EPPING FOREST DISTRICT COUNCIL
OVERVIEW AND SCRUTINY MINUTES

Committee:	Overview and Scrutiny Committee	**Date:**	Tuesday, 25 February 2014
Place:	Council Chamber, Civic Offices, High Street, Epping	**Time:**	7.30 - 9.40 pm
Members Present:	Councillors K Angold-Stephens (Chairman) B Rolfe (Vice-Chairman) D Jacobs, Ms H Kane, P Keska, J Knapman, A Mitchell MBE, S Murray, A Watts and D Wixley		
Other Councillors:	Councillors Mrs A Grigg, Mrs J Lea, D Stallan, G Waller, Mrs E Webster, C Whitbread and Mrs J H Whitehouse		
Apologies:	Councillors R Morgan, G Chambers, K Chana, T Church, L Girling, A Lion and J Philip		
Officers Present:	D Macnab (Deputy Chief Executive), S G Hill (Senior Democratic Services Officer), T Carne (Public Relations and Marketing Officer), A Hendry (Democratic Services Officer) and M Jenkins (Democratic Services Assistant)		
By Invitation:	Dr K Bishai (West Essex Clinical Commissioning Group), M Crass (North Essex Commissioning Partnership) and A Smith (NHS Foundation Trust)		

68. WEBCASTING INTRODUCTION

The Chairman reminded everyone present that the meeting would be broadcast live to the Internet, and that the Council had adopted a protocol for the webcasting of its meetings.

69. APPOINTMENT OF A VICE -CHAIRMAN

In the absence of the Chairman the Vice-Chairman, Councillor Angold-Stephens took the Chairmanship of the Committee. The Committee then appointed Councillor Rolf to act as the Vice-Chairman for the duration of the meeting.

70. SUBSTITUTE MEMBERS

It was noted that Councillor A Watts was substituting for Councillor G Chambers and that Councillor J Knapman was substituting for Councillor J Philip.

71. MINUTES

RESOLVED:

That the minutes of the meeting held on 28 January 2014 be signed by the Chairman as a correct record.

72. DECLARATIONS OF INTEREST

Councillor S Murray declared a non pecuniary interest in the following item of the agenda, by virtue of being a member of the Methodist Church. He advised that he would remain in the meeting for the duration of the item:

- Item 7 – Corporate Plan Key Objectives 2013/14

73. MENTAL HEALTH SERVICES IN THE DISTRICT

The Committee welcomed Melanie Crass, the interim Head of Mental Health and Learning Disabilities Commissioning for North Essex and Dr Kamal Bishai, the Vice Chairman of the West Essex Clinical Commissioning Group (CCG). Also in attendance was Andrew Smith a governor of the North Essex Partnership of the NHS Foundation Trust who sat in as an observer. Ms Crass and Dr Bishai were there to talk about local mental health services and the Joint Health and Social Care North Essex Mental Health Strategy 2013-17. Ms Crass noted that she was on secondment at present supporting the three Clinical Commissioning Groups and Essex County Council. She was there to talk about the joint Mental Health and Social Care Strategy, a four year strategy that had been developed over the last six moths (*see attached presentation*). A lot of consultation on this had been undertaken since June 2013. Their vision was that they wanted people to have good mental health and people with mental health problems to recover as well as having a better quality of life. It was noted that they wished to achieve this vision developing and supporting community well-being and encouraging people to maintain healthy lifestyles and keep themselves and their families mentally well. They would improve access and the gateways into services and would ensure a smooth transition between services, including children to adult services, and have a more integrated approach to the mental and physical health services. They would develop a broader primary and community based models of care for people across the spectrum of mental health conditions.

The Committee noted that currently 1 in 6 people would experience mental health problems at any one time in their lives. A predicted increase in demand of 2.7% was expected by 2020, also a predicted increase in dementia as a consequence of the increase in elderly persons in North Essex. It was noted that there was a strong relationship between physical health and mental health and that there was an inequity of provision across the three North Essex CCGs. This went back to the days of the Mental Health Partnership Trusts and to the reorganisations and it was also linked to the CCG budgets as they received different amounts. It was also noted that that there was insufficient housing for people with mental health conditions leading to delayed discharges.

Ms Crass noted that North Essex was made up of three CCGs, Mid, West and North East Essex. They spend £110million per annum and Social Care invests just over £12.5 million p.a. They have striven to deliver a comprehensive 'Improving Access to Psychological Therapies' (IAPT) and its early intervention programme. They have a 'Recovery College' in Mid Essex and community development services. They did a fair amount of joint commissioning with Social Care under a Section 256 agreement with the Essex County. Also, Essex County Council had commissioned a Community Dementia Service investing about £1million. The three CCGs worked closely with individual placements outside of the local provider. They have a joint initiative with the Probation Service and have a locked rehab facility in Edward House that has had some very good CQC inspections and reports.

Some of their key messages were that there was recognition that suicide prevention was a responsibility for all. There was recognition that there was a need to ensure a

holistic approach with true integration of mental health services with physical health provision. There was also a need to transfer low intensity services into the community to develop greater provision in primary care. There was a need to work more closely and collaboratively with voluntary and community services to support local populations.

The Committee were shown a diagram showing access to services and where people could get on and off wherever they may be and have a level of integration and a smooth transition into other areas of service. It was noted that the work was very GP driven.

