

APPENDIX A: MENTAL HEALTH TRANSFORMATION ACTION PLAN

Recommendation	Key Objective	Lead	Other Key Stakeholders	Timescales
1) Improve the diagnosis of residents with undiagnosed depression and anxiety	a) Expedite roll out of the PHQ2/9 depression screening tool prompt template in SystemOne for patients that are being reviewed for physical Long Term Health Conditions	Healthcare Public Health Team	GPs, Primary Care Development Team	By June 2019
	b) Improve the uptake of NHS Health Checks Programme such that a minimum of 60% of those offered a health check receive one, as a systematic way of screening for depression through implementation of the Health Checks Strategic Plan	Thurrock Healthy Lifestyles Team Manager	GP surgeries, Pharmacies	By March 2019
	c) Embed depression screening into the practice of wider front line professionals including front line house, social care and community workers	Strategic Lead, MH Transformation	Principal Social Worker AD Housing Operations NELFT LTC Management Teams Strategic Lead Community Development	By June 2019
	d) Improve access to depression screening for the general population with the use of online screening tools linked to self-referral mechanisms	Strategic Lead, MH Transformation	Council and CCG Communications Leads	By December 2019
2) Improve Access to timely mental health treatment	a) Undertake capacity modelling to understand and implement actions to reduce IAPT waiting times to the six week minimum	CCG Mental Health Commissioning Lead	Inclusion Thurrock	By March 2019

	b) Develop and commission a new model of 24-7 direct access crisis care	CCG Mental Health Commissioning Lead	EPUT Strategic Lead, MH Transformation	*By Winter 2019
	c) Examine current and agree new system wide thresholds for treatment access for all MH clusters to ensure that <i>Missing Middle</i> are able to access timely and appropriate secondary MH services	CCG Mental Health Commissioning Lead Strategic Lead, MH Transformation Strategic Lead – ASC Commissioning	EPUT	By December 2019
3) Develop and commission a New Model of Care for Common Mental Health Disorders	a) Address the variation in referral to IAPT for CMHD amongst GP practices such that a minimum of 25% of patients estimated to have a CMHD receive treatment each year, and that age and sex variation is also reduced	Strategic Lead, MH Transformation Strategic Lead – Healthcare PH	GPs, Inclusion Thurrock	From April 2019 through rolling programme of GP surgery visits
	b) Address variation in clinical management of depression in Primary Care including inclusion of QOF indicators relating to depression review on the GP Practice Profile Card/Practice visits and future Stretched QOF iterations	Strategic Lead MH Transformation Strategic Lead – Healthcare PH	GPs	From April 2019 through rolling programme of GP surgery visits
	c) Expedite integration of IAPT Services with other LTC Physical Health Conditions to create single 'one stop shops' where all LTCs can be dealt with at the same time, as part of <i>Better Care Together</i> Transformation Programme building on the new pathway that is now in place between Inclusion Thurrock and NELFT	Strategic Lead – MH Transformation	NELFT LTC services Inclusion Thurrock CCG Mental Health Commissioning Lead	From April 2019

	d) Increase the Capacity of current Social Prescribing Service and embed within clinical teams of all GP practices, through roll out of Locality Based Mixed Skill Workforce Teams	Director of Primary Care, CCG Director of Transformation, CCG	CVS, GPs	Proposals by April 2019
	e) Design and implement a <i>New Model of Care for CMHDs</i> that encompasses programmes that support residents to address worklessness, increase physical activity and increase social capital and community connectivity, building on existing community assets	Strategic Lead MH Transformation	CCG Mental Health Commissioning Lead AD and Consultant in PH AD ASC and Community Development Community Hubs CVS	Proposals by December 2019
4) Develop and commission a New <i>Enhanced Treatment and Recovery</i> model	a) Further investigate and understand the needs of <i>The Missing Middle</i>	Strategic Lead – MH Transformation		Initial proposals by September 2019
	b) Review current referral criteria thresholds across IAPT and secondary care and agree new common standards to ensure service provision for <i>The Missing Middle</i>	Strategic Lead – MH Transformation	CCG MH Commissioning Lead Strategic Lead, ASC Commissioning Inclusion Thurrock, EPUT	Initial proposals by September 2019

