
CTI Paper prepared for Baroness Lampard, Inquiry Chair, in relation to

OVERVIEW OF EVIDENCE RECEIVED ON THE MENTAL HEALTH

SERVICES PROVIDED TO ESSEX NHS PATIENTS

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Introduction

1. This paper provides an overview of the information the Inquiry currently holds in relation to the mental health services provided to NHS patients from Essex¹ between 1 January 2000 and 31 December

¹ The national picture on the commissioning and provision of mental health services is summarised in the presentation by The King's Fund entitled "*The Lampard Inquiry: an*

2023 (“**the Relevant Period**”) and the locations of the facilities through which those services were delivered. It aims to summarise the evidence that has been received from commissioners and providers about where, what, and from whom mental health services were delivered to inpatients under the care of the Essex Trusts. The contents below represent the structure and framework of a presentation which will be delivered orally to the Chair during the hearing on the 28 April to 15 May 2025.

Context of the Requests for Evidence

2. The Inquiry is tasked with investigating the circumstances surrounding the deaths of mental health inpatients under the care of NHS Trust(s) in Essex. It is focussed on the inpatient care delivered by NHS Trusts in Essex. However, as set out in the *Explanatory Note in relation to Scope of the Terms of Reference* (available [here](#)), the Inquiry’s definition of inpatient death includes:
 - (a) patients in receipt of NHS funded inpatient care within the independent sector
 - (d) those who died within 3 months of transfers, including transfer to a physical health setting or to an out of area mental health service
 - (e) those who died whilst awaiting an assessment under the Mental Health Act
 - (f) those who died whilst waiting for a bed in a mental health inpatient unit within 3 months of a clinical assessment of need; and

overview of NHS structures, policy, legislation, regulation and accountability” and the expert report by Dr Ian Davidson entitled “An overview of good care and minimum standards for delivery of care in mental health inpatients”.

(g) those who died within 3 months of any mental health assessment provided by the Trust(s) where the decision was not to admit as an inpatient (this includes but is not limited to any death following a review in A&E, or an assessment under section 135 and 136 of the Mental Health Act)²

(h) those who died within 3 months of discharge from any of the above units

3. When considering core participant applications, the Chair determined that the Inquiry's definition of "inpatient" includes mental health inpatients who were under the care of NHS providers in Essex, but who were placed outside Essex either because there was not enough bed space in Essex, or due to needing specialist services that were not at the relevant time available in Essex.
4. Therefore, the range of mental health services which are relevant to the Inquiry is broader than merely the services provided by Essex NHS Trusts within Essex inpatient facilities. It also encompasses:
 - a. the services provided by those NHS Trusts in non-inpatient setting which could or should have led to admission and/or which were provided to patients in the weeks following discharge;
 - b. the mental health services provided to patients who were admitted into NHS inpatient facilities for physical health in Essex;
 - c. inpatient mental health services provided by NHS Trusts outside of Essex and by independent providers both inside and outside of Essex.

² This is the current wording. It will soon be amended to emphasise that the Inquiry's primary focus is on assessments which are most closely connected to inpatient admissions, such as those by crisis teams and other gatekeeping teams.

5. The Inquiry has sent requests for information to numerous organisations in order to identify what these services were, and where and by whom they were provided.

Engagement with the Inquiry's Request for Information

6. The Inquiry began with rule 9 requests for information to EPUT, as the largest NHS provider of mental health care in Essex, and to the three Integrated Care Boards (**ICBs**) who are responsible for commissioning core mental health services in Essex and funding placements of Essex NHS patients with private providers and external NHS Trusts.³
7. EPUT was asked to set out the mental health services it provided over the Relevant Period and the locations at which those services were provided (its **"Wards and Services"**). It was also asked to identify all the private facilities and NHS Trust facilities outside Essex (the **"Out-of-Area"** facilities). into which patients under its care had been admitted for inpatient treatment.
8. The ICBs were asked to explain the circumstances in which placements of patients outside Essex occurred and to identify all the Out-of-Area providers with whom patients under the care of the Trusts in Essex had been placed.
9. Subsequently, additional requests for information were sent, as follows.
 - a. NELFT was asked about its Wards and Services and Out-of-Area Providers.
 - b. The private providers known to have inpatient facilities in Essex (Priory, Cygnet, St Andrews Healthcare, and Nest Healthcare) and

³ Mid and South Essex ICB, Suffolk and North East Essex ICB, and Hertfordshire and West Essex ICB

the NHS Trusts responsible for the physical health hospitals in Essex were asked about their Wards and Services.

- c. A list of providers outside Essex was compiled from the initial response received from EPUT and the ICBs and all these providers were asked about the inpatient facilities into which they had admitted Essex NHS patients over the Relevant Period and the number of Essex patients they had admitted to each facility.
 - d. NHS England (who are responsible for commissioning specialised mental health services for Essex patients) was asked similar questions, about the Out-of-Area providers of the specialised services, to those the ICBs had been asked about their core mental health providers.
10. A total of 46 organisations were asked for information on these matters. 29 of them provided statements (one remaining in draft). 28 organisations provided details about their inpatient units. In total the Inquiry received information about 870 wards in 249 facilities. EPUT, NHSE and the ICBs provided details about 66 Out-of-Area organisations who had provided care to Essex patients. NELFT and EPUT identified 175 distinct teams that were responsible for providing potentially relevant non-inpatient care.
11. The information that the Inquiry has received to date on this topic is detailed and wide-ranging. However, it is not yet complete. This is not merely because of the providers who failed to respond appropriately.⁴ The organisations who did respond were not all able to respond in full in the time available between the requests and this hearing. The majority of them have reported limitations, arising mainly out of

⁴ Further steps will be taken in due course to ensure all those in breach understand the need for full and proper engagement with the Inquiry.

difficulties obtaining historical information for the early part of Relevant Period from paper-based records.

12. For example, Hertfordshire Partnership Foundation NHS Trust refers to an archive of 20,000 boxes of paper records and a microfiche archive of 43,000 patient records, covering the period before its electronic records began in 2006. which it would need to review one by one in order to identify admissions of Essex patients.
13. Moreover, the Inquiry does not currently hold a complete list of the relevant providers. The ICBs were only able to retrieve information about providers utilised by their placement team since 2014 because the relevant information has not been collated from the records before that date. Therefore, providing complete pre-2014 information to the Inquiry would require them to undertake a manual review of nearly 5,000 individual patient records.
14. Limitations of this nature are important because of the insight they provide into the manner in which records have been created and maintained by the organisations responsible for delivering mental health care over the Relevant Period, and because of the indication they give of the challenges that issues with historic record-retention and categorisation will raise to the ongoing work of the Inquiry.

Overview of the Wards and Services information provided

15. This paper does not attempt to reproduce all the information which the Inquiry has received on this topic. The witness statements and key exhibits from each organisation have been included in the hearing

bundle, so the evidence and raw data are available for scrutiny.⁵ What follows below are selected themes and data points which have been drawn out and summarised to assist the reader to develop a general appreciation of what services were delivered by what providers, where, and when.

16. The information and data presented in this paper have been reproduced as presented by the providers. With the exception of a few postcode adjustments (using publicly available information from the CQC website about the location of facilities), there has been no attempt to verify or confirm the accuracy of the information. Therefore, any inaccuracies present in the underlying data will be incorporated into the summaries and analyses presented below.
17. Accordingly, the presentation of the data within this paper does not signify any acceptance of the accuracy of the information the Inquiry has received. The aim at this stage is to simply to provide an overview of that information in a form which enables some insight to be gained about the nature and content of the current evidence.

Who are “the Trusts”?

EPUT and its predecessors

18. Essex Partnership University NHS Foundation Trust (**EPUT**) was formed on 1 April 2017 from a merger of South Essex Partnership University NHS Foundation Trust (**SEPT**) and North Essex Partnership University NHS Foundation Trust (**NEPT**). NEPT and SEPT both began operating early in the Relevant Period. They were initially non-foundation Trusts and

⁵ A list of the statements and exhibits that were reviewed for the purpose of this paper is set out in Annex A below.

NEPT gained foundation status on 1 October 2007, while SEPT gained in on 1 May 2006.⁶

19. NEPT was previously called North Essex Mental Health Partnership NHS Trust (EPUT has not provided the date of the name change). It commenced operations on 1 April 2001 as a merger of three Trusts that had provided services in North, West and Mid Essex since before the start of the Relevant Period:
 - a. North East Essex Mental Health NHS Trust,
 - b. Mid Essex Community and Mental Health NHS Trust, and
 - c. Essex and Herts Community NHS Trust.
20. SEPT changed its name from South Essex Mental Health and Community Care NHS Trust on 1 April 2002, two years after it began operating on 1 April 2000. Its immediate predecessors were Thameside Community Healthcare NHS Trust and Southend Community Care Services NHS.

