

# Health Overview Policy and Scrutiny Committee

<b>13:00</b>	<b>Wednesday, 13 September 2017</b>	<b>Committee Room 1, County Hall, Chelmsford, CM1 1QH</b>
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**Quorum: 4**

**Membership:**

Councillor J Reeves  
Councillor J Beavis  
Councillor A Brown  
Councillor J Chandler  
Councillor B Egan  
Councillor D Harris  
Councillor M McEwen  
Councillor R Moore  
Councillor S Robinson  
Councillor C Sargeant  
Councillor C Weston  
Councillor A Wood

Chairman  
Vice-Chairman

Vice-Chairman

**Co-opted Non-voting members:**

Brentwood Borough Councillor – tbc  
Harlow District Councillor Tony Durcan  
Maldon District Councillor Neil Pudney  
Uttlesford District Councillor Vic Ranger

**For information about the meeting please ask for:**

Christine Sharland, Scrutiny Officer

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[www.essex.gov.uk/scrutiny](http://www.essex.gov.uk/scrutiny)



Essex County Council

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## Part 1

(During consideration of these items the meeting is likely to be open to the press and public)

		Pages
1	<b>Apologies and Substitution Notices</b> The Scrutiny Officer to report receipt (if any).	
2	<b>Declarations of Interest</b> To note any declarations of interest to be made by Members in accordance with the Members' Code of Conduct.	
3	<b>Minutes</b> To approve as a correct record the Minutes of the meeting held on 12 July 2017.	5 - 8
4	<b>Questions from the Public</b> A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. On arrival, and before the start of the meeting, please register with the Scrutiny Officer.	
5	<b>Childrens Mental Health Services - update</b> To receive an update on the Emotional Wellbeing & Mental Health Service and feedback on the recommendations set out in the Scrutiny Report on Mental Health Services for Children and Young People in Essex (HOSC/24/17).	9 - 32
6	<b>Proposed new clinical model for Mental Health Services</b> To receive an update on the progress of proposals for a new clinical model for local health services, and pre-consultation engagement activities (HOSC/25/17).	33 - 40
7	<b>Date of Next Meeting</b> To note that the next Committee activity day is scheduled for 9.30 am on Wednesday 11 October 2017, in Committee Room 1, County Hall.	
8	<b>Urgent Business</b> To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.	

## Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

To consider whether the press and public should be excluded from the meeting during consideration of an agenda item on the grounds that it involves the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972 or it being confidential for the purposes of Section 100A(2) of that Act.

In each case, Members are asked to decide whether, in all the circumstances, the public interest in maintaining the exemption (and discussing the matter in private) outweighs the public interest in disclosing the information.

**9            Urgent Exempt Business**

To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

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**Minutes of the meeting of the Health Overview and Scrutiny Committee, held in Committee Room 1 County Hall, Chelmsford, CM1 1QH on Wednesday, 12 July 2017**

**Present:**

County Councillors present:

J Reeves (Chairman)	R Moore
J Beavis	S Robinson
J Chandler	C Sargeant
B Egan	C Weston
D Harris	A Wood
M McEwen	

Borough/District Councillors present:

Tony Durcan (Harlow District Councillor)  
Neil Pudney (Maldon District Councillor)  
Vic Ranger (Uttlesford District Councillor)

Also in attendance:

County Councillor A Brown

The following Officers were present in support throughout the meeting:

Christine Sharland, Scrutiny Officer  
Graham Hughes, Scrutiny Officer  
Fiona Lancaster, Committee Officer

**1 Apologies and Substitution Notices**

There were none.

**2 Declarations of Interest**

Councillor A Wood declared an interest as a Governor of the Essex Partnership University NHS Foundation Trust (EPUT).

Maldon District Councillor N Pudney declared an interest as a semi-retired Nurse and elected representative on the Members Board at Broomfield Hospital.

Councillor A Brown declared an interest as the ECC representative on the North East Essex Clinical Commissioning Group.

Councillor J Beavis declared an interest as the ECC representative on the Mid Essex Clinical Commissioning Group.

**3 Membership and Co-optees on the Committee**

The Committee noted the new membership of the Committee as set out in the report (HOSC/20/2017), and welcomed Tony Durcan, Neil Pudney and Vic Ranger as the new co-opted non-voting District Councillors.

Members **noted** that a nominated representative from Brentwood Borough Council was still being sought.

The Committee acknowledged that Councillor Anne Brown would be replacing Councillor Jeff Henry on the Health Overview and Scrutiny Committee once the Council procedural formalities had been completed.

**4 Appointment of Vice-Chairmen**

At the invitation of the Chairman, nominations for the two Vice-Chairman posts were received.

Having been nominated by Councillor Wood and seconded by Councillor Chandler, Councillor Jo Beavis was appointed as a Vice-Chairman for the 2017-18 municipal year.

Having been nominated by Councillor Sargeant and seconded by Councillor Wood, Councillor Dave Harris was appointed as a Vice-Chairman for the 2017-18 municipal year.

**5 Terms of Reference and Membership**

Members received a report (HOSC/21/17) setting out the Terms of Reference and Membership as approved at the meeting of the Full Council on 16 May 2017.

Members **noted** the report.

**6 Committee representation on other bodies**

The Committee received a report (HOSC/22/17) which provided an update on Essex HOSC appointments from its membership to other bodies.

The Committee **noted** that Councillors Erskine (representing People and Families Scrutiny Committee), Harris, Sargeant and Wood were the nominated representatives on the Essex and Suffolk Joint Health and Scrutiny Committee for the Suffolk and North East Essex Sustainability and Transformation Plan (STP). The Chairman asked Members to notify Christine Sharland, Scrutiny Officer, if they were interested in being a substitute as two were needed, and Councillor Anne Brown's expression of

interest was welcomed.

In response to a question regarding the Committee's relationship with West Essex/Herts, Graham Hughes, former Scrutiny Officer to the HOSC, reported that there was no joint HOSC in the West, Mid or South of the County as there had been very little appetite to engage. As a result of particular concerns expressed regarding West Essex, the Committee **agreed** that the Chairman would write to the Herts HOSC to encourage them to work jointly.

The Committee also **noted** that Councillor A Wood would continue as the HOSC representative on the Harlow Princess Alexandra Hospital Oversight Group.

## 7 **Minutes**

The Minutes of the meeting of the Health Overview and Scrutiny committee held on 20 March 2017 were approved as a correct record and signed by the Chairman.

## 8 **Questions from the Public**

Ms Jan Plummer indicated that she had two questions in relation to Sustainability Transformation Plans (STPs), and although this was not a topic for consideration at the meeting she was invited to ask these by the Chairman. The questions were as follows:

"1. I live in Colchester, how will ECC provide adequate opportunities for members, as well as the public, to scrutinise the NE Essex/Suffolk STPs?

