



*Leicester City
Clinical Commissioning Group*

Improving Mental Health services in Leicester City

Health & Well-Being Scrutiny
Committee

February 2014



**The key
priorities
outlined in the
existing CCG
clinical
commissioning
strategy:**

2012/13

1. Implement the Year 1 LLR wide Dementia Strategy actions.
2. Review, respecify and recommission the IAPT service.
3. Improve access to emergency and acute mental health services.

2013/14

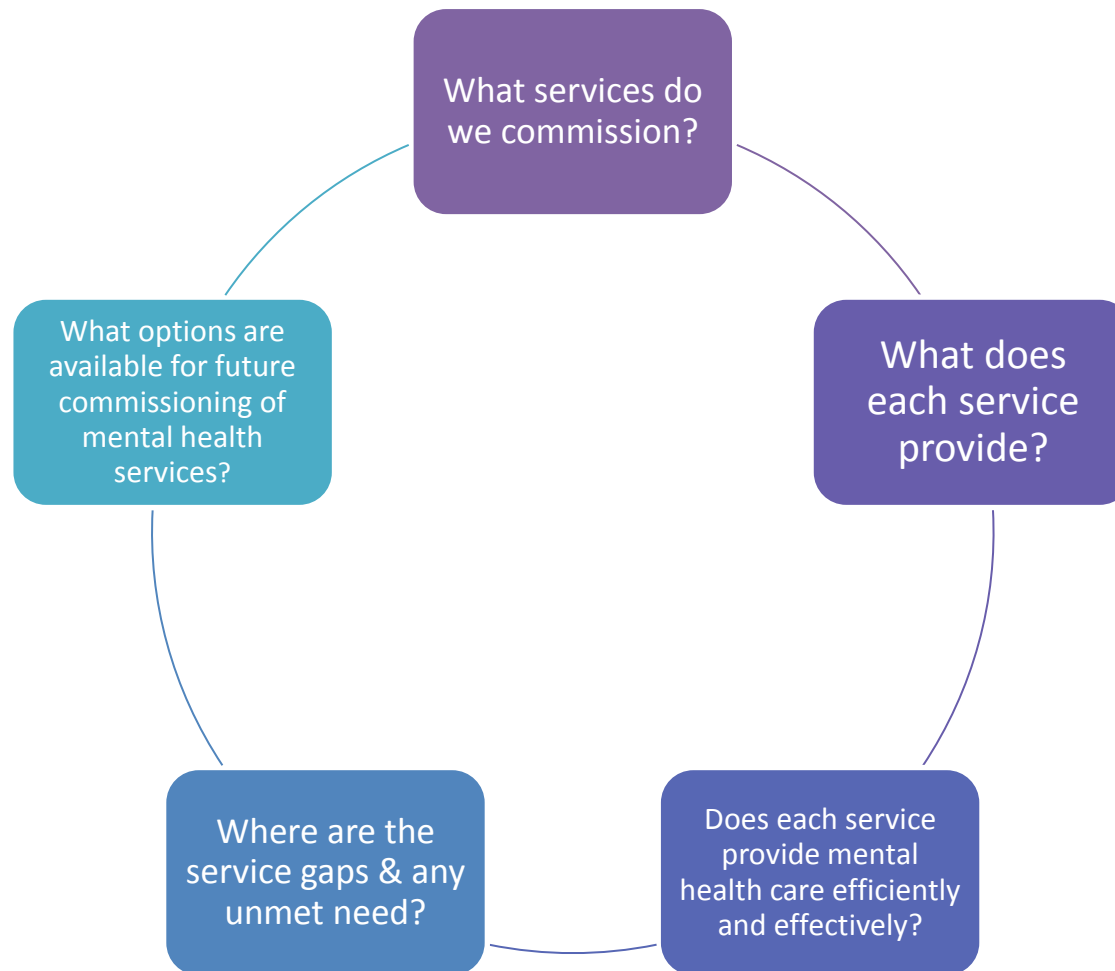
1. Implement the Year 2 LLR wide Dementia Strategy actions and improve diagnosis rates and treatment.
2. Deliver the new IAPT service increasing access to 18%.
3. Contract manage the IAPT service to ensure outcomes are being met.
4. Monitor outcomes for emergency and acute mental health services to ensure outcomes are being met.

