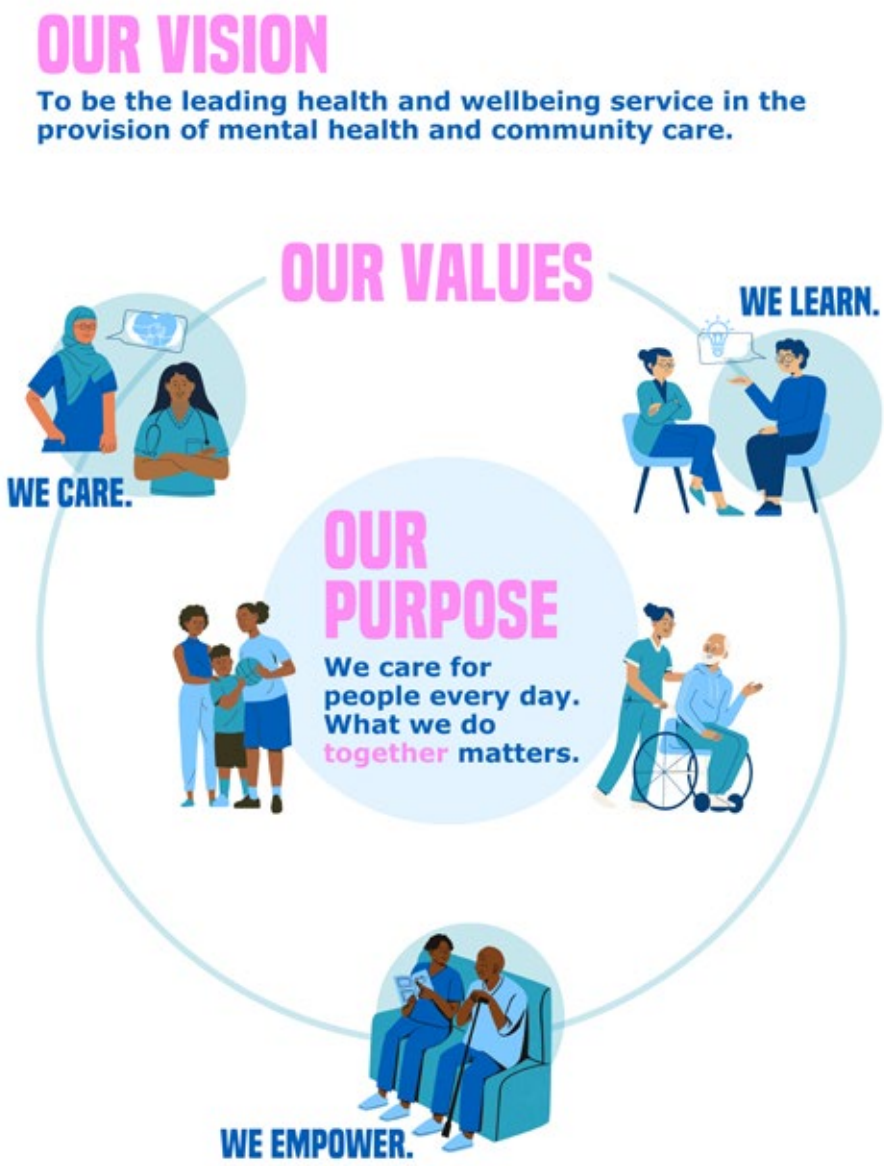
APPENDIX 4

STRATEGIC PLAN

URGENT CARE AND INPATIENTS 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 Urgent Care and Inpatients care unit will deliver on the vision, purpose, strategic objectives, and values over the next five years.



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

Journey so far

We have improved the physical environment in our inpatient units, including gardens and décor, to provide a more comfortable environment for people who are admitted. We have also made vital safety improvements to remove ligatures in line with our *Safety First, Safety Always* strategy, and our project to improve accommodation at our Basildon Mental Health Unit won a Building Better Healthcare Award for the Best Patient Safety Initiative.

We have implemented a range of national initiatives to improve our urgent care services, including 24/7 access to crisis services via NHS 111 and meeting Core24 standards in all five-hospital mental health liaison teams. These improvements mean that people in Southend, Essex and Thurrock can access the same high-quality support for an urgent need at any time 24 hours a day, 7 days a week. We have invested in and developed our crisis resolution and home treatment teams and have worked with our partners to increase provision of crisis cafés and sanctuaries in Colchester, Clacton, Harlow, Braintree, Southend and Thurrock. In Mid and South Essex, we support the new Crisis House. These services provide support and safety for people who find themselves in need of support for their mental health, and are an alternative to hospital services.

We have introduced integrated discharge teams and worked with our partners to improve discharge and reduce delays. This includes successful development of discharge support schemes with the voluntary sector.

Demand

The number of inpatient ward stays fell by **42%** over the three years to June 2022. Occupied bed days have reduced by only **20%** over this same period, and weekly occupied bed days remain lower than before the Covid-19 pandemic. Occupied bed days have been partially sustained by increasing lengths of stay from an average **32 days in Quarter 1 2019/20 to 49 days for the same period in 2022/23**. Length of stay on the assessment units has increased from **8 days in June 2019 to 14 days in June 2022**, while stays on the two Psychiatric Intensive Care Units (PICUs) have increased from **48 days in FY2020/21 to 85 days for patients discharged in the first quarter of FY2022/23** (not accounting for leave days).