NELFT and its predecessors

21. *[Content to follow]*.

HPFT and its predecessors

22. Hertfordshire Partnership University NHS Foundation Trust (**HPFT**) has run specialist inpatient and community learning disability services from North Essex since 2010. It is responsible for an inpatient unit in Colchester called Lexden Hospital.

⁶ NHS England have informed the Inquiry that foundation status gave Trusts more financial control over their assets and greater freedom from the department of health; the Secretary of State has a general power to direct NHS Trusts about the exercise of any of their functions and foundation Trusts are not subject to that power of direction.

23. HPFT became a foundation Trust in August 2007 and added “University” to its name in 2013 when it entered into a formal partnership with the University of Hertfordshire. It commenced the provision of services within Essex in 2010, therefore its predecessor Trust(s) for the earlier part of the Relevant Period are not relevant.

Timeline of the Essex NHS Trusts over the Relevant period

24. The information provided above is summarised in the table below in timeline form. In the remainder of this paper the names “EPUT” and “NELFT” will be used, but they should be considered also to refer to their predecessors wherever appropriate.

Table 1: Overview of Essex NHS mental health Trusts

Operational Date ⁷	EPUT & predecessors		NELFT & predecessors	HPFT & predecessor
	North Essex	South Essex		
Pre- 1 January 2000	<ul style="list-style-type: none"> • Essex and Herts Community NHS Trust • Mid Essex Community and Mental Health NHS Trust • North East Essex Mental Health NHS Trust 	<ul style="list-style-type: none"> • Thameside Community Healthcare NHS Trust • Southend Community Care Services NHS 	[Content to follow].	
1 April 2000		<ul style="list-style-type: none"> • South Essex Mental Health and Community Care NHS Trust 		
1 April 2001	<ul style="list-style-type: none"> • North Essex Mental Health Partnership NHS Trust 			
1 April 2002		<ul style="list-style-type: none"> • South Essex Partnership NHS Trust 		

⁷ The operational date is the date on which the Trust assumed all its functions

1 May 2006		• South Essex Partnership NHS Foundation Trust		
August 2007				• Hertfordshire Partnership Foundation NHS Trust
1 October 2007	• North Essex Partnership University NHS Foundation Trust			
2008				
24 April 2013				• Hertfordshire Partnership University NHS Foundation Trust
1 April 2017	• Essex Partnership University NHS Foundation Trust			

Physical health NHS Trusts in Essex

25. It is relevant to mention the NHS Trusts who provide Accident and Emergency (**A&E**) services across Essex. These are currently:
 - a. Mid and South Essex NHS Foundation Trust (**MSEFT**)
 - b. East Suffolk and North Essex NHS Foundation Trust (**ESNEFT**), and
 - c. The Princess Alexandra Hospital NHS Trust (**PAHT**).
26. MSEFT operates Southend Hospital, Basildon Hospital, and Broomfield Hospital in Chelmsford. ESNEFT operates Colchester Hospital and PAHT operates the Princess Alexandra Hospital in Harlow.
27. Trusts like these (and their predecessors) can be referred to as “Acute” Trusts due to the emergency services they provide. Requests for information were sent to all three Trusts to obtain information about how mental health care was provided over the Relevant Period to patients with mental health difficulties who presented at their A&E departments or were admitted to their wards with co-existing physical health issues.
28. All three Trusts provided similar evidence: they have no dedicated departments or facilities for mental health services and do not provide mental health services themselves. The mental health services required by their patients over the Relevant Period were delivered by either EPUT or NELFT. The acute Trusts would treat patients for their physical conditions and then seek support from or make a referral to the mental health Trust as appropriate.
29. PAHT also explained that on occasion they will have patients who are medically fit for discharge who require a mental health bed but are delayed because there is no mental health bed available immediately.

Those patients will remain under joint care, with the mental health care managed by EPUT or NELFT.

30. MSEFT and PAHT employ no dedicated mental health professionals. However, since April 2022, ESNEFT has directly employed two registered mental health nurses based at Colchester hospital to help support patients under 18 years of age. The mental health Trusts retain responsibility for the mental health needs of the patients, but ESNEFTs nurses support the care provided. They provide additional guidance, liaison, and multi-agency communication during “office hours” on Monday to Friday. They provide support in the emergency department if there are delays with discharge and, if the patient is admitted, they will review the patient within one working day to commence care planning and then continue with daily reviews on Monday to Friday. NEFLT hold responsibility for the patients’ post-discharge care planning and risk assessment, but ESNEFT’s nurses will support those discussions.

Local Authorities

31. Local Authorities have the statutory responsibility for arranging and managing assessments under the Mental Health Act. They employ Approved Mental Health Professionals (**AMHPs**), who coordinate assessments by approved clinicians and make applications for admission under the Act on the recommendation of the clinicians.
32. Although they are not NHS Trusts, they should be noted here alongside the Trusts as they are obviously public bodies, and the AMPH function is directly relevant to the work of the Inquiry. Essex has three Local Authorities; Essex County Council, Southend Borough Council, and Thurrock Council.

The inpatient mental health services provided by the Essex NHS Trusts

Facilities

33. The evidence obtained to date indicates that the Essex NHS Trusts have delivered inpatient care from 120 different wards in 34 different facilities over the relevant period. The vast majority were run by EPUT.

Table 2: Essex NHS Facilities and Wards

Provider	Facilities	Wards
EPUT (North)	439 Ipswich Road	• 439 Ipswich Road
	Baddow Road	• Pitfields Three
		• Pitfields Four
	Crystal Centre	• Inpatient Detox Centre (Topaz)
		• Ruby
		• Topaz
	Derwent Centre	• Avon
		• Cam
		• Chelmer
		• Shannon House
		• Stort
	Edward House	• Edward House
	Epping	• Regent Road
	Kings Wood Centre	• Bernard
		• Henneage
		• Lucas
		• Peter Bruff Unit
	Landermere Centre	• Bernard
		• McIntyre
		• Peter Bruff Unit
		• Tower
	Linden Centre	• Christopher Unit
		• Cressing
		• Finchingfield
		• Galleywood
		• Rainbow

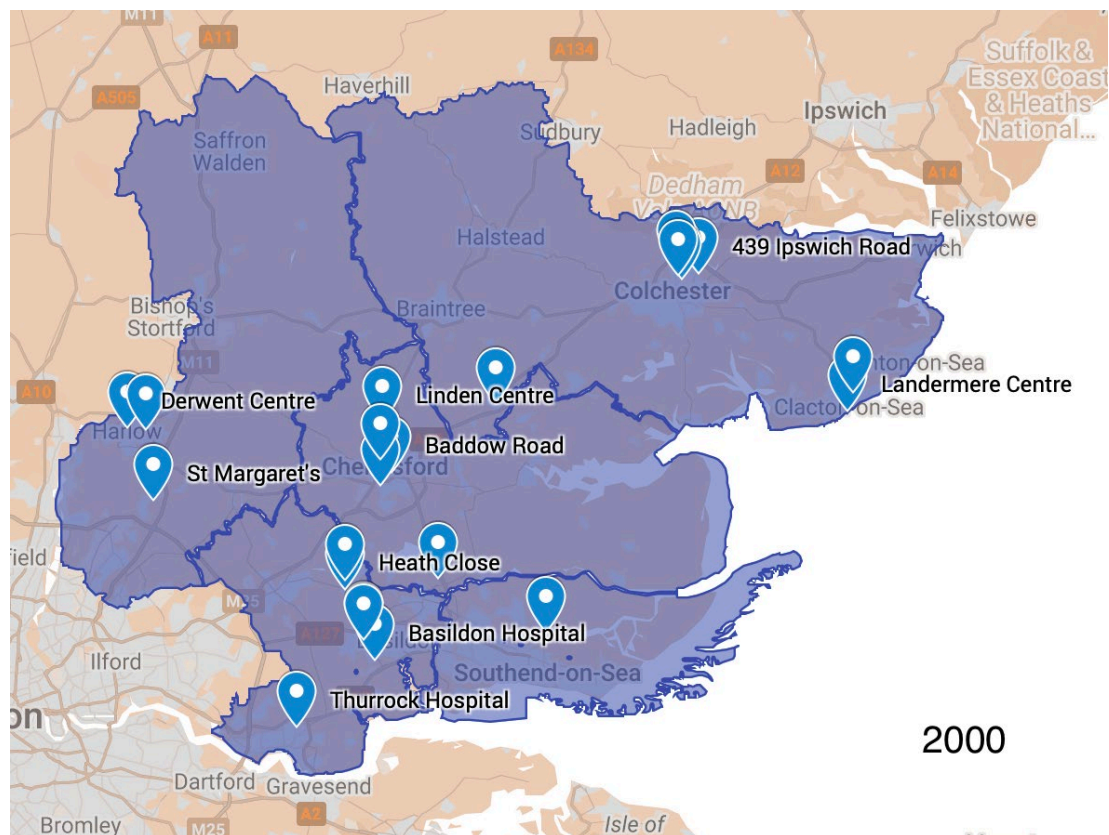
	Longview Unit	• Longview
	Severalls Hospital	• Almond
		• Aspen
		• Cedar Unit
		• Lea
		• Maple Unit
		• Severalls House
	St Aubyn Centre	• Larkwood
		• Longview
	St John's Hospital	• J6
	St Margaret's	• Chelmer
		• Kitwood
		• Roding
	St Peter's	• Drake House
EPUT (South)	Sydenham House	• Brian Roycroft Unit
	The Lakes	• Ardleigh
		• Gosfield
	Valley Road	• Eaglehurst
	Witham	• New Ivy Chimneys
	Basildon Hospital	• Assessment Unit (Grangewater)
		• Belhus
		• Cherrydown
		• Gloucester
		• Grangewater
		• Hadleigh
		• Kelvedon
		• Thorpe
		• Westley
	Brockfield House	• Alpine
		• Aurora
		• Causeway
		• Dune
		• Forest
		• Fuji
		• Lagoon
	Churchview House	• Church View
	Clifton Lodge	• Clifton Lodge

