

EPN



Essex Partnership University  
NHS Foundation Trust

# STRATEGIC PLAN 2023-2028

*Essex Partnership University*  
*NHS Foundation Trust*

PLAN

# Foreword from the Chief Executive

Essex Partnership University NHS Foundation Trust (EPUT) has been on a journey of improvement and we remain committed to driving forward change, to learning, listening, and innovating, so that we deliver the highest quality and safest care possible.

In 2021, we launched our new vision:

***“To be the leading health and wellbeing service in the provision of mental health and community care.”***

This vision, along with our new purpose, values, and strategic objectives, was agreed after discussion with our staff and service partners.

Since then, we have carried out extensive engagement with our service users, and their carers and families, as well as our staff and partners, to look at what we need to do to achieve those goals over the next five years.

This Strategic Plan is the result of that work, and sets out our priorities and commitments, and how we will work together to deliver our vision.

It also sets out what we have already achieved so far in meeting our goals, such as the roll out of Oxevision technology to increase patient safety, our ongoing work with partners to tackle health inequalities, and how we are working even more closely with the people we care for and their loved ones to deliver individualised, purposeful and therapeutic care.

These are just some examples of the enormous amount of work we have been putting in to constantly improve our services, keep people safe and well, and provide the best possible environment for care and recovery.

Demand for our services is increasing, especially in mental health. The populations we serve continue to grow at one of the fastest rates in England and as people grow older, their health needs are becoming more complex.

This, together with the recruitment challenges we face along with other NHS organisations, means we must continue to be innovative and flexible, and work even more closely with our partners in health and social care and the voluntary sector, and most importantly, the people we care for. We want to make our organisation an employer of choice and a great place to work for all our staff.

Helping people to live well, so they do not need to go into hospital, is just as important as treating them for their immediate health needs. So we want to do more to prevent illness and intervene early, especially with people who are at risk of suicide.

Our ambitions laid out in this Strategic Plan and the progress we have made so far would not be possible without the support and dedication of our fantastic staff.

That is why we have also included priorities to develop and grow our multi-skilled workforce and further build on a caring, learning and empowering culture. We have recruited more than 900 people since April 2022 alone and continue to expand our teams and create opportunities to train the health professionals of the future.

Whatever our roles at EPUT, our values drive everything we do: We Care, We Learn, We Empower.

***We all have the same purpose:  
We care for people every day.***

***What we do together, matters.***



**Together with service users**



**Together with their families and supporters**



**Together across professions and services**



**Together with our partners**

This Strategic Plan shows how we will deliver our vision, values and purpose in practice and drive forward our ongoing journey of improvement over the next five years – by ensuring service users and their families and carers are at the heart of everything we do.



**Paul Scott**  
**Chief Executive**

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# INTRODUCTION

This document sets out Essex Partnership University NHS Foundation Trust's Strategic Plan for 2023/24 to 2027/28. It reflects both national policy and the strategies of our local partners and ensures that we will deliver on the NHS Long Term Plan, on local Integrated Care Partnership Strategies and the developing Southend, Essex, and Thurrock All-Age Mental Health Strategy.

Our Strategic Plan describes our vision, values, purpose and strategic objectives. It will guide how we develop our services over the next five years – by ensuring service users and their families and carers are at the heart of everything we do.

## CONTEXT

### *Who are we?*

Essex Partnership University NHS Foundation Trust (EPUT) was formed on 1 April 2017 following the merger of North Essex Partnership University NHS Foundation Trust and South Essex Partnership University NHS Foundation Trust.

EPUT provides community health, mental health, learning disability and social care services to over 3.2 million people across the East of England in Bedfordshire, Luton, Essex, Southend, Thurrock, and Suffolk. Our services are delivered by more than 5,500 staff working across more than 200 sites. At any one time, we care for more than 100,000 people.

### *Our services*

We provide a range of services to our local population including community health services, mental health services, learning disability services and social care. Our approach is underpinned by our aim to provide individualised care that supports people to live independently and within their own homes for as long as possible.

- **Community health services:** Our diverse range of community health services provide support and treatment to both adults and children. We deliver this care in community hospitals, health centres, GP surgeries, and in people's homes.
- **Mental health services:** We provide a wide range of treatment and support to adults and older people and children and adolescents experiencing mental illness within primary care, community and in secure and specialised inpatient care settings. We deliver a range of tertiary services including forensic services and specialist health outreach services to marginalised communities. Several of our specialist services have achieved accreditation from the Royal College of Psychiatrists. Our local population can access our mental health services 24/7 via NHS 111 Press 2 for Mental Health.



*Urgent Community Response Team at service user's home in Southend*

- **Learning disability services:** We provide inpatient learning disability services, working in partnership with Hertfordshire Partnership University NHS Foundation Trust. As part of our commitment to driving up quality in services for people with learning disabilities, we are proud to say that we have signed up to the Driving Up Quality Code.
- **Social care:** We provide individualised social care to people with a range of needs, including people with learning disabilities or mental illness, supporting people to live independently. Three local authorities have Section 75 Partnership Agreements in place with us which mean some statutory social care responsibilities are delegated to EPUT and some functions are delivered in partnership. Each year we agree performance targets with them for each nationally-defined social care indicator.

We deliver our services through six care units which are responsible for place-based and trust wide services and each have their own multi-disciplinary leadership team.

### *Our partnerships*

EPUT is part of four Integrated Care Systems (ICSs) in Hertfordshire and West Essex; Mid and South Essex; Suffolk and North East Essex; and Bedfordshire, Luton, and Milton Keynes, where we provide some specialist services.

At a more local level, we are actively involved in place-based Alliances in:

- North East Essex
- West Essex
- Mid Essex
- Basildon and Brentwood
- Thurrock
- South East Essex (including Southend).

We work in partnership with Essex County Council, Thurrock Borough Council, Southend City Council as well as local district and borough councils.

We also work closely with other providers of NHS services including GP practices and primary care networks, acute trusts, mental health and community trusts, voluntary, community and social enterprise organisations and independent sector providers.

We have established specific collaborative arrangements with other providers of NHS services in:

- Mid and South Essex – the Community Collaborative brings together providers delivering community health services.
- North East Essex – the Community Collaborative brings together providers delivering community health services.
- East of England – the Regional Specialist Mental Health Collaborative brings together mental health providers across the region. It focuses on specialist services, such as children and young people's inpatient services, and forensic services, which are led by EPUT within the East of England provider collaborative.

We are working with our colleagues in the NHS, local authorities, the voluntary sector, the police, and those with lived experience, to refresh the all-age mental health strategy for Southend, Essex and Thurrock and to establish collaborative arrangements to implement it.

We provide education and training for students from Anglia Ruskin University and the University of Essex as well as training placements for junior doctors. We are building our academic partnerships to support innovation and research that will benefit our services.

### *Our journey*

Since we formed in 2017, EPUT has delivered transformational programmes of work across the full range of its services in community health services, perinatal mental health, adult mental health across community, acute and crisis care settings, and in Health and Justice settings - in line with national policy and local system strategies. For example, West Essex is an early implementer site for the model described in the Community Mental Health Framework and has shared learning from its transformation journey with services across the country.

We have introduced a new operating model, which integrates community physical and mental health services in each of our ICS areas. Our Dementia and Frailty teams are a good example of this. We recognised that many people with dementia also live with frailty, and so we brought our teams together to ensure we plan and deliver our care taking holistic account of all their needs, leading to better care and outcomes. Through our Clinical Health Psychology team, we offer mental health psychological input into physical health teams in both acute and community settings, recognising the interplay between physical and mental health problems for many people.



Topaz Ward, Crystal Centre, Chelmsford

Safety is our top priority, and we launched our *Safety First, Safety Always* strategy in January 2021. This followed the Health and Safety Executive's prosecution of the trust related to failings to manage ligature risk between 2004 and 2015. As part of the strategy we have invested an additional £20m in our inpatient wards enabling significant improvements in the physical environment, and in safety, across our estate. Our project to improve accommodation at our Basildon Mental Health Unit won a Building Better Healthcare Award for the Best Patient Safety Initiative. We continue to engage openly with the ongoing Essex Mental Health Independent Inquiry which was established following a parliamentary debate, on a





non-statutory basis, to look into the circumstances of mental health inpatient deaths across NHS Trusts in Essex from 2000-2020. EPUT will respond to the recommendations made once the final Inquiry report has been published, and the Board will ensure all required actions are completed.

Alongside practical steps to enhance the environment and increase security, we have installed state-of-the-art technology, provided enhanced training programmes for our staff, and changed the way in which we provide supportive observations and engagement for our service users, with care tailored to their individual needs.

We have invested £20m into our community services to enable better care at home for those who use our services.

We have taken steps to open up our organisation and enable more collaborative working with our partners across the system to improve our integrated care offer to our service users. We have established collaborative arrangements with partners in Essex and across the East of England, including the police, ambulance, voluntary, community and social enterprises (VCSE), social care, and local authorities. We are proud to be the regional lead provider for forensic mental health services within the East of England Specialist Mental Health Provider Collaborative.

We want to empower our service users to work as equal partners with us. In the last 18 months we have progressed enormously in the way we partner with those who have lived experience of our services, through the launch of our reward and recognition policy, creating the environment to coproduce and involve our people and communities in a meaningful way and embedding that as the way we do business.

We have further improved our digital technology and innovation and have implemented a Health Information Exchange to better enable clinical information to be shared across our services and across our local health and care system.

We are the lead provider for the Covid-19 vaccination programme for people living in Essex and Suffolk, having mobilised people and resources across our local system. We delivered over 1.5 million vaccinations in 2022, and our Health Outreach team have ensured vulnerable adults across Essex and Suffolk could access vaccinations.

We are making good progress and we will continue to build on our successes to date. However, we know that there is always more we can do, and we will continue to focus on providing the best possible environment for care and recovery with the safety and wellbeing of service users as our central focus.

# DEVELOPING OUR STRATEGY

## Our approach

In 2021, we launched our new vision:

***“To be the leading health and wellbeing service in the provision of mental health and community care.”***

This vision, along with our new purpose, values, and strategic objectives, was agreed after discussion with our staff and service partners.

Since then, we have carried out extensive engagement with our service users, and their carers and families, as well as our staff and partners, to look at what we need to do to achieve those goals over the next five years through an iterative process of strategy development.

This has included:

- Strategic context review, including current national policy and partner strategies and leading practice among mental health and community providers
- Engagement with service users, carers, families, staff and system partners
- Service level demand and capacity analysis;
- Workshops to identify challenges and opportunities for our services
- Iterative multi-disciplinary review and evaluation of priorities and commitments.

