31 January 2020	ITEM: 8
Health & Wellbeing Board	
Mid and South Essex STP Mental Health Costed Delivery Plan	
Wards and communities affected: All	**Key Decision:** Not Applicable
Report of: Mark Tebbs, MSE STP Director of Adult Mental Health Commissioning Nigel Leonard, EPUT Executive Director of Strategy and Transformation McKinsey Consultancy	
Accountable Head of Service: Mandy Ansell, Accountable Officer, Thurrock Clinical Commissioning Group	
Accountable Director:	
This report is Public	

Executive Summary

The purpose of this report is to engage with a wide range of stakeholders across the system regarding the proposed direction of travel for mental health across the Mid and South Essex STP. The proposed transformation will see changing roles across the whole system. Success will be dependent on all parts of the system changing together. It is therefore important that we have a common understanding of our starting position as well as a common vision for the future.

1. Recommendations

1.1 The Costed Delivery Plan (CDP) makes 5 key recommendations. The HWB are asked to support;

1.2 Further development of community-based and primary-care based provision, structured around the emerging PCNs and with significant investment in resources, infrastructure and change management for primary care-based teams, and providing required medical or other support to the PCNs;

1.3 Delivering NICE-compliant specialist community mental health services for people with eating disorders, complex PD, Early Intervention in Psychosis (EIP) or other needs;

1.4 Strengthening existing plans on robust community-based crisis response, personality disorders and dementia services;

1.5 Removing less complex activity from secondary care services, enabling secondary care services to provide higher quality and quantity therapeutic interventions for people who need it the most.

1.6 Developing a strategic approach to estates, workforce, digital and coproduction as key enablers to the delivery of the plan.

2. Introduction and Background

2.1 The Southend, Essex and Thurrock Mental Health Strategy sets out a clear vision for the future towards rebalancing the system in favour of prevention, early intervention, resilience and recovery. However, the system lacked a detailed planning document which described how to achieve the vision, how much it would cost and the starting position for this journey.

2.2 At the same time, the NHS Long term Plan commits us to significantly increase investment in areas such as integrated primary and community care, psychiatric liaison, community crisis care, specialist perinatal services, Improving Access to Psychological Therapies (IAPT), Early Intervention in Psychosis and Individual Placement and support (IPS).

2.3 As a system, partners agreed that it was important that we understand our baseline position so we can agree our starting point and measure improvements going forward. It is important that we address the issues and challenges within our local system as well as deliver on the national targets. It is important that we integrated care rather than just add additional teams onto existing models.

3. Reasons for Recommendations

3.1 This report makes 5 high level recommendations for the future direction of travel for mental health across the Mid and South Essex STP. Success will be dependent on all parts of the system changing together. It is therefore important that we are all committed to this direction of travel. The aim will be to develop these high level aspirations into detailed partnership working plans for 20/21 and beyond.

4 Financial / Resource Implications

4.1 None at this stage. (External Report)

5 Legal Implications

5.1 None at this stage. (External Report)

6 Equality & Diversity

6.1 None at this stage. (External Report)

8 Appendices

8.1 None at this stage. (External Report)

Mid and South Essex Mental Health Costed Delivery Plan

Strategic Context and Process

At the core of the Southend, Essex and Thurrock Mental Health Strategy was the vision to rebalance the system in favour of prevention, early intervention, resilience and recovery, and develop a comprehensive Mental Health approach across the STP (e.g. including employment, housing, direct mental health services), placing the service user and their needs holistically at the centre, through a robust STP-wide governance and transformation mechanism.

In 2018-19 Mid and South Essex STP partners came together with McKinsey to develop a Costed Delivery Plan for the STP Mental Health strategy. The Mid and South Essex STP defined clear parameters for the development of a Costed Delivery Plan and focused on:

- Developing the baseline mapping of current services across the STP in terms of spend, setting of care, numbers of patients and contacts, workforce, estates and other enablers, and providing evidence of best practice within the NHS and internationally;
- Describing what the future would look like in terms of projecting forward activity and spend, to establish the 'do nothing' picture, taking into account adherence with national policy priorities, in particular around the Long Term Plan, and defined implications for enablers (e.g. workforce);
- Modelling the impact of the existing transformational strategies, focusing specifically on the Crisis, Dementia and PD services and developing the 'blueprint' of a new, integrated Primary and Community Care model for Mental Health, centred around the newly-established Primary Care Networks (PCNs)
- Developing the high-level implementation plans for September 2019- August 2024, acknowledging the MH strategy will keep evolving and reflecting the maturity of local arrangements and governance (e.g. PCNs); and starting to address the key challenges and enablers such as workforce, digital and estates.

The plan, followed an agreed 7-step Modelling approach, using a needs-based segmentation over a 3-phase process of data collection, analysis/modelling and engagement, working closely with the programme Steering Group and STP-wide finance and operational leads through the Data Sub-Group, engaging 34 stakeholders in interviews and many clinical, financial and operational leaders in a

series of multi-disciplinary workshops, each with 40-60 attendees, and refining further the proposed approach at existing STP fora (e.g. the STP Mental Health Transformation Board).