Grays	<ul style="list-style-type: none"> • Lodge Lane
Heath Close	<ul style="list-style-type: none"> • Bronte Place (4a Heath Close)
	<ul style="list-style-type: none"> • Byron Court (5 Heath Close)
	<ul style="list-style-type: none"> • Dickens Place (4 Heath Close)
	<ul style="list-style-type: none"> • Keats House (2 Heath Close)
Mountnessing Court	<ul style="list-style-type: none"> • Mountnessing Court
Rawreth Court	<ul style="list-style-type: none"> • Rawreth Court
Rochford Hospital	<ul style="list-style-type: none"> • Ashingdon
	<ul style="list-style-type: none"> • Beech
	<ul style="list-style-type: none"> • Cedar
	<ul style="list-style-type: none"> • Clifton Ward
	<ul style="list-style-type: none"> • Maple
	<ul style="list-style-type: none"> • Poplar
	<ul style="list-style-type: none"> • Rawreth Ward
	<ul style="list-style-type: none"> • Rayleigh
	<ul style="list-style-type: none"> • Southchurch
Runwell Hospital	<ul style="list-style-type: none"> • Willow
	<ul style="list-style-type: none"> • Ashingdon
	<ul style="list-style-type: none"> • Belfairs
	<ul style="list-style-type: none"> • Belfairs Women's Ward
	<ul style="list-style-type: none"> • Boleyn One
	<ul style="list-style-type: none"> • Boleyn Two
	<ul style="list-style-type: none"> • Chalkwell
	<ul style="list-style-type: none"> • Chalkwell Elderly Mentally Infirm
	<ul style="list-style-type: none"> • Dove
	<ul style="list-style-type: none"> • Elm
	<ul style="list-style-type: none"> • Fairview
	<ul style="list-style-type: none"> • Harman
	<ul style="list-style-type: none"> • Heron
	<ul style="list-style-type: none"> • Hullbridge
	<ul style="list-style-type: none"> • Laburnum
	<ul style="list-style-type: none"> • Leigh House
	<ul style="list-style-type: none"> • Newham
	<ul style="list-style-type: none"> • Oakview

		• Plashet
		• Steepleview
		• Strom Olsen F
		• Strom Olsen M
		• Westcliff
		• Wren
	Thurrock Hospital	• Gloucester
		• Mayfield
		• Meadowview
	Warley Hospital (Periphery Houses)	• Bramleys
		• Firs
		• Greenwoods
		• Lyndhurst
	Weymarks	• Weymarks Rehab
NELFT	Mascalls Park	[Content to follow].
HPFT	Lexden Hospital	• Lexden Assessment and Treatment Unit
		• Lexden Recovery Unit

34. The number of facilities has varied over the Relevant Period. In 2000 there were 23. This increased to a peak of 27 in 2009, since 2019 there have been 16. The location of these units within Essex on those three years are depicted on the following maps.