Through this process we have further developed our organisational strategy and strategic plans for our services in parallel.

For each of our strategic objectives we have identified outcomes, sub-outcomes and success measures that will help us and our partners to track progress against our strategy over time.

## National policy

Our strategy has been developed in line with national policy for mental health and community services, and will enable us to meet important national commitments, including the following:

- The **NHS Long Term Plan** committed significant investment in mental health services to support an ambitious transformation programme. It also set out how services will be integrated, and community-based services will be expanded, to support more people at home. The new learning disability and autism standards must also be implemented by all trusts by 2023/24.
- The **NHS People Plan** sets out plans to make the NHS the best place to work, and develop a positive, inclusive, individualised, leadership culture across the NHS, with a clear focus on improvement and advancing equality and inclusion.



- The **NHS Mental Health Implementation Plan** sets out specific commitments to significantly expand access to psychological therapies, perinatal, and children and young people's mental health services and transform community mental health delivery, including greater support for evidence based pharmacological treatments.
- The **Community Mental Health Framework** describes a new model for a place-based community mental health model, including personalised condition management, medicines management, individualised recovery, and a more integrated approach to joined-up care.
- Subject to parliamentary process, the **Draft Mental Health Bill 2022** will reform the current Mental Health Act (1983); introducing new requirements to ensure service users' views and choices are respected, that the act's powers are used in the least restrictive way, that admission supports recovery, and that service users are viewed as individuals.
- The **Health and Care Act 2022** places a much stronger emphasis on the integration of health and care services. It has established Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) and requires ICPs to publish an Integrated Care Strategies and ICBs to agree Five Year Forward Plans with their partner NHS providers. It sets the triple aim for the NHS of health and wellbeing, quality of services, and efficiency and sustainability.



## DEVELOPING OUR STRATEGY

- The **Working in Partnership with People and Communities** statutory guidance published in October 2022 by the department of Health and Social Care (DHSC) sets out how the guidance should be used; the main legal duties; reasons for working with people and communities; and the leadership needed to realise these benefits. It gives 10 principles to follow to build effective partnerships with people and communities.

### Local priorities

Our strategy will support the aims and ambitions of our partners across the East of England. Both national policy and partner strategies reflect similar themes about how health and care services need to change to meet the current and future needs of the population.

- Services will become **increasingly joined up** across health and social care; primary and secondary healthcare; and mental and physical health.
- NHS services will **collaborate** with health and social care and other services to support integration; this includes 'place' level alliances; neighbourhood partnerships; and provider collaboratives.
- **'Places'** will be the engine for delivery and reform of health and social care services, bringing together health and social care partners to deliver on a shared plan and outcomes.
- Providers will involve service users, communities, and staff in the **co-production** of services and development of strategies.
- Care will be **individualised**, and take account of an individual's context, goals and respond to all their personal needs.
- Joined up services will ensure that there is **'no wrong door'** to access care and support.
- A more **flexible workforce** will operate across service and organisational boundaries to provide joined up and individualised care, utilising corporate ancillary staff and volunteers to add value.
- Better use and integration of **data and patient records** will support joined-up care and risk-based approaches to **population health management**.
- Services will increasingly focus on **prevention and earlier intervention**, providing pre-emptive and proactive care that helps people be and stay well.
- People will be supported to **live well in their communities**: improved community support will reduce admissions and support people to be discharged safely from inpatient care so they can be supported closer to home.
- **Peer support workers** will provide informal support and care navigation for service users, and will support clinical services to understand and learn from service user experience.



Covid-19 vaccination centre at The Lodge, Wickford



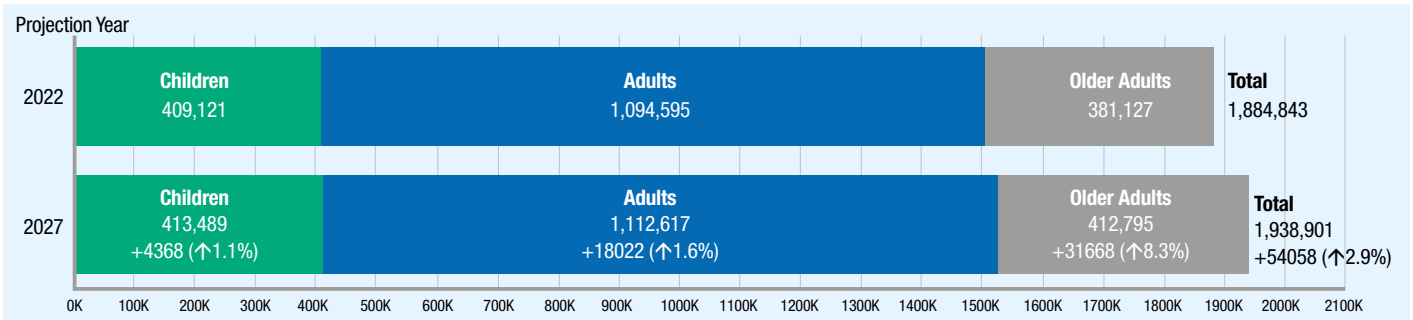
- Health services will work with partners to reduce **health inequalities** in the population. Cultural change will be required to identify and address inequalities that are created or exacerbated by the way we currently deliver care.
- More services will be available online and using **patient-facing digital applications** accessible via a range of channels to maximise inclusion.
- Statutory providers will work more closely **with local communities, voluntary, community and social enterprises, and small businesses** to innovate and improve our service offering.



## Challenges

Our **demand continues to increase**. Our population is growing at one of the fastest rates in England, and our ageing population has increasingly complex health and social care needs. The population of Essex, Southend and Thurrock is forecast to grow by 2.9% between 2022 and 2027 with demand for mental health and community services expected to grow at a faster rate. The population over 65 is forecast to increase by 8.3% between 2022 and 2027, which is an **extra 32,000 older adults**. This is the largest relative rise of any age group, increasing the need for physical healthcare alongside mental health interventions. While forecast population growth among children and young people is unlikely to drive demand in the same way, national data show a **39% increase in mental health referrals for children and young people** between 2020/21 and 2021/22 reflecting a significant increase in demand during the Covid-19 pandemic.

### Population Growth By Age Group (Source: ONS 2018 CCG Level Projections)

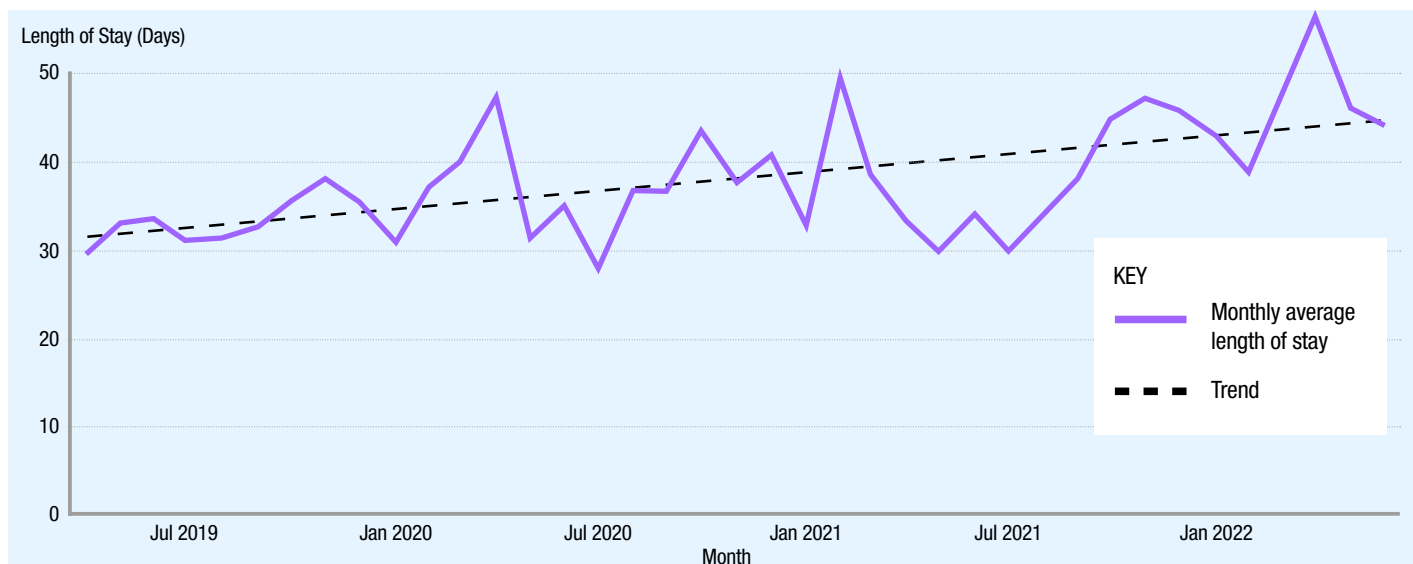


**Deprivation** has increased across our population, leading to significant health inequalities and disparity in health outcomes within vulnerable groups and often in the context of multi-generational need across families. The percentage of Essex residents living in the most deprived 20% of areas is amongst the highest in the East of England. The proportion of people affected by deprivation is likely to increase because of the current **cost-of-living crisis**, which 59% of adults report is having a negative effect on their mental health<sup>1</sup>. In addition, clinically significant levels of psychological distress have increased since the **Covid-19 pandemic**. EPUT **serves an increasingly diverse population**, and we need to continually adapt our services to meet our evolving population needs.

Local people currently face **long waits for therapy and intervention** and average length of stay in our inpatient wards has increased, creating pressures. This is also reflected in the levels of out of area placements, which suggests demand for inpatient services is exceeding available capacity.



### Monthly Average Ward Stay Length (Days)



<sup>1</sup> Cost of living crisis effect on mental health - Money and Mental Health.



We face significant **workforce pressures**. Recruitment and retention are a challenge across the NHS, and this is the case at EPUT too. There are high vacancy and staff turnover rates which, alongside national workforce shortages, have created staff shortages across professional groups and services. We have high vacancies for registered nurses and social workers. As a result, there are real pressures on our staff. There is competition for staff from providers in London, which pay an additional cost of living supplement, and from providers in Cambridgeshire and Hertfordshire.

**Community mental health services and community physical health services are not always integrated.** Whilst we have made great progress in some areas, there is more to do to develop positive relationships with primary care networks and strengthen neighbourhood models across the system. Whilst we have built strong partnerships with a wide range of organisations, we need to continue to create new partnerships, such as with local employers, Jobcentre Plus, the Department for Work and Pensions and service user advocacy groups.

