

*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

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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.

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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.

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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	20,697	72,318
				98,068
	Mid Essex	North East Essex	West Essex	Total
IAPT service	1,927	3,454	631*	6,012

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

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

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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

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KEY MESSAGES

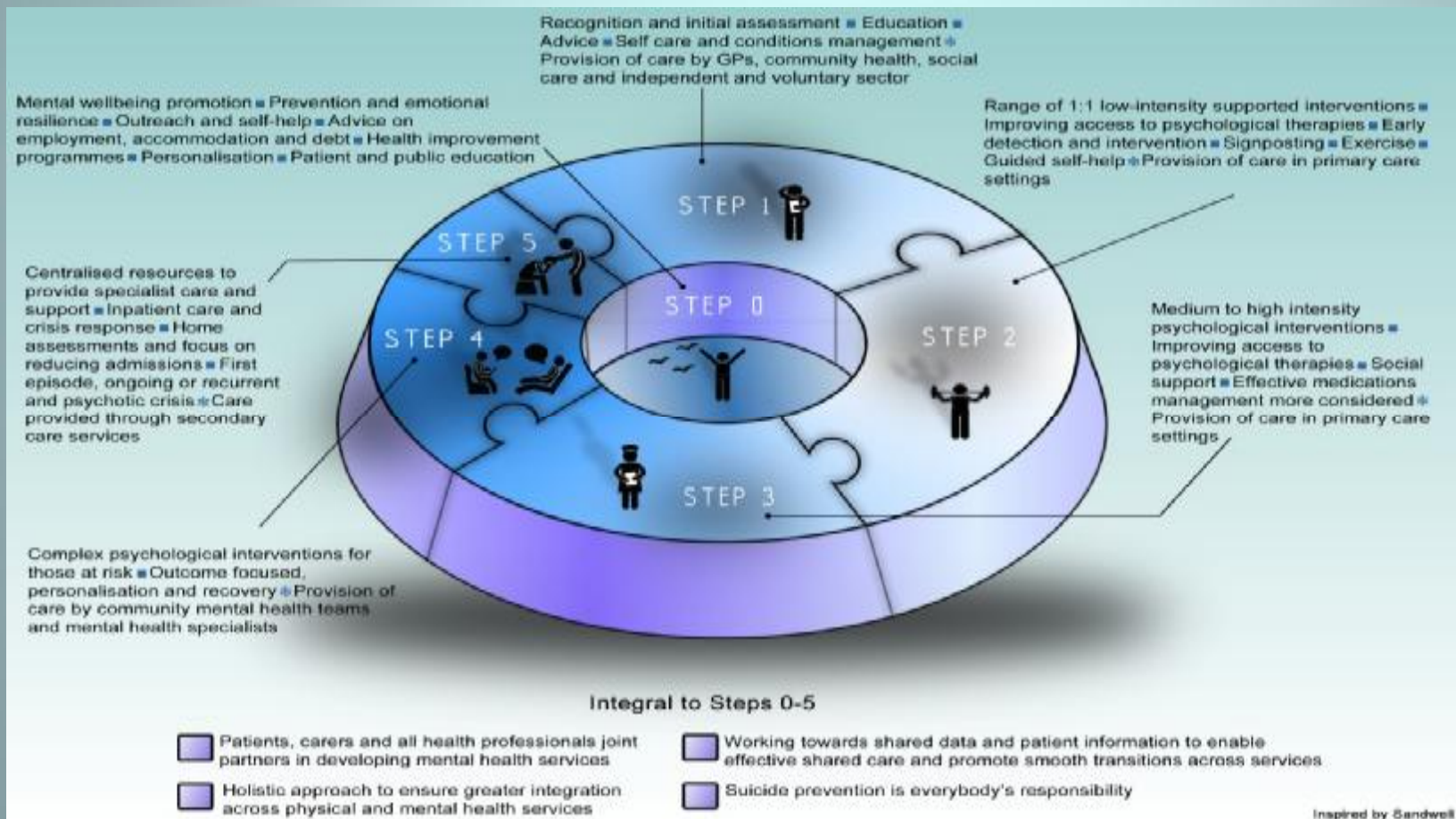
- The model will support the wellbeing agenda.
- There is recognition that suicide prevention is a responsibility for all.
- All people with a mental health condition will receive care in the most appropriate place for their treatment and experience a smooth transition through services.
- There is a 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.

