Local Services, Local Solutions

Southend-on-Sea Borough Council

Agenda
Item No.
7

Responding to the South Essex Mental Health Strategy and Opportunities in Mental Health Services
A Discussion Paper
for
The Southend Health and Wellbeing Board

to

Health and Wellbeing Board

On

3rd December 2014

Report prepared by: Malcolm McCann

---

1. Purpose of Report

The paper to the September Health and Wellbeing Board addressed the broad mental health needs for the Southend locality, and the issues of stigma and parity of esteem. Following discussion with the Board Chair (Councillor Norman) this paper details the key issues facing SEPT Mental Health services.

2. Recommendations

The Health and Wellbeing Board are requested to note the elements of the transformation plan and discuss the challenges and opportunities for the service.

1.0 Introduction

The purpose of this paper is to share with the Southend Health and Wellbeing Board the key issues facing the Mental Health Services in Southend. The paper is broken down into three broad sections

- The Mental Health Strategy and transformation of community and in-patient services - current changes to services and those under discussion
- Opportunities for services
- Commissioning mental health services in Southend

South Essex Mental Health Strategy

The transformation programme described in sections two and three of this report are underpinned by the South Essex Mental Health Strategy. This joint strategy, lead by Commissioners but developed in partnership with SEPT, sets out the Commissioners' proposals for changing the shape of mental health services . The strategy was agreed by:

- Southend Borough Council
- South Essex Clinical Commissioning Groups
- Essex County Council
- Thurrock Council
- Voluntary sector organisations
- SEPT

The intention of the strategy was to;

- Improve the confidence and capability of GP's and primary care staff to recognise, assess, support and refer people with mental health problems
- Improve the 'gateway' into services so people are directed to the right support at the right time
- Improve primary mental health care services so more people are supported without the need to be in secondary (specialist mental health) care

- Focus on developing talternative providers and self-management where it is safe and appropriate to do so

- Focus on meeting the needs of higher risk groups who may have specialist needs

- Focus secondary care services on providing intensive, specialist support which improves recovery, personalisation and choice, so fewer people need long term residential care

The sections which follow address aspects of the strategy that to SEPT.

2.0 Improving the Gateway into Mental Health services – Mental Health Transformation

The desire to improve "access" to our mental health services was a key goal of the strategy expressed through the following intentions ;

- Improve the 'gateway' into services so people are directed to the right support at the right time

- Improve primary mental health care services so more people are supported without the need to be in secondary care (hospital)

The "gateway" challenge underpins SEPT's service transformation programme which itself is aimed at simplifying and improving access into our services. The early part of the transformation programme involved extensive conversations with our partners with the views of General Practitioners having special significance. For community mental health services the result of this work was the creation of a new Single Point of Access ('Gateway')into mental health services . The second key phase of our transformational plan was the reconfiguration of community Mental Health team resources to develop a 'First Response' and Recovery Wellbeing' model of service delivery .

Following extensive consultation the proposed new model of service for SEPT's community mental health service was signed off by both health and social care commissioners and implementation of the new model began in April of this year.

2.1 Implementation of New Model

The implementation plan had four phases;

Phase 1 - Establishment of a Single Point of Contact (SPOC) APRIL 1st 2014

This is referred to as a 'Gateway' in the Mental Health Strategy for all inward referrals. The SPOC accepts and registers all routine and urgent referrals for all Mental Health clinical services for over 18s including working age, LD and older people referrals, memory assessment service (MAS), Eating Disorders and the Criminal Justice Team. These referrals are registered starting their appropriate clocks e.g. 18 Weeks RTT, and are channelled to specialist clinical screeners who make a decision on acceptance and entry to the appropriate care pathway or returned to the referrer with appropriate advice if intervention by secondary care mental health services is not required.

Clinical cases that enter the LD care pathway go straight to a new LD multi-disciplinary referral team who provide a medical, nursing, allied health professional social care and psychological therapies expert opinion on how best to proceed with often very complex clinical presentations.

Phase 2 – Establishment of Working Age East and West First Response Teams. September 2014.

