



Essex County Council

Health Overview Policy and Scrutiny Committee

10:30	Wednesday, 23 September 2020	Online Meeting
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The meeting will be open to the public via telephone or online. Details about this are on the next page. Please do not attend County Hall as no one connected with this meeting will be present.

For information about the meeting please ask for:

Richard Buttress, Democratic Services Manager

Telephone: 07809 314835

Email: democratic.services@essex.gov.uk

Essex County Council and Committees Information

All Council and Committee Meetings are held in public unless the business is exempt in accordance with the requirements of the Local Government Act 1972.

In accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting will be held via online video conferencing.

Members of the public will be able to view and listen to any items on the agenda unless the Committee has resolved to exclude the press and public from the meeting as a result of the likely disclosure of exempt information as defined by Schedule 12A to the Local Government Act 1972.

How to take part in/watch the meeting:

Participants: (Officers and Members) will have received a personal email with their login details for the meeting. Contact the Democratic Services Officer if you have not received your login.

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Online:

You will need the Zoom app which is available from your app store or from www.zoom.us. The details you need to join the meeting will be published as a Meeting Document, on the Meeting Details page of the Council's website (scroll to the bottom of the page) at least two days prior to the meeting date. The document will be called "Public Access Details".

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Please note that an audio recording may be made of the meeting – at the start of the meeting the Chairman will confirm if all or part of the meeting is being recorded.

		Pages
**	Private Pre-meeting for HOPSC Members only Please note that Members are requested to join via Zoom at 9.30am for a pre-meeting.	
1	Membership, Apologies, Substitutions and Declarations of Interest To be reported by the Democratic Services Manager.	5 - 5
2	Minutes of previous meeting To note and approve the minutes of the meeting held on Wednesday 29 July 2020.	6 - 8

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|----------|--|----------------|
| 3 | <p>Questions from the public</p> <p>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. No statement or question shall be longer than three minutes and speakers will be timed.</p> <p>If you would like to ask a question at the meeting, please email democratic.services@essex.gov.uk before 12 Noon the day before (Tuesday 22 September)</p> | |
| 4 | <p>Mental Health Services (HOSC/21/20)</p> <p>The Committee to receive report HOSC/21/20, to begin its review of the impact of the pandemic on mental health services in Essex, its response and future service planning for changes in demand.</p> | 9 - 54 |
| 5 | <p>Chairman's Report (HOSC/22/20)</p> <p>To note the latest update on discussions at HOSC Chairman's Forum meetings (Chairman, Vice-Chairmen and Lead JHOSC Member).</p> | 55 - 59 |
| 6 | <p>Member Updates (HOSC/23/20)</p> <p>To note any updates from members of the Committee.</p> | 60 - 60 |
| 7 | <p>Work Programme (HOSC/24/20)</p> <p>To note the Committee's current work programme.</p> | 61 - 64 |
| 8 | <p>Date of next meeting</p> <p>To note that the next meeting will be held on Wednesday 14 October 2020 at 10:30am, virtually.</p> | |
| 9 | <p>Urgent Business</p> <p>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.</p> | |

Exempt Items

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

The following items of business have not been published on the grounds that they involve the likely disclosure of exempt information falling within Part I of Schedule 12A of the Local Government Act 1972. Members are asked to consider whether or not the press and public should be excluded during the consideration of these items. If so it will be necessary for the meeting to pass a formal resolution:

That the press and public are excluded from the meeting during the consideration of the remaining items of business on the grounds that they involve the likely disclosure of exempt information falling within Schedule 12A to the Local Government Act 1972, the specific paragraph(s) of Schedule 12A engaged being set out in the report or appendix relating to that item of business.

10 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.

Agenda Item 1

Report title: Membership, Apologies, Substitutions and Declarations of Interest	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 23 September 2020	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk or Sophie Campion, Democratic Services Officer (sophie.campion@essex.gov.uk))	
County Divisions affected: Not applicable	

Recommendations:

To note:

1. Membership as shown below
2. Apologies and substitutions
3. Declarations of interest to be made by Members in accordance with the Members' Code of Conduct
4. Councillor Stephenson has been appointed to fill the current vacancy.

Membership

(Quorum: 4)

Councillor J Reeves	Chairman
Councillor A Brown	
Councillor J Chandler	
Councillor B Egan	Vice-Chairman
Councillor R Gadsby	
Councillor D Harris	
Councillor J Lumley	
Councillor B Massey	
Councillor M McEwen	
Councillor J Moran	
Councillor M Stephenson	
Councillor A Wood	Vice-Chairman

Co-opted Non-Voting Membership

Councillor T Edwards	Harlow District Council
Councillor M Helm	Maldon District Council
Councillor A Gordon	Basildon Borough Council

**Minutes of the meeting of the Health Overview Policy and Scrutiny Committee,
held virtually via video conference on Wednesday 29 July 2020 at 10:30am**

Present

Cllr Jillian Reeves (Chairman)	Cllr Alan Goggin (Substitute)
Cllr Jenny Chandler	Cllr Dave Harris
Cllr Mark Durham (Substitute)	Cllr June Lumley
Cllr Tony Edwards (Co-opted Member)	Cllr Bob Massey
Cllr Beverley Egan	Cllr Clive Souter
Cllr Ricki Gadsby	Cllr Mark Stephenson

Samantha Glover (Healthwatch Essex)

Apologies

Cllr Anne Brown	Cllr June Lumley
Cllr Michael Helm (Co-opted Member)	Cllr Mike Steptoe

Other Members

Cllr John Baker

The following officers were supporting the meeting:

Richard Buttress, Democratic Services Manager

Graham Hughes, Senior Democratic Services Officer

Sophie Campion, Democratic Services Officer

1. Membership, apologies and declarations

Apologies were received from:

- Cllr Anne Brown (substituted by Cllr Alan Goggin)
- Cllr Michael Helm (Co-opted Member)
- Cllr June Lumley
- Cllr Mike Steptoe (substituted by Cllr Mark Durham)

2. Minutes of previous meeting

The minutes of the meeting held on Wednesday 13 May 2020 were approved by the committee as an accurate record.

3. Questions from the public

No questions from members of the public were received.

4. Personal behaviours arising from the pandemic

The committee considered report HOPSC/16/20 comprising of a report which starts the committee's review of the impact of the Coronavirus pandemic on local health services. It would involve looking at any changes to personal behaviours that are evident, such as changing trends in substance abuse, and mental health presentations.

After discussion, it was **Resolved** that:

- (i) A more detailed focus on mental health services and look into how the Trusts are going to manage it. This will be broken down into the following categories:

- Adult Mental Health (EPUT)
- Children's Mental Health (NELFT)
- IAPT and talking therapies (CCG's)

The committee agreed the following scope:

- Overview of the response to the pandemic
- Future planning for changes in demand
- Effect on staffing capacity – high levels of sickness, a likely second peak
- A breakdown between mental health conditions

- (ii) The committee invited Dr Mike Gogarty, Director of Public Health to a future meeting to provide a further update on personal behaviours, either at the September or October meeting.

5. North East Essex CCG – Care Closer to Home contract update

The committee considered report HOPSC/17/20 comprising of an update from the North East Essex CCG (NEECCG), following their notice given to terminate their Care Closer to Home contract with Anglian Community Enterprise (ACE).

Following discussion, it was **Resolved** that:

- (i) The committee would like reassurances around who will providing the services delivered by ACE, including urgent services and how they will be delivered.
- (ii) A report be presented to the committee early next year to provide an update on the mobilisation phase in February 2021.
- (iii) The NEECCG be invited to a future committee meeting to provide reassurance and information on the transition process to the new provider.

6. Chairman's Report

The committee considered and noted report HOPSC/18/20.

7. Member Updates

The committee considered and noted report HOPSC/19/20.

8. Work Programme

The committee considered report HOPSC/20/20 the current work programme was noted by the committee.

9. Date of next meeting

To note that the next committee meeting is scheduled for Wednesday 23 September 2020 at 10:30am.

10. Urgent business

No urgent business was received.

11. Urgent exempt business

No urgent exempt business was received.

Cllr Andy Wood left meeting at 11:51am, Cllr Alan Goggin left meeting at 12:22pm, Cllr Mark Durham left the meeting at 12:56pm and Cllr Tony Edwards left the meeting at 1:00pm.

The meeting closed at 1:10pm.

Chairman

Report title: Mental Health Services	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk)	
Date: 23 September 2020	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Sophie Campion, Democratic Services Officer (sophie.campion@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 The Chairman and Lead Members have requested that the Committee start its review of the impact of the pandemic on local health services by looking at mental health services and its response to the pandemic and future service planning for changes in demand. This introductory update is attached as described further below.

2. Action required

- 2.1 The Committee is asked to consider:
- (i) this report and appendices and identify any issues and concerns arising;
 - (ii) any other aspects or concerns about the pandemic's impact on local services that may require future scrutiny.

3. Background

- 3.1 The agreed scope for this introductory item is set out below and will be broken down into three separate areas, covering Adult Mental Health, Children's Mental Health and IAPT/Talking Therapies.
- Overview of the response to the pandemic
 - Future planning for changes in demand
 - Effect on staffing capacity – high levels of sickness, a likely second peak
 - A breakdown between mental health conditions.

The health service has primarily supported the preparation of this item and provided the majority of the update however, Essex County Council officers will be in attendance on the day to present this update.

4. Update and Next Steps

See Appendices for update. See Action Required for next steps.