As such, the CDP provides a robust structure and costing model already aligned with finance and operational leads across the STP, to integrate additional services as they are being developed further over the next few months (e.g. CCG Operational plans).

The Costed Delivery Plan – Population Information

Key findings from the report:

- One in five people in the STP population suffer from a Mental Health condition, many with depression/anxiety.
- While depression rates are high, not all patients are diagnosed in primary care and rates of diagnosis vary widely across GP practices and CCGs.
- The population is growing but also ageing rapidly; people aged 75-84 will increase by 28% over the next five years.
- Patients on dementia clusters 18-21 represent 22% of Occupied Bed Days compared to 10-14% national averages.
- More EPUT patients are likely to be readmitted as an emergency, while patients receive fewer community contacts than national average.
- EPUT acute patients are likely to be in hospital longer than national benchmarks, with a significant number averaging 60+ days in inpatient services.

The Costed Delivery Plan – Current Financial and Workforce Information

Key findings from the report:

- The system currently spends £253m on mental health and related services in primary care and social care.
- Secondary care mental health services provided by EPUT represent £103m of overall spend with approximately 17% directed at inpatient MH support. There is a strong training requirement for non-specialist workers regarding mental health issues such as suicide or self-harm.
- In 2018/19 the STP spent about 12% less per head on mental health services than the national median, though this could be reflective of the relatively lower mental health prevalence in the area.
- The mental health service offer is delivered by approximately 2,200 WTEs across settings of care, with 30% delivering inpatient care.

- EPUT has proportionately fewer adult consultant psychiatrists and registered nurses as a proportion of inpatient beds.
- The Costed Deliver Plan emphasises the need to turn our attention on developing an Integrated Primary and Community Care (IPCC) model. National guidance suggests a framework for these teams. The framework could provide a starting point for clinically led discussions with Primary Care Networks.
- Our clear priorities for mental health transformation need to reflect the NHS Five Year Forward View and the Long Term Plan. Although, there is not always agreement on how these priorities should be delivered for our population/localities.
- Good progress has been made on Urgent & Emergency Care, Personality Disorders and Dementia. However, workforce remains a significant local and national barrier to rapid mobilisation. We will need to evaluate these changes to understand whether they go far enough.

Costed Delivery Plan – Do nothing Scenario

The CDP's modelling analysis reveals that activity growth is likely to exacerbate current challenges under a "do nothing" scenario. This scenario would imply continuing the current trajectory of funding towards the existing Mental Health model. This is a model STP stakeholders perceive as focused on medical, rather than holistic needs of the patients, and not fully addressing the changing population demographics and emerging needs reflected also in the Long Term Plan (e.g. growing, community-based care needs).

The current model has created a 'Missing Middle' of patients whose conditions do not pass the threshold for referral into secondary care, but whose acuity cannot easily be addressed within the current primary care resources, training and systems. Such patients often "bounce" across settings of care, and health and care teams, many ultimately not accessing the care they need. As an example, in a single CCG, 60% of patients referred to first response teams did not access treatment through this mechanism, while 26% did not pursue accessing service after the first referral.

An 'as is' scenario would imply not adapting services to clinical best-practice around bringing care closer to home and empowering patients and carers and would be combined with ongoing under-utilisation of community-based capabilities and assets, including around population health management through advanced analytics and also the greater use of digital.

Costed Delivery Plan – Our Future Proposals

We are now at the stage of engaging with a wide range of stakeholders across the system. The new integrated primary and community care models will see changing

roles across the whole system. Success will be dependent on all parts of the system changing together. It is therefore important that we have a common understanding of our starting position as well as a common vision for the future. The Costed Delivery plan, therefore, proposes a number of key recommendations:

The costed delivery plan proposes that we need to rebalance the system towards primary care, community assets and community crisis care, and away from inpatient care. This was felt by clinicians and those involved with mental health services as the best option for service users as it provides care closer to home, reduces stigma, and provides a better setting than expensive inpatient services. The plan aims to avoid hospital admission where possible in favour of community and primary care provision and improve working across primary and secondary care. Work between Local Authorities and EPUT to enable patients to be discharged more quickly is ongoing but should continue at pace. Readmission rates are particularly high for older adults.

While further work is required on additional aspects of the new model, STP partners have described new ways of working, focusing on:

- further development of community-based and primary-care based provision, structured around the emerging PCNs and with significant investment in resources, infrastructure and change management for primary care-based teams, and providing required medical or other support to the PCNs;
- delivering NICE-compliant specialist community mental health services for people with eating disorders, complex PD, EIP or other needs;
- strengthening existing plans on robust community-based crisis response and dementia services;
- and removing less complex activity from secondary care services, enabling hospitals to provide higher quality and quantity therapeutic interventions for people who need it the most.

The plan proposes a strategic approach to estates, workforce, digital and coproduction as key enablers to the delivery of the plan. The plan is built upon the major commitment within the CCGs' financial plans to invest more than £30m on mental health services across the STP over the next five years.

It is proposed that these themes form the basis of the STP Mental Health Programme Board's work programme over the next five years and corresponding priorities within future contract arrangements between partner agencies.

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