

## APPENDIX 5

# STRATEGIC PLAN

# SPECIALIST SERVICES CARE UNIT

## Introduction

Essex Partnership University NHS Foundation Trust (EPUT) has agreed a new vision, purpose, strategic objectives and values (below). This plan sets out how the Specialist Services care unit will deliver on the vision, purpose, strategic objectives, and values over the next five years.

## OUR VISION

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



This plan has been developed through discussion with EPUT staff, service users, carers, families, and partner organisations. Engagement was informed by a review of the policy and strategic context, and analysis of demand and capacity across EPUT's services. Along with the plans for EPUT's other care units, this plan forms the basis of the Trust Strategic Plan for 2023/24 to 2027/28.

## ABOUT THE CARE UNIT

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. 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) as part of the East of England Provider Collaborative. The care unit also provides drug and alcohol misuse services across Essex and the Veterans 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 Partnership University NHS Foundation Trust, as well as Adult Psychiatric Morbidity Survey (AMPS) and health outreach services for Suffolk health inequalities and inpatient perinatal and health and justice services.

### *Journey so far*

Specialist services is a new team and has been operating since July 2021. We have a focus on operational and clinical development centred around pathways and quality of care, especially for inpatients.

We became the lead provider of secure services within the East of England Provider Collaborative after taking the lead for the Clinical Design Group and facilitating regional transformation. There are 160 forensic beds for secure adult provision within forensic psychiatric services, including Tier 4 inpatient services.

We have recently been successful in recruiting new staff for the female forensic service, with a specifically targeted recruitment campaign and a two-day open day supported by the corporate HR team in June and July 2022. The pilot was well received and is currently under review for consideration across other services.

We provide inpatient services for Children and Young People (CAMHS) and have 29 beds for adolescents and a 10 bedded Psychiatric Intensive Care Service (PICU). Community mental health services for children and young people are provided by North East London NHS Foundation Trust. We have made significant improvements in our CAMHS service over the last 18 months following enforcement action by the Care Quality Commission (CQC) in 2021. In 2022, the CQC improved our rating and noted that our staff work well together to provide holistic, recovery-oriented care in line with national guidance and best practice.

Essex's drug and alcohol misuse services have been running a year-long pilot for inpatient detox beds in Chelmsford, which was commissioned by Essex County Council. To date, this pilot has been successful and will be expanded regionally with a possibility of around 10-12 beds for this service. The service provides the community component of drug and alcohol misuse services, including detox and management covering the clinical aspects of this service, supported by Open Road for the psychosocial factors of the pathways.

The Veterans Service covers the East of England area. It includes rapid assessment and interventions for veterans from all military backgrounds. At this stage, it's under re-procurement (September 2022). An emergency and crisis treatment process in the community is currently being piloted by Norfolk and Suffolk Foundation Trust, and EPUT is also leading this work.

Specialised services also cover health outreach for Suffolk health inequalities for physical and mental healthcare and a Special Allocations GP Service.

Specialist services also provide inpatient perinatal services at Rainbow unit, a six bedded ward in Chelmsford. Perinatal services will be migrated into the Provider Collaborative in the next 12 months.

Learning Disability Service is provided through partnership arrangements with Hertfordshire Partnership University NHS Foundation Trust known as Essex Learning Disability Partnership (ELDP). The service provides inpatient and community services with a one-stop shop access pathway (Way In service) for all persons with a learning disability and/or autistic people. Inpatient services are provided at Byron Court in Billericay in a shared arrangement with Lexden Hall, Colchester within a bed capacity of 11 beds. The community offering is comprised of two teams, Enhanced Support and Community Specialist Health with a focus on prevention and the right support at the right time.

### *Demand*

Activity in our CAMHS service shows a steep decrease in demand from **May to December 2021** due to the CQC Section 31 order. The number of ward stays and occupied bed days has not recovered to pre-pandemic levels. Ward stays fell **54%** from **54** to **25** occupied bed days (not accounting for leave) and fell **35%** between **Q1 FY2019/20** and **Q1 FY2022/23**. The CAMHS wards have seen a **26%** reduction in beds between **April 2020 and September 2022**, mainly in the Larkwood ward (PICU).

In specialist inpatient wards, the forensic wards saw relatively stable levels of ward stays throughout the period. Our engagement with staff reflected that this was to be expected with the criteria for admission to these wards. There may be evidence to suggest that average length of stay is rising in these wards, but the current rise shown is not yet significant.