5. List of Appendices

- Appendix A: EPUT – Adult Mental Health Services
- Appendix B: Mid and South Essex Adult Mental Health System – Covid-19 Reset
- Appendix C: EPUT Covid-19 Response
- Appendix D: NELFT – Children’s Mental Health Services
- Appendix E: North East Essex Alliance CCG
- Appendix F: West Essex CCG

Report title: Essex Partnership NHS University Foundation Trust (EPUT) Adult Mental Health Services response to Covid-19	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Sally Morris, Chief Executive, Essex Partnership NHS University Foundation	
Date: 23 September 2020	For: Discussion

1. Purpose of the report

- 1.1 The purpose of the report is to update the HOSC on the response by mental health services in Essex Partnership NHS University Foundation Trust (EPUT), and to advise of the plans going forward.

2. Organisational response

- 2.1 EPUT has well developed emergency planning processes in place and these were initiated at the start of the crisis. The Trust operated through Gold, Silver and Bronze command structures. Bronze commands existed for each operational Directorate e.g. Specialist Services, West Essex Community services etc and focussed on operational issues facing the services. Silver command had representatives from each operational Directorate along with key corporate support leads, e.g. IT, estates, Infection Control etc. They shared common concerns and identified any issues that required a decision from the Trust which could then be escalated to Gold command. This is the strategic group staffed by Executives Directors and Chaired by the CEO which initially met on a daily basis so the Trust could make immediate response to the significant amount of information and instruction that flowed through the NHS.
- 2.2 The initial prime focus of the emergency planning response was ensuring that the appropriate guidance on safety was implemented. This ranged from the management and distribution of PPE (Personal protective equipment), guidance on how PPE should be used to visiting arrangements on our wards.
- 2.3 During the initial stages of preparing for Covid-19 the Trust took a number of steps anticipating the pressures that would materialise when both patients and staff would be affected by Covid-19. These included:
 - Clinical staff who were working in non-clinical roles were moved in to support front line services
 - The occupancy rates on wards was reduced. It was hoped to reduce it to 50% but this was not always possible, however the Out of Area placements reduced to virtually zero and the wards did reduce their occupancy rates
 - Staff were encouraged to work from home and all non-clinical face to face meetings were stopped. In order to support this our IT department rolled out approximately 1,000 additional laptops to staff to enable home working
 - Communications with staff were increased. Daily briefings advised staff of any decisions made by Gold command and provided advice and support on

Covid-19 issues. A live weekly video briefing was (and continues to be) held by the CEO with Executive Directors to update staff on current issues. It also enabled staff to ask questions about anything and the CEO and Executive Directors would answer them on the broadcast, or if they did not know the answer would provide answers which would be published on the Trust intranet

- Advice and support were provided to staff in a number of ways including advice on the use of PPE through Live events, how to manage virtual interactions, looking after themselves during the Covid-19 crisis etc
- And most importantly risk assessments were undertaken on 96% of all vulnerable staff (98% BAME staff) to identify what support or changes were required to enable safe working.

3. Operational response

- 3.1 The Forum usually meets monthly in between scheduled Committee meetings to discuss work planning. In addition, there are also meetings with the Cabinet Member for Health and Adult Social Care on a bi-monthly basis and quarterly meetings with senior officers.
- 3.2 The Trust and its staff responded very well to the Covid-19 crisis and adapted how it delivered its services. Importantly, none of the mental health services were stood down but some were delivered differently. Rather than traditional face to face meetings staff used technology such as AccuRx for video consultations, or used the telephone if patients preferred. (Some patients continued to receive face to face contact where this was clinically necessary).
- 3.3 A new 24-hour crisis line was launched on 1 April 2020 across Essex for Adults and Older People which links with the Trust's crisis teams as well as other statutory and voluntary organisations. In addition, sanctuaries were also established in April but due to Covid-19 these are currently on a virtual basis.
- 3.4 In addition, EPUT took a number of steps to support the various systems it works in. These included:
- The establishment of A&E diversion services so that clients with mental health problems could be managed outside of the main A&E departments
 - Freed up ward space across the Trust and offered the space to system partners including Topaz ward (Chelmsford) and Bernard ward (Clacton). In both these instances the equipment from both these units was utilised to support the systems
 - Staff from the non-mental health community inpatient services at Rochford and Billericay were transferred to Brentwood Community Hospital to assist with managing the additional capacity created there
 - Established a support line for staff in the NHS (and Local Authority) where they could ring and speak to a psychologist if they were feeling stressed by the Covid-19 and work.

4. Impact on staff and patients

- 4.1 Similar to many organisations, the Trust was most significantly impacted during the end of March and through April. At its peak circa 500 staff were off due to

Covid-19 (either sick or isolating/shielding). Due to excellent IT support the number of those who were unable to work was circa 370. Those figures gradually reduced and currently there are circa 40 staff unable to work due to Covid-19.

- 4.2 Due to good PPE processes the numbers of patients with Covid-19 remained relatively low in mental health services. The areas which were most significantly affected were the older people wards (including our 2 nursing homes) and the non-mental health physical care wards (one ward was established as a respiratory ward so expected to have high levels of Covid-19 patients).

5. Current response – ‘Phase 3’

- 5.1 It is difficult to forecast what the mental health impact of Covid-19 will be however; it is recognised that a surge in demand is following the physical care surge. As part of the system and national planning, which is currently taking place, we have assumed an increase of 10% on pre Covid-19 levels, however some forecasting has the surge much higher. In addition, we are seeing a cohort of patients who are new to services or have not been in contact with services for a long time presenting with complex mental health needs.
- 5.2 In order to meet these needs the Trust is utilising technology, the new crisis service and A&E diversion arrangements. During the peak of the Covid-19 crisis the demand for some mental health services e.g. inpatient beds decreased as service users were concerned about the risk of Covid-19 and therefore did not engage with the health service. For some patients this has meant a deterioration in their mental health which again pushes up the demand.
- 5.3 The importance of social distancing is a challenge within mental health inpatient services as some patients refuse to adhere to the guidance. The Trust has been trying to maintain occupancy to 85% in order to enable better adherence, however the current pressure on beds and the anticipated surge in demand indicates that we will not have sufficient capacity across the Trust and may require Out of Area beds. This is a national problem and we are therefore investigating options as to how we could create additional adult mental health inpatient capacity.
- 5.4 We anticipate the demand for IAPT (Improving Access to Psychological Therapy) could be 20% higher. However, the combination of Covid-19 concerns and the socio-economic impact has meant that some forecasts have demand rising by as much as 60%. The use of digital technology will be essential in order to try and meet this demand as even with the recruitment of additional trainees the workforce won't be sufficient to deliver services in the same manner as before Covid-19.

6. Plans moving forward

- 6.1 EPUT delivers services across 3 ICS/STPs and in each of them the Mental Health Partnership Boards will take a lead role in co-ordinating and overseeing the response from mental health. They will also focus on the “reset and recovery” that is currently taking place – a key element of which as noted earlier

- in the report will be utilising new ways of working using digital technology.
- 6.2 The Mental Health Partnership Boards will also oversee and ensure the investment that is due under the Mental Health Investment Standard is delivered. This will require some original plans to be reviewed to take account of the urgent need to address health and wider inequalities which have been exacerbated by Covid-19. It is essential that this is co-produced with service users, commissioners and stakeholders.

Report title: Mid and South Essex Adult Mental Health System – Covid-19 Reset	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Jane Itangata, Associate Director of Mental Health Commissioning, Mid and South Essex Health and Care Partnership	
Date: 23 September 2020	For: Discussion

1. Purpose of the Report

- 1.1 The purpose of the report is to update the HOSC on the reset process within the Mid and South Essex (MSE) Adult Mental Health System. This paper is best read in conjunction with the 'EPUT – Adult Mental Health Services' paper which sets out the Adult COVID operational response during the crisis.

2. System reset response

- 2.1 A multi-agency stakeholders' operational group that reports to the system Mental Health (MH) Partnership Board was set up to take forward the MH reset plans. The main objectives of the group are to:

- Assess the impact of COVID19 on all mental health services, change in patients' health behaviours, new ways of working and what would be used to inform the reset plans in Phase 3 and how mental health service offers will respond to the 'new normal'
- Progress system preparedness plans for Winter and possible wave 2 COVID19;
- Define an approach and targeted initiatives to progress the work on reducing inequalities in mental health as part of the wider MSE system agenda on tackling inequalities;
- Analyse the trends of service usage and project the level of the expected surge in demand for mental health services due to:
 - **'COVID19-suppressed' demand** – deferred referrals of people who would have been referred to services had the pandemic not struck; and deferred access to care by people with pre-existing mental illnesses;
 - **'COVID19-exacerbated' demand** – increased level of service needs for some people due to deterioration of their mental health during COVID-19;
 - **'COVID19-driven' demand** – additional people needing support due to the wider impacts of the pandemic, such as self-isolation, financial insecurity, bereavement and increases in substance abuse and domestic violence.

3. Mental Health Service Delivery Changes during COVID-19

- 3.1 Mental health services continued to operate during Covid-19. Community MH services were open daily with minimum number of staff whilst other staff working remotely. Patients were contacted according to their care needs via telephone, video-consultation and if required Face to Face (F2F). F2F

appointments were pre-arranged, with no walk-in appointments. Nurse led clinics were held in various surgeries; where not practicable home visits are undertaken for Depot and Clozapine clinics.

