
Adult Mental Health (LPT and Leicester City Council update)

Public Health and Health Integration Scrutiny Commission

Date of meeting: 5th November 2024

Useful information

- Ward(s) affected: City-wide
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1. Summary

- 1.1. This paper provides an update on key challenges, waiting times and joint working to address mental health across Leicester City.
- 1.2. This paper provides an update from Leicester City Council and Leicestershire Partnership NHS Trust (LPT) Adult mental health services. In the October meeting an update was provided on Child & Adolescent Mental Health (CAMHS) waiting times and developments of these services. An update to members on the local learning from improving services for people with a neuro-disability or learning disability is planned for a future meeting in 2024.
- 1.3. Across Leicester City, Leicestershire & Rutland we have a Mental Health Partnership where local authorities, the ICB and VCS are all members and work together to. The partnership drives forward the Joint Integrated Commissioning Strategy for Adult Mental Health (2021 – 2025) and the placed based plan for mental health.
- 1.4. Our partnership working is supporting us to deliver connected services to our people and tackle many of the challenges we are facing.

2. Recommended actions / decision

Scrutiny Commission is asked to note:

- 2.1. The demand for mental health services and the actions that the City Council and LPT have taken to address the increased demand.
- 2.2. The engagement of the city council and LPT to support individuals into employment to support long-term recovery and well-being.
- 2.3. The challenges for both Leicester City Council and Leicestershire Partnership NHS Trust within their respective mental health provision.

Scrutiny Commission is asked to support:

- 2.4 Championing good mental health, well-being and employment through our City Council, LPT, wider public services and our voluntary and community services to support people in our city.

3. Community Mental Health Services

3.1. Leicester City Council's Adult Mental Health Service works with adults with severe and enduring mental health issues. The service conducts assessments under the Care Act, Mental Health Act assessments, Mental Capacity assessments, provision of support to people to meet eligible needs under Section 117, supporting people to be discharged from hospital, Community treatment Orders, reports to Mental Health Review Tribunals and Ministry of Justice reports (including monitoring and reviews).

3.2. The Mental Health Wellbeing & Recovery Support Service has been delivered by P3 since October 2022. Since going live, the service has supported over 1,000 people with one-off advice or ongoing Community Recovery Support. This is a preventative service which contacts people within 10 working days of referral. At times there is a waiting list for Community Recovery Support, however this is managed through regular check-in calls with people while they wait. The service also delivers peer support groups and mental health support & awareness programmes that people can access whilst waiting for 1:1 support.

3.3 Employment Support. Both the city council and LPT are supporting people with mental health needs back into employment as part of their recovery.

The LPT Employment Support Service is open to adult patients in community mental health teams, psychosis intervention and early recovery (PIER) and assertive outreach services.

The Employment Support Service team have more than nine years' experience and has helped more than 1,000 patients achieve their work or learning goals. The staff group bring a wealth of expertise and skill and the service continues to expand.

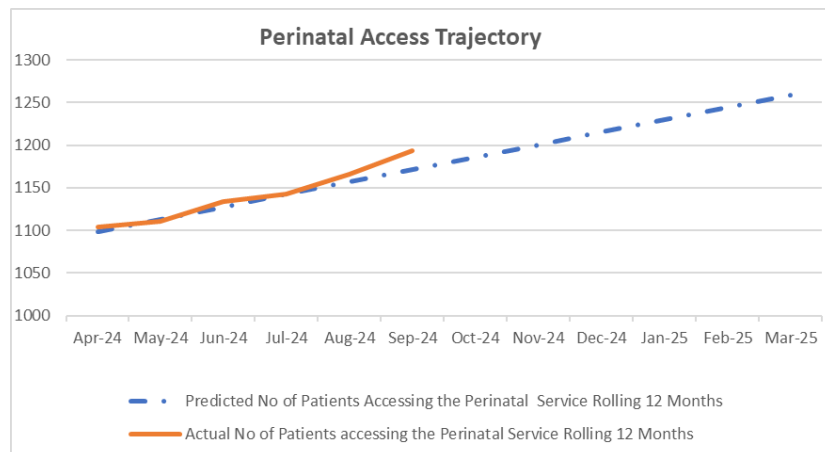
The city council does not have a specific service supporting people with mental health needs into employment, but does commission and provide various offers that people with mental health needs can get support from such as the Employment Hub. Support around obtaining and maintaining employment is also built into adult social care services such as supported living services and the Mental Health Wellbeing & Recovery Support Service detailed at 3.4 above.

3.4 Adult General Psychiatry Waiting Times This service was a key driver to changes proposed in Step up to Great Mental Health now delivering as our Better Mental Health for all Transformation programme.