**Data and information is fragmented** within EPUT and with partner organisations, presenting a barrier to integration. Clinical information is recorded in multiple electronic patient record systems. These systems are connected through a Health Information Exchange which is used by staff at EPUT but it is not the same as having a single system. There is a lack of access to some partner organisations' data which can cause delays, create duplication, and make care coordination between teams and services slower and more complex. We ask service users to retell their story too often which we know is frustrating and can be traumatic or triggering for some people.

Finally, following a parliamentary debate, **a non-statutory Independent Inquiry has been established to look into the**

**circumstances of mental health inpatient deaths across NHS trusts in Essex.** The Inquiry will: review the care and treatment pathways and the circumstances and practices surrounding the deaths of mental health inpatients; and investigate the deaths which took place in mental health inpatient facilities across NHS trusts in Essex between 1 January 2000 and 31 December 2020. We welcomed the Inquiry and are committed to engaging with the Inquiry with openness, honesty and transparency.

## Opportunities

We know that we can achieve so much more by **strengthening our work with people and communities who use our services**. We have already progressed in the way we partner with those who have lived experience of our services, but there is an opportunity to go further to put service users, families and carers at the centre of all our decisions and plans.

EPUT is uniquely positioned to **lead the integration of services across Southend, Essex and Thurrock**. No other organisation has the same depth and breadth of partnerships across this geography. By working with others we can play a key role in the joining up of health and care services, primary and secondary services and mental and physical health services. In South East Essex and West Essex, where we provide community physical health and mental health services, we have brought our teams together under Integrated Service Managers. We have entered new collaborative arrangements with other community providers to support integration and have jointly appointed partnership directors to lead this collaboration in Mid and South Essex.

A culture of learning and safety is essential to our work. We have already made progress on this through the ongoing delivery of our *Safety First, Safety Always* strategy. We aspire to go further to

**embed a culture of learning and safety**, building on what we have already achieved and learning from others across the NHS and other safety critical industries.

We have launched a new initiative called “Time to Care” which is making **changes to release more time to care for frontline staff**. We are **redesigning our staffing model** for inpatient services and looking at how new roles can support our multi-disciplinary teams to care for our service users more effectively, supported by process improvements and data and technology. Proposals are being co-designed and implemented with staff and lived experience ambassadors.

Innovation and research is a key part of what we do at EPUT. We can go much further by building on the strength of our partnerships with academic institutions, the expertise of our staff and the potential for strategic partnerships with commercial partners. By working with others we can **take advantage of the latest innovation and research** to improve our services across community and mental health services.

**Digital technology and data** offer a significant opportunity for EPUT. Our services are spread across more than 200 sites and we work with a wide range of partners to support people with diverse health and care needs. Going forward, we will modernise and streamline our electronic patient record systems, our digital and data infrastructure and adopt the latest technology to help transform our services.

We can achieve more by **building on and expanding our collaborative arrangements** with other organisations including NHS organisations, local authorities, and VCSE partners, including

advocacy and service user groups. The power of our collaboratives lies in the shared vision and collective responsibilities that have been agreed. Working in this way will enable us to deliver more consistent quality of service and make the best use of resource to deliver improved and sustained care for those that need it. In the Mid and South Essex system, we are adopting a culture of stewardship and exploring ways in which devolution and delegation of resources and decision making around pathway design can best address local need.

### Identifying our priorities

Our strategy and strategic plans have been developed through discussion with EPUT staff, service users, carers, families, and partner organisations. This has focused on the identification of the challenges and opportunities facing our services and our organisation, and prioritising actions that will directly address these to the benefit of our local communities.

To develop our strategic priorities, we engaged with a wide range of service users, carers, families, and staff, as well as with senior leaders at EPUT across our care units and in partner organisations. In total, we held 83 engagement events with over 680 people, using a combination of workshops and interviews. We held board seminars with our Council of Governors and the Trust Board.

We also took into account the views of many more people who use our services indirectly by undertaking a desktop review of themed and annual reports produced by HealthWatch organisations in Essex, Southend and Thurrock, as well as reports and intelligence from our own patient experience team.

#### Service user engagement

	Total events
Virtual workshops	9
In-person workshops	1
Interviews	4

We met with a total of 89 service users over 14 engagement events

#### Care unit leadership

	Total attendees
Leadership workshops	67
Options workshops (inc.psych)	108

We ran 11 engagement workshops with care unit leadership teams

#### Other engagement

	Total attendees
Interviews with partner organisations	39
Internal interviews/meetings	37

#### Staff engagement

	Total attendees
Specialist Care Unit	39
UEC & Inpatient Care Unit	27
North East Essex Care Unit	29
West Essex Care Unit	36
Mid & South Essex Care Unit	33
Other staff forums	179

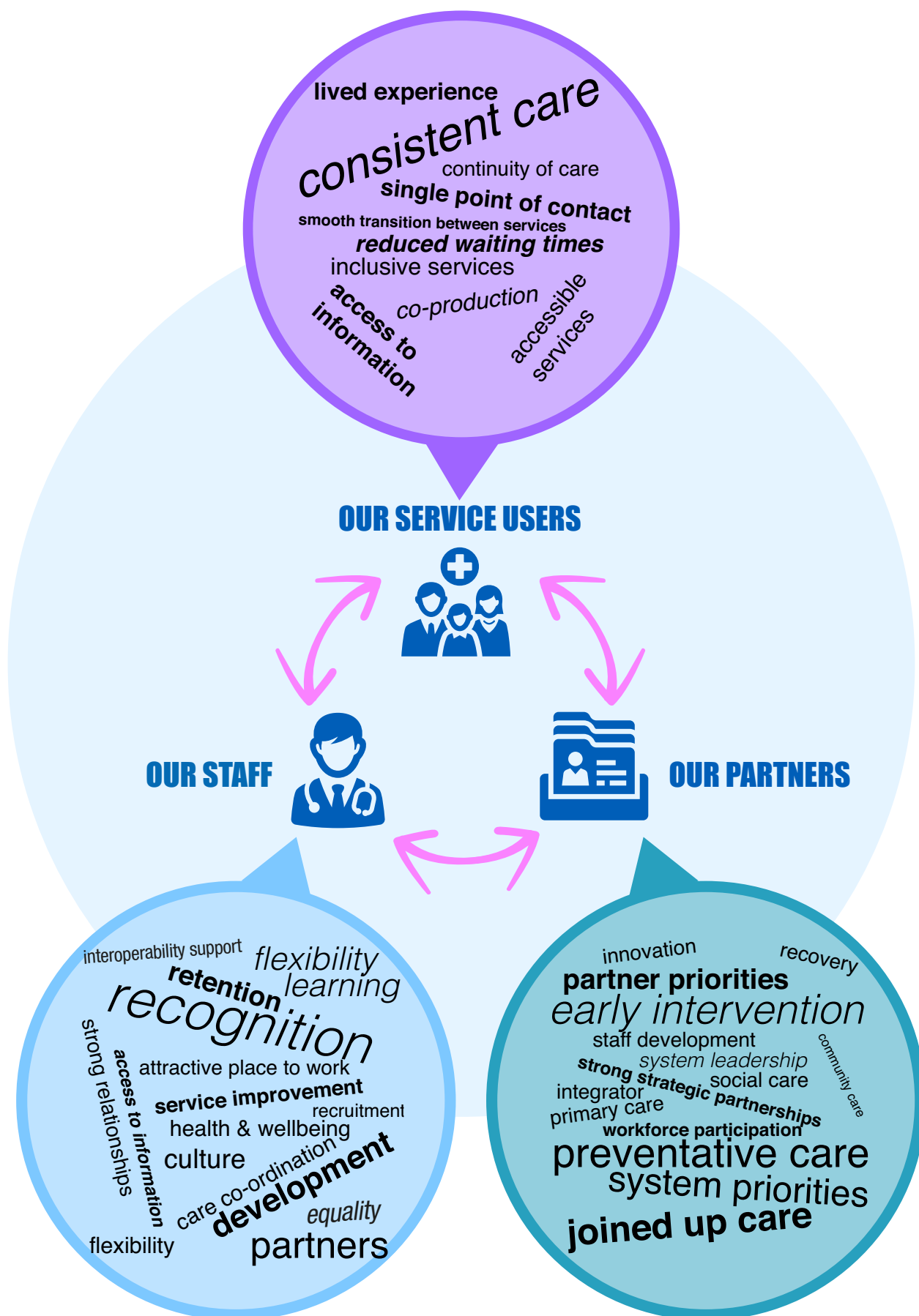
We met with a total of 343 staff members over 27 engagement events

**We made a total of**  
**683\* contacts** over  
**83 engagement events**

\*some individuals may have attended more than one engagement event

## DEVELOPING OUR STRATEGY

Our engagement process told us that our staff, our service users, and our partners would like to see:





# VISION, VALUES AND PURPOSE

People are at the heart of everything we do, and our strategy is focused on providing high-quality, safe, individualised care and supporting people to live well throughout their lives. Our approach is underpinned by partnership working, championing lived experiences and co-production, continuous development, and a caring, learning, and empowering culture. We agreed a new vision, purpose, values and strategic objectives to reflect this in September 2021 after discussion with our staff and service partners.

## OUR VISION

To be the leading health and wellbeing service in the provision of mental health and community care.



### *Putting our values into practice*

- **We Care:** Better care leads to better outcomes. Our care will be individualised, therapeutic and trauma-informed, and we will support our staff to be resilient at work by prioritising their health and wellbeing.
- **We Learn:** We will develop our culture of learning, reflecting carefully when things go wrong and championing continuous improvement. We will embed gold standard learning processes and cycles that help us create new knowledge.
- **We Empower:** We will create a culture of co-production, with lived experience and staff experience informing all our plans. We will empower our service users, their families, and their supporters to set their own care and recovery goals and empower our staff to draw on and apply their managerial and clinical expertise.

# STRATEGIC OBJECTIVES

## ***Strategic objective 1: We will deliver safe, high quality, integrated care services***

### **Context**

We are committed to providing safe, high quality, integrated services. We recognise that drawing on and applying lessons learnt is the biggest improvement driver for safe and high-quality care. Going forward, we will continue to encourage our service users, families, carers, and staff to share their experiences and implement learning from the Essex Mental Health Independent Inquiry and other reviews into mental health and community services. We will also work collaboratively to deliver more joined up and integrated care by better aligning pathways, policies, and processes, reducing siloed working, and ensuring that clinicians have access to individual service data and community data.

