

31st July 2020		ITEM: 6
Health & Wellbeing Board		
Adult Mental Health Service Transformation Update		
Wards and communities affected: All	Key Decision: No	
Report of: Maria Payne, Strategic Lead for Public Mental Health & Adult Mental Health System Transformation Catherine Wilson, Strategic Lead for Commissioning & Procurement Jane Itangata, Associate Director of Mental Health Commissioning, NHS Thurrock CCG		
Accountable Assistant Director: Les Billingham, Adult Social Care		
Accountable Director: Roger Harris, Corporate Director, Adults, Housing and Health / Ian Wake – Director of Public Health Mark Tebbs, Deputy Accountable Officer NHS Thurrock CCG		
This report is Public		

Executive Summary

A report by the Director of Public Health which aimed to triangulate learning from three previous reports (the Mental Health Joint Strategic Needs Assessment, LGA Peer Review and Healthwatch Research) and propose strategic action on transforming the local adult mental health treatment system was agreed at the September 2018 Thurrock Joint Health and Wellbeing Board and March 2019 Cabinet. The report collated learning from each of the reports and set out five priority areas for action to improve local mental health services:

1. Address the issue of under-diagnosis of mental health problems
2. Improve access to timely treatment
3. Develop a new model for Common Mental Health Disorders
4. Develop a new *Enhanced Treatment Model* for people with serious mental ill-health conditions
5. Integrate commissioning and develop a single common outcomes framework supported with improved commissioning intelligence.

The purpose of this report is to:

- Provide an update on some of the progress made since this initial report was produced
- At a high level, consider the impacts that COVID-19 has had on mental health transformative activity
- Profiling some of the work that has been undertaken during the lockdown period so far to help Thurrock residents maintain good mental health and wellbeing
- Detailing the next steps and priorities for future mental health transformation

Recommendations

- **Health and Wellbeing Board notes the progress made with relation to adult mental health system transformation**
- **Health and Wellbeing Board endorses the next steps as detailed in the paper**
- **Agrees to establish a member led body to receive progress reports on the development of the joint mental health transformation plan.**

1 Introduction

1.1 A report by the Director of Public Health which aimed to triangulate learning from three previous reports (the Mental Health Joint Strategic Needs Assessment, LGA Peer Review and Healthwatch Research) and propose strategic action on transforming the local adult mental health treatment system was agreed at the September 2018 Thurrock Joint Health and Wellbeing Board and March 2019 Cabinet. The report collated learning from each of the reports and set out five priority areas for action to improve local mental health services:

1. Address the issue of under-diagnosis of mental health problems
2. Improve access to timely treatment
3. Develop a new model for Common Mental Health Disorders
4. Develop a new *Enhanced Treatment Model* for people with serious mental ill-health conditions
5. Integrate commissioning and develop a single common outcomes framework supported with improved commissioning intelligence.

1.2 This paper is structured as follows:

- Section 2 provides a high-level update on progress made against each of these themes
- Section 3 discusses the impact that COVID-19 has had on mental health transformation plans
- Section 4 sets out the future priorities for mental health transformation

