR implementation - IAPT next phase

Raising our collective profile



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• Changing the Political Landscape



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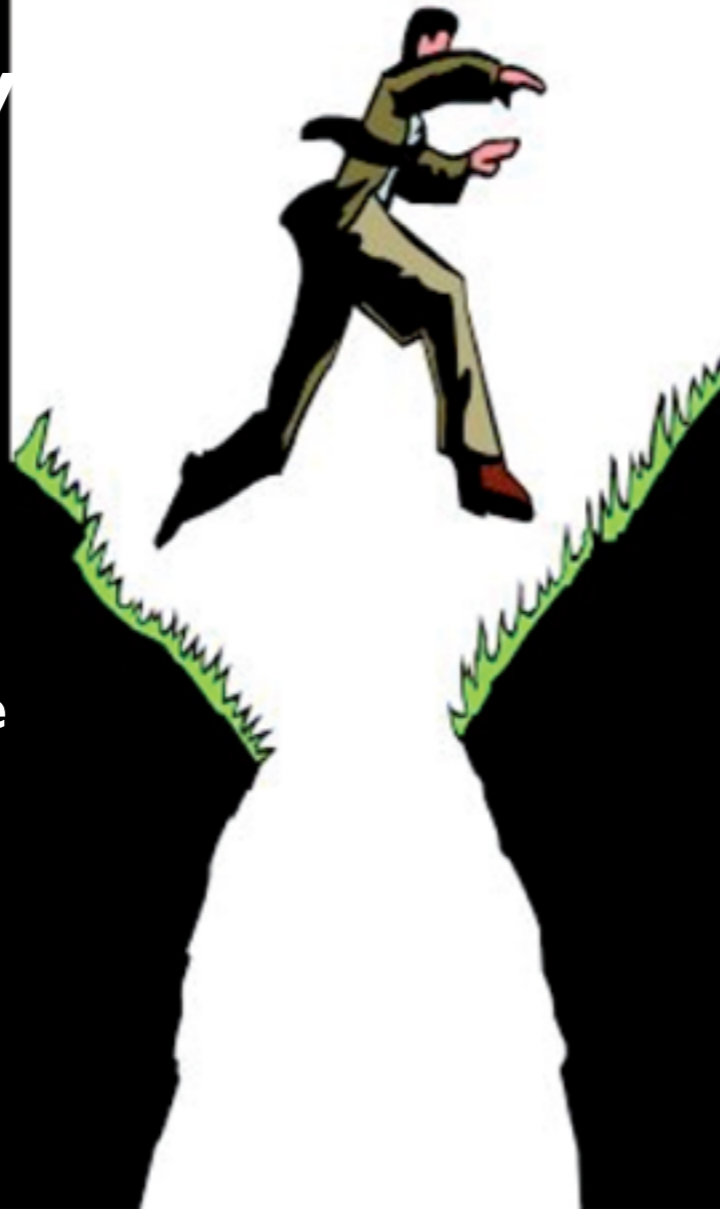




## • Strategic Intent

### • **Bad Strategy**

- **Incoherence of Design**
- **Multiple objectives.**



### • **Good Strategy**

- **Future search**
- **Creates strength through coherence of Design**
- **Coordinated Policies and Actions**
- **Shifts in thinking and paradigm**

# The future NHS



The core argument made in the Forward View centres around three 'gaps':

- |          |                                   |                                      |  |
|----------|-----------------------------------|--------------------------------------|--|
| <b>1</b> | <b>Health &amp; wellbeing gap</b> | <b>Radical upgrade in prevention</b> | <ul style="list-style-type: none"><li>• Back national action on major health risks</li><li>• Targeted prevention initiatives e.g. diabetes</li><li>• Much greater patient control</li><li>• Harnessing the 'renewable energy' of communities</li></ul> |
|----------|-----------------------------------|--------------------------------------|--|

- |          |                               |                           |   |
|----------|-------------------------------|---------------------------|---|
| <b>2</b> | <b>Care &amp; quality gap</b> | <b>New models of care</b> | <ul style="list-style-type: none"><li>• Neither 'one size fits all', nor 'thousand flowers'</li><li>• A menu of care models for local areas to consider</li><li>• Investment and flexibilities to support implementation of new care models</li></ul> |
|----------|-------------------------------|---------------------------|---|

- |          |                    |                                    |   |
|----------|--------------------|------------------------------------|---|
| <b>3</b> | <b>Funding gap</b> | <b>Efficiency &amp; investment</b> | <ul style="list-style-type: none"><li>• Implementation of these care models and other actions could deliver significant efficiency gains</li><li>• However, there remains an additional funding requirement for the next government</li><li>• And the need for upfront, pump-priming investment</li></ul> |
|----------|--------------------|------------------------------------|---|



# New Models of Care

Initially the new models of care programme will focus on:

## Multispecialty Community Providers

- Blending primary care and specialist services in one organisation
- Multidisciplinary teams providing services in the community
- Identifying the patients who will benefit most, across a population of at least 30,000

## Integrated primary and acute care systems

- Integrated primary, hospital and mental health services working as a single integrated network or organisation
- Sharing the risk for the health of a defined population
- Flexible use of workforce and wider community assets