### **Our response**

Our care will be led by our service users, their families, and their supporters, and based on the goals they set for their recovery and health. We will introduce trauma-informed care and be a psychologically-informed organisation, and work with service users to develop individualised, high quality, holistic care plans to meet those goals.

Service user care plans will be recovery focused, with safety, experience, and learning at their core. We will continue to strengthen our integrated care models, working with our partners to share best practice and ensure that our service users receive the care that they need in the right place at the right time.

We recognise that digitally enhanced care is the future, and we will continue to advance our digital capabilities and use real time information and digital technology to connect information and people, so that we are better able to coordinate care and communicate with each other and the people we are serving.

## ***Our priorities***

### **1. To provide integrated care close to where our service users live**

We will integrate our services and care co-ordination with our health and care partners including GPs, NHS trusts and local authorities. People will be able to access more specialist services in their local area through the development of integrated neighbourhood teams.

### **2. To achieve world-class outcomes, with a focus on recovery**

Our approach will be underpinned by learning and innovation, and we will ensure that all those who need to access our services can. We will modernise our inpatient mental health services, ensuring that every admission has therapeutic benefit and people remain in an inpatient bed for no longer than necessary. We will develop a consistent approach to clinical quality across our services through a new clinical quality strategy. We will continue to collaborate on innovation with our local partners and internalise learning from improvements achieved in other systems.

### **3. Empowering our service users, families, and carers**

EPUT will take a trauma-informed approach to our care models. This means that our approach will be underpinned by safety, trust, choice, collaboration, empowerment, and cultural sensitivity. Our care unit plans reflect actions to increase continuity of care; to ensure service users are involved and have a choice in decisions about their care; to work with and empower families and support networks, including carers; as well as to train our staff in trauma-informed approaches and empowering service users to define their own care outcomes and recovery goals. We recognise the vital role of families and carers in providing care to their loved ones and will involve them in trauma-informed approaches. We will work with service users, families and carers to upskill people in their own care and the care and support of their loved ones.

### **4. Embedding a digital mindset and culture**

We will increase the capacity and capability of our services through better use of data and digital technology via a range of channels, such as predictive tools and artificial intelligence (AI) and increase digital literacy across our teams. To further enable integrated care, we will connect information systems across EPUT and commit to implementing a single patient record and an electronic prescribing and medicines administration (ePMA) system. We will also work with our partners to deliver shared care records across our ICSSs.





## STRATEGIC OBJECTIVES

### Key commitments

We will:

- Reduce unwarranted variation
- Reduce average length of stay
- Improve outcomes and recovery
- Strengthen partnership working to integrate co-ordination across services
- Implement a single patient record and an ePMA system
- Implement shared care records with our ICSs
- Co-design co-production models with service users, families and carers
- Implement the Accessible Information Standard (AIS)
- Be a psychologically-informed organisation that practices trauma-informed care
- Develop “family first” approaches to our services, working with services users, families and carers to upskill people in their own care and the care and support of their loved ones
- Support people proactively through life transitions e.g. from children’s to adult services
- Ensure that our service improvement approach and delivery plans align with national standards for Learning Disability and Autism
- Develop our relationships with our local communities, working together to improve our services and help them to thrive
- To implement learning from the Essex Mental Health Independent Inquiry and other reviews into mental health services
- Develop a new clinical quality strategy.



### Oxevision

Over the last 18 months, a new medical device, called Oxevision, was installed to support patient safety. Oxevision is a contact-free vision-based patient monitoring and management platform provided by Oxehealth. It helps clinicians to plan care and intervene proactively by providing them with: location and activity based alerts and warnings; reports on risk factors; and cardio-respiratory vital signs. This has benefited our service users by improving safety and reducing instances where a service user is disturbed by staff to take a vital sign observation, for example when they are sleeping. We have been working with Oxehealth to develop this digital clinical assistance tool further with the pilot of an electronic observations tool by staff on our wards, reducing reliance on paper based observation records.



### Essex Mental Health Family Group Conferencing Service

Family Group Conferencing offers a unique approach to empowerment and recovery. By adopting this model in adult mental health, we have successfully enabled individuals and their network around them to take ownership of their unique situations and together address what matters to them. This process enables families to independently create their own plan and make decisions for themselves, focussing on their own solutions and recovery. This empowers individuals to feel supported by their whole network, rather than feeling isolated and often having to struggle on their own. Over 90% of users recommend the service, and the team was Highly Commended at Positive Practice in the 2022 Mental Health Awards and won the Regional Excellence in Mental Health Care Award at the 2022 NHS Parliamentary Awards. “A massive thank you... it was so worthwhile, and I finally felt relaxed last night, first time in a long time ... I think this is the start of something good for us.”

## STRATEGIC OBJECTIVES

### Success measures

Strategic Objective 1: We will deliver safe, high-quality integrated care.		
Outcomes	Sub-outcomes	Measures
<b>Our services are safe and of high quality.</b>	People feel safe in EPUT's care.	Patient-reported Experience Measures (PREMs). Patient survey.
	Staff feel safe at work.	Staff survey (health and safety domain). Pulse surveys.
	All service users have high-quality care and safety plans.	100% patients have safety plans. Reasonable adjustments in place for those with Learning Disability or autistic people.
	Reduction in patient safety incidents and instances of harm.	Number of patient safety incidents reported. Number of incidents involving self – or other preventable harm.
<b>People have good access to our services.</b>	Reduction in waiting list and waiting times.	Number of people on waiting list. Achievement against waiting time targets.
	Our services have the capacity to meet the demand of our population.	Average length of inpatient stay. Average number of patients on caseload. Number of inappropriate out of area placements.
	People are able to access our services when they have an urgent need.	Performance against urgent care access targets. Number of admissions via Emergency Departments, ambulance, police.
<b>People have a positive experience of our services.</b>	People have a positive experience of using EPUT's services.	PREMS. Patient survey.
	Service users, families and carers are involved in their own care.	100% inpatients have been involved in completing their care and safety plans. Care plans include user-defined goals.
<b>People have good outcomes from care and recover from ill health.</b>	Improved outcomes from care.	Clinical outcome measures, e.g., Health of the National Outcome Scales (HoNOS) and Patient-reported Outcome Measures (PROMs), segmented for underserved groups or those for whom outcomes are known to be less favourable.
	People successfully recover from ill health.	Attainment of user-defined goals (goal attainment scale).
	Our care provides a therapeutic benefit.	Crisis / admission rates from community caseload. Purposeful admission (clear purpose recorded for each admission).
<b>Our services are integrated.</b>	People accessing EPUT's services feel that their care is joined up.	PREMs.
	Clinical pathways are integrated across the organisation and with partners.	Number and range of shared pathways agreed with partners.



## ***Strategic objective 2: We will enable each other to be the best we can be***

### **Context**

Our dedicated staff do incredible work, and we're proud of the strong sense of teamwork and purpose across our organisation. However, we acknowledge that there are always steps that we can take to not only maintain these successes but improve them further. As we move towards a more individualised care model, we will continuously develop our leadership, culture, and range of skills to ensure that we can meet the evolving needs of our population.

### **Our response**

Together with our local partners across and beyond the NHS, we develop and deploy an agile, multi-skilled workforce to deliver individualised, holistic care, and benefit the people we serve.

We want EPUT to be an employer of choice, and we recognise that to achieve this we need to continuously identify opportunities to transform our workforce, support our people to grow, and take steps to ensure that our staff feel happy and valued at work, and connected and supported in a positive work environment. We will tackle equality, diversity, and inclusion issues within our Trust to collectively improve civility and respect and ensure that staff from underrepresented backgrounds have equal opportunities.

We will plan for the future by ensuring that our staff have the tools required to be successful in their current and future roles and strive to offer attractive, flexible and accessible health and care role opportunities to local people within our communities.

We will utilise and upskill our corporate support services, and volunteers, to add value to our patient facing services in an intelligent and meaningful way.

## ***Our priorities***

### **1. To ensure that EPUT is a preferred employer, and an excellent place to work and train**

EPUT will be recognised as an inclusive employer and an attractive place to work and develop professionally, that values equality, diversity and inclusion. We will develop a caring, learning, and empowering culture and implement a behaviour toolkit within each of our care units to strengthen our organisational values. We keep our staff informed with good communication and engagement and will ensure staff feel safe to raise concerns and issues in our services and through our Freedom To Speak-Up Guardian. Recruitment and induction processes will be simple and efficient and involve our lived experience ambassadors, and a long-term plan will also be in place to tackle recruitment challenges and grow our workforce together with our local partners.

### **2. To build capabilities that enable us to deploy a flexible, multi-skilled workforce model, including volunteers and lived experience roles**

Our future workforce model will be recognised as one that is flexible and multi-skilled working with our education partners. We will enhance multi-disciplinary working across the organisation, ensuring people are supported by a range of skills and experience. We will bring lived experience into our teams, with peer support workers on every ward and lived experience roles at every level of our organisation. We are introducing new roles and building capabilities that enable staff to support service users more flexibly and in a way that reflects their individual needs. We are creating ways for staff to work across organisational boundaries.

### **3. To develop our future leaders and grow our own workforce**

Local recruitment will increase; we will revitalise retire and return and back to permanent roles schemes, and actively engage with local schools and colleges. To help us to achieve this, we will establish a health academy and sponsor schools to mentor students. We will support our staff to undertake education and research relevant to their work. Our workforce will also have the opportunities and skills required to become future leaders, including manager and senior leadership development programmes. We will also develop a learning hub and shared education programmes with our partners. Increasingly, our training and development programmes will include lived experience ensuring that our learning is focused on people.

### **4. To improve organisational digital literacy**

EPUT will be recognised as a digitally mature organisation, with workforce and operational capabilities augmented by modern digital tools and technologies. To achieve this, we will commit to offering training to our staff and leaders to improve digital literacy and ensure that our practitioners have the information they need to make every service user contact count.

## STRATEGIC OBJECTIVES

### Key commitments

We will:

- Improve our staff development offer and extend this to lived experience and volunteer roles
- Communicate and engage proactively with our staff
- Ensure that staff feel safe to raise concerns
- Tackle racism and discrimination against our staff and service users
- Develop our people and culture strategy
- Support staff to develop through education and research
- Increase the range of skills within our teams and enhance multi-disciplinary working
- Introduce new roles including more peer support workers and integrated care workers
- School and college engagement, including mentoring students
- Improve digital literacy of staff and leaders
- Implement senior management and director leadership development programmes
- Introduce a behaviours toolkit
- Develop a joint learning hub
- Embrace our role as an anchor institution in local communities and create maximum social value through recruitment, improving aspirations for your people through work experience, internships and apprenticeship opportunities.