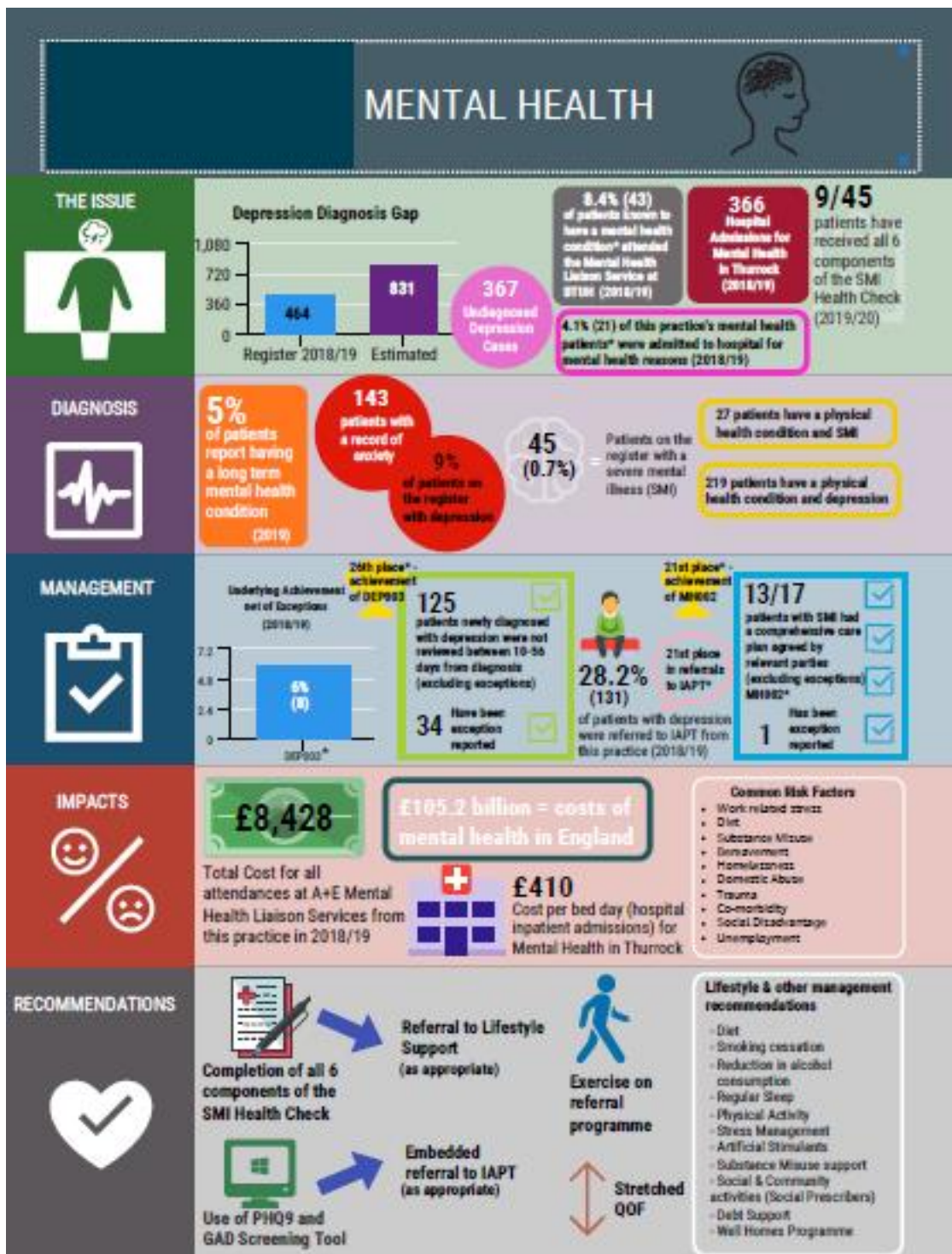
2 Transformation Progress to date

Address the issue of under-diagnosis of mental health problems

- 2.1 The previous report highlighted a stark gap between the number of patients in Thurrock diagnosed with Depression, and the number likely to have it as modelled by Public Health England. The data estimated that only 59.5% of the population likely to have depression had been diagnosed. The report also described a four-fold variation in GP Practice Depression QOF register completeness ranging from 24% through to fully complete. As of March 2020, the data indicated that 62.5% of those with depression have been diagnosed – it is likely that the programmes referenced below contributed towards identifying more patients with depression.
- 2.2 Since this report was completed, a depression screening protocol has been developed in System One, and implemented in three pilot GP practices. This is in place for patients on the Diabetes QOF register attending a review, and guides clinicians to ask the validated PHQ-9 questions and prompt an automated referral to IAPT if required. NELFT Clinical Health Psychology Service has also been using this protocol for their Diabetes patients. Data indicates that 2,039 screens were undertaken using this protocol in 2019/20, and 454 for April-June 2020. 98 referrals have been made to IAPT via this route between April 2019-June 2020.
- 2.3 Thurrock Healthy Lifestyle Service also embedded a short form of depression and anxiety screening into their NHS Health Check. Data indicates that 3,865 short-form screens were undertaken in 2019/20, and of the 195 who met the threshold for IAPT referral, 34 referrals were made. This programme ceased at the end of March as face-to-face Health Check delivery was suspended, but will be resumed when NHS Health Checks restart.
- 2.4 There has been a noticeable increase in the communications both nationally and locally around mental health. Thurrock Council's Communications team have extensively promoted a number of national programmes such as World Mental Health Day on 10th October. Public Health England's [Every Mind Matters](#) platform was also promoted at this time; this is a digital offer which enables people to create a personalised action plan recommending a set of self-care actions to deal with stress, boost mood, improve sleep and feel in control. Statistics provided by the Council's Communications team showed that the social media posts for that campaign alone resulted in 22,555 impressions and that 117,835 individuals were reached – i.e. would have seen the posts via the Council's Facebook or Twitter pages.
- 2.5 Over the last year there has been a large amount of work on improving the quality of information held on GP systems. The Public Health team paid for an external company called Interface Clinical Services (ICS) to look at GPs records of patients with long term conditions, and run some other searches to identify patients who might have long term conditions but not be 'coded' as such. This exercise was conducted in 20 practices and included Depression and Serious Mental Illness registers. The analyses potentially identified over 1,000 patients known to these practices who might have Depression but are not coded as such, and over 400 potential SMI patients. However only 47 of the Depression patients and 8 of the SMI patients were subsequently added