Demand for inpatient stays has exceeded inpatient capacity leading to high levels of out of area placements. Out-of-area placements accounted for **11.8%** of all occupied bed days between April 2019 and June 2022. Out-of-area PICU placements occupied bed days percentages across that period have been higher than for other services (Adult MH 7.1%, Forensic and Older Adults both <1%). Adult mental health out-of-area bed days have been consistently high throughout the first quarter of 2022/23 (11.7%) but PICU ended the quarter highest with **21%** of bed days being out of area.

Referrals to liaison and crisis teams has remained relatively constant since the end of 2021, and demand remains slightly below pre-pandemic levels. The North East Essex Older Adult Home Treatment Team is an exception, with a significant decrease in referrals over this period.

Service user, family and carer 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 about 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.

Challenges and opportunities

Urgent care and inpatient services at EPUT are very challenged. Although we are meeting key indicators for quality and safety, indicators for performance, workforce and culture and finance are not currently being met, with many not met over some time. This includes high ward occupancy, length of stay and out of area placements; high vacancy, sickness and bank or agency use; and a negative financial position, largely driven by high temporary staffing costs. These issues are related: high vacancy and sickness rates drive high bank and agency use, which in turn reduces the ability to provide therapeutic activity and a recovery focus. This leads to high lengths of stay and reduces capacity to meet local demand, meaning local people need to be placed out of area. Inpatient stays remove an individual from their home and support network. Long inpatient stays and stays that are out of the local area have negative impact on individuals, their families and supporters.

Additionally, the inpatient model is a traditional medical model. There is a lack of alternative services, meaning people are sometimes admitted to an inpatient bed when they could be supported better in another place closer to home. Staff say that it can be difficult to co-ordinate care across services, including with primary and community services. There is a lack of visibility about

the range of services available and there are not well-defined pathways across services.

There are significant pressures on staff. Staff say they feel fatigued, and sometimes they feel that they don't have enough time to carry out their roles to a high quality or to reflect on their practice. Service pressures are having a knock-on impact on staff development, as there is a lack of cover to support training. There is real concern about staff burnout. Despite this, there are examples of good practice and of staff going the extra mile. Staff feel that they can offer solutions on how to address challenges they face and want to feel proud of their work and team. For example, staff identify opportunities to release clinical time by improving processes, systems and skill mix and we are taking forward some of these changes through our 'Time to Care' programme.

Complaint and incident themes identify that people's physical health needs are not always met in mental health settings; that carers and families are not always included in discussions about people's care; and that some young people transition into adult services without adequate support or planning. Other incident themes include documentation, risk assessment, training, discharge and communication.

EPUT operates in a complex system. EPUT has agreed formal provider collaborative arrangements with partners in Mid and South Essex, North East Essex and across the East of England, but these do not include urgent care and inpatient mental health services. While there are partnership arrangements in place, such as the Essex Crisis Concordat, the care unit lacks formal provider collaborative arrangements to work with a diverse range of health, care, voluntary, community and emergency services across its three Integrated Care Boards and three upper tier local authorities.

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 urgent care and inpatient services include:

- Ward shift fill rates
- Inappropriate out of area placements
- Bed occupancy
- Ability of staff to complete training
- Average length of stay.

Psychiatric Intensive Care Unit, Linden Centre, Chelmsford

VISION, PURPOSE, AND STRATEGIC OBJECTIVES

Vision

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

Urgent care and inpatient services will contribute to the Trust vision by:

- **Working in partnership with our service users, their families and supporters**: We will develop user-and family-led approaches to treatment and decision-making across our urgent care and inpatient services, building on the successful Family Group Conferencing approach first developed in local adult community mental health services. We will bring lived experience into the multi-disciplinary teams across all of our adult inpatient wards. We will learn from the experience of individuals, carers and families by seeking feedback and listening to their views.
- **Modernising inpatient services to deliver excellent outcomes:** We will work with internal community and specialist teams and wider system partners to transform our inpatient services to ensure that admissions to our inpatient services are purposeful and beneficial. We will develop clear clinical pathways to ensure admission provides therapeutic benefit and maximises recovery.
- **Increasing our skills and capacity to provide high-quality therapeutic care:** We will increase the range of skills and experience in our teams, including the lived experience of peer support workers. We will expand the skills and capacity of our inpatient services embracing a multidisciplinary approach recruiting allied health professionals, psychologists and social workers to ensure a holistic, strengths-based approach to our collaboration with patients, carers and families. We will improve our processes and ways of working to release 'Time to Care', and develop our people so they are able to lead and deliver high-quality services.
- **Reducing inequalities in health outcomes:** We will reduce the disparity in health outcomes for people with serious mental illness by improving provision of physical healthcare, health education and promotion in acute mental health services. As an early implementer of the Patient and Care Race Equality Framework, we will improve equality of access, experience and outcomes in urgent and inpatient mental health care for racialised and minority ethnic communities. We will also focus on supporting people who develop mental health problems either because of characteristics they were born with or experiences they've had and use trauma-informed models of care and treatment.

Purpose

"We care for people every day. What we do together, matters."

Our vision for urgent and emergency care and inpatient services focuses on working together - with service users, with 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.

Together, we are transforming the way we care for people across our services. We will work with our community care units and our partners to care for more people in the community and strengthen pathways from community to discharge. We will strengthen local urgent care and assessment services in each of our six places by working with our service users and our local communities services, offering earlier support to prevent a crisis and more local services to support people when a crisis happens.