Within forensic wards, out-of-area, placements accounted for between **0.4%** and **2.3%** of occupied bed days on forensic wards during the period. The largest proportion of out-of-area placement days was seen throughout **2021** and has since fallen to **0.8%**, the lowest in the 3-year period. In engagement, staff mentioned that seclusion facilities often were a bottleneck in capacity for these inpatient services.

### *Service user engagement*

The Trust Strategic Plan sets out our engagement with service users, carers and families.

People have told us that they want:

- Accessible and inclusive services
- Choice of their services and treatments
- Services designed and developed through co-production
- Trust and confidence in services, and continuity of care
- Better supported transitions between services
- Tackling stigma
- Better support while waiting.

### *Current challenges and opportunities*

Many forensic inpatients are in beds out of the area, and the service is keen to repatriate these to local beds and start service improvements around this issue. We have big ambitions to improve the community provision for forensic patients. Another challenge we face is how to reduce reliance on bed-based care through increased prevention and planning in primary care and community services while dealing with ongoing operational challenges.

There is a need to establish clear pathways and referral routes for complex services. Some referrals into the service are of poor quality and do not provide adequate patient information causing delays and frustrating service users.

There is a lack of eating disorders beds in the region, and we need to think differently about supporting individuals into the right beds/ services and pathways and managing workforce issues.

As described above, our CAHMS inpatient services were subject to a section 31 enforcement notice from CQC and have recently received a revised rating of requires improvement. The unit is looking forward to being reinspected again as we have worked very hard to improve our services.

Families and carers feel they're not as involved as they want to be in the care of their loved ones. We appreciate that families and support networks hold valuable knowledge and imperative information about their loved ones that can contribute to a speedy recovery and shorter lengths of stay. Families and carers are instrumental in supporting the reintegration of their loved ones into their community following an extended stay in our services. Many people staying in the services for some time will form local communities.

Multi-agency discharge meetings are not always well attended, meaning that partners are not always involved in discussion to support patient care transitions. Sharing patient information is difficult between partners; a need for shared records is seen as a priority.

There is a lack of sufficient workforce to ensure “we place the right staff, in the right place, at the right time” and a shortage of key workers including learning disability nurses. Specialist services are less able to flex staff between teams and sites due to the specialism of its services. EPUT has struggled to attract and retain staff over the years due to fighting off fierce competition from other organisations within the system and the severe national staff shortages within the NHS. Internal issues add to the problem as current recruitment processes are time-consuming, and staff feel there is not enough time to complete these tasks within their existing roles. Some staff within the Specialist Services care unit say they would appreciate better recognition of their efforts and achievements, and to be more involved in addressing the challenges they face in their roles.

We are working with the corporate HR team to transform recruitment and have been successful in taking new recruitment approaches for our forensic services team. There's also an opportunity to increase entry to the workforce through improved earn-and-learn opportunities, such as apprenticeships. To respond to the population's evolving needs, staff recognise that diverse skills and roles are required to deliver new models of care. These may include hybrid or dynamic roles, which require a range of skills that cross the boundaries of traditional roles.

A non-statutory Independent Inquiry is currently investigating the circumstances of mental health inpatient deaths across NHS trusts in Essex between 2000 and 2020. The Inquiry is currently collecting evidence, hearing from a range of witnesses including families, patients, staff and relevant organisations. The next phases will involve analysing this evidence and preparing a report and recommendations. EPUT will respond to the recommendations made, ensuring all actions required are completed. All care units will be active participants in any actions required to ensure a full cascade across operational services.

Key risks for specialist services include:

- Recruitment and retention
- Staff well-being and recovery
- Management and mitigation of waiting lists in Learning Disability services
- Access to data and real-time clinical information
- Service user's involvement
- Carers and families' involvement
- The increase in asylum seekers and refugees
- PFI site's environmental maintenance and fire compliance issues
- Underutilisation of forensic beds in some areas
- Patient flow and delayed discharges due to community placement options
- A lack of resources to provide community service for adults with a learning disability and/or autistic people
- Capacity within teams.

## VISION, PURPOSE, AND STRATEGIC OBJECTIVES

### *Vision*

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

Specialist Services will contribute to the delivery of the vision by:

- Being the preferred provider for **specialist community and inpatient services** in the East of England.
- **Leading the regional secure service provision** within the East of England Provider Collaborative and facilitate transformation through the Clinical Design Group.
- Leading the **repatriation of out-of-area** and private patients back into regional NHS facilities to continue their treatment pathways and create a more sustainable landscape for patient care, working with commissioners and partners where necessary to provide new pathways of care, maximise bed utilisation and meet the unaddressed need.
- **Developing and growing** the veterans, substance misuse and health outreach services in the region.
- **Reducing** the length of stay from 2022/23.
- Embedding the integrated practices of **community forensic services** to ensure we are reaching all appropriate patients across our region.
- Extending **health and justice services** to provide expertise to all courts and custody areas in Essex and working with Essex Police's review to ensure Street Triage services are optimised.
- Supporting more people at home and in **community settings** and ensure they receive an equitable service.
- Enabling children, young people, and their families in **service initiatives and transformation plans** and creating opportunities for meaningful voluntary and paid roles in conjunction with the Provider Collaborative and local initiatives.
- Adopting flexible and meaningful ways to engage including **'virtual initiatives'** utilising remote conferencing, and social media and seeking the advice and steer of users.
- Working to **reduce readmissions with partners**.
- Enhancing our offer to ensure all episodes of care are **meaningful and personalised** and bring partners into this agenda at every step.
- Focusing on working with **community providers and Integrated Care Boards** to systematically identify those most at risk and offer proactive care.

### *Purpose*

*“We care for people every day. What we do together, matters.”*

Our vision for the Specialist Services care unit focuses on working together with service users, their families, and supporters, with our colleagues across EPUT and with our partners across health, care, education, emergency services and the voluntary and community sector.

Working together as one to provide the best possible care and support for people when they need it. Fostering and nurturing an environment where our people are engaged, listened to, supported, and helped to grow. We want to provide holistic care with increased self-management and prevention support to help the population remain healthier for longer.

In our inpatient services, we are bringing together a much wider range of skills and experience to improve the ways we care for people. Our approach will bring the informal support of families, loved ones and peer support workers together with the formal support of a range of professionals, volunteers and support organisations to provide high-quality therapeutic care and holistic support.



### Strategic objectives

We have four strategic objectives to achieve our vision:

We will deliver safe, high quality integrated care services

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

We will work with our partners to make our services better

We will help our communities to thrive

We have set out our key priorities to achieve these objectives in the next section.

### Values

Our values underpin all that we do:  
**WE CARE • WE LEARN • WE EMPOWER**



New International Recruits at Induction

## STRATEGIC OBJECTIVE 1:

### WE WILL DELIVER SAFE, HIGH QUALITY INTEGRATED SERVICES

#### *Introduction*

We will continue to work in partnership to deliver a high-quality service for adults with a learning disability and/or autistic people in South Essex and reduce waiting lists. We are working on a business case to ensure equality of care by aligning the workforce offer in areas where commissioning is less.

We will build on excellent clinical work within learning disability services in dysphagia, learning disability frailty, posture clinics, blood desensitisation, STOMP clinics and admission avoidance and increase our community offer.

Within forensic services, we will continue to work towards repatriating out-of-area patients into the region thus supporting our service users receiving care closer to home. We will build on existing service models but also shape new models to meet the needs of our patients.

Across specialist services, we understand the importance of working with persons with lived experience and are keen to learn from carers and families to enhance their experience within and of the service. As such we will develop an engagement plan with outcome measures in partnership with our service users, and ensure involvement is visible within the service through clinical care pathways, service improvement initiatives, meetings, recruitment, training, etc.

Furthermore, we aim to continue increasing the accuracy of the screening and referral data which will improve key performance indicators such as an increase in successful entry into services, an increase in referrals into Peer Support and provide accurate data. We will work with our digital team to improve the interoperability of IT systems, ensure access to real-time clinical information, and increase our digital capability.

#### *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.

#### *Our key priorities*

- Leadership and clinical teams will use real-time clinical information, using tools such as Microsoft Power BI, to support decision-making in everyday practice.
- Forensic services will prioritise the repatriation of out-of-area and independent sector patients into regional NHS services.
- Our commitment to Op Courage will grow and we will provide clinical leadership across the region in providing responsible and high-quality care for our ex-service personnel.
- Develop and grow Medical Detoxification for Alcohol and Opioids to meet current and future needs in concert with commissioners at both a local and regional level to provide the safest, most effective care.
- Development of collaborations with community, social care, as well as voluntary, community and social enterprise (VCSE) partners to support successful transitions from inpatient to community services.
- Develop consistent regional practice and enable the adoption and spread of best practices across EPUT and the regional provider collaborative.
- Reduce restrictive practice in line with the Trust-wide initiative and create a care unit Reducing Restrictive Practice group involving users, carers, and families to co-design our approach.
- We will develop how we use Positive Behaviour Support (PBS) to support patients' recovery and experience.
- Improve risk management and learning from incidents and complaints, risk management and move towards a positive risk approach, working with and taking learning from other care units.
- Work with the Urgent Care and Inpatient care unit, to improve the transition of care arrangements for young people moving into adult services.
- We will equip our teams to work in a psychologically informed way, providing training and supervision to be able to meet the needs of adults and young people with specific needs around autism spectrum disorder (ASD) to improve their experience and provide care in a way that is most beneficial to them.