2. In view of how the STPs will radically transform the NHS itself as an institution, as well as most individual services to the public, what public consultation will there be on the STP as a whole item - rather than piece by piece?"

The Chairman thanked Ms Plummer and indicated that she would receive a written response to her questions.

## 9 **Scheduled Committee activity dates**

The Committee received a report (HOSC/23/17) which listed the scheduled HOSC activity dates for the 2017-18 municipal year. Members were reminded to block out whole days in their diaries.

The report was **noted**.

## 10 **Date of Next Meeting**

The Committee **noted** that the next activity day would take place at **9.30 am** on **Wednesday 26 July 2017**, in Committee Room 1 at County Hall. The Chairman confirmed that there would not be a formal meeting

open to the public that day.

Councillors Chandler, Egan and Wood indicated that they would not be able to attend the next activity day on 26 July.

**Chairman**



		AGENDA ITEM 5
		<b>HOSC/24/17</b>
Committee:	Health Overview Policy and Scrutiny Committee	
Date:	13 September 2017	
<b>MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE IN ESSEX SCRUTINY REPORT: UPDATE</b>		
Enquiries to:	Christine Sharland, Scrutiny Officer 03330134569 Christine.sharland@essex.gov.uk	

### Purpose of report

The West Essex Clinical Commissioning Group (CCG), North East London Foundation Trust (NELFT) and Essex County Council (ECC) Mental Health Commissioning have been invited to attend the Committee's meeting today to provide:

- An update on the Emotional Wellbeing & Mental Health Service, and
- feedback on the recommendations set out in the Scrutiny Report on Mental Health Services for Children and Young People in Essex.

### Background

In March 2017 (Minute 8) the former Health Overview and Scrutiny Committee (HOSC) published its scrutiny report on 'Mental Health Services for Children and Young People in Essex', which was the culmination of an investigation undertaken by a Task and Finish Group lead by Councillor Andy Wood. Access to the meeting papers is available via the following link: [HOSC Agenda and Minutes March 2017](#)

The Scrutiny Report is published on the County Council's website and is available via the following link: [Mental Health Services for Children & Young People in Essex](#)

The Scrutiny Report contains nine recommendations as follows:

### RECOMMENDATIONS TO COLLABORATIVE COMMISSIONING FORUM

***Recommendation 1*** (Page 13): Essex County Council and local health commissioners should develop a strong pan-Essex all-age brand for holistic mental health services that pulls together all agencies.

**Recommendation 2** (Page 19): *There should be a clear aspiration for a defined, acceptable 'Essex waiting time' for access to the EWMHS service that is considerably less than the current national and contractual standards (i.e. considerably less than 12 weeks from referral to assessment and 18 weeks from referral to first treatment).*

**Recommendation 3** (Page 22): *That the commissioners explore the opportunities within the voluntary sector for further early intervention initiatives to build community resilience.*

## **RECOMMENDATIONS TO NORTH EAST LONDON FOUNDATION TRUST**

**Recommendation 4** (Page 19): *(i) The provider of the Emotional Wellbeing and Mental Health Service should develop and demonstrate a clear strategy to further reduce waiting times for assessment and first treatment under the EWMHS service; and (ii) indicate the extent of any potential for collaborative working with other agencies to assist this.*

**Recommendation 5** (Page 19):

- (a) *That regular performance reporting to commissioners should be expanded to include:*
  - (i) *A breakdown of the concentration of referrals from different source (particularly highlighting differences between schools);*
  - (ii) *How long those clients who do have to wait beyond the NICE guideline of 18 weeks actually do wait for first treatment?*
  - (iii) *The numbers exceeding the 'acceptable Essex waiting time' (see Recommendation 2 above); and*
  - (iv) *A qualitative analysis of the outcomes achieved from early intervention illustrating the patient focussed benefits;*
- (b) *That key performance data be publicly available ;*
- (c) *That the Essex HOSC should receive performance reports twice yearly (or as otherwise directed).*

**Recommendation 6** (Page 22): *The provider of the EWMHS service should demonstrate a strategy and plan for closer collaborative working with the voluntary sector, including linkages for re-signposting and cross referrals that can be located in community settings (including schools) thereby relieving some of the pressures on the referral process.*

**Recommendation 7** (Page 17): *That NELFT should develop clearer communication of service thresholds and provision not only with service users but also with partnership organisations.*

## **RECOMMENDATIONS TO ESSEX COUNTY COUNCIL**

**Recommendation 8** (Page 21): *The continued shortage in Essex of specialist mental health clinicians should be emphasised to the Cabinet Member for Economic Growth, Infrastructure and Partnerships and the Essex Employment and Skills Board, with a view to it being included in the wider Essex strategy addressing skills shortages across the county.*

**Recommendation 9** (Page 24): *The Cabinet Member for Education and Lifelong Learning should: (i) ensure that all Essex Schools understand and develop the best practice established by some schools using early intervention, access to pastoral help, peer mentoring, liaison with outside agencies, whole school training and supportive ethos; (ii) Arrange a summit or more locality based mini- summits on mental health for all Essex Schools to share this and other learning and best practice (this could be an extension of the meetings with Head Teachers that NELFT has held in some areas recently) and (iii) a school mental health network be established (again this could be locality based) for school mental health champions to share information and experience on a regular basis.*

## **Analysis**

In 2016 the former HOSC established a task and finish group to investigate Children's Mental Health, which was completed in March 2017. The Group interviewed a number of people including ECC commissioners and NELFT as the main provider of Children's Mental Health in Essex. However, the Group's investigation faced time constraints due to the County Council elections in May and one consequence was that it was unable to meet with the West Essex CCG as the lead commissioner. It was therefore agreed that the Commissioners and Provider would review the recommendations in order to respond to this Committee and enable West Essex CCG to be involved.

Among the recommendations is a proposal that the Committee should receive twice yearly updates on performance of the Emotional Wellbeing & Mental Health Service (EWMHS). A performance update will be included with feedback on the recommendations.

## **Today's presentation**

West Essex CCG as lead commissioner, ECC as commissioning partner and NELFT will present on the transformation journey that Children's Mental Health has been on since the inception of the new EWMH Service in November 2015 and the launch of 'Open Up, Reach Out', our Local Transformation Plan.

The presentation will set out the service model approach and cover different elements of the system from early intervention through to crisis care as well as specialist services such as eating disorder, together with an update on the performance of the service. In turn, the Committee will receive a response on the individual scrutiny report recommendations.

