NHS
Essex Partnership University
NHS Foundation Trust

Better Mental Health and Wellbeing Partnership Workshop

9th March 2026

EPUT

Ambition

- We want the local health, social care and VSCE system to come together to have a conversation to help us all **improve peoples experience** and **reduce dependence on clinical services**.
- We will **build strong and sustainable partnerships with the VCSE organisations** of MSE/Essex to share resources in an integrated delivery approach.
- The system is seeking a **commitment from key partners** to progress this important agenda.

Review of the Guidance Mandate for Change

- Community Framework for Working Age and Older People 2019
- Move Away From the Care Programme Approach Guidance Letter 2023
- NHS 10 Year Plan 2019
- Neighbourhood Health guidelines 2025

Community First Personalised Care Framework (The Modern CPA) (2025) *in draft*

Avoiding the Cliff Edge

The System

For services

- It means working **collaboratively** across organisations to effectively identify the **right care and support options** for people in their communities
- To facilitate **seamless transitions** when people move between different services
- **Holding shared accountability** for population outcomes including inequalities.

System MDT Working

Principles include;

- Everyone should have a current, co-produced and personalised multiagency care and support plan
- Multi-agency input into the care and support plan may be facilitated through dedicated roles;
  - **Embedded** within the team e.g. social workers, Peer Support Workers
  - Through **liaison** with external agencies e.g. housing, local authority, VCSE partners
  - Where appropriate and **inclusive of multiagency involvement** regardless of whether it is directly Integrated into the mental health service **or** requires interface working
  - Care Plans should seek to address fundamental needs like safe housing, financial

    security and physical health, as well as social connection and healthy relationships

System MDT Working

Principles include;

- Everyone requiring help from secondary mental health services will be allocated a named worker.
- The purpose of this allocation is to ensure that there is a contact for both the person and other health and care providers who are supporting the delivery of the care and support plan
- The named worker might be a VCSE support worker, Peer Support Worker, registered healthcare professional or a social care key worker
- This might include a matching and allocation process across the NHS, VCSE and social care staff working in a transformed community service

Determinants of Mental Health

- Housing, debt, employment, isolation, longer term support and treatment along a recovery pathway
- Strong evidence of positive impact on mental health
- Not embedded in clinical pathways

Reference: Public Health England / OHID

Question!

When do clinical services really end in the minds of providers and people that use services- is this aligned?

What the Evidence Shows

- VCSEs underused as strategic partners
- Place partnerships key to change

Reference: Centre for MH & NHS Confederation

Implications for Place Partnerships

- Joint commissioning across NHS/LA/VCSE
- Longer-term VCSE funding
- Clear step-down from secondary care
- Embed determinants-based support

Reference: NHS Confederation (2024)

