

LPT Board – 21 December 2021

Step Up to Great Mental Health – Programme update

Purpose of the report

The report provides an update to the LPT Board on the progress with this programme of work, the review of the consultation feedback, the Report of Findings, Equality Impact Assessment and Decision-making Business Case. It explains the decisions that the CCG Governing body has made on the 14th December 2021.

Analysis of the issue

The LLR system has been developing plans to improve Urgent and Emergency Mental Health and Integrated Community Mental Health services for four years. As previously set out to the Board, the process to be followed to make significant service change involves:

- Finalise the proposed broad service models
- A review of the proposed service changes by the Clinical Senate
- Discussion with the joint Health Overview and Scrutiny Committee to agree the plans for engagement and consultation
- The development of a Pre-Consultation Business Case for review and sign off by the LPT and CCG Boards
- Completion of an Equality Impact Assessment on the proposed service changes
- The development of a consultation document and communications plan by the CCG
- Review of the approved PCBC, Senate report, HOSC minutes, EIA, consultation document and plan by NHS England
- 12-week consultation process
- Halfway report
- Initial consultation report
- Review and response to the consultation responses
- Decisions and impact on implementation plans by service area
- Review with the Equality Impact Assessment VCS group to inform a further Equality Impact Assessment
- Full consultation report including responses profiled by protected characteristics – Report of Findings
- Decision-Making Business Case
- Implementation plans
- Implementation

Progress

1. A post-consultation celebration event was held on Friday 8 October 2021, with the voluntary and community sector organisations who had worked with us to promote the consultation and ensure the voices of their communities were heard. The event also shared best practice and particularly captured the learning and how we all want to work together in partnership going forward.
2. A second event will take place on 16 December to further explore partnership working, setting a blueprint for future collaboration, that results in community empowerment and improved health and wellbeing.
3. The results of the consultation were set out in the CSU Report of Findings which has been shared widely including to the LPT Board.
4. On Wednesday 1 December 2021, the system Public and Patient Involvement Assurance Group (PPIAG) reviewed the Report of Findings. They integrated the information to assess whether the proposals to improve mental health services in Leicester, Leicestershire and Rutland been developed with appropriate and sufficient public and patient involvement and whether the NHS have sufficient insights and business intelligence from a diverse range of service users, staff, carers and public, to inform decision of the CCG Governing Body regarding mental health services
5. The PPIAG were able to assure in both areas, acknowledging the extend of work that had been undertaken. The group noted that there was strong support for the proposals. They also recommended that the qualitative insights and business intelligence provided by people is carefully considered and that co-production remains at the forefront of implementation.
6. An independent external Equality Impact Assessment reviewing the consultation process has been completed. This has also been shared with the LPT Board.
7. The findings from the consultation have been considered in setting out the final proposals in the Decision Making Business Case. This has been shared with the LPT Board.
8. The CCG Governing Bodies will have considered the DMBC, EIA and Report of Findings on 14 December in both private and then public sessions. The CCG Board paper is appended to this update. The meeting takes place after the deadline for this paper. A verbal update will be shared at the LPT Board meeting.
9. The recommendations to the CCG Board are divided up by service area, then some overarching recommendations followed by the EIA review recommendations. These are not restated in this update as they have previously been shared, form the final chapter of the DMBC and are detailed in the appendix to this paper.

10. The themed recommendations and EIA recommendations set the parameters and a commitment to co-producing implementation plans with communities, service users, carers, staff and partners. The key themed recommendations that will influence the approach to implementation are:

Working with local communities, voluntary and community sector	Agree to apply the principles set out in chapter 7 on the role of the VCS in implementation planning, co-production, making the service changes and in the on-going delivery of these services.
Working with carers	Agree to apply the principles set out in chapter 7 in our work with carers and with VCS groups acting as advocates of carers to ensure that the service improvements align with carer needs and are co-produced with their support.

11. The CCG governing body met on the 14th December 2021 and agreed to the recommendations set out in the Decision Making Business Case.

