

Leicester, Leicestershire and Rutland
Joint Health Overview and Scrutiny Committee

Tuesday 15 February 2022, 12 pm

Report title: **Step Up to Great Mental Health – Decision-Making Business Case**

Report presented by: Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs)

Angela Hillery, Chief Executive, Leicester Partnership NHS Trust (LPT)

Executive summary:

1. At the Leicester, Leicestershire and Rutland Clinical Commissioning Groups Governing Bodies meeting on Tuesday 14 December 2021 the individual Governing Bodies approved plans to invest in and reconfiguration adult mental health services for Leicester, Leicestershire and Rutland.
2. Formal public consultation commenced on 24 May 2021 and ran until 15 August 2021 to discuss with the public plans to improve mental health services and deliver care to closer to where people live.
3. The results of the consultation are set out in the [Report of Findings](#). The findings from the consultation have been considered in setting out the final proposals in the [Decision Making Business Case](#).
4. An independent external Equality Impact Assessment has been completed reviewing the consultation process.

Step-up to Great Mental Health

1. Step Up to Great Mental Health is the Leicester, Leicestershire and Rutland Integrated Care System (ICS) programme to improve and transform mental health services.
2. The programme is jointly led by the CCGs and Leicestershire Partnership NHS Trust working with a broad range of partners including the Voluntary and Community Sector and Primary Care.
3. This Board paper and Decision-Making Business Case relate to the plans to improve our Urgent and Emergency Mental Health Care pathway and to strengthen the integration of our Community Mental Health services.
4. This is the most significant new investment in mental health services for over a decade.

The consultation and decision-making process

5. The CCG Governing Bodies approved the Pre-Consultation Business Case on the 10 May 2021. It also approved the commencement of formal consultation with the public on those proposals. This decision was based on a successful NHS England pre-consultation assurance review in March 2021.
6. The public consultation ran from 24 May 2021 to 15 August 2021. The results of the consultation are set out in [the Report of Findings](#).
7. The findings from the consultation have been considered in setting out the final proposals in the Decision-Making Business Case.
8. An independent external Equality Impact Assessment has been completed reviewing the consultation process.

Report of Findings

9. The Midlands and Lancashire CSU has provided independent support to the consultation process, receiving and aggregating comments and responses to the questions on support for specific changes. The CSU has also monitored the breadth of the community responding to the consultation.
10. The CSU Report of Findings was received on 19 November and has been shared on the consultation website. It was also shared with the LPT workforce through an all-staff email on Monday 22 November.
11. The Patient Experience and Involvement Team shared it with the People's Council who have been representing service users throughout the consultation. It has also been shared and assured by the health system Public and Patient Involvement Assurance Group. In addition, the Voluntary and Community Sector organisation who helped communicate the consultation and involve communities have also discussed the Report of Findings and next steps.
12. We received an excellent response to the consultation with over 6,500 responses. They represent real-life experiences and views of people and communities across Leicester, Leicestershire and Rutland.
13. This comprised of 3,635 completed online main questionnaires, 212 completed postal questionnaires, 205 completed online easy read questionnaires, 41 completed postal questionnaires, 41 correspondences (letters and emails).
14. There were also 2,516 participants/focus groups and one-to-one interviews across 164 events.

15. The Report of Findings shows a strength of support for the investment and improvement plans. While the vast majority of people supported the proposals, the qualitative, personal and extensive insights shared by people will influence the implementation of improvements, ensuring they are people centred.

Equality Impact Assessment

16. The CCGs commissioned an Equality Impact Assessment in relation to the Step up to Great Mental Health consultation process.
17. The EIA review is a follow up to the original Equality Impact Assessment undertaken in January 2021 by North of England Commissioning Support Unit.
18. The findings endorse the recommendations of the earlier EIA and applaud the CCGs and the Trust's ongoing efforts to further reach out to, and take into consideration, the diverse population of Leicester, Leicestershire, and Rutland.
19. It is acknowledged that these efforts are ongoing and are expected to develop further over coming weeks, months and years throughout the design and delivery phase of the programme.
20. Opportunities will arise to capitalise on successes to date and purposefully engage with our population, in designing services that are 'owned' by its communities.
21. Whilst recognising and respecting difference of opinion and geographical variation, the EIA review concludes that the proposals attracted significant endorsement and have ably considered most of the population's needs. There is also clear evidence of a desire to continue to work with the community and partner organisations.
22. The EIA report makes eight recommendations for future work that we are recommending the CCG Board agrees.

