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Trust Board – 29 March 2022

Step Up to Great Mental Health

Programme update

Purpose of the report

The report provides an update to the LPT Board on the progress in implementing the decisions made by the CCG Boards following public consultation on the Step Up to Great Mental Health investment and improvement programme.

Analysis of the issue

The LLR system ran a broad public consultation on the plans for investment and improvement of Urgent and Emergency Mental Health and Integrated Community Mental Health services.

In mid-December 2021, the CCG Boards agreed to a set of recommendations relating to the specific investment and service change proposals, alongside some overarching recommendations in relation to working with carers and the VCS. The CCG Boards also agreed to the recommendations in the Equality Impact Assessment report on the consultation process.

The system, including LPT, now has a mandate to make the changes set out in the consultation. The CCG Boards have made a commitment to make the investments and changes which has been confirmed to NHS England and the joint Health Overview and Scrutiny Committees in Leicester, Leicestershire and Rutland.

Progress

Significant progress has been made in implementing the agreed service changes and utilising the confirmed investments. In particular, there has been a focus on increasing the staffing resources available to the services through recruitment. The text below draws out some of the key elements of progress by service. The appended table provides some further detail and a reminder of the CCG Boards' decisions.

Local communities and the VCS

A further joint VCS planning session took place on 28 February and work is underway with the VCS networks to formalise and make permanent a new collaborative way of working. Applications for VCS grant support for new Crisis Cafes have been issued through Voluntary Action Leicestershire.

Working with carers

A carers meeting was held on 4 February. Alison Kirk has developed service user partner and carer partner roles in LPT. The UEC Steering Group will be expanded to include more families and carers by the end of March.

Self-care information

Most of the self-care information is now written and has been tested with service users. The work on the QR code is complete. The CAP support has been agreed and will be in the new CAP specification. The launch of the self-help material is expected to take place in April 2022. The public access to digital terminals to be developed through the ICS digital programme.

Central Access Point

Work has progressed on the service specification for the permanent enhanced service and the KPIs. This is due to be completed with the sign off of the enhanced service specification and KPIs by the end of March.

The strand to promote the service to vulnerable groups was progressed with VCS partners at the joint planning event on 28 February. This is a key area for joint work with the VCS.

The Steering Group will be expanded to include more families and carers by the end of March.

Additional phone lines and access to BSL support to be in place in Q1. Work to move the service to a cloud-based solution rather than an estate-based solution to be undertaken in Q1 once the final enhanced specification is agreed.

Crisis cafes

Applications for VCS grant support for new Crisis Cafes have been issued through Voluntary Action Leicestershire. A review of the applications and decisions on grant funding will be made by the end of March 2022.

We expect to launch at least four new Crisis Cafes in Q1.

Promotion of the existing and new cafes was progressed at the joint VCS planning meeting on 28 February.

Crisis service

Additional Psychologists have been recruited and one started in late January. The recruitment of Care Navigators and Peer Support workers is also underway and will be completed by the end of Q1.

The UEC Steering Group will be expanded to include carers and service users for Q1.

Work on service promotion with the VCS was part of the VCS planning event on 28 February.

Introduce an Acute Mental Health Liaison Service

The join up of the teams at the LRI has been completed. The team office has been refurbished to create a better common space.

The Liaison Group will be re-established in Q1. This will support the promotion of the service within UHL. A training and development plan for hospital colleagues will also be signed off in Q1.

Establish a Mental Health Urgent Care Hub

Significant work has taken place to make the Urgent Care Hub permanent under a new service specification that will be approved by the end of March.

The options and criteria for an options appraisal will be confirmed in Q1 linked to the Strategic Outline Business Case for the site.

The scope of a customer care training programme and a provider will be completed in Q1 for roll out.

Expand the hours that the Triage car is provided

Work has taken place to confirm the enhanced service specification for sign off by the end of March.

We will recruit additional staff in Q1 based on the enhanced specification. The work programme in Q1 will also focus on the pathways of care and conveyancing practice via a UCH mini assessment.

An audit of existing mental health first aid training (currently provided), any additional needs and how they might be provided will also be completed in Q1.

Intensive support to vulnerable groups

The new posts in the Homelessness team have been advertised. The Vulnerable Persons Group has been restarted.

In Q1 we plan an expansion of the service across the County. The implementation plans on effective collaboration will be completed in Q1. This will focus on specific support needs for more effective collaborative working.

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

A Project Manager has been appointed to take this work forward.

A paper proposing the eight footprints for adult and eight footprints for Older People is due for review and approval by the end of March. The focus of the work is on alignment with the eight neighbourhoods in LLR.

Consideration of the opportunities for colocation will be completed in April. Locality based work on the best opening hours to meet local population needs to take place in April and May following agreement of the footprints. Quality and safety transition triggers will also be approved in April for implementation from May onwards.

Dramatically cut waiting times to access Personality Disorder Services

A substantive PD Pathway lead has been appointed.

There has been extensive recruitment to Band 6 and Band 7 roles and Assistant Psychologist roles.

 These additional roles will support the roll out of the Structured Clinical Management (incorporating Decider Skills) programme, which aims to increase the capacity, responsiveness and flow in the delivery of psychologically informed therapies for service users diagnosable with Personality Disorder.   The new groups will start in April.

The groups will be rolled out in each new Community Treatment and Recovery team during 2022/23 until there are two or three running in each of the eight new patches.

The roll out of these groups will dramatically reduce waiting times.

Perinatal - Expand the service available for perinatal women from pre-conception to 24 months after birth and improve the support for women who are experiencing trauma and loss in relation to maternity experience

Recruitment to the additional Perinatal roles has been completed. Recruitment has now begun to the new health visiting roles. Recruitment to the Psychology posts and medical posts will take place in Q1.

Work on the father and partner plan with UHL was paused in December and January due to Omicron but this has been restarted. The work with UHL and service users on the development of support services for fathers and partners, will result in a proposal to the March Programme Board for the service enhancement to begin in May 2022.

The joint co-design of the multi-cultural practices and training will be agreed with the VCS in Q1.

Improve psychosis intervention and early recovery service

A substantive Psychosis pathway lead has been recruited and is in post. The pathway lead has begun work on the frameworks across the pathway including in