Today's contributors will be:

- Jessica Thom, Assistant Director: CAMHS Commissioning, West Essex CCG
- Gill Burns, Deputy Integrated Care Director, NELFT
- Clare Hardy, Head of Commissioning, Essex County Council

**Supporting documents:**

- A background briefing document setting out the approach to Children's Mental Health in Essex is attached as an appendix to this report.
  - An electronic link is provided at annex C to the annual performance report.
  - A presentation on the transformation journey will be delivered at the meeting.
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## Appendix – Briefing Paper

<b>Report title:</b> Children's Mental Health Services in Essex	
<b>Report to:</b> Health Overview & Scrutiny Committee	
<b>Report author:</b> Clare Hardy, Head of Commissioning Mental Health	
<b>Date:</b> August 2017	<b>For:</b> Information
<b>Enquiries to:</b> <a href="mailto:clare.hardy@essex.gov.uk">clare.hardy@essex.gov.uk</a>	
<b>County Divisions affected:</b> All Essex	

### 1. Purpose of Report

During 2016/17 the HOSC established a task and finish group to look into Children's Mental Health. The Health and Social Care commissioners alongside NELFT as the main provider are attending the HOSC meeting on the 13<sup>th</sup> September 2017 to provide an update on the developments. This paper provides a background briefing to Children's Mental Health in Essex.

### 2. Background information

#### 2.1 National picture

Everybody in Essex is affected by mental health issues either directly or indirectly. One in four of us will experience a mental health problem each year, and we all have a stake in our own and others emotional wellbeing and resilience. Health and Social Care partners have a responsibility to respond to the mental health needs of their population, however historically across the country mental health has not received the same focus as physical health. In 2015 the Department of Health and NHS England published [Future in Mind](#), aiming to drive a significant transformation of Children's Mental Health to enable parity of esteem across mental health physical health.

#### 2.2 Southend Essex & Thurrock Emotional Wellbeing & Mental Health Service

In 2015 health and social care partners across Southend, Essex and Thurrock (SET) joined together to form a Commissioning Collaborative for Children's Mental Health. The aim was to drive transformation locally and explore service integration through a new Children's Mental Health Service. Historically Children's Mental Health had been organised as a 4 tiered service:

- Tier 1 –Universal support including information and advice
- Tier 2 – Targeted support mainly by local authorities (CiC, SEND)
- Tier 3 – Community Mental Health, commissioned by NHS locally
- Tier 4 – Specialist support (in-patient), commissioned by the NHS nationally/ regionally

The SET Commissioning Collaborative undertook extensive engagement which concluded that an integrated solution; combining tiers two and three and influencing tier one was the way forward. Procurement was undertaken to establish the SET Emotional Wellbeing and Mental Health Service (EWMHS), with a contract value of just over £13m.

The EWMHS service commenced in November 2015, and was provided by North East London Foundation Trust (NELFT). The new service has the long term aim of responding earlier to children's needs to help prevent, reduce or delay the need for interventions and reduce dependency. The model of service and care pathways have been revised to be more flexible and with a more community and outreach focus. A copy of the revised care pathways is attached at annex 1.

West Essex Clinical Commissioning Group (CCG) is the lead commissioner for the Commissioning Collaborative and lead on the contract management arrangements, meeting monthly with NELFT. The commissioning partners come together on a monthly basis as the Collaborative Commissioning Forum, to review performance and explore areas of development.

### **2.3 Local Transformation Plan: 'Open up, Reach Out'**

Alongside the development of the new EWMH Service, the government announced transformation funding for each local area. Partners across Southend, Essex and Thurrock worked together to produce our Local Transformation Plan '[Open Up, Reach Out](#)'. 'Open up, Reach out' has in turn informed the development of the [Essex Mental Health Strategy](#). During 2016/17 'Open up, Reach Out' saw an additional investment of £3.3m in our system, with plans to increase this to £4.3m in 2017/18.

'Open Up, Reach Out' sets our key ambitions for the first stage of transformation:

- Improve access and equality;
- Build capacity and capability in the system and;
- Build resilience in the community.

A summary of the transformation plan activities and timeline is attached at annex 2. 'Open up, Reach Out' is refreshed each year in October.

## **3. Progress & performance**

### **3.1 Progress**

The new EWMH Service and Local Transformation Plan are the start of our transformation journey and significant progress has been made. The first year saw the transfer to the new provider, reconfiguration of the service model and an improved referral process. Now in Year 3 the focus is on embedding these new approaches, reviewing and enhancing performance.

In relation to the transformation plan priorities the following components have been established:

#### **1. Improving access and equality**

- Single point of access established – managing referrals, consultations/ signposting.
- Implemented self-referrals.
- Completed a joint strategic needs analysis to better understand local need.
- Prioritisation of vulnerable children for assessment.

## 2. Building capacity and capability in the system

- Transfer of staff from 4 previous services into a single integrated service.
- Established dedicated children's crisis teams (core hours 9:00-9:00 7 days 24/7 out of hours support).
- Significant number of staff going through training as part of the Children's Increasing Access to Psychological Therapies.
- New pan-Essex community eating disorder service established.
- Changes in approach to ensure children and young people attend.

## 3. Building resilience in the community

- Engagement with schools to develop a schools training programme.
- Review of suicide and self-harm prevention complete with action plan.
- Working with young people around stigma and emotional wellbeing.
- Big White Wall digital offer and developing apps & web solutions.

### 3.2 Performance

Historically there has been limited performance data in Children's Mental Health. Significant progress has been made around data quality and monthly performance reporting is now established. This has included better definition of performance targets and we are developing outcomes reporting.

The most significant improvement that has taken place is the number of young people being supported. In November 2015 it was estimated that a caseload of 3,200 young people transferred to NELFT. With improved referral criteria we have seen a significant increase in demand; as of March 2017 NELFT was holding a caseload of over 6,200, a 66% increase. The service model includes a 'catch and carry' approach, with the expectation that 25% of referrals would be signposted to community provision, the acceptance rate has been above this at 90% in March 2017. Whilst some of the increase in demand is linked to improved referral processes, there is also emerging data of increased demand across the country.