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North Essex New Model Care



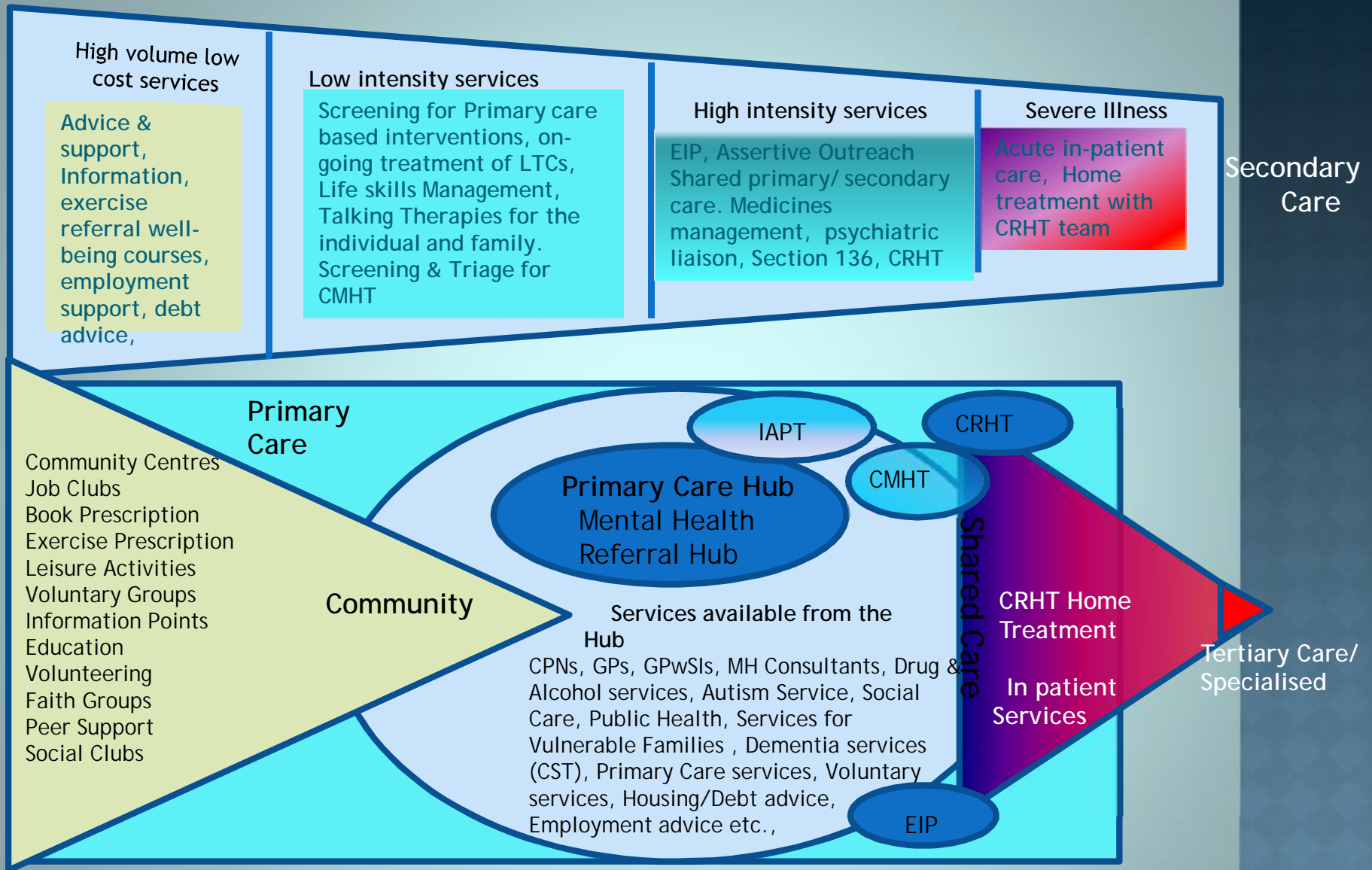
NORTH ESSEX CCG INTEGRATED MENTAL HEALTH - A NEW MODEL OF CARE

