Freedom of Information Request

Reference Number: EPUT.FOI.18.494
Date Received: 05 April 2018

*Note to Applicant: As of 1 April 2017, North Essex Partnership University NHS Foundation Trust (NEP) and South Essex Partnership University NHS Foundation Trust (SEPT) merged to form one new organisation known as Essex Partnership University NHS Foundation Trust (EPUT).

Information Requested:

1. Premature mortality of those with mental health conditions
   
   a. What is the rate of premature mortality in people with mental health problems, that is, the percentage of persons with a mental health problem who do not reach the national life expectancy?
   
   This Data is unavailable as would not be attributable to EPUT as a Trust. Data is available at County and Local Authority level nationally at the following link
   
   https://fingertips.phe.org.uk/search/91096#page/3/gid/1/pat/6/par/E12000006/ati/102/are/E06000055/iid/91096/age/181/sex/4

2. Out of area beds
   
   a. What was the total number of persons sent to out of area beds in the years specified above (2015-16, 2016-17, 2017-18)?
   
   Prior to April 2016 responsibility for maintaining a record of OOA placements was with the Clinical Commissioning Groups and therefore we are unable to provide a response for years prior to 16-17.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-17</td>
<td>314</td>
</tr>
<tr>
<td>2017-18</td>
<td>324</td>
</tr>
</tbody>
</table>

3. Early intervention psychosis (EIP)
   
   a. What is the percentage of persons referred to EIP services who start treatment within two weeks?

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-16</td>
<td>53.0%</td>
</tr>
<tr>
<td>2016-17</td>
<td>79.9%</td>
</tr>
<tr>
<td>2017-18</td>
<td>83.0%</td>
</tr>
</tbody>
</table>

4. Adult mental health: Acute hospital liaison
   
   a. Does your trust provide A&E and Ward liaison teams? Do they operate 24/7?
   
   The Trust covers 5 Acute Trusts and has mental health liaison in each of them.
   
   There are varying levels of resources in each of them and they are all 24/7

5. Crisis and acute care and suicide prevention
   
   a. Do you provide 24/7 crisis resolution home treatment as an alternative to acute in-patient admission?
   
   No our CRHT’s are not 24/7
6. Children’s and young people’s (CYP) mental health
   a. What percentage of children and young people who are referred to a specialist mental health service with a first episode of psychosis start assessment within 2 weeks?
      
      | Year    | Percentage |
      |---------|------------|
      | 2015-16 | 50%        |
      | 2016-17 | 55%        |
      | 2017-18 | 58%        |

   b. What percentage CYP with suspected severe depression and at high risk of suicide are assessed by CAMHS (Child and Adolescent Mental Health Services) professionals within 24 hours from referral?
      The Trust stopped providing CAMHS community services late 2015 and prior to this date this level of data was not recorded.

   c. What percentage of CYP with suspected severe depression but not at high risk of suicide are assessed by CAMHS professionals within 2 weeks from referral?
      The Trust stopped providing CAMHS community services late 2015 and prior to this date this level of data was not recorded.

   d. Do you provide specialist treatment for CYP with an eating disorder?
      The Trust stopped providing CAMHS community services late 2015 and prior to this date this level of data was not recorded.

7. Perinatal mental health
   a. Do you provide specialist perinatal mental health services?
      Please see response to Q7b

   b. What percentage of women referred for psychological interventions in pregnancy or the postnatal period start treatment within 6 weeks of referral?
      *Please provide the number of patients expressed as a percentage of the total number of patients referred for psychological interventions in pregnancy or the postnatal period.
      This is a new service and we are not able to provide this information at the moment. We count the specialist perinatal psychology caseloads through the 'secondary referral' pathway within the specialist PMH caseload. The psychology resource only provides direct clinical work with very small percentage of the caseload therefore the majority of women are not seen at all by our specialist perinatal psychology, some of those seen may be seen within 6 weeks depending on case presentation.

8. Mental health of older persons
   a. Do you provide tailored, community based, physical or other activity programmes for older persons?
      Yes

   b. Do you ensure that older persons with multiple long-term conditions have physical and mental health needs included in care and support needs assessments?
      Yes