12. The expected next step is to communicate the outcome from the governing body widely to staff, communities and wider stakeholders and to develop a series of implementation plans. For some service changes, the recommendation is to make already temporary services permanent, for others, the implementation plans need refreshing and revisiting with partners, and for other services there is significant work to plan the implementation living up to the commitments of co-design and co-production.

13. The LPT Board should receive a summary of a plan for the implementation phase at the next Board meeting.

Decision required

The LPT Trust Board is asked to:

- note the further progress made since the last Board update and outcome from CCG governing body
- receive a further update at the next Board meeting including a plan for the implementation phase.

Governance table

For Board and Board Committees:	Trust Board meeting 21.12.21	
Paper sponsored by:	Fiona Myers	
Paper authored by:	Graeme Jones	
Date submitted:	10 December 2021	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	The LPT Board has received a number of previous updates on the elements of this service investment and improvement programme.	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:		
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Update at the next LPT Board.	
STEP up to GREAT strategic alignment*:	High Standards	
	Transformation	X
	Environments	
	Patient Involvement	X
	Well Governed	X
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	X
	Trust wide Quality Improvement	X
Organisational Risk Register considerations:	List risk number and title of risk	
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	EIA completed in December 2020. Further post consultation EIA completed in December 2021.	

Version 1.0

**Appendix A: Covering paper to LLR CCG Governing body of 14th
December**

Name of meeting:	LLR CCGs' Governing Body meetings in common	Date :	14 December 2021	Paper:	A
	Public ✓ Confidential				
Report title:	Step Up to Great Mental Health – Decision-Making Business Case				
Presented by:	Rachna Vyas, Executive Director of Integration and Transformation, LLR CCGs, Richard Morris, Deputy Director of People and Innovation, Avinash Hiremath, Medical Director, Leicestershire Partnership NHS Trust (LPT) and John Edwards, Associate Director for Transformation for Mental Health, LPT				
Report author:	Graeme Jones, Director				
Executive lead:	Rachna Vyas, Executive Director of Integration and Transformation, LLR CCGs,				
Action required:	Receive for information only:		Progress update:		
	For assurance:		For approval / decision:		✓
Executive summary:	<p>At the Leicester, Leicestershire and Rutland Clinical Commissioning Groups Governing Bodies meeting on 10th May 2021 the individual Governing Bodies approved the Pre-Consultation Business Case which set out a set of proposals for investment and reconfiguration of adult mental health services for Leicester, Leicestershire and Rutland. It also approved the commencement of formal consultation with the public on those proposals. This decision was based on a successful NHS England pre-consultation assurance review in March 2021.</p> <p>Formal public consultation commenced on 24 May 2021 and ran until 15 August 2021. The results of the consultation are set out in the Report of Findings. The findings from the consultation have been considered in setting out the final proposals in the Decision Making Business Case.</p> <p>An independent external Equality Impact Assessment has been completed reviewing the consultation process.</p> <p>This paper asks the Leicester, Leicestershire and Rutland Clinical Commissioning Groups Governing Bodies to approve the proposals set out in the Decision Making Business Case which include EIA recommendations to build on the consultation in co-designing implementation plans.</p>				
Appendices:	<p>Appendices</p> <ol style="list-style-type: none"> 1. CSU Report of Findings 2. Equality Impact Assessment report 				
Recommendations :	<p>The Governing Bodies of East Leicestershire and Rutland CCG, Leicester City CCG and West Leicestershire CCG are individually asked to:</p> <ul style="list-style-type: none"> • RECEIVE the Report of Findings, Equality Impact Assessment report and Decision-Making Business Case. 				

- **AGREE** to the following recommendations set out in the Decision-Making Business Case.

Decisions relating to the consultation

Provide an additional comprehensive suite of self-help guidance and tools

- a) Agree to provide a comprehensive suite of self-help guidance and tools in one place online, while making the material available in printable format.
- b) Agree to address the feedback on the type and simplicity of the information, and access routes to the information with the support of a service user advisory group and wider engagement as we develop and implement our plans.
- c) Agree to provide support to find and understand the information via the Mental Health Central Access Point for people unable to navigate or understand the information on the website.
- d) Agree to share a QR code on posters and business cards in a wide range of settings including GP practices.
- e) Agree to pilot the use of publicly accessible IT terminals to access the self-care guidance.