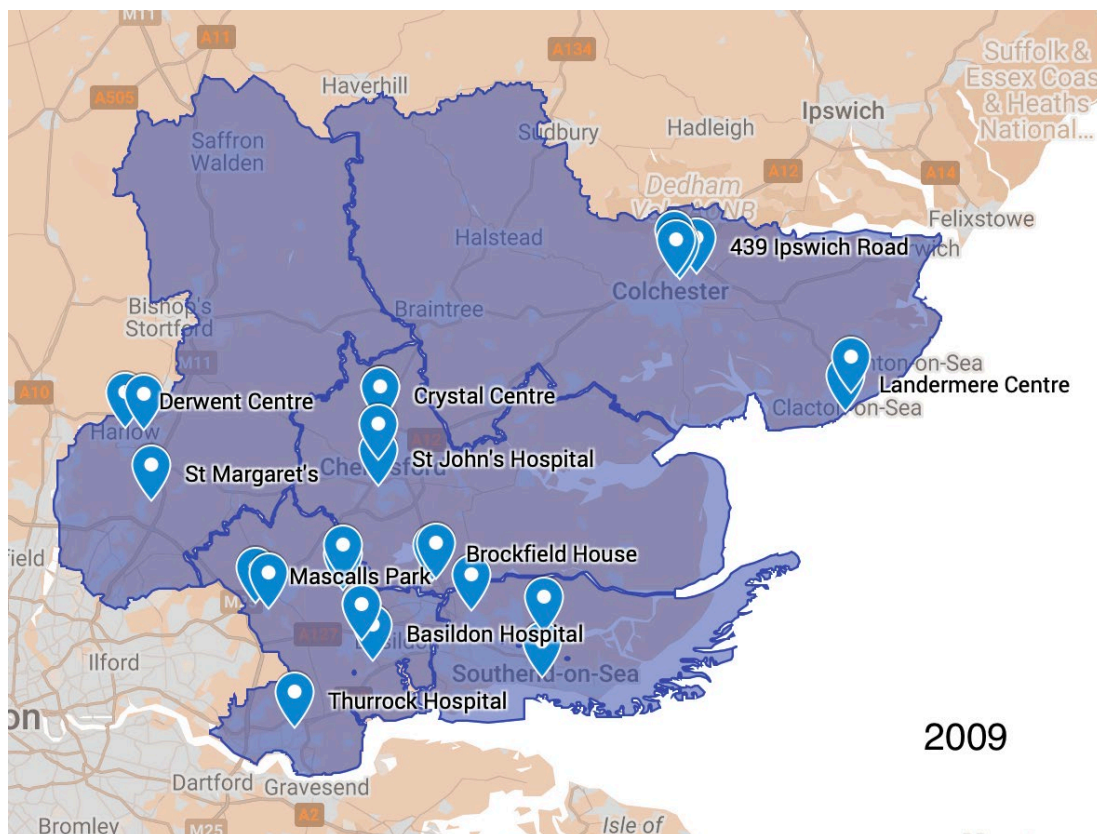
Figure 1



2000

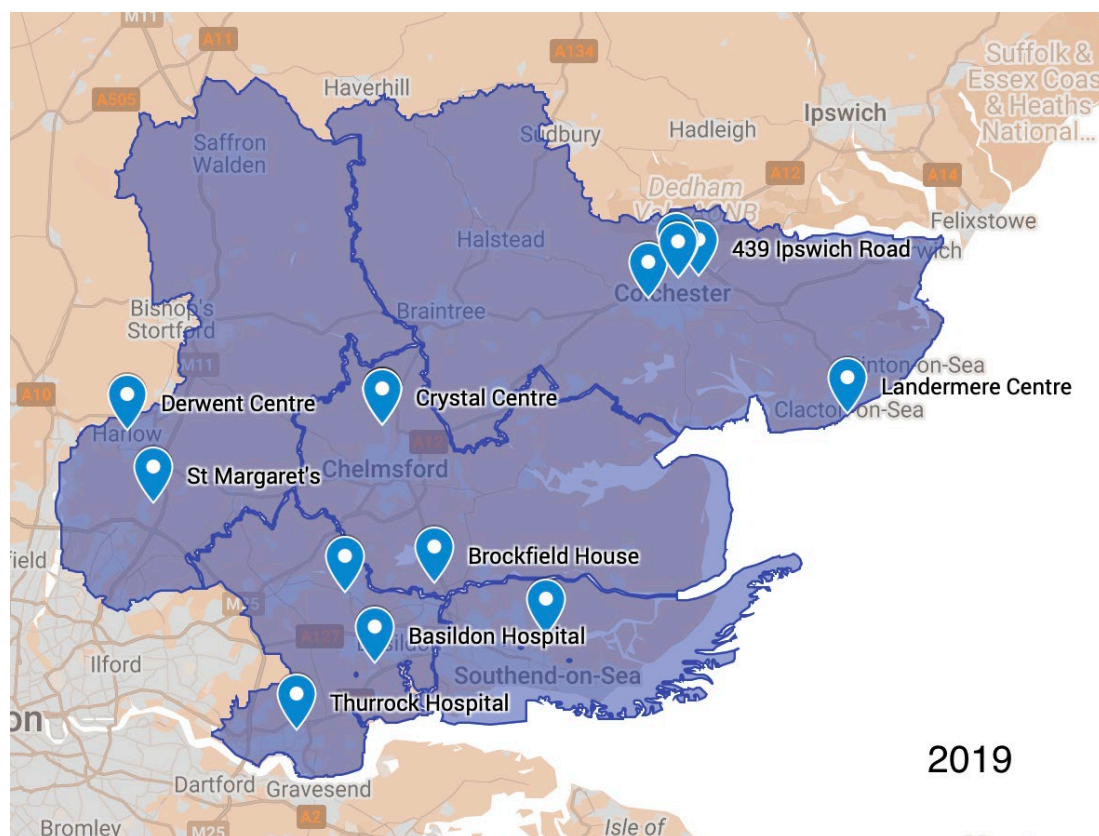
St Peter's	CM1 2GA	Runwell Hospital	SS11 7XX
Linden Centre	CM1 7LF	Severalls Hospital	CO4 5HG
Mountnessing Court	CM12 0EH	St John's Hospital	CM2 9FT
Heath Close	CM12 9NW	St Margaret's	CM16 6TN
St Margaret's	CM16 6TN	St Peter's	CM1 2GA
Baddow Road	CM2 0DG	Sydenham House	CM20 3NR
St John's Hospital	CM2 9FT	The Lakes	CO4 5JL
Derwent Centre	CM20 1QX	Thurrock Hospital	RM16 2PX
Sydenham House	CM20 3NR	Valley Road	CO15 4AR
Witham	CM8 1EN	Weymarks	SS15 5PA
Landermere Centre	CO15 1LH	Witham	CM8 1EN
Valley Road	CO15 4AR		

Figure 2



2009

St Peter's	CM1 2GA	Severalls Hospital	CO4 5HG
Crystal Centre	CM1 7LF	The Lakes	CO4 5JL
Linden Centre	CM1 7LF	Longview Unit	CO4 5JR
Mountnessing Court	CM12 0EH	Kings Wood Centre	CO4 5JY
Heath Close	CM12 9NW	Thurrock Hospital	RM16 2PX
Warley Hospital (Periphery Houses)	CM14 5HJ	Clifton Lodge	SS0 7DB
Maccalls Park	CM14 5LR	Brockfield House	SS11 7FE
St Margaret's	CM16 6TN	Runwell Hospital	SS11 7XX
St John's Hospital	CM2 9FT	Weymarks	SS15 5PA
Derwent Centre	CM20 1QX	Churchview House	SS15 5SZ
Sydenham House	CM20 3NR	Basildon Hospital	SS16 5NL
Landermere Centre	CO15 1LH	Rochford Hospital	SS4 1RB
Valley Road	CO15 4AR	Rawreth Court	SS6 9RN
439 Ipswich Road	CO4 0HF		



Crystal Centre	CM1 7LF	439 Ipswich Road	CO4 0HF
Edward House	CM1 7LF	St Aubyn Centre	CO4 5HG
Linden Centre	CM1 7LF	The Lakes	CO4 5JL
Heath Close	CM12 9NW	Kings Wood Centre	CO4 5JY
St Margaret's	CM16 6TN	Thurrock Hospital	RM16 2PX
Derwent Centre	CM20 1QX	Brockfield House	SS11 7FE
Landermere Centre	CO15 1LH	Basildon Hospital	SS16 5NL
Lexden Hospital	CO3 4DB	Rochford Hospital	SS4 1RB

Specialties

35. The Essex NHS Trusts have provided the following specialties or bed types during the Relevant Period:

- a. EPUT
 - i. Adult MH (long and short stay)
 - ii. Older MH (long and short stay)
 - iii. Mental Health Assessment Unit
 - iv. Adult PICU
 - v. CAMHS
 - vi. Forensic (Low Secure)
 - vii. Forensic (Medium Secure)
 - viii. Learning Disability
 - ix. Mother and Baby (since 2010)
 - x. CAMHS PICU (since 2012)
 - xi. Drug and alcohol (since 2022)
- b. NELFT
 - i. Adult and Older MH
- c. HPFT
 - i. Learning Disabilities

Bed Capacity and Gender Separation

36. An indication of the level of inpatient service provision (bed numbers) for the different services over the Relevant Period is depicted in the chart below. The absolute figures are not accurate.

37. Nevertheless, the trend is clear – a steady and significant decline in the number of general adult and older adult psychiatry beds. There has also been a reduction in Learning Disability beds. The remainder of the

specialties have remained relatively stable. The second chart below shows the proportion of the beds which were on single sex or mixed wards. The number of beds on single sex wards rose through the Relevant Period, but almost half of the NHS mental health beds in Essex remained on mixed wards by the end of 2023.



