

*'It's about our life, our health,  
our care, our family and  
our community'*



**Better care together**

Leicester, Leicestershire & Rutland health and social care

## Update on the Mental Health STP workstream

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## Introduction

The paper provides an overview of the progress made with the Mental Health workstream of the STP the current activities, future challenges and expectations over the next 12 months.

The STP is focused on achieving quality, workforce and financial sustainability. The key underpinning principles that cross all STP workstreams are of service integration (based around families, communities and neighbourhoods) and home first (supporting and treating people in or near their home with extended community and primary care provision). Within the mental health workstream there has therefore been a focus on recovery, prevention and ensuring that our care pathways can support people at earlier stages, manage crisis periods effectively, and avoid hospital admission where possible.

## Understanding the priorities for the people of Leicester, Leicestershire and Rutland

There is a national expectation that each Sustainable and Transformation Partnership will deliver the recommendations from the Five Year Forward View for Mental Health. It is important that this is undertaken with a clear understanding of what is important to the residents of Leicester, Leicestershire and Rutland (LLR) so that all change initiatives can be responding to local need. It is also important that there is a collective action across communities, statutory organisations and workplaces to support de-stigmatisation and wide spread improvement of mental health within LLR.

We therefore started the Healthier In Mind campaign to seek the views from the public on what would make the biggest difference if having poor mental health, what they would want from statutory services and what would help the mental health of their wider community.

We had **794** individuals respond to our survey and further engagement through established service user groups and within voluntary sector.

A thematic analysis was undertaken on the responses provided and the themes generated are summarised below.



The poster features the 'Better care together' logo at the top right, which includes a colorful flower-like icon and the text 'Better care together' and 'Leicester, Leicestershire & Rutland health and social care'. The main title 'Healthier In Mind' is prominently displayed in the center. Below the title, there are several lines of text: 'Feeling healthy is about body and mind. Mental health is about how healthy our mind is.', 'Sometimes we feel healthy and happy. Sometimes we feel sad and worried.', 'There are times that we can feel very mentally unwell. There are times when our physical health can affect our mental health.', and 'Together we need to talk about our mental health, support each other in our community, and improve the services to provide help to people when they need it.' To the left of a circular callout box is a simple blue stick figure with its arms raised. The callout box contains the text: 'We haven't always got support for mental health right, and we need to make it better. By completing this survey, you will help us to better understand what local people need. #HealthierInMind'. At the bottom of the poster, there is a call to action: 'To complete online go to [surveyMonkey.com/r/healthierinmind](https://surveyMonkey.com/r/healthierinmind) If you need help to complete the questions or would like it in a different language or format such as large print, Braille or audio, please call 0116 295 1337.' The footer includes logos for Rutland County Council, healthwatch, Leicester City Council, Leicestershire County Council, and NHS, along with the website address [www.bettercareleicester.nhs.uk](http://www.bettercareleicester.nhs.uk) and the word 'Adults' on the left side.

# Themes from #HealthierInMind

Q1. Thinking about your mental health, if you were to feel unwell, what would make the biggest difference to you?

- I am able to easily find out what help is available and access services quickly and that are convenient to me.
- When I need it, I want someone to talk to who listens to me and does not judge me.
- Having support from friends, family and people in my community for me and my family.
- I want people to understand me and my mental health and not judge me.
- I need a flexible understanding work place that supports me to get the help that I need.

Q2. Thinking about your mental health, if you felt unwell, what would you need most from local services like the NHS, Council, or Voluntary Sector?

Statement	No. ticked	%
<i>When I need it, I can get support quickly</i>	487	61.6%
<i>I want to see someone who cares and not feel patronised or judged</i>	457	57.8%
<i>I know what help I can get and where</i>	356	45.1%
<i>Services work together and I only need to tell my story once</i>	296	37.5%
<i>I have support near to where I live</i>	258	32.7%
<i>I get supported to stay well</i>	252	31.9%
<i>I feel encouraged to talk about my needs</i>	205	25.9%
<i>There is support for my family</i>	169	21.4%
<i>I want support to be able to work</i>	75	9.5%

Q3. What would help the mental health of your community?

