

7 March 2019		ITEM: 6
Health and Wellbeing Overview and Scrutiny Committee		
Sexual Assault and Abuse Mental Health Pathway in Thurrock		
Wards and communities affected: All	Key Decision: Non-Key	
Report of: Mark Tebbs, Director of Commissioning NHS Thurrock Clinical Commissioning Group (CCG)		
Accountable Associate Director: Jane Itangata, Associate Director of Mental Health Commissioning, Mid and South Essex STP (Local Health and Care)		
Accountable Officer: Mandy Ansell, Accountable Officer, NHS Thurrock Clinical Commissioning Group		
This report is public		

Executive Summary

The purpose of this paper is to provide an overview regarding the work to improve the sexual assault and abuse mental health pathway in Thurrock. The review of the pathway has aimed to ensure that commissioners are fulfilling their respective commissioning responsibilities. This will help to ensure that we have the right balance of services in place to enable the system to achieve the best possible outcomes. In addition, we need to ensure that there are the right ongoing mechanisms in place to facilitate integrated working between providers.

Sexual assault and abuse are two of the most serious and damaging crimes in our society. Sexual violence survivors are at greater risk of a variety of mental health issues including anxiety, depression and post-traumatic stress disorder (PTSD). The clinical evidence is clear that trauma-focussed Cognitive Behavioural Therapy (CBT) sessions are the most effective treatment for PTSD in adult sexual violence victims and Child Sexual Abuse survivors.

The national strategy for sexual assault and violence states that commissioning arrangements nationally and locally are complex and fragmented. Local partners have therefore come together to develop a plan for improving the local outcomes. The pathway review found that there were opportunities to strengthen the clinical provision, improve integrated working and improve system wide education.

The CCG has invested in enhancing the NICE approved trauma-focussed pathway of the IAPT service. This is to ensure that Inclusion Thurrock, in partnership with Thurrock Mind, can continue to respond to the treatment needs of victims and survivors of sexual assault and abuse in a timely manner. The CCG has therefore

provided additional investment for 2 WTE trauma CBT therapists through the IAPT service to complement existing capacity. The additional therapists have been recruited and are due to start in April 2019. The CCG has also funded additional specialist trauma focussed training.

The CCG and Local authority colleagues have also agreed to utilise the Better Care Fund to extend the grant to SERICC to enable the completion of the Thurrock Joint Strategic Needs Assessment and for the development of an overarching Essex Wide Strategy. The Strategy work will be led by our colleagues from Police Fire Crime Commissioners (PFCC). These documents will aim to fully review the evidence base, clarify commissioning responsibilities between agencies and to ensure that we have a robust understanding of local need.

1. Recommendation(s)

1.1 The Health and Wellbeing Overview and Scrutiny Committee are asked to note the progress on the work to improve the Thurrock sexual assault and abuse pathway.

2. Introduction and Background

2.1 Sexual assault and abuse are two of the most serious and damaging crimes in our society. The impact of any sexual assault or abuse is largely hidden and often not fully understood, with no identified effects that are unique to these crimes. It is well known, however, that the damage and devastation caused are enormous, extremely varied and often lifelong. They present in different ways for different individuals from different genders and demographics; the commonality being serious trauma and often compound trauma. Feelings of profound fear, terror and anxiety have been described by victims and survivors, with safety and trust being significant factors in the recovery process. It can take many years for an individual to disclose sexual assault or abuse, particularly those people who have been abused or assaulted as a child, or those with a disability.

2.2 National Policy context

Over recent years, the profile of sexual offences has been raised significantly due to the Children's Commissioner's Inquiry into Child Sexual Exploitation in the family environment, the Independent Inquiry into Child Sexual Abuse (IICSA), the independent inquiry into child sexual exploitation in Rotherham, the various cases involving well-known individuals and, most recently, the emerging cases associated with football. This increases the likelihood of an impact on the uptake of mainstream services, and in particular, mental health services for non-recent victims and survivors of sexual assault and abuse.

In April 2018, 'The Strategic Direction for Sexual Assault and Abuse Services: Lifelong care for victims and survivors: 2018 – 2023' was published. It focuses on 6 priorities, namely:

- Strengthening the approach to prevention,

- Promoting safeguarding and the safety, protection and welfare of victims and survivors,
- Involving victims and survivors in the development and involvement of services,
- Introducing consistent quality standards,
- Driving collaboration and reducing fragmentation,
- Ensuring an appropriately trained workforce.

The document emphasises the complexity of the commissioning arrangement. It describes the fact that responsibilities 'spans a number of different systems and government organisations, including health, care and justice, and requires them to work together. The commissioners of services are varied, and there is a wide range of providers, including some specialist and third sector organisations. This creates a significant challenge, and all the different bodies can find it difficult to work together effectively to meet the lifelong needs of victims and survivors. This can result in fragmentation in service delivery, frustration and poor outcomes for victims and survivors of sexual assault and abuse over their lifetime'.

The national strategy helpfully outlines the commissioning responsibility (See Appendix 1 - Mental Health) for all parties.

