

		AGENDA ITEM 6
		HOSC/25/17
Committee:	Health Overview Policy and Scrutiny Committee	
Date:	13 September 2017	
PROPOSED NEW CLINICAL MODEL FOR MENTAL HEALTH SERVICES (Minutes 6/ January and 5/ February 2017)		
Enquiries to:	Christine Sharland, Scrutiny Officer 03330134569 Christine.sharland@essex.gov.uk	

Purpose of report

The Essex Partnership University NHS Foundation Trust (EPUT) has been invited to this meeting to provide an update on the progress of proposals for a new clinical model for local mental health services, and pre-consultation engagement activities.

Background

In January and February 2017 (Minutes 6 and 5 respectively) the former Health Overview and Scrutiny Committee (HOSC) considered the merger of the North Essex Partnership Foundation Trust and South Essex Partnership Trust, and future arrangements for the commissioning of mental health services in Essex.

The new Trust (EPUT) is co-producing proposals with its clinicians working with local people with lived experience of services, carers and commissioners. It is also undertaking wider engagement on the proposals with a Stakeholder Reference Group for the clinical model work, and with staff.

Originally when the HOSC considered proposals for the merger of the two Mental Health Trusts it was acknowledged as a significant strategic project that needed to be kept under regular review. The changes to clinical model now proposed have come out of the merger and have been expected as both the pre-merger entities operated different clinical models across north and south Essex.

By way of background reading the new Committee is encouraged to refer to the following agenda and minutes of the former HOSC when the local mental health services were under consideration:

[Agenda and Minutes April 2016](#)

[Agenda and Minutes September 2016](#)

[Agenda and Minutes January 2017](#)
[Agenda and Minutes March 2017](#)

Analysis

At today's meeting a representative from the EPUT will be attending the Committee's meeting to deliver a briefing, and answer Members' questions.

A briefing paper provided by the EPUT is attached at the Appendix.

Update Report on New Clinical Model Proposals for Essex Mental Health Services

This report updates the Essex County Council Health Overview & Scrutiny Committee (Essex HOSC) on proposals to transform the delivery of mental health services across Essex from April 2018. This paper builds upon reports provided to Essex HOSC in 2016 and early 2017 in relation to the merger of two former NHS Foundation Trusts into a new Trust - Essex Partnership University NHS Foundation Trust. The new Trust was launched in April 2017 and provides Essex-wide mental health services and community health services in a number of Essex localities.

STRATEGIC CONTEXT:

The Trust is considering new ways of delivering of local mental health services in response to the following national and local drivers for strategic change:

- NHS England published its 'Five Year Forward View for Mental Health' in February 2016. It states: "The NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services" and sets out several recommendations for achieving this.
- New NHS plans – called Sustainability & Transformation Plans, or STPs for short – are being designed across the country proposing to make NHS health and local authorities' social care services work more efficiently and effectively together. There are two local STPs which include mental health service provision in Essex.
- In 2015, the two former mental health Trusts in Essex worked with the seven NHS Clinical Commissioning Groups (CCGs) and the three social service local authorities (Essex County Council and Southend and Thurrock Unitary Councils) in the county and commissioned Boston Consulting to conduct a review of Essex mental health services. The key recommendation was that all partners across Southend, Essex and Thurrock come together to articulate a common vision and ambition for mental health and wellbeing, develop a shared language, agree shared outcomes and share data and information.
- A new local Mental Health and Wellbeing Strategy 2017-2021 was published last month - "Let's Talk About Mental Health". It was developed collaboratively by the three local authorities and seven CCGs across Greater Essex and co-produced with people with lived experience via Essex Healthwatch. It links with a strategy for children and young people's emotional wellbeing and mental health – "Open

up, Reach out” – and proposed new strategies on dementia and suicide prevention.

From these strategies, a new picture of how mental health services could be delivered is emerging. The main points of which are:

- Physical and mental health care need to be better integrated in the whole system of care provided with other organisations
- The balance and emphasis of services needs to move more towards local primary and community care
- Services should help people to be mentally healthy and have good well-being, as well as identifying and treating mental illness as early as possible, with care linked with other important local services
- More needs to be done to promote good mental health
- Services should be co-produced with stakeholders
- Services should work in partnership with people to give them more control of their mental health recovery journey.

In short, mental health services should be seen as part of the whole of health and social care, not as a separate set of services. For people to have good well-being, they need good physical health and good mental health. There is no health without mental health.

OPERATIONAL CONTEXT:

Earlier this year, the two former NHS Trusts delivering mental health care in Essex, North Essex Partnership University NHS Foundation Trust and South Essex Partnership University NHS Foundation Trust, merged and formed the new Essex Partnership University NHS Foundation Trust (known as EPUT for short).

As a single Trust the new organisation can provide more rounded care for people with physical and mental health needs and specialist expertise will be more readily available to service users. Also, as a larger organisation, the new Trust should be better able to recruit and retain doctors, nurses and therapists, offering greater opportunities for their career development. In addition, by managing the north Essex-based and south Essex-based beds together, fewer mental health patients should need to go outside the county for inpatient care.