- Knowing where to and getting timely and easier access to support.
- Activities and opportunities that bring people together to interact with one another.
- Things to do and places to go nearby that are safe and affordable.
- I want to be understood and not judged

An event on the 27<sup>th</sup> September 2017 has been designed to seek greater understanding on what these themes mean and the stories that sit behind them. The outputs from this work will then be used to refresh the overall Mental Health STP strategy with these shared priorities and to encourage collective action across statutory organisations, voluntary sector and communities to improve mental health within LLR.

## Update on Five Year Forward View for Mental Health

### Perinatal

One in five mothers have mental health illness within a year of childbirth. Therefore it is a key priority within the five-year forward view for mental health to increase the number of mothers supported through perinatal mental health services (30,000 more nationally by 2020/21). There has been investment in the community perinatal services to ensure provision of assessment, intensive support and treatment for childbearing women with serious mental illness who cannot be managed effectively by primary care services. Further investment is being sought to expand the service further to meet the national expectations leading up to the 2020/21 target.



The care pathway is being reviewed to ensure optimum outcomes and efficiency. There is also development of a bid, in partnership with the East Midland Perinatal Network to further expand this provision to ensure it meet national standards.

### Early access to psychological therapies

#### Open Mind

Let's Talk-Wellbeing across Leicester City

There has been a significant expansion in access to psychological therapies, following the introduction of the national IAPT programme (Improving Access to Psychological Therapies). The Five Year Forward View for mental health provides a focus on helping people who are living with long-term physical health conditions, or are unemployed in particular. There is an expectation that at least 25% of people (1.5 million nationally) with common mental health conditions, such as anxiety and depression, access services by 2020/21. Local services are not meeting the current national access targets and therefore a review of the programme has been put in place to remodel the referral pathway.

A review of the IAPT clinical pathways is going to be undertaken to look at alternative models to increase access.

**Local workshops have been set up for October.**

## Early intervention for psychosis

The early intervention with assessment and NICE approved treatment for individuals with first episode psychosis has been prioritised nationally. There is a national target for 50% of individuals with a first episode psychosis to be assessed and NICE approved treatment commenced within 2 weeks. The Clinical Commissioning Groups (CCGs) have therefore invested £450k (across



3 years) in the expansion of the existing Psychosis and Early Intervention and Recovery (PIER) service in Leicester, Leicestershire and Rutland to meet this target and to expand its support people from up to 35 year olds to people up to 65 years of age. This expansion commenced in November 2016. The service is meeting the national target currently, although the demand for assessment has increased significantly. The target itself will increase to 60% by 2020/21 and will require further review over the next 2 years to ensure that it has sufficient capacity to meet these needs.

Ongoing monitoring of target will be undertaken by NHS England and CCGs.

A review of the PIER service will be undertaken as part of the wider MHL Transformation programme including a review of changes in demand and the requirements to meet the increased target.

## Mental Health Wellbeing and Recovery Services

The Five Year Forward View for Mental Health describes the importance of developing partnerships between local public, private and voluntary sector organisations to improve mental health and wellbeing across communities. Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups and Local Authorities have jointly commissioned innovative locality based services, to develop supportive mental wellbeing communities and help individuals with mental health needs to stay well and live full lives.

The new services will start on the 2<sup>nd</sup> October 2017 and will work with individuals with mental health difficulties to help them to stay well or to recover if they have been or become unwell. They are expected to help people to identify what works for them, and to manage their lives.

The new mental health and wellbeing and recovery services will provide:

- a. **Information:** Information for everyone, advice and support which could be provided via drop-ins, or a website, or the telephone;
- b. **Advice and navigation:** Help to navigate other systems and link people to the right places (e.g. the right health service or housing service, social groups or leisure activities);
- c. **Community recovery support:** Support for small groups or individuals to regain and sustain confidence to engage in everyday activities.