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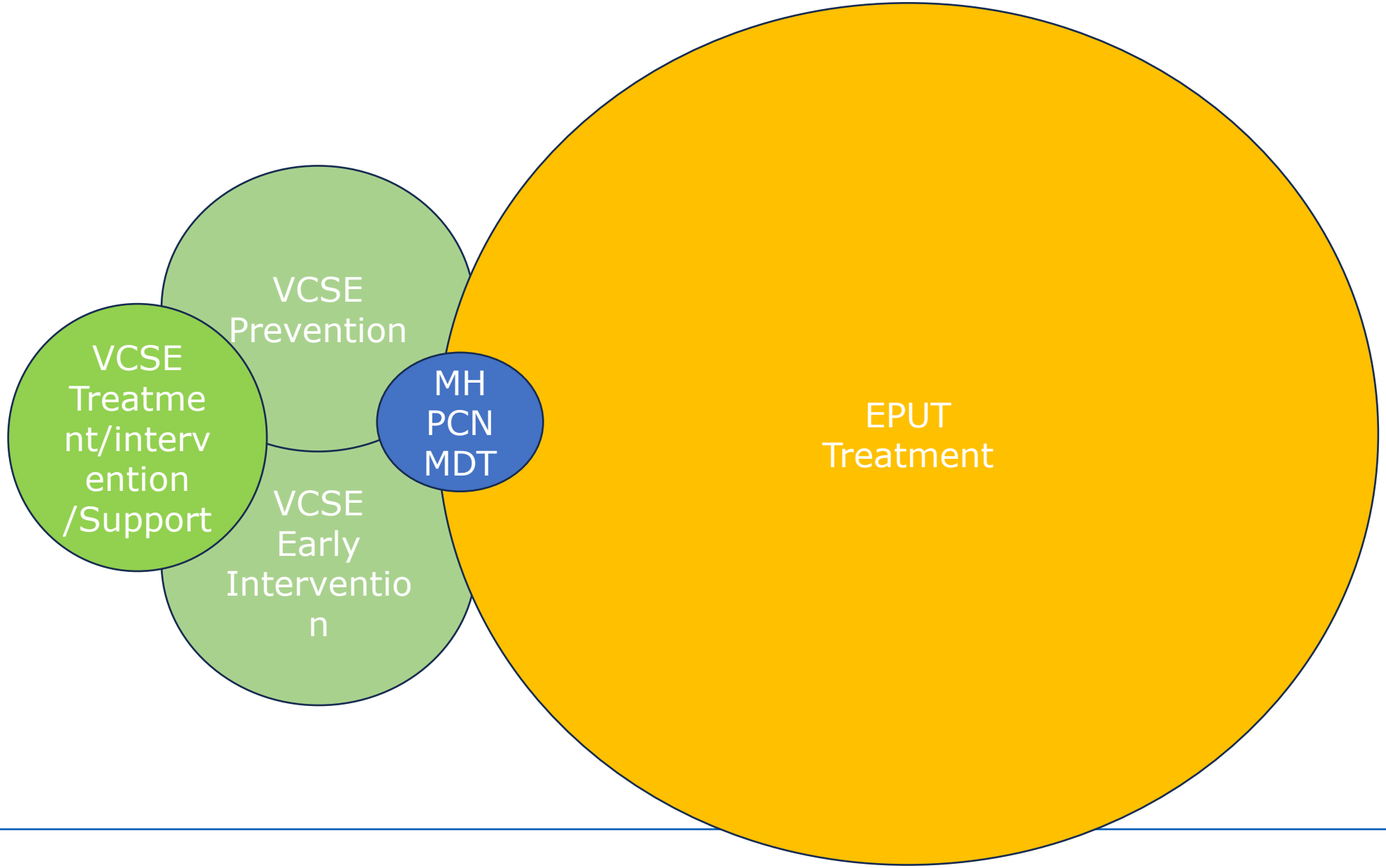
Current state – SMI VCSE Treatments largely disconnected/not or not clearly available