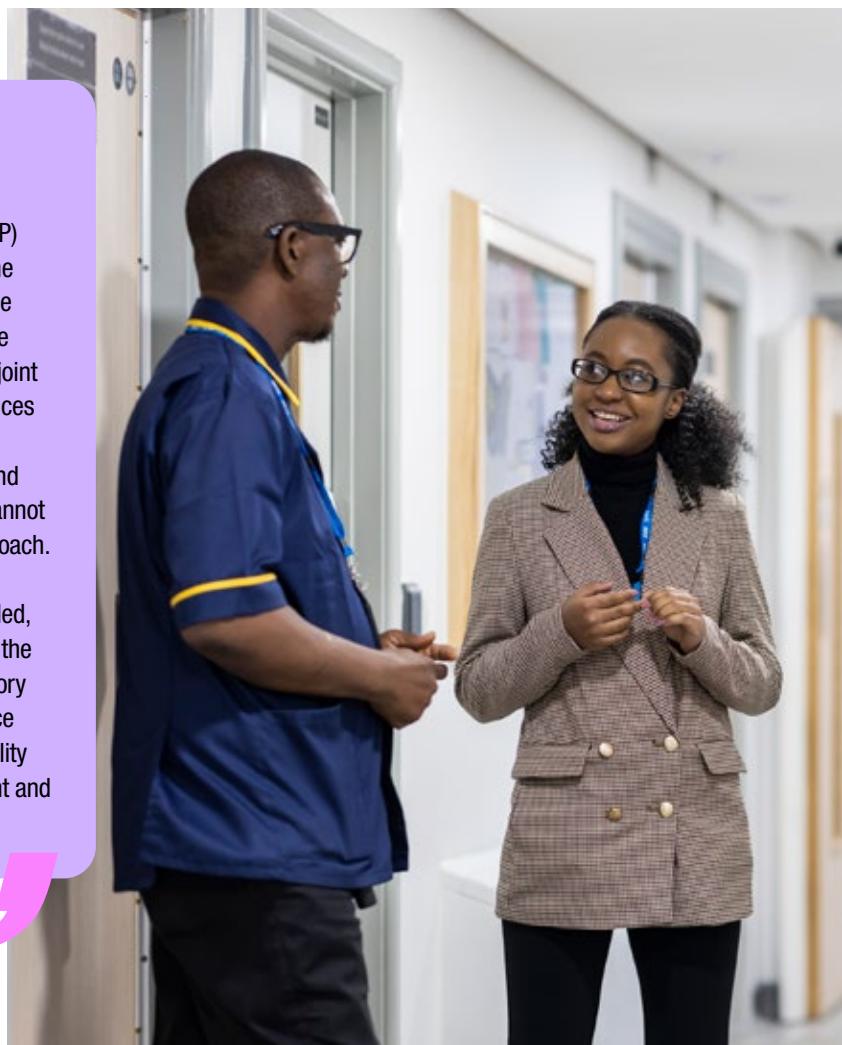
### ***New Clinical Associate role in Psychology***

We have been at the forefront of developing a new role in the psychological professions, the Clinical Associate in Psychology (CAP). We have recently won the Health Service Journal Workforce Initiative of the Year award jointly with East London NHS Foundation Trust and Southern Health and Care Trust for our leadership in the introduction of CAPs into the mental health workforce in England. We are the only NHS trust in England to hold a main provider role for delivering training of CAPs and deliver this training ourselves, in partnership with the University of Essex. This enables us to respond with agility to workforce needs and to shape the training to fit with the needs of our services. This is important because we need a bigger psychological workforce to meet our aspiration of delivering high quality trauma-informed care underpinned by service-user choice. As an apprenticeship, it is cost effective, making use of the levy to support the cost of training, and those who train via the apprenticeship route are more likely to continue to live and work in their local area. This helps with staff retention. As a 'training while working' pathway, the CAP training offers a route into the psychological workforce that is accessible to more applicants, and this is helping to increase the diversity among our trainees.



### ***Collaborating for Care***

EPUT has undertaken an innovative and unique approach and created a combined Nursing and Allied Health Professional (AHP) strategy. Together the nursing and AHP workforce can overcome challenges and grasp opportunities for the benefit of our service users, colleagues, and community. We are all here to deliver the best individualised care we can, and this strategy sets out our joint approach to doing this. Demand continues to grow on the services we provide as a joint workforce. EPUT has made considerable progress during the lifespan of the previous nursing strategy and previous AHP strategy but to meet this growing demand, we cannot ignore the exciting opportunity to work together on a joint approach. This strategy supports person centred care, promoting a multi-disciplinary approach and ensuring we recruit and retain a skilled, knowledgeable, confident, and supported workforce. We know the importance of working alongside national partners and regulatory bodies, such as National Institute for Health and Care Excellence (NICE), the Nursing and Midwifery Council (NMC) and Care Quality Commission (CQC). We want to have a continuous improvement and reflective practice culture that enables us to work upstream.



## Strategic Objective 2: We will enable each other to be the best we can be.

Outcomes	Sub-outcomes	Measures
<b>We are an employer of choice.</b>	More people are attracted to work for EPUT on a substantive basis.	Number of successful appointments per recruitment campaign. Vacancy rate. % substantive staffing across services.
	EPUT is an inclusive employer that is committed to tackling racism and discrimination.	Workforce Race Equality Standard (WRES) indicators. Workforce Disability Equality Standard (WDES) indicators.
	More people choose to stay working for EPUT.	Retention rate. Number of students, apprentices, work experience placements and volunteers taking substantive roles at EPUT.
<b>We have an appropriate range of skills and experience in our multi-disciplinary teams.</b>	Our services are staffed in line with agreed staffing models.	Shift fill demonstrates fidelity to staffing models *subject to agreement of staffing models.
	Our MDTs include lived experience roles.	Number of peer support workers, and other lived experience roles across EPUT. Number of peer support workers with lived experience of Learning Disability or Autism.
<b>Our workforce is able to access high-quality development.</b>	Our workforce is able to access a range of development opportunities.	Range and uptake of training and development opportunities. Volunteers and lived experience roles have access to development.
	Our development programmes support our workforce to grow and progress to more senior roles.	Reported satisfaction with development programmes (post programme surveys). Retention of talented staff members (Pen Plan). Number of staff achieving internal promotion, when available.
<b>We are supporting more people into health and care careers.</b>	Local people have a range of opportunities to enter and develop key skills for health and care roles.	% of workforce employed from local communities. Number of local people successfully completing trainee- and apprenticeships at EPUT. % BAME staff in roles >Band 7.
	More local young people are aware of work opportunities in health and care.	Number and range of school and college engagement programmes held.
	More unregistered staff are supported to qualify for a registered health or care role.	Number of clinical apprenticeships offered and successfully completed.
<b>Our staff healthy and happy at work.</b>	Our workforce feels that our culture reflects our values.	NHS Staff Survey.
	Our workforce has a positive experience of working for EPUT.	NHS Staff Survey. Pulse surveys. Incidence of poor staff experience, e.g., harassment, discrimination.
	Our workforce is healthy.	Sickness rates. Uptake of wellbeing offers.



## STRATEGIC OBJECTIVES

### ***Strategic objective 3: We will work together with our partners to make our services better***

#### **Context**

EPUT serves diverse communities across Bedfordshire, Essex, Luton, Southend, Suffolk, and Thurrock, and has a wide range of partners across health care, voluntary and community services, housing, education, employment, and emergency services in each of these areas. We have already built strong relationships with system partners and taken key steps towards an integrated and holistic care model that has safe and high-quality care at the centre. EPUT will continue to build on this by sharing lessons learnt and best practice across the system to consistently drive the delivery of safety and high-quality care. We will also continue to remove barriers, build good partnerships, and enhance service delivery by actively involving our partners, and reflecting lessons learnt, in the design of our services going forwards.

#### **Our response**

Our most important partnership is with our service users, their families, and supporters. We will embed service user-led approaches and peer support across our services. We will work together with people who have lived experience to design and deliver our services, creating the environment to coproduce, codesign, and for shared decision making at both an operational and strategic level.

We will also commit to co-designing a new coproduction model next year with people who have lived experience of mental health and community services. Our approach to co-production will continue to evolve, as we embed the model over the next five years as the EPUT way of business.

We have a unique position and expertise to drive integration as a provider of both physical and mental health care, working across primary and secondary care and across multiple integrated care systems and local authority areas. Our collaborative approach and experience will enable us to work more effectively with our service users and partners at a neighbourhood, place, and system level.

We have made progress on building our relationships with our partners, and we will continue to work collaboratively with our partners going forwards. Our shared vision, aims, and approaches will enable us to continue to improve the quality of our shared services.

To support our care model, we will strengthen our learning, accountability, and governance frameworks, ensuring that best practice is shared across the system and that all colleagues will have opportunities to develop their skills and relationships, and the confidence to make every service user contact count.

We know that the way in which we support children to transition to the care of our adult services, and similarly for adults transitioning into care for older adults, could be improved. Proactive planning between teams with families and carers will be a core feature of our development plans for the coming years.

*Spirometry Clinicabin, Rochford*





## Our priorities

### 1. To continue to build our partnerships with our services users, carers, and their families

EPUT will continue to build on our success to date of moving towards an integrated and holistic care model. Our ambition is to continue to progress this model, and in doing so consistently deliver an integrated approach to service user care that enables our service users, clinicians, and partners to work together effectively and collaboratively. We will grow our lived experience team and support them to be the best that they can be by affording them the same opportunities to develop themselves as our substantive workforce. We will also develop lived experience roles across all services, and at every level, to create an environment of shared decision making from ward to board.

### 2. To drive collaboration and integration through our partnerships across Southend, Essex, Thurrock, and the East of England region

EPUT has further ambition to expand and strengthen our relationships with our partners to improve integration of services. By working with others we can play a key role in the joining up of health and care services, primary and secondary services and mental and physical health services. This means working collaboratively with local authorities, primary care networks, acute trusts, mental health and community trusts, voluntary, community and social enterprise organisations and independent sector providers. We will do this across all of our services. We will also support collaborative arrangements to implement the developing Southend, Essex and Thurrock All-Age Mental Health Strategy.