### ***What will be different?***

A better-quality collaboration across all services will improve care and outcomes for our service users. Through regional provider collaboration, we will develop consistent regional approaches and adopt evidence-based best practices, ensuring that patients across the East of England receive the same high-quality care regardless of their postcode.

Closer working with partners, such as CAMHS and children's social care, forensic services and VCSE partners, will support people to move from inpatient settings into the community more readily. We will also work with North East London NHS Foundation Trust to develop more joined-up pathways between community and inpatient CAMHS services for children and young people.

The Crisis management services in the community will be improved through collaboration with community partners by offering improved home treatment. Specialist services has well-established working relationships with its partner organisations and will continue to invest in these relationships. There will be more excellent responsiveness through improved communication and further joined-up services.

Children and young people will be admitted to the right type of CAMHS bed in the right place readily available at the right time. Repatriation is key to achieving this goal as alignment within the provider collaborative strategic goals. Repatriation benefits young people, as it ensures they are close to family and friends, and has significant financial benefits for EPUT, releasing funding for transformation and improvement.

Recently, the CAMHS service has created a singular regional referral pathway to support this, and a similar approach will be introduced for forensic services to support the coordination and repatriation of these service users into the region.

We will work with our partner to develop new pathways and opportunities for patients both to repatriate from out of the area. This will include a review of ward profiles and remodelling where this is identified.

We will explore opportunities for new leadership models ensuring a psychologically informed approach, upskilling staff teams to be equipped to better support those with neurodivergent conditions and personality disorders.

We will ensure physical healthcare is prioritised and will recruit and upskill staff to be able to ensure all patients receive equitable and responsive physical healthcare. Access to national screening programmes for both men's and women's health will be a priority.

We will strengthen our Health Outreach team and further integrate this service with International Care Board partners to meet the challenges in our communities for a vulnerable group. We will provide leadership and direction to the design of this challenge and ensure there is a rapid and coherent pathway for asylum seekers and other vulnerable groups.

We will enhance our Medical Detoxification Service, increasing capacity so more patients can benefit from the service. We will further improve links with acute service partners to avoid and limit admission to those services wherever avoidable.

We will seek to build new arrangements with physical health diagnostic and treatment services and work collaboratively with Hepatology and other services.

### ***How will we measure success?***

- **Portfolio of sharing best practices.**
- **Portfolio of learning from incidents.**
- **Number of collaborations with community, social care and VCSE.**
- **Maintain or improve CAMHS CQC rating.**
- **Maximised bed utilisation.**
- **Appropriate/purposeful admission (clear purpose recorded).**
- **Reduction in the average length of stay.**
- **Reduction in out-of-area placements.**
- **Service user feedback.**
- **Reduction in serious incidents and self-harm.**
- **Staff feedback.**
- **Number and range of shared pathways with agreed partners.**



## STRATEGIC OBJECTIVE 2: WE WILL ENABLE EACH OTHER TO BE THE BEST WE CAN BE

### Introduction

Staff morale is good, and the services are bouncing back from fatigue created by the pandemic, as noted by CQC on a recent inspection. We want our services to be happy and fulfilling places to work. We will support our staff by developing a tailored offer to ensure all staff have a development pathway with the opportunity to achieve professional registration should they wish. We will support our leaders through coordinated opportunities and support them to receive training and mentoring to enable them to grow as clinical leaders and be empowered to deliver excellent care and outstanding teams.