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:

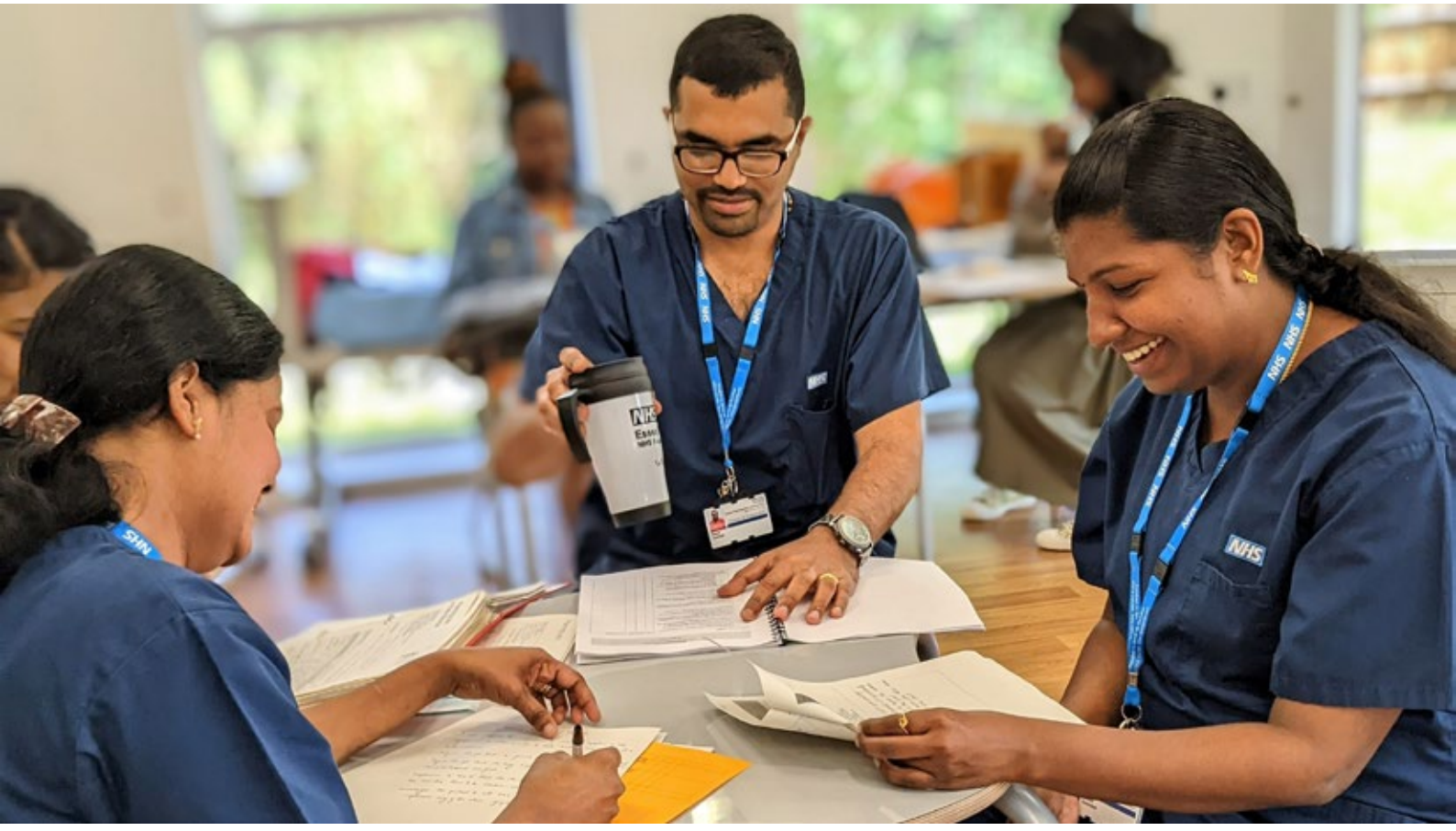
- We will deliver safe, high quality integrated care services
- We will enable each other to be the best we can be
- We will work with our partners to make our services better
- We will help our communities to thrive