Over the past year we have seen an improvement in the performance of the service, a copy of the annual performance summary is attached at annex 3e and the key performance indicators are summarised below:

<b>KPI 1: Service users who have improved their validated outcome measurement score between commencement of treatment and at 6 months (or case closure if before 6 months)</b>
As @ end Mar 17 - 57%. Work continues to improve data collection for this KPI and there is a requirement within the Data Quality Improvement Plan 17/18 to develop more specific detailed reporting on outcomes by end of Q2 with reporting in Oct 17.
<b>KPI 2: Service users reporting satisfaction with services received</b>
Quarter on quarter improvement against this KPI – 80.80% Q1 v 86.90% end of Q4
<b>KPI 3a: Referral to treatment waiting times</b>
RTT KPI has significantly improved and across Essex we are now 2.83% above the RTT waiting time standard i.e. achieving 94.83% against the 92% waiting

time standard as @ end of Mar 2017. Across Essex the RTT for April 16 was 81.68% falling to 66.46% in Jul with month on month recovery thereafter until year end.
<b>KPI 3b: Referral to treatment completed pathways</b>
Significant improvement in achievement against 95% local standard rising from 87.45% in Apr to 92.99% as @ end of Mar 17
<b>KPI 4a: Referral to Assessment waiting to be seen</b>
Detailed reporting commenced Jul 17. As @ end of Mar 17, of those CYP waiting for assessment, 5% were waiting longer than 12 weeks compared to 38% waiting over 12 weeks as @ end of Jul 17. Target has been stretched for 17/18 and of the CYP waiting to be seen for assessment, 92% will be seen within 8 weeks by the end of Q3
<b>KPI 4B: RTA completed pathways</b>
Detailed reporting commenced in Jul 17. As @end of Mar 17, 6,650 CYP completed treatment. Of those CYP, 58% completed treatment within 8 weeks and 76% in less than 12 weeks.
<b>KPI 5: No. and % of those CYP presenting in A+E are assessed within 4 hours of referral</b>
Achievement against standard across Essex for 2016/17 – 99.4%
<b>KPI 6: DNA rate for aggregated 1<sup>st</sup> and subsequent appointments</b>
Achievement against standard across Essex for 2016/17 – 9.77%. North East Essex and Southend CCGs were outliers with YTD DNA rates of 11.09% and 12.08% respectively.

#### 4. Summary

Mental health is on a significant transformation journey which will take time. In Children's mental health we have used the Local Transformation Plan and the new EWMH Services to drive this transformation but this is very much the start of the process. The system as a whole is experiencing an increase in demand and challenges around workforce availability. The EWMH Service has responded well despite these challenges. Commissioners and provider need to continue working together with a range of stakeholders, to drive the changes required and ensure that Mental Health is everyone's business.

Annex 1: EWMHS pathways	Annex 2: Local Transformation Plan activity summary	Annex 3: EWMHS annual performance report
 HOSC Appendix 1.pptx	 LTP 3 yr plan.PNG	 Performance Briefing yearend 201617.doc



## NELFT Model

Essex  
CSPA

Southend  
CSPA

Thurrock  
CSPA

**Triage/Allocate**

**Signpost approx. 25%**

## 7 Locality Teams

Mood and anxiety  
pathway  
50% brief  
intervention  
50% longer  
intervention

Neurodevelopmental  
pathway 50% brief  
intervention  
50% longer  
intervention

Complex pathway  
50% brief  
intervention  
50% longer  
intervention

Behavioural and  
conduct pathway  
50% brief  
intervention  
50% longer  
intervention

**Crisis Teams**

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Universal services: Health visitors, School Nurses, GPs, Midwives, Adult/Perinatal MHS, Paediatricians, Drug and Alcohol Services

Social Services

Social and emotional learning programs, Anti-bullying interventions in schools/colleges, Mentor/peer support

Voluntary sector, e.g. YMCA, Children Centres, Family support workers, SNAP  
Turning tides in South End, Spurgeons, Essex Wilderness

Engagement services e.g. participation workers  
Advocacy projects  
Self-management





## Years 1 and 2 - Transition to the new service

Annex 2

### 1 Nov 15 - Start of new service

- ★ Publish transformation plan
- ★ Enhance single points of access for Southend, Essex and Thurrock
- ★ Further needs assessment
- ★ Start of recruitment

### 1 Apr 16 - Set up new locality teams

- ★ Recruitment continues
- ★ Develop protocols
- ★ Develop joined-up working and links with other services
- ★ Implement new models of care

### 1 Jun 16 - Engagement

- Pilot peer support for young people
- ★ Launch "Reprezent" - connecting with young people

## During Year 2 – Transformation in 2016/17

### Developing services

- Enhance crisis services and extend home treatment
- Training to improve response to self-harm
- IAPT training
- Improve services for eating disorders

### Reviews and planning

- Suicide and self-harm prevention
- Medicines management
- Weekly, monthly and quarterly monitoring
- Data and information technology
- Review outcomes

### Building resilience in communities

- Pilot with schools
- Develop website and self-help tools
- Developing relationships

## Year 3 and beyond

### Implement and test new practice

- Suicide and self harm prevention
- Medicines management
- Better waiting times standards for eating disorders

### Reviews and planning

- Improve service for Attention Deficit Hyperactivity Disorder (ADHD)
- Support for schools and other services

### Building resilience in communities

- Continue building capacity with schools, health and care services
  - Further development of technologies for service users
- [PILOT APP ALREADY IN PROGRESS]



**Southend Essex and Thurrock**

**Children and Young Peoples**  
**Emotional Wellbeing and Mental Health Service**  
**(EWMHS)**

**Performance Briefing**  
*Year end 2016/17*

## **Performance against KPIs 2016/17**

### **Summary**

#### **KPI 1**

**Service users who have improved their validated outcome measurement score between commencement of treatment and at 6 months (or case closure if before 6 months)**

As @ end March 2017 - 57%. Work continues to improve data collection for this KPI and there is a requirement within the Data Quality Improvement Plan 2017/18 to develop more specific detailed reporting on outcomes by end of Q2 with reporting in October 2017.

#### **KPI 2**

**Service users reporting satisfaction with services received**

Quarter on quarter improvement against this KPI – 80.80% Q1 v 86.90% end of Q4

#### **KPI 3a**

**RTT waiting times**

RTT KPI has significantly improved and across Essex we are now 2.83% above the RTT waiting time standard i.e. achieving 94.83% against the 92% waiting time standard as @ end of March 2017. Across Essex the RTT for April 2016 was 81.68% falling to 66.46% in July with month on month recovery thereafter until year end.

#### **KPI 3b**

**RTT completed pathways**

Significant improvement in achievement against 95% local standard rising from 87.45% in April to 92.99% as @ end of March 2017

#### **KPI 4a**

**RTA waiting to be seen**

Detailed reporting commenced in July 2017. As @end of March 2017, of those CYP waiting for assessment, 5% were waiting longer than 12 weeks compared to 38% waiting over 12 weeks as @ end of July 2017. This target has been stretched for 2017/18 and of the CYP waiting to be seen for assessment, 92% will be seen within 8 weeks by the end of Q3

#### **KPI 4B**

**RTA completed pathways**

Detailed reporting commenced in July 2017. As @end of March 2017, 6,650 CYP completed treatment. Of those CYP, 58% completed treatment within 8 weeks and 76% in less than 12 weeks.