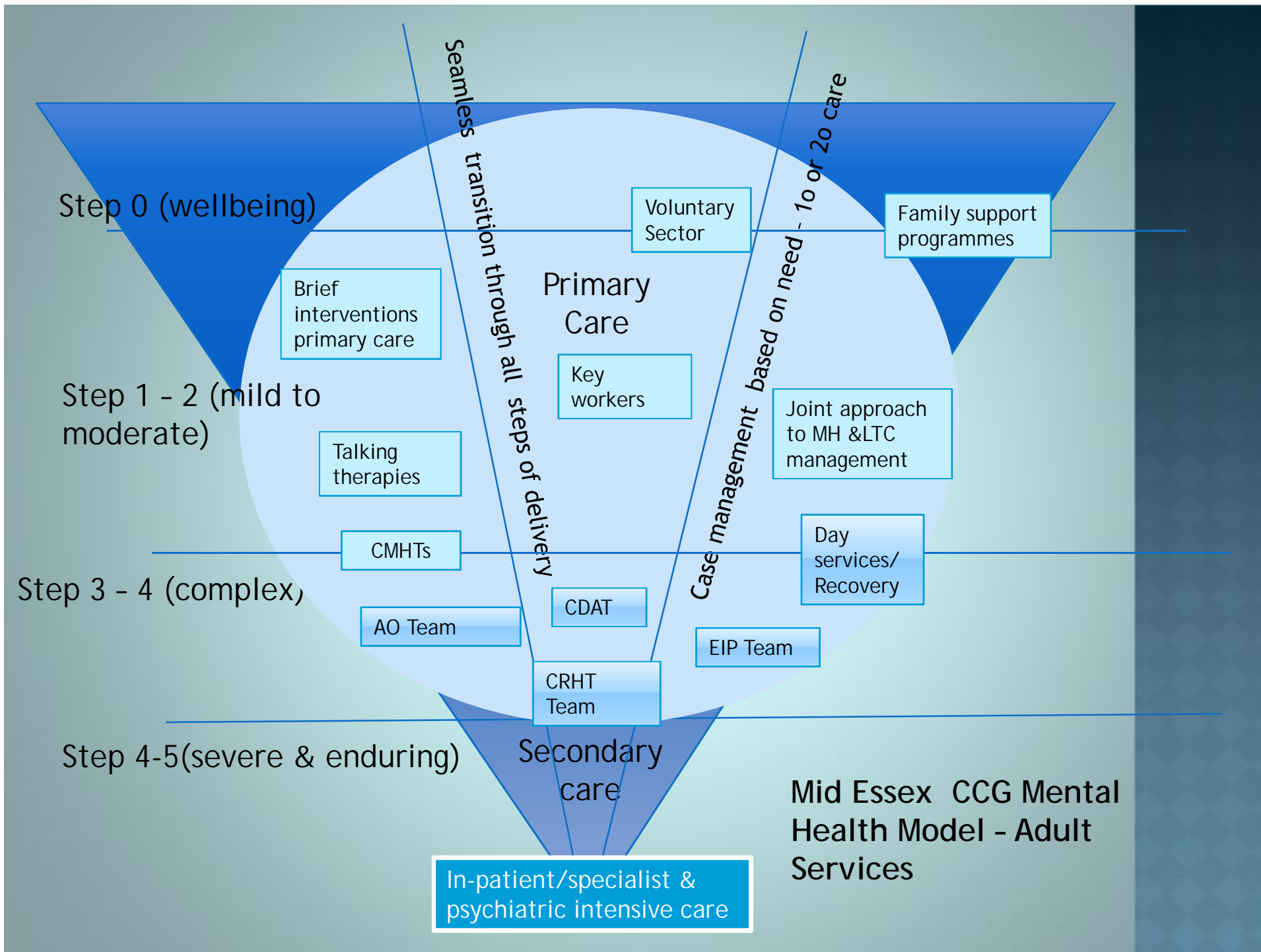
The proposed ambitions and models of delivery have been developed in conjunction with the North Essex Mental Health Strategy.

- 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:





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

Our Local Ambitions

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

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

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

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

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).

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

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

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

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.