Figure 4

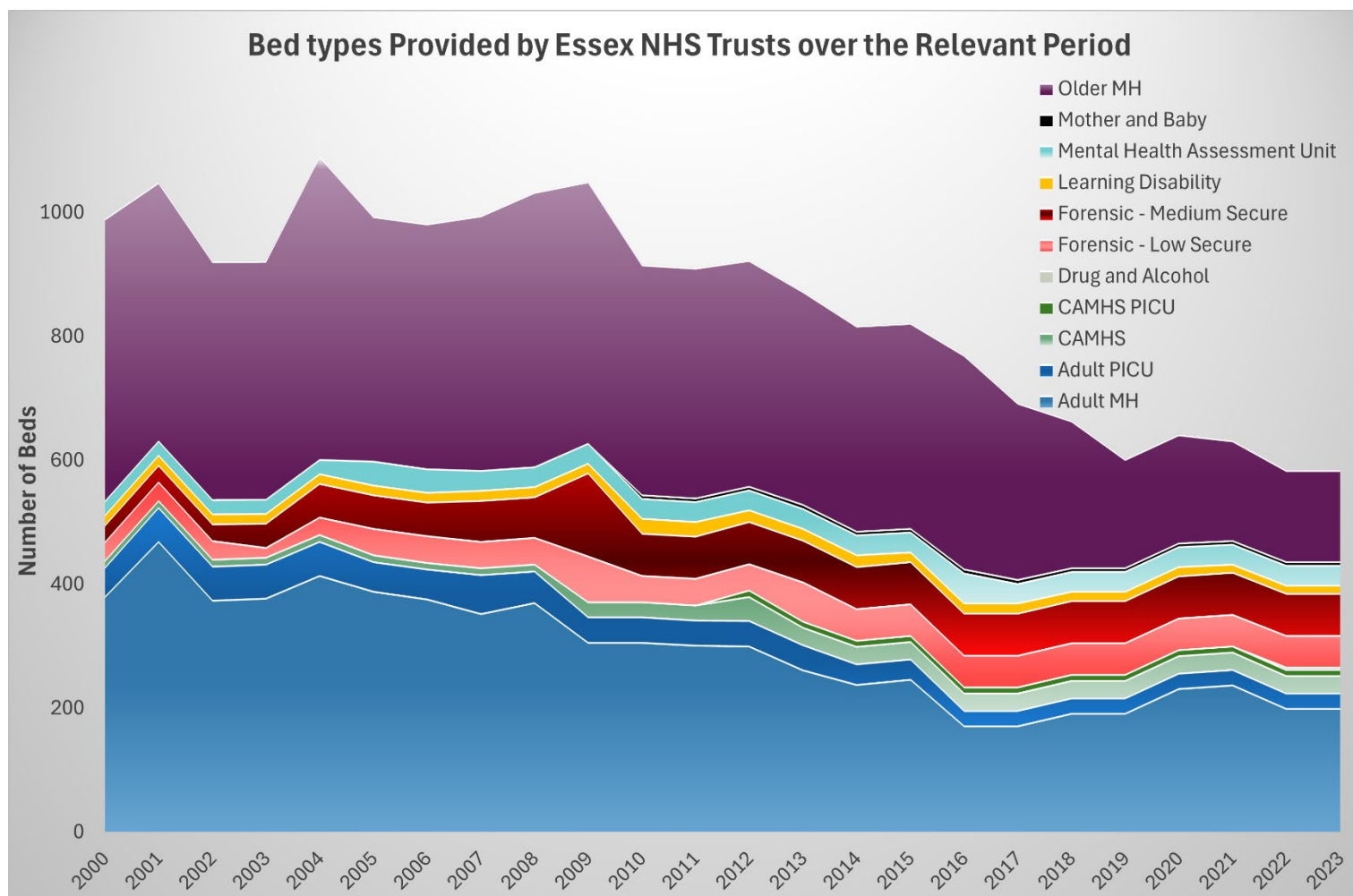
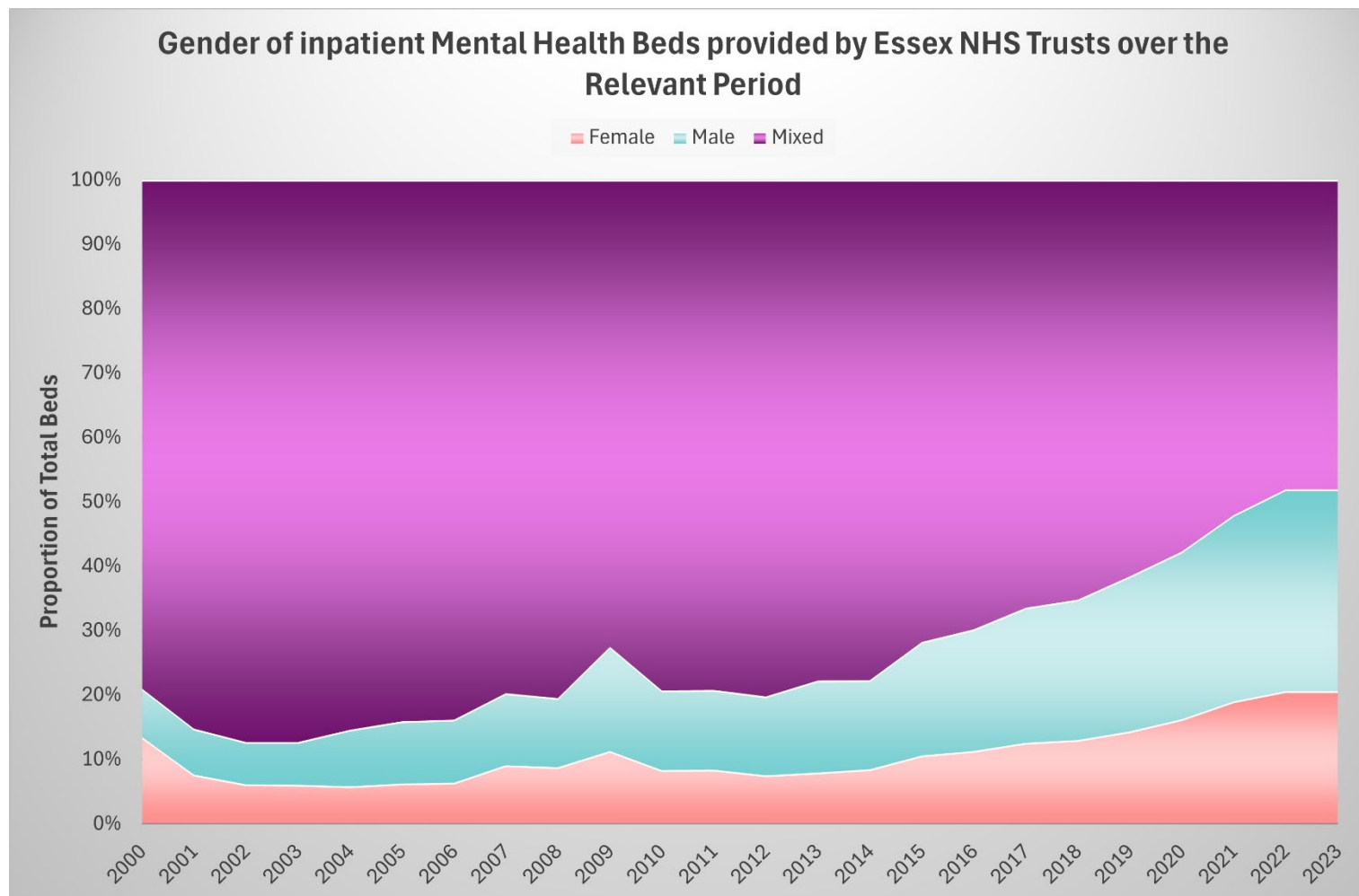




Figure 5



Out-of-Area Inpatient Care

38. Map charts are presented below to provide an overview of the geographical spread of the care provided to Essex patients in private facilities and non-Essex NHS Trusts across the country.
39. It must be understood that this dataset is very incomplete. It is based on the provider list obtained from EPUT and the ICBs and on the information received from the providers who responded in time about the number of Essex patients they had admitted over the Relevant Period. The majority of providers were unable to provide complete figures for the entire relevant period because they did not have electronic records for the entire Relevant Period and it was impossible for them to review their paper-based records in the time available. The total number of Out-of-Area admissions from all the providers who were able to give figures currently stands at over 5,800. However, in light of the issues noted above, that figure is of limited utility.

Reasons for the placements

40. It would be wrong to assume that all these placements were inappropriate. NHS patients can be admitted into private units or into units outside the geographic area where they are registered with a GP and reside for a variety of reasons. The following list of reasons has been compiled mainly from evidence from the ICBs and NHSE with some extra examples provided by individual providers.
- a. Where there is limited national provision for a service
 - i. Some key specialised inpatient services which have not been provided by the NHS Trusts in Essex at any stage during the Relevant Period are:
 - 1. Eating Disorder services

2. High Secure Forensic Services.

3. Personality Disorder services

- ii. Further, even within specialised services potentially available in Essex, there may be a service in another part of the country that has a clinician with a 'special interest'/expertise in a specific mental health matter, and therefore the patient may benefit from care and treatment under that team with better outcomes and/or shorter length of stay.
 - iii. (NHSE have provided evidence explaining that it uses the term “Natural Clinical Flow” rather than “Out-of-Area” because the limited national provision of specialised services may require patients to be placed away from their immediate home area.
- b. Patient or family choice
 - c. Capacity gaps in the local service (due to for example a lack of beds or insufficient clinical capacity).
 - d. Justice/index offence/criminal restrictions
 - e. Victim risk/exclusion zone or safeguarding considerations.
 - f. Geographical proximity to patient's home address or patient's family.
 - g. To maintain patient confidentiality for staff members requiring treatment outside of their employing Trust
 - h. Patients who are admitted as an emergency or via police arrest whilst temporarily in another area
 - i. Where patients have moved away but remain registered with a GP in Essex.
41. Virtually no quantifiable data are currently available on how the placements which occurred were distributed between these potential

reasons, and it may be impossible to obtain. The ICBs have said they are continuing inquiries for information which may lie with them (e.g. patient choice) but other data would be with the NHS providers (lack of capacity) or are simply not compiled and merely recorded in patient notes (emergency admissions or detention out of area).

42. EPUT have said they do not maintain a central log of Out-of-Area placements. They have provided the following table of figures on the number of placements that occurred over the Relevant Period, but no breakdown according to the reason for the placement.