Introduction of a Central Access Point

- a) Agree to make the Central Access Point permanent.
- b) Agree to address the consultation feedback on promotion and awareness of the CAP, access routes for vulnerable groups, interpreter and BSL support, improving responsiveness and performance standards as part of the implementation and further development phase.
- c) Agree to develop the service to provide support to families and carers. To support this, the CAP and the Urgent and Emergency Care Steering Group will be expanded to include family and carer representatives to develop and test material.
- d) Agree to undertake a review of demand, capacity and workforce models alongside the potential use of technology to improve the support offer. The review of capacity will include modelling the workforce required to introduce a call-back service and a text access route.

Expand the number of Crisis Cafes

- a) Agree to open a further 22 crisis cafes in community locations in Leicester, Leicestershire and Rutland.
- b) Agree to work with local communities and voluntary and community groups to identify suitable locations, to co-design appropriate support offers considering diversity and ethnicity, co-location of other services and to link with wider community assets. Developing an appropriate local offer in each neighbourhood.
- c) Agree to work with local communities and service user groups to inform the names of the Cafés to identify a different term or terms for the cafes.

Improve and expand the Crisis Service

- a) Agree to improve and expand the Crisis Service in Leicester, Leicestershire and Rutland as set out in the Pre Consultation Business Case.
- b) Agree to promote the range of Urgent and Emergency Care (UEC) services and build awareness of the support available across the pathway.
- c) Agree to work with the UEC service user group to consider options to improve communication with service users and their families as part of our implementation and on-going review processes.

Introduce an Acute Mental Health Liaison Service

- a) Agree to create an Acute Mental Health Liaison Service by joining together the existing teams and basing them at Leicester Royal Infirmary close to the emergency department.
- b) Agree to address the feedback on promoting the service to UHL staff and building awareness of all wards and departments through implementation.
- c) Agree to provide support and development training to acute hospital colleagues including to A&E staff in mental health awareness.

Establish a Mental Health Urgent Care Hub

- a) Agree to make the Urgent Care Hub permanent and to undertake an options appraisal on whether to maintain the Hub at the Bradgate Unit in the longer term.
- b) Agree to include staff training in customer care to strengthen the nature of the welcome at the Urgent Care Hub.

Expand the hours that the Triage car is provided

- a) Agree to expand the hours of the Triage car service and to expand the joint working with East Midlands Ambulance Service.
- b) Agree to develop further mental health awareness training alongside the police and ambulance services.

Intensive support to vulnerable groups

- a) Agree to implement the investment and recruitment plans set out in the consultation, focusing our implementation plans on effective collaboration between the teams coming together.

Create eight Community Treatment and Recovery Teams focused on adults and eight Community Treatment and Recovery Teams focused on older people

- a) Agree to move eight Community Treatment and Recovery Teams for adult mental health with eight dedicated teams for Older People's mental health operating on the same geographic footprints.
- b) Agree to undertake dedicated engagement in each locality to agree the working hours that best meet the need of the local population.

- c) Agree to focus implementation plans on existing service users and managing their care during the period of transition. These plans will be linked to specific quality and safety triggers to be applied during the implementation phase.

Dramatically cut waiting times to access Personality Disorder Services

- a) Agree to the investment and expansion to the Personality Disorder service set out in the Pre-Consultation Business Case focusing on integration with other services.

Expand the service available for perinatal women from pre-conception to 24 months after birth

- a) Agree to the investment and expansion of the perinatal service including doubling the period of support from 12 months to 24 months after birth.
- b) Agree to develop specific implementation plans to reflect the diverse community and work with relevant community groups to build awareness and access to the support on offer.

Improve the support for women who are experiencing trauma and loss in relation to maternity experience

- a) Agree to the investment and expansion of the maternal outreach service including the development of support services for fathers and partners.
- b) Agree to address the suggestions of training on cultural diversity and incorporating multicultural practices through the implementation plans.