- 3.2 The Voluntary Sector services commissioned directly by CCGs and LAs also mobilised to remote working and supported with wellbeing checks and the usual offers of support such as Befriending, Counselling, Bereavement Counselling, Advocacy etc.
- 3.3 The 24-7 Mental Health Crisis Response and Care service via 111 launched on 1 April 2020 with the Home Treatment teams providing a gate-keeping function. This offer was very successful in managing patients in the community and avoiding admissions
- 3.4 The Emergency Department Diversion service was set up to alleviate pressure on A&E departments involving the Mental Health Liaison teams. Capacity was also increased to extend the Alcohol Liaison service to provide an out of hours offer.
- 3.5 All MSE IAPT services switched to remote delivery via telephony, video-consult and enhanced digital offers such as SilverCloud, Dr Julian, IESO as default delivery, no service stood down. The services were engaged with national treatment specific webinars and staff trained up as per updated guidance to adapt treatment modalities for virtual delivery and also deliver C19 related interventions. Group therapies and psychoeducational groups were adapted for delivery via MS Live.

4. Re-start arrangements

- 4.1 At the start of lockdown there was significantly reduced activity across all mental health services especially IAPT services where a reduction of up to 60% was experienced across the system. All the services focused on managing the pre-C19 waiting lists as they supported patients to transition to remote treatment delivery. Positive feedback has been received with patients reporting good satisfaction scores with the service offers. There has been a gradual return to pre-Covid-19 activity levels and services have reported not just an increase in new demand but also significant increase in acuity of the presentations.
- 4.2 Mental health inpatient and community services were at 100% capacity pre-Covid-19. It is estimated that secondary care mental health surge impact will be circa. 10% which will be mitigated via the new 24-7 crisis service which will divert and gatekeep, expansion of digital solutions and the restart and implementation of the transformation projects that will strengthen the upstream service offers.
- 4.3 During Covid-19 the inpatient occupancy was reduced to 85% due to the need for service users to socially distance in communal spaces e.g. dining rooms and lounges. To meet the predicted surge and increased acuity:
 - In-patient services may need to flex back to pre- Covid-19 100% occupancy levels where this will be safely practicable;

- There are plans in place to bring on-line, likely in Q4, extra bed capacity for Essex (covering the 3 STP/ICS'). This provide about 50% of required capacity;
 - A proposal to explore purchasing Out of Area bed capacity as a region is being explored with NHS England and NHS Improvement
 - MSE will work with other systems to assess whether this pressure could also be mitigated by greater co-operation across mental health providers
 - Work is continuing on the length of stay and DTOC during this period as part of the MHIS developments geared towards providing greater opportunities for reducing pressure on inpatient mental health services
 - As part of the regional response MSE will also examine the level of intervention with service users in advance of admission to understand whether this impacts on admission rates, capacity and flow.
- 4.4 IAPT services may well experience a surge in demand with impact expected from Q3. A joint commissioner and provider group is in place to oversee the return to pre-Covid-19 levels, monitoring weekly activity, sharing learning and exploring areas to collaborate on. IAPT is a high-volume service so likelihood of returning to F2F as default delivery is going to be challenging relative to productivity if Covid-19 safety measures are adhered to.
- 4.5 Not all Covid-19 driven demand will require clinical input therefore all localities are working with VCSEs in their networks to support those with more social needs. A significant level of sub-crisis activity will be managed via the IAPT services, VCSE service offers and the 3 MH crisis sanctuaries that are part of the 24-7 MH Crisis Response pathway ran by the voluntary sector.
- 5. Transformational reset**
- 5.1 Apart from the implementation of the 24-7 MH Crisis Response and Care service all other transformation programmes were stood down to allow for staff redeployment to meet Covid-19 response. To enable delivery of the MH LTP requirements the restart will take forward the key transformation programmes which will centre on:
1. The integrated Primary and Community Care Mental Health which will define the:
 - integration of a mental health offer within the PCN;
 - wrap around wider mental health support including the Voluntary, Community and Social Enterprise Organisations (VCSEs) and social care;
 - development of a fit for purpose treatment offer for complex needs;
 - seamless management of needs between the primary care integrated offer and complex/specialist including crisis care interface.

5.2 These new models of care whilst developing at Place will be facilitated at system to ensure shared learning, quality and value for money where economies of scale are appropriate. This will enable MSE prepare to bid for the allocated national £2,055,380 SMI transformation funds later in the year.

1. Inpatients therapeutic offer and wider system MH accommodation and other community support offer will be developed through co-production to define:
 - a bespoke therapeutic offer for inpatients services to ensure patients receive treatment holistically and do not require long stays in hospital;
 - robust discharge pathways and mitigate unnecessary delays in transfer of care;
 - embedding of suicide prevention strategies as well as incorporate the learning from the recommendations of the recent Level 3 investigation;
 - better access to a mix of types of housing and greater flexibility in its use to provide an adequate supply of appropriate housing as well as non-accommodation support offers to enable patients to be discharged from hospital when they no longer need inpatient treatment.

5.3 This will aim to provide sufficient:

- Crisis housing;
- Short-term temporary accommodation for patients ready for discharge;
- Supported accommodation (including intensive support) for patients with mental health problems;
- Accommodation for patients with complex problems who may be difficult to house.

5.4 By reviewing presenting needs – including the Covid-19 related acuity, current capacity, requirements of Covid-19 infection control and social distancing, patient flow and processes will enable the development of a high standard, quality, recovery-focused service offer that will flex to meet needs and mitigate length of stay (LOS), delayed transfers of care (DTOC) and need for out of area provision (OAP).

6. Mental Health Investment Standard (MHIS)

6.1 All CCGs in Mid and South Essex are meeting the MHIS and a review and revision has been undertaken of programmes/projects for investment in 2020-21. Business cases are currently being developed for governance during September. Majority of the investment will align with implementing the transformation programmes.

7. Inequalities

7.1 The multi-stakeholder Operational group is working on various initiatives across

the system as services are resetting to deliver on the Phase 3 actions to address inequalities including specific work with BAME communities a group that had adverse health outcomes due to C Covid-19. The transition to remote treatment delivery especially for IAPT services has not benefited all patients for a variety of reasons such as not having the equipment, safe space to work with the therapists etc. To ensure inequalities to access are not inadvertently created all services are working to put plans in place to ensure patients are not adversely disadvantaged. Some of this will require support from partners like LAs.

- 7.2 Leads from provider and commissioner perspectives have been identified to coordinate a MH MSE approach to addressing inequalities in mental health. The work will build on existing initiatives and will involve co-production where multi-stakeholder including service users, workshops have commenced to start exploring a framework to take the development forward with clear objectives, identified outcomes and how these will be evidenced. This work will be embedded in the wider MSE inequalities work that will report into the Health and Care Partnership (HCP) Board.

Covid-19 and Winter Pressures – Health Response

Sue Waterhouse, EPUT, Director of Mental
Health Operations

Mark Tebbs, Deputy Accountable Officer
Thurrock CCG, MSE Mental Health Lead



Our Covid-19 Response

- Strong Emergency planning response in Trust with focus on safety and PPE
- Moved staff to essential services including clinical staff in corporate roles to front line services
- Reduced inpatient occupancy where possible and helped the system to prepare for Covid-19 with staffing and accommodation decisions
- Improved communications so staff aware of what was happening during the crisis, decisions being made, and enabling them to raise questions directly with the CEO and Exec team
- Used MS Teams to provide support and guidance on PPE, working from home, risk assessments for vulnerable staff
- Encouraged staff where possible to work from home and non clinical face to face meetings stopped (still not permitted)
- Risk assessments undertaken on 96% of vulnerable staff (98% BAME staff have had an assessment)



Our Covid-19 Response

- No mental health service has been stood down during the Covid-19 period.
- Alternative ways of delivering the service using technology were implemented eg digital consultations using AccuRx or telephone consultations if preferred by the client
- 24/7 Crisis line established from 1st April (utilising 111 service that links with crisis teams and also other statutory and voluntary organisations)
- EPUT was able to establish all crisis teams at the beginning of April and this has helped to manage the initial Covid-19 wave.
- Sanctuaries were also established in April, although these have largely worked on a virtual basis during Covid-19.
- As part of Covid-19 A&E diversion services were also mobilised within 48 hours.

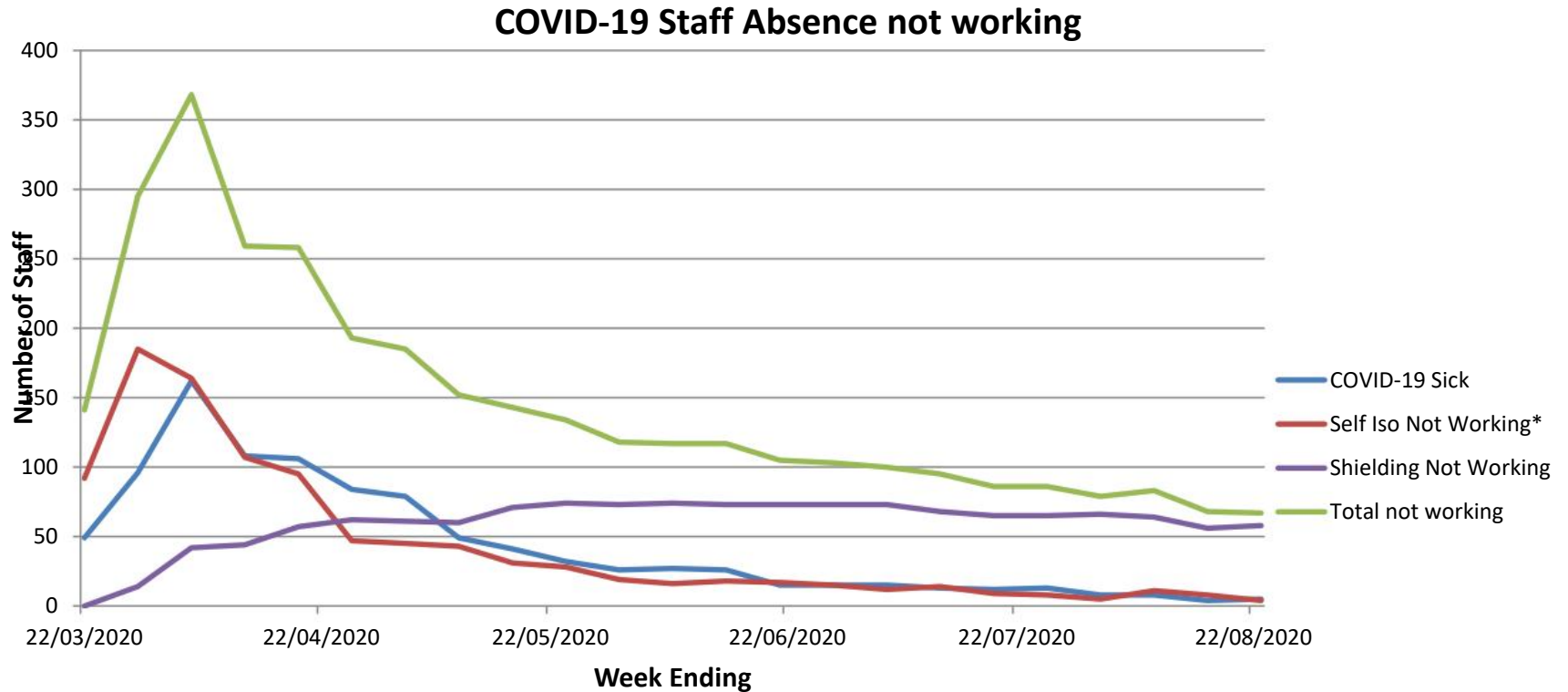
Narrative outlining the current Phase 3 response