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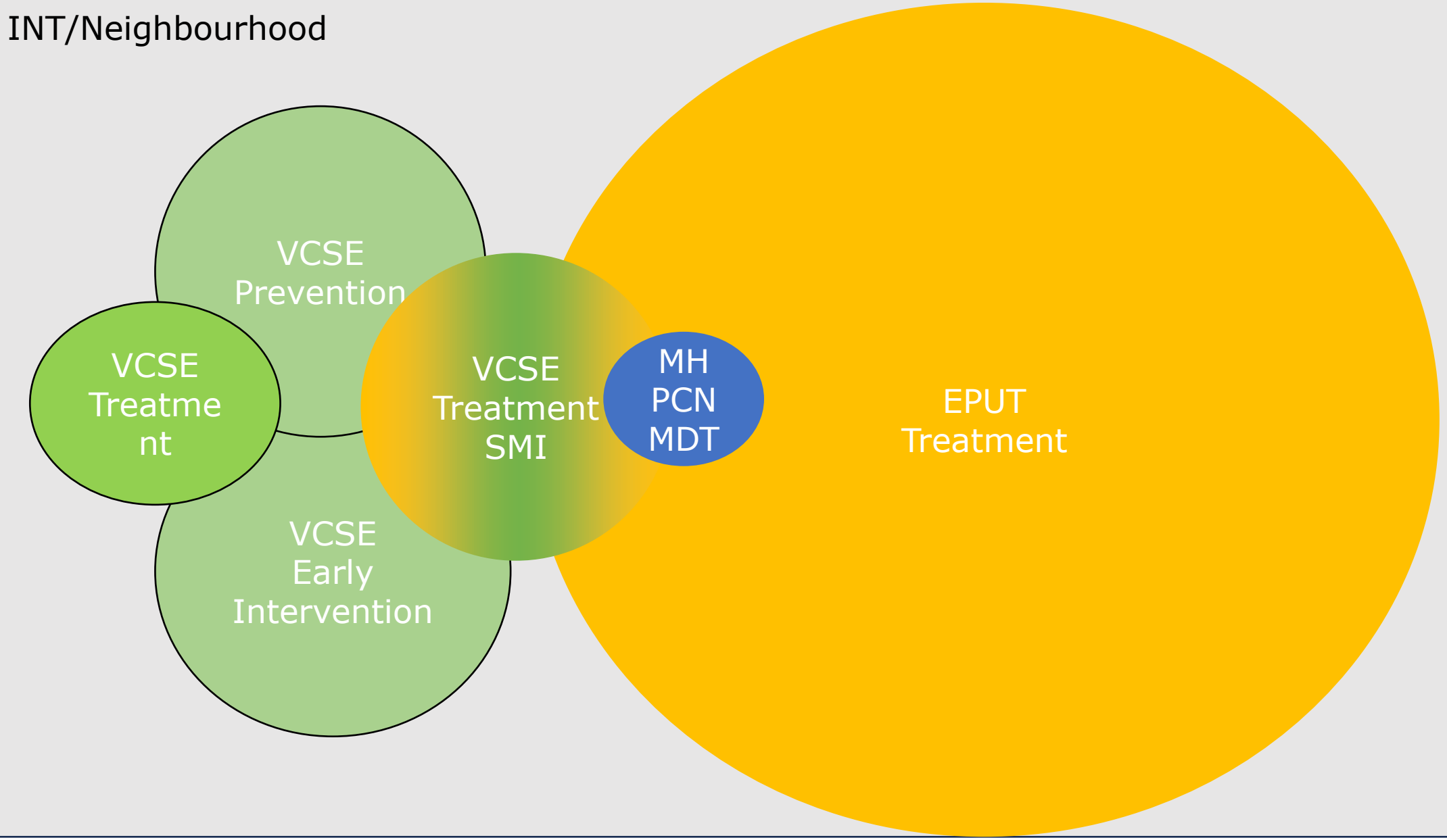
New State – Local system joint treatment – No cliff edge