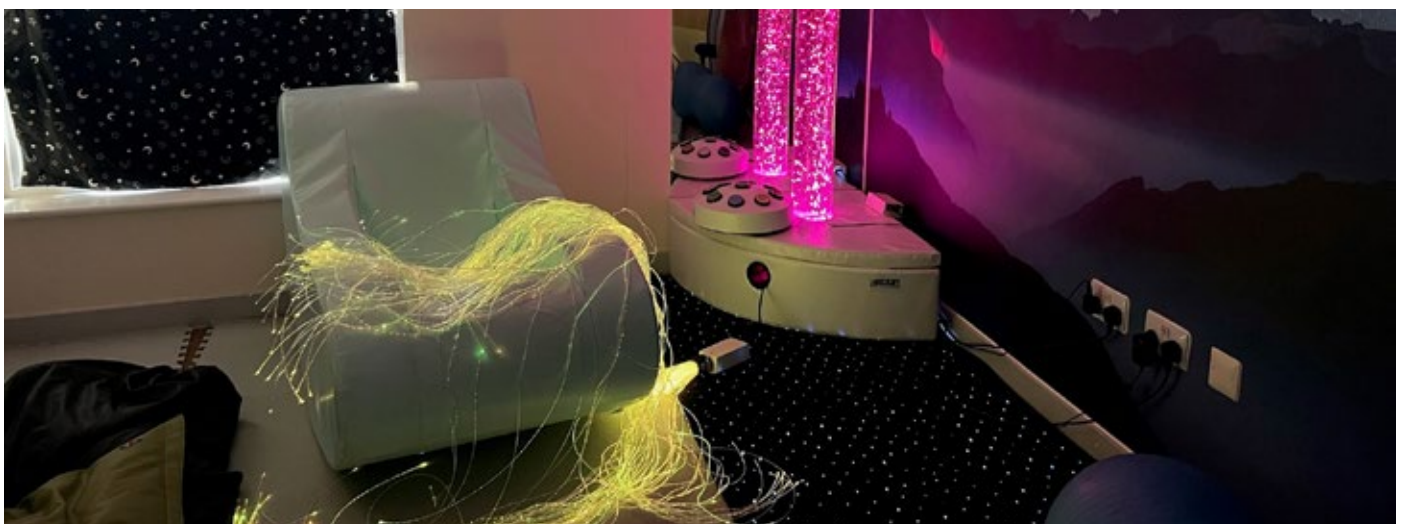
We are working to reduce vacancies in our services and ensure we are providing safe care. We will continue to work with the People and Culture Department to develop and replicate successful recruitment models to recruit staff, such as our successful pilot in forensic services. We will be flexible in our recruitment offer and have a robust induction package and staff development opportunities in place to make specialist services a place to work.

New roles have been introduced across the care unit which include Deputy Director for Quality and Safety, activities coordinators, CAMHS Band 6 senior clinical nurses, advanced care practitioners in learning disabilities and potentially other services. We have also appointed a lead for rostering across forensic services and will be testing this role with a view to service rollout. We are also piloting compliance leads within CAMHS wards and will review the effectiveness of the service's wider rollout as part of 'Time to Care'.

New pathway development in CAMHS and forensic services will lead to reviews of the skills and competencies required and the care unit will develop new development pathways for staff and leaders which will compliment this.

### Our key priorities

- Develop a tailored offer to ensure all staff have a development pathway with the opportunity to achieve professional registration.
- Support our leaders through coordinated opportunities and support to receive training and mentoring to enable them to grow as clinical leaders and be empowered to deliver excellent care and outstanding teams.
- Create platforms for innovation to come from the front line into reality and enable staff at all levels to input into service transformation and the improvement of day-to-day practice.
- We will embed trauma-informed care across our services and provide support to staff to be responsive to the needs of patients.
- Upskill staff in relevant areas and create new pathways for patients with Autism spectrum disorder, learning disability, emotionally unstable personality disorder and other complex conditions.
- Create new and innovative roles to support our ambitions and these will be underpinned by evidence and best practice guidance.
- Support families by training clinicians in family work both in hospital and in our community teams. This is a priority for our psychological services within CAMHS, forensic and learning disability services. This will be supported by effective supervision and ongoing training.



Poplar Ward, Children and Adolescent Mental Health Service, Rochford.



### ***Recruitment open days***

The forensic team held two successful recruitment open days in June and July 2022, promoted widely via social media. The Corporate HR team reinforced the process by including an accelerated onboarding method and transformed induction by extending it to four weeks. The first two weeks focused on face-to-face induction; the remaining two weeks emphasised on-the-job ward training with a buddy. An updated staff training package followed this piece of work.

### ***How will we measure success?***

- **Capture staff experience.**
- **% Of staff completing training and development.**
- **% Staff completing Pen Plan appraisals.**
- **Reduced staff vacancy rate.**
- **Increased staff retention.**
- **Reduction in sickness.**
- **Increase in the number of staff moving into more senior roles.**
- **Increased uptake of well-being support.**
- **% workforce recruited from local communities.**
- **Increase in substantive staffing.**
- **Staff and volunteer experience.**

### ***What will be different?***

We will promote specialist services as a rewarding and exciting place to work. We will recognise and applaud excellent practice in our teams and support our staff to encourage their practice across regional and national networks. In doing so, we will build our reputation as a leading provider of specialist services with great opportunities. We will continue to work with HR colleagues to transform our recruitment processes and to attract local people to work in our services.

Staff will have more time to care, reflect and complete training and development. Specialist services will improve processes and systems will create more administrative and support roles allowing clinical staff to use their time proficiently. Current and aspiring managers will be supported to gain the management and leadership skills they need to maintain happy and productive teams.