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

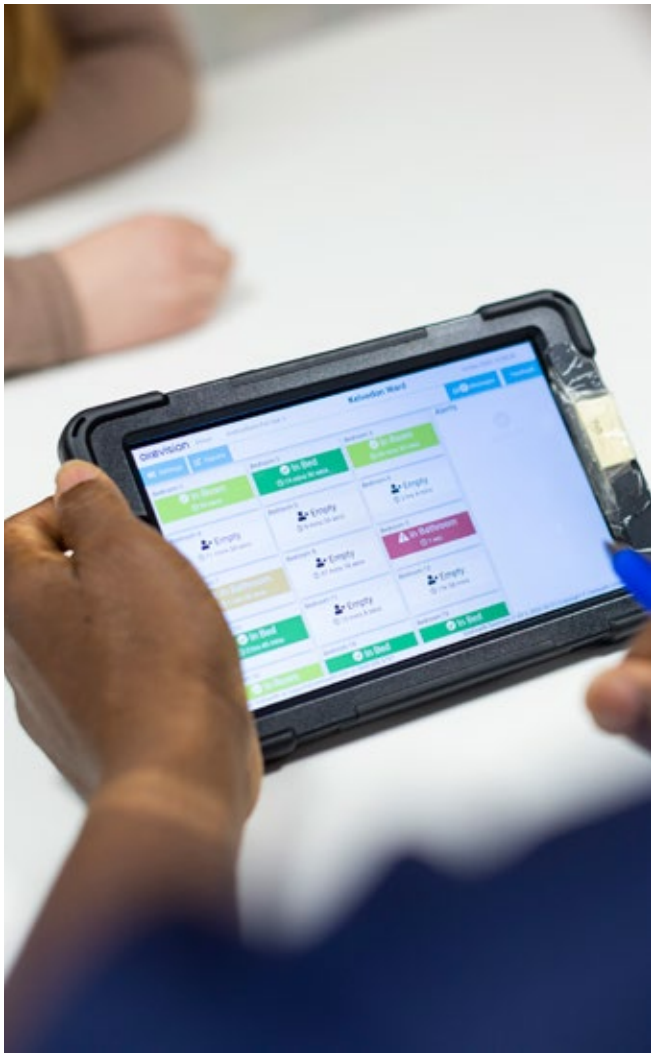


New International Recruits at Induction

STRATEGIC OBJECTIVE 1:
WE WILL DELIVER SAFE, HIGH QUALITY INTEGRATED SERVICES

Introduction

We are working to stabilise our services, in the context of high staff vacancies, and to ensure that we are providing safe care. Over the next five years, we will modernise our inpatient services, ensuring that admissions to our services are purposeful and therapeutically beneficial. We will develop and implement clear pathways for different diagnoses and needs, and work collaboratively with individuals, carers and families. We will develop our ways of working with community care units to ensure people do not stay in our inpatient services for longer than needed and are well supported to return home. These actions will significantly reduce average lengths of stay across our inpatient services, and the use of out of area placements.



Mental Health Unit, Basildon

Our key priorities

- Develop and implement clear clinical pathways within our inpatient services for a range of conditions and needs in adherence to National Institute for Health and Care Excellence (NICE) guidance, starting with implementation of our agreed pathway for emotionally unstable personality disorder.
- Working with partners and our community care units, further develop place-based alternatives to admission, such as the crisis house in Mid Essex, as well as short-term assessment units and more intensive community treatment approaches to support those at risk of crisis or admission.
- Reduce admissions from and waits in acute emergency departments and improve mental health emergency pathways, including through implementation of a new Mental Health Urgent Care Department.
- Implement family-and social network-based approaches to care planning and decision-making, building on our successful Family Group Conferencing model.
- With our community care units and partners, develop care coordination approaches across our services to improve continuity of care and planning for risk-based discharge.
- Introduce positive practice cards, developed with the individual to outline a different care approaches for different circumstances.
- Develop family and social network-based health education and therapy, to provide these important partners with the tools to support the recovery journey and healthy behaviours.
- Improve transition of care arrangements for young people moving into adult services and people moving from inpatient to community services, including supporting readiness related social and life skills and management of physical health.
- Improve the use of current data and technology, including access to system Shared Care Records, to support teams and delivery of care, and work with the digital team to identify opportunities and design solutions for new systems and staff upskilling.
- Implement Safewards to keep people safe on our mental health wards, and support service users and staff to work together to reduce conflict and containment.

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, focusing 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, 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."

How will we measure success?

- **Service user, carer and family experience.**
- **Staff feel safe at work.**
- **Reduction in serious incidents and self-harm.**
- **High-quality care and safety plans, completed with user involvement.**
- **Improved clinical and patient-reported outcomes.**
- **Attainment of user-defined goals.**
- **Purposeful admission.**
- **Reduction in average length of stay.**
- **Reduction in out of area placements and increased repatriation.**
- **Urgent care access targets achieved.**
- **Number of inpatient clinical pathways implemented and fidelity to pathways.**

What will be different?

Year 1

Our focus in the first year of this strategy is on stabilising and ensuring the safety of our inpatient services. We will implement a new staffing model to support safe and therapeutic care, and increase our substantive staffing. Implementation of Safewards will increase safety, by reducing conflict and containment. Improvements in our ward operating model, will reduce variation and improve flow and recovery focus.

We will launch a new Mental Health Urgent Care Department in Mid and South Essex. We will evaluate and make improvements to our urgent care pathway to ensure consistency and adherence to RCPsych guidance.

We will explore Discharge to Assess and virtual models and eliminate out-of-area placements, supported by the System Recovery Plan.

We will continue our focus on learning, and implement a new quality improvement approach led by the Deputy Director of Quality and Safety.

We will have a clear focus on those staying on our wards for 60 or more days. Led by the Deputy Medical Director and Flow Lead, we will identify what has contributed to the extended inpatient stay and will drive further work to identify what steps or interventions might have prevented or reduced the need for such a lengthy admission.

We will move to routine outcome reporting and will use this information to help shape the best way to deliver our services, with available resources and improve therapeutic benefit. This is in line with the focus of the new Mental Health Bill on therapeutic benefit, moving away from an historic risk-driven approach nationally and a focus on reporting harmful outcomes.

What will be different?

Year 5

All admissions to our treatment wards will be purposeful, and clear clinical pathways for a range of conditions will guide high-quality therapeutic care. Service users, and where appropriate their families and supporters, will be involved in care planning, and we will support them to build skills and confidence to support the recovery journey. Lived experience will be part of our multi-disciplinary teams (MDTs) on all wards.

Local urgent care and assessment services will enable more people in crisis, or at risk of crisis, to be supported in the places where they live. There will be a range of options including more intensive community support; in community-based crisis cafes and houses; and in local short-stay assessment services. These services will also support people returning home after an admission, supported by Discharge to Assess and Virtual Ward models helping to reduce the average length of time people need to stay on our wards.