The new provider, Richmond Fellowship in the City, is currently mobilising and plan to provide the service in a number of community based venues across the city. There will also be work to ensure close connection with statutory community mental health services and community based organisations.

## Liaison services

People with mental ill health are three times more likely to end up in the emergency department than the general population and five times more likely to be admitted to general hospital wards in an emergency.



During 2016-17 LLR was an urgent and emergency care Vanguard region. This included the development of mental health practitioner assessment and triage support 24 hours 7 days a week within the emergency department to deliver 1-hour response to emergencies in the department. This has moved the services closer to the National plan called the 'Core 24 standards'. The Vanguard has now completed and non-recurrent monies of £430k have been made available by the CCGs to continue this provision in 2017-19. An LLR bid was made to NHS England for further funding to widen the 24 hour mental health support to other wards and clinical areas within hospitals (the full delivery of the 'Core 24 standards'). This first bid was unfortunately not successful.

It is expected that NHS England will invite further opportunities to secure monies for Liaison services. Therefore another bid will be submitted by LLR to fully deliver the 'Core 24' liaison services.

## Zero out of area admissions and reductions in Delayed Transfers of Care

During 2016/17 a successful programme was implemented, across acute adult mental health inpatient services, to reduce out of area care. However service users are still being sent out of area regularly due to unavailability of acute mental health beds.

### Current Plans

There is a focus on keeping the instances of service users sent out of area as low as possible through:

- Initiatives to reduce length of time people need to stay in acute beds
- Initiatives to address the delays to discharge; most commonly the need for housing
- Collaborative working across housing social care and different health services
- Improved clinical leadership and learning from the acute sector on issues including patient choice and people with no recourse to public funds.

There is ongoing collaboration across agencies to constantly re-adjust plans and implement new initiatives.

There is a new housing initiative, 'moving on' beds commencing in November 2017 with action homeless to support short-term housing placements for patients who are ready for discharge.

## Suicide reduction



Suicide is the leading cause of death for men aged 15-49 in the UK. LLR has a Suicide Prevention Strategy and Action Plan 2017-2020, which has been signed off in the city and county. The latest data on suicide for the period 2012-14, show that LLR rates were in line with the national average. There have been various actions

undertaken to support reducing incidence of suicide. The LLR Suicide Audit and Prevention Group have worked with Leicestershire Police to produce the first local Real Time surveillance data report

The Suicide Audit and Prevention Group are examining ways to use Real Time data effectively, so that it triggers effective and necessary responses to protect people at risk of death by suicide.

in January 2016 and resources such as the [Finding Hope Leicester](#) suicide prevention films.

## Parity of Esteem

Parity of esteem is the principle by which mental health must be given equal priority to physical health. It was enshrined in law by the Health and Social Care Act 2012.

Our local plans to tackle parity of esteem issues are still under consideration. They require collaboration across health and social care, and

### The need for Parity of Esteem:

- Mental illness reduces life expectancy
- Mental ill health is also associated with increased chances of physical illness,
- Poor physical health increases the risk of mental illness.
- Children experiencing a serious or chronic illness are also twice as likely to develop emotional disorders.
- 54% of mental health service users arriving at A&E came by ambulance or helicopter compared to 26% of non-mental health service users.
- They also stay 30% longer
- They also had more outpatient appointments.

- Increased access to services - Appropriate waiting times will be established;
- Delivery of improved Liaison psychiatry (Core 24 standards)
- Tackling medically unexplained symptoms;
- Smoking cessation and other prevention services targeted at tackling premature mortality experienced by people with severe mental health problems;

There is an immediate focus on finalising the local plan and implementing first wave of changes.

- Regular physical health checks and for people with chronic physical health care problems to get regular mental health checks.