The reconfiguration of existing Community Mental Health Team resources into First Response (FR) and Recovery and Wellbeing (RW) Teams went live from 1 September 2014. For the south east the FR Assessment hub is located at Rochford Hospital and receives Southend clients.

Individuals requiring follow up by secondary care mental health services following triage by the SPOC go to the new Fist Response Teams in most cases, but may in some special circumstances leap frog to the Recovery & Wellbeing Teams or direct to the Early Intervention Teams, Eating Disorders Teams, Perinatal services , CRHT etc.. depending on need.

The new First Response Teams enhance the mental health clinical assessment function bringing together Doctors, Nurses, Psychologists, Social Workers, Occupational Therapists, IAPT therapists and CRHT professionals into one place. This ensures that the right decisions on next steps are made, and that patients have access to the correct expertise immediately. These teams have a new culture of working and have set themselves new expectations; that timely recovery is expected in response to specific interventions. The First Response Teams hold patients for up to 6 months, most for much less, and in the event of longer term care being needed, transfer individuals to the new Recovery and Wellbeing Teams for longer term treatment and support as needed.

Although the new model has a hub and spoke arrangement with the majority of first line assessments taking place in key locality 'hubs' it is recognised that there will always be a need for local assessment arrangements to be available. Some patients may be agoraphobic or disabled for example and there may be other reasons why a patient should be assessed locally, although this will not be the default position. Therefore local assessments will always be made available.

Phase 3 Establishment of Older Peoples First Response Teams.

Progress on implementing the new model of service with older peoples mental health services is on a different timeline not least because of the need to agree the future of dementia care services as a system moving forward and the interplay between health and social care systems especially in the context of the work on the 'frailty pathway'**.**

The Older People's services assess smaller numbers of patients and due to the nature and complexity of old age, frailty and health and social care needs, assessments at the family home are very common. Phase 3 will explore the potential with respect to older peoples with functional mental health needs in particular for some integration between the Older Peoples and Working Age First Response Teams. Working Age and Older People's services working together would support good clinical decision making and mutual support for patients in transition between services due to age and due to need, e.g. memory problems. This phase will also take into account the outcome of the dementia care pathway re-design work and the desire to separate out the 'dementia' resource and expertise from current older age Community Mental Health Teams.

Phase 4 Proposal to Extend Opening Hours to Match Surgery Hours. (January 2015)

Once bedded in First Response Teams (and subject to commissioner agreement and funding/resources as and if required) we will look to extend operating hours to match surgery opening hours. There are two drivers for this, which came from consultation. GPs would like support for Mental Health during surgery opening hours, and patient and carers said that having more appointments out of hours would support them in preventing disruption from work to attend an appointment.

Phase 5 Flexible Attendance to Appointments During Opt in Period.

The service is keen to trial the use of opt in for assessments, to try and meet service user and carer need obtained from feedback from consultation. This stated that people with Mental Health problems who are very nervous, are chaotic, or have fluctuating motivation or are confused, or seriously ill with symptoms such as hearing voices, need to have access to a much more flexible service. These cases often result in many failed attempts to attend an appointment before attendance is successful or eventual discharge due to DNAs and cancelations. This trial would if successful, aim to minimise DNAs and cancellations.

Governance

These 5 phases incorporate a large number of projects and workstreams supervised and managed through a Steering Group. The programme is complex, engaging health and social care commissioners, service users and other key stakeholders, managers, clinicians including Consultant Psychiatrists,

administration, Information and Performance. The Programme is project managed and supported by the Service Improvement and Development Team, but is operationally led.

Recovery and Wellbeing Teams

The phases which set up and developed the new First Response Teams are part of a wider service improvement programme. The other aspect of redesigning CMHT resources is the development of Wellbeing and Recovery Teams. Wellbeing and Recovery Teams continue to operate on a specific locality basis i.e. a team for Southend. The Recovery and Wellbeing Team for Southend operates out of Warrior House in central Southend.

The Introduction of an integrated Recovery and Wellbeing team model ensures that the MDT is a highly skilled and supportive service where all disciplines support the care coordinator and the patient with the delivery of a recovery plan, and not function in isolated services. The RW teams are integrated. The patient and care coordinator are at the centre drawing on expertise internal and external to the organisation as articulated in a personalised care and support plan. A number of changes to the teams were introduced to support this.