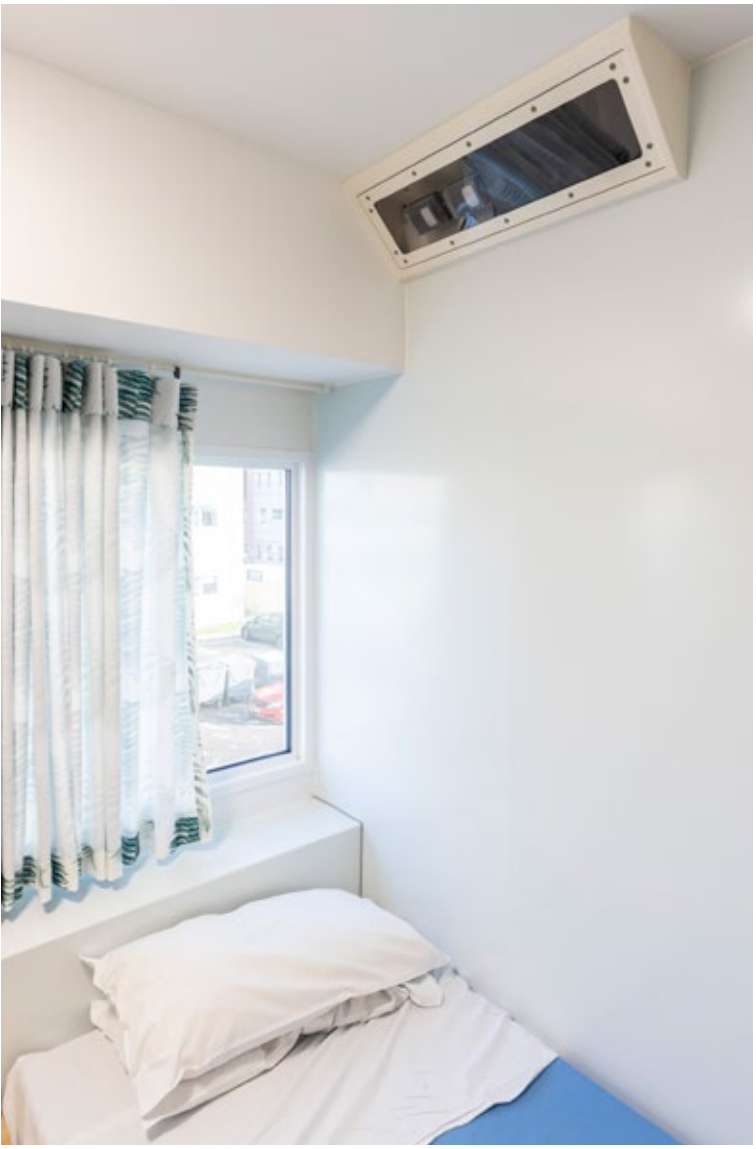
We will continue to build on the capacity and flow work to achieving a baseline of 85% bed occupancy to enable temporary surges in demand to still be supported within an “easy in, easy out” model, including robust recording and adherence to the purpose of admission.

These changes mean that treatment beds are always available when they are needed, and people will no longer be admitted to a bed out-of-area away from their family and support networks.

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

Introduction

We are increasing the capacity and range of skills in our clinical and operational teams, through focused recruitment, improving our ways of working. We will introduce a new staffing model including peer support workers, family ambassadors and activity coordinators to enhance our multi-disciplinary teams. We are investing in leadership of our teams, with new leadership roles and a specific development programme for our managers. Over the next five years, we will support our staff to develop the skills to deliver modern, therapeutic services and work effectively in partnership with our service users, their families and supporters and across the health and care system. We will focus on building a great place to work and pride in our teams.



Mental Health Unit, Basildon

Our key priorities

- Release significant and quantifiable 'Time to Care' on inpatient mental health wards by increasing the capacity and range of skills in our staff teams, optimising processes and ways of working and improving use of data and technology.
- Introduce a new staffing model across our inpatient services, which includes peer support workers on every ward to provide emotional and practical support, inspire hope and model recovery, and support recovery-focused practice, as well as additional occupational therapists, psychologists and pharmacists on our wards.
- Introduce a ward manager development programme to equip our managers to lead high-performing teams and provide consistent, high-quality support to all staff.
- Set out an attractive staff development and continuous training offer including enhanced therapeutic skills and skills for delivering care in partnership with families and social networks; and ensure capacity released through 'Time to Care' creates time for staff development.
- Promote a caring, learning and empowering culture across the care unit, which builds pride in teams, and develop a staff compact to capture key commitments and behaviours that support this.
- Promote urgent care and inpatient services as a great place to work, and develop a plan to grow our workforce including through school, college and university engagement, increased trainee- and apprenticeship programmes and focused recruitment for hard-to recruit roles.
- Improve staff wellbeing and work satisfaction through an enhanced wellbeing offer, including restorative supervision, practical and emotional support and financial wellbeing.
- Strengthen our leadership team, including through new leadership roles for quality, safety, education and flow, and improve leadership visibility and engagement across our services. Work with the People and Culture Department to develop a scheme for reward and recognition.

Time to Care

Our 'Time to Care' programme seeks to release significant and quantifiable time to care on our inpatient wards. The key elements are:

Staffing model

We are redesigning our staffing model to increase capacity, safety and quality. We will increase the range of clinical skills and experience in our multi-disciplinary teams and introduce new roles such as peer support workers, family ambassadors and compliance administrators.

Process improvement

We are optimising our processes and ways of working to remove time-consuming activities.

Technology improvement

We are supporting our teams to improve their use of technology, and to identify new digital solutions.

Engagement inclusivity and wellbeing

We are co-designing all proposals with staff and lived experience representatives. We are supporting staff wellbeing and skills development, including through roll-out of a restorative resilience model.

How will we measure success?