- Since March 2020 services have noted an increase in referrals and increased challenges in relation to discharge. Our transformation programme focuses on ensuring early help, the first-time people contact us. The service has implemented immediate improvement actions including a caseload review project, continuous recruitment with a drive to develop attractive roles within the new neighbourhood model and maximising current clinical pathways and capacity.

3.5. Perinatal Mental Health Services has an access target which is 10% of the LLR birth rate. This equates to 1259 women accessing the service cumulatively across the 12-month financial year. All patients must be seen face-to-face or via a virtual platform on at least one occasion within 12 months to be counted as accessing the service.

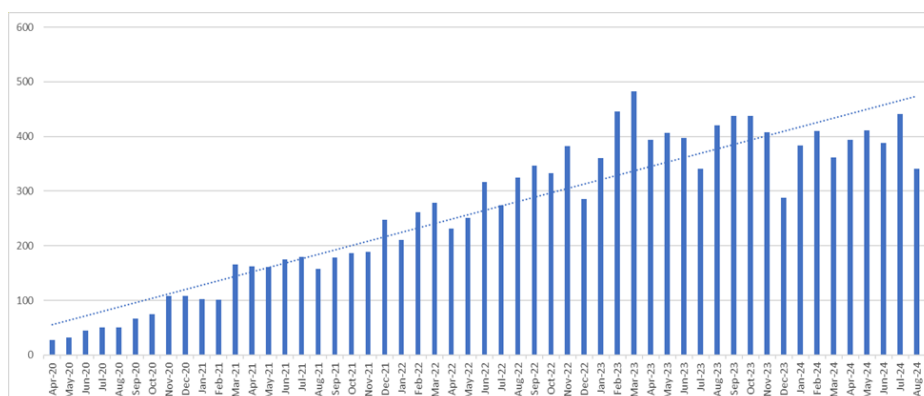
- The service has received significant investment to increase capacity and achieve long term ambitions. However, since the pandemic the service has struggled to achieve the access target.
- During 2024/25 the service put in place a trajectory which is monitored regularly in a number of forums. This is alongside weekly and monthly dashboards, capacity and demand planning, focused job plans and a number of initiatives to increase referrals and best utilise clinical time. This has proven successful and the service has remained on an upward trajectory throughout the year.



3.6. ADHD Waiting Times: The ADHD Service has seen a year-on-year increase in referrals received and accepted. Due to the significant increase in referrals the service has not met the 18-week referral to treatment target. Nationally, all Trusts are facing similar demand and capacity issues due to increased referral rates and additional challenges that include:

- National regulation that means the Mental Health Investment Funds cannot be used to support ADHD services.
- An increase in private companies undertaking online/ in person assessments and diagnostics for ADHD with concerns about the prescribing practices of the private sector which cause issues when the patient is referred into NHS services.
- Universal challenges with diagnostics for ADHD across all systems.
- Regional and local challenges with Right to Choose legislation in MH and impact on ADHD services
- Ongoing shortages of ADHD medication impacting on treatment waiting lists.

The graph below illustrates the increase in referrals:



3.7. Despite these challenges the ADHD service is putting in place initiatives to reduce waits including:

- Development of an Adult ADHD business case to help bridge the gap between demand and capacity.
- NHSE have developed a national ADHD Task Force to gain a better understanding of the challenges affecting those with ADHD, including access to services and rising demand
- ADHD Task and Finish group in place to identify and review agreed initiatives.
- Ongoing recruitment to vacant posts.
- Transformational work identified as part of improving the pathway to be taken forward, which includes working towards transferring annual reviews to primary care, a review of the secondary care model and review of workforce skill mix.

3.8. Adult Memory Service: LPT Memory Service provides an assessment, diagnostic and treatment service for LLR patients referred with possible dementia. Prior to the Covid-19 pandemic the service achieved 85% compliance, however, the legacy of service closure during Covid-19 is a substantial increase in waiting times and a corresponding reduction in RTT compliance.

- The service has put in place a number of initiatives to improve waiting time compliance including robust job plans, ongoing recruitment to vacant posts, caseload reviews, weekend clinics to increase capacity, pathway improvements and additional volunteer roles. Demand and capacity work has been completed and a waiting times trajectory is monitored regularly in a number of forums. The service is exploring transformative developments and are piloting a 'one stop shop' which will bring a group of clinicians together to increase efficiency, flow and patient experience.
- Waiting times have remained challenged large due to workforce issues which have resulted in a reduction in capacity. Referrals into the service have also remained high which is further impacting the team's capacity and waiting times performance.
- The system also has a Dementia Diagnosis Rate target of 66.7% by the end of the financial year. The Memory Service is working closely with ICB colleagues and has set a trajectory for improvement; however, this LLR system target is proving challenging to achieve with September performance reported at 64.8% which is a 0.1% increase on the previous month. The city performance is at 77.4%, which is over the national expectation.