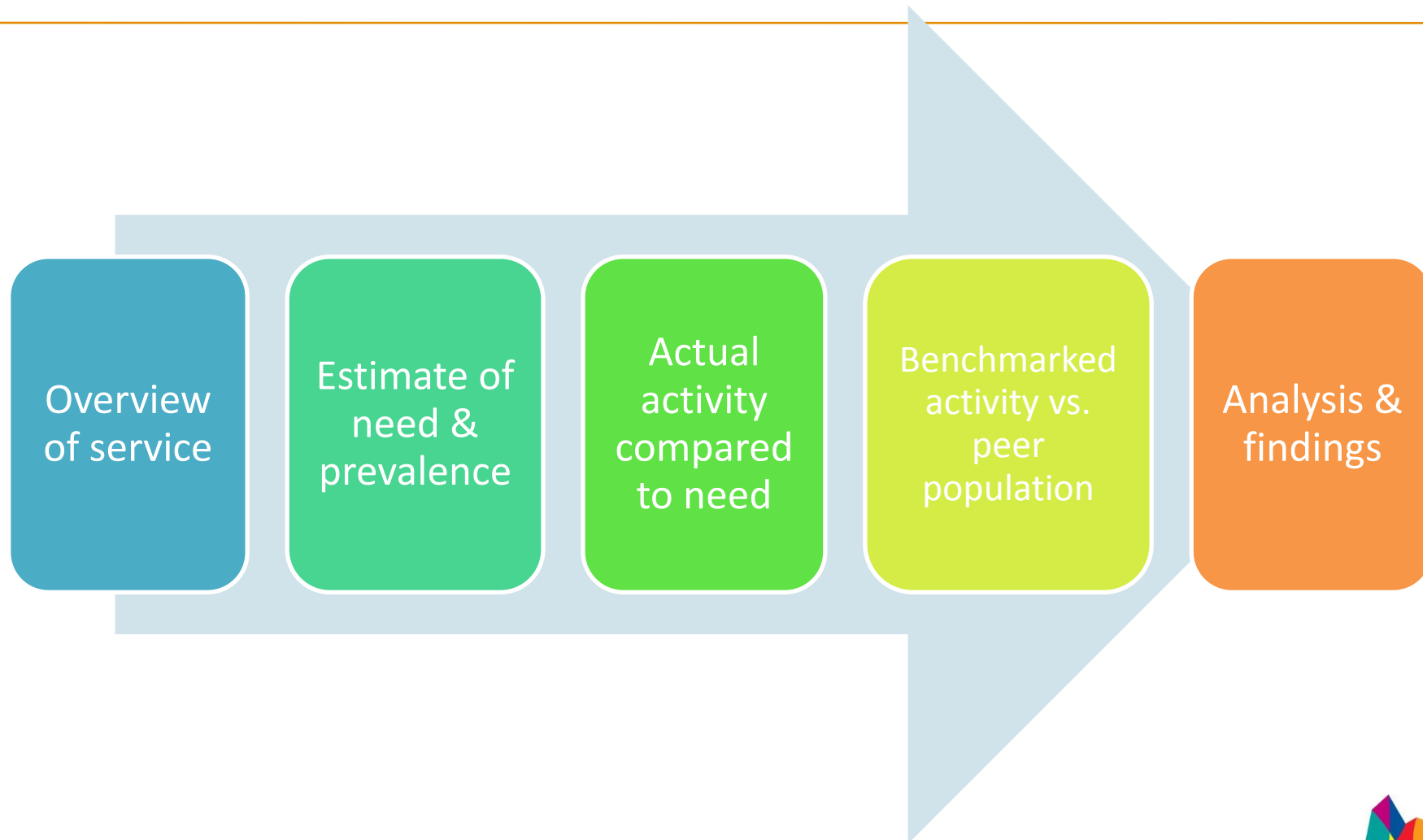
2014/15

1. Implement the Year 3 LLR wide Dementia Strategy actions.
2. Delivery of the IAPT service increasing access to 20%.
3. Contract manage the IAPT service to ensure outcomes are being met.
4. Monitor outcomes for emergency and acute mental health services to ensure outcomes are being met.



Objectives of the scoping document





GP survey: themes

Concerns around the **quality/lack of communication/information** from Secondary Care/LPT (In-Patient & Community Crisis services) back to Primary Care

Concerns around **access/referral** in to Crisis Team and Home Treatment service (CRHT)

Concerns around aspects of the **CRHT** service

Concerns around lengthy Patient **Waiting Times**

Positive experience of the **“Open Mind” (IAPT)** service (Except Waiting Times)



Key findings

Primary Care

- Long waiting times for IAPT
- Limited alternatives to IAPT
- Access for vulnerable groups
- Evaluation of Mental Health Nurse Pilot with 6 practice needed.

Community Care

- Provision & effectiveness of CMHT/CRHT/AOT teams require review
- Liaison psych service could be pivotal to integrating care pathways
- Limited services available for sub/post acute care

Acute Care

- Alternatives to acute admission required
- High bed occupancy
- Pathway requires systemic redesign
- 'Out of area' usage remains high



Future work programmes/ commissioning intentions



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Primary care based services

Reduce referral to
treatment time for
IAPT services using a
demand vs. capacity
analysis

Consider
commissioning of
alternatives to IAPT,
targeted to vulnerable
groups/unmet need

Evaluate pilot of the
MH nurse specialist
role

Community based services

Full commissioner
review of current CRHT
provision

Expand role of the
liaison psychiatry
service in line with
national best practice
models

Evaluate non-bedded
and bedded admission
avoidance services to
prevent admissions to
acute care

Acute services

Full commissioner
review of the efficacy
of the clinical pathway
within LPT inpatient
facilities

Further review
(nationally and
internationally) of non-
hospital based services
as an alternative
model of care

Post acute services

Consider
commissioning of step
down facilities (non-
bedded) to decrease
length of acute
episode & increase
flow across the system

Consider
commissioning of
locked rehabilitation
beds in the City to
prevent costly out of
area placements



Discussion

