

# Thurrock Council Adults Peer Review – Mental Health

Feedback from the peer review team  
June 2018

# This peer review feedback

- The peer team
  - The process
  - Feedback in key questions format
    - Strengths
    - Areas for further consideration
  - Your reflections and questions
  - Next steps
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# The Team

- Ian Winter CBE – Independent Consultant
  - Cllr Philip Corthorne – Cabinet Member for Social Services, Housing, Health and Wellbeing London Borough of Hillingdon
  - Caroline Taylor – Director of Adult Services and Housing, Torbay Council
  - Helen Maneuf – Assistant Director – Planning and Resources (Adult Care Services) Hertfordshire County Council
  - Bryan Michell – Charity Coordinator, My Life My Choice, Oxfordshire
  - Katherine Foreman – Independent Nurse, Medway CCG
  - Jonathan Trubshaw – Peer Review Manager, Local Government Association
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# The peer review process

- The peer challenge is based on the Adult Social Care Framework, tailored to Thurrock's requirements
  - Not an inspection – invited in as 'critical friends'
  - Information collection is non-attributable basis
  - Document and data analysis, interviews, focus groups and meetings
  - People have been open and honest
  - Feedback is based on the triangulation of what we've read, heard and seen.
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# The team has:

Spent 3 days onsite at Thurrock Council, during which we:

- Spoke to more than 100 people including a range of council staff together with councillors, external partners and service users
  - Gathered information and views from more than 35 meetings, visits and additional research and reading
  - Collectively spent more than 280 hours to determine our findings – the equivalent of one person spending 8 weeks in Thurrock Council
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# You asked us to look at:

- The extent to which the current service 'gate keeps' with thresholds set
  - The extent that current arrangements and organisational culture delivers a person-centred, strength based approach – including a focus on delivering outcomes and a move away from 'one size fits all'
  - To what extent the current 'offer' needs to expand and the extent to which the market is robust enough to deliver against this
  - The extent to which the current offer is holistic
  - The extent to which the service is preventative
  - The interface between other key partners – e.g. housing and primary care
  - The extent that the Section 75 is fit for purpose and possible areas of change
  - To what extent current partnership arrangements are working effectively – both in terms of provider (Essex Partnership University Foundation Trust – EPUT, and commissioning (Thurrock CCG/Thurrock Council)
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# Council leadership

- Vision to leave no-one behind by members and chief executive
  - Strong financial management and commitment to vulnerable people
  - Cross-party commitment to Health and Social Care
  - Strong pride in community
  - Health and Wellbeing Board have the right people at the table
  - Healthwatch are strong with standing item on Scrutiny
  - Committed leadership of Adult Social Care Public Health and Housing
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# Thresholds

## Strengths

- Thresholds are set and applied
  - Open referral for Local Area Coordinators
  - When high-level need identified the Grays Hall service received is perceived as good
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# Thresholds

## Areas for consideration

- Crisis team perceived as gatekeepers and maintain high thresholds
  - GP referral system is seen as building in delays; medical model
  - Opportunity to open up other referral routes but only as part of an holistic system change
  - Difference in perception of what “crisis” is and understanding of Threshold criteria; for individual and service
  - Performance information not seen to evidence intervention impact on improvements in Mental Health
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# Person-centred, Outcome Focussed

## Strengths

- Local Area Coordinators person-centred aspect widely acknowledged
  - Mind, Inclusion Thurrock (IAPT) and Recovery College services are well regarded
  - Once diagnosed, services seen to be good
  - Cross-party agreement for service improvement
  - Housing services reported that they worked well with Grays Hall on individual cases
  - Low numbers of rough sleepers
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# Person-centred, Outcome Focussed

## Areas for consideration

- Variable provision when thresholds are not met
  - Lack of specialist housing plan for people with mental health issues
  - Ensure social workers focus on the complex and less complex are met through other arrangements
  - Ensure that social work practice/values as a profession are asserted and owned within EPUT arrangements, including Grays Hall team
  - Stretched but effective preventative provision for border-line homeless not consistent across the area and rising demand from inner-London movements
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# Market Capacity and Development

## Strengths

- Existing Market Position Statement and JSNA
  - Housing Investment and Regeneration Group recognising vulnerable people
  - Proactive in-house housing team dealing with difficult supply issues
  - Innovation in terms of fragile social care market i.e. Domiciliary Care could be applied to Mental Health
  - Community Hubs and Strength Based conversations in Adult Social Care and voluntary sector; needs to be aligned and planned with service model in nascent four integrated medical centres
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# Market Capacity and Development

## Areas for consideration

- Detailed analysis of Mental Health market needs and specialist accommodation
  - Opportunity to Invest to Save to deliver accommodation, looking at external placements with CCG
  - Build on personalisation approach and values in Adult Social Care into Housing
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# Holistic Offer

## Strengths

- Thurrock First is seen as responsive and innovative
  - Local Area Coordinators development is seen as positive and well regarded
  - Joint commitment to development of Integrated Medical Centres
  - Joint funding of Integrated Care Director
  - Opportunity to resolve operational housing issues through local housing group
  - Social prescribing in Primary Care
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# Holistic Offer