– this could be because the search criteria weren't quite right, or that the practices did not have capacity to review all of the records to check if they should be added. There may be the possibility going forward to employ dedicated resource to look at this further.

2.6 The Public Health teams' three Healthcare Public Health Improvement Managers developed a specialist Mental Health Profile Card for every GP practice, and took these out to GP practices during their winter 2019 practice visits. These contained data on mental health diagnoses and treatment of mental health conditions, usage of emergency mental health care services and general recommendations for practices to follow. A sample card can be seen below.



Feedback gathered from practices indicated that they found it interesting to see data on the diagnosis and management of their patients in primary care, and the financial costs of their patients using emergency care. These cards triggered wider conversations around increasing IAPT referrals, using wider primary care roles such as clinical pharmacists, and future use of the electronic depression screening protocol. It is hoped to incorporate this into the future plans for integrated primary care and community mental health care transformation (see section 2.18).

Improving Access to Mental Health Treatment

- 2.7 The previous report highlighted a large amount of variation in the experience of patients accessing mental health treatment, both in primary and secondary care settings. In addition, large numbers of patients were attending A&E when in mental health crisis, as they did not have any other alternative support mechanism. Difficulties in accessing mental health treatment was also identified as an issue in the LGA Peer Review, which specifically cited that “*GP referral is building unnecessary delays into the system*” [with regard to secondary care mental health services].
- 2.8 The Public Health’s team ‘Stretched QOF’ programme has incentivised Thurrock GP practices to treat all patients eligible for clinical interventions under the Quality Outcomes Framework (as GPs only receive a national incentive to treat around 70% of eligible patients). Clinical reviews for newly-diagnosed depression patients were included within this incentivisation programme. Between July 2018-March 2019, GPs claimed for 125 patients, and in 2019/20 GPs claimed for 90 patients (this will have been impacted on by COVID-19 where patients may not have attended reviews). These patients may not otherwise have received these reviews.
- 2.9 MPFT - Inclusion Thurrock (the IAPT and Recovery College provider), provides talking therapies for people experiencing depression, anxiety and other common mental health problems as well as support and treatment for those who have had experienced trauma, offering a range of treatment options available which are tailored to individual needs. Therapists have also been trained to provide help for those who may have long term health conditions such as diabetes, chronic pain, COPD, fibromyalgia or fatigues that can leave you feeling low in mood. The service also has therapists able to provide evidence-based treatment for trauma and help cope with adjustment following a hospital stay.

Inclusion Thurrock had always ensured that therapists were set up for agile working, using laptops and remote access to systems. The transition to remote working from home was relatively seamless, with the biggest transition being the switch to working over the telephone rather than face to face.

Currently, all therapists are working with patients via telephony, video-consultation and an enhanced digital offer. Referrals had reduced significantly during lock-down but are now steadily returning to near pre-COVID19 levels. The waiting lists have been managed down and patients who are unable to undertake remote treatments, a prioritisation process has been developed to ensure they are in treatment as soon as some face to face appointments are made available. The MSE system has agreed to plan for a 20% increase in demand for IAPT services.