Patient Journeys

Managing everyday health & wellbeing

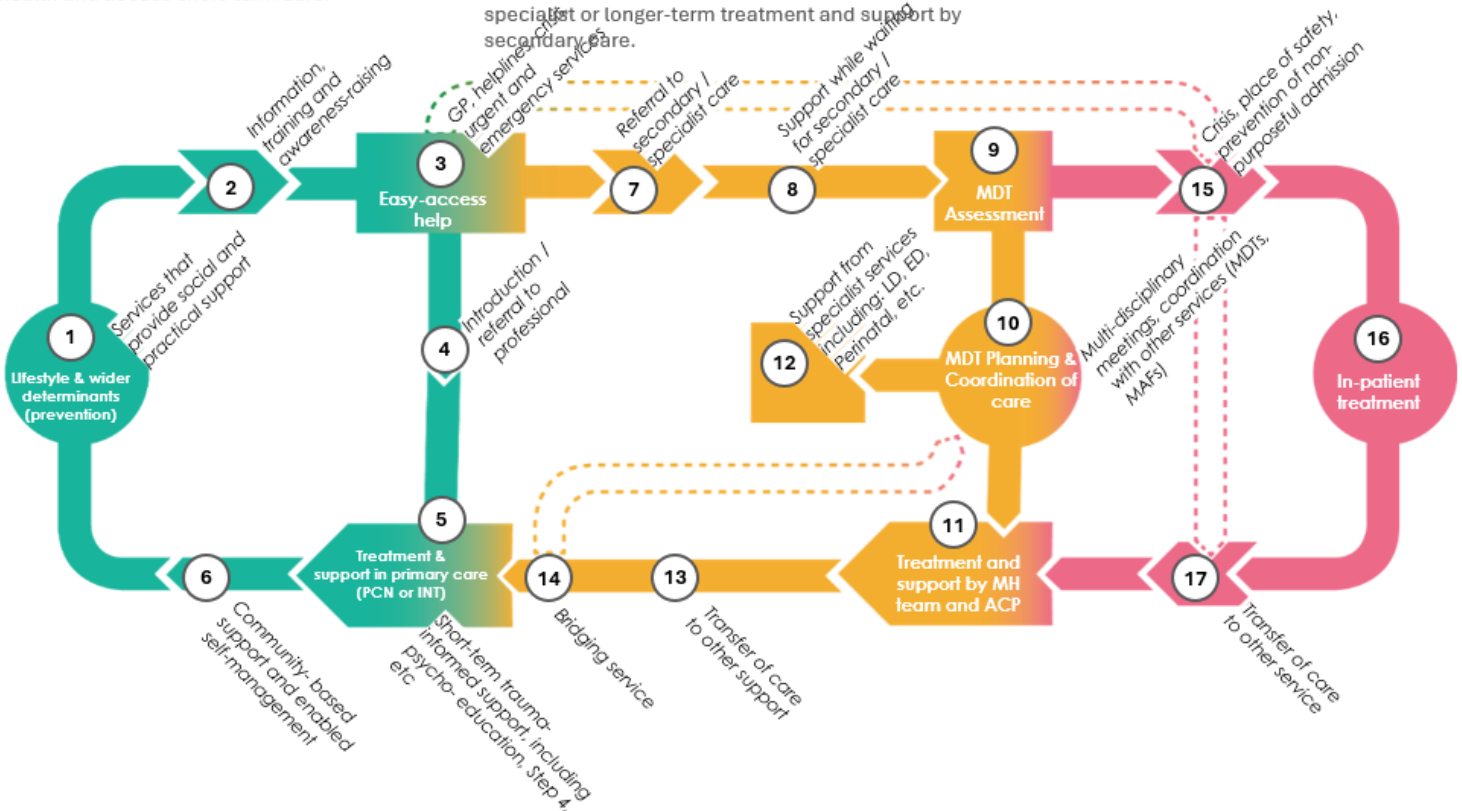
includes multi-agency services, networks and information that help people to stay well, manage their own health and access short-term care.

Requiring care from Community MH / Specialist Services

includes NHS services when people require specialist or longer-term treatment and support by secondary care.

Requiring intensive and in-patient care

including stays in in-patient settings.



The Project Groups

Group 1:

Standardising S/CMHT Function

Lead by:
Tsitsi Adiukwu
Molly Pillay
Nicola Goodwin

Group 2:

Demand and Capacity

Lead by:
Kallur Suresh
Alfie Bandakpara-Taylor

Group 3:

Optimising Workforce

Lead by:
Emma Strivens
Gladvine Mundempilly

Group 4:

Transforming Outpatient Psychiatry Services

Lead by:
Feena Sebastian
Nicole Rich

Group 5:

Intensive Assertive Outreach Review

Lead by:
John Holmes
Rob Chandler

Group 6:

Moving Away from Care Programme Approach

Lead by:
Mark Travella

Group 7:

Outcome Measures:

Lead by:
Mark Travella

What are we doing?

- **Updating EPUTs CPA/Care Planning Policy..it will include**
  - System working
  - Lead worker roles in/by the VCSEs
  - Better value for money by engaging the VCSEs contractually
  - Influencing the Board re the inherent value of the VCSEs expertise in accessing better the determinants of health
  - Engaging with commissioners and the VCSEs to support conversations regarding new ways of working for the future