## New approaches to smaller viable hospitals

- Coordinated care for patients with long-term conditions
- Targeting specific areas of interest, such as elective surgery
- Considering new organisational forms and joint ventures

## Enhanced health in care homes

- Multi-agency support for people in care homes and to help people stay at home
- Using new technologies and telemedicine for specialist input
- Support for patients to die in their place of choice



NHS

Dementia

Francis



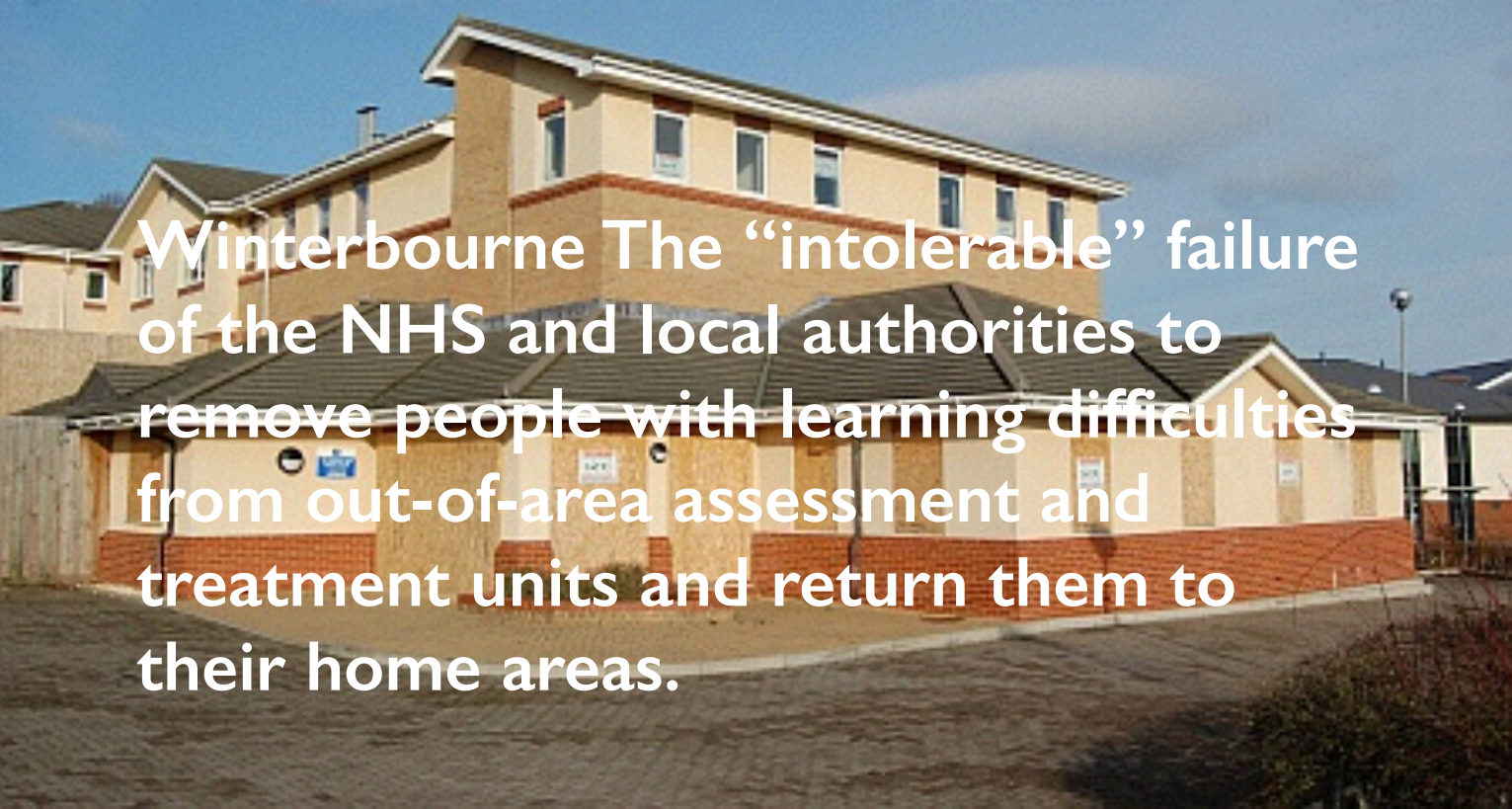
FIVE YEAR  
FORWARD VIEW

Long Term Conditions

Obesity

Localism

Prevention



Winterbourne The “intolerable” failure of the NHS and local authorities to remove people with learning difficulties from out-of-area assessment and treatment units and return them to their home areas.