- 2.10 In September 2019, the Housing Solutions team employed a Senior Mental Health practitioner on secondment from EPUT for one year. The worker was employed to upskill staff across the Housing directorate in mental health awareness, but also to undertake specialist mental health assessments to help inform decisions on housing allocation. Between September-May 2020, the worker has received 173 referrals from

fellow housing colleagues, anti-social behaviour officers and mental health professionals. Requests are to:

- undertake specialist mental health assessments
- provide specialist mental health advice
- undertake a welfare check
- ascertain secondary mental health care information on specific clients

The worker has also been providing information and advice to Housing staff on wider health and wellbeing support options via the compilation and cascading of a services directory. This has improved cohesion between housing and mental health services, and improved knowledge of Housing staff.

- 2.11 On 1st April 2020, the new 24-7 mental health crisis response service launched across Mid and South Essex, offering immediate and specialist support to adults and older people experiencing mental health crisis. Callers who dial 111 and select option 2 are then connected to trained staff at EPUT who provide timely and appropriate support and advice. GPs, Police, Ambulance each have dedicated direct lines into the EPUT Contact Centre to enable access to mental health support. Social Care services have also been provided with a dedicated Professionals' direct line. All are actively utilising these lines. As part of this clinical pathway three Sanctuaries have been set up across the footprint, with one run by Thurrock and Brentwood MIND. The sanctuaries offer a non-clinical service and also deliver an Outreach Programme to ensure people are supported to access the right solutions to their presenting needs e.g. Advocacy, Housing, IAPT, Substance Misuse services, Peer Mentoring and Support, Bereavement Counselling etc. The sanctuary is currently operating via telephony and video-consult due to lockdown restrictions. It is likely face to face support will be restored in early 2021. The Thurrock and Brentwood MIND Sanctuary has supported 61 patients (April- June 2020) with issues such as anxiety (both COVID and non-COVID), suicidal thoughts and social isolation.

Developing New Models of Care

- 2.12 The previous report highlighted that existing models of mental health treatment were too clinical and not sufficiently person centred or holistic to encompass the wider determinants of health. This was also particularly highlighted within the LGA Peer Review findings. It was also highlighted that the current service offer is seen as too reactive, waiting for patients to hit mental health crisis before services are available and with insufficient focus on early identification and intervention to prevent patients with SMI entering crisis.
- 2.13 Individuals with Personality Disorders were profiled in the previous report as a key group requiring improved care. A pilot evidence-based programme called STEPPS (Systems Training for Emotional Predictability and Problem Solving) was run between September-March 2020 for adults with Emotionally Unstable Personality Disorder (EUPD). It involved 21 weekly 2 hour group sessions and it was co facilitated by professionals from EPUT and Inclusion Thurrock working in partnership. The aim of the programme is help participants learn to identify warning signs and use new skills to

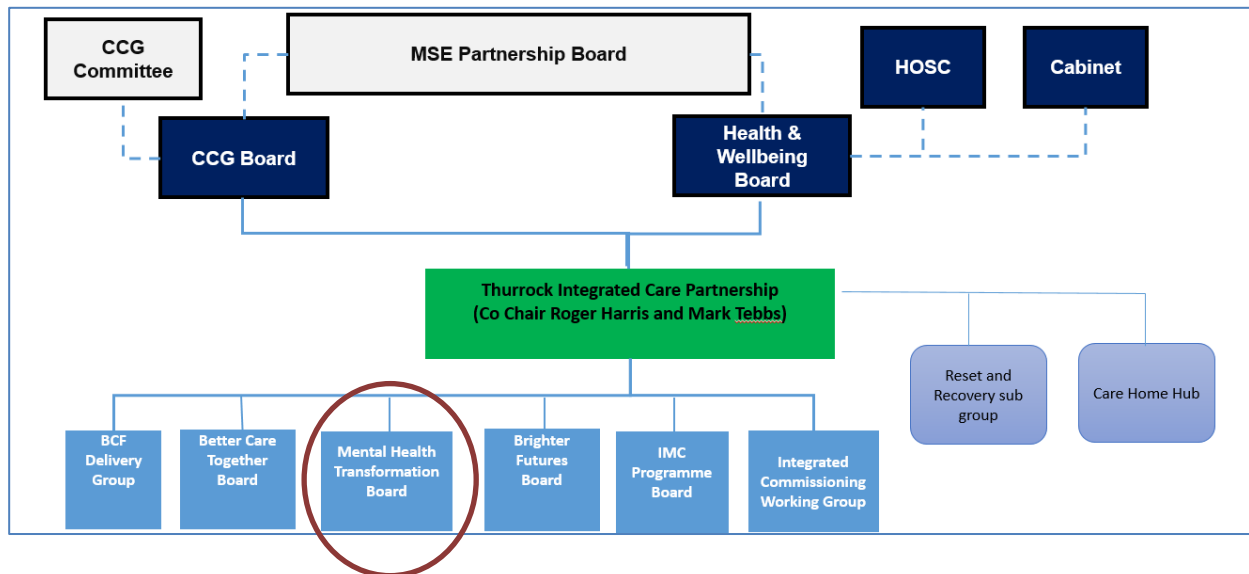
prevent them from getting to a crisis point. By keeping a record over time, participants develop an awareness of their progression in managing their emotional intensity. Five participants completed all sessions, and reported improved understanding of their condition and an ability to 'reconstruct' unhelpful thoughts and behaviours. Due to the positive outcome of the pilot the CCG will be exploring mainstreaming this service as part of the Integrated Primary and Community Care Mental Health offer for the PCNs to improve access and choice to treatment for service users with EUPD.