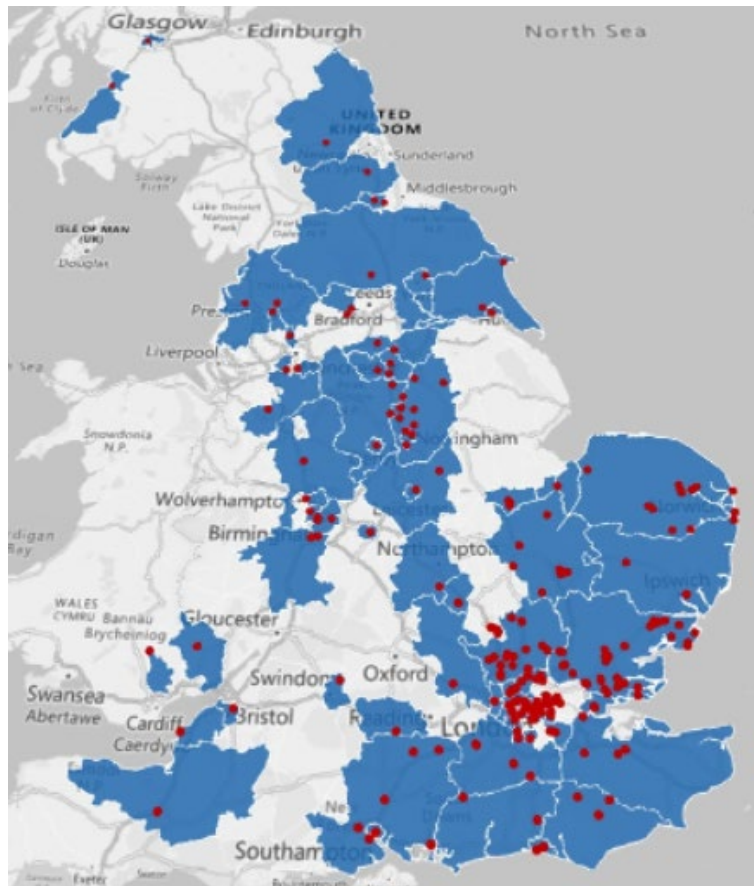
	NHS out of area placement	Independent sector placement	Other
2023	35	799	N/A
2022	32	599	N/A
2021	12	608	N/A
2020	16	321	N/A
2019	45	186	N/A
2018	17	112	N/A
2017	6	221	N/A
2016	51	70	N/A
2015	190	118	N/A
2014	4	N/A	N/A
2012	2	3	N/A
2011	N/A	N/A	2
2008	N/A	1	N/A
2004	1	N/A	1

Map Visualisations

43. The first map below shows the location of every mental health facility that the Inquiry has received information about to date (249 facilities across the country, including the facilities run by the Essex NHS Trusts),

with each postcode marked red and the unitary authority shaded in blue.

Figure 6: Every location in which Essex NHS Patients have been treated.



44. This next map indicates how admissions to external NHS Trusts were distributed across the country. A darker shade of blue of the background is associated with a greater proportion of admissions going to that area. Additional clarity is provided by the hotspots at the relevant postcodes for each region. The figure immediately following shows the same information for admissions to independent providers.



Figure 7: Spread and variation in Out-of-Area NHS admissions

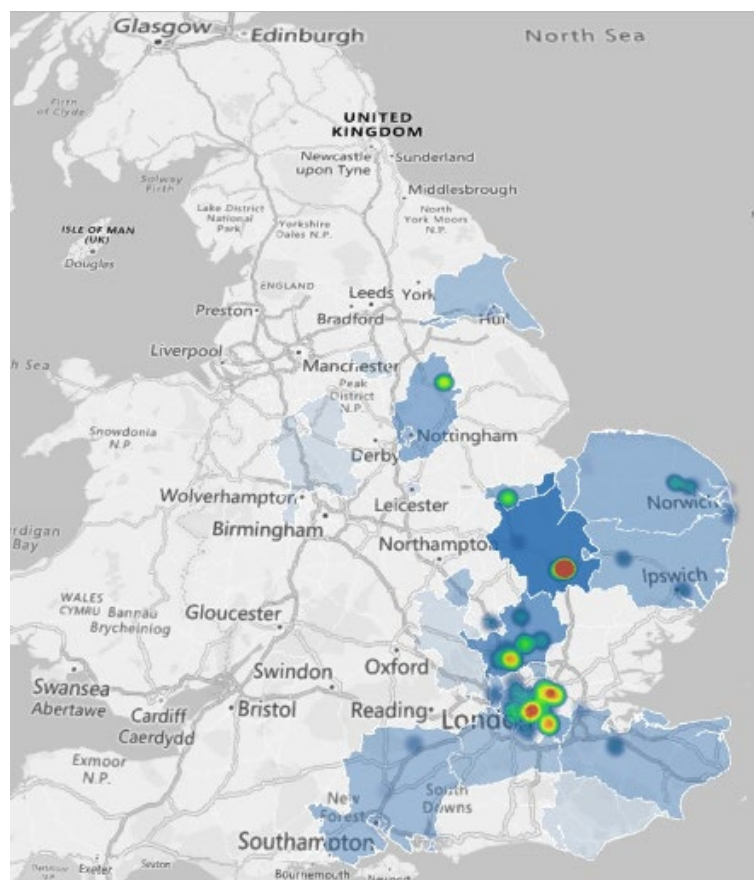
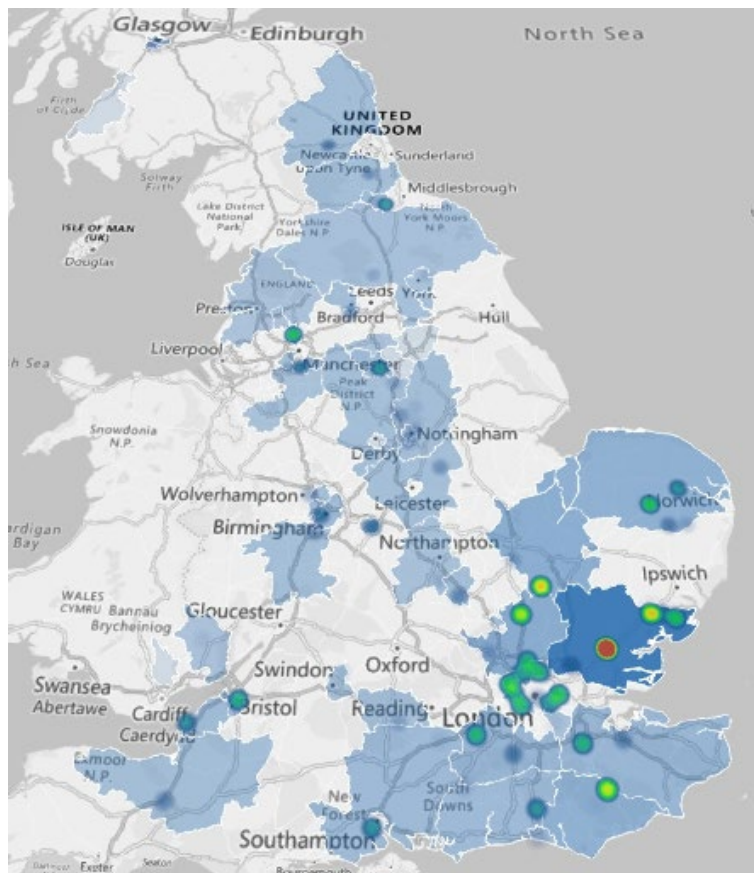
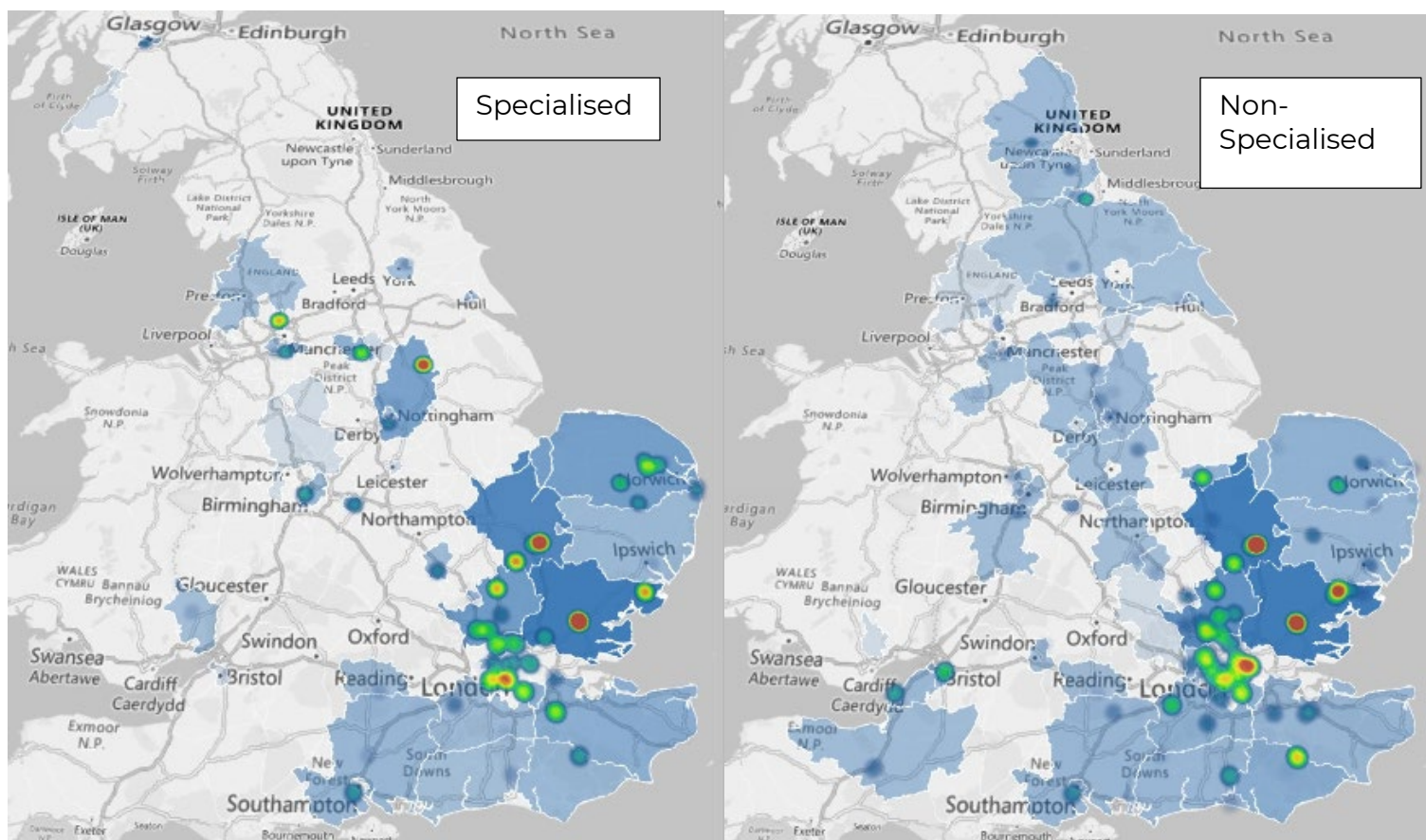