#### **KPI 5**

**No. and % of those CYP presenting in A+E are assessed within 4 hours of referral**

Achievement against standard across Essex for 2016/17 – 99.4%

#### **KPI 6**

**DNA rate for aggregated 1<sup>st</sup> and subsequent appointments**

Achievement against standard across Essex for 2016/17 – 9.77%. North East Essex and Southend CCGs were outliers with YTD DNA rates of 11.09% and 12.08% respectively.

## EWMHS Activity update

### ➤ Caseload

**Table 1**

Caseload data - generic EWMHS											
CCG	as @ 01/11/2016	as @ 31/03/2016	as @ 31/05/2016	as @ 30/06/2016	as @ 31/07/2016	as @ 31/08/2016	as @ 30/09/2016	as @ 31/10/2016	as @ 31/12/2016	as @ 28/02/2017	31/03/2017
Mid Essex		1,295	1,321	1,356	1,318	1,271	1,248	1,289	1,363	1,463	1,493
North East Essex		1,125	1,121	1,104	1,043	963	948	986	1,084	1,149	1,150
West Essex		1,035	964	951	867	830	820	847	914	938	929
Basildon and Brentwood		959	926	942	903	846	803	797	799	871	942
Southend		894	888	881	814	638	601	650	733	691	709
Thurrock		552	537	551	515	497	523	556	733	583	597
Castle Point and Rochford		572	532	534	456	375	365	389	422	469	534
Essex	3,823	6,432	6,289	6,319	5,916	5,420	5,308	5,514	6,048	6,164	6,354
		Variance since 01/11/15	64.50	65.29	54.75	41.77	38.84	44.23	58.20	61.23	66.20
		Variance since 31/03/16		-1.76	-8.02	-15.73	-17.48	-14.27	-5.97	-4.17	-1.21
		Monthly variance		0.48	-6.38	-8.38	-2.07	3.88	9.68	1.92	3.08

As at the end of March 2017 there has been a slight increase to the caseload equating to 3% compared to that at the end of February 2017. At end of Q4 2016/17 we are seeing an increase of 20% to the caseload compared to that at end of Q2 2016/17.

As at the end of March 2017 there has been an increase of 66% to the caseload compared to that which transferred in November 2015. **Table 1** refers.

**Table 2**

Caseload data - Crisis teams											
CCG	as @ 30/11/2016	as @ 31/03/2016	as @ 31/05/2016	as @ 30/06/2016	as @ 31/07/2016	as @ 31/08/2016	as @ 30/09/2016	as @ 31/10/2016	as @ 31/12/2016	as @ 28/02/2017	31/03/2017
Mid Essex	23	47	42	43	16	8	11	10	9	7	7
North East Essex	23	53	64	61	46	29	29	28	16	6	12
West Essex	11	30	28	33	14	3	9	6	9	3	6
Basildon and Brentwood	29	34	15	12	12	6	8	13	9	12	23
Southend	8	13	8	12	4	5	5	11	8	9	15
Thurrock	6	12	9	5	3	6	3	4	7	6	6
Castle Point and Rochford	9	21	6	4	5	4	7	6	5	4	11
Essex	109	210	172	170	100	61	72	78	63	47	80
	Variance since 30/11/15	92.66	57.80	55.96			-33.94	-28.44	-42.20	-56.88	-26.61
		Variance since 31/03/16		-19.05	-52.38	-70.95	-65.71	-62.86	-70.00	-77.62	-61.90
		Monthly variance		-1.16	-41.18	-39.00	18.03	8.33	-19.23	-25.40	70.21

**Table 2** above details the crisis team caseload at the point of transfer and at various data collection points throughout the year. At the end of March 2017 there has been a 27% increase in the Essex caseload compared to end of Q3. Of the three crisis teams, the team covering the four South Essex CCGs has the highest caseload representing 69% of the total Essex caseload.

### ➤ Single Point of Access (SPA)

Due to recruitment issues in Southend and Thurrock SPAs an options appraisal has been undertaken by NELFT and presented to lead commissioners for review. Agreement has been reached with Southend commissioners that referrals are directed through the Essex SPA. At the time of writing this report discussions were still to be concluded with Thurrock colleagues.

Numbers of referrals across the three Essex SPAs remain consistent circa 800 referrals a month between April 2016 and March 2017. Capacity has been increased in the Essex SPA and an Essex SPA Manager appointed.

During 2016/17 there have been over 10,000 referrals across all three SPAs. The figures in Table 3 above reflect the number of referrals received by the SPAs during 2016/17 compared to 2015/16.

It should be noted that there will be additional referrals from sources other than the SPAs

### Between April 2016 and March 2017:

- 56% referrals come from the North Essex CCGs
- 8108 referrals have been received through the Essex SPA, average 676 per month
- 1112 referrals have been received through the Southend SPA, average 93 per month
- 955 referrals have been received through the Thurrock SPA, average 80 per month
- 80% of the total referrals have been received by the Essex SPA, with Thurrock and Southend at 9% and 11% respectively
- North East Essex CCG has the highest referral rate as @ end of March 2017, followed by Mid and then West Essex CCGs with Basildon and Brentwood having the higher referral numbers across South Essex CCGs
- Across Essex there has been a 20% increase in referrals during Q4 2016/17, compared to Q1 2016/17
- Southend CCG has seen the highest increase in referrals during Q4 compared to Q1 2016/17
- BBW, NEE, and CP&R CCGs also have had a significant increase in referrals during Q4 compared to Q1 2016/17

**Table 3**

SPA - total referrals received	Q4 2016	Q1 2016	Q2 2016	Q3 2016	Q4 2016	2016/17	% variance
CCG	as @ 31/03/2016	as @ 30/06/2016	as @ 30/09/2016	31/12/2016	31/03/2017	Year to date	Q1 v Q4
Basildon and Brentwood	452	319	297	351	451	1418	41.38
Castle Point and Rochford	247	235	202	226	284	947	20.85
Mid Essex	593	507	384	525	540	1956	6.51
North East Essex	571	541	441	543	669	2194	23.66
Southend	313	243	210	305	354	1112	45.68
Thurrock	289	249	213	222	271	955	8.84
West Essex	481	395	358	421	419	1593	6.08
<b>Essex</b>	<b>2,946</b>	<b>2,489</b>	<b>2,105</b>	<b>2,593</b>	<b>2,988</b>	<b>10,175</b>	<b>20.05</b>
<b>Plan</b>	<b>2,076</b>	<b>2824</b>	<b>2824</b>	<b>2824</b>	<b>2825</b>	<b>11297</b>	
<b>% Variance (above/below plan)</b>	<b>41.91</b>	<b>-11.86</b>	<b>-25.46</b>	<b>-8.18</b>	<b>5.77</b>	<b>-9.93</b>	
<b>Average per month</b>	<b>982</b>	<b>830</b>	<b>702</b>	<b>864</b>	<b>996</b>	<b>848</b>	

### ➤ Community EWMHS

#### Referrals from all sources

The numbers of referrals from all sources is consistent across the service with an average referral rate circa 900-1,000 per month between April 2016 and March 2017.