- Use of a new Electronic Caseload Zoning Tool. This tool has been adapted by SEPT based on the work of Dr Anthony Akenzua ,Consultant Psychiatrist & Lead Clinician, Greenwich Recovery and Longer Term Services and has been successful in helping clinical teams engage more with data, improving accuracy of data on Trust systems. It is an effective case and risk management tool which is attracting national interest.

- Taking patients out of the Outpatient scheduler for patients under the RW Teams. This is a shift over to a more responsive and flexible needs led system.

- Programme development by the RW Teams will see all patients under care coordination undergoing a detailed analysis of need, and the development of a MDT delivered programme to target that need with clear recovery focused outcomes identified.

- Use of a ‘Shared Care Protocol’. This is a joint working document, developed by the Grays Team, between primary care and SEPT community Mental Health services that provides assurance to GPs that SEPT will take back previously discharged patients who are of concern without any unnecessary delay. This will allow more patients to be managed by primary care but supports them in dealing with clinical complexity and risk in a dynamic way. A pilot has been completed with over 200 patients successfully discharged back to GP management since January 1st. With CCG support it is planned to roll the shared care protocol out to all CCG areas including Southend.

- Over the coming year (under CQUIN) RW Teams will be supported to develop more detailed care planning and improve communication, and develop metabolic clinics supporting a wider physical health care agenda.

Progress on Implementation

The Single Point of Contact was established and launched successfully on April 1st 2014. This has enabled a centralised team to receive all referrals and act as a referral management centre, ensuring teams adhere to performance requirements and update the systems on all cases ensuring that all queries can be dealt with immediately and effectively. This supports the production of very accurate data, and assurance that the Trust is meeting its requirements to deliver services in a timely way. It further ensures that surgeries that refer using the choose and book system receive a reply to a clinical decision at the point of screening within 4 hours of the referral being received.

The Working Age services launched the First Response Teams on 1st September, a challenging but successful project delivery. These teams, one east of South Essex based in Rochford serving Southend, and one west in South Essex in Basildon provide a coherent set of deeper and broader services providing rapid access to a suite of interventions based on the condition, need or diagnosis. They significantly improve the experience of and quality of services by ensuring that patients can access treatment by the right professional, often on the first face to face appointment. This service development demonstrates that SEPT has managed to deliver a service as planned ensuring that patients most in need can see a doctor at the first appointment (never set more than 14 days from the date of referral) and therefore are likely to be the fastest access to treatment services in the UK, providing rapid and safe and high quality services.

Talks in an Older Peoples Task and Finish Group are continuing to deliver an Older Peoples First Response Team service.

On the 1st September the previous Community Mental Health Teams have been re launched as Recovery and Wellbeing Teams. All these teams have had away days and are carrying out a range of activities to deliver more primary care focussed services, safer services and the establishment of wellbeing clinics, where possible linking in with GP surgeries that can joint work with the teams.

This year's CQUIN relating to better physical health care monitoring and related improved GP communication (care plans, and ICD10 codes relating to mental and physical health) is being introduced to the RW Teams in the Assertive Outreach arms of the services, and in the Early Intervention teams. This will pave the way for wider roll out of this agenda across the service next year.

The Thurrock Shared Care Protocol final report is currently with the CCGs who are considering its benefits and will taking a view on whole of South Essex roll out in due course. The Shared Care Protocol Pilot demonstrated how more

patients can be managed in Primary care after recovery ensuring the local health economy is as efficient as possible with patients managed in the right place at the right time in a more dynamic way.

Early Assessment of New Model

Our early assessment of the New Model is that access has improved dramatically.