- We have forecast that the mental health surge in quarters 3 and 4 could be as high as 10%, but no national forecast yet and surge could be higher
- Mental Health organisations are beginning to identify that the mental health surge includes a cohort of patients that are new to the service or have not been engaged with secondary health services for a number of years and are presenting with complex mental health needs.
 - We believe that through technology, improved bed management and a new crisis service and A&E diversion arrangements, we can mitigate a potential surge of up to 10%.
 - However, our operational leads are concerned that, because we may not be able to have Covid secure wards, that occupancy needs to be held at circa 85% on inpatient wards and this means that we do not have sufficient bed capacity across Mid and South Essex.
 - It is possible that our out of area bed days could be as high as circa 13,000 (circa 34 beds) if an occupancy level of 85% is maintained. This is a national problem and there are unlikely to be sufficient out of area beds available.

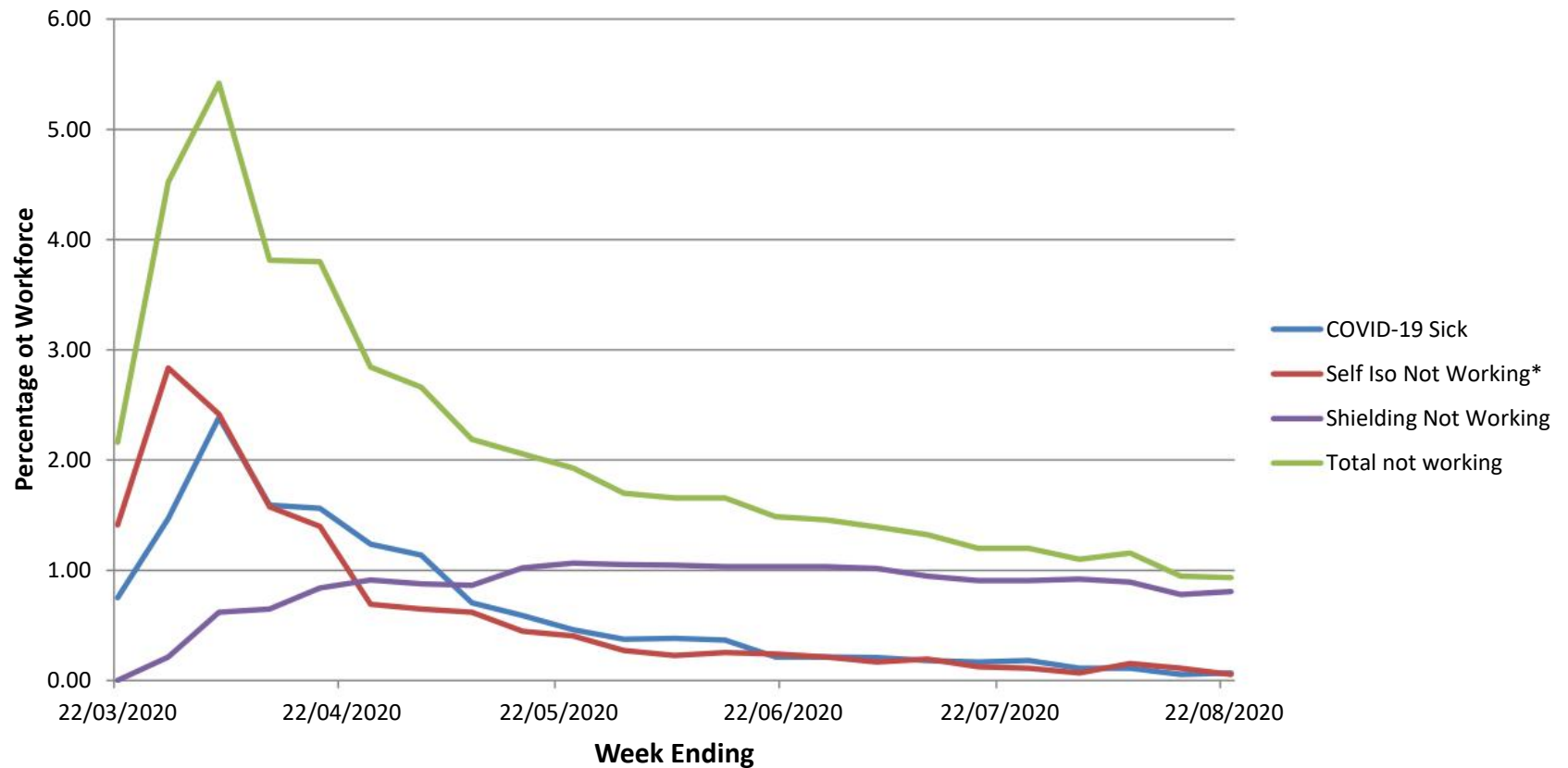
Narrative outlining the current Phase 3 response

- We also feel that the demand for IAPT services could be as high as 20% due to Covid-19 and the socio-economic impact of the pandemic, however some forecasts are as high as 35-60%
 - During Covid-19 there was a significant downturn in accessing IAPT.
 - As part of reset group sessions have been affected dramatically but are now being developed using digital technology.
 - IAPT providers have identified that the points above could create a cost pressure within Mid and South Essex of circa £1.1m.
 - It will be difficult to meet this demand this year through the recruitment of additional trainees as they will not be able to undertake a case load until the new financial year. We will however be expected to forecast IAPT demand into 2021/22.

Impact on our Workforce

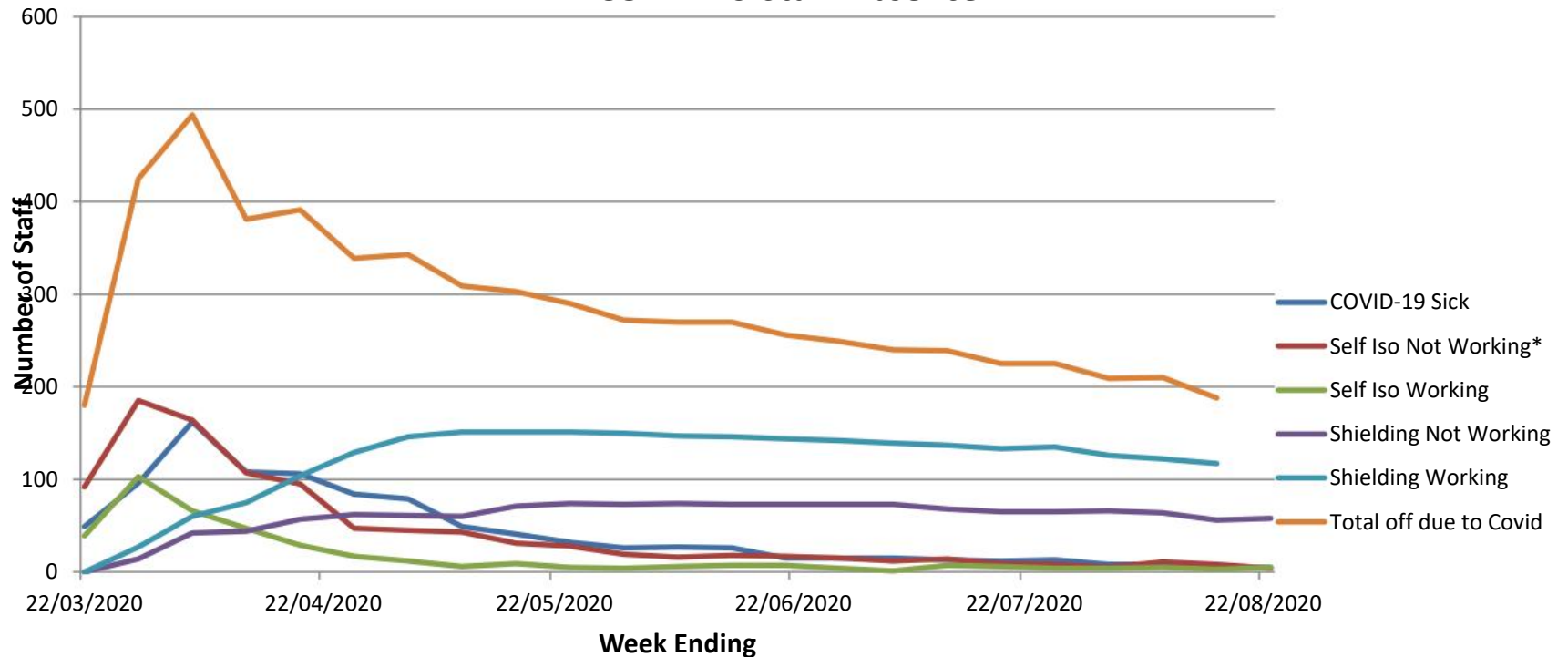


COVID-19 Staff Absence (% of Workforce)



