
Adult Mental Health (LPT and Leicester City Council update)

Health and Social Care Scrutiny Commission

Date of meeting: 30th November 2023

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).

3.4. 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.

3.5 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.

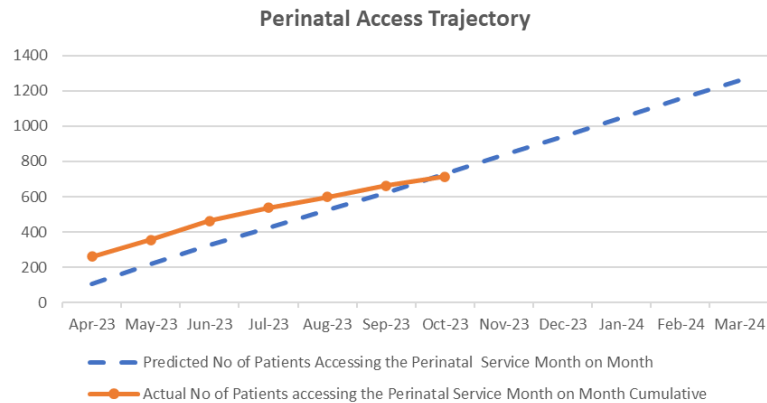
The city council does not have a specific service supporting people with mental health needs into employment, but does commission and provide various offers that people with mental health needs can get support from such as the Employment Hub. Support around obtaining and maintaining employment is also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

3.6 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.

3.7. 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.

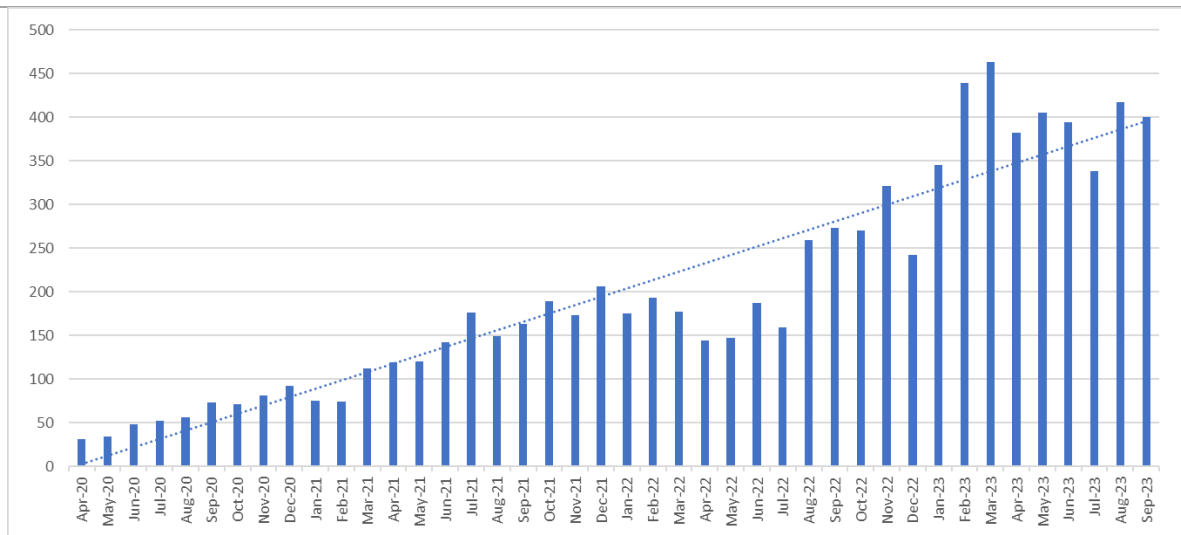
- The service has received significant investment to increase capacity and achieve long term ambitions. However, since the pandemic the service has struggled to achieve the access target.
- During 2023/24 the service put in place a trajectory which is monitored regularly in a number of forums. This is 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 trajectory is generally upward, with a small below number below trajectory in October, which will be resolved in the coming month.



3.8. 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
- Shortages of ADHD medication impacting on treatment waiting lists - this is not likely to be resolved until the new year

The graph below illustrates the increase in referrals:



3.8.1. 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 directive for Integrated Care Boards (ICB) to promote patient choice for ADHD (commitment to move this to 5 providers). The ICB is working on a service specification for private providers, ensuring that providers deliver the whole pathway (from assessment through to annual reviews)
- ADHD Task and Finish group established to oversee the medication shortage issue and agree a communication strategy to GPs and community pharmacies
- Additional weekend clinics to reduce treatment waiting lists when medication supplies return to normal.
- Recruitment commenced to 5wte B7 Non-Medical Prescribers (NMPs)/Specialist Pharmacists (0.5wte Pharmacist and 2.58wte NMPs)
- Review of secondary care model and reduction in treatment waits for those with co-morbidities.
- The implementation of an innovative response between LPT, the ICB and community pharmacists to create an LPT hub and community pharmacy spokes in LLR to ensure priority access to ADHD medication during this national shortage.