3.9 **Developments within LPTs Adult Memory Psychological Therapies**

3.9.1 Cognitive Behavioural Therapy (CBT)

The service has been receiving an unprecedented number of referrals over the past two years, with referrals almost doubling. This has resulted in a 50% increase in people waiting for treatment.

The service is relatively small, with 7 Therapists and 1 Service Lead. As part of the transformation programme, CBT is working closely with Community Mental Health Teams (CMHTs) through the MDT which has resulted in an increase in referral rates. In addition, referrals from Vita Minds via MHCAP since June 2023 have been double their previous

norms. This is impacting on capacity for both assessment and treatment, in September 74% of people completed their pathway in 13 weeks, with a goal of 95%.

Actions that the service are taking to improve performance include:

- CBT input provided into the fortnightly meeting between Vita Health and MHCAP.
- Alignment with transformation developments to improve flow, efficiency and patient experience.
- Recruiting to vacancies.
- Maximising clinical capacity.

3.9.2 Dynamic Psychotherapy Service (DPS)

The service has experienced some challenges with achieving the 13-week waiting time target to access the service during the past year due to an increase in referrals into the service, which is impacting on the capacity for both assessment and treatment, with waits increasing. In September 66% of patients completed their pathway, with a goal of 95%.

To improve performance the service is:

- Recruiting to vacancies.
- Alignment with transformation developments to improve flow, efficiency and patient experience.
- Developing group offers to impact longest waits for treatment.

3.9.3 Therapeutic Service for People with Personality Disorder (TSPPD)

The service has seen a significant improvement in waits for assessment as per the table below achieving the target consistently since January 2024.

ACCESS	Target	Target Waiting Time	Target Type	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Complete Pathway Compliance rate	95%	13 weeks	Trust	90.9%	97.4%	90.9%	97.5%	100.0%	100.0%	100.0%	100.0%	96.2%	100.0%	100.0%	100.0%
Incomplete Pathway Compliance rate	95%	13 weeks	Trust	100.0%	97.7%	97.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Treatment waits are also continuing to decrease.

The service is seeing ongoing improvements and is actively engaged with the transformation programme. Improvements continue to be embedded. Immediate actions include:

- Collaborating across the system to develop a system-wide strategy for working with people with personality difficulties,
- Working more closely with locality teams to inform clinical presentation that is suitable for referral.
- Introducing shorter interventions to meet the needs of those people with a lower level of personality difficulty.

4.0. Urgent Care Mental Health Care

4.1. Mental Health Central Access Point (MHCAP).

The MHCAP was launched in April 2020 and provides urgent mental health support across LLR. The service is delivered in collaboration with Turning Point who provide the

initial call handling function. The service has been experiencing capacity challenges over recent months:

- The introduction of NHS 111 2 went live in April 2024 and has significantly increased the number of calls being received into the MHCAP.
- The original MHCAP call demand has remained high with this element of the service receiving on average 4600 calls a month (153 per day).
- The 111 element of the service receives on average 1000 calls per month (33 per day).
- The 111 service has significantly impacted capacity, with the numbers coming through much higher than initially anticipated from the sample dataset provided by DeMontfort Health Care. As a result, the number of calls answered has decreased and the average time from call to clinical triage has increased. Performance is being monitored through a number of forums.
- To address the capacity challenges, the service is working through ways in which to maximise capacity and are working closely with the staff to implement new ways of working.
- Incoming call patterns and lengths are unpredictable making it a challenge to match capacity to demand at any given time. However, the demand and capacity exercise is being reviewed to include the increasing 111 activity.
- Care teams are supporting with developing agreed call plans for frequent callers.
- Review of triage processes, daily oversight of activity and staffing capacity, continue to plan for routine work to move to front door in planned care.

4.2. Crisis Resolution and Home Treatment Team (CRHT)

The CRHT Team is for adults aged 18 and over who would otherwise require hospital admission to an acute mental health ward due to a crisis that impacts on their ability to cope with day-to-day activities. Providing intensive home treatment through a multi-disciplinary approach as an alternative to hospital admission, patient caseload averages 180 patients at any time and can rise to 210 at times.

The waiting time key performances indicator for the Crisis Resolution Team is 24 hours (urgent). The service has been unable to achieve the target of 95% and reported September performance of 62%.

- Referral rates have remained high, which is line with all urgent care services.
- Crisis caseload and contact demand is being reviewed as part of the Crisis MDT QI Project.
- The Crisis team support with EDP (Early Discharge Planning) to improve patient experience and outcomes.
- A post has been established to support Adult & Older persons Crisis pathway which will look at the Mental Health offer for Functional older adults referred to CRHT team.