Proposed ambitions and models of delivery have been developed in conjunction with the North Essex Mental Health Strategy and used a number of documents to help them such as 'No Health without Mental Health', 'Building resilient communities…', 'Joint Commissioning panel for Mental Health' and 'NHS Confederation: A primary care approach to mental health and well being (2013)'. They were trying to localise the Models of Care from an Essex model, incorporating local ambitions and improving access to services. They would achieve this by working closely with their public health colleagues and establish a North Essex Mental Health Network and develop a consultant/GP think tank. They were also looking at producing a Personality Disorder Strategy and looking to work with specialised commissioners. They wished to develop an integrated primary/community based care for the delivery of mental health services and the management of long term conditions and to establish improved pathways to reduce A&E attendances. They were looking to improve access to services and reduce waiting times for assessment, diagnosis and treatment. They were also looking at the use of Key Performance Indicators monitoring for their contracts. During the next six months they would review their services. Next year they would do more work on Primary Care and working with GPs.

By the end of year one, they hoped to have:

- Explored opportunities of joint commissioning with their public health colleagues to support early intervention and community wellbeing;
- establish a North Essex Mental Health Clinical Network (likely to be locality forums) and get their input into service and pathway redesign;
- developed a series of 'Think Tanks' to explore, across all providers any opportunities for improvement;
- further developed IAPT, primary and community mental health services;
- developed the roll out of Primary Care (General Practice) Mental Health Education Programme;
- development of a single point of access (primary care based); and
- Development of Personality Disorder Strategy for North Essex.

Finally she outlined some future aspirations for them such as:

- A further development of primary care mental health including the establishment of a "hub" model; and
- Implementing a Mental Health Redesign Programme based on the findings of the 2014/15 review, to enable the delivery of the strategy and local plans focusing on early intervention, community well-being and the integration of physical and mental health.

Councillor Angold-Stephens thanked Ms Crass for a comprehensive report. It seemed labour intensive and costly, did she have the resources to achieve it? Ms Crass said that she did, they had developed local strategies and had the

infrastructure in place, there was still a long way to go but they have identified key areas of strategy.

Councillor Wixley noted that she had mentioned the community and social clubs and also referred to peer support. He noted that there was a club in Loughton that was very popular but was closed down due to lack of funding; it had been open for 10 years. Was there an opportunity to bring this, or something like this back now? Ms Crass said the finances were constrained and they were facing challenges to try and to redesign support and achieve effectiveness, although Primary care was the way to go. Dr Bishai noted that this had been asked before and he had not been able to get an answer as to why this had closed. They were keen to develop an integrated approach in this locality. One Epping Forest was trying to promote this.

Councillor Knapman said that Ms Crass did not mention resources; it was more of a wish list. Did she have the money to deliver this? Ms Crass replied that they did have financial challenges and were trying to understand more on how they spent their money and how to offer services in a different way. They had not costed their strategy.

Councillor Knapman said if they had no idea how they could deliver their strategy and how could they be sure that Epping Forest was getting is fair share of this 'cake'. Ms Crass said that Epping Forest was getting its fair share, they had a certain level of data but it needed to be improved. Their services were aspirational.

Councillor Knapman noted that 'Commissioning' was the buzz word now, but did they have a de-commissioning strategy to appoint someone better if needed. How easy was it to de-commission a service? Ms Crass noted that they were governed by NHS contract rules, and they would have a 6 or 12 month period that they must adhere to. The CCG have had to decommission services on occasions, but she was not sure of the process.

Councillor Knapman expressed concern about confidentiality and patients records. He had opted out the proposed NHS data sharing scheme as the system seemed flawed. It seemed to him that the records of the people that Ms Crass dealt with were more important to be kept confidential. Ms Crass said that they had adhered to all legislation on data management. Dr Bishai speaking on resources thought that for a long time West Essex had been under resourced and this had now been recognised and would be rectified over the coming years. There was some light at the end of this tunnel.

Councillor Murray thanked Ms Crass for her presentation and said he did not disagree with any of it. He tended to get his information from ground level as a ward member from his residents and wanted to echo what Councillor Wixley said. 'Spanners' was the community based club in Loughton providing help for the mental health community. He found that in Loughton people could only access mental health services when they were over step 3 as shown on her diagram and he would like them to have it earlier. Ms Crass said that at present they had the IAPT services that was there for all and could be delivered on a one to one or a peer group service. Under this a whole range of services could be provided. Dr Bishai noted that GPs were in support of mental health services. Part of the problem is that IAPT cannot find suitable premises to operate from; this was something to be worked on. Councillor Murray said it sounded like things were getting better from a low base.

A member of the public said that he was a user of the mental health services and had been a user of the club in Loughton, which had provided him with a lot of help and support over the years. Noting that in 1997 there were a lot more mental health

services available. In 2010 the 'Spanners Club' went and West Essex Mind took over the services and all that they have now was a Tuesday morning service. Mental Health was not a 9 to 5 thing; if you were not well you could not face normal activities also there was nowhere to go at night time. When are we going to have Loughton Services, where we need a 24 hour drop in centre? Ms Crass was aware of West Essex Mind but not this issue; she would take it back for an answer.

Councillor Lea noted that there were not enough attention at the GP and not enough early intervention especially for people with depression and on the verge of suicide. Ms Crass was pleased that there was now recognition of suicide prevention was for all and there will also be prevention training and it will be rolled out to the rest of Essex.

Councillor Janet Whitehouse noted that between the 3 CCG and Essex County Council and the North Essex Trust, who offered what services and if we had any complaints who did we complain to. Ms Crass replied that the 3 CCGs were the responsibilities of the Commissioners along with all health services through Essex, including Mental Health Services. The Princess Alexandra was your acute provider.