Performance across the seven CCGs as @ end of March 2017 is outlined in the Table below. Over performance regards completed assessments, this in turn has impacted on waiting times and delivery of first appointments although we have seen improvement in this area. (See Summary, page 1)

Community EWMHS															
Essex Activity Year to date - March 2017															
CCG	Referrals rec'd	Plan	% Variance	Referrals acpt'd	Plan	% Variance	Assessments	Plan	% Variance	1st Apps	Plan	% Variance	Follow ups	Plan	% Variance
Basildon and Brentwood	1654	2071	-20.14	1423	1560	-8.78	1389	823	68.77	1045	1284	-18.61	7626	5148	48.14
Castle Point and Rochford	1128	1322	-14.67	999	1032	-3.20	718	665	7.97	629	970	-35.15	4394	3180	38.18
Mid Essex	2138	2434	-12.16	1919	1877	2.24	1615	888	81.87	1238	1668	-25.78	10413	5563	87.18
North East Essex	2395	2460	-2.64	2163	1879	15.11	1716	864	98.61	1518	1404	8.12	10737	5270	103.74
Southend	1210	1423	-14.97	1116	1306	-14.55	953	876	8.79	833	1291	-35.48	5688	3389	67.84
Thurrock	1029	1332	-22.75	948	1202	-21.13	870	437	99.08	747	638	17.08	3772	2323	62.38
West Essex	1745	1978	-11.78	1545	1622	-4.75	1464	806	81.64	1078	1390	-22.45	11978	6934	72.74
<b>Essex</b>	<b>11299</b>	<b>13020</b>	<b>-13.22</b>	<b>10113</b>	<b>10478</b>	<b>-3.48</b>	<b>8725</b>	<b>5359</b>	<b>62.81</b>	<b>7088</b>	<b>8645</b>	<b>-18.01</b>	<b>54608</b>	<b>31807</b>	<b>71.69</b>



The Table below details the number of referrals received compared to those accepted during the year end March 2016/17. The service model commissioned reflects a 'catch and carry' approach and the expectation is that 25% of referrals would be signposted to alternative provision. Commissioners would therefore expect an acceptance rate of 75% across Essex.

Community EWMHS			
CCG Activity April 2016 - March 2017			
CCG	Referrals received	Referrals Accepted	% acceptance rate
Basildon and Brentwood	1654	1423	86%
Castle Point and Rochford	1128	999	89%
Mid Essex	2138	1919	90%
North East Essex	2395	2163	90%
Southend	1210	1116	92%
Thurrock	1029	948	92%
West Essex	1745	1545	89%
<b>Essex</b>	<b>11299</b>	<b>10113</b>	<b>90%</b>

The NHS CAMHS Benchmarking Report for 2015/16 reported an average of 1,933 referrals accepted per 100,000 population. This equates to a 72% acceptance rate which is the lowest seen in recent years. An acceptance rate of 76% -79% has been reported for the last 3 years.

## ➤ Crisis service

### A+E crisis activity

The national target for all age 24/7 crisis cover by 2020 could well mean that the future service model may look very different. An evaluation has been undertaken and the final report has been presented to commissioners who will need to discuss and consider future crisis service model.

The Table below indicates the crisis activity across the five acute hospitals across Essex between April and March 2017

A+E Crisis Activity - Essex		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Year to date	
KPI 5	Total number of crisis assessments undertaken in A+E for each locality, including out of hours • No. and % of those presenting assessed within 4 hours of referral	100%	Vol (<4 hours)	53	59	72	71	43	97	99	120	90	94	111	135	1,044
			Vol (Total)	54	59	74	71	43	97	101	120	91	94	111	135	1,050
			Percentage	98.1%	100.0%	97.3%	100.0%	100.0%	100.0%	98.0%	100.0%	98.9%	100.0%	100.0%	100.0%	99.43

A+E Crisis Activity - CCGs			Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Year to date
KPI 5	Basildon and Brentwood	100%	Vol (<4 hours)	10	17	12	8	7	15	23	11	7	10	19	23	162
			Vol (Total)	10	17	12	8	7	15	23	11	7	10	19	23	162
			Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
KPI 5	Castle Point and Rochford	100%	Vol (<4 hours)	4	4	10	12	5	13	11	9	9	8	5	18	108
			Vol (Total)	4	4	10	12	5	13	11	9	9	8	5	18	108
			Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
KPI 5	Mid Essex	100%	Vol (<4 hours)	1	5	4	6	8	16	22	26	22	14	32	29	185
			Vol (Total)	1	5	4	6	8	16	22	26	23	14	32	29	186
			Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.7%	100.0%	100.0%	100.0%	99%
KPI 5	North East Essex	100%	Vol (<4 hours)	7	7	10	25	8	22	22	26	27	26	24	29	233
			Vol (Total)	7	7	10	25	8	22	23	26	27	26	24	29	234
			Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
KPI 5	Southend	100%	Vol (<4 hours)	13	11	15	7	6	10	12	18	10	6	12	17	137
			Vol (Total)	13	11	15	7	6	10	12	18	10	6	12	17	137
			Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
KPI 5	Thurrock	100%	Vol (<4 hours)	6	7	7	6	2	7	1	11	7	11	6	5	76
			Vol (Total)	6	7	7	6	2	7	1	11	7	11	6	5	76
			Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
KPI 5	West Essex	100%	Vol (<4 hours)	6	3	7	7	7	14	10	17	8	19	13	14	125
			Vol (Total)	7	3	7	7	7	14	11	17	8	19	13	14	127
			Percentage	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	90.9%	100.0%	100.0%	100.0%	100.0%	100.0%	98%

During 2016/17, all CCGs other than Thurrock are showing a significant increase in A+ E crisis presentations in month 12 compared to month 1, and in some CCG areas more than double. Mid Essex and North East Essex CCGs are considerable outliers. During March 2017 there have been a total of 135 A+ E crisis presentations, a 22% increase compared to February. During 2016/17 there have been over 1,000 referrals to the five A+ E departments across Essex, with 547 of these from across North Essex, equating to 53% of total activity.

