

**November 12<sup>th</sup> 2015**

**ITEM: 11**

## **Thurrock Health and Wellbeing Board**

### **Recommendations from the Essex Mental Health Strategic Review**

**Report of: Roger Harris, Director of Adults, Health & Commissioning / Mandy Ansell Acting, Interim Accountable Officer Thurrock CCG**

**Accountable Director: As above**

**This report is Public**

#### **Executive Summary**

To provide the HWBB with an overview of the recommendations made following the recent Essex Mental Health Strategic Review.

#### **1. Recommendation(s)**

**1.1 That the HWBB note the recommendations of the Essex Mental Health Review outlined in this report and further detailed within the appendix.**

**1.2 That the HWBB also note that decisions on implementing recommendations from the Review will be made formally at the CCG Boards and to the Thurrock Cabinet if there are any significant changes to the way MH services are commissioned or provided.**

**1.3 That the HWB Board reiterates its previous view that commissioning decisions should be taken at a local level i.e. Thurrock, and that any decisions on a wider geographical area will only be taken where there is a clear, strong case that will benefit Thurrock residents.**

#### **2. Introduction and Background**

**2.1 Partners in the Greater Essex Health and Social Care Economy have undertaken a strategic review of the provision of mental health (MH) services across the county.**

**2.2 Basildon and Brentwood CCG; Castlepoint and Rochford CCG; Essex County Council; Mid Essex CCG; North Essex Partnership NHS Foundation Trust (NEP); North East Essex CCG; South Essex Partnership University NHS Foundation Trust (SEPT); Southend CCG; Southend Unitary Authority;**

Thurrock CCG; Thurrock Unitary Authority; West Essex CCG jointly commissioned the Boston Consulting Group (BCG) to support them in conducting the Review.

2.3 The review was focused on mental health services commissioned locally and provided by the two main local NHS providers: North Essex Partnership NHS FT (NEP) and South Essex Partnership NHS FT (SEPT). The impact and implications of recommendations on adjacent services (for example, mental health services commissioned by NHS England) were also considered.

2.4 The Review has made a number of recommendations:

1. **Simplify the commissioning landscape.**

This includes clarifying the integration agenda (what's in and what's out) and agreement to a more uniform timeline; alignment around a commissioning pathway (i.e. what will be commissioned, by whom and when) – this will allow providers to refine strategies and assess whether collaboration or merger would result in a stronger financial (and clinical) position from which to deliver care; plan to re-align funding between CCGs in preparation for implementing the integration agenda; define where dementia should sit within an all-age pathway.

2. **Encouraging closer working relationship between the two main providers.**

In the appendix it is clear that our current mental health providers face a difficult financial environment. They have been un-successful with a number of service contracts recently – drug and alcohol, child and adolescent mental health services being two examples. This has prompted a discussion over whether the two organisations should collaborate more closely and how far this collaboration might go – including a possible merger. They have increasingly worked on joint tenders and held a joint Board meeting in September which agreed to continue to work together.

3. **Generate and share more data across the system**

It is recommended that commissioners work with clinicians and professionals to assess service user health and personal care needs, including how these differ by geography, locality (e.g. urban vs. rural), and cluster segment; Development and tracking of better outcomes; sharing of output from ongoing needs assessment work in dementia by Local Authorities.

4. **Work more jointly**

Recommendations include; creation of a smaller and more senior pan-Essex Mental Health commissioning team - this could provide real leverage and help make necessary trade-offs between services and cost; Optimise AMHP arrangement by Local Authorities working

together; Work together to ensure all-age, cross-system care, ultimately developing a shared vision for Mental Health in Essex.

- 2.5 The Review has been overseen via an Accountable Officer/ Director level Steering Board. This steering group will continue to meet monthly during early Implementation phases of the work (which are subject to CCG and Local Authority Governance processes). Funding has been sought from NHS England for some ongoing project resource to support the delivery of the recommendations from the review.

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

- 3.1 The summary report from the Review is contained in the appendix. They articulate issues such as; the complexity of the Essex commissioning landscape for Mental Health (multiple commissioners and commissioning bodies); an inconsistent approach to integration which makes planning difficult for providers; funding 'misalignment' with block contracts dating back many years; and a shrinking provider market with challenging financial constraints.
- 3.2 The Review concludes that "the commissioning landscape will become more complicated as the integration agenda plays out; there are not sufficient facts and data to prioritise services in order to make more efficient (and transparent) use of limited available resources; and providers are likely to fail (financially) posing risk to the continuity of services and the safety of service users".
- 3.3 The conclusions make it clear that that a continuation of the status quo - current structures and ways-of-working - is not an option.
- 3.4 There is a clear desire to see the two Trusts work together more closely, whether this leads to a full merger depends on a number of strategic and regulatory discussions that will need to be undertaken.
- 3.5 As regards the proposals for the commissioning of mental health services Thurrock had a number of concerns. We see our relationship as being primary between Thurrock local authority and Thurrock CCG. There may be some areas where we need to work on a larger footprint – South West Essex, South Essex or even Pan Essex – but these need to be justified by what is in the best interest of Thurrock residents - administrative neatness is not a criteria for those decisions. As such we have reservations about the establishment of a single commissioning team for mental health across Essex and have not committed ourselves to support that. We have limited commissioning resources and could not commit any money nor staff to such a team at this point in time.

### **4. Reasons for Recommendation**

This review has come out of discussions across the County between the three local authorities, the seven CCGs and the two MH Trusts. The report largely is looking at what is commissioned from where and how services might better work together. It does not change the main strategic direction of travel which was agreed two years ago within the South Essex Mental Health Strategy. We remain committed to a more local service, developing a more personalised mental health services, strengthening prevention and early intervention and supporting GPs and primary care to take a more active role.

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

This will be undertaken when a more formal proposal has been developed

## **6. Impact on corporate policies and performance**

This will be picked up as part of the refresh of the Health and Well-Being Strategy which will be coming back to the HWB Board in February.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager**

Any financial implications will need to come back and be approved either by the Cabinet or the CCG Board.

### **7.2 Legal**

Implications verified by: **Chris Pickering**  
**Principal Solicitor Employment and Litigation**

As this report is for noting only, there are no legal implications.

### **7.3 Diversity and Equality**

Implications verified by: **Becky Price**  
**Community Development Officer**

Section 149 of the Equality Act 2010 creates the public sector equality duty which requires that when public bodies make decisions they must have regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act

- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding

The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation.

The objective of the Essex Mental Health Review is to consider the best way forward for providing mental health care to Essex residents in the context of challenging financial, demographic and operational pressures. Any potential equality and social inclusion implications will be fully considered as part of the governance processes for implementing any of the recommendations from the Review.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

N/A

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Essex Mental Health Review Report

9. **Appendices to the report**

- Essex Mental Health Review (Summary Report by the Boston Consultancy Group)

**Report Author:**

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Adults, Health and Commissioning