Andrew Smith commented on the point raised earlier by Councillor Knapman on the alleged unfairness to West Essex. There were three Clinical Commissioning Groups across the North Essex patch. Here the CCG is West Essex and the North Essex Partnership University Foundation Trust was the specialist mental health provider. The trust, created in 2001, had inherited existing mental health services along with the distribution of services being based where they were before 2001 although some things were new. Individual CCG's spend money and provide services in their own patches. Some services would not exist in some areas at all and people from Epping Forest might find themselves put elsewhere and not in their local area as there would be no bed available locally. Distribution was partly a matter of what individual CCGs or PCT choose to spend at the time.

Ms Crass added that there were in-patient services and a range of community services, which comprised the traditional mental health team and the early intervention teams. These were providers across the three localities that linked into particular GP practices.

Councillor Mitchell asked how they would monitor these services and was told that all services would have a NHS contract and would have to meet this level of service.

Councillor Angold-Stephens commented that he had read a report that said that there were 32,000 children in Essex in need of support. He had seen children in schools that had severe behavioural problems. Where was the line between mental health problems and behavioural problems? Ms Crass said she was not responsible for children and adolescent services and could not comment in detail on their services. She recognised that many young people were diagnosed in their teens.

Councillor Watts asked if Ms Crass could come back in a year's time to update the committee on the progress made. This was agreed by the committee.

The Chairman thanked Ms Crass and Dr Bishai for their informative and interesting presentation and hoped to see them in a year's time for an update.

74. CORPORATE PLAN KEY OBJECTIVES 2013/14

The Deputy Chief Executive, Derek Macnab introduced the report on the corporate Key Strategic planning document, setting out its priorities over the four year period

from 2011/12 to 2014/15, with strategic themes reflecting those of the Community Strategy for the district.

A range of key objectives for 2013/14 was adopted by the Cabinet in March 2013. Progress in relation to deliverables and actions designed to support the achievement of the key objectives is reviewed by the Cabinet and the Overview and Scrutiny Committee on a quarterly and outturn basis.

This report presented the nine-month (1 April to 31 December 2013) progress against the key objectives for 2013/14. The key objectives for 2013/14 were adopted by the Cabinet at its meeting on 11 March 2013.

At the end of the third quarter of the year, 40 (74%) of the individual deliverables or actions supporting the key objectives had either been completed or achieved, or were anticipated to be completed/achieved by a revised target date or at year-end. Some 8 (15%) deliverables or actions may not be completed or achieved by year-end and a further 6 (11%) were currently on-hold as a result of external circumstances.

The Committee then went through key objectives as set out in the report.

The development of a social networking strategy and increased use of social media – Councillor Angold-Stephens noted that there were ongoing financial issues for quarter 3. He was told that the Council's social media had been monitored over Christmas and responses made when necessary, it was important to monitor the social media so as to make sure that the correct information had been given to the public and that any rumours or disinformation be corrected especially during out of hours periods. This would involve the payment of the officers who monitored the social media strands over evenings and weekends. A report on this had been made to the Management Board.

Development of the Council's Leisure Strategy – Councillor Knapman wanted to know the reason why we were behind schedule on this. He was told that they were late to start with and the Portfolio Holder Advisory Group were seeking finance through the budget process to take forward the necessary building condition survey.

Compliance with duty to co-operate – Councillor Angold-Stephens noted that Harlow had not been so helpful in this duty. Councillor Whitbread commented that they had met with Harlow recently on a couple of occasions and they were becoming more co-operative.

Setting of a consistently low district council tax – Councillor Angold-Stephens asked if we were on course to achieve this aspiration. It was noted that this had referred to 2013/14 year and was also an aspiration for the future, but it had to go through the budget process each year.

Deliver Regeneration Action Plan for council land at The Broadway, Loughton – Councillor Wixley asked if there were any developments on the Church site in Mannock Drive to be developed for affordable housing. Councillor Angold-Stephens noted that this had now ceased as they were not looking for an additional church. Councillor Stallan noted that there had been proposals for the Broadway area that were not successful. Councillor Murray commented on the regeneration of the Broadway opposite the Winston Churchill site and asked what had happened to the affordable housing idea on this site. Councillor Stallan said that the figures did not stack up for the provision of social housing.

RESOLVED:

That the nine month progress to the Council's Key Objectives for 2013/14 be noted.

75. OVERVIEW AND SCRUTINY PANEL STRUCTURE AND FUTURE PROGRAMME

The Senior Democratic Services Officer, Simon Hill, took the Committee through a report looking at the arrangements of the Scrutiny Standing Panels in the light of the directorate restructuring and the outcome of the OS review.

The Panel structure had not been considered as part of the review and had been discussed at officer level since the council's directorate restructure. The report brought forward several options, such as keeping the present 5 Panel structure and appointing new lead officers to each; moving to a commissioning model based upon a work programme; or moving to a 4 panel structure aligned around the new directorates. The report had gone through the Council's Management Board and had gained their support.

Attention had been drawn with the proposed Governance Scrutiny Panel (aligning with the Governance Directorate) and the need to avoid duplication of responsibility with the Audit and Governance Committee and the Standards Committee. However it was noted that the Audit and Governance Committee would have to be reviewed as the government had introduced a new Local Audit Act. It was suggested that when drawing up the terms of reference for this Panel it should be done in consultation with the Chairmen of the Audit and Governance and the Standards Committee.

The O&S Review had envisaged a more structured way of devising the work programmes to include requests from the public as well as Councillors. It was also noted that there was no Cabinet Review item on this agenda as it was agreed that the Cabinet's Forward Plan be used to monitor their work and pick up on any future points that the Committee may wish to scrutinise.