### 3. To continuously improve quality, experience, access, and outcomes through collaboration

Our integrated care model is underpinned by education programmes and shared learning models, enabling information, knowledge, and best practice processes to be shared both locally and across the system. We will also work with our existing and future partners through our provider collaboratives in Mid and South Essex, North East Essex and the East of England to drive up quality and create opportunities for shared learning and development. We will work with our academic partners to pursue innovation and research that can improve our services.

### 4. To better enable local joint working

We will develop community hubs and introduce single referral hubs and pathways for our specialist services to improve access to and quality of care. We will build on joint and partnership roles in our teams, and support our teams to build relationships and work effectively together at a local level through improved ways of working.



## Lived Experience Team

Over the last year, we have grown our team of lived experience ambassadors from 10 to 60 people, and significantly increased involvement activity and hours across EPUT. We agreed a new Reward and Recognition policy in August 2022 to ensure the contribution and time of our lived experience team is properly recognised and have introduced a new platform for services to advertise involvement activities. The Lived Experience Team has been involved in a range of important programmes, including Time to Care and our new Mental Health Urgent Care Department. The Lived Experience Team has made an invaluable contribution to development of this strategic plan, emphasising individualised care, co-production, inclusive and trauma-informed services, and reduced variation. We are excited to build on this great team, and to embed lived experience as a driving force across EPUT.



### Key commitments

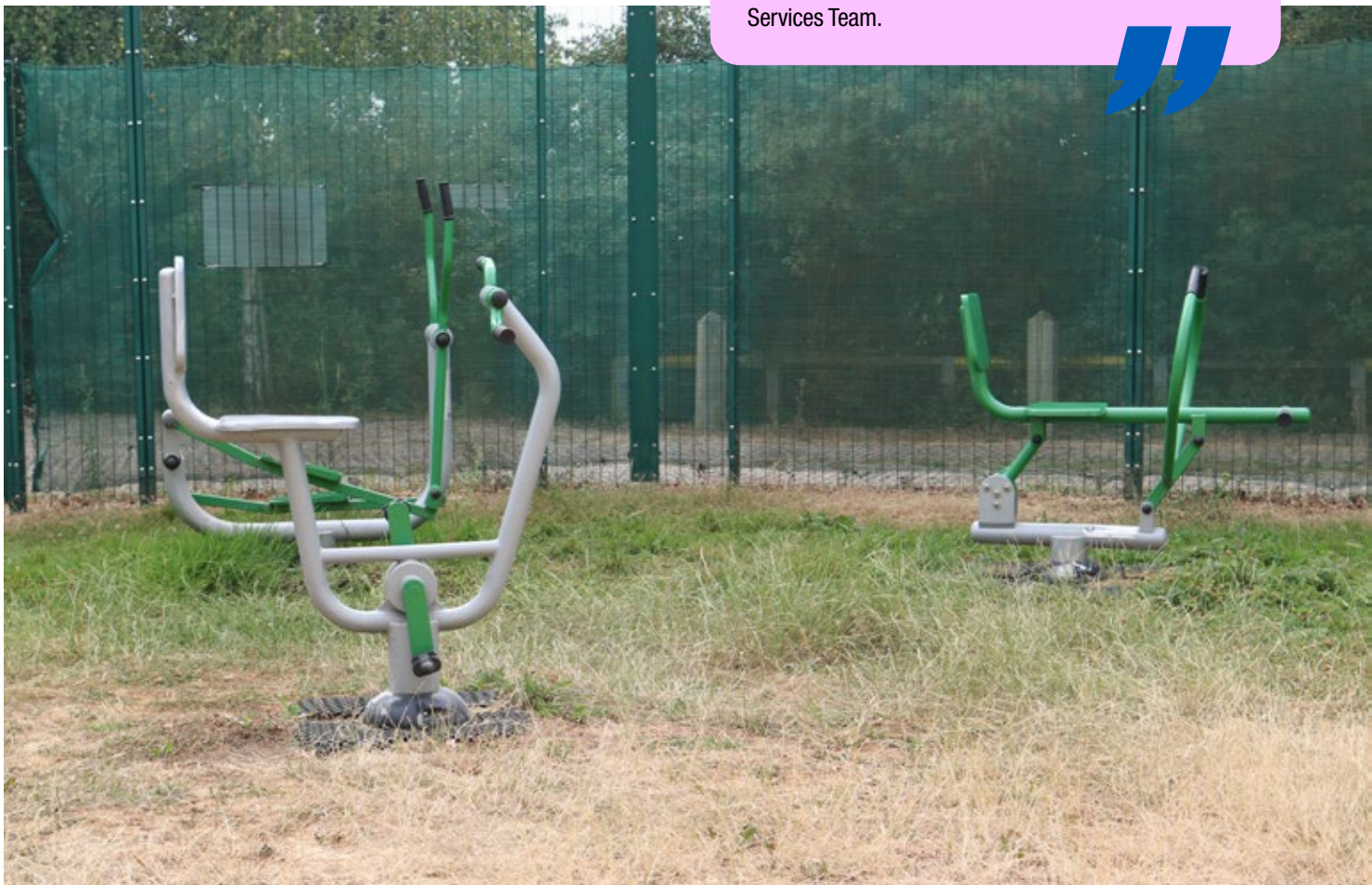
We will:

- Be a strong advocate for people who use our services
- Grow our lived experience team, developing lived experience roles across all services, and at every level
- Expand and strengthen our relationships with our partners to improve integration of services across Southend, Thurrock, and Essex
- Work with our academic partners to pursue innovation and research that can improve our services
- Continue to work with existing and future partners through provider collaboratives in Mid and South Essex, North East Essex and the East of England
- Develop community hubs, bringing services and teams together
- Introduce single referral hubs and pathways to improve access to care
- Create an environment for shared decision making from ward to board, between lived and learned experience based on mutuality, reciprocity, and equity.



### ***Integrating physical and mental health services***

We have developed several projects and interventions to improve the integration of our physical and mental health services. These include the 'Fitness and Lifestyle Intervention Programme', the 'Cultivating Recovery Opportunities Project', and the 'Healthy Eating Project'. In October 2022, Brockfield House Secure Services in EPUT were the overall winners in the category of 'Integrating Physical and Mental Health' at the National Positive Practice in Mental Health Awards. The award recognised how the multidisciplinary team has been working together to promote healthy lifestyles amongst service users with severe mental illness within the secure service. It was a proud moment for the Secure Services Team.



Hadleigh Ward, Basildon



## Strategic Objective 3: We will work together with our partners to make our services better

Outcomes	Sub-outcomes	Measures
<b>We are working effectively with our partners and are providing system leadership.</b>	We are perceived to be a good partner, and our partners have confidence in our services.	Stakeholder feedback survey. Contracts awarded or extended.
	Our partnership arrangements are effective. We are able to influence effectively.	Achievement of shared performance and outcome targets.
	We hold a range of formal system leadership roles.	Number and range of roles held.
	We have agreed shared models and pathways of care with a range of partners.	Number/range of pathways by sector, e.g., health, social care, housing, voluntary and community sector (VCS).
<b>We are working with lived experience partners to co-design and deliver our services.</b>	Lived experience roles are embedded across all care units, and at all levels of the organisation.	Number and range of lived experience roles.
	Services are designed and delivered through co-production with lived experience.	Co-production model agreed. Annual review of impact (Patient Experience annual review). Lived experience anecdotal and survey feedback.



Mental Health Unit, Basildon

## STRATEGIC OBJECTIVES

### **Strategic objective 4:** **We will support our** **communities to thrive**

#### **Context**

EPUT is committed to driving forwards community-based care to improve health outcomes, but we need to make our services more accessible and visible to people that are underserved and experience health inequalities. We can do more to support the communities where we work, by providing economic benefit, good work opportunities and minimising our impact on the environment.

#### **Our response**

We will focus on improving health access and outcomes for those experiencing health inequalities by determining what matters most to them. Our work with community services will aim to better raise awareness and access to services amongst groups who are currently underserved. Across our mental health services, we will address the inequalities in access, experience and outcomes experienced by racialised and ethnic minority communities, through our implementation of the Patient and Carer Race Equality Framework (PCREF). This will require cultural change to identify and address any inequity created or exacerbated by the way our services are currently delivered. We will improve our health promotion, education, and physical healthcare provision to reduce the disparity in health outcomes for people with serious mental illness, people with a learning disability or autism.

The demand for our services is increasing, and we recognise how important our role is in preventing illness and intervening early with those who are at risk. We will focus particularly on suicide prevention, and work with our partners and communities to raise awareness and reduce risk.

We will support community and voluntary organisations by offering development, mentoring and supervision so that they are equipped to deliver impactful support. By wrapping our support around these essential community assets, we will help to build resilience in our communities.

We will further support more people with severe mental illness, people with a learning disability or autism to find good quality work in their local community, and this includes supporting people with lived experience of our services to develop in professional and qualified roles to further strengthen the experience of our teams.

In the context of all these partnerships, at EPUT we are constantly focusing on the impact of our organisation in our local communities as an employer of large numbers of staff, a purchaser of goods and services as well as our environmental impact. We are working with our partners to maximise the positive impact we can have on the wider determinants of physical and mental health, including housing, employment, education and air quality.

### **Our priorities**

#### **1. To reduce health inequalities**

We will reduce inequalities in access, experience, and outcomes and commit to developing and expanding our health outreach services for communities that experience challenges in accessing healthcare. We will have deep and meaningful connections with our local faith communities, to identify gaps in health inequality and work collaboratively to close these gaps.

#### **2. To engage proactively with our communities to build on their existing strengths and priorities**

EPUT will engage proactively with the communities that we serve through an agreed community engagement framework. We will collectively build resilience working with people and communities on what matters to them, bringing the strengths of our multi-professional workforce and partnerships together. We will work closely with community and voluntary organisations to learn from them and develop ourselves while also sharing our expertise and passion for the services we provide.

#### **3. To reduce our environmental impact and operate sustainably**

Our future plans must reflect the requirement to deliver greener and more sustainable services, and to improve the health and wellbeing of our teams and the community we serve, EPUT will deliver its green plan including making changes to reach Net Zero Carbon status by 2050 as an anchor organisation working alongside others in our region.

#### **4. To prevent illness and intervene earlier**

Our care models will be underpinned by recovery and prevention, and collaborative working with our community-based partners to improve the health outcomes of our population and keep our people out of hospital. Our pharmacy teams will work within our communities to optimise medicine regimens, and across our services we will promote good health behaviours, such as smoking cessation, vaccination uptake and weight management, and support timely access to healthcare. EPUT will raise awareness about suicide prevention, and in line with the Core20Plus5 approach to addressing healthcare inequalities, we will ensure people with severe mental illness have access to regular health checks.