## Areas for consideration

- Opportunity exists for EPUT to work jointly with NELFT building on pilots in Tilbury and Chadwell
  - Secondary Mental Health care needs to benefit from a wider multi-disciplinary approach
  - IT incompatibilities between council and EPUT
  - High staff turn-over at Grays Hall
  - Ensure full engagement of seconded staff in all council initiatives
  - Grays Hall Crisis Line not responsive
  - Local Area Coordinators some inconsistency in approach and skill variations
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# Prevention

## Strengths

- Local Area Coordinators responsive and can prevent crisis
  - Recovery College
  - Thurrock First
  - Improving out-reach reported in Purfleet and South Ockendon
  - Mind recognised as an asset
  - Healthwatch providing useful feedback to prevent direct interventions
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# Prevention

## Areas for consideration

- Consider funding of prevention in Mental Health with CCG as an invest to save
  - Older People's Mental Health service workload does not allow focus on prevention
  - Thurrock First to consider interim measures to fill gap in Mental Health expertise and housing
  - Opportunities to agree housing strategy and policy for people with Mental Health issues – “Same people float around the system”
  - Care Act not well understood across partners
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# Working with Other Community Partners

## Strengths

- Recent evidence of EPUT and local authority wanting to improve relationship
  - Robust evidence of good practice in the community e.g. Community Hubs, Social Prescribing, Micro-enterprises, Housing First, Shared Lives
  - Shared care protocol
  - Positive relationships across partners with a 'can-do' attitude
  - Strong and valuable partnership with Thurrock Coalition
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# Working with Other Community Partners

## Areas for consideration

- Recalibrate the relationship with EPUT and local authority moving on from legacy issues and past working
  - Making better use of resources across Health and Social Care economy
  - Work in communities disparate and disjointed
  - Independent sector expressed uncertainty about future funding, risking further integration
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# Section 75

## Strengths

- Southend-on-Sea open to working more closely on Performance Information
  - Working more positively with EPUT post-reorganisation
  - Operations group ready to take on a more engaged role; including provider and service user representation
  - Better Care Fund perceived as positive
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# Section 75

## Areas for consideration

- No single reporting and outcomes framework
  - Assurance that social care values and approaches are part of EPUT ways of working, including executive board level representation
  - Social work practice needs to be valued, including availability of crisis team to support AMHPs and being responsible for bed-finding, championed by Principle Social Work, for example
  - No single point of contact within Thurrock for Southend-on-Sea for developing commissioning issues
  - S75 staffing arrangements have a Health led culture that shapes practice
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# Commissioning Arrangements

## Strengths

- Public Health an asset; has driven “Case for Change” and through JSNA e.g. Stretch Quality and Outcomes Frameworks for GPs
  - Opportunities to work together with other commissioners
  - Recognised difficulties with EPUT and started to grip situation
  - Reputation for innovation and ability to deliver transformation – well regarded by partners
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# Commissioning Arrangements

## Areas for consideration

- Consolidate new approach to management of EPUT; plan required to be set out and monitored
  - Need to deal with "Missing Middle" e.g. with 24/7 crisis support, Step-down, dual diagnosis – absence seen as clear gap by stake-holders
  - How to manage development of four Integrated Medical Centres within context of NHS/STP and consideration of realistic timetable and service model
  - Agree joint commissioning with CCG - CCG currently focussed too narrowly on commissioning primary and secondary care
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# Quotes

- “Do I have to get better or worse to get treatment?”
  - “If you are not already registered (for Mental Health) go to A&E or get arrested to get a service”
  - “Once there was a diagnosis, everything was fantastic”
  - “Grays Hall sometimes seems to be under siege”
  - “If we change eligibility we will be over-whelmed”
  - “No-one was listening to me”
  - “I walked along side him and listened to his story”
  - “You can check out but you can never leave”
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# Action areas for consideration

- Commissioners to develop an improvement plan for EPUT as a provider in Thurrock
  - Develop joint commissioning arrangements between council and CCG
  - Commission for 'the Middle' of Mental Health needs
  - Create a Mental Health programme group, including Children and Transition, to ensure the elements of an improvement plan are coordinated to overcome current fragmentation of initiatives, including the JSNA recommendations
  - Develop service user involvement further e.g. in training, remunerated participation in project groups, reviews and inspections
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# Action areas for consideration

- Thurrock Council and CCG to agree new operating model which develops referral routes and new pathways whilst managing demand in the system
  - Drive innovation for Thurrock Mental Health, which matches Adult Social Care transformation. Capitalise on the 'place at the table' to push models of integration in STP. Recognise risk of NHS changing footprints and requirements in the next ten years
  - The current model of social work needs urgent revision; social workers need support to practice with support in crisis incidents and bed finding
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# Next steps

- Discussion
  - Report provided soon
  - You will want to take the time to reflect on the report and consider how to take things forward
  - Agree final report
  - Evaluation – how was it for you?
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Thank You

Any Questions

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