Impact on our Workforce

COVID-19 Staff Absence



Plans

- The Mental Health Partnership Board has a lead role in coordinating and overseeing the response of the system over the next few months whilst reset and recovery is underway.
- We will be looking at existing governance structures to ensure that we can align the current plans for all agencies engaged in reset and recovery.
- Central to our health plans is the need to utilise new ways of working and especially digital technology in the future provision of healthcare services.
- There is also a drive to ensure not only co-production but, importantly, the urgent need to address health and wider inequalities as part of our Covid-19 response. Including:
 - To protect the most vulnerable from Covid-19.
 - To ensure NHS services are restored on an inclusive basis.
 - To ensure digitally enabled care pathways increase inclusion.
 - To accelerate preventative programmes and engage those in greatest risk of poor health outcomes.



Essex HOSC Presentation

September 2020



Brid Johnson

Director of Operations,
Essex and Kent

Gill Burns

Director of Children's Services,
Essex and Kent

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Key Areas of Focus

- Response to pandemic
- Covid-19 : Impact on staffing capacity
- Mental health conditions – pathway update
- Future planning.



Service Profile Recap

Emotional Wellbeing and Mental Health Services (EWMHS) Essex

Service Offer:

0-18 (and up to 25 year for continued support where clinically appropriate) target and specialist Children and Young People (CYP) mental health and wellbeing service accessed via Single Point of Access (SPA) and supported by a county-wide Crisis Team, Learning Disability Service, CYP Eating Disorder service and locality hubs across each CCG area.

Our referral criteria is as follows:

- mood and anxiety disorders
- behavioural and conduct disorders
- emerging personality and attachment disorders
- eating disorders
- psychotic disorders
- deliberate self-harm and suicidal ideation
- neurodevelopmental disorders with comorbid presentations
- prolonged bereavement problems.

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Response to the pandemic

Key actions taken since April 2020

- NELFT adopted a command and control approach as the incident management
- All services continue to run business as usual utilising digital offers such as telephone and video consultations
- Developed virtual group offers
- Face to face consultations continued based on clinical need
- Covid-19 swabbing and antibody testing for staff
- Focus on patient and staff safety – all sites and working bases risk assessed against Covid-19 national guidelines
- Robust clinical management of waiting times and high level risk patients
- Formal contractual monitoring meetings stepped down, however, internal performance scrutiny continued.

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Response to pandemic

Waiting and response times

- Reduction in referral volume via Single Point of Access (SPA) and Crisis at the start of the pandemic, however this has increased month on month **April – 743 referrals** **July – 1176 referrals**
- Trajectories remain in place to monitor treatment waiting times
- Weekly review of longest waiters caseload (monitored through Clinical Harm Review and Clinical Risk Assessment data)
- Reporting mechanisms adapted to capture virtual contact for initial appointments, reviews and treatment
- Data cleanse during pandemic
- Group therapy and support widened and provided virtually for a range of clinical conditions
- Preparation and planning for second wave.

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Impact on staffing capacity

- Business as usual for all mental health staff
- New enhanced agile working model implemented in April
- Robust review of capacity, demand and staffing carried out within the first few weeks of pandemic to identify gaps/key priorities
- Identified and prepared staff to be re-deployed to higher need areas if required including Intensive Support Service and Eating Disorder Team (EDT)
- Sickness remained stable with no significant impact on capacity
- Shielding and isolating staff able to work from home due to delivery of virtual contact.





Mental Health Conditions

Key notes/updates on EWMHS Pathways

- CCG Locality Hubs – Business as usual
- Looked after Children (LAC) - Escalation in referrals at crisis point
- Intensive Support Service (ISS) - Covid-19 Crisis pathway established to divert away from A&E
- Eating Disorder Service (EDS) – increase in referral volume and acuity
- Youth Offending (YOS) - EWMHS YOS workers continue to provide a service to young people
- Learning Disability (LD) EWMHS Team worked in collaboration with social care to identify vulnerable cases.





Future Considerations

- OUR FUTURE FOCUS tactical group ensures that recovery and restoration are fully realised
- Tactical groups provide a command infrastructure for the trust
- System wide work streams
- Improving and increasing access
- Realising the mental health investment standards
- Crisis pathways
- Neurodevelopmental pathways
- Multi agency complex case management
- Digital innovations to improve access and CYP support
- Mid and South Essex Mental Health in Schools Team Investment.

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Questions

Brid Johnson

**Director of Operations,
Essex and Kent**

Gill Burns

**Director of Children's Services,
Essex and Kent**

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Health Overview Policy & Scrutiny Committee

North East Essex Alliance CCG - Mental Health Services

Wednesday 23 September 2020

10.30am

Eugene Staunton, Deputy Director of Transformation, Mental Health and Learning Disabilities

System mental health response to the pandemic

Primary Care	IAPT	Secondary Care	VCS
<ul style="list-style-type: none"> Mental Health resource pack rolled out and clear communications of services available. Workplace wellbeing for staff resources and MNE Mind support. Dedicated GP Line to secondary care (EPUT) to support patients' in crisis. Key role in NEE Weekly Tactical Cell for GPs and MH providers as part of system approach. 	<ul style="list-style-type: none"> Service continuation with digital programme roll out to sustain service delivery of therapies where possible. Increased provision of self help materials to patients and staff. Provision of webinars for staff and patients 	<ul style="list-style-type: none"> 111 (2) 24/7 community crisis provision - April 2020. Digital care approach - accuRx. Proactively reviewed all patients on MH caseloads Emergency Department mental health diversion enacted Increased psychosis resource due to demand / trends Bed capacity reviews and out of area repatriation. Engaged in training in staff for respiratory care. 	<ul style="list-style-type: none"> Refugee Action Colchester additional resource to support those vulnerable in the community. Roll out of older adult & dementia befriending navigators to support isolation and loneliness. Colchester and Clacton Crisis Cafes live and moved to virtual support. The Haven offering EPUT inpatient in reach resilience Vulnerable & Shielded Taskforce and VCS Forums initiated

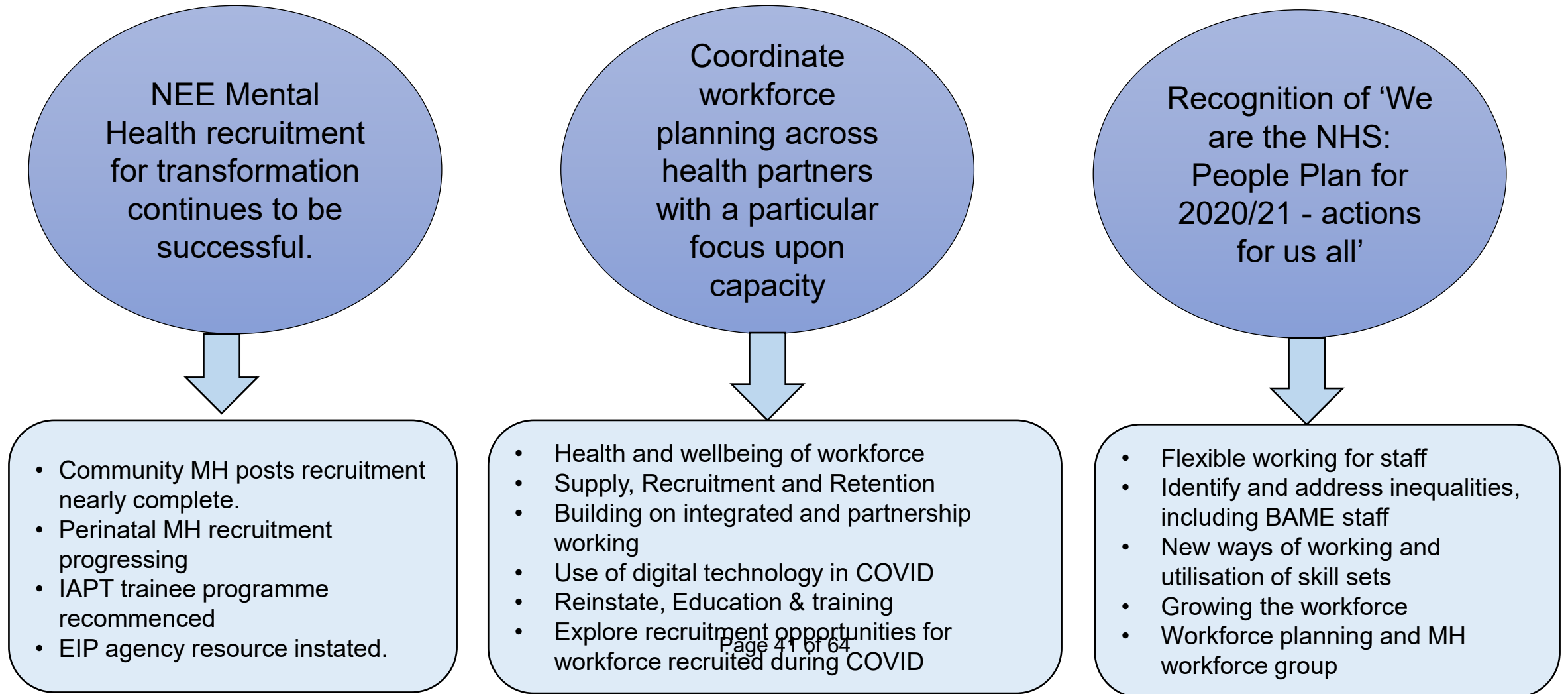
Future planning for changes in demand

Recovery planning has been undertaken during CV-19 to enable a smooth transition to sustainable BAU services. This continues in line with the Simon Steven's correspondence / check list and for mental health specifically, the directive from Clare Murdoch (NHSE MH Lead) in delivery of the Long-Term Plan requirements.

