Option 1
Option 1

Do nothing i.e. continue to operate as at present with current ways of working, skill mix and team structures.

**Referral Management Service** *Clusters 4 to 11 and 11 to 13*
City only service that manages referrals and assessments for the City CMHTs

**Community Mental Health Teams (CMHTS)** *Clusters 4 to 11 and 11 to 13*
8 teams (3 in West Leicestershire, 3 in Leicester City and 2 in East Leicestershire)
10 bases (East Leicestershire CMHT has 3 bases due to size of area - Market Harborough, Melton and Rutland)
Services are delivered in CMHT bases and through home visits

**Clinical Psychology** *Clusters 4 to 17*
1 team with 1 base (management located at OSL House)
Services are delivered directly into CMHTs and AO (also others not included in the SDI)
I.e. SB works alongside and is based at South Leics. CMHT, DT works alongside and is based at AO (OSL House)

**Psychosis, Intervention and Early Recovery (PIER) Team** *Cluster 10*
Provides assessment, support and treatment to young people (14 to 35 years) who are experiencing psychosis for the first time
1 team with 2 bases (1 base in the near future) located centrally with a district wide service delivered in base and through home visits

**Assertive Outreach** *Clusters 14, 16 and 17*
Tertiary service for secondary mental health teams (i.e. no direct referral from GPs) for service users with a serious psychotic mental illness
1 team with 1 base located centrally (OSL House) with a district wide service delivered through home visits (requires efficient caseload allocation)

**Specialist Psychological Therapies** *Clusters 4 to 8*
- *Cognitive Behavioural Therapy* *Clusters 4 to 7*
- *Dynamic Psychotherapy Service* *Clusters 6 to 8*
- *Therapy Service for People with a Personality Disorder* *Clusters 6 to 8*
Each of the 3 services are based centrally at Gwendolen House (General Hospital) with services delivered on site
Option 2
Option 2

This option maintains the current structure and functionality of services and seeks improvement through a series of operational improvements.

- Implement the ‘Other improvement’ projects
Option 3
Option 3

This option includes one large team per CCG (made up of specialisms in line with current CMHT, PIER, Clinical Psychology and AO services). SPT would be retained as distinct cross-CCG services.

Proposed Changes

• Implement the ‘Must Do’ projects; of note
  - Implement a true Division-wide Single Point of Access
  - Introduce a step-down / discharge service (aligned with the CCG teams)
  - Increase and formalise Clinical Psychology and Specialist Psychological Therapies in-reach / out-reach through training and supervision (to avoid unnecessary internal transfers)
  - Roll-out and mainstream PIP training among CMHTs

• Maintain the RMS form and function in the City

• Integrate CMHTs to create CCG teams (reliant on effective caseload allocation, agile working and ‘travelling salesman’ approach to home visits) but maintain current bases to ensure geographical coverage

• Split PIER, Clinical Psychology and AO into CCG teams but maintain as separate services (with separate management) ensure horizontal support / training is available to maintain service identity

• CCGs teams to deliver most face-to-face contacts in a clinic setting (assume alignment with existing CMHT bases) non-medic prescribers are expected to be in attendance at all clinics

• Maintain the SPT form and function
Option 4
Option 4

This option integrates CMHTs, PIER and AO into a single community CCG team with specialist sub-teams (psychosis / non-psychosis in the first instance then Cluster groups beneath). Clinical Psychology would be split into CCG teams but maintained as a separate service. SPT would be retained as distinct cross-CCG services.

Proposed Changes

• Implement the ‘Must Do’ projects; of note
  - Implement a true Division-wide Single Point of Access
  - Introduce a step-down / discharge service (aligned with the CCG teams)
  - Increase and formalise Clinical Psychology and Specialist Psychological Therapies in-reach / out-reach through training and supervision (to avoid unnecessary internal transfers)
  - Roll-out and mainstream PIP training among CMHTs

• Replicate the RMS in West and East Leicestershire providing a single access / assessment route for the new community teams

• Integrate CMHTs, PIER and AO to create a CCG teams (reliant on effective caseload allocation, agile working and ‘travelling salesman’ approach to home visits) maintaining current CMHT bases to ensure geographical coverage (various management options – CCG managers, psychosis / non-psychosis managers by CCG or across CCG, Cluster managers across CCGs)

• Split Clinical Psychology into CCG teams but maintain as separate services (with separate management) ensure horizontal support / training is available to maintain service identity

• CCGs teams to deliver most face-to-face contacts in a clinic setting (assume alignment with existing CMHT bases) non-medic prescribers are expected to be in attendance at all clinics

• Maintain the SPT form and function
Option 5
Option 5

This option integrates all services (excluding TSPPD) into a CCG super-team (but maintains them as distinct services).

**Proposed Changes**

- Implement the ‘Must Do’ projects; of note
  - Implement a true Division-wide Single Point of Access
  - Introduce a step-down / discharge service (aligned with the CCG teams)
  - Increase and formalise Clinical Psychology and Specialist Psychological Therapies in-reach / out-reach through training and supervision (to avoid unnecessary internal transfers)
  - Roll-out and mainstream PIP training among CMHTs

- Replicate the RMS in West and East Leicestershire providing a single access / assessment route for their respective CMHTs

- Split PIER, AO, Clinical Psychology, CBT and DPS into CCG teams but maintain as separate services (with separate management) ensure horizontal support / training is available to maintain service identity. The size of each team would be based on demand / referral rates etc.

- CCGs teams to deliver most face-to-face contacts in a clinic setting (assume alignment with existing CMHT bases) non-medic prescribers are expected to be in attendance at all clinics

- Maintain the TSPPD form and function
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<thead>
<tr>
<th>Leicestershire West CCG</th>
<th>Leicester City CCG</th>
<th>Leicestershire East CCG</th>
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Therapy Services for People with a Personality Disorder<br>Clusters 6 to 8
Option 6
Option 6

This option replicates the RMS in the County and integrates CMHTs into CCG teams, other services are maintained in form and function.

- Implement the ‘Must Do’ projects; of note
  - Implement a true Division-wide Single Point of Access
  - Introduce a step-down / discharge service (aligned with the CCG teams)
  - Increase and formalise Clinical Psychology and Specialist Psychological Therapies in-reach / out-reach through training and supervision (to avoid unnecessary internal transfers)
  - Roll-out and mainstream PIP training among CMHTs

- Replicate the RMS in West and East Leicestershire providing a single access / assessment route for their respective CMHTs

- Integrate CMHTs to create CCG teams (reliant on effective caseload allocation, agile working and ‘travelling salesman’ approach to home visits) but maintain current bases to ensure geographical coverage

- Split CMHTs into non-psychosis / psychosis teams to develop specialisms with targeted training / support

- Maintain Clinical Psychology form and function (although consideration should be given to coverage of CCG CMHT teams)

- Maintain SPT, PIER and AO form and function