## Future In Mind



The Future in Mind was released nationally three years ago focused on improving services supporting children and young people with their mental health and wellbeing. The local Transformation plan has set out to develop a whole system Children and Young People's emotional and mental health pathway, covering a full range of mental health needs, problems and illness that can be met through a range of services and organisations. This is in the context of a system that currently has significant capacity and demand

pressures within the specialist CAMHS services that has led to long waits for treatment. Across the system there have been investment in:

- A new service to support resilience in schools (planned to start in September 2017)
- Enhanced early intervention (currently under procurement)
- Online counselling support (operational since June 2017)
- Expanded community eating disorders service to meet some of the new national targets and expectations (operational since 2015/16)
- Improved access model for specialist CAMHS (operational from June 2016)
- A new Crisis Intervention and Home Treatment service (operational from April 2017)
- Development of workforce and marketing/communication of future in mind.

There is focus on completing the mobilisation and procurement of the new services (resilience and early intervention respectively).

There is a recovery, improvement and transformation plan underway within the specialist CAMHS services to increase the quality and improve the flow through the services.

There is a key event planned for November/December to promote the different elements of the Future in Mind pathway.

## Crisis Care Concordat

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together to make sure that people get the help they need when they are having a mental health crisis. The Leicester, Leicestershire and Rutland Crisis Care Concordat action plan, agreed in 2014, is now into year three and has become part of the wider Mental Health STP plan.

Crisis Care Concordat has been incorporated into overall STP plan.



## Update on the Mental Health Acute Care Pathway

There are an array of services that support the mental health acute care pathway ranging from the community mental health teams to the inpatient units. We recognise that these mental health services are not working the way they need to. There is more demand than they can manage, there is long waiting lists for service users to get the support they need and too many people having to go out of area for inpatient support due to unavailability of beds locally. This is similar to other mental health services nationally and this state cannot continue. Therefore we have committed to a transformation of the mental health acute care pathway within Leicestershire Partnership NHS Trust. This is focused on all ages from Children Adolescent Mental Health Services to Mental Health Services for Older People and also includes for individuals with Learning Disabilities. It is expected to take 5 years with a progressive increase in improvement across that time.

### The MHL D Transformation Programme

This Mental Health and Learning Disabilities (MHL D) Transformation is learning from programmes that have been successful in other centres in the country, in particular from Northumberland Tyne and Wear (NTW). NTW transformed their services from being viewed as some of the worst within the north to outstanding CQC rated organisation. We are receiving support from NTW to design and undertake our transformation to maximise the likelihood of succeeding in our change. Whilst we cannot move its model of care directly across to LLR (due to differences in the configuration of services and needs between the different geographies), we can follow the same change methodology to achieve similar outcomes locally (further details of NTW's change are included in Appendix A). The methodology we are using involves careful **analysis** of what is going on, **co-design** (the direct involvement in the change of service users, carers, staff and stakeholders) and **trying and testing** new solutions quickly. All the changes are driven by focusing on:



**Value** Focused on providing **value** for service users from all we do and look to stop things that don't

**Respect** Respect our front-line staff by giving them the things they need to add the most **value** to the service users and their families

**System** Focus on improving the entire pathways of service users care to provide a much better overall experience from our services

It is expected that through our redesign we will

- demonstrate good quality and experience and have addressed the key problems seen currently,
- have the whole acute care pathway to work as one system and redistribute **resources** across this system to best match skills and personnel to the demands on the different parts of the system.

## Vision for Primary Care

The 5 year forward view for General Practice within Leicester envisions development of Multi-Specialty Community providers [MSCPs] to integrate a variety of services within primary care settings. The offer of integrated Primary Care services includes mental health in the form of IAPT and the community and voluntary sector as a mirror to developments in physical health care. There is the ambition for wider integration through drawing together local assets including social care, criminal justice and other stakeholders, facilitated through place-based commissioning. As a component of the reshaping of primary care there will be focus on achieving Parity of Esteem between physical and mental health.