Decision-Making Business Case

23. The Decision-Making Business Case includes the population health need analysis and the national and local case for change. These plans will help us to deliver a series of national best practice frameworks while responding to local need.
24. The Decision-Making Business Case describes the three-year process to coproduce the plans that went out to consultation, with service users, staff and wider stakeholders and sets out the detail of the proposed future service models described in our Pre-Consultation Business Case and public consultation.
25. The DMBC then summarises the consultation process, the consultation feedback and our response to it. It describes the level of support for each proposed service change, provides detail on the feedback comments and sets out our response to that feedback.

26. The DMBC sets out the recommended decisions that were considered by the CCG Board on 14 December and approved.
27. The [CCG Board paper summarises](#) the recommended decisions that were approved under three headers:
- Decisions relating to the specific service improvements in the consultation
 - Decisions relating to overall consultation feedback themes
 - Decisions relating to the Equality Impact Assessment

Decisions relating to the consultation

28. Provide an additional comprehensive suite of self-help guidance and tools
- a) Agree to provide a comprehensive suite of self-help guidance and tools in one place online, while making the material available in printable format.
 - b) Agree to address the feedback on the type and simplicity of the information, and access routes to the information with the support of a service user advisory group and wider engagement as we develop and implement our plans.
 - c) Agree to provide support to find and understand the information via the Mental Health Central Access Point for people unable to navigate or understand the information on the website.
 - d) Agree to share a QR code on posters and business cards in a wide range of settings including GP practices.
 - e) Agree to pilot the use of publicly accessible IT terminals to access the self-care guidance.
29. Introduction of a Central Access Point
- a) Agree to make the Central Access Point permanent.
 - b) Agree to address the consultation feedback on promotion and awareness of the CAP, access routes for vulnerable groups, interpreter and BSL support, improving responsiveness and performance standards as part of the implementation and further development phase.
 - c) Agree to develop the service to provide support to families and carers. To support this, the CAP and the Urgent and Emergency Care Steering Group will be expanded to include family and carer representatives to develop and test material.
 - d) Agree to undertake a review of demand, capacity and workforce models alongside the potential use of technology to improve the support offer. The review of capacity will include modelling the workforce required to introduce a call-back service and a text access route.

30. Expand the number of Crisis Cafes

- a) Agree to open a further 22 crisis cafes in community locations in Leicester, Leicestershire and Rutland.
- b) Agree to work with local communities and voluntary and community groups to identify suitable locations, to co-design appropriate support offers considering diversity and ethnicity, co-location of other services and to link with wider community assets. Developing an appropriate local offer in each neighbourhood.
- c) Agree to work with local communities and service user groups to inform the names of the Cafés to identify a different term or terms for the cafes.

31. Improve and expand the Crisis Service

- a) Agree to improve and expand the Crisis Service in Leicester, Leicestershire and Rutland as set out in the Pre-Consultation Business Case.
- b) Agree to promote the range of Urgent and Emergency Care (UEC) services and build awareness of the support available across the pathway.
- c) Agree to work with the UEC service user group to consider options to improve communication with service users and their families as part of our implementation and on-going review processes.

32. Introduce an Acute Mental Health Liaison Service

- a) Agree to create an Acute Mental Health Liaison Service by joining together the existing teams and basing them at Leicester Royal Infirmary close to the emergency department.
- b) Agree to address the feedback on promoting the service to UHL staff and building awareness of all wards and departments through implementation.
- c) Agree to provide support and development training to acute hospital colleagues including to A&E staff in mental health awareness.

33. Establish a Mental Health Urgent Care Hub

- a) Agree to make the Urgent Care Hub permanent and to undertake an options appraisal on whether to maintain the Hub at the Bradgate Unit in the longer term.
- b) Agree to include staff training in customer care to strengthen the nature of the welcome at the Urgent Care Hub.

34. Expand the hours that the Triage car is provided

- a) Agree to expand the hours of the Triage car service and to expand the joint working with East Midlands Ambulance Service.
- b) Agree to develop further mental health awareness training alongside the police and ambulance services.

