

<b>5 November 2020</b>		<b>ITEM: 8</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<ul style="list-style-type: none"> <li>• <b>Report : Mental Health Update: Essex Partnership University NHS Foundation Trust</b></li> <li>• <b>Presentation : Thurrock Inclusion</b></li> <li>• <b>Presentation : Thurrock MIND</b></li> </ul>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> N/A	
<b>Report of:</b> Nigel Leonard, Executive Director of Strategy and Transformation, Essex Partnership University NHS Foundation Trust		
<b>Accountable Assistant Director:</b> Lynnbritt Gale, Associate Director, Essex Partnership University NHS Foundation Trust		
<b>Accountable Director:</b> Sue Waterhouse, Director of Mental Health, Essex Partnership University NHS Foundation Trust		
<b>This report is a progress update by Essex Partnership University NHS Foundation Trust Essex on the development of Mental Health Services in Thurrock.</b>		

## **Executive Summary**

Essex Partnership University NHS Foundation Trust (EPUT) is undertaking a programme of work to improve and transform mental health services across Mid & South Essex. This includes working closely with Health Commissioners and Thurrock Borough Council to improve mental health care for the residents of Thurrock.

This report outlines EPUT's response to Covid-19, providing the Thurrock Health and Wellbeing Overview and Scrutiny Committee (HOSC) with assurance that the Trust's emergency planning arrangements have ensured that no mental health services have been reduced or cancelled due to the pandemic.

The report also provides progress updates on the development of mental health services across Thurrock, including:

- 24/7 Mental Health and Emergency Response and Crisis Care Service
- Personality Disorder Pilots

- Integrated Primary and Community Care
- Individual Placement and Support
- Early Intervention Psychosis
- Older People Transformation
- Other Specialist Services

## **1. Recommendation**

- 1.1 The Health and Wellbeing Overview and Scrutiny Committee are asked to note the response made by EPUT during the first wave of the Covid-19 Pandemic and the progress with the development of mental health services across Thurrock.**

## **2. Introduction and Background**

- 2.1 Essex Partnership University NHS Foundation Trust (EPUT) has been working closely with colleagues from Thurrock CCG, Thurrock Council, other statutory and voluntary sector providers in our response to Covid-19 and the forthcoming winter pressures, as well as the development of mental health services for adults and older people across the Borough.
- 2.2 The HOSC will be aware that over the last 18 months health and care organisations have been working on the delivery of the NHS Plan and a series of reports identifying specific areas for development and investment have previously been presented to the committee by officers from Thurrock Borough Council and colleagues from Thurrock CCG.
- 2.3 This report outlines EPUT's progress with the delivery of services associated with the Mental Health Investment Standard and other initiatives for the residents of Thurrock.
- 2.4 Mental health services across Mid & South Essex will receive significant investment over the coming years as part of the Mental Health Investment Standard. This work is being overseen by the Mental Health Partnership Board and the health system provides regular updates on progress to NHS England / Improvement.

## **3. Issues, Options and Analysis**

- 3.1 This section highlights the wide range of work that EPUT is undertaking to improve and transform mental health services across Mid & South Essex, with particular reference to activities within the borough. EPUT has worked closely with local commissioners and other providers, and to date this has been extremely beneficial and enabled Thurrock to maximise the advantages of additional funding.
- 3.2 A summary of each of these initiatives, together with issues arising from Covid-19 and areas for further work, is detailed below.

### 3.3 EPUT'S Covid-19 Response

It is pleasing to note that no mental health services provided by EPUT were stood down during Wave 1 of Covid-19. The Trust's emergency planning arrangements included a significant investment in technology to ensure that all front line clinicians had the appropriate technology to be able to move towards providing a digital service to patients.

- 3.4 Over 1,000 laptops were made available to staff to deliver front line services and to enable home working wherever possible. We have provided IT equipment and access to our email and systems to the voluntary sector as part of our crisis service.
- 3.5 In addition, EPUT prioritised caseloads to ensure that vulnerable people received more regular contact either by telephone or digital consultations during this period. Each community mental health team held a risk register identifying who was more vulnerable both from a physical health perspective as well as a mental health perspective.
- 3.6 In line with other public sector organisations, EPUT redeployed a number of clinical staff in support functions to support front line services, and were fortunate that a number of retired staff volunteered to support our clinical work.
- 3.7 EPUT activated its emergency preparedness processes and this has enabled us to provide a wide range of support to the system. Our focus, from a mental health perspective, is on the provision of adequate support to front line staff especially equipment and PPE. Other contingency measures, including oxygen management on the wards, were also a key focus during this period.
- 3.8 A good example of the Covid-19 work undertaken by the Trust resulted in the establishment of an A&E Diversion service for mental health patients within 48 hours. This service alleviates pressure on A&E departments and has been running since April 2020.
- 3.9 During the spring and summer 2020, our clinical service significantly reduced occupation rates on the wards to below 60%, and our out of area placements were virtually zero during this period.
- 3.10 A support service was established staff working in the NHS and social care across Essex, where our psychological therapy staff provided an assessment of level of service required and one-off sessions or a series of therapeutic interventions dependent on need.
- 3.11 As with other public sector organisations, EPUT has increased our communications with staff by introducing daily briefings to advise staff of any decisions made by Gold Command and to provide advice on Covid-19 issues. In addition, a live weekly video briefing was, and continues to be, held by the CEO alongside Executive Directors and other key managers. This also

enables staff to post questions which are answered 'live' or published on the Trust intranet.

### **3.12 24/7 Mental Health and Emergency Response and Crisis Care Service**

In September 2019, a detailed report outlining the proposals for people facing a mental health crisis across Mid & South Essex was presented to Thurrock HOSC by colleagues from Thurrock CCG. I am pleased to confirm that EPUT has been active in the implementation of this service and the associated 111 telephone service.