Performance from date of referral (Average)	Before	After
1st Medical Assessment	16 weeks	10 days
2nd Medical Assessment	7 months	3 weeks
Start of Nurse/Social care treatment	5 weeks	1 week
Psychology Assessment & Treatment	18 weeks	5 weeks
OT	11 weeks	2 weeks

Other benefits include

- Single point of access for all referrals (triage to treatment)
- Seamless, quick access to the right care pathway.
- MDT input into triage for safe clinically effective services, Nursing, Medical, S/W (and Third Sector to support independence, keeping health economy costs down)
- Personalisation expertise supporting early identification and supporting Social Care agendas
- Education to referrers to reduce variation so that the right decisions are made first time.
- New recovery teams with provide an integrated MDT team approach

3.0 Therapy For You

In 2006 a report by Professor Richard Layard identified untreated common mental health problems as the largest single drain on the UK economy. He identified (at that time):

- 3 million people on incapacity benefit
- 1 million of them with mental health problems
- With only 100,000 in contact with mental health services

Of those people with mental health problems on incapacity benefit:

- 900,000 were potentially treatable with talking Therapies
- 450,000 potentially curable with cognitive behavioural therapy (CBT)

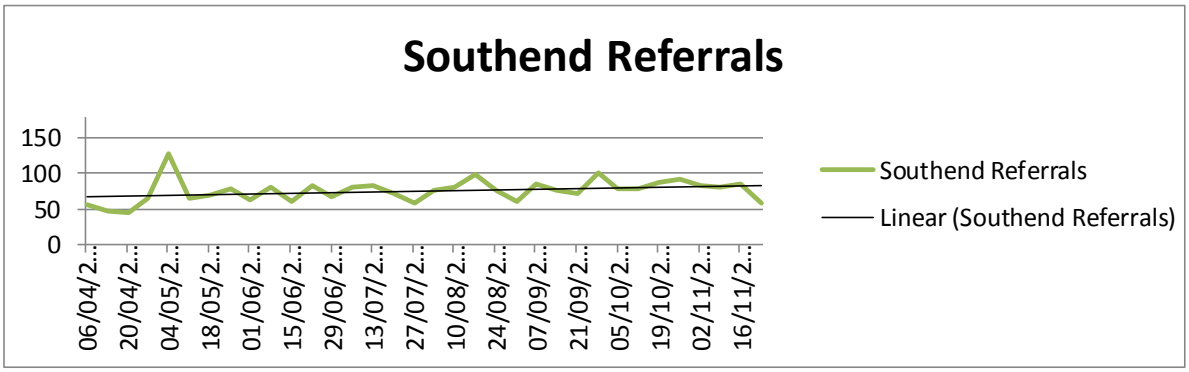
At the same time, it was acknowledged that 30% of all consultations in primary care have a significant mental health component and that in many places the high threshold for access to specialist mental health services, and the shortage of effective psychological interventions, meant that many of these patients did not receive the treatment they needed.

The government's response to this was to invest £240m in developing "Improving Access to Psychological Therapy" (IAPT) services with a new workforce trained to deliver evidence based psychological interventions from primary care based services for people with common mental health problems such as anxiety and depression.

The Southend IAPT service (part of "Therapy For You" – the wider south Essex service) was introduced in 2009 with the aim of:

- offering people easy and open access to psychological treatment at an early point in their presentation.
- reducing the number of people needing secondary care interventions
- reducing the stress and distress that such problems can create
- minimising the impact on people's ability to work and maintain employment
- actively supporting those whose health needs are restricting their ability to find work.

Referring to the service



Therapy for You has made significant improvements in the way it engages with its clients and the responsiveness of the service in helping people access the service and getting them into treatment in a more timely manner. We have worked with a social marketing consultancy to:

- review our communication with clients,
- develop a greater community awareness of the service
- helped people to feel comfortable and confident in referring themselves to the service;
- ensured they can refer via a variety of means that suit their lifestyles and are more informed about what we can offer them in way of treatment.

We have:

- Established a consistent approach to advertising our services in local press.
- improved our website to include a means of electronic self-referral
- Updated all our public information leaflets to make them more user friendly – actively seeking feedback from service users and health colleagues.
- Largely removed our referral form and introduced a system of telephone referral as the most common and effective way to refer.
- Where people are still requesting to refer via a form, we have simplified the form and made this a freepost service to aid the process.
- We are actively engaged with our local health and third sector colleagues, raising the profile of the service and ensuring that those who would benefit from Therapy for You are directed to it. This includes establishing links with previously hard to engage groups such as:
    - offenders – via local probation offices,
    - older people – establishing links with older peoples services and other community resources

    - and with people from Black and Ethnic Minority groups, identifying link workers to build relationships with specific organisations.
- Work in partnership with secondary care mental health services to ensure those people referred but deemed not appropriate for their services are directed to Therapy for You for appropriate treatment

As a result we have seen referrals in Southend reach an increased and sustainable level which meets and exceeds the current 15% IAPT entering treatment targets. People being able to refer to Therapy for You at a much earlier stage in their presentation will hopefully reduce the impact of future mental health difficulties.