35. Intensive support to vulnerable groups
 - a) Agree to implement the investment and recruitment plans set out in the consultation, focusing our implementation plans on effective collaboration between the teams coming together.
36. Create eight Community Treatment and Recovery Teams focused on adults and eight Community Treatment and Recovery Teams focused on older people
 - a) Agree to move eight Community Treatment and Recovery Teams for adult mental health with eight dedicated teams for Older People's mental health operating on the same geographic footprints.
 - b) Agree to undertake dedicated engagement in each locality to agree the working hours that best meet the need of the local population.
 - c) Agree to focus implementation plans on existing service users and managing their care during the period of transition. These plans will be linked to specific quality and safety triggers to be applied during the implementation phase.
37. Dramatically cut waiting times to access Personality Disorder Services
 - a) Agree to the investment and expansion to the Personality Disorder service set out in the Pre-Consultation Business Case focusing on integration with other services.
38. Expand the service available for perinatal women from pre-conception to 24 months after birth
 - a) Agree to the investment and expansion of the perinatal service including doubling the period of support from 12 months to 24 months after birth.
 - b) Agree to develop specific implementation plans to reflect the diverse community and work with relevant community groups to build awareness and access to the support on offer.
39. Improve the support for women who are experiencing trauma and loss in relation to maternity experience
 - a) Agree to the investment and expansion of the maternal outreach service including the development of support services for fathers and partners.
 - b) Agree to address the suggestions of training on cultural diversity and incorporating multicultural practices through the implementation plans.
40. Improve psychosis intervention and early recovery service
 - a) Agree to support the investment and service change plans to improve psychosis intervention and early recovery, set out in the Pre-Consultation Business Case.
41. Enhance the memory service introducing different ways of providing the service

- a) Agree to the investment and improvement proposals relating to the Memory Service, set out in the Pre-Consultation Business Case.
- b) Agree that provision via digital means will be an option rather than the only route to Memory Services and that service users will be able to choose the vehicle that suits them best.

42. Establish an Enhanced Recovery Hub team

- a) Agree to establish an Enhanced Recovery Hub team and to develop the services, as set out in the Pre-Consultation Business Case. Telephone and video-based services a) Agree to continue to offer and develop telephone and video-based services as an option for service delivery.
- b) Agree that the use of telephone and video as a vehicle to interact with service users will be offered a choice determined by the service user.
- c) Agree to pilot the use of publicly accessible IT terminals to access the self-care guidance.

Decisions relating to overall consultation feedback themes

43. Working with local communities, voluntary and community sector

- Agree to apply the principles set out in chapter 7 on the role of the VCS in implementation planning, co-production, making the service changes and in the on-going delivery of these services.

44. Working with carers

- Agree to apply the principles set out in chapter 7 in our work with carers and with VCS groups acting as advocates of carers to ensure that the service improvements align with carer needs and are co-produced with their support.

Decisions relating to the Equality Impact Assessment

45. Agree to the following eight recommendations from the independent EIA review.

- The intelligence and guidance achieved to date is a rich learning opportunity for the future; it is acknowledged that the results of the consultation are being shared widely and whilst doing so, recommends communities are formally thanked for their contribution.
- Build upon the relationships and alliances that have already established through the consultation, by enhancing the current arrangements to create genuine and sustainable partnership arrangement with the voluntary and community sector. Where mutually agreeable, partnering during the co-design, implementation phase; post-project evaluation and beyond to find lasting solutions to issues on an ongoing mutual basis.

- Empower communities and capitalise on front line NHS staff being members of such communities, maintaining an understanding and support of protected groups through long term collaboration.
- Apply the same rigour of focus, devoted to the communities served, to staff and the organisations' ways of working.
- Ensure the Trust's staff education and training programme is inclusive of understanding beliefs and values of different communities and of a broad cultural education.
- Persevere, to engage under-represented groups in co-design and implementation phases.
- Develop a plan for digital enablement and health literacy, to appropriately support the delivery of treatment and use of digital tools across communities.
- Aspire to be an exemplar system for health inequality through collaboration with communities

Acknowledgement of support to engage

46. The CCGs and LPT wish to thank everyone who has participated in the consultation process for sharing their experiences and what matters most to them. We would also like to acknowledge the fantastic support we received in promoting the consultation from local voluntary and community sector partners.