- **Reduced vacancy rate and increased substantive staffing.**
- **Increased retention.**
- **Uptake and satisfaction with training and development.**
- **% workforce recruited from local communities.**
- **Staff and volunteer experience.**
- **Reduced staff sickness, and increased update of wellbeing support.**
- **Fidelity to agreed staffing model / number of new roles filled.**

What will be different?

Year 1

We will increase substantive staffing across our care unit, with a particular focus on inpatient wards and crisis and home treatment teams.

Staff will have more time to care, as well as to reflect and complete training and development. Improved processes and systems, and more administrative and support roles will ensure clinical staff can make best use of their time.

We will increase leadership capability, and support our managers to lead high-quality teams through roll-out of a new development programme informed by lived experience.

Therapeutic teams will be supported to take time away from the service for development.

We will review our supervision policy to have a restorative resilience model combining a focus on staff well-being and the assurance of good practice.

Year 5

Our staffing model will have a range of skills and experience to support high-quality therapeutic care, including peer support workers.

We will grow our workforce and attract more people to work in our services on a substantive basis, including from our local communities. We will offer a diverse range of opportunities for people to start and grow their health and care careers with us.

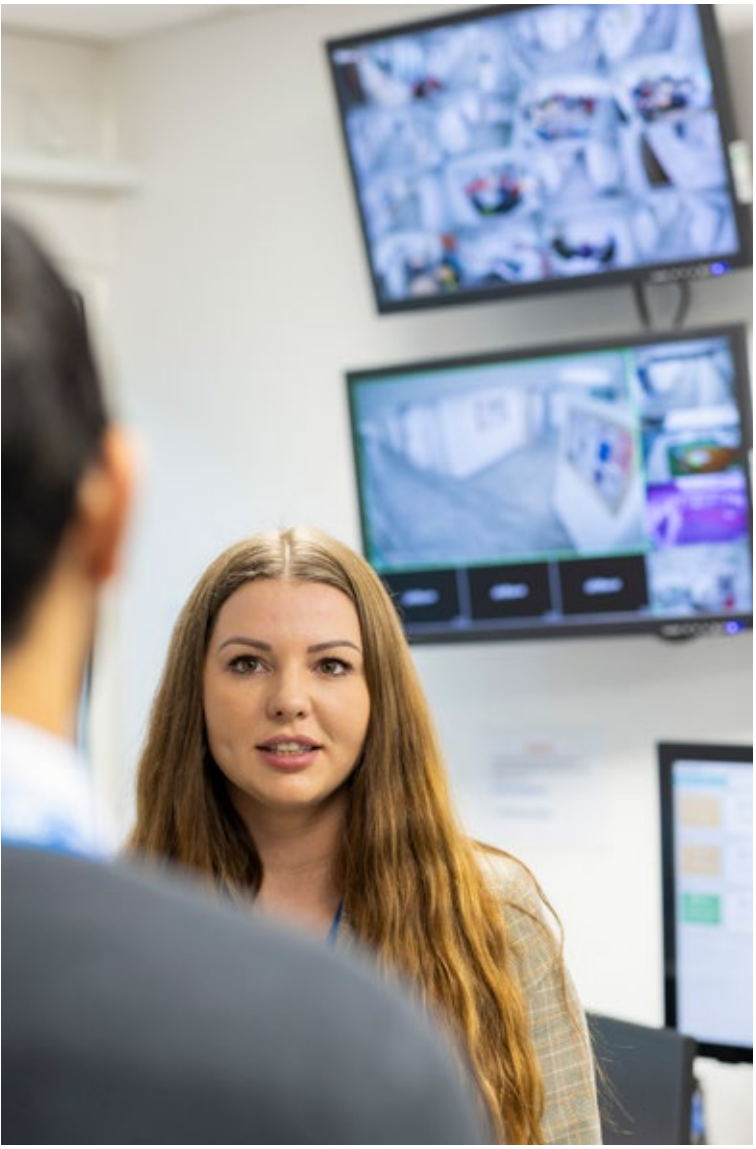
We will have a clear offer to current and prospective staff, which includes an attractive development offer and wellbeing support. Our managers and leaders will be supported to lead happy and productive teams, providing high-quality services.

Our staff will feel supported, recognised and proud in their work. Staff will have access to an enhanced wellbeing offer, supporting improved health and resilience. More staff will stay working in our services.

STRATEGIC OBJECTIVE 3:
WE WILL WORK WITH OUR PARTNERS TO MAKE OUR SERVICES BETTER

Introduction

We work in a complex system, with an enormous range of partners in integrated care systems, local authorities, hospital services, emergency services, primary care, community and voluntary services, other mental health services, education and more. We are committing to build a new partnership with our service users, their families and supporters, and to develop new mental collaborative arrangements across Southend, Essex and Thurrock. We will work together with our partners to develop and improve our shared services and pathways, with a particular focus on our place-based services and our emergency and discharge pathways.



Our key priorities

- Build a new partnership with our service users, their families and supporters, and develop the structures, skills and practices across our care unit to enable co-production in the design and operation of our services.
- With our community care units, develop our partnerships with primary, community and voluntary services through the six 'place' Alliances to support development of place-based alternatives to admission and multi-agency approaches to care coordination and discharge.
- Drive transformation of urgent and acute mental health services through new collaborative arrangements with health, local authority, care, voluntary and emergency services and lived experience partners in Southend, Essex and Thurrock.
- Work with our partners in housing and social care services to deliver a new accommodation pathway that maximises the potential of each adult to live as independently as possible and ensure shared pathways support our aim that more people will be cared for in the community without the need for admission.
- Develop our partnerships with acute and emergency services, advocating parity of esteem while ensuring good flow, with the aim of reducing the number of people admitted to our services via acute emergency departments, ambulance or police services.
- Continue to develop the Pan-Essex Crisis Concordat and our local partnership working with Essex Police, British Transport Police and East of England Ambulance Service (EEAST) to improve community safety, as well as user and staff safety on our sites.
- Develop shared education and learning modules to support more effective joint working, enabling colleagues across our shared workforce to be the best they can be.
- Work with national partners and provider networks, including Getting it Right First Time (GIRFT) [and national inpatient improvement programme], to identify and make improvements in our services, to learn from others and share our learning.