The organisation will make a clear offer to current and prospective staff, including development, well-being, and supportive working methods. This includes opportunities for further learning and qualification, and clear development pathways to support staff to 'grow' into more senior and experienced roles. We will introduce approaches to team development that support improvement and growth across the service. New ways of working will support collaboration, connection, and efficiency in teams, making the best use of available technology. Staff will feel well-supported and happy at work, and fewer staff will leave the organisation.

Staff will be encouraged and supported to be involved in and undertake improvement projects within their service area, in line with EPUT's approach to quality improvement and thrive in their work roles and their roles as part of the communities.

Staff will be supported to achieve and maintain good health and well-being, whatever that means for them. They will be able to access development programmes that help them achieve their goals. Strong teams will support each other, creating a sense of community at work. Teams, managers, and the wider organisation will celebrate their successes and recognise their effort.

## STRATEGIC OBJECTIVE 3:

### WE WILL WORK WITH OUR PARTNERS TO MAKE OUR SERVICES BETTER

#### *Introduction*

We will capture the involvement of service users, carers, and families as partners in service planning delivery to make our services better. We will enhance our offer through partnership to ensure all episodes of care are meaningful and personalised and that we systematically identify and offer proactive care to those most at risk. We will take every opportunity to highlight mental health as a key priority with partners and educate on the specific needs for our patients including veterans, marginalised and vulnerable adults and those with complex needs who present to other parts of the system.

We have some good and trusted established partnership workings in specialist services. Our Veterans Service emphasises family and community partners as well as working with various organisations and has had no staff sickness absence in the past 5 years (excluding covid) showcasing the positive impact of successful partnership working.

Substance misuse services already work in a fully integrated fashion with third-sector partners as part of the Essex Specialist Treatment and Recovery Service (STARS), and we will seek opportunities to strengthen this further. In 2023 we will relocate some of our provision and host partners to work alongside community services in West Essex. We believe this will strengthen joint working and unlock opportunities for faster referral and support for professionals for those with dual diagnosis.

We have a good and established relationship with partners in delivering the integrated health and justice pathway within the county, and our commissioning partner recently extended the contract by a further two years. Street Triage is maintaining a high level of performance in successfully diverting individuals from detention under 136 and attendance to A&E, a testimony to the hard work of committed and skilled staff.

#### *Our key priorities*

- To lead forensic services within the provider collaborative and development of a shared vision for all specialist mental health services within the provider collaborative.
- Use our expertise in partnerships to bring expertise together in our community substance misuse and harm reduction work to better support individuals their families and our communities.
- Work with primary and secondary partners to improve relationships and the quality of referral in all services within specialist services, working towards single referral hubs and pathways.
- Work with our Integrated Care Systems and Integrated Care Partners to support quality oversight and accountability.
- Further develop relationships across health, care, voluntary and community services, which enable joined-up care and support.
- Bring together the community forensic team and the generic community mental health teams to provide an improved service to patients.
- Improve CAMHS services via Mid and South Essex collaborative, including developing community alternatives to admission and strengthening discharge pathways and support allowing children and young people to be admitted for as long as necessary.
- Continue to seek opportunities to extend our expertise and offer to commissioners and partners, with a focus on marginalised and high-risk groups within the criminal justice system, working with partners to innovate and remodel services in partnership with Essex Police.
- We will work to reduce readmissions with partners.
- We will involve experts with experience in planning, delivery, and evaluation of our services.

#### ***Reducing restrictive practice in child and adolescent mental health services***

The psychological therapies team have been using three new initiatives to support young people in their care. They have set up groups for young people to learn specific skills to manage their emotions, distress, and relationships more effectively.

Individual positive behavioural support plans help best support young people when they are distressed. These are put together by the young person, their parents and carers, and our staff.

The team are also working with young people to identify alternatives to prescribing medicine to manage their emotional distress, such as weighted animals and fidget toys.

Each of these initiatives was designed to reduce the use of restrictive practices with young people in the service.

### *What will be different?*

We will continue to be a trusted partner across the East of England and be the preferred provider for specialist community and inpatient services in the system.

We will continue to lead forensic services within the regional provider collaborative and work with our partners to develop a shared vision for all specialist mental health services. We will further develop our collaborative structures and governance arrangements to support the delivery of our shared vision together with experts by experience. We will work with our integrated care systems to strengthen our quality oversight and accountability arrangements to ensure we are providing consistently high-quality services across the region.