As part of recovery and looking to the future:

- Demand and capacity workstream to understand capacity impacts and forecast future service demand.
- Workforce planning workstream to coordinate workforce planning across SNEE health partners with a particular focus upon capacity building where required.
- System discussions underway to ensure full IAPT national 25% access target is achieved.
- Identification of areas of unmet needs and remedial plans to address areas of increased demand as a system:
 - Based on published literature, increased levels of anxiety in the population, PTSD in survivors, MH impacts on workforce inclusive of burnout.
 - Increased risk of suicide and crisis situations due to lifestyle impacts / increase in self harm.
 - Increase in prescription of antidepressants .
- Continue to increase investment in mental health services in line with the Mental Health Investment Standard
 - Investments in SPMH, EIP, PD&CN, ADHD, Community MH services and CORE 24 Mental Health Liaison provision.

Effect on staffing capacity – high levels of sickness, a likely second peak



A breakdown between mental health conditions

WORKSTREAM	NATIONAL DIRECTIVE	PROGRESS
Specialist Community Perinatal Mental Health	<ul style="list-style-type: none"> Increased access to 7.1% 20/21, 8.5% 21/22 and 10% 22/23 Maternity Outreach Clinics by 2023/24 Extended period of care from 12-24 months Increased availability of evidence-based psychological therapies by 2023/24 Evidence-based assessments for partners offered / signposting by 2023/24 	<ul style="list-style-type: none"> Pan Essex business case (NEE agreed) progressing through governance to deliver all elements bar MOCs. Recruitment programme progressing NEE PNMH Operational Group with strong links to LMSB
Early Intervention to Psychosis (EIP)	<ul style="list-style-type: none"> Achieve 60% EIP Access Standard and Level 3 NICE concordance Delivery of At Risk Mental State (ARMS) 	<ul style="list-style-type: none"> Delivering 2 week access standard Business case pending governance for enhanced service to meet Level 3 and roll out ARMS in Q3/4 20/21
Individual Placement and Support (IPS)	<ul style="list-style-type: none"> Incremental annual increases in access to services 	<ul style="list-style-type: none"> Pan Essex procurement completed by ECC supported by CCGs and mobilised to meet national access. CV-19 impact on access
SMI physical health checks	<ul style="list-style-type: none"> 60% of those on SMI registers receiving a health check for 20/21 	<ul style="list-style-type: none"> PES in place with primary care to deliver 60% Performance at 19.1% and remedial plans in place.
Integrated primary and community care for adults and older adults with SMI access	<ul style="list-style-type: none"> Stabilise & bolster core community mental health teams 20/21 Adults and older adults with SMI (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis) receiving care from integrated primary and community mental health teams (21/22) 	<ul style="list-style-type: none"> Community models of care for mental health being derived and resource deployed (7 MH practitioners) Community PD/CN pathway agreed and mobilising Eating disorder shared care protocol in discussion to be followed by FREED model based on W Essex trailblazer.
Adult Common Mental Illnesses (IAPT)	<ul style="list-style-type: none"> Increase access to 25% (Q4 20/21) with annual increments thereafter to 30% 50% national recovery rate 75% 1st appoint in 6 weeks / 95% in 18 weeks Long Term Conditions programme 	<ul style="list-style-type: none"> New provider to commence April 21 with incumbent contract extension due to CV-19 Delivery of 22% access commissioned and discussions underway to deliver the Q4 increase. Access performance is poor due to CV-19 with other metrics met New provider, 6 weeks to 2nd and subsequent treatments within contract expectation to prevent long waiters. Living Life To The Full in discussion to support primary care and IAPT inclusive of digital opportunities. LTC well rolled out since 2014 with future pathways on hold until new provider commences.

A breakdown between mental health conditions

WORKSTREAM	NATIONAL DIRECTIVE	PROGRESS
Crisis 24/7 coverage	<ul style="list-style-type: none"> 100% coverage of 24/7 age-appropriate crisis care, via NHS 111, including 24/7 Crisis Resolution Home Treatment (CRHT) and 24/7 provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions 	<ul style="list-style-type: none"> 24/7 111(2) age inclusive crisis care line in place CRHT function commissioned and in place inclusive of mental health outreach care
Hospital Mental Health Liaison Services	<ul style="list-style-type: none"> All general hospitals will have mental health liaison services, with 70% meeting the 'core 24' standard for adults and older adults. 	<ul style="list-style-type: none"> CORE 24 transformation being mobilised at present in Colchester Review of Clacton UTC mental health needs and response underway CV19 A&E diversion review in place ESNEFT environment task and finish group commenced to review MH space / suite.
Crisis Alternatives	<ul style="list-style-type: none"> A range of complementary and alternative crisis services to A&E and admission (including in VCSE/local authority-provided services) within all local mental health crisis pathways; 	<ul style="list-style-type: none"> Crisis cafes in Clacton (CCG) and Colchester (ECC) mobilised to support VCS providing resilience group sessions
Ambulance Mental Health	<ul style="list-style-type: none"> A programme for mental health and ambulances, including mental health transport vehicles, training for ambulance staff and the introduction of nurses and other mental health professionals in Integrated Urgent Care Clinical Assessment Services. 	<ul style="list-style-type: none"> Work has commenced in scoping the opportunities and approach across Essex in delivering this programme of work in line with future transformation monies. Supported by existing Street Triage services already in place.
Therapeutic Acute Mental Health Inpatient Care	<ul style="list-style-type: none"> The therapeutic offer from inpatient mental health services will be improved by increasing investment in interventions and activities, resulting in better patient outcomes and experience in hospital. This will contribute to a reduction in length of stay for all services to the current national average of 32 days (or fewer) in adult acute inpatient mental health settings Eliminate Out of Area Placements in 20/21 	<ul style="list-style-type: none"> Pan Essex discussions due to commence on north Essex bed base utilisation and approach to deriving sufficient staffing and environments. Impacted by CV19 and subsequent bed capacity reductions to 85% inclusive of predicted 10 % surge as part of demand and capacity planning. Continues to be monitored with community investments continued
Dementia	<ul style="list-style-type: none"> Delivery of the 66.7% national dementia diagnosis rate target Consistent access to 'functional' mental health support for older adults and address the mental health needs of older adults 	<ul style="list-style-type: none"> Achieved national DDR in February 2020, subsequently dropped to 63% July 20 but above national and regional average. Plans in place to turn the curve All age approach (18+) taken to all service transformation with dementia intensive support investment planned 18/19 IAPT older peoples CQUIN now BAU Dementia care homes and admiral nurses deployed.

ECC Health Overview Policy and Scrutiny Committee

Mental Health Services and the Covid-19
Pandemic

(West Essex as part of the Hertfordshire and
West Essex ICS)

Overview of Local Voluntary, Community and Social Enterprise Organisations (VCSE) response to the Pandemic

- Mind in West Essex saw a significant increase in the demand for the Befriending service (delivered via telephone during pandemic). The service aims to reduce loneliness in our community, and improve the health and wellbeing of isolated people across West Essex
- Mind in West Essex Online Academy developed additional free access courses that all staff, volunteers and the public can access; this includes a specific Coronavirus Anxiety course developed in collaboration with the Wellness Society
- The Alzheimer's Society stepped up support to carers of those living with dementia during the height of the pandemic, and also to those who had a loved one in a care home where they were not able to visit (due to social distancing restrictions)
- Integration Support Services (Harlow) continued to support migrants, refugees and BME community members across Essex and Hertfordshire to help them integrate successfully. Enhanced assistance has been offered to Asylum Seekers who were placed in The Bell Hotel, Epping Initial Accommodation Centre (IAC) further to the Home Office creating additional housing capacity during the pandemic.

Overview of Response to the Pandemic: IAPT (Healthy Minds)

- Since the start of the pandemic, the IAPT treatment offer moved to an entirely digital format, allowing delivery of services that is safe for both patients and staff. This includes one-to-one treatment using video conferencing platforms, telephone sessions and online therapy programmes including SilverCloud
- There have been a small number of people who have declined virtual treatment; they will be offered face-to-face assessment as soon as practicable and are being contacted regularly to ensure needs are not escalating
- The service also developed a series of webinars to support healthcare staff including carers, NHS staff and team leaders working on the frontline. It is recognised that many healthcare workers will have experienced an increased level of continuous stress which can have a negative impact on their own wellbeing
- The service increased provision of available self-help materials, including IAPT Psychological Wellbeing Webinars on their YouTube Chanel, and a four part Grief and Bereavement Webinar Series, offering participants a way to learn more about living with grief and loss, dealing with difficult conversations and moving forward (particularly in the context of the pandemic).