#### Period – April 2016- March 2017

Area	No. A+E Presentations	PAH	MEHT	CHUFT	SUHFT	BUHT
All CCGs	1044	12%	18%	23%	24%	23%

#### Crisis activity from all sources

The Table below outlines the number of referrals to the crisis teams during the period April 2016 – March 2017, and shows positive improvement against plan for Basildon and Brentwood which has always been an outlier, and considerable over performance across Mid, North East Essex, West Essex CCGs

Crisis referrals	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	YTD Plan	% Variance
Basildon and Brentwood	23	26	17	16	9	20	28	17	16	18	25	38	253	278	-9
Castle Point and Rochford	7	8	16	17	9	16	15	19	10	10	8	24	159	154	3
Mid Essex	13	26	19	11	10	25	29	38	35	27	39	43	315	247	28
North East Essex	24	33	32	32	25	31	28	38	34	35	39	41	392	262	50
Southend	20	16	19	8	13	15	16	26	12	11	20	29	205	170	21
Thurrock	11	14	9	10	8	8	6	14	11	15	7	8	121	108	12
West Essex	17	9	18	15	8	16	13	27	21	30	17	25	216	158	37
<b>Essex</b>	<b>115</b>	<b>132</b>	<b>130</b>	<b>109</b>	<b>82</b>	<b>131</b>	<b>135</b>	<b>179</b>	<b>139</b>	<b>146</b>	<b>155</b>	<b>208</b>	<b>1661</b>	<b>1377</b>	<b>21</b>

- 923 referrals across North Essex
- 738 referrals across South Essex

Of all the crisis referrals received, 65% present via A+E in South Essex, with 59% presenting via A+E across north Essex. Across each CCG locality virtually 2/3rds of crisis referrals are via A+E.

Crisis Service									
Essex Activity Year to date - March 2017									
CCG	Assesments	YTD Plan	% Variance	1st Appoints	YTD Plan	% Variance	Follow ups	YTD Plan	% Variance
Basildon and Brentwood	257	240	7.08	209	185	12.97	701	247	183.81
Castle Point and Rochford	160	125	28.00	141	110	28.18	330	168	96.43
Mid Essex	320	199	60.80	293	209	40.19	758	694	9.22
North East Essex	396	206	92.23	356	226	57.52	1046	619	68.98
Southend	209	151	38.41	171	130	31.54	431	218	97.71
Thurrock	139	96	44.79	102	77	32.47	296	101	193.07
West Essex	224	122	83.61	194	134	44.78	574	350	64.00
<b>Essex</b>	<b>1705</b>	<b>1139</b>	<b>49.69</b>	<b>1466</b>	<b>1071</b>	<b>36.88</b>	<b>4136</b>	<b>2397</b>	<b>72.55</b>

The Table above highlights all crisis activity during the period April 2016 to March 2017 by CCG. There is considerable over performance in North East Essex CCG, West Essex CCG, and Mid Essex CCG, with assessments equating to 55% of Essex overall performance, with North East Essex accounting for 23%, which correlates with the high referral numbers in each of these CCG localities.

#### ➤ Waiting times

The Table below shows the year to date position for referral to treatment (RTT) waiting times for those completing treatment in respect of each CCG, and achievement against the 18 week RTT KPI (95%). This is the year to date position and there has been considerable improvement against this standard over the year. (See Summary, page 1) It also shows the year to date position for those completing treatment and performance

against plan in each of the waiting time cohorts for those children and young people receiving their assessment (RTA).

2016/17 EWMHS completed treatment waiting times as @ end March 2017 (Year to date)											
KPI no	KEY PERFORMANCE INDICATOR	Standard	Unit	BB	CPR	Mid	NEE	SOS	THUR	West	Essex
KPI 3b	RTT waiting times by locality (Completed pathways) • Within 6 weeks • 6 to 12 weeks • 12 to 18 weeks • 18+ w weeks	Baseline	Number <=6 w weeks	483	343	536	650	266	399	496	3,173
			Number 6 to <=12 w weeks	167	149	192	333	155	134	195	1,325
			Number 12 to <=18 w weeks	122	127	163	254	134	99	237	1,136
		95%	Vol (>18 w weeks)	222	79	266	292	167	139	190	1,355
			Vol (Total)	994	698	1,157	1,529	722	771	1,118	6,989
			Percentage	77.67%	88.68%	77.01%	80.90%	76.87%	81.97%	83.01%	80.61%
KPI 4b	RTA waiting times for assessments new cases by locality (completed pathways) • 0 <= 4 w weeks • 4 to <=8 w weeks • 8 to <= 12 weeks • 12 + w weeks	87%	Number 0 <=4 w weeks	442	262	459	568	170	236	390	2,527
			Percentage 0 <=4 w weeks	42.66%	43.67%	42.19%	38.33%	26.94%	31.72%	38.42%	38.41%
		10%	Number 4 to <=8 w weeks	210	126	155	323	127	228	133	1,302
			Percentage 4 to <=8 w weeks	20.27%	21.00%	14.25%	21.79%	20.13%	30.65%	13.10%	19.65%
		2%	Number 8 to <=12 w weeks	135	110	214	328	125	53	205	1,170
			Percentage 8 to <=12 w weeks	13.03%	18.33%	19.67%	22.13%	19.81%	7.12%	20.20%	17.68%
		1%	Number >12 w weeks	249	102	260	263	209	227	287	1,597
			Percentage >12 w weeks	24.03%	17.00%	23.90%	17.75%	33.12%	30.51%	28.28%	24.26%

### ➤ DNA rates

It is worthwhile mentioning that the CAMHS NHS Benchmarking Network report for 2015/16 shows that after 3 years at 11%, the average DNA rate for CAMHS has now reduced to 10%. The range varies nationally from 8% to 22%.

DNA rate as @ year end 2016/17 is reflected in the Table below for each CCG locality

2016/17 EWMHS DNA rate year end position											
	KEY PERFORMANCE INDICATOR	Standard	Unit	BB	CPR	Mid	NEE	SOS	THUR	West	Essex
KPI 6	DNA rate in each locality, measured through aggregate of: Total No. and % of 1st appointments DNA's by service user Total No and % of subsequent appointments DNA's by service user	10%	Number of DNA	909	530	1,230	1,635	875	300	1,293	6,786
			% DNA	9.32%	9.13%	8.72%	11.09%	12.08%	6.65%	9.89%	9.77%

The Table below shows DNA rate by each CCG locality specifically for the month of March 2017

Actual EWMHS DNA rate for the month of March 2017											
	KEY PERFORMANCE INDICATOR	Standard	Unit	BB	CPR	Mid	NEE	SOS	THUR	West	Essex
KPI 6	DNA rate in each locality, measured through aggregate of: Total No. and % of 1st appointments DNA's by service user Total No and % of subsequent appointments DNA's by service user	10%	Number of DNA	67	75	160	208	64	22	102	698
			% DNA	6.58%	11.24%	9.35%	12.48%	9.10%	4.54%	9.38%	9.51%

➤ **Vulnerable Groups**

April 2016 - March 2017	Basildon and Brentwood	Castle Point & Rochford	Mid Essex	North East Essex	Southend	Thurrock	West Essex	Essex
Total referrals received	1420	946	1955	2358	1111	955	1593	10338
Those identified as LAC	41	38	44	98	43	55	31	350
Those identified as LDD	7	2	1	4	1	6	2	23
Those identified as CPP	24	16	53	49	37	48	34	261
<b>% of total SPA referrals</b>	<b>5.07</b>	<b>5.92</b>	<b>5.01</b>	<b>6.40</b>	<b>7.29</b>	<b>11.41</b>	<b>4.21</b>	<b>6.13</b>

Referrals received by the SPAs during April 2016 – March 2017 for the more vulnerable groups of children and young people where known at the time of referral are detailed in the Table above. There have been 634 referrals through the SPAs during this period where the YP has been identified/flagged as being in one of the more vulnerable groups listed

NELFT have reassured the lead commissioners that the % vulnerable groups receiving an initial assessment within 7 days is rising (50% for March 2017). All children (vulnerable or not) are risk assessed at referral and every 6 weeks should they be on the waiting list.