Our Health and Justice teams will continue to work with our partners including the police to identify persons from age 10 years with mental health, learning disabilities, substance/ alcohol abuse and other vulnerabilities at any point within the criminal justice system and provide a comprehensive screening and multi-disciplinary assessment, support, refer and signpost to appropriately identified agencies.

We will work with other services to improve the quality of referrals to our services, ensuring a timely and appropriate response to our population. Following the success of the model introduced for CAMHS, the forensic service will have a single referral hub and referral pathway for the region. Clinicians will be encouraged and empowered to attend referral forums previously attended by senior management only. Clinicians will contribute to the quality of discussions and decision-making via their experience.

There are emerging priorities for those with substance misuse needs and the marginalised and vulnerable communities in our area of operation. Refugees will continue to be a focus of this work with robust and innovative ways of working will be needed to meet their needs across the whole system.

Families will experience greater proactive engagement through our social care team. We will facilitate and support families to come together as part of the care pathway and better equip them through education, training, and support.

We will train staff to deliver care using Positive Behaviour Support Plans (PBS).

We will continue to work in partnership to deliver inpatient and community services with a one-stop shop access pathway for all persons with a learning disability and/or autistic people.

We will look for new opportunities to improve partnerships and extend our service offers within our in-patient and community services.

We will support perinatal service inclusion in the Provider Collaborative in 2023. We are exploring opportunities to use digital solutions to support the care of mothers and babies. This will include how we include “hope fathers” and families to be included as much as possible during episodes of inpatient care. We will explore opportunities to strengthen our joint work with maternity and community perinatal teams to maximise rapid information sharing and safe care.

### *How will we measure success?*

- **Capture user, and carer experience.**
- **Number of referrals through the single referral hub.**
- **Reducing readmissions.**
- **Staff being able to move around the Integrated Care System.**
- **Pilot on 1 ward use of PBS.**
- **Experts by experience will be an integral part of service planning, delivery, and evaluation.**
- **Increased confidence in EPUT as a partner.**
- **Positive experience of lived experience roles.**
- **Shared performance and outcome targets are being met.**

## STRATEGIC OBJECTIVE 4:

### WE WILL HELP OUR COMMUNITIES TO THRIVE

#### *Introduction*

We want to provide better community support earlier in a person's journey reducing the need for some admissions. We understand and accept that some people don't seek or aren't able to access support at this stage, so there is a need to make services more visible and accessible.

Across inpatient services, we are working closely with social care and other partners to ensure appropriate accommodation options. This will contribute to service users living well in their communities with the right level of support. We will also work with partners to address the lack of long-term stable registered accommodation for looked-after children combined with the lack of foster placements, nationally and in Essex leading to an extended length of stay.

Forensic services are relaunching the Recovery College to promote recovery and social inclusion in secure services, which offers various co-produced courses to support recovery. Community forensic service will continue to engage and empower service users to look after their own health, including physical and mental well-being whilst living in the community and improve the access of forensic service users to peer support opportunities.

In learning disability services, we are working collaboratively with partner organisations to ensure people with a learning disability and/or autistic people are active and have social opportunities within their own community. We will further support a proactive and preventative model of care to ensure an equitable and nationally recognised offer in line with set standards. We will work with partners to build knowledge and skills in working with someone with a learning disability and/or autistic people within mainstream services, to increase life expectancy and enhance the quality of life, in line with the Improvement Standards (2018) and Building the Right Support frameworks.

#### *Our key priorities*

- Asylum seekers and refugees are a growing and critical needs group. We will lead the way forward with Integrated Care Boards to ensure that services adapt and coordinate in a way that is rapid, flexible and supports these emerging communities.
- Support the long-term forensic community to thrive, with a focus on activity and physical health.
- Work with community services and partners to strengthen community services and interventions to avoid unnecessary admissions.
- Educate service users and families about health issues to support safer more successful transitions into the community.
- Reinstate and expand the recovery college for forensic services patients.
- Discuss the possibility of an 18-25 adult service with EPUT.
- We will work with Hertfordshire Partnership University NHS Foundation Trust and our communities to ensure that those with a learning disability and neurodevelopmental diversity receive equal and excellent care through our partnership.
- For all services including children, young people and their families will be engaged in service initiatives and transformation plans. We will develop new roles for experts by experience to work with us both locally and linking into Trust wide efforts to help us deliver safe, effective, and transformative services.
- We will adopt flexible and meaningful ways to engage including 'virtual initiatives' utilising remote conferencing, and social media and seek the advice and steer of users.
- Learning and best practice will be shared across the care units through the Deputy Directors of Quality and Safety to ensure continued organisation development, integration, and consistency.