3.9. 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 trajectory of improvement is monitored regularly in a number of forums. This has led to some improvement in waiting times compliance, however, referrals into the service have increased substantially over recent months, increasing from approx. 200 referrals per month to an average of 316 per month which is 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 is seeing a steady increase month on month, October performance is 65.4%.

3.10 Developments within LPTs Adult Memory Psychological Therapies

3.10.1 Cognitive Behavioural Therapy (CBT) has historically had long waits for treatment, however, the service has been successful in largely achieving the 13 week access target. In recent months the service has seen an increase in referrals which is impacting on capacity for both assessment and treatment, in October 80% of people completed their pathway in 13 weeks, with a goal of 95%.

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.

Actions that the service are taking to improve performance include:

- Increase in assessment slots.
- Recruiting to vacancies.
- Maximising clinical capacity.

3.10.2 Dynamic Psychotherapy Service (DPS) has generally achieved the 13 week waiting time target to access the service. However, the service has seen an increase in referrals over recent months which is impacting on the capacity for both assessment and treatment, with waits increasing, in October 82.6% completed their pathway, with a goal of 95%.

To improve performance the service is:

- Recruiting to vacancies.
- Focussing on assessment capacity over the coming months with a plan for treatment waits to begin to significantly reduce in the new year.
- Using job planning and regular reviews to ensure clinician capacity is used effectively.
- Ensuring assurance of accurate recording of clinical activity

3.10.3 Therapeutic Service for People with Personality Disorder (TSPPD) has seen a significant improvement in waits for assessment as per the table below achieving the goal in the last few months.

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. Call demand has continued to increase with the service receiving on average 5000 calls a month (167 per day).

- There are currently no national key performance indicators for this service however these will come into force with the introduction of NHS 111 2 in April 2024. the number of calls being answered averaged 72% for the past 3 months.
- Incoming call patterns and lengths are unpredictable making it a challenge to match capacity to demand at any given time. Average call length has reduced from 15 minutes per call to 12 minutes and this explains the improved performance.
- Recovery Workers from our Turning Point partners have been identifying frequent repeat callers and providing them with more intensive support to reducing their need to call.
- The majority of calls received by MHCAP are managed successfully without the need for further secondary mental health support - call handlers from Turning Point are able to offer advice guidance and signpost to voluntary sector services.
- A review of the Central Access Point is underway to enhance service delivery and make quality improvements.
- From 1st April 2024, 'NHS 111 Option 2 Mental Health' will be live with the service answering direct calls. The implementation planning is underway and is in line with the Midlands region approach.

4.2. **Urgent Crisis.**

4.2.1. 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.

- LPT is exploring ways to use the Crisis team for EDP (Early Discharge Planning) to improve patient experience and outcomes. A project group has been established to look at the Adult & Older persons Crisis pathway with scope to look at the Mental Health offer for Functional older adults referred to CRHT team.
- National key performances indicators for Crisis Resolution Teams include 4 hour (very urgent) and 24 hours (urgent) response times. The introduction of the MH Urgent Care Hub (see below) has improved performance against the 4 hour KPI to c.80% from June 2023 against a national KPI of 95%. The service has an excellent record for referral acceptance and for identifying the urgency. This work has meant that we have been able to improve the service offered in greatest need of a crisis response.

4.3. **Mental Health Urgent Care Hub.**

4.3.1. The Mental Health Urgent Care Hub. The Hub was set up in April 2020 at the Bradgate Mental Health Unit 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 receives 270 referrals per month. 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 accept referrals directly from EMAS with the aim of reducing

ambulance conveyance to ED. On-going refurbishments works have been funded by NHS England with an expected completion date of November 2023.

- Key performance indicators for the Hub are the same as for the Crisis Team. The service supports the crisis team in helping to manage those in urgent need of assessment. Demand has steadily increased from 211 referrals in December 2022 to 300 referrals in October 2023.

4.4. Mental Health Liaison Service.

4.4.2. The Mental Health Liaison Service (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 respond to referrals within 1 hour and 24 hours as per the national MHLS Key performance indicators. On average since June 2023, the service has been achieving this target. 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 which will eliminate batching.

5.0. Developments in our Mental Health Acute Inpatient Services.

LPT continue with their estate modernisation programme, eliminating dormitory accommodation in our inpatient units.

5.1.1. Developments Out of Area (OOA) Placements. LPT is the only provider of inpatient beds within the midlands region that has maintained zero inappropriate out of area (OOA) placements in 2023. Inappropriate is defined as someone receiving care outside Leicester, Leicestershire and Rutland (LLR) solely due to a lack of capacity within LLR. Effective patient flow has been maintained and the need for OOA placements reduced through the use of step-down beds and the efficient use of our community services. LPT is working towards further improvements as part of our Better Mental Health for All programme.

5.1.2. Clinically Ready for Discharge (CRFD). Clinically Ready for Discharge (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. 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.