- 2.14 Thurrock Council commissioned an external provider (Frontline Training Group) to deliver a Personality Disorder training course to staff between May-October 2019. 83 staff members attended, the majority from Adult Social Care frontline roles. Feedback from attendees was that this course was beneficial in increasing understanding of Personality Disorder and useful to roles.
- 2.15 A new service to support those with serious mental ill-health to access paid employment was launched in October 2019 on the back of a successful national Transformation bid. IPS (Individual Placement and Support) is being delivered in partnership between EPUT, Inclusion Thurrock and Thurrock & Brentwood MIND. This replaces the element of World of Work which supported those with mental health needs with employment.
- 2.16 The previous report referred to the Open Dialogue holistic strengths based approach to treating people with psychosis. 12 staff in EPUT and Thurrock and Brentwood MIND attended four residential training sessions during 2019, and the service went live at the start of 2020. Arrangements had been made for Thurrock's team to participate in the national randomised control trial to ensure it would be evaluated effectively. However, this programme was suspended at the start of April due to COVID-19.
- 2.17 The Mental Health Floating Support Service was recommissioned in 2019 to deliver individual support to a range of people with mental health challenges. The service provides support to enable people to live as independently as possible in the community supporting them to maintain their tenancies and accommodation helping with budget planning paying bills and rent. The service also delivers advice and support to people with mental health challenges who are homeless or at risk of being homeless helping to liaise with the Council's Housing Directorate. It is a very well used service, which adds to the holistic mental health offer in Thurrock.
- 2.18 One of the key deliverables of the NHS Long Term Plan for Mental Health is providing seamless mental health treatment and support between primary care and secondary care mental health through an integrated service offer for the developing Primary Care Networks. This will improve timely access to the right type of support for presenting needs by the appropriate person or team, reducing fragmentation of service delivery between organisations and integrating elements of physical and mental health together. This also aligns with the changes to Adult Social Care provision and the new Community Led Support teams, which will ensure there is a strengths-based community asset focus to mental health support; and supports recommendations raised in the LGA Peer Review around developing person-centred, outcome-focussed services This work is most advanced for the Aveyly, South Ockendon and Purfleet

(ASOP) PCN but has paused due to COVID-19; however it is due to restart later in July with a view for the service offer being implemented in Q4 of 2020-21.

Improved integration with partners

- 2.19 In July 2019, Thurrock’s Health and Wellbeing Board pledged to sign the [Prevention Concordat for Better Mental Health](#). This is a national pledge that we are taking a prevention-focussed approach to improving the public’s mental health, with emphasis on actions that impact on the wider determinants of mental health and wellbeing. By having our submission accepted, it was a national “announcement” that our work programme and priorities are dedicated towards this as well as transforming service provision, and that they are delivered in partnership by the relevant agencies sitting on the Board.
- 2.20 The previous report and LGA Peer Review highlighted a complex governance structure in which mental health decisions were taken in different forums and sometimes seen as separate to other health and social care issues. The Thurrock Mental Health Transformation Board has now been established, and comprises of partners across local authority, CCG, provider trusts and third sector organisations. This has a reporting line into the Thurrock Integrated Care Partnership, and will also receive updates from relevant Mid & South Essex mental health groups.