	<p>c) Reduce current fragmentation in care pathways within EPUT to improve continuity of care</p>	<p>Strategic Lead – MH Transformation</p> <p>CCG MH Commissioning Lead</p> <p>Strategic Lead, ASC Commissioning</p> <p>EPUT Operations Leads</p>		<p>Initial proposals by December 2019</p>
	<p>d) Reduce current fragmentation in care pathways between Primary and Secondary Care including basing Psychiatric Nursing Capacity within Primary Care Mixed Skill Workforce Teams</p>	<p>Strategic Lead – MH Transformation</p> <p>CCG MH Commissioning Lead</p> <p>Director of Primary Care, CCG</p> <p>Director of Transformation CCG</p>		<p>Initial proposals by December 2019</p>

	<p>e) To understand the current use of the available Bed base under the current Health Contract, particularly the increase in demand to then reduce this demand in line with increased community resources</p>	<p>Strategic Lead – MH Transformation</p> <p>CCG MH Commissioning Lead</p> <p>Director of Primary Care, CCG</p> <p>Director of Transformation CCG</p>	<p>EPUT</p>	<p>April 2019</p> <p>Reduction on going through 2019 aligned to development of community resources.</p>
	<p>f) Embed physical health assessment, health improvement and lifestyle modification into secondary care clinical pathways to address the physical health needs of patients with SMI and improve life expectancy, integrating the current CQUIN into 'business as usual'.</p>	<p>Strategic Lead – MH Transformation</p> <p>AD and Consultant in PH</p>	<p>Inclusion Thurrock, Thurrock MIND, EPUT</p> <p>CCG Primary Care team</p>	<p>On-going</p>
	<p>g) Develop an integrated treatment offer for patients with SMI and drug and alcohol misuse problems, that treats both issues in parallel</p>	<p>Strategic Lead – MH Transformation</p> <p>AD and Consultant in PH</p> <p>CCG MH Commissioning Lead</p>	<p>Inclusion Thurrock</p> <p>EPUT</p>	<p>Pathway redesign from April 2019</p>

	h) Leverage the professional skill set of social care staff in addressing the wider determinants of health of patients with SMI	Strategic Lead – ASC Commissioning Principal Social Worker, ASC.	EPUT	On-going through 2019 to be in place by April 2020
	i) Encompass a ‘strengths-based’ community asset focus that promotes peer support and increases service users’ social capital within the new treatment model	Strategic Lead – MH Transformation	AD – ASC and Community Development EPUT Thurrock MIND Inclusion Thurrock (Recovery College)	Initial Proposals December 2019
	j) Integrate employment and housing support as an integral part of the new <i>Enhanced Treatment Model</i> and on-going recovery	Strategic Lead – MH Transformation	AD – Housing Operations, TBC Strategic Lead, ASC Commissioning	By March 2020
	k) Commission programmes that seek to identify and intervene at an earlier stage in the patient journey, shifting the current focus from crisis support to prevention and recovery	Strategic Lead – MH Transformation Strategic Lead – ASC Commissioning CCG MH Commissioning Lead		Initial Proposals December 2019
5) Integrate Mental Health Commissioning across council and CCG	a) Create a single shared commissioning function and strategy between TBC and NHS Thurrock CCG to undertake all commissioning across the current and future provider landscape	Director of Commissioning TCCG Strategic Lead - ASC Commissioning		Initial model by May 2019 further development ongoing through 2019

	b) Develop a single shared commissioning outcomes framework	Director of Commissioning, TCCG Strategic Lead - ASC Commissioning	Strategic Lead – MH Transformation CCG MH Commissioning Lead	Initial framework by May 2019 with ongoing development through 2019
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To note – other actions relating to suicide prevention are outlined in the main body of the report.