There has been debate amongst the LAC and safeguarding leads across the CCGs and NELFT regards the difficulties in achieving the quality measure for the vulnerable children, and 7 day target for assessment. This quality indicator is currently under review, as the clinical team need the viewpoints of other professionals invariably involved with these children prior to assessing, and deciding on an appropriate plan of care, to ensure a consistent approach to managing these generally complex cases. This will also prevent variation from any existing current treatment plan.

The table below shows referrals received during April 2016 – March 2017 where an initial assessment has been completed in month of referral (106 in total) and the child is flagged LD, LAC, and CPP read code.

April 2016 - March 2017	Basildon and Brentwood	Castle Point & Rochford	Mid Essex	North East Essex	Southend	Thurrock	West Essex	Essex
No. LDD assessments	1	1	0	0	0	2	1	5
No. LAC assessments	7	4	7	42	10	13	6	89
No. CPP assessments	4	0	4	8	6	9	2	33

## ➤ Safeguarding

NELFT have been focussing on achieving their safeguarding supervision targets. New AD for Safeguarding has been appointed. They are training supervisors within the teams and introducing a supervision contact number. This has resulted in a consistent improvement in the safeguarding supervision targets across such a large geographical area.

Indicator	Reporting Frequency	Standard	Mar-17	Feb-17	
% named professionals working with children and young people will receive (1 to 1) supervision on a 3 monthly basis	Q	95%	60.2%	43.2%	Significant improvement noted. Ongoing monitoring and planning is in progress within this area and closely monitored by EWMHS and SG leads.
% staff working with children and young people whereby they are required to make safeguarding referrals will receive group supervision on a 3 monthly basis	Q	95%	60.6%	63.6%	Slight decrease noted. Ongoing monitoring and planning is in progress within this area and closely monitored by EWMHS and SG leads.

The safeguarding training figures are also showing an improvement over the last few months and are slowly reaching their targets of 95%; this is due to focussed training sessions being provided at localities. New starts have 3 months to complete Mandatory training.

Quality Requirement	Standard	Reporting Frequency	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
% staff Level 1 safeguarding children and young people training	95%	Q	80.0%	73.3%	65.5%	64.5%	74.2%	76.0%	76.0%	76.9%	80.0%	80.0%	93.3%	90.6%
% staff Level 2 safeguarding children and young people training	95%	Q	81.8%	90.0%	90.0%	90.0%	100.0%	66.7%	66.7%	66.7%	33.3%	54.5%	64.3%	82.4%
% staff Level 3 safeguarding children and young people training	95%	Q	71.2%	74.8%	77.5%	79.3%	81.3%	87.0%	89.0%	89.8%	84.4%	81.8%	84.5%	89.6%
% staff Level 4 safeguarding children and young people training	95%	Q	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100.0%	100.0%	100.0%	100.0%	100.0%

➤ **Complaints/PALS enquiries**

Standard	Reporting Frequency	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Baseline	M	3	0	2	2	2	6	6	2	3	1	3	5	35

Complaint numbers remain low and from the lead commissioner quality visits, assurance has been provided that this is a true reflection with more informal complaints being managed by locality teams. These too are minimal in number and NELFT will be reporting from April 2017 onwards the informal/formal/PALS complaint numbers and themes.

➤ **Feedback from service users**

See Summary, page 1

➤ **Serious Incidents (SIs) & Never events**

Three serious incidents currently under investigation

➤ **Mandatory training**

The team leaders are focussing on completion of mandatory training, and the lead commissioners are working with NELFT to evidence reporting of this.

➤ **Workforce**

Quality Requirement	Standard	Reporting Frequency	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
% Staff Vacancy rate	N/A	Q	14.8%	15.9%	64.9%	52.8%	56.6%	46.1%	57.9%	40.9%	38.8%	30.5%	28.6%	26.2%
% Staff maintain professional registration	100%	A	94.5%	98.8%	97.8%	96.7%	95.3%	95.3%	97.7%	95.7%	100.0%	99.0%	100.0%	98.1%

As expected the vacancy rate is reducing as the newly recruited staffs are in post.

➤ **National CQUINs**

**Transitions**

The mandatory national CQUIN for 2017/18 on Transition of CYPMHS into AMHS continues to remain high on the agenda. The Joint Protocol is at an advanced stage; event being held at ARU on 11<sup>th</sup> July. Parties should be in a position to sign off joint protocol within the next few weeks. This will be further developed and monitored through the transitions group/contract meeting ready for reporting in Q2 17/18.

**Preventing frequent MH attenders at A&E**

EWMHS are supporting the acute trust emergency departments with this CQUIN as they are reviewing if EWMHS is reflected in this cohort of patients.

➤ **Quality Assurance visits**

Visits have previously been undertaken by Zoe Maiden, and reports were sent to NELFT for comments. Lead Commissioners will consolidate all actions from the visits into one document which will be monitored through the contract management meeting. Future visits should be themed to provide assurance in more detail in particular areas of the model/care delivery.

➤ **EWMHS – Next steps/Areas of focus**

- Recruitment remains high on the agenda and mandatory training
- Transitions CQUIN joint protocol development, associated audit and sender survey development involving AMHS to ensure collaborative working.
- Southend and Thurrock SPAs
- Lac quality indicator
- Continue the roll out of schools programme of development work
- Development of self-harm guidelines
- Service development proposals for EWMHS/LD and Represent
- Transitions support
- CYP Transforming Care work stream and interface with EWMHS
- NELFT two year extension to contract
- Kooth online counselling Pilot
- LTP refresh





		AGENDA ITEM 6
		<b>HOSC/25/17</b>
Committee:	Health Overview Policy and Scrutiny Committee	
Date:	13 September 2017	
<b>PROPOSED NEW CLINICAL MODEL FOR MENTAL HEALTH SERVICES</b> (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.

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## 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.