Entering Treatment

Following the stepped care principles of the IAPT programme we have had to look at what treatment options we can offer and where we can offer them, to ensure we can meet the treatment needs of the Southend population . Currently we can offer :

- A first contact via telephone. During a 45 minute call, at a time agreed as convenient to them, the person will have the opportunity to discuss their issues with a qualified therapist, decide upon treatment options and be given helpful advice as to the nature of their problems and how they can begin to explore them and make changes. Offered within often a few hours of contact, this enables people to access services when they need them.
- Have developed a protocol with secondary health care services, via First Response teams, where clients referrals can be discussed and appropriately allocated to ensure people are not asked to 'refer ' themselves twice to any service – ensuring a seamless pathway between service provision.
- These protocols extend to those who have not benefited from Therapy for You interventions and would be considered in need of secondary care psychology/psychotherapy services.
- We have an already established psycho-educational course – the Stress and Mood Management course which runs in a variety of locations and times to suit people's needs. However we recognise that people have more specific problems than a general needs course can address. In response we have established the following range of 'Understanding courses' which again are designed to offer people quick access to treatment that will help them in their recovery – these focus on Understanding:
    - Low Mood after Childbirth,
    - Loss and Bereavement,
    - Self Esteem,

    - Sleep and Obsessions and Compulsions, access to these are within 3 weeks of referral.
- A further course that focuses on the specific needs of Older People will run its first sessions in January 2015. Designed to meet psychological needs and issues of social inclusion, we hope this will be a significant advancement of the services we can offer to this client group.
- We actively explore ways to run these courses as easy to access, de-stigmatized preventative treatments and have locally run these in the area for a large local employers on their site. We are also in talks with other agencies to expand on this initiative.
- We also offer an expanding range of 1-1 therapies, including sessions with Psychological Wellbeing Practitioners, Primary Care Therapists and High Intensity Workers. These will be enhanced by training staff to deliver Counselling for Depression, Dynamic Interpersonal Therapy and Inter Personal Therapy.
- Appointments are already available evening and weekends to meet a variety of needs.

What next

Therapy for You continues to strive to develop the service it offers its local community, in a more responsive and effective way. We aim to develop further by:

- Working in partnership with our colleagues in physical health care, namely joint working with COPD and Stroke services to enhance and expand the psychological input already offered by these specialist teams.
- Use this learning to expand our range on interventions for treatment of long term conditions.
- Develop the service in line with commissioning intentions, to offer longer term interventions for those with more acute or chronic mental health problems.
- We are taking on more staff to ensure our waiting lists for 1-1 therapy are shorter and the entering treatments targets are sustainably met.
- We are in discussion with the local commissioners and the GP mental health lead about new ways of working so we can maximise our staff working time whilst still enabling people to access a service as conveniently as possible. This will enable us to manage our waiting list more effectively and equitably. We will obviously retain the ability to offer home visits when and where the need arises.
- We are developing an on-line range of interventions for those who need or want to access services in different ways. Making this information/service readily accessible for GPs and other medical staff will enable them to keep up to date with service development and the ranges of treatment available.

- To explore the possibility of making this available to GP's to effectively prescribe such treatments to their patients via a 'choose and book' system, as an alternative to or to enhance the effects of medication in the first instance.