Figure 8: Spread and variation in independent provider admissions



45. The final figure below depict placements for specialised services (CAMHS, forensic, eating disorder, and mother and baby units) alongside other placements (for adult and older adult MH, PICU, Learning disability, and brain injury units).

Figure 9: distribution of specialised services alongside non-specialised services



46. This evidence is not presented in order to invite any judgment about what has been depicted. No conclusions, for example about the proportions of the placements that were appropriate, or the appropriateness of the place in which treatment was received, can be drawn from the information currently available. The objective for providing these maps is to assist with visualisation of the spread of locations in which care has been delivered to those who might be within scope of the Inquiry.

Non-inpatient Services provided by Essex NHS Trusts

EPUT

47. EPUT has provided a detailed account of the history and framework of the teams which hold a Gatekeeping role over inpatient admissions in the Trust. These teams have responsibility for assessing patients to decide whether or not they should be admitted.
48. They include:
- a. The Crisis and Home Treatment Teams – these were introduced progressively across Essex from the early 2000s.
 - b. A&E Liaison – the mental health liaison service in Acute hospitals (already referred to above from the perspective of those hospitals) was initially provided by mental health professionals from the community and inpatient mental health teams working on a rota; then dedicated teams were introduced progressively across Essex.
 - c. The Crisis Response Service; this is a service which has been in place since 2020 to receive and triage urgent calls made via NHS 111 option 2 and, if thought to be required, carry out a face-to-face assessment of the patient.

- d. An Urgent Care Department in Basildon Hospital, delivered as alternative to A&E for patients presenting in crisis.
 - e. A variety of dedicated older adult gatekeeping teams.
 - f. The secure forensic inpatient units and the Mother and Baby unit carry out their own gatekeeping process.
49. EPUT also previously organised gatekeeping of admissions for CAMHS patients, in the first decade of the Relevant Period it was done by the Trust's only CAMHS unit at the time, Longview ward on Turner Road in Colchester. From 2007 (in the North) and 2009 (in the South) the Trust had a CAMHS Crisis Outreach Team which undertook gatekeeping, until the Community CAMHS services were passed to NELFT in 2015. Following this, admissions were arranged by direct liaison between the NELFT CAMHS Crisis teams and the EPUT CAMHS wards.

Mental Health Act Assessments

50. As noted above, Mental Health Act assessments fall under the statutory responsibility of the Local Authority. However, section 75 of the National Health Service Act 2006 empowered Local Authorities to enter agreements with NHS Trusts to exercise their functions. In 2006 the three Essex Councils entered into such an agreement with EPUT to provide Mental Health Act assessments from 9am-5pm on Monday to Friday. Therefore, the Trust had AMHP teams who delivered that service. Outside those hours the responsibility for the assessments remained with the Local Authority, who had an Emergency Duty Team.
51. The s.75 agreements for EPUT to provide daytime AMHP services came to an end with Essex County Council in 2019, with Thurrock Council in 2021 and with Southend Borough Council in 2023, and the Councils took back the AMHP roles centrally.

NELFT

52. *[Content to follow]*.

HPFT

53. HPFT was not asked about its non-inpatient services, because the Inquiry received confirmation of its role as an Essex NHS Trust only very recently, in the witness statement produced for this hearing. Moving forward, further information will be sought about the scope of the Learning Disability services HPFT provides in North Essex.

Next Steps

54. The data that the Inquiry has received on this topic remain incomplete. It will be finalised by gathering the pending statements from the providers who did not or could not respond in time for this hearing. For the reasons touched on in paragraphs 11 to 13 above, it is unlikely to be possible to obtain a perfect record of every location and context in which any patient who falls within the Inquiry's terms of reference may have been treated. However, the Inquiry will endeavour to achieve a picture that is as complete as possible, while giving proper regard to considerations of proportionality.

55. The analyses illustrated above will be continued and expanded, to ensure the data are presented in the most useful and instructive way. This is an area in which the Inquiry will seek the assistance of its expert health statistician, Professor Donnelly. The final outcome will provide important context regarding the care that was delivered to the patients within scope of the Inquiry's Terms of Reference. It may also assist in guiding the selection of the most appropriate regions to use

for the comparisons that will be needed to understand how similar or divergent the care delivered in Essex was to the rest of the country.

31 March 2025 (Updated on 25 April 2025)

Dr Tagbo Ilozue

Counsel to the Inquiry

Annex A: Witness Statements and Exhibits Obtained by the Inquiry on this Topic⁸

	Organisation	Statement	Date	Exhibits
1	Cambridge and Peterborough NHS FT	Witness statement of Stephen Grange re facilities and services offered by the Trust	24.03.25	<ul style="list-style-type: none"> • SG/001: Wards List • SG/002: Admission, Transfer and Discharge Policy
2	Central and Northwest London NHS FT	Witness statement of Graeme Caul re wards and services offered by CNWL	26.03.25	<ul style="list-style-type: none"> • GLC/1: Wards List • GLC/2: St Charles Hospital Bed Management Protocol • GLC/3: Bed Management Protocol • GLC/4: CNWL internal escalation protocol for patients awaiting admission • GLC/5: Bed Management Protocol • GLC/6: Mental Health Compact
3	Cygnet Health Care	Witness statement of Christian Joseph Young re wards and services offered by Cygnet	26.03.25	<ul style="list-style-type: none"> • CY1: Wards and services schedule • CY2: Records management and data quality policy with records retention schedule • CY3: Referral form

⁸ Some exhibits were deliberately omitted from the evidence bundle for the April-May 2025 hearing because they were not directly relevant to the matters to be addressed. Those which are relevant to the Inquiry's ongoing investigations will be disclosed in due course where it is appropriate to do so.