3.13 The report presented to Thurrock HOSC in September 2019 identified the ambition that the new service will be fully operational by April 2020. This new service went live in early April 2020 and has been operational throughout the Covid-19 period.

3.14 With strong support from Thurrock CCG, the Trust has worked very closely with Mind. This has included EPUT enabling staff from the Sanctuaries provided by Mind to have access as appropriate to NHS email accounts and our operational systems. This has facilitated a close working relationship between organisations operating within Thurrock.

### **3.15 Personality Disorder Pilots**

Thurrock is in a key position across the system for the provision of personality disorder services in Essex. The Trust has worked with Inclusion in piloting joint working to screen and assess appropriate referrals. This new service makes joint decisions on how to provide more holistic care for this client group.

3.16 This service is developing and piloting joint group treatments to meet the complex needs of this patient group. These pilots will inform how secondary and primary care services can utilise their resources, skills and knowledge to share learning across Essex.

3.17 Personality Disorder Service user networks have been established to aid co-production and improve service development. It is the intention of the service to develop peer support workers to support service delivery over the next year.

3.18 EPUT is working closely with inclusion to deliver a new Tier 4 pathway to treat people with a history of Trauma, Personality Disorders and/or complex needs which, together with IAPT and secondary care provision, will provide an appropriate pathway for the people of Thurrock.

### **3.19 Integrated Primary and Community Care (IPCC)**

EPUT is delighted to be part of the new proposals for IPCC. This new service provision will deliver an enhanced integrated MH team with PCNs in Thurrock. The service model was created with 35 representatives from primary care,

secondary care, social care, the third sector and public health. This service aims to provide faster and safer access to advice, support and treatment as required within a primary care setting.

3.20 EPUT's mental health clinicians, including consultant psychiatrists, will be working as colleagues in an integrated way in primary care. The work has included the development of shared care protocol and will enable:

- Consultant psychiatrist clinical sessions in PCNs.
- Easier access to consultant psychiatrist advice.
- Improved support for the 'missing middle' – those people who have not traditionally met thresholds for either IAPT or secondary mental health services but have a need for support.
- Improved consultation between consultant psychiatrists, GPs and clinical staff.
- Nurse managers overseeing mental health primary care working with PCN colleagues.
- Mental health nurses working with PCN colleagues to screen, assess and treat people with MH problems, and identify complex cases. This will help primary care to navigate patients seamlessly into secondary care where appropriate.
- Seamless step down support pathways from secondary care to primary care.
- Weekly multidisciplinary team meetings with professionals from secondary and primary care working together to discuss complex cases.
- Ongoing daily advice and support to GPs in primary care.
- Joined up care pathways between primary, secondary care and the voluntary sector. This will include clear links with new and existing roles including:
  - Social prescribers
  - Care navigators
  - Local area coordinators
  - The recovery college
- The potential for self-help resources to ensure need can be met by the right person at the right time in the right place.

### 3.21 **Individual Placement and Support (IPS)**

This service delivered by Inclusion partners is now a fully integrated service. EPUT works closely with Inclusion in the provision of improved access to education and work advice for people with mental health problems in secondary care.

3.22 This support is provided by improving access to education and employment. This is achieved by wrapping education and support to enable people to remain in employment or obtain employment.

3.23 The Trust is working with NHSE/I regarding the opportunity to develop this initiative.

**3.24 Early Intervention Psychosis (EIP)**

EIP is delivered alongside Inclusion as an integrated multi provider team with shared care pathways.

3.25 EPUT has recently received the results from the national assessment relating to 2019/20 and has received a rating of Performing Well. The Trust is working with Commissioners to look at the development of the At Risk Mental Health State (ARMS) Service as part of our future development programme.

**3.26 Older People Transformation**

Although Covid-19 has impacted on the ability for people to receive the appropriate dementia diagnostic testing at the acute trust, our older people's service has continued to provide support through the use of an indicative diagnostic protocol. Within south west Essex, EPUT provides the memory assessment service and works in conjunction with NELFT who provide the Dementia Intensive Support Team (DIST) service.

3.27 A number of system wide workshops have taken place to develop new models to make admission to hospital an unusual event for older people with dementia. Pilots in other parts of Mid & South Essex have proven an enhanced community team and the Trust is working very closely with Commissioners to reduce the dependency of hospital admissions for this client group.

**3.28 Other Specialist Services**

The Trust is working very closely with Commissioners within Mid & South Essex as well as Essex-wide to deliver specialist perinatal and eating disorder services and these are priority areas nationally for expansion.

3.29 Our perinatal service is an Essex-wide service that provides mental health support for women and will be progressively expanded over the next couple of years. This expansion is based on national best practice guidance and includes access to new therapeutic interventions including psychology. Service performance and the outcomes for women are linked to clear activity and quality targets and coverage based on new births across Essex. There is also a focus on women's experience of perinatal mental health services, building on existing work with Health Watch.

3.30 Recently the perinatal service has submitted a bid to co-produce and develop a peer support model which includes screening and sign-posting for partners of those known to the specialist Perinatal Mental Health (PNMH) service.

#### **4. Recommendation**

- 4.1 The Thurrock Health and Wellbeing Overview and Scrutiny Committee is asked to note the progress update by Essex Partnership University NHS Foundation Trust Essex on the development of Mental Health Services in Thurrock.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 N/A

#### **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 N/A

#### **7. Implications**

- 7.1 **Financial** - N/A

- 7.2 **Legal** - N/A

- 7.3 **Diversity and Equality** - N/A

- 7.4 **Other implications** - N/A

#### **8. Background papers used in preparing the report**

N/A

#### **9. Appendices to the report**

None

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