Early intervention and prevention, as well as recovery and resilience, will overtake the traditional medical model of mental health and supplant it with a wellness agenda. In addition, pressure on General Practice and specialist services is expected to reduce allowing more accessible and focused services as well as mitigating workforce problems. Please see Appendix B for more information around the changes expected around primary care.

## What this means for Leicester

Leicester has high rates of risk factors associated with mental health problems. There are high rates of emergency care for people with mental illness and poor rates of recovery. Moderate to severe perinatal maternal illness affects up to 250 women a year in Leicester, up to 5,000 children and young people have mental health problems, and somewhere between 30 and 40,000 working age adults have anxiety disorders. There is additional complexity around meeting the disproportionate impacts on people from minority ethnic backgrounds and people in lesbian, gay, bisexual and transgender communities.

The STP's focus on prevention and recovery is therefore essential to improve outcomes and experience within Leicester's population. This is expected to go hand in hand with improving access and usage of community providers (including social care) to be able to start the recovery journey earlier and better support individuals with enduring mental health conditions.



## Key Challenges

There is a national mental health workforce plan issued by Health Education England describing an expected growth in the number of mental health workers by 300-350 within LLR, by 2021. This was split between professional roles (nursing, medical, therapies) and support workers. This increase is expected to go hand in hand with a large increase in demand for services. However, it will be extremely difficult to achieve this increase in new staff, due to the high number of vacancies that are currently in mental health services within LLR and ongoing difficulties in recruitment. Therefore this poses a notable risk of extended waits for treatment from unfilled vacancies.



Delivery of the overall STP will continue to be challenging within the socio-economic climate and will need ongoing openness across agencies to understand where resource is required to achieve these aims and redistribute appropriately. Therefore the joint working across NHS and local authorities alongside voluntary sector and local communities will be essential. This will clearly be significantly challenged if full commitment to understand, plan and deliver services together cannot be achieved across statutory agencies.

## Next Steps

### Five-Year Forward View for Mental Health

To deliver on the various elements of the Five Year Forward View for Mental Health outlined in the section above.

### The MHLD Transformation Programme

It is expected that the key system analysis will be completed by March 2018 and the commencement of redesign workshops will have commenced into 2018/19 financial year.

### #HealthierInMind

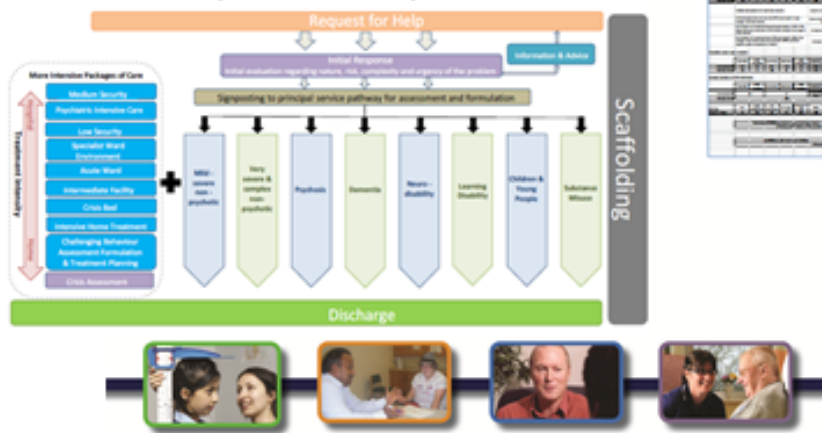
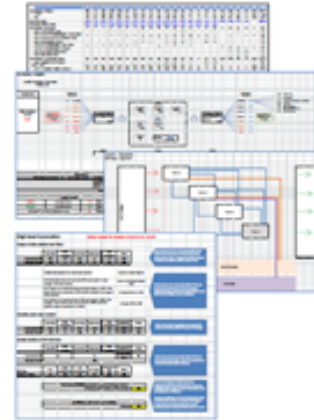
It is expected that there will be refreshed set of Mental Health strategic priorities for the STP that will have come from the contribution to the Healthier In Mind campaign.