### ***Health Outreach Service***

The Health Outreach Service provides help and support to people who would not normally access healthcare in the East and West Suffolk areas. The team provides care and support in community settings, at hostels, on the street or in the home.

They support people such as the homeless, Gypsies, Travellers, Roma, refugee and asylum seekers, migrant workers, ex-offenders, and Black and Minority Ethnic groups.

The team has seen a significant increase in its caseload, which is likely to extend further with refugees from the Ukraine conflict likely to settle in the areas alongside other dispersals.

The team led a successful mass vaccination programme for vulnerable adults in Essex and Suffolk as well as refugees and asylum seekers in Suffolk and were nominated for an NHS Parliamentary Award.

### ***How will we measure success?***

- **Increase in access to voluntary sector referrals.**
- **Joint employment initiatives.**
- **Re-Launch of recovery college.**
- **Number of service users using the recovery college.**
- **Increase in family members, friends or carers attending multi-disciplinary meetings for patients.**
- **Providing 4 carer, friends and family conferences each year with increasing attendance.**
- **Increased % in workforce employed from local communities.**
- **Reduced disparity of access, experience, and outcomes by demographic group.**
- **Improved suicide awareness in partner service and communities, and shared objectives for suicide achieved.**

### ***What will be different?***

Specialist services will attract more local people into good quality work in health and care roles and support people to develop their skills for a successful career in this sector. Local people, particularly young people, will be able to learn more about roles and opportunities in health and care through engagement with schools, colleges and local communities supported by EPUT. People considering health and care roles can try out positions through work experience and volunteering opportunities. There will be more opportunities for people to learn and qualify whilst working through an expanded range of traineeship and apprenticeship programmes.

Family and carers will be actively involved in caring for their loved ones. They will be able to share their concerns and other information with services and know whom to contact when their loved one is admitted to our services. Subject to the individual's agreement, they will be involved in conversations and decisions about their loved one's care.

Services will use family-led decision-making approaches, such as Family Group Conferencing, that give families and their wider support networks the opportunity to find solutions. Specialist Services will encourage and enable families and carers to actively support their loved ones when they return home, including providing education about relevant health issues.

We want to expand specialist support to help young people in the children's services reintegrate back into the community after often long spells in the hospital, working with our partners Phoenix Futures and Full Circle.

Specialist services will support their internal community of long-term forensic patients to thrive and enthusiastically encourage people to be active and improve their physical health.

Specialist services will take learning from the Veterans Service, which has a strong community feel and focus on health and well-being.

## APPENDIX 1: POLICY CONTEXT

To ensure EPUT’s strategy supports its partners’ aims and ambitions, we have reviewed the strategies of EPUT’s partners across Essex, Southend and Thurrock, as well as national policy for mental health and community services. 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 care; primary and secondary healthcare; and mental and physical health.
- NHS services will **collaborate** with health, 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 care services, bringing together health and care partners to deliver on a shared plan and outcomes.
- Better use and integration of **data** will support joined-up care and risk-based approaches to **population health management**.
- Providers will involve service users, communities and staff in co-production of services and development.
- Care will be **person-centred**, and take account of an individual’s context, goals and respond to all of their 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 person-centred care.
- 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 when they are discharged from inpatient and long-term care.
- **Peer support workers** will provide informal support and care navigation for service users, and will support clinical services to understand and learn from user experience.
- Health services will work with partners to reduce **health inequalities** in the population.
- More services will be available online and using **digital applications**.

The **NHS Long Term Plan** makes the following commitments relevant to mental health urgent care and inpatients services:

Category	Deliverable
Children and Young People’s (CYP) Mental Health	Achieve 2020/21 target of 95% of children and young people with eating disorders accessing treatment within 1 week for urgent cases and 4 weeks for routine cases and maintain delivery afterwards
Children and Young People’s (CYP) Mental Health	CYP mental health plans align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people’s services, and health and justice.
Children and Young People’s (CYP) Mental Health	Comprehensive 0-25 support offer that reaches across mental health services for CYP and adults in all STPs/ICSs by 2023/24
Therapeutic Acute Mental Health Inpatient Care	Maintain ambition to eliminate all inappropriate adult acute out of area placements
Therapeutic Acute Mental Health Inpatient Care	Improved therapeutic offer to improve patient outcomes and experience of inpatient care, and reduce average length of stay in all in adult acute inpatient mental health settings to the current average of 32 days (or fewer) by 2023/24
Suicide Reduction and Bereavement Support	10% reduction in suicides by 2020/21
Suicide Reduction and Bereavement Support	Localised suicide reduction programme rolled-out across all STPs/ICSs by 2023/24