Councillor Knapman noted that the proposed panel workloads seemed to be considerable and that the various service areas had very little in common. He was also concerned about councillors that did not have a role and would like to have something to do. The proposals in this report did not hold water for him as he could not see how this brought about greater member involvement.

Councillor Waller commented that at first sight it looked like a neat structure but there were a few problems such as the word 'Cabinet' hardly appeared in the report and the most important role of scrutiny was to hold Cabinet to account and he did not feel that this had been addressed. Another problem was that the workload of the Panels would vary considerably; such as the Neighbourhood and Communities Panels would have more work than the Governance and Resources Panels. It would also be difficult to get councillors sit on these Panels as we would need members with appropriate skills sets to slot them into the Panels. He also noted that there was no mention of Country Care in the Neighbourhood section. Also, Community Safety was a big job to scrutinise; Portfolio Holders would have to cross the directorates and make it more untidy. He thought that this needed more consideration maybe by setting up a Task and Finish Panel.

Councillor Watts noted that the best thing of last years Scrutiny was a review of its own processes. The committee should take the opportunity to go back and look at that report and see how this proposal met that reports recommendations. He had never accepted that things should be done to fit a timescale. Overview and Scrutiny

needed to review its Panels to see the best way it should be done. It could just as easily be based on a horizontal basis, cutting through the directorates, such as performance monitoring across the directorates. The committee could use Task and Finish Panels or keep to Standing Panels. There were some cross cutting problems on the proposed Governance Panel and the Audit and Governance Committee that could look at just about anything. He had looked at the calendar and noted we could fit in a few extra meetings if needed in May to consider this in depth, or the committee could ask the Constitution and Member Services Panel to look at this. The opportunity here was to look at this report and see how to do things better, but we need an extended period to this.

Councillor Webster supported everything that Councillor Watts had said. She would like to see a Task and Finish Panel set up to look into this. Tonight's meeting had a lack of members attending and so would like to defer a decision.

Councillor Stallan said that as a Portfolio Holder he had attended most of the Housing Scrutiny Panel meetings, they could go on for a long time and covered things in depth. He supported the proposal that this be looked at again, maybe in the new municipal year.

Councillor Angold-Stephens noted that if this report was not supported then a delay in the decision would mean that any changes could not be implemented until the 2015/16 year.

Councillor Watts was happy to propose the setting up of a Task and Finish Panel to look into this. Simon Hill suggested that, given the timescales involved and that April was their last meeting with elections in May, the only time a new Task and Finish Panel could be appointed was at the Committee's first meeting in July. He suggested that they reappoint the members of the recent Overview and Scrutiny Review Task and Finish Panel to consider the whole matter further. This was agreed by the Committee.

Councillor Knapman noted it was not the worst thing to postpone any changes for a year, members could see how the new directorate structure fitted in with the existing Panel structure and it would have time to consider all the issues.

Councillor Stallan asked that an amended version of recommendation 3 of this report be kept as part of the Terms of Reference for the Task and Finish Panel. This was agreed. It was also agreed that the review should specifically look at the relationship of the Governance Panel with the terms of reference of the Audit and Governance Committee and the Standards Committee. The final scope of the Task and Finish Panel to be agreed at their July meeting.

RESOLVED:

(1) That a Task and Finish Panel be constituted at the first meeting of the Overview and Scrutiny Committee meeting in July 2014;

(2) That this Task and Finish Panel mirror in membership, as far as possible, the membership of the recent Overview and Scrutiny Review Task and Finish Panel;

(3) That the Panel be set up to consider the future structure of the Scrutiny Panels and how they would fit into the new Directorate Structure of the Council;

(4) That the scope for this Panel be agreed at the July meeting and is to include how the Governance Directorate and any proposed Scrutiny Panel set up to look at this directorate interrelated with the terms of reference of the Audit and Governance Committee and the Standards Committee; and

(5) That the following proposals also be agreed:

(i) Progress against the annual Key Objectives for the Council to continue to be reviewed by the main Overview and Scrutiny Committee on a quarterly basis;

(ii) Quarterly Key performance Indicator performance monitoring be delegated to existing Panels, with requests for further in depth scrutiny of the performance of any indicator being approved by the main committee; and

(iii) That publicity for public requests to the Committee be launched prior to the elections period.

76. WORK PROGRAMME MONITORING

The Committee reviewed the Overview and Scrutiny Work Programme

Overview and Scrutiny Committee

The Committee considered their work programme noting that it was now nearly complete. They noted that item 11, Mental Health Services, should be invited to attend next year to update the committee on any progress made in the delivery of services.

The Committee agreed that item 6, to review the strategic direction of Epping Forest College, that was to be considered at the April meeting, be postponed into the new year to enable the new principal to bed down in the job. In its stead item 14, Whipps Cross Hospital be lined up for the April meeting.

Housing Scrutiny Panel

Noted that they had not met since the last meeting of the Overview and Scrutiny Committee.

Constitution and Member Services Scrutiny Panel

It was noted that their next meeting would be held on 18 March.

Safer Cleaner Greener Scrutiny Panel

Councillor Knapman asked that the Safer Cleaner Greener Scrutiny Panel be asked to look at the switching off of street lighting at night. This was agreed by the Committee.

Planning Services Scrutiny Panel

Noted that they had not met since the last meeting of the Overview and Scrutiny Committee.

Finance and Performance Management Scrutiny Panel

Noted that they were due to meet again on 11 March.