3 Impact of COVID on previous transformation plans

- 3.1 The arrival of COVID-19 in March 2020 had a number of impacts on our planned transformation activities. Our front-line clinicians have prioritised delivery of care, meaning that non-urgent developmental service activities were ceased. Additionally, our mental health services have had to deliver care in different ways, which had increased demands on staff. During the first quarter of 2020/21, CCGs and mental health trusts were asked to prioritise delivery against certain service areas as dictated by letters from Simon Stevens and Claire Murdoch. Simon Stevens’ priorities for the initial 6 weeks are set out below:

- *For existing patients known to mental health services, continue to ensure they are contacted proactively and supported. This will continue to be particularly important for those who have been recently discharged from inpatient services and those who are shielding.*
- *Prepare for a possible longer-term increase in demand as a consequence of the pandemic, including by actively recruiting in line with the NHS Long Term Plan.*
- *Ensure that you continue to take account of inequalities in access to mental health services, and in particular the needs of BAME communities.*
- *Ensure enhanced psychological support is available for all NHS staff who need it.*

Claire Murdoch's letter placed emphasis on the delivery of the NHS Long Term Plan for Mental Health Priorities for transformation which includes an enhanced offer of support for people with Severe Mental Illness (SMI).

A Thurrock Mental Health Recovery and Restoration group has been meeting every two weeks since April to:

- Develop and implement a plan in response to Simon Steven's letter;
- Explore the changes in service delivery by each provider;
- Understand the mental health needs presenting in the system;
- Assess the impact of COVID19 on demand for mental health services;
- Analyse available intelligence and evidence base to define a framework to project the anticipated surge in demand for mental health services in response to the COVID 19 crisis. This work is now linked with wider STP deliverables for mental health.
- Establish a baseline on which to reset 'business as usual' and inform the IPCCMH transformation programme.

The requirements of the Simon Steven's letter have been completed and the group is evolving to take forward and complete development and implementation of the Integrated Primary & Community Care Mental Health transformation programme.

3.2 Some of the planned transformative activities which have been delayed include:

- Plans to develop and roll out a training programme to primary care staff focussing on identification and treatment of mental ill-health
- Implementation of the Integrated Primary and Community Mental Health service offer in Aveley, South Ockendon and Purfleet (ASOP) locality in 2020-21
- Development of the At Risk Mental State (ARMS) service and interface to the Early Intervention in Psychosis service.
- Development of the next phase of the Analgesic IAPT and Psychosexual IAPT pathways as part of the IPCCMH transformation programme.
- Continuation and evaluation of the Open Dialogue pilot
- Expansion of the depression screening programme
- Development of the next phase of the Mental Health Crisis Sanctuaries to support more people with sub-crisis needs and deliver Out of Hours substance misuse support in collaboration with existing community substance misuse services such as Inclusion Visions in Thurrock.

- Delivery of elements of the Mid and South Essex Suicide Prevention programme

3.3 Whilst the full impact of COVID-19 on the mental health of Thurrock's population is as yet unknown, local data on presentations to services indicates that fewer individuals have been accessing mental health services during the period of lockdown – although this is starting to increase now. This has been consistent with national findings, and it is anticipated that there is an amount of suppressed mental health need during the lockdown period. As referred to above, a more extensive piece of work will be undertaken later this year to look back at what impact COVID-19 is likely to have had on the mental health and wellbeing of our population, and what we may expect to see in the future as a result. This will incorporate findings from national research on anticipated changes in population need, local data profiling both need and service usage during the lockdown period and apply estimates from research to our population data to consider future need and demand. It will also look at the roles played by Thurrock Coronavirus Community Action and other partner agencies who will have supported those with poor mental health outside of a traditional service setting, and consider how we can continue to build on these strengths.

4 Priorities and next steps

4.1 Although we are by no means back to 'normal', now is the time to begin making plans to reset, restart and recover mental health transformation plans, as well as continue with initiatives mentioned in section 2. Although the Thurrock Mental Health Transformation Board has not met since January due to COVID, it is due to meet in July and determine the main priorities. These will include work areas listed below.