The plan for the merger also included taking a fresh look at how mental health services are delivered in Essex. In particular, the new Trust is looking at how the specialist services can work more closely with local GPs and community teams to ensure people with mental health conditions have better and quicker access to the

most appropriate care and to enable people with serious illnesses, or who are in a crisis with mental health, to be identified and treated earlier and more effectively.

PROGRESS WITH PROPOSALS FOR A NEW CLINICAL MODEL OF MENTAL HEALTH SERVICES:

Over the past months, Trust clinicians have been working co-productively with local commissioners and people with lived experience and carers to draw together their ideas into a proposed new, transformative model of mental health care and delivery. The aim is to design a proposed model that will move specialist mental health care out more into the community, where access to that specialist care is simpler and where specialist care works in partnership with not only physical health care, but a whole range of social care and community support from statutory, charities and voluntary organisations impacting on local people's mental health.

To look at how Trust services work currently and how that could fit with this approach and what needs to be done differently, the Trust has established five different workstreams, each responsible for a particular aspect of mental health care. The job of each of these workstreams is to listen to service users, carers, commissioners, staff and partners in other organisations and use their skills and experience, together with more formal research and studies, to develop new ideas and proposals that will improve services in line with the thinking set out above.

The workstreams are looking at ideas for transforming:

- Services for people living with personality disorders
- Services for people living with dementia and frailty
- Urgent care services, inpatient services, home treatment and psychiatric intensive care (PICU) services
- Primary care, crisis assessment and specialist community services
- Perinatal mental health services

A Proposed Clinical Modelling Stakeholder Reference Group (SRG) of service users and carers and representatives of some local voluntary organisations has been established for some time. The group meets six-weekly and is co-chaired by people with lived experience. The group takes reports from the Trust's leads for the clinical model proposals and shares with them their thoughts and ideas based on their experience. Additionally, some service users and carers have been recruited from the SRG – and some from Essex Healthwatch - to work co-productively alongside Trust clinicians and local commissioners as members of the workstreams.

The progress of each workstream has been shared with the East of England Clinical Senate and at a workshop with NHS and Local Authority commissioning leads from

across Essex. The outcomes from these events are being used to further refine the clinical model proposals.

Co-production between our lead clinicians, people with lived experience and local commissioners has focussed our thinking on how we can establish and enhance local community alliances and work in a more integrated way with community health services, primary health care teams, social care services, emergency services and third sector organisations. Ways in which we can use technology such as on-line, telehealth and mobile working approaches in our services are also being explored.

Co-production has led to the development of innovative broad proposals for new ways of providing our services, some of which are outlined below:

Reconfigure community mental health services to “wrap around” primary care:

- Mental health nurses, doctors and other specialists would work alongside GPs to treat more people closer to their homes, reduce referrals into secondary care services and provide rapid access to specialist services when needed.
- Provide new first-line crisis services based in primary care and extend their hours of operation to improve access for mental health crisis support.

Re-model services in line with the national pathway for people with dementia:

- Provide rapid access to our diagnosis services.
- Improve our crisis response services by delivering intensive emergency support in people's homes through extended hours of operation. Also provide real-time responses to GPs to reduce the need for crisis escalation.
- Enhance our liaison work with local hospitals and nursing homes.
- Provide timely and appropriate support to carers to “live well” and also provide appropriate end of life care for people with dementia and their families.

Transform how services are provided for people with personality disorders:

- A new recovery-based model providing treatment and self-care support to reduce the number of people referred to acute mental health wards.
- A new pathway integrated with primary care and provided throughout and across services, rather than through a specialist referral pathway.
- Remodel our psychotherapy service to provide specialist treatments and interventions to those with the most complex needs.
- Develop a multi-agency approach to managing frequent users of services.

Improve emergency and in-patient care services:

- 24/7 emergency response with more home treatment and fewer admissions.

- Send fewer people out of area for acute inpatient care, ensure consistency across Greater Essex and improve patient experience by developing new assessment and short-term treatment approaches in the north of the Trust and firmly embedding “Home First” approaches to clinical practise.
- Deliver a pan-Essex, centralised health-based place of safety service encompassing street triage and enhanced multi-agency working.

NEXT STEPS:

The Trust will continue to work co-productively with stakeholders to firm up broad initial proposals for delivering a new, transformative model of mental health care across Essex which meets the requirements of commissioners and the national and local strategies for these services.

As part of this work, we plan to pilot proposed new approaches in areas where new locality plans are advanced. The outcomes from these pilots will help to inform the proposed new clinical model development going forward.

Concurrently, our local commissioners are developing their commissioning intentions for 2018/19 and the implementation plan for their new Essex Mental Health Strategy. The outcomes from this work will directly affect the Trust’s clinical model proposals.