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## **BPS Strategic Plan 2015-2020**

**1 Promote advancements in psychological knowledge and practice**

**2 Develop the psychological knowledge and professional skills of our members**

**3 Maximise the impact of psychology on public policy**

**4 Increase the visibility of psychology and raise public awareness of its contribution to society**

**5 Attract new members and broaden our membership**

**6 Develop our organisation to support change**

- Westminster London



Radical Overhaul of our political and training structures

- Stormont Belfast



- Welsh Assembly Cardiff



- Holyrood Edinburgh





# • The Death of Paternalism and Democratisation of Healthcare



Eric Topol The patient will see you now



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# • Revolutionise Distress Difference + Disability

## Understanding Psychosis and Schizophrenia

*Why people sometimes hear voices, believe things that others find strange, or appear out of touch with reality, and what can help*

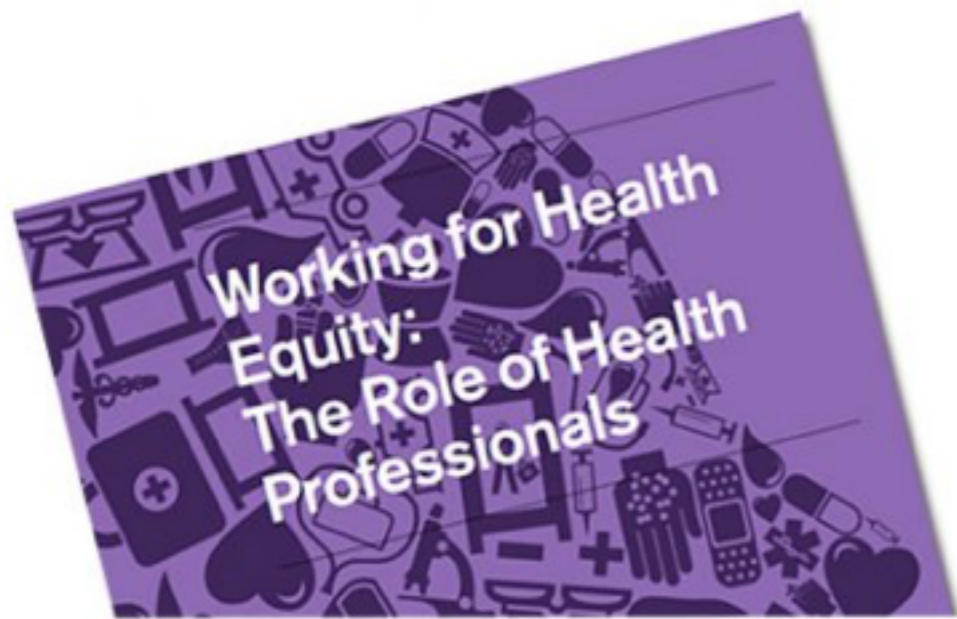
A report by the British Psychological Society Division of Clinical Psychology





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- **Get serious about community and public health**



Nadine Kaslow





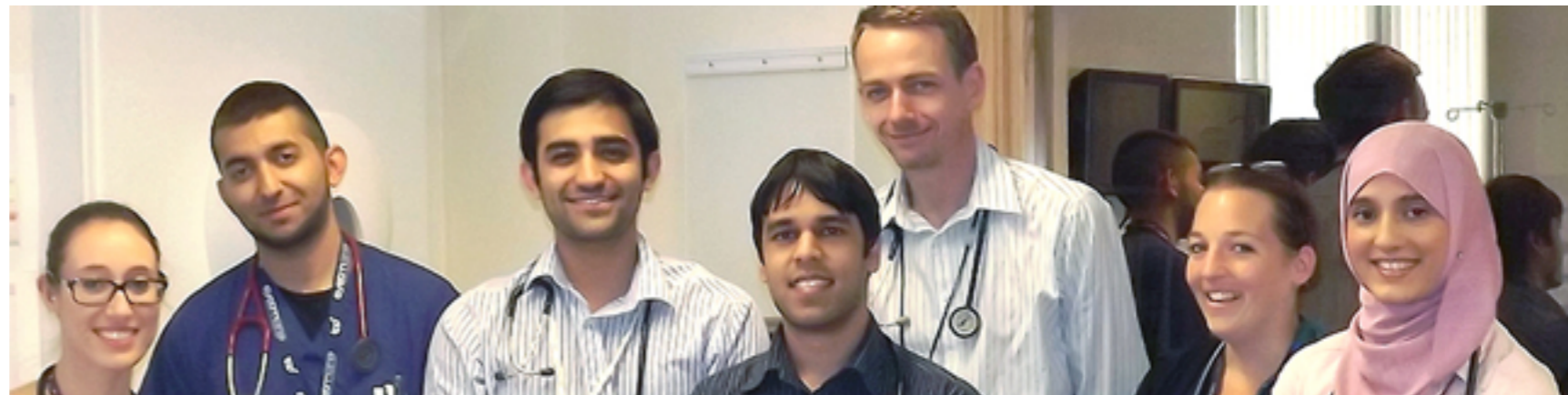
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- A compelling vision of the future workforce



***Health Education England***

End the able bodied and snowy  
white peaks and cohorts



# Build new Psychology in association with Social Movement





Enlist public and people who use our services and their carers into a social movement for psychological and social health



Orquesta Sinfónica Simón Bolívar - Simón Bolívar  
Symphony Orchestra



## DCP view - Stepping it up

- Overhaul our Political + Training structures
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- Revolutionise Distress Difference Disability
- Get serious about public health
- Articulate compelling vision of the future workforce
- Build Psychology linked to a Social Movement