4.3. Mental Health Urgent Care Hub

The Hub was set up in April 2020 as an alternative pathway for individuals in an urgent crisis not needing to attend an emergency department (ED). It is a 24/7 all age crisis service and on average accepts circa 300 referrals per month, which is an increase when compared with the previous year.

The service has helped to reduce urgent referrals from the Crisis team and Central Access Point who need a face-to-face assessment. The service supports the crisis team in helping to manage those in urgent need of assessment.

The key performance waiting time indicators for the MH Hub is 4 hours. The service has been challenged in achieving the 95% target, however, performance has been improving as illustrated in the table below

MHUCH 4 Hour Target	Target	Target Type	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Complete Pathway Performance	95%	Trust	78.0%	76.8%	82.9%	83.8%	79.5%	85.2%	88.5%	85.7%	87.2%	84.0%	90.4%	87.3%

Data quality audits, training and support are underway to help staff to improve data inputting, which will reflect positively on performance information reported.

4.4. The Mental Health Liaison Service (MHLS)

The MHLS provides services to adults within LLR aged 16 to 65 years. People are seen on inpatient wards at all UHL hospital sites - Leicester General Hospital, Leicester Royal Infirmary and Glenfield Hospital. The service provides outpatient clinics and a specialist Chronic Fatigue Syndrome (CFS) service. Care is provided by experienced multidisciplinary-team liaison professionals.

- The service responds to referrals within 1 hour and 24 and 48 hours. The service has struggled to achieve the performance targets of 95%.
- The clock starts as soon as someone is assessed by the ED and once declared physically fit patients are referred for assessment by the liaison team. Due to the busy nature of ED this can often result in batching referrals meaning time is lost by the liaison team as the clock is still running. To try and resolve this, we are working alongside UHL to implement an e-referral process via Nervecentre which will eliminate batching.
- A review of capacity and demand is being undertaken, which includes a deep dive into peak times of activity.
- Mandatory data quality training sessions are taking place, to improve data quality which represents performance.

5.0. **Developments in our Mental Health Acute Inpatient Services.**

LPT continue with their estate modernisation programme, eliminating dormitory accommodation in our inpatient units with final works being completed by the end of this year.

5.1. Developments Out of Area (OOA) Placements

LPT has seen an increase of inpatient activity which has led to use of inappropriate OOA inpatient bed placements. Inappropriate is defined as someone receiving care outside Leicester, Leicestershire and Rutland (LLR) solely due to a lack of capacity within LLR.

To support effective patient flow LPT has commissioned 5 additional beds within the LLR footprint to allow patients requiring an inpatient admission to remain within the locality. LPT will continue to work towards reducing the use of acute inpatient beds outside of the local bed base through the use of step-down beds and the efficient use of community

services. LPT is working towards further improvements as part of our Better Mental Health for All programme.

5.2. Clinically Ready for Discharge (CRFD).

CRFD rates are high for adult services and Mental Health Services for Older people (MHSOP). An improved discharge model is being implemented to support flow between LPT and external agencies including Social Care. Discharge delays to CRFD patients are most frequently due to awaiting allocation of a social worker or the availability of supported living accommodation. LPT holds weekly CFRD meetings with partners from adult social care and housing to retain oversight and identify alternative solutions to facilitate discharge. Technical solutions to ensure oversight of CRFD are being explored. Everyone is working together to reduce delays.

6.0 Challenge & transformation

Both City Council and LPT Adult Mental Health services face pressures with increased demand and challenges to ensure recruitment and retention.

We are working together with our local place plans, in our system meetings to address the challenges we face. Our community work seeks to engage locally with community groups who are commissioned by us to provide additional services, these include our community cafes and other services.

We are also seeking advice from regional colleagues in the NHS and with the East Midlands Association of Directors of Adult Social Services.

The Mental Health Collaborative has been established since winter 2022 with partners across the three local authorities to ensure partnership working is central at both system (LLR) and place (Leicester City) level. The MH Collaborative consists of three MH place-based Groups and one LLR-wide group. Collectively, the system MH Shadow Collaborative Group (MHSCG) and MH Place-based Groups form the Mental Health Collaborative for the LLR system. The Place based groups are not subordinate to the MHSCG. Membership of the MHSCG includes; H&WB Board chairs, NHS, voluntary sector partners, LA's, District Councils and Healthwatch. It's chaired by Angela Hillary, Chief Executive of LPT who is the MH Executive sponsor for LLR.

For the city, the Mental Health Partnership Board is the MH Place based group, it's a sub-group of the Health & wellbeing Board and focuses on delivery of local MH plans. The membership is broad and includes voluntary sector partners and people with lived experience of MH.

The MH Collaborative (at a system and place level) cover children, young people and adult mental health. They provide a vehicle for joint work and an increased awareness of initiatives and planned actions between partners.