2.3 Evidence Based Treatment

A summary review of effective support services for treating Mental Health needs of adult victims of sexual trauma is provided in appendix 2. The key points are:

- Sexual violence survivors are at greater risk of a variety of mental health issues including anxiety, depression and post-traumatic stress disorder (PTSD)
- Trauma-focussed CBT or EMDR sessions are most effective for treatment of PTSD in adult sexual violence victims / CSA survivors
- Trauma-informed care does not have an adequate evidence base and therefore is not supported as an effective treatment approach for PTSD.
- Individual sessions of at least one hour in length, and a treatment programme of at least 10 sessions were most effective
- A phase-based approach comprising of support to promote individual resilience **and** trauma-focussed therapy may be effective
- Training is needed within statutory services to recognise sexual abuse as a potential cause of mental health issues and to ask questions to facilitate disclosure in a more comfortable environment
- Specialist services are preferable to statutory services amongst survivors for facilitating disclosure and addressing other mental wellbeing needs

The evidence suggests that we require both strong evidence based treatment services and good specialist services which facilitate disclosure and support wellbeing. We need clear commissioning arrangements so that providers are clear about their role within the system. We need ongoing mechanisms to support integration between providers.

3. Improving the sexual assault and abuse mental health pathway in Thurrock

- 3.1 Inclusion Thurrock and Thurrock Mind have been providing treatment for trauma, including sexual violence/sexual abuse history, since April 2016 in line with NICE guidelines on the treatment of trauma. CBT and EMDR are the NICE recommended treatments for trauma.
- 3.2 Approximately one third of IAPT patients have experience of sexual assault or sexual abuse in their past. In some cases, patients presenting with depression or anxiety disorders also have histories of sexual trauma.
- 3.3 To meet demand the service has continued to invest in ongoing training and development of staff to provide effective, evidence-based treatment for trauma, for example, in February 2017 the service invited a trauma specialist working for the Traumatic Stress Service to deliver a one-day training course on enhanced CBT treatment for trauma.
- 3.4 In April 2017, the service invested in EMDR training for eight therapists who are now qualified and accredited EMDR therapists. Another therapist has initiated EMDR training and when qualified will bring the total to nine to ensure the service can deliver a trauma focussed pathway. All IAPT therapists are qualified to deliver CBT. 10 of the 18 CBT therapists have a professional background as qualified counsellors adding to the richness of expertise to enhance support to patients.
- 3.5 From the April 2019 there will be 2 WTE additional trauma CBT therapists in Thurrock. These therapists will provide continuity of care and named link workers with SERICC to enable the delivery of integrated care models.
- 3.6 A 2018 systematic review of the link between sexual abuse and borderline personality disorder (BPD) found sexual abuse was found to play a major role in BPD, particularly in women. Childhood sexual abuse is an important risk factor for BPD. Adult sexual abuse rates are significantly higher in BPD patients compared with other personality disorders. EPUT estimates that 70% of the patients on the current PD caseload (circa. 600) have a history of sexual assault and abuse. The development of the personality disorders service in primary care and enhancement of joint working between Inclusion Thurrock, EPUT's Psychology team and Thurrock Mind means that patients with personality disorder (and in all likelihood sexual abuse histories) will be supported with a seamless flow between and within services.
- 3.7 The KUF personality disorders training, and additional training on providing the STEPPS programme in primary care, will further aid therapists in treating patients with co-morbid personality disorder and sexual abuse trauma. This service is in the final phase of implementation with a view to complete roll out in Q1 of 2019 -20.
- 3.8 The Police Fire Crime Commissioners are bringing partners together from across Essex to develop a whole system strategy. This strategy will build consensus regarding the local interpretation of the national commissioning guidance. At the same time, our public health colleagues are completing the

work of the Thurrock Joint Strategic Need Assessment. These documents will aim to fully review the evidence base, clarify commissioning responsibilities between agencies and to ensure that we have a robust understanding of local need.

3.9 The CCG and Local authority colleagues have agreed to utilise the Better Care Fund to extend the grant to SERICC to enable the completion of the Thurrock Joint Strategic Needs Assessment and for the development of an overarching Essex Wide Strategy.

3.10 **Thurrock Whole System Review** - Over the last 3 months or so, commissioners have co-ordinated a number of workshops to develop a whole system development plan.

3.11 The issues identified are listed below:

- There are issues with the patient transition between services and the interfaces between the services.
- Some survivors still shy away from mental health services.
- Some survivors are not fully aware of the services available to them and what each services provides.
- The system requires better governance so there's a forum for shared learning and changes to services etc.
- The future state must include clear direction and guidance of how to refer / share information with secondary care services
- The local system requires further training to ensure that disclosure of victims of sexual assault and abuse is better managed
- The future state should support the joint management of victims' treatment where this is possible and required. The services that can be jointly managed need to be identified and agreed.
- The future state needs better 'branding' to ensure it is clear for both professionals and patients.
- There needs to be clearer guidance on referral protocols to ensure people end up in the right service at the right time. This will also help to ensure that organisations understand where they fit within the pathway. This needs to be underpinned by better information sharing when referring into the system.
- SERICC identified that there are numbers of referrals made into the service purely because the referring party has no resources to manage the patient. Similarly, they raised concerns that secondary care had closed cases, but that these were being retained needing support within SERICC.
- Shared care protocol needs to be consistently adhered to.

4. Consultation (including Overview and Scrutiny, if applicable)

4.1 The action plan has been developed in consultation with PFCC, Thurrock Public Health Team, Inclusion, EPUT and SERICC.

5. Impact on corporate policies, priorities, performance and community impact

N/A

6. Implications

6.1 Financial

Implications verified by: N/A

6.2 Legal

Implications verified by: N/A

6.3 Diversity and Equality

Implications verified by: N/A

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

N/A

7. 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):

N/A

8. Appendices to the report

Appendix 1 - Commissioning responsibilities

Appendix 2 - Summary Review of effective support services for treating Mental Health needs of adult victims of sexual trauma

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