Improve psychosis intervention and early recovery service.

- a) Agree to support the investment and service change plans to improve psychosis intervention and early recovery, set out in the Pre-Consultation Business Case.

Enhance the memory service introducing different ways of providing the service

- a) Agree to the investment and improvement proposals relating to the Memory Service, set out in the Pre-Consultation Business Case.
- b) Agree that provision via digital means will be an option rather than the only route to Memory Services and that service users will be able to choose the vehicle that suits them best.

Establish an Enhanced Recovery Hub team

- a) Agree to establish an Enhanced Recovery Hub team and to develop the services, as set out in the Pre-Consultation Business Case.

Telephone and video-based services

- a) Agree to continue to offer and develop telephone and video-based services as an option for service delivery.
- b) Agree that the use of telephone and video as a vehicle to interact with service users will be offered a choice determined by the service user.
- c) Agree to pilot the use of publicly accessible IT terminals to access the self-care guidance.

Decisions relating to overall consultation feedback themes

Working with local communities, voluntary and community sector

Agree to apply the principles set out in chapter 7 on the role of the VCS in implementation planning, co-production, making the service changes and in the on-going delivery of these services.

Working with carers

Agree to apply the principles set out in chapter 7 in our work with carers and with VCS groups acting as advocates of carers to ensure that the service improvements align with carer needs and are co-produced with their support.

Decisions relating to the Equality Impact Assessment

Agree to the following eight recommendations from the independent EIA review.

1. The intelligence and guidance achieved to date is a rich learning opportunity for the future; it is acknowledged that the results of the consultation are being shared widely and whilst doing so, recommends communities are formally thanked for their contribution.
2. Build upon the relationships and alliances that have already established through the consultation, by enhancing the current arrangements to create genuine and sustainable partnership arrangement with the voluntary and community sector. Where mutually agreeable, partnering during the co-design, implementation phase; post-project evaluation and beyond to find lasting solutions to issues on an ongoing mutual basis.
3. Empower communities and capitalising on front line NHS staff being members of such communities, maintaining an understanding and support of protected groups through long term collaboration.
4. Apply the same rigour of focus, devoted to the communities served, to staff and the organisations' ways of working.
5. Ensure the Trust's staff education and training programme is

	<p>inclusive of understanding beliefs and values of different communities and of a broad cultural education.</p> <p>6. Persevere, to engage under-represented groups in co-design and implementation phases.</p> <p>7. Develop a plan for digital enablement and health literacy, to appropriately support the delivery of treatment and use of digital tools across communities.</p> <p>8. Aspire to be an exemplar system for health inequality through collaboration with communities.</p>
Report history and prior review:	The Pre-Consultation Business was approved by the LLR CCGs on 10 May 2021. This started a period of formal consultation and this Decision Making Business Case sets out the final proposals for approval following the formal consultation.

Aligned to Strategic Objectives		
Leicester City CCG	West Leicestershire CCG	East Leicestershire and Rutland CCG
✓	✓	✓

Implications	
a) Conflicts of interest:	None
b) Alignment to Board Assurance Framework	Not applicable
c) Resource and financial implications	Investment commitments are already made
d) Quality and patient safety implications	None identified
e) Patient and public involvement	<p>The Decision Making Business Case sets out the decisions for approval by the LLR CCGs Boards following formal consultation with the public on the proposals set out in the Pre Consultation Business Case.</p> <p>The Report of Findings sets out in detail the feedback from the consultation.</p>
f) Equality analysis and due regard	An updated post-consultation Equality Impact Assessment is set out as part of this report.

**Appendix B: Link to Step up To Great Mental Health Report of Findings,
Equality Impact assessment and Decision Making Business Case**

<http://3xmatc1p0cnc3crfv93ovogp-wpengine.netdna-ssl.com/wp-content/uploads/2021/12/SUTG-Mental-Health-DMBC-and-report-of-findings-reduced-Appendices-1-to-3.pdf>