4.0 Transformation plans under discussion with commissioners

There are a number of aspects to our "in-patient" Transformation programme aimed at the following elements of the Mental Health Strategy

- Focus on meeting the needs of higher risk groups who may have specialist needs

- Focus secondary care on providing intensive, specialist support which improves recovery, personalisation and choice, so fewer people need long term residential care

4.1. A focus on community services to reduce reliance on in-patient services

A key part of mental health policy and is the development of community based services reducing the reliance on beds (in-patient services). Throughout 2013-14/15 we have seen investment in the following;

- the South East Community (now First Response team)

- the Crisis team

- the Assessment unit at Basildon serving the Southend population

Together this increased focus on our community services has meant the service relies less on in-patients. Within the South East this investment enabled the SEPT bed base to be reduced by 24 effective from March 2014. It is anticipated that following a 12 month period Commissioners and SEPT will be able to make a recommendation to HOSC on the bed capacity required for mental health services in Southend.

4.2 Devoloping our Rehabilitation Service into a Community Based Service

The SEPT Rehabilitation Service provides specialist assessment, treatment, intervention and support to help people towards recovery from their mental health problems and to develop the skills and confidence to live successfully in the community. The Rehabilitation Recovery Team forms a multi-disciplinary service; the community team is currently based at Basildon Mental Health Unit and

covers the whole of South Essex. Inpatient services are provided at the 10 bedded unit located at: Churchview, Pound Lane, Basildon.

The review of the inpatient and community rehabilitation service took place within the context of the wider transformation programme for inpatient and adult mental health community services and seeks to place the Community Rehabilitation Team and MAP within the new model of service provision to supply seamless, coherent, effective and responsive services.

In relation to the proposed strengthening and further development of the Community Rehabilitation Team to encompass the MAP approaches, the proposal recommends that the east and west rehabilitation teams should be managed by one clinical lead. A revised staffing model to support the community focused team would be implemented, requiring the discontinuation of the use of the 10 inpatient beds at Churchview as an inpatient rehabilitation unit.

A number of review and service improvements have been actioned to support the closure, including:

- To provide treatment in home setting as much as possible.
- The Rehabilitation service has a clear role within the model of adult service provision.
- Avoiding the client developing a dependence on inpatient services
- Widens the remit of the Community Rehabilitation team to incorporate intensive rehabilitation and prevention of relapse.
- Investment of £200K of remodel savings into the MAP team.

Together these set of changes will release a recurring saving of £400k. This proposal is to be discussed with South Essex commissioners on dec 2nd 2014

4.3 Transforming our Dementia Challenging Behaviour Wards

The requirement to realise recurrent savings and to determine the long term future for Rawreth, Clifton and Mayfield wards is a priority and as such SEPTs clinical and operational teams have been working collaboratively with commissioners over the last 2 years to determine and implement a revised model of care for people with Dementia and Challenging Behaviour. Inevitably, this work has led the CCG to review its criteria for secondary care inpatient services and to find a solution for a cohort of patients that remain within SEPTs care, but do not meet the revised criteria.

A revised Dementia Challenging Behaviour pathway and model was agreed with South Essex CCGs during 2013/14, the implementation of which has been subject to several delays .

The aim of the new model is to ensure that services are targeted to meet the needs of those with the most challenging of behaviours, with alternative care provided, potentially within nursing homes for those that are assessed and do not meet the revised criteria. Implicitly, the CCG assume that implementation of this new model with result in system wide savings.

Services within the current long stay model are provided on three sites:

- Rawreth Court, 35 bedded standalone unit In Rawreth
- Clifton Lodge, 35 bedded standalone unit in Southend
- Mayfield Ward, 24 bedded ward on the Thurrock Site

Working to the new criteria there is a need for approximately 43 challenging behaviour beds but there is also the important issue of the cohort of patients that remain within SEPT's care, but do not meet the revised criteria.

This points toward a refocussing of the bed base and possible reduction in the longer term. A paper on the options is going to South Essex commissioners on Dec 2nd 2014 and in due course there will need to be a paper for HOSC

5.0 Service Challenges and opportunities

This section of the report focusses on the challenges and opportunities for mental health services in Southend.

Partnerships in Southend

SEPT has traditionally enjoyed strong relationships with Southend Borough Council and health commissioners (currently the CCG). We are very keen for our clinical directors to develop a relationship with primary care clinicians and we look forward to working with Dr Garcia, the GP mental health lead.