Local Changes in Demand: IAPT (Healthy Minds)

- At the beginning of UK lockdown (March), referrals into the IAPT service reduced significantly; this continued through to June with only 68% achievement against the local access target for quarter one of the year
- This significant reduction in referrals, locally and nationally has been followed by a slow trend towards pre-Covid levels throughout July and August; data from the service shows a total of 271 referrals in May, increasing to 508 throughout July (87% increase and back in-line with local access target)
- The recovery rate within service was initially adversely affected by patients dropping out of treatment however this is now returning to pre-Covid levels ($\approx 50\%$). Reliable improvement rates have remained high throughout this period (average of 85%), indicating clinical improvements were seen in a high percentage of cases
- Whilst there is expected to be increased demand for IAPT services, this has yet to materialise locally; it is anticipated that future presentations will be of a relatively high level of complexity and severity, requiring step 3, high intensity interventions.

Future Planning: IAPT (Healthy Minds)

The predicted increase in presentations (mental health conditions) includes the following:

- General public who have been traumatised by Covid
- Those who have suffered a bereavement due to Covid
- Frontline staff who are struggling/feel traumatised
- Post virus fatigue/Chronic Fatigue Syndrome (CFS)
- Health anxiety: fear of contracting Covid leading to limiting behaviours
- Depression: lives changed or ruined through Covid including unemployment
- People whose (Covid) healthcare has been put on hold because of Covid
- Increased Long Term Condition (LTC) because of Covid complications post ICU
- OCD, particularly around fears of contamination.

The timing of the anticipated increase remains unclear at this point, however we are preparing for 15-30% increase in presentations over the next 3-12 months, in line with different national/local demand predictions. Whilst a proportion of this demand can be absorbed within the existing service (capacity has been increased through virtual means of delivery); additional investment will be required to ensure sufficient service capacity moving forward. This will be tackled through a full procurement exercise in early 2021.

As previously mentioned, the surge in demand has not materialised locally to date.

Impact on Staffing Capacity: IAPT (Healthy Minds)

- During the period March-June (when infection rate was at it's highest throughout the UK), Staff absence was running at 4.15% (slightly above target of 4%). There were no concerns raised regarding capacity and ability to deliver the service during this period
- All Staff remain working from home at present, delivering the service through virtual means; this is limiting exposure to the virus
- With an anticipated second peak, the model of delivery will remain virtual until further notice; this also increases capacity and the ability for the service to flex with demand due to reduced travel time between work bases
- Supervision and team meetings are being successfully conducted via online platforms. There are also less formal support mechanisms in place to support wellbeing and maintain team cohesion. Where staff are going into work bases, social distancing rules and strict infection control measures are in place to minimise risk.

Overview of Response to the Pandemic:

Secondary Mental Health (EPUT)

- Throughout the pandemic, secondary MH services have remained fully operational; the most notable change to service delivery (for community services) is remote triage to assess whether a face-to-face appointment is clinically necessary, or whether follow up care and advice can be given using remote consultation (through accuRx).
- For anyone requiring crisis assessment / treatment; this has been delivered face-to-face, with the appropriate PPE / infection control measures in place. High risk/complex cases have also remained supported through face to face contact
- Pre-Covid activity through February 2020 was a total of 3,837 community contacts in West Essex (of which 80% i.e. 3,062 were delivered face to face). Covid activity through May 2020 was a total of 5,229 community contacts in West Essex (of which 27% i.e. 1,421 were face to face). This 36% increase in activity was possible due to the shift in virtual means of delivery and increased capacity from less Staff travel etc.
- Inpatient facilities remain operational in line with NHS England and NHS Improvement (NHSE/I) guidance; nursing in isolation is undertaken where possible to reduce the risk of contagion among specific, vulnerable patients. At the peak of the outbreak, capacity on wards was reduced to 50-85% to maintain social distancing however demand was much lower during this time.

Local Changes in Demand: Secondary Mental Health (EPUT)

- Post Covid, demand within mental health services has seen a steep rise, with increasing acuity and risk (including high risk of suicide). Data from the 24/7 Community Crisis service shows a total of 380 calls in April for West Essex residents, increasing to 488 calls through July (28% increase). Similarly, MH Liaison Services within PAH are feeling this pressure; a total of 128 mental health assessments were undertaken in the Emergency Department throughout July
- Whilst the number of Out of Area Placements had been on the increase since the end of 2019 (following many months of zero placements), the period through Covid (April to mid-June) saw no West Essex patients placed out of area. This is now on the rise again, with reduced capacity in inpatient units due to social distancing measures, and a surge in demand being seen. There were four West Essex patients placed out of area throughout July, for a total of 51 bed days (patients are repatriated back into commissioned local beds as soon as available)
- There are increasing reports from Primary Care, and Mental Health services of service users not being adequately supported through the Drug and Alcohol pathway (more so since services moved to virtual means of delivery). Presentations due to poisoning (drug / alcohol overdose) in PAH are also on the rise; we are working with partners to obtain data supporting this and to agree remedial action needed.

Future Planning: Secondary Mental Health (EPUT)

- The timing of the anticipated increase remains unclear at this point, however we are preparing for 15-30% increase in presentations over the next 3-12 months, in line with different national/local demand predictions. Whilst a proportion of this demand can be absorbed within the existing service (capacity has been increased through virtual means of delivery); *additional investment will be required in line with the Long Term Plan (and Mental Health Investment Standard) to ensure sufficient service capacity moving forward*
- Priorities for the coming years remain in line with the West Essex Local Delivery Plan for Adult Mental Health Services 2019-2024 (and align to the work streams / national directives outlined within the NHS Long Term Plan Implementation Framework for Mental Health).

Actions/Services Put in Place in Response to Covid to Maintain

- Diversion of mental health patients (without medical need) from the Emergency Department at Princess Alexandra Hospital (PAH) to the Derwent Centre for mental health assessment
- Closer working relationships between mental health care providers and third/voluntary sector support
- Supported discharge processes and community/home treatment support to reduce inpatient admissions and out of area placements
- Use of technology solutions to support patient consultations i.e. accuRx; thereby reducing travel time of clinicians and making services more accessible/convenient for patients and carers including dementia diagnosis where possible
- Use of technology solutions to support patient therapy support within IAPT - for example IESO (online digital platform, providing an end-to-end, fully managed online service to treat patients (Cognitive Behavioural Therapy) at both Step 2 and Step 3 level of need) for STEP 3 high intensity treatment (will be important as acuity rises)
- Use of technology solutions to support stakeholder communication / meetings i.e. MS Teams / Skype.

The Transformation of Mental Health Services

Across the Hertfordshire and West Essex ICS, there are several large scale transformation programmes underway for adult mental health services, including:

Adult and Older Adult Community Mental Health (CMH) Care

Hertfordshire and West Essex (HWE) ICS as a trailblazer sight across EoE region. We have mobilised Primary Care Networks (PCN) MH Workers and Mind MH Coaches in 3 out of 6 PCNs, working to integrated models of place-based delivery and ensuring no 'cliff edge' of lost care between organisations. This programme also includes an Early Intervention Eating Disorders service (FREED) and increased psychological interventions for 18-25 year olds (with a focus on emerging Personality Disorders)

Adult and Older Adult Community Crisis Care

We have 100% coverage of 24/7 age-appropriate crisis care, via NHS 111, including 24/7 Crisis Resolution Home Treatment (CRHT) and 24/7 provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions.

Adult and Older Adult Mental Health Liaison (based in Acute Trust - PAH)

We have enhanced the staffing establishment of the Mental Health Liaison Service at the PAH to Core 24 compliance (this is a fidelity model for MH Liaison Teams), ensuring that anyone presenting at the Hospital with a mental health need is assessed and treated in line with national waiting time standards (1hr for Emergency Department and 24hrs for inpatient wards).

Specialist Community Perinatal Mental Health

Pan Essex business case (West Essex agreed) progressing through governance to deliver expansion in line with LTP ambitions; recruitment is progressing.

Individual Placement and Support (IPS)

Pan Essex procurement completed by ECC supported by CCGs and mobilised (July 2020) to meet national access targets moving forward. CV-19 impact highly likely.

Report title: Chairman's Report	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 23 September 2020	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk or Sophie Champion, Democratic Services Officer (sophie.champion@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 This is the latest update reporting on discussions at HOSC Chairman's Forum meetings (Chairman, Vice Chairmen and Lead JHOSC Member).

2. Action required

- 2.1 The Committee is asked to consider this report and identify any issues arising.

3. Background

- 3.1 The Forum usually meets monthly in between scheduled Committee meetings to discuss work planning. In addition, there are also meetings with the Cabinet Member for Health and Adult Social Care on a bi-monthly basis and quarterly meetings with senior officers.

4. Update and Next Steps

- 4.1. The Forum met virtually on 25 August 2020.

Considered timings for re-commencing proactive work programme items.

Agreed main agenda item for HOSC meeting on 23 September 2020, namely

- (i) Mental Health Services (response to pandemic and future service planning for changes in demand).

Agreed that a further update on the *Impact of Covid-19 on Personal Behaviours* be presented to the committee at its October 2020 meeting.

The Forum also had an informal discussion with Sue Waterhouse, Director of Mental Health for Mid and South Essex regarding changes to Acute Mental Health Beds in South Essex.

The Forum were informed that they are in the process of refurbishing wards on the Basildon Mental Health Unit which aims to eliminate dormitory provision and replace these facilities with single bedrooms, a CQC requirement by 2021. They plan to move one ward from the Basildon site to Rochford Hospital site, in effect balancing the wards resulting in two wards on each site.

The benefits will be that less patients will be required to be treated in Basildon that originate from the South East area. The ward they will be moving to is a purpose-built ward that was closed a number of years ago but is of a very good standard and provides single bedrooms. They are also taking this opportunity to change the wards from mixed sex to single sex which is a recommended approach for achieving safety and dignity in inpatient settings.