Getting It Right First Time (GIRFT)

The GIRFT programme supports improvement in care and treatment through detailed review, benchmarking and consideration of the evidence base.

A GIRFT review of our Adult Mental Health Crisis and Acute Care services in October 2022 highlighted access and flow issues within EPUT.

With GIRFT's support we are focusing on the following improvements:

- Development of our capacity and flow work, with an aim to achieve 85% bed occupancy
- Reduce short-term admissions by using alternative options
- Reduce long inpatient admissions over 60 days
- Create 'easy in, easy out' services to prevent people being stranded in the wrong pathway
- Focus on the therapeutic plan and clinical outcomes
- Improve post-discharge support
- User data and benchmarking to improve services.

How will we measure success?

- **Increased confidence in EPUT as a partner.**
- **Positive experience of lived experience roles.**
- **Shared performance and outcome targets are being met, including Essex Crisis Concordat aims and objectives.**
- **Reduction in admission via acute emergency departments, ambulance and police services.**

What will be different?

Year 1

Every ward will have a link worker to work with families, carers and supporters and support their involvement in the care of their loved one. We will build on good practice in family involvement such as open evenings with clinical matrons, weekend family events and the carers forum.

We will continue to work with the GIRFT programme to implement recommendations from their recent visit through our Purposeful Admission Steering Group.

We will work with system partners to support crisis prevention, early intervention and to further develop crisis alternatives and the accommodation pathway.

We will eliminate inappropriate Out-of-Area Placements with a revised Pan-Essex system recovery plan including Multi-Agency Discharge Events (MADE).

We will work with the voluntary and community sector (VCS) partners to further develop our discharge support schemes and pathways.

We will roll-out revised multi-agency Pan-Essex s135/136 protocols, and open a new health-based place of safety in North East Essex to support increased demand in this area.

Year 5

Lived experience leadership will be established within our care unit, and our services will routinely be designed and delivered through co-production.

New partnerships and collaborative structures will support us to integrate care and drive up quality across Southend, Essex and Thurrock, and to develop effective local urgent care and assessment services.

We will improve our emergency and discharge pathways through our partnerships with health, housing, VCS, employment and care services. Fewer people will be admitted to our inpatient service via a hospital emergency department, ambulance or police service. More people will be discharged to suitable, stable accommodation, with good support around them.

Our staff will have a clearer understanding of our partnerships and will be supported to develop their skills and knowledge to work across organisations, through shared learning programmes.