*Alex, EPUT service user who was helped to find work by EPUT, our partners Employ-Ability and employer Langdon Hills Golf and Country Club*



## STRATEGIC OBJECTIVES

### Key commitments

We will:

- Reach Net Zero Carbon status by 2050
- Develop a community engagement framework and put it into practice
- Improve health outcomes, focus on parity for people with serious mental illness, learning disability or autism
- Develop and expand health outreach services, and improve access for marginalised communities
- Reduce inequalities in access, experience, and outcomes for racialised and ethnic minority communities, through the implementation of PCREF
- Have positive economic impact in our communities
- We will utilise national frameworks such as the Equality Delivery System (EDS), Accessible Information Standard (AIS), PCREF, and Patient-Led Assessments of the Care Environment (PLACE), to improve the access, experience, and outcomes for all service users
- Deploy our Enable East team to deliver maximum social benefit through grant funded delivery programmes in our local communities.

### **SHELLS SOS bus**

The SHELLS (Shelter & Health EnListing Local Support) SOS bus is an award winning outreach service, designed to support the homeless community in North East Essex. It operates with partner agencies to provide access to health, advocacy, mental health nursing, social prescribing, housing authority outreach teams, drug and alcohol support and signposting to all other local services. The SOS bus was piloted in Clacton at the end of 2020 and extended to Harwich, helping more than 650 people in its first year. The SHELLS SOS bus won the Health Equalities Award in the national finals of the NHS Parliamentary Awards 2022.

### **Veterans service**

EPUT, in partnership with the Military Charity Walking with the Wounded, have hosted an employment support specialist within our military and veterans services. For many veterans, their military experience is characterised by discipline, integrity, and a drive to be meaningful members of the community. Sadly, for some, they return from the battlefield scarred both physically and emotionally. Our veterans employment specialist helps bring back a purpose and a sense of pride and has successfully ensured many of our veterans have gained meaningful employment and are able to support both themselves, their families and return a sense of purpose.

### **Rough sleepers service**

The Southend Rough Sleepers Mental Health Team (RSMHT) provides specialist multi-disciplinary assessment and interventions for rough sleepers within Southend. The team works with people sleeping on the streets, people residing in supported accommodation provided by the local rough sleepers' network, and with people living in temporary accommodation as part of a housing rough sleeper's initiative. Individuals who access the service typically have complex needs, often with concurrent drug and alcohol dependence. One service user who was recently suicidal and was supported in collaboration with colleagues within the rough sleepers' network stated that *'if I was still on the streets, I'm not sure whether I would still be alive, ... I now see a glimmer of hope!'*

The SHELLS SOS bus



## STRATEGIC OBJECTIVES

Strategic Objective 4: We will help our communities to thrive.		
Outcomes	Sub-outcomes	Measures
People have equal access to, experience of and outcomes from care.	More people from underserved communities are able to access EPUT services.	Uptake of all services from underserved communities. Numbers supported through outreach services.
	Fewer people from racialised and ethnic minority communities experience restrictive practices.	Rates of restraint, seclusion and detention among Black, Asian and Minority Ethnic (BAME) communities.
	There is no difference in experience of EPUT's care across population groups.	PREMS. Patient survey.
	There is no difference in outcomes from EPUT's care across population groups.	Clinical outcome measures. PROMS. Goal Attainment Scores.
People with serious mental illness, people with a learning disability or autism have better health.	More people with serious mental illness, people with a learning disability or autism access preventative services.	Health check uptake. Vaccination uptake. Smoking cessation.
	People with serious mental illness, people with a learning disability and people with autism have improved health outcomes.	Clinical outcome measures. PROMS. Goal Attainment Scores.
Our communities feel that EPUT understands what matters to them and supports them with actions.	<p>EPUT proactively engages with community groups on their own terms.</p> <p>EPUT is an active and responsive partners in local place based alliances where we provide services.</p>	<p>Number of community meetings attended by EPUT staff.</p> <p>Feedback from local community groups.</p> <p>Stakeholder feedback survey.</p>
We will deliver greener and more sustainable services.	EPUT will aspire to reach Net Zero Carbon status by 2050.	Sustainable Development Assessment Tool. (SDAT) score of 50% by 2025.
We have a positive economic impact in our community.	Local people have a range of opportunities to enter health and care roles and develop their skills and knowledge.	% of workforce employed from local communities. Number and range of trainee- and apprenticeships offered and successfully completed by local people.
	More services and products are supplied by local businesses.	Value and % of supply chain with local providers.
We are effectively supporting our VCSE partners.	We have agreed shared models and service arrangements with a range of VCSE partners.	<p>Number and range of shared pathways and services.</p> <p>Number of coaching/mentoring/supervision arrangements in place with VCSE.</p>
	Our VCSE partners feel well supported by EPUT.	Stakeholder feedback.
People in our communities are at decreased risk of death by suicide.	Our staff and partners are aware of signs of distress and suicidal behaviour and know how to access support.	<p>Staff survey.</p> <p>Uptake and evaluation of suicide awareness training.</p>
	Fewer people in our communities die by suicide.	Local suicide rates.

# CARE UNIT STRATEGIC PLANS

## Introduction

The Trust strategy is built up from the strategic plans developed by our care units. They describe local priorities within the overarching framework and commitments of the trust strategy. Our care units are committed to both the Trust strategy and their strategic plans and our goal is that all staff recognise their individual and collective roles in delivery of these.

We have developed strategic plans for Mid and South Essex Community Services, North East Essex Community Services, West Essex Community Services, Specialist Services, and Urgent Care and Inpatient Services. Our Psychological Services and Pharmacy Services are integrated into these plans.

## West Essex Community

The West Essex Community care unit provides adult primary and community mental health services alongside community physical health services across Epping, Harlow and Uttlesford. The West Essex Care Unit sits within the Hertfordshire and West Essex Integrated Care System.

The West Essex Community care unit strategic plan is set out at **Appendix 1**. The plan is summarised below.

### West Essex Community vision

- **Deliver a healthier future for the population of West Essex through our partnerships with other health and care organisations, our staff, the voluntary sector, and our local communities.**
- **Implement the Care Co-ordination Centre with our partners to improve outcomes and experience by navigating people to services at the right time, in the right place.**
- **Enable people to receive end-of-life support at home or in their preferred place of choice.**

#### We will deliver safe, high-quality integrated services

- We will develop our population health management approaches.
- We will improve end-of-life pathways.
- We will further develop our integrated neighbourhood teams.

#### We will enable each other to be the best we can be

- We will identify new staffing models and roles.
- We will introduce Integrated Care Worker roles.
- We will become an employer of choice for our communities.

#### We will work together with our partners to make our services better

- We will work with people with lived experience and our partners to shape our services.
- We will develop new ways of working across primary and community care.
- We commit to delivering the Out of Hospital model of care.

#### We will help our communities to thrive

- We will support the creation, or access to, community 'hubs'.
- We will increase awareness of EPUT's services.
- We will reduce health inequalities through the Core20Plus5 approach.



## CARE UNIT STRATEGIC PLANS

### *Mid and South Essex Community*

The Mid and South Essex Community care unit provides adult primary and community mental health services in Mid and South Essex alongside community physical health services across South East Essex. We work across three upper-tier local authorities and across four health and care place-based Alliances. We are part of a provider collaborative for community services in Mid and South Essex.

The Mid and South Essex Community care unit strategic plan is set out at **Appendix 2**. The plan is summarised below.



*Spirometry Clinicabin, Rochford*

### **Mid and South Essex Community vision**

- **Deliver high-quality integrated and individualised models of care and support for service users, families, and communities to achieve better health and well-being outcomes.**
- **Continue with community mental health transformation that creates teams that wrap around primary care networks with the ambition to further integrate these with physical health services.**
- **Redesign our community mental health offer for people with complex care needs by progressing our place-based clinical transformation work.**

#### **We will deliver safe, high-quality integrated services**

- We will deliver the National Community Mental Health Framework Agreement.
- We will support early intervention and prevention.
- We will expand our virtual wards offer.

#### **We will enable each other to be the best we can be**

- We will expand rotational posts.
- We will embed a robust supervision model for staff.
- We will support the further development of unregistered roles.

#### **We will work together with our partners to make our services better**

- We will work to develop effective transfer of care hubs.
- We will support a diverse approach to partnership working.
- We will support the roll-out of open dialogue training.

#### **We will help our communities to thrive**

- We will support 'grow our own' workforce initiatives.
- We will continue to focus on reducing health inequalities.
- We will partner with service users, families and carers in service improvement.

## North East Essex Community

The North East Essex Community care unit provides primary and community mental health services across Colchester and Tendring districts, as well as three trust-wide services: perinatal mental health; children's learning disability service (CLDS); and Allied Health Professional services. The footprint of the community and primary care services is aligned to the North East Essex Alliance, one of three 'places' in the Suffolk and North East Essex system. Integrated primary care services are aligned to the six neighbourhoods within North East Essex.

The North East Essex Community care unit strategic plan is set out at **Appendix 3**. The plan is summarised below.

### North East Essex Community vision

- Bring more specialist mental health services into our neighbourhoods.
- Develop integrated person-centred community services with our partners.
- Provide a leading perinatal mental health service.
- Enable people to receive end-of-life support at home or in their preferred place of choice.

#### We will deliver safe, high-quality integrated services

- We will work with our partners to develop our integrated neighbourhood teams.
- We will deliver trauma informed care for service users and staff.
- We will work with our partners to provide excellent children's learning disability services.

#### We will enable each other to be the best we can be

- We will develop a place-based approach to recruitment linking with our communities.
- We will embed a restorative supervision approach to support staff wellbeing.
- We will enhance our multidisciplinary team working across services.

#### We will work together with our partners to make our services better

- We will introduce lived experience roles to ensure coproduction in our services.
- We will provide learning and support to our systems partners.
- We will train our team in the ABCD approach to strength-based practice.

#### We will help our communities to thrive

- We will work with our partners to identify and address inequalities across our neighbourhoods.
- We will continue to focus on suicide prevention.
- We will offer work and development opportunities to our local population.