The Forum agreed that this is not a variation in service and therefore does not require formal consultation with the HOSC.

5. List of Appendices

Appendix A: Changes to Acute Mental Health Beds in South Essex

Report title: Changes to Acute Mental Health Beds in South Essex	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Sue Waterhouse, Director of Mental Health for Mid and South Essex	
Date: 23 September 2020	For: Information
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk) or Sophie Campion, Democratic Services Officer (sophie.campion@essex.gov.uk)	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 The Trust is planning to move an adult inpatient ward back to Rochford during Week commencing 28th September 2020. Rochford Hospital originally accommodated two adult acute inpatient wards until Willow Ward at Rochford was temporarily moved to Basildon a few years ago. We are now in a position to move patients back to Rochford and re-open Willow, so that we are returning to the original position, which will stop patients from South East Essex having to leave this locality. There are many other benefits that will be realised as a result of this move.

2. Action required

- 2.1 The Committee is asked to note this report for information only.

3. Background

- 3.1 The CQC recommended that Essex Partnership University NHS Trust (EPUT) should remove dormitory accommodation and has since confirmed that it would undertake this project with a target date for completion in 2021 across all our inpatient estate.
- 3.2 The only facility within the Trust that does not currently meet the single bedroom accommodation standard is based at Basildon Mental Health Unit in Kelvedon, Grangewaters and Thorpe Wards. The other two existing wards at Basildon (Hadleigh and Assessment Unit) are already provided with single bedroom accommodation.
- 3.3 All inpatient accommodation at Rochford is provided in single bedrooms; therefore, the move back to Rochford is ideal. The project has also allowed us the opportunity to improve the accommodation at Basildon, to be able to change from outdated dormitory provision to single bedrooms with en-suite.
- 3.4 On the Basildon site, a decision was made to refurbish Cherrydown and Kelvedon Wards as they are on the ground floor and have direct external access, which would help to improve the patient experience by allowing direct access to a garden from the ward.

- 3.5 Cherrydown has accommodated our inpatient gym and ADL kitchen onsite at Basildon for a while now. It has also housed the onsite pharmacy and office space for several teams; therefore, Langdon has been refurbished to allow these functions to be accommodated in a different space and freeing up the area for refurbishment for this project. The new space they will occupy will be vastly improved and modernised.
- 3.6 It has been our ambition to reduce the size of some of our largest wards, as it is recognised that smaller wards produce calmer environments and therefore better outcomes for patients and allowing staff to provide better care. We are able to achieve this with our plans.
- 3.7 The architect provided a proposal which allows for 16 bedrooms with en-suite facilities within the existing building at Basildon on each of these two new wards (Cherrydown & Kelvedon). Two of the rooms on each of the two new wards will be adapted to be able to accommodate bariatric patients or those with physical health disabilities, which is also an improvement to our current provision.
- 3.8 All of our wards in South Essex have been providing a service for a mix of both male and female patients. This project has allowed us to revisit this provision, and a decision has been made in the interests of sexual safety for our patients to change to single sex wards. With two wards at Rochford (Willow and Cedar) and two wards at Basildon MHU (Cherrydown and Kelvedon) we are able to accommodate one male and one female ward at each site.

4. Bed Numbers

- 4.1 The architect for the project was limited with options within the existing fabric of the building at Basildon MHU and was able to maximise the available space to create 16 en-suite bedrooms on each of the two refurbished wards on the site. This has meant there is a reduction of six inpatient beds in total for South Essex. The table below illustrates the changes.

Ward Names	Original Bed Nos	Ward Names	Single Bedroom Nos
Grangewaters	24	Kelvedon	16
Thorpe	20	Cherrydown	16
Kelvedon	18	Willow	24
Cedar	24	Cedar	24
TOTAL	86	TOTAL	80

- 4.2 Whilst it would have been preferred to provide an equal number of inpatient beds, it has not been possible to do so. It is of interest to note that during the Coronavirus Pandemic, we have been operating with reduced capacity on all our inpatient wards, and particularly so in Basildon MHU on the dormitory wards, due to the complication of social distancing and inability to isolate patients in a dormitory environment. Our current capacity has therefore been significantly reduced to 78, and we have been managing to operate and accommodate all our patients with this reduced number of beds.

5. Summary of benefits

- Return of beds being provided in the South East Essex area for local patients

- Elimination of outdated dormitory accommodation for inpatients
- Improved privacy and dignity for patients
- More modern, refurbished accommodation being provided in all affected wards
- Far better access to outside for patients on Basildon site
- Better access and provision for those patients with a physical disability need/bariatric need
- Smaller, less crowded wards which will provide safer, more therapeutic environments
- Single sex accommodation
- En-suite accommodation in four acute adult wards
- Replacement of gym and ADL kitchen at Basildon site into newly refurbished area.

Report title: Member Updates	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 23 September 2020	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk or Sophie Campion, Democratic Services Officer (sophie.campion@essex.gov.uk))	
County Divisions affected: Not applicable	

1. Introduction

This is an opportunity for members to update the Committee (see Background below)

2. Action required

- 2.1 The Committee is asked to consider oral reports received and any issues arising.

3. Background

- 3.1 The Chairman and Vice Chairman have requested a standard agenda item to receive updates from members (usually oral but written reports can be provided ahead of time for inclusion in the published agenda if preferred).
- 3.2 All members are encouraged to attend meetings of their local health commissioners and providers and report back any information and issues of interest and/or relevant to the Committee. In particular, HOSC members who serve as County Council representatives observing the following bodies may wish to provide an update:
- Castle Point and Rochford CCG (Cllr Egan)
 - North East Essex CCG (Cllr Brown)

4. Update and Next Steps

Oral updates to be given.

5. List of Appendices – None

Report title: Work Programme	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Richard Buttress, Democratic Services Manager	
Date: 23 September 2020	For: Discussion and identifying any follow-up scrutiny actions
Enquiries to: Richard Buttress, Democratic Services Manager (richard.buttress3@essex.gov.uk or Sophie Campion, Democratic Services Officer (sophie.campion@essex.gov.uk))	
County Divisions affected: Not applicable	

1. Introduction

- 1.1 The current work programme for the Committee is attached.

2. Action required

- 2.1 The Committee is asked:
- (i) to consider this report and work programme in the Appendix and any further development of amendments;
 - (ii) to discuss further suggestions for briefings/scrutiny work.

3. Background

3.1 Briefings and training

Further briefings and discussion days will continue to be scheduled on an ongoing basis as identified and required.

3.2 Formal committee activity

The current work programme continues to be a live document, developed as a result of work planning sessions and subsequent ongoing discussions between the Chairman and Lead Members, and within full committee.

4. Update and Next Steps

See Appendix.

5. List of Appendices

Appendix A: Work Programme – September 2020

**Health Overview Policy and Scrutiny Committee
Work Programme – September 2020**

Date	Topic	Theme/Focus	Approach and next steps
September 2020	Mental Health Services	Response to pandemic and future service planning for changes in demand	EPUT, NELFT and CCG's have been invited to provide the committee with an update
October 2020	A&E pressures/ seasonal pressures/admissions avoidance – <i>further follow up</i>	Relationship between ambulance performance and hospital capacity pressures.	Follow up to previous sessions/review of winter performance. Now may also have post virus pandemic context
TBC 2020	Autism services	Look at referral and diagnosis times and transitions between services. Now to also have post virus pandemic context.	TBC - currently on hold
TBC 2020	Primary Care – further follow up	Contribution to wider system and the STP plans. To review locality changes from finalised CCG plans and impact of NHS England Long Term Plan. Could include further consideration of urgent care provision, NHS 111 and out-of-hours arrangements. Now to also have post virus pandemic context.	To review locality changes from finalised CCG plans and impact of NHSE Long Term Plan. TBC – currently on hold.
TBC 2020	Primary Care	Dentistry/Opticians/Pharmacist update from NHS England.	Introductory informal session. Session planned for 22 April 2020 was cancelled due to

			current virus pandemic – currently on hold and to be rescheduled.
Summer 2020	Relocation of cardiology beds	Consultation on proposed service variation to relocate cardiology beds from Broomfield to Basildon Hospitals	Follow-up and feedback on temporary changes made over the winter period.
Ongoing	Service changes in strategic STP/ICS footprint areas	Seek evidence of partnership working across footprints	High level governance and strategic oversight role across all three footprints

Other issues for consideration

Date	Topic	Theme/Focus	Approach and next steps
TBC	North East CCG – community beds	Further update on proposals impacting on Clacton and Harwich Hospitals	TBC
TBC	Community providers – follow up	Previously looked at the broader role and contribution to wider system. Agreed to review local performance	May link with other items on work programme
TBC	Sensory care pathways	Review accessibility to services and system working	May link with other items on work programme.

Current Joint Health Overview Policy and Scrutiny Committees (JHOSC's)

1. JHOSC looking at the Suffolk and North East Essex Sustainability and Transformation Partnership/Integrated Care System proposals (Joint Committee with Suffolk County Council)

This Joint Committee was established in anticipation of a formal consultation being launched by the STP for various service changes. A number of public and private briefings have been held. The Joint Committee will be the formal consultee for a number of proposals being finalised by the STP/ICS. [Joint HOSC Agenda papers](#)

2. JHOSC looking at relocation and rebuild of Princess Alexandra Hospital (Harlow) (Joint Committee with Hertfordshire County Council)

This Committee met once to provide formal comment on proposals for a rebuild and relocation of Harlow Hospital.

[Joint HOSC looking at PAH proposals - agenda papers](#)