				<ul style="list-style-type: none"> • CY4: Referrals policy for adult services • CY5: NHSE referrals policy • CY6: Admissions policy
4	East London NHS FT	Witness statement of Dr David Bridle re wards and services provided by ELFT	26.03.25	<ul style="list-style-type: none"> • Exhibit 1: Wards List
5	East Suffolk and North Essex NHS FT	Witness statement of Nicolas Hulme re services provided by ESNEFT	25.03.25	<ul style="list-style-type: none"> • n/a
6	Ellern Mede	Witness statement of Aanika Patel re facilities provided by Ellern Mede	24.03.25	<ul style="list-style-type: none"> • Exhibit: Wards List • AP/01: Referrals Policy
7	EPUT	Witness statement of Alexandra Green re wards within EPUT, SEPT, NEP, out of area placements and non-inpatient services	26.03.25	<ul style="list-style-type: none"> • AG2-001: Wards and Services List • AG2-002: Wards by Trust • AG2-003: Statutory Instrument 2017 - Essex Partnership University NHS Foundation Trust • AG2-004: Statutory Instrument 2002 - South Essex Partnership NHS Trust • AG2-005: 2006 SEPT Foundation Status • AG2-006: Statutory Instrument 2000 - South Essex Mental Health and Community Care NHS Trust

				<ul style="list-style-type: none"> • AG2-007: Statutory Instrument 2000 - Southend and Thameside dissolution • AG2-008: Statutory Instrument 1999 Southend Community Care Services NHS Trust • AG2-009: Statutory Instrument 1996 Thameside Community Healthcare NHS Trust • AG2-0010: Statutory Instrument 2001 - 3 North Trusts dissolution • AG2-0011: Statutory Instrument 2001 - North Essex Mental Health Partnership NHS Trust • AG2-0012: Statutory Instrument 1994 - Essex and Herts Community NHS Trust • AG2-0013: Statutory Instrument 1993 - Mid Essex Community and Mental Health NHS Trust • AG2-0014: Statutory Instrument 1991 - North East Essex Mental Health NHS Trust • AG2-0015: Therapeutic Engagement and Supportive Observation Policy. Version 4.2
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				<ul style="list-style-type: none"> • AG2-0016: Bed Occupancy
8	Great Ormond Street Hospital	Witness statement of Carly Vassar re facilities provided by GOSH	25.03.25	<ul style="list-style-type: none"> • Exhibit: Wards List • CV01: MCU info for referrers • CV02: Operational SOP
9	Grove Park Healthcare Group	Witness statement from Grove Park's Business Services and Support Manager re service run by GPHG	24.03.25	<ul style="list-style-type: none"> • Exhibit: Grove Park Mental Health Unit Policies
10	Hampshire and Isle of Wight Healthcare NHS Foundation Trust (formerly Southern Health)	Witness statement of Louisa Felice re wards and services run by the Trust, formerly Southern Health	27.03.25	<ul style="list-style-type: none"> • Exhibit: Wards List
11	Hertfordshire Partnership University NHS FT	Witness statement of Helen Jill Edmondson re services run by the Trust	26.03.25	<ul style="list-style-type: none"> • Exhibit: Wards List
12	Humber Teaching NHS FT	Witness statement of Lisa Marie Davies re wards run by the Trust	24.03.25	<ul style="list-style-type: none"> • Exhibit: Wards List • LD1: Standard operating procedure adult and older adults bed management • LD2: Standard operating procedure adult mental health inpatient treatment units • LD3: Discharge and Transfer Principles of Good Practice Policy and Procedure (Inpatient) • LD4: Standard operating procedure discharge and

				<p>transfer (adult and older adult mental health inpatients)</p> <ul style="list-style-type: none"> • LD5: Referral Form to Access Tier 4 (including Inpatient) CAMHS Services • LD6: Essex patients who have had an inpatient admission to Humber Teaching NHS Foundation Trust inpatient wards
13	Integrated Care Boards (ICBs)	Witness statement of Matthew Sweeting re commissioning of out of area services on behalf of Hertfordshire and West Essex, Mid and South Essex and Suffolk and North East Essex ICBs	26.03.25	<ul style="list-style-type: none"> • MAS01: CV008 ITU psychology provision signed by EPUT • MAS02 EPUT 2022-24 MH contract-final signed by EPUT & HWEICB • MAS03: All-age Mental Health Crisis Service and Home First • MAS04: Draft EPUT 21-22 contract V6 • MAS05: 19-20 Contract Particulars final (1) • MAS06: EPUT Service Spec 19-20 • MAS07: CV34-NEE April 22 fully signed • MAS08: NELFT Full length standard contract particulars v6 final 200422 SIGNED ALAN POND • MAS09: Covid 19 NHS Contracting and Payment 26 March • MAS10: ITP Policy and Procedure Reviewed and Amended Nov 2021 FINAL

				<ul style="list-style-type: none"> • MAS11: ITP List • MAS12: MH List • MAS13: Out of Area Wards List Template_GR version_100325_final • MAS14: List of providers - result of ledger searches • MAS15: Final EPUT Collaboration Agreement 2022-23 v6 03.08.22
14	Kent and Medway NHS and Social Care Partnership Trust	Witness statement of Sheila Stenson re services run by the Trust	25.03.25	<ul style="list-style-type: none"> • Exhibit: Wards List
15	Midlands Partnership University NHS FT	Witness statement of Dr Abid Khan re wards and services provided by the Trust	25.03.25	<ul style="list-style-type: none"> • AK1: Wards List
16	MSEFT	Witness statement of Dr Christine Blanshard re wards and services offered by MSEFT	28.03.25	<ul style="list-style-type: none"> • CB2: MH letter Lampard Inquiry 241224
17	NELFT	[Content to follow].		
18	Newmarket House Healthcare	Witness statement of Andrea Ramsden re wards and services provided by NHH	24.03.25	<ul style="list-style-type: none"> • Exhibit: Wards List
19	NHS England	Written statement of Clare Panniker re specialised services, out of area placements, data systems and inpatient mental health data	24.03.25	<ul style="list-style-type: none"> • CP/001: Out of Area data spreadsheet.xlsx • CP/002: SOP for Placing Patients Outside NCF Final v1.4.pdf

				<ul style="list-style-type: none"> • CP/003: NHSE EoE commissioned beds - as at June 2021.csv
20	Norfolk & Suffolk NHS FT	Witness statement of Anthony Deery re services provided by NSFT	21.03.25	<ul style="list-style-type: none"> • Exhibit: Wards List • Exhibit: Diagnosis Table • Exhibit: List of Policies
21	Nottinghamshire Healthcare NHS Foundation Trust	Witness statement of Ifti Majid re wards and services run by the Trust	28.03.25	<ul style="list-style-type: none"> • Exhibit: Wards List [DRAFT]
22	Oldercare (Haslemere) Ltd	Witness statement of Terry Stoodley re services provided by Oldercare	26.03.25	<ul style="list-style-type: none"> • Exhibit: Wards List
23	Priory Group	Witness statement of Louise Griffiths re wards and services run by Priory	26.03.25	<ul style="list-style-type: none"> • Exhibit: Wards List
24	Sheffield Children's Hospital NHS FT	Witness statement of Dr Jeffrey Perring re wards and services provided by the Trust	24.03.25	<ul style="list-style-type: none"> • Exhibit: Wards List
25	South London & Maudsley NHS FT	n/a		<ul style="list-style-type: none"> • Wards List [draft]
26	South West London and St George's Mental Health NHS Trust	Witness statement of Ryan Taylor re wards and services run by the Trust	25.03.25	<ul style="list-style-type: none"> • Exhibit: Wards List
27	St Andrew's Healthcare	Witness Statement of Tony Miller [not received in time to be	28.03.25	<ul style="list-style-type: none"> • Wards List [draft]

		included in the hearing bundle]		
28	The Princess Alexandra Hospital NHS Trust	Witness statement of Thomas Lafferty re services provided by PAHT Second witness statement of Thomas Lafferty re supplementary information regarding services provided by PAHT	13.03.25	n/a
29	The Salvation Army Social Work Trust	Witness statement of Mitch Menagh re support services and programmes	25.03.25	• Exhibit: Wards List
30	Vivre Care (Elysium Healthcare)	Witness statement of Quazi Haque re wards and services provided by VC	25.03.25	• Exhibit: Wards List • Exhibit: Referral and Admission Policy
31	West London NHS Trust	Witness statement of Maria O'Brien re facilities and services provided by the Trust	25.03.25	• Exhibit: Wards List