## CARE UNIT STRATEGIC PLANS

### ***Urgent Care and Inpatients***

The Urgent Care and Inpatient care unit provides urgent and emergency and inpatient mental health services across Essex, Southend, and Thurrock. We provide adult (18+) and older adult (70+) inpatient services from 23 wards across Chelmsford, Colchester, Rochford, Harlow, Clacton, Basildon, Thurrock, and Epping. The care unit also operate a Trust-wide rehabilitation unit and two nursing homes. Community based urgent care services include mental health liaison teams based within the five acute hospitals in Essex, crisis response services and home-treatment teams.

The Urgent Care and Inpatient care unit strategic plan is set out at **Appendix 4**. The plan is summarised below.



*Hadleigh Ward, Basildon*

### **Urgent Care and Inpatients vision**

- **Work in partnership with our service users, their families and supporters.**
- **Modernise inpatient services to deliver excellent outcomes.**
- **Increase our skills and capacity to provide high-quality therapeutic care.**
- **Reduce inequalities in health outcomes.**

#### **We will deliver safe, high-quality integrated services**

- Develop and implement clear clinical pathways within our services.
- Further develop place-based alternatives to admissions.
- Implement family and social network-based approaches.

#### **We will enable each other to be the best we can be**

- Release Time to Care and develop our managers.
- Introduce peer support workers on every ward.
- Promote a caring, learning and empowering culture.

#### **We will work together with our partners to make our services better**

- Build a new partnership with service users, families and supporters.
- Drive transformation of urgent and acute mental health services.
- Develop shared education and learning modules.

#### **We will help our communities to thrive**

- Improve health outcomes for people with serious mental illness.
- Improve equity of access, experience and outcomes.
- Provide good quality work opportunities for our communities.



## Specialist Services

The Specialist Services care unit provides a varied range of specialised services and serves a large population with many diverse communities across Essex and the wider East of England region. As part of the East of England Specialist Mental Health Provider Collaborative, EPUT is the lead provider of forensic psychiatric services, as well as community and tier 4 secure inpatient services. We also provide inpatient Children and Adolescent Mental Health Services (CAMHS). The care unit provides drug and alcohol misuse services across Essex and the veteran's service for the whole of the East of England. The Trust also provides inpatient and community learning disability services as part of the Essex Learning Disability Partnership with Hertfordshire NHS Foundation Trust, as well as General Practice and health outreach services for marginalised communities across Suffolk and inpatient perinatal and health and justice services.

The Specialist Services care unit strategic plan is set out at **Appendix 5**. The plan is summarised below.



Poplar Ward, inpatient Children and Adolescent Mental Health Services (CAMHS), Rochford

## Specialist Services vision

- Be the preferred provider for specialist community and inpatient services in the East of England.
- Develop and grow the Veterans, Substance Misuse and Health Outreach services in the region.
- Support more people at home and in community settings and ensure they receive an equitable service.

### We will deliver safe, high-quality integrated services

- We will improve our learning from incidents and complaints.
- We will work with partners to improve repatriation pathways.
- We will reduce restrictive practice.

### We will enable each other to be the best we can be

- We will develop a tailored staff development offer.
- We will embed trauma informed care across services.
- We will create new and innovative roles to support our ambitions.

### We will work together with our partners to make our services better

- We will improve family and carer experience through proactive engagement and co-production.
- We will work with our partners to reduce readmission.
- We will look for opportunities to strengthen our partnerships.

### We will help our communities to thrive

- We will focus on activity and physical health for our service users.
- We will improve sharing of best practice and learning across care units.
- We will develop family-led decision-making approaches.

# DELIVERING OUR PLAN

Our strategic plan will be delivered in improvement cycles over a five-year period. Improvement priorities for 2023/24 have already been identified, and each year we will iteratively reassess and plan for the next year, continuously building on our learning to increase innovation. The delivery of our strategy will be enabled by a new operating model and supported by wider organisational strategies.

## *New operating model*

To enable us to achieve our vision, EPUT has adopted a new operating model based around our care units which are led by multi-disciplinary and multi-professional leadership teams.

The purpose of the new operating model is to ensure we can deliver the vision, values, purpose and strategic objectives of the Trust.

Our care units are:

- West Essex Community
- Mid and South Essex Community
- North East Essex Community
- Specialist Services
- Urgent Care and Inpatient Services
- Psychological Services.

Our commitments and priorities for Psychological Services are integrated across the Strategic Plans for the other care units. Pharmacy is also integrated in this way.

## *Accountability framework*

As part of our operating model we have established an accountability framework to measure success and to ensure our care units have the support they need to deliver the Trust and care unit strategies and strategic plans. Our accountability framework is Executive led and covers:

- ❖ Quality and safety
- ❖ Operational performance
- ❖ Workforce and culture
- ❖ Finance
- ❖ Strategy, transformation, and external relations.

## *Organisational strategies*

Our strategy and strategic plans will be supported by wider organisational strategies to ensure that expertise and best practice from across the organisation is reflected in everything we do. This includes the following:

- **Safety First Safety Always Strategy:** Our safety-first safety always strategy covers clinical safety, patient and family experience and clinical outcomes (effectiveness). It sets out how we will continue our journey of improvement and take this to the next level of ambition. Included in this is our plan to provide consistently safe, good quality care that is individualised and puts service users and families at the centre of everything we do. Themes of this strategy will run through the organisation like a golden thread and are supported by our new accountability framework and organisational culture.
- **Clinical Quality Strategy:** We will develop a new clinical quality strategy setting out our approach to delivering high-quality, evidence-based care. This will ensure we take a consistent approach to quality across our organisation and reflect best practice guidance. It will help us to develop better practice and improve care outcomes across our organisation and systems.
- **Digital and data Strategy:** EPUT aspires to be a digitally and data enabled organisation. The Trust's digital and data strategy will not only enable EPUT to meet national and system digital requirements but will also embed a digital culture where a digital-first approach is applied to transformation and improvement programmes. We will ensure access via a range of digital channels to maximise inclusion. The strategy will also focus on raising digital capability and literacy across our workforce, and in doing so strengthen the relationship between our service users, our workforce, and technology.
- **Working in Partnership with People and Communities Strategy:** EPUT is committed to publishing its plan for working with the people and communities as partners, in line with the National guidance from NHS England and Department of Health & Social Care. This will set out our plans to systematise our co-production methodology and invest in our lived experience team with a strong focus on service user leadership across all our services. We will set out actions we are taking action to address health inequalities.
- **Green Plan:** As a Trust we are committed to improving the health and wellbeing of our teams and the community we serve, now and into the future. We will achieve this not only from the provision of world class clinical services but by also embedding environmental sustainability into our operations, culture, and our spheres of influence.

- **Estates Strategy:** Our estates strategy will ensure that our estate enables our vision, values an strategic objectives, and is compliant and safe in line with existing guidelines, utilised to its full potential, and be of a quality that is not only 'fit for purpose' but meets the aspirations of our strategy. We will further aspire to ensure that our estate can be utilised in an agile manner to enable us to respond quickly and effectively to changing requirements of our services.
- **Nursing and Allied Health Professionals (AHP) Strategy:** The joint nursing and AHP workforce strategy "Collaborating for Care" seeks to build on our shared strengths across the nursing and AHP workforce, to ensure that we can consistently deliver high quality individualised care through multi-disciplinary working. We will do this by encouraging nursing and AHP led quality improvement programmes, and by championing joint learning across care professions.
- **People and Culture Strategy:** Our people strategy will support EPUT to be recognised as an attractive place to work, and that our leaders are best placed to make EPUT the best mental health and community provider. At the core of our strategy is our ambition to ensure that staff not only have a great experience but feel happy and valued at work. We will also tackle equality, diversity, and inclusion issues within our Trust to collectively improve civility and respect and ensure that staff from underrepresented backgrounds have equal opportunities. The strategy will have 3 key pillars: 1) workforce planning at strategic and operational levels, 2) leadership development at all levels of the organisation and, 3) culture with a specific focus on wellbeing, lived experiences, equality, diversity, and inclusion.
- **Pharmacy and Medicines Optimisation Strategy:** Medicines are the most common intervention in healthcare and play a critical role in maintaining health, preventing illness, managing chronic conditions, and curing disease. Our pharmacy and medicines optimisation strategy will ensure the consistent delivery of high-quality pharmaceutical care and pharmacy services. Patients will receive safe, clinically effective, and cost-effective medicines appropriate to their individual needs and be empowered as partners in medication treatment decisions through shared decision making. The goal is to help patients to take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, improve safety, and improve their outcomes.



Chelford Court, Chelmsford



## DELIVERING OUR PLAN

### Roadmap

Objective	Key Milestone / commitment	Date
S01	Open Mental Health Urgent Care Department in Basildon	Mar-23
S03	Agree North East Essex Integrated Care Collaborative	2023
S02	New inpatient staffing model	Mid 2023
S04	Early implementer of Patient and Carer Race Equality Framework	2023
S02	Implement behaviours toolkit	2023
S01	Develop Clinical Quality Strategy	2023
S02	Pilot new peer support worker roles on our inpatient wards	2023
S03	Co-develop our model for co-production with service users	2023/24
S03	Develop Southend, Essex and Thurrock collaboration	2023/24
S01	New Emotionally Unstable Personality Disorder pathway	2023/24
S01	West Essex Care Coordination Centre fully implemented	2023/24
S02	Introduce Integrated Care Worker roles	2024
S01	Family Group Conferencing expanded across our services	2024
S02	Increased trainee- and apprenticeships available	2024/25
S01	Implement single Electronic Patient Record	2025
S04	Community pop-up and hub models support local access	2025
S04	Zero waste sent to landfill	2025
S01	More specialist services available in neighbourhoods	2025
S01	Service User Portal available	2026
S02	Set up a health academy	2027/28
S01	Clear clinical pathways for all major mental health conditions	2028
S03	Lived experience leadership embedded across EPUT	2028

### Governance

The Trust Board will receive a bi-annual report on progress, impact and any changes to the strategic context. The Executive chaired Strategy Steering Group will regularly review progress on the overall delivery of the strategic plan, with escalation to the Executive Team and Board as required. It will provide regular review of the strategic plan and ensure alignment of internal enabling strategies and with our partners' plans and strategies.

Delivery of Care Unit Strategic Plans will be overseen through the trust's accountability framework, as part of the strategy,

transformation, and external relations domain. The Trust will develop an annual operational plan for each year of the strategic plan, including specific plans for each care unit. Through the annual planning cycle, we will take an iterative improvement cycle approach to reassess and plan improvements for the following year that build on progress and make further steps to achieve our strategic goals, vision and values. We will do this each year of the strategic plan, putting into practice the commitments we have made to continuous improvement and developing a culture of learning.