Revisiting existing transformation plans

- 4.2 These are work programmes listed in section 3.2 above which had been delayed due to COVID-19:
- **Training programme to primary care staff focussing on identification and treatment of mental ill-health.** This was also a political priority; however is dependent on both capacity and funding, so is likely to be delayed until 2021.
 - **Implementation of the Integrated Primary and Community Mental Health model in Aveley, South Ockendon and Purfleet (ASOP) locality.** It is hoped this can progress towards completion by Q4 20-2021, with focus on the remaining localities after that.
 - **Continuation and evaluation of the Open Dialogue pilot.** This was paused due to COVID and it is unknown when it can restart, locally or within the national trial.
 - **Expansion of the depression screening programme.** This is dependent on GP practices undertaking more routine reviews of patients with long term conditions; as such it is likely this will be delayed until later in 2020/21.
 - **Development of the next phase of the Mental Health Crisis Sanctuaries to support more people with sub-crisis needs and deliver Out of Hours substance misuse support in collaboration with existing community substance misuse services such as Inclusion Visions in Thurrock.**

- **Delivery of elements of the Mid and South Essex Suicide Prevention programme.** The suicide prevention work programme has been redeveloped in order to allow the third sector/community fund element to occur first, and primary care elements to occur towards the end of 2020/21.

Other future priority work areas

- 4.3 The above refers to work areas which were substantially underway before being impacted upon; however there are other pieces of work which have been identified to require future focus, including:
- **Understanding the impact of COVID-19 on the mental health of Thurrock's population.** This is the piece of work referenced above in section 3.3, which aims to bring together information on population need and impact on mental health due to COVID, with service presentation data (including non-clinical mental health provision) to estimate what future mental health needs might look like and support modelling of future demand on services. This piece of work is going to be very complex.
 - **Wider review of employment support for those with mental health needs.** As mentioned above, the IPS service did go live in October 2019 to support those with severe mental illness into paid employment, but there is a wider need to explore if other provision might be needed, particularly following the impact of COVID-19.
 - **Developing service provision for those identified to have an At Risk Mental State (ARMS).** This should link in with the existing Early Intervention in Psychosis service which is currently delivered by EPUT, Inclusion Thurrock and Thurrock and Brentwood MIND.
 - **Addressing inequalities in mental health.** It is well-documented that certain population groups are both at risk of poorer mental health, and less likely to seek help. Work to explore the likely gaps in Thurrock and develop appropriate solutions to meet needs must recommence, particularly as COVID-19 is likely to have had a disproportionate impact on many of these groups.
 - **Better consolidation of treatment and support options for those with common mental health disorders.** Section 2 of this report profiles initiatives such as Stretched QOF and the expansion of the IAPT service to support those identified to have CMHDs, but more work is required to develop varied pathways for CMHD patients which also consider elements such as physical activity and prescribing.
 - **Ensuring appropriate support for those with mental health needs is incorporated into other work programmes.** There are a number of existing non mental health-specific work programmes where support for those with mental ill-health should be incorporated. These include the Council's Single View of Debt programme, the work programme resulting from the 2020 Sexual Violence JSNA, and the ongoing work programme relating to the Homelessness Prevention Strategy.
 - **Continued focus on coproduction** – work started earlier in 2020 with Enable East to consider a framework to adopt in all areas; but more needs to be done to develop this approach consistently
 - **Finalising a mental health outcomes framework** – this should shift focus from individual contract and provider process/input KPIs to single system wide outcome measures, and give a broader indication of the mental health and wellbeing of the Thurrock adult population. This will also align to the MSE Population Health

Management Strategy and corresponding outcomes framework which are also under development.

- 4.4 Currently Thurrock's social work and social care mental health services are provided through a Section 75 Agreement between Thurrock Council and Essex Partnership University NHS Foundation Trust (EPUT), under section 75 of the NHS Act 2006. This section of the NHS Act allows Local Authorities to delegate their statutory duties under the Care Act 2014 and transfer funding to an NHS body. The agreement ensures that the principles of integrated working and service delivery within the Care Act 2014 are followed. The Section 75 Agreement has been in place since 2002 and it is considered by Adult Social Care, the CCG and EPUT that the agreement needs to be revised to be more aligned towards the strength based, enabling and early intervention model that is being delivered through the transformation agenda and the Better Care Together work. There are concerns shared across Adult Social Care, the CCG and EPUT that the current model of delivery is medically based and therefore does not lend itself to wellbeing and holistic approach. A huge amount of very positive work has been undertaken by EPUT to raise the profile of social work and EPUT is a partner in all of the Better Care Together work, they recognise the success of the Community Led Support approach to social work and the need for social workers to be at the heart of their communities.