CHAIRMAN

JOINT HEALTH & SOCIAL CARE NORTH ESSEX MENTAL HEALTH STRATEGY 2013 – 2017

JOINT HEALTH & SOCIAL CARE
NORTH ESSEX MENTAL HEALTH STRATEGY
2013 - 2017

Our Vision:

- People will have good mental health
- People with mental health problems will recover
- People with mental health problems will have good physical health, and people with physical health problems will have good mental health
- People with mental health problems will have the best possible quality of life

JOINT HEALTH & SOCIAL CARE
NORTH ESSEX MENTAL HEALTH STRATEGY
2013 - 2017

We will achieve our vision by:

- Developing and supporting community well-being, encouraging people to maintain healthy lifestyles and keep themselves and their families mentally well.
- Improving access and the gateway into services – more effective direction.
- Ensuring smooth transition between services (CAMHS/Adult/Older People).
- Ensuring a more holistic and integrated approach to mental health and physical health services.
- Developing broader primary and community based models of care for people across the spectrum of mental health conditions.
- Ensure in-patient and specialist services are responsive and meet the needs of patients with more complex needs.

JOINT HEALTH & SOCIAL CARE
NORTH ESSEX MENTAL HEALTH STRATEGY
2013 - 2017

THE CHALLENGES

- Currently 1 in 6 people will experience mental health problems at any one time in their lives.
- Prevalence of Mental illness is predicted to increase with population growth (a predicted increase in demand of 2.7% by 2020). Predicted increase in prevalence of dementia as a consequence of the increase in elderly people in north Essex.
- There is a strong relationship between physical health and mental health.
- Inequity and variance of provision across the three north Essex CCGs.
- Disaggregation of mental health budgets (CCG/Specialised).
- Insufficient housing and reablement currently for people with mental health conditions leading to delayed discharges.
- Effective decommissioning of health services as a consequence of service redesign and roll out of personal health budgets.

JOINT HEALTH & SOCIAL CARE
NORTH ESSEX MENTAL HEALTH STRATEGY
2013 - 2017

FINANCIAL OVERVIEW

HEALTH

	Mid Essex	North East Essex	West Essex	Total
	£'000	£'000	£'000	£'000
Substance misuse	572	1,057	366	1,995
Organic disorder	3,514	3,680	2,632	9,826
Psychotic disorder	526	677	381	1,584
Child & Adolescent	3,606	4,368	4,371	12,345
Other services	23,498	28,123	20697	72,318
				98,068
	Mid Essex	North East Essex	West Essex	Total
IAPT service	1,927	3,454	631*	6,012

**West Essex CCG have increased investment in IAPT services with a forecast 13/14 spend of approximately £1.3m*

SOCIAL CARE

Service Category	Essex County Council
Assessment and Care Management	3,617
Residential and Nursing Care	6,776
Carer Services	40
Day Services	162
Home Support	1,620
Advocacy	409
Mind (excluding advocacy)	54
Total Direct Costs	12,678

JOINT HEALTH & SOCIAL CARE NORTH ESSEX MENTAL HEALTH STRATEGY 2013 - 2017

RECENT ACHIEVEMENTS

- Delivery of comprehensive IAPT programmes across three CCGs
- Development of Recovery College in Mid Essex
- Improving dementia pathways
- Joint Commissioning with social care (section 256)
- ECC development of Community Dementia Service, Accommodation Strategy & Procurement
- Individual Placements
- Veterans First Pilot
- Mother & Baby Psychotherapy
- Personality Disorder Service, joint initiative with Probation service
- Edward House
- Good CQC inspections and reports