# Appendix A: Information for STP



## Art of the Possible - Learning from the North

- Northumberland, Tyne and Wear Started from a similar state as LLR / LPT
- They delivered a long-term transformation programme:
  - Strong and detailed analysis
  - Co-design staff and service users
  - Cultural shift
- Created new Principal Care Pathways across boundaries



Strategic Driver	Improve <b>QUALITY</b> for the patient	<b>Improved outcomes and effectiveness:</b> <i>Substantially more</i> evidence-based interventions; recovery focus; care pathways and packages; time well spent with patients <b>Improved experience:</b> patient and carer-centred services; care closer to home in the community; partnership approach; service user and carer involvement in design, collaborative ways of working, easy access and re-access of services <b>Improved environments:</b> good quality venues, accessible locations
PCP Benefits	Improved outcomes and experience	
	Improved safety	
Strategic Driver	Reduce <b>COST</b>	<b>Improved flow:</b> Alignment of the pathway across community and inpatient services; fewer admissions; reduced length of stay; better discharge planning; better transitions & partner working; balanced flow of access and discharge <b>Efficient clinical services:</b> New systems and processes; IT revolution; reduced bureaucracy and waste
PCP Benefits	Reduced reliance on inpatient beds	
	Efficient services	
Strategic Driver	<b>SUSTAINABLE</b> services	<b>Improved skills:</b> Clinical skills development programme; evidence-based interventions <b>Improved teams and team-working:</b> Aligned to patient need; new systems and processes; MDT working; team resources aligned to demand <b>Willing partners and integrators:</b> This can only work well as part of an aligned whole system
PCP Benefits	Skilled workforce	
	Partnership and integration	

## Appendix B: Overarching plan around Primary Care Plan

Where we are now	What are we going to do	Where we want to be in 5 years
<ul style="list-style-type: none"> <li>• Wellbeing inequalities and low life expectancy: we need to support parity of esteem</li> <li>• Crisis and home treatment services can be difficult to access: we need to make more responsive</li> <li>• Lack of primary and community outreach services including drug and alcohol: we need to expand the support available within local areas</li> <li>• Waits for some services are too long: we need to ensure people receive timely care</li> <li>• Focus on treatment: we need to increase focus on person centred recovery and prevention services</li> <li>• Difficulties in finding long term accommodation for people discharged from mental health inpatients and rehabilitation units</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing general mental health well-being and resilience through targeted prevention initiatives</li> <li>• Redefining the meaning of recovery with stakeholders to develop person centred approaches</li> <li>• Reviewing the role of the Third sector to strengthen and integrate their role in supporting both recovery and resilience</li> <li>• Increasing the capability and capacity of primary care to manage people with severe and enduring illness in the community.</li> <li>• Increase life opportunities through the use of personal budgets and direct payments</li> <li>• Promote mental health and resilience and develop early help services for children's, young people and those that care for them</li> <li>• Ensure that housing needs are considered and met in both planning and provision, so reducing the use of residential care</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced stigma related to mental health and greater awareness within population of promoting good mental health</li> <li>• Improved health Increased life expectancy for people with severe and enduring mental health needs</li> <li>• Reduce incidence of mental health conditions</li> <li>• Reduced crisis escalation episodes, with quicker response times when required which is responsive to individual need</li> <li>• Reduced delays in discharge and length of stay</li> <li>• Reduced reliance on acute services and increased capability and capacity within primary and community settings.</li> <li>• Increased level of community accommodation to support mental health rehabilitation and discharge from hospital</li> </ul>

<b>Where we are now</b>	<b>What are we going to do</b>	<b>Where we want to be in 5 years</b>
<ul style="list-style-type: none"><li>Limited collection of patient experience feedback and co-production with user and carers to improve mainstream services.</li></ul>	<ul style="list-style-type: none"><li>Ensure that carers get the right level of support and breaks</li></ul>	