We see great potential in working with SAVS, MIND and other local stakeholders and see the new commissioning relationships as facilitating this work. Likewise our participation in the Pioneer project lends itself to improving the integration of services particularly around those for dementia sufferers and those with long term conditions.

Feedback from SAVS

Recently the health and well-being board asked SAVS for their view on the gaps in mental health services. SAVS subsequently sought information from its members and together with organisations such as HART, HealthWatch, Trust

Links, MIND and Relate and have since shared feedback. Issues highlighted by these organisations and requiring attention.

The most prevalent issue appears to be the support of people with complex needs i.e. mental health issues, substance misuse, homeless, chaotic lives .There are however some challenges associated with the Therapy For You service, and in accessing mental health services in times of crisis. Finally the issue of services for people with a personality disorder has emerged.

Rather than respond to the individual issues in this paper we would welcome the opportunity to be part of a multidisciplinary Southend focus group which could discuss and address the challenges identified by partners. We believe this group is likely to be set up in a matter of weeks as the CCG gets to grips with its new commissioning responsibilities.

Opportunities to contribute to system priorities

Primary care and secondary care service face daily challenges in meeting the needs of clients with physical and mental health needs. SEPT has a significant role in supporting colleagues and this year saw the CCG/SUFT invest in psychiatric liaison services. Augmented with additional resilience funding the psychiatric liaison service in Southend hospital consist of the following:

- Consultant - 0.5WTE
- Specialty Doctor (Mon-Fri, no on-calls)
- Qualified Nurses, Band 6, 7 days per week, 8am - 8pm
- Qualified Nurses Band 6 working 8am -midnight in A& E
- Qualified Nurses Band 7 working from midnight until 8am in A& E
- Medical Secretary (5 Days per week)
- Admin (2.5 days per week)

From 2015-16 the liaison services are to be commissioned by hospitals rather than the CCGs. This will inevitably be a cost pressure for Southend hospital but the fact that the liaison psychiatry service will inform part of the CQC inspections suggests it is a priority for funding..

A key feature of our mental health services is an increasing focus on recovery. Within SEPT we are working on a recovery strategy and hope to work with partners early in 2015 on a recovery college. This is a virtual college which focuses on an individual's ability to manage their mental health condition and maximise their independence. It is accessed via primary care and secondary care and as such it has the potential to play an important role in helping to meet the needs of people with mental health challenges. Supported by the CCG, SEPT has commissioned a piece of work on behalf of Southend stakeholders due for presentation to the CCG and partners in early January 2015.

Commissioners across Essex recently agreed to procure the Child and Adolescent Mental Health services. We are currently part way through the procurement exercise with SEPT being one of the organisations through to the next round. The intention of commissioners is to significantly improve the quality of the service offer.

The challenging efficiency required to be delivered in 2014/15 required an efficiency saving for providers of 4%, comprising a reduction in income of 1.8% and provider inflation of 2.2% and a Commissioner imposed cash reduction target of £2.1 M totalling £6.2 M. This was a challenging target which SEPT is striving to achieve in partnership with commissioners. For 2015-16 there is forecast efficiency requirement of 3.9% and an additional savings target required by Commissioners of 0.58% totalling £ 4.5 M. In addition the trust has to finance other local cost pressures including the impact of demographic growth so 2015-16 is likely to be most challenging. We have the CCGs commissioning intentions and begin the formal process to plan for the financial challenge with a workshop scheduled for NOV 28th

6.0 Commissioning arrangements in Southend

In Summer 2014 the South Essex CCGs agreed to take responsibility directly for commissioning Mental Health services. Previously the small team in the commissioning support unit lead commissioning of Mental Health services for the four CCGS.

SEPT is supportive of this change in that it increases the totality of the resource dedicated to commissioning Mental health Services. In Southend we have strong relationships with both SBC and the CCG and look forward to working in a way that increases the focus on the Southend locality. We envisage a Southend commissioning working group comprising the CCG, SBC, SAVS and ourselves that works together to improve services for the Southend population.

Recommendation

The Health and Wellbeing Board are requested to note the elements of the Transformation plan and discuss the challenges and opportunities for the service.

Malcolm McCann
Executive Director for Integrated Services SEPT