

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

NEE Mental Health Weekly Covid 19 System call embedded – Commissioners, providers and VCS

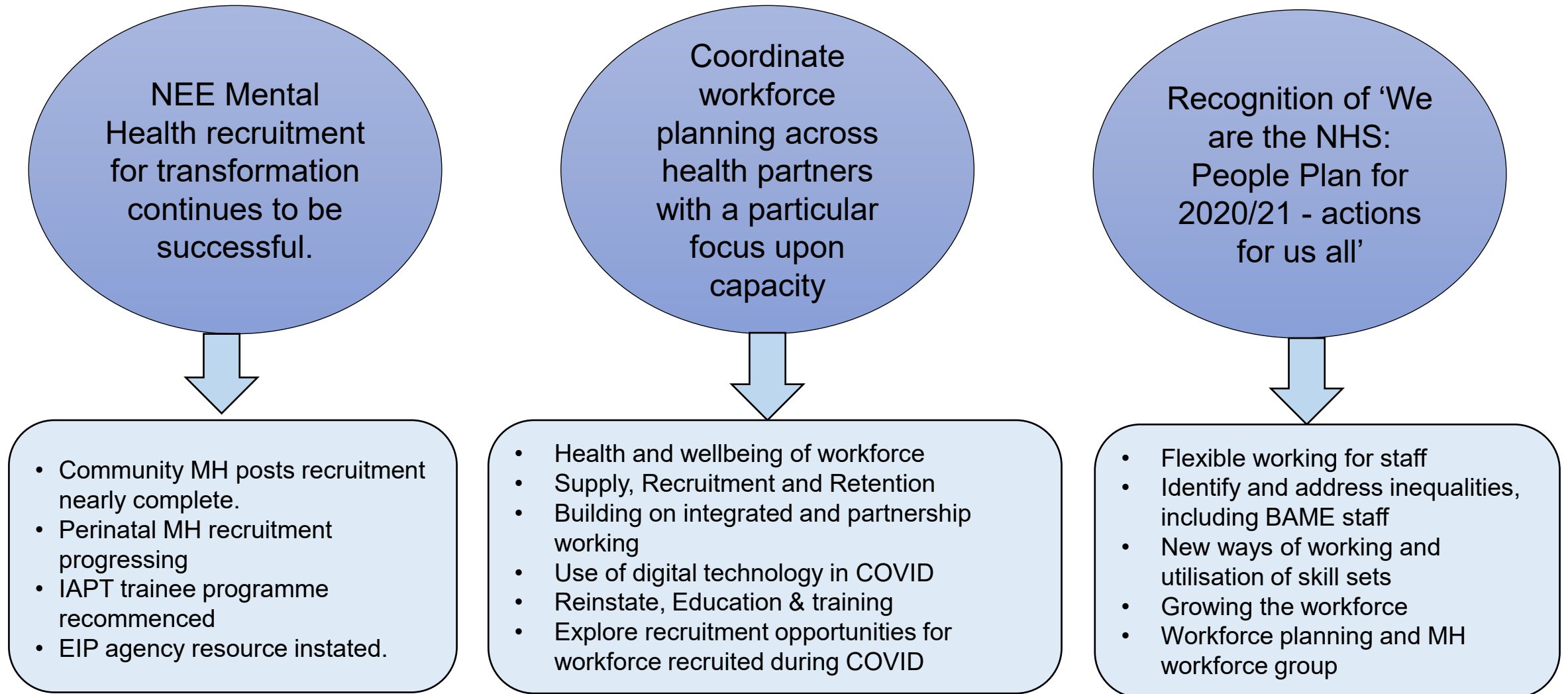
Future planning for changes in demand

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.