The Section 75 Agreement encompasses the secondment agreement for Thurrock's social care staff to work within EPUT, and has been in place for a number of years. This was originally designed to ensure a seamless service for users / carers and a fully integrated health and care mental health offer. The Council has worked hard with EPUT to ensure that the social care voice is fully heard and there is a clear joint ownership of the management and service delivery.

The Council now feels it is time to have a fundamental review of this arrangement in light of the lessons learnt from the Care Act, our wider transformation programme and the need to ensure there is a stronger management oversight.

As a result we want to jointly consider the viability of the following options:

Option 1: the transfer of all Thurrock Council social work staff back to Thurrock Council.

Option 2: the TUPE of all the social care staff over to be fully employed by EPUT.

Option 3: the establishment of a Joint Manager between EPUT and Thurrock Council reporting into a Joint Management Board to oversee the operations of the Thurrock-based services.

Option 4: to accelerate the integration of mental health staff into the newly-developing teams.

The key priority is to explore the options, in partnership, for the future delivery of social work within mental health to ensure that it is at the heart of our transformation across mental health and wider adult social care. To ensure that social care services within

mental health are at the heart of the transformation it is recommended that the post of a joint manager across EPUT and Thurrock Council is created to support delivery and establishment of the longer term agreement. This is a priority to be achieved by April 2021.

- 4.5 An integrated commissioning approach across health and social care is essential to deliver improve and maintain such wide ranging mental health developments. It is clear through our Better Care Together work in Thurrock that there needs to be an approach to commissioning that is strength and place based. A key priority is to ensure that commissioners, providers and experts by experience work together to develop a single common outcomes framework supported with improved commissioning intelligence (as mentioned in section 4.3). The Commissioning and contracting sub-group of the Thurrock Integrated Care Partnership will support the agenda within mental health together with the wider market development.
- 4.6 Transition from children's to adult services is another key priority for mental health. The current Children and Young Person's Community Mental Health provision is the Emotional Well Being and Mental Health Service (EWMHS) delivered by NELFT. Transitions has remained a key issue and to support more effective joint working the Preparing For Adulthood Strategy has been developed through a partnership approach. The first key priority for the coming year is the re-procurement of the EWMH's service; this is an Essex, Southend and Thurrock joint procurement with the 7 CCG's. We are clear that the service to be delivered in Thurrock will be based on local need and that the procurement will recognise this. We want the service to be accessible and responsive working in partnership across social care, education and health. The second priority is to ensure that transition is a major focus of the service response and we will want our Providers to work closely together to ensure young people are supported into adult services where they are needed. We will continue to work closely with Health with regard to specialist in patient care and support to ensure that when required it meets the needs of our young people.

Reasons for Recommendation

- 5.1 This report gives an overview of progress against planned transformation and an indication of future work programmes which will continue to improve mental health outcomes for Thurrock residents.

6 Consultation (including Overview and Scrutiny, if applicable)

- 6.1 This report is a progress update against the previous transformation plans. It was discussed with partners at the Mental Health Transformation Board on 15th July.

7 Implications

7.1 Financial

Implications verified by: Roger Harris, Corporate Director Adults Housing and Health

The report outlines progress made against existing mental health priorities, and sets out new ones to consider. If agreed, the creation of a new joint manager position between EPUT and Thurrock Council will require funding. Individual business cases will need to be presented for new work streams which require additional funding.

7.2 **Legal**

Implications verified by: Lindsey Marks (Deputy Head of Law)

The continued transformation of Mental Health Services in Thurrock will ensure the continued delivery of the duties outlined in the Mental Health Act 1983 (Amended 2007) and the Care Act 2014.

7.3 **Diversity and Equality**

Implications verified by: Roxanne Scanlon Community Engagement and Project Monitoring Officer

Residents with mental ill health are at significantly greater risk of experiencing health inequalities and this is set to have increased due to COVID-19. The continued programme of transformation work set out in this report will help to address this issue.

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):

- [Adult Mental Health Transformation report](#) as presented to Cabinet, March 2019