STRATEGIC OBJECTIVE 4:
WE WILL HELP OUR COMMUNITIES TO THRIVE

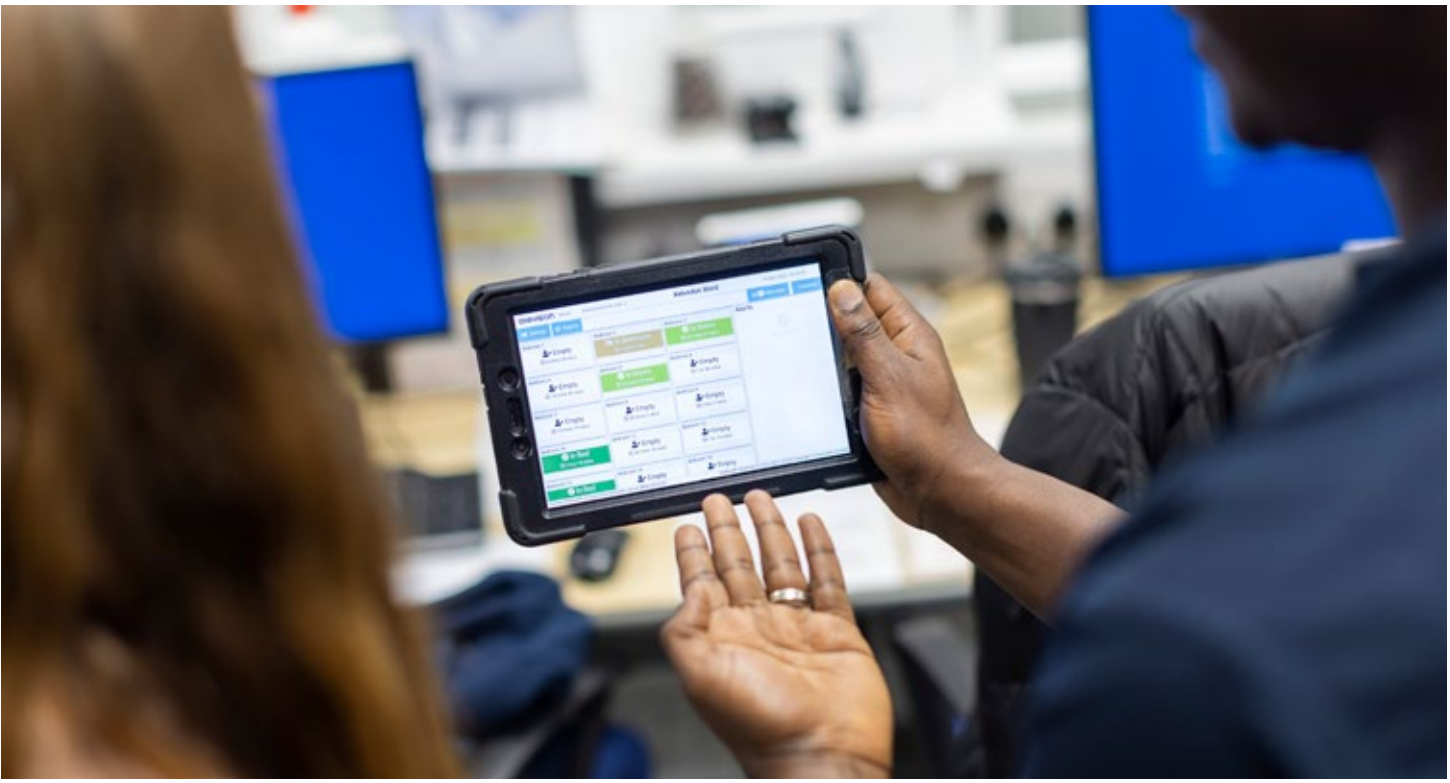
Introduction

The people we see in acute mental health services are likely to have poorer health outcomes than the rest of the population. We want to move towards parity in health outcomes for people with serious mental illness. We will do that by improving our focus on physical healthcare, by offering our service users, their families and supporters health education and promotion and offering good quality work opportunities.

We also want to address differences too in people's outcomes from mental health care, according their ethnicity and other characteristics. We know that people's mental health is affected by social, economic and environmental factors, and we will work with our partners across health, housing, education, social care and the justice system to collectively influence better mental health over the long term.

Our key priorities

- Improve health outcomes for people with serious mental illness, by improving provision of physical healthcare, health education and promotion in acute mental health services.
- Improve equality of access, experience and outcomes in urgent and inpatient mental health care for racialised and minority ethnic communities, supported by the Trust's early implementation of the Patient and Carer Race Equality Framework.
- As part of our ambition to grow our workforce, provide good quality work opportunities for local people, particularly people with serious mental illness, people with a learning disability and autistic people, including opportunities to train and qualify for health and care careers.
- Support the development of resilient communities and networks, through our focus on education and support for families and informal networks.
- Working with our partners, raise awareness of suicide, including signs of distress or suicidal behaviour and how to access support, and of mental health, supporting understanding and awareness of our services.



Patient and Carer Race Equality Framework

The Patient and Carer Race Equalities Framework (PCREF) is an organisational competency framework to help services improve ethnic minority community experiences of mental health services and provide culturally appropriate care.

The disproportionate impact of Covid-19 on ethnic minority communities and global movements to address racism have brought longstanding inequalities to the surface.

We have made good progress in understanding our experience and outcome data and establishing the governance needed to implement PCREF. Like many mental health trusts, we know that people from ethnic minorities experience higher levels of restraint, seclusion and detention at EPUT, and lower levels of access to prevention and early support services.

We already have a focus on reducing restrictive practice in our services. As an early implementer of PCREF, we will be developing our organisational competence to ensure equality and improve outcomes.

How will we measure success?

- **Increased % of workforce employed from local communitites.**
- **Increased % of workforce employed with severe mental illness, learning disability or autism.**
- **Reduced disparity in access, experience and outcomes by demographic group.**
- **Improved suicide awareness in partner service and communities.**
- **Shared objectives for suicide reduction achieved.**
- **Improvement in recorded physical health measures at discharge.**

What will be different?

Year 1

We will have a Registered General Nurse on all wards and in our urgent care pathway to lead on physical health. These nurses will work with other professionals in the Multi-Disciplinary Teams skilled in physical healthcare, including pharmacists and allied health professionals, to improve physical healthcare provision.

We will agree and implement a focused recruitment and retention plan for the care unit, including actions to increase local recruitment and opportunities for good quality work.

Year 5

People who have been admitted to our services due to serious mental illness will have better support to manage their physical health, and will leave our services with the skills and knowledge to manage their health well.

Differences between ethnic groups in their access to and outcomes from acute mental health care will be reduced.

EPUT will attract more local people into good quality work in health and care roles, particularly people with serious mental illness, people with a learning disability and autistic people, and support people to develop their skills for a successful career in this sector.

Communities and the services supporting them will be more aware of the signs of distress and suicidal behaviour, and able to have a conversation and direct people to the right support.

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.**

For urgent care and inpatient services, planned Mental Health Act Reform will raise the current bar for detention. The draft Mental Health Bill 2022 sets out that the reason for detention must always be mental illness and that detention must be for the purpose of recovery. It identifies four key principles:

- Choice and autonomy
- Least restriction
- Therapeutic benefit
- The person as an individual.

Individuals will be able to express their views in Advance choice documents before the need arises.

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

Category	Deliverable
Inpatient Care	Improved therapeutic offer to improve patient outcomes and experience of inpatient care
Inpatient Care	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
Inpatient Care	Maintain ambition to eliminate all inappropriate adult acute out of area placements
Suicide Reduction	Deliver against multi-agency suicide prevention plans, working towards a national 10% reduction in suicides by 2020/21
Suicide Reduction	Localised suicide reduction programme rolled-out across all STPs/ICSs providing timely and appropriate support
Suicide Reduction	Suicide bereavement support services across all STPs/ICSs by 2023/24
Crisis Care and Liaison	70% of Liaison Mental Health Teams achieving 'core 24' standard by 2023/24