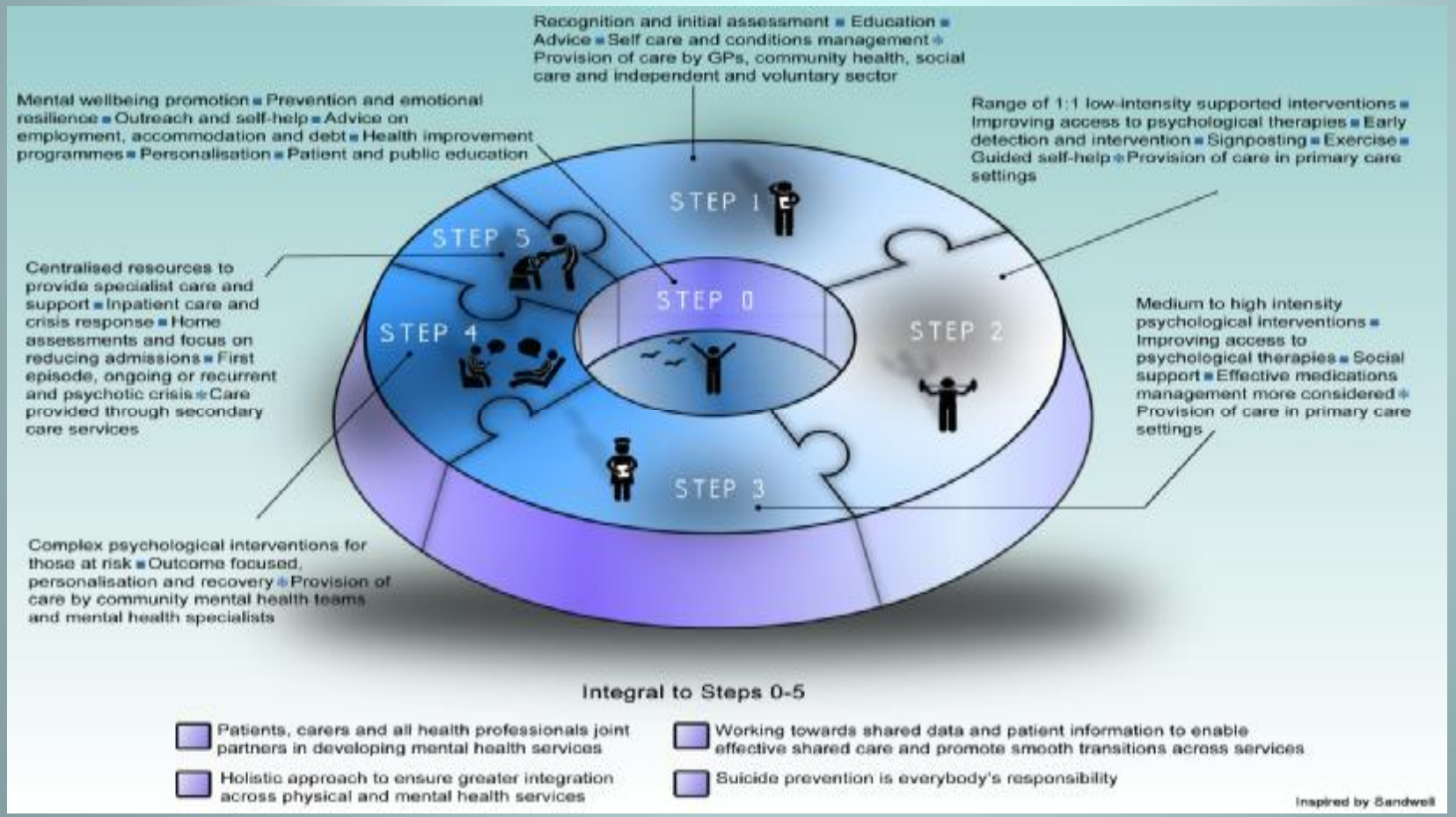
JOINT HEALTH & SOCIAL CARE
NORTH ESSEX MENTAL HEALTH STRATEGY
2013 - 2017

KEY MESSAGES

- The model will support the wellbeing agenda.
- There is recognition that suicide prevention is a responsibility for all.
- All people with a mental health condition will receive care in the most appropriate place for their treatment end experience a smooth transition through services.
- There is a need to ensure there is a holistic approach with true integration of mental health services with physical health provision
- There is a need to transfer low intensity services into the community to develop greater provision in primary care.
- We will maximise our impact by commissioning services through jointly agreed strategies; such as Children and Adolescent Mental Health, learning disabilities, older people and the recently produced mental health clinical outcomes framework.
- There is a need to work more closely and collaboratively with voluntary and community services to support local populations.

JOINT HEALTH & SOCIAL CARE
NORTH ESSEX MENTAL HEALTH STRATEGY
2013 - 2017

North Essex New Model Care

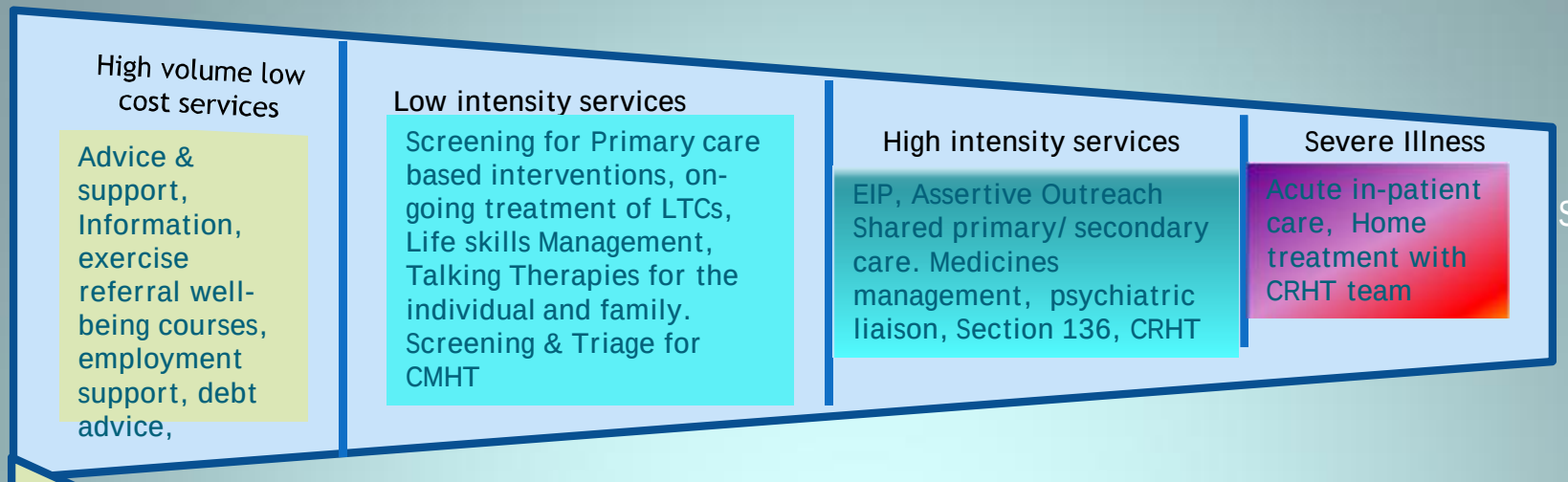


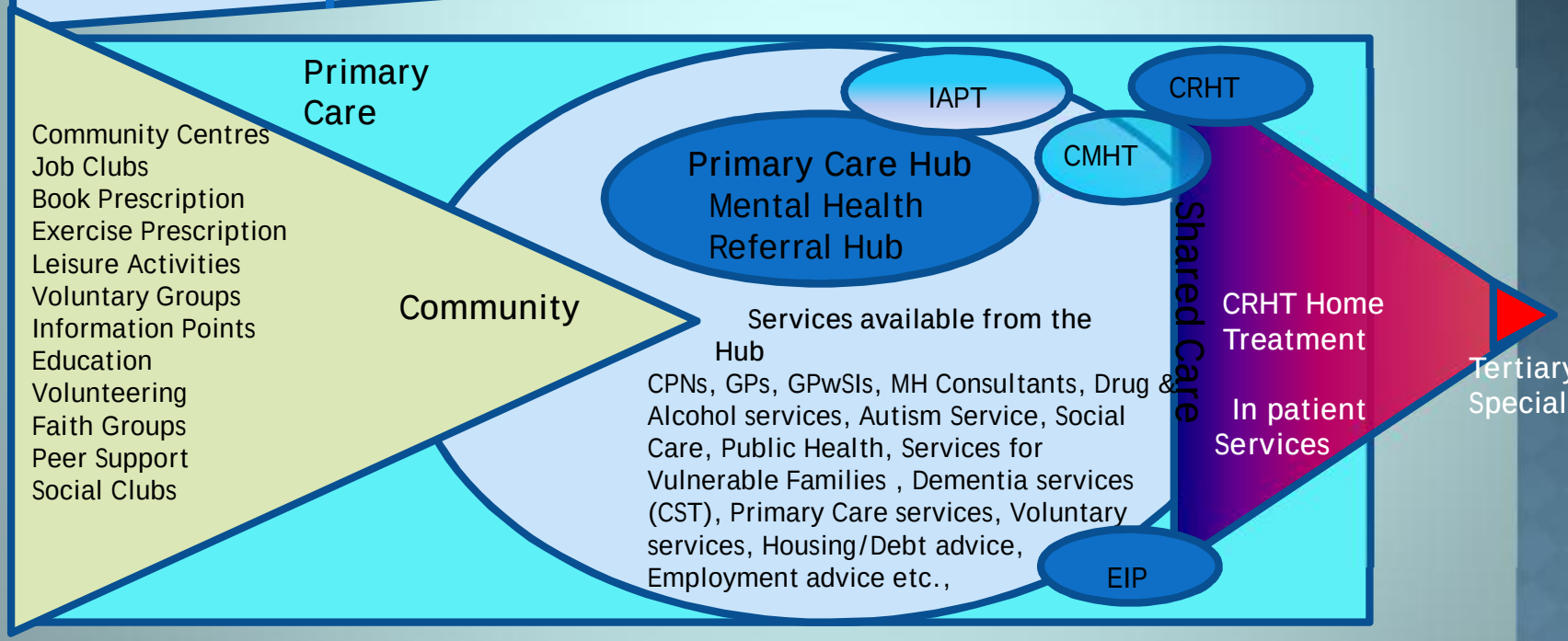
NORTH ESSEX CCG INTEGRATED MENTAL HEALTH - A NEW MODEL OF CARE

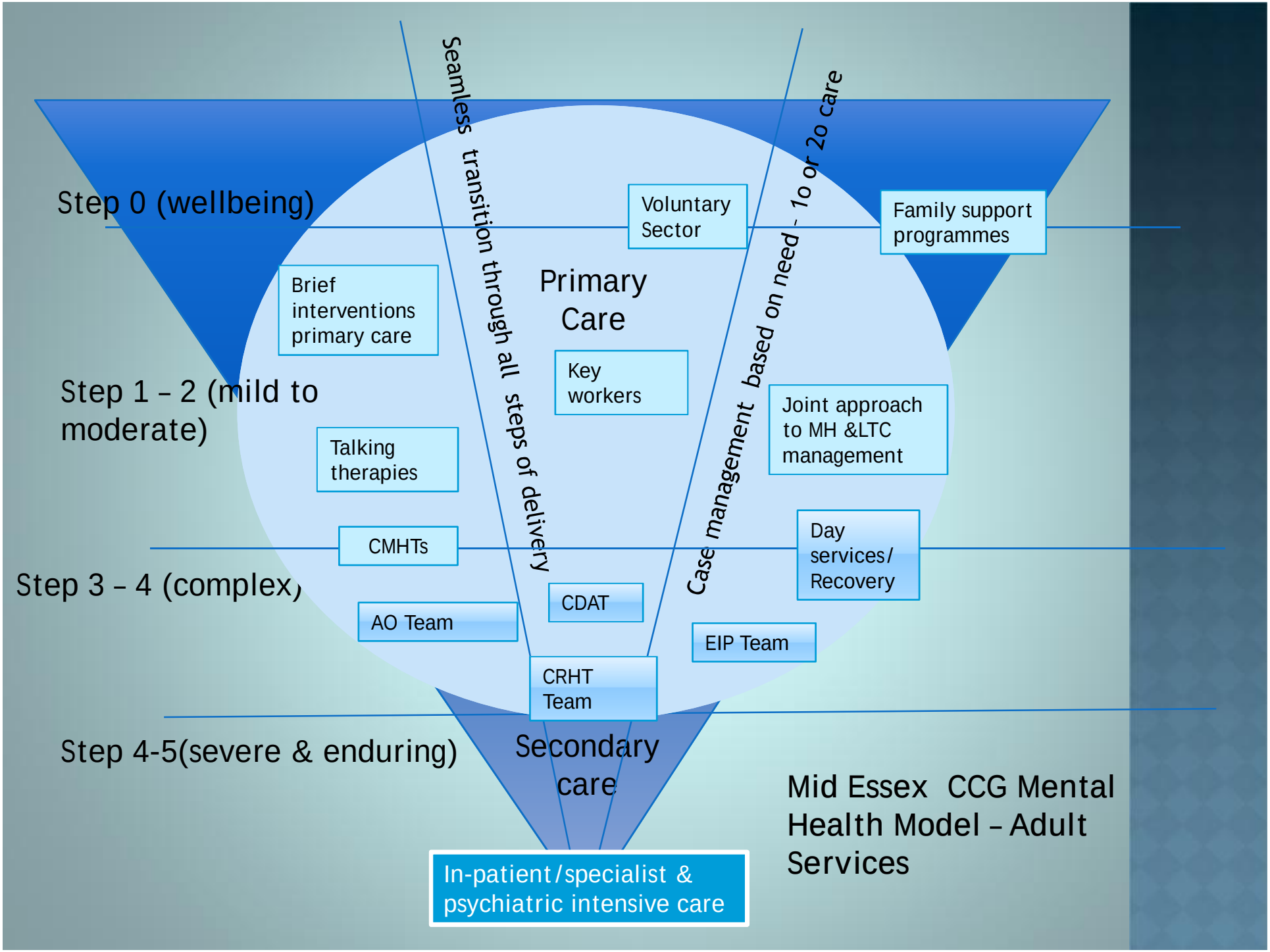
The proposed ambitions and models of delivery have been developed in conjunction with the North Essex Mental Health Strategy.

- No Health Without Mental Health (DH 2011)
- Building resilient communities – Making every contact count for public mental health (MIND/Mental Health Foundation Aug 2013)
- Joint Commissioning Panel for Mental Health (series of papers updated August 2013)
- Kings Fund: Long Term conditions and mental health (Feb 2012)
- NHS Confederation: A primary care approach to mental health and well being (2013)

West Essex Adult Mental Health - Model of Care:






Seamless transition through all steps of delivery
Case management based on need - 1o or 2o care
Step 0 (wellbeing)
Voluntary Sector
Family support programmes
Brief interventions primary care
Primary Care
Key workers
Step 1 – 2 (mild to moderate)
Joint approach to MH &LTC management
Talking therapies
CMHTs
Day services/ Recovery
Step 3 – 4 (complex)
CDAT
AO Team
EIP Team
CRHT Team
Step 4-5(severe & enduring)
Secondary care
Mid Essex CCG Mental Health Model – Adult Services
In-patient/specialist & psychiatric intensive care

NORTH ESSEX CCG INTEGRATED MENTAL HEALTH - A NEW MODEL OF CARE

Our Local Ambitions

- To develop community wellbeing, supporting and empowering individuals to manage their own mental health
- To develop integrated primary/community based care for the delivery of mental health services and the management of long term conditions.
- To establish improved crisis pathways to reduce A&E attendances, admissions and the time people stay in acute beds

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Our Local Ambitions

- To improve access to services and reduce waiting times for assessment, diagnosis and treatment including 7 day working and the transition from CAMHS to Adult Services and Adult to Older People's Services.

- To improve provision of urgent care pathways, in-patient provision and specialist services

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We will achieve this by: (Year 1)

- ü Explore opportunities of joint commissioning with public health colleagues to support early intervention and community well being including families and carers.
- ü Suicide prevention – commencing with pathfinder application led by Mid Essex – learning to be shared across North.
- ü Establish North Essex Mental Health Clinical Network (likely locality forums) input into service and pathway redesign.
- ü Development of a series of "Think Tanks" to explore across all providers opportunities for improvement. Suggestions to date: Urgent Care, Management of Long Term Conditions, Stroke & Pain.
- ü Further development of IAPT, primary and community mental health services. National Funding/project management support sourced
- ü Development and roll out of Primary Care (General Practice) Mental Health Education Programme. Link to EQUIP and establishment of North Essex Mental Health Clinical Network.
- ü Commence Development of single point of access (primary care based). Business case to be produced for individual CCG/North Essex Pilot (6 months).

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We will achieve this by: (Year 1 (2014/15))

- ü Development of Personality Disorder Strategy for North Essex
- ü Preparation for joint procurement of new CAMHS tier 2 and 3 service.
- ü Repatriation programme for out of area placements
- ü Proposed collaborative working with specialised commissioning for Personality Disorders and Locked Rehabilitation Services.
- ü Section 12 Procurement
- ü Effective contract discussions with NEP to support:
  - § Development of proposals to integrate service provision for patients with mental health and long term conditions.
  - § Improve access to consultant psychiatrists
  - § Establishing effective KPIs to improve quality, provision of data and clinical effectiveness.
- ü Development of a comprehensive service review programme to explore and fully understand the provision of NEP services (community, CRHT/inpatient and dementia services), exploring opportunities for integration and to make recommendation for future delivery of the North Essex Mental Health Strategy and CCG locality plans via collaboration and contestability.
- ü Review of Mid Essex Recovery Pilot with potential roll out to other North Essex CCGs

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Our local delivery plan: Year 2/3 (2015/2017)

- Further development of primary care mental health including establishment of “hub” model. Roll out based on early implementers across North Essex. Need to incorporate second level education programme to support new function (required in-practice presence from secondary care & assignment of care workers).
- Development and implementation of GPwSI role – suggestion is to start with dementia. Proposal to work through Strategic Network to understand national practice and build on existing service models.
- Implement Mental Health Redesign Programme - based on the findings of the 2014/15 review programme to enable the delivery of the strategy and local plans focussing on early intervention, community well-being, integration of physical and mental health services, rehabilitation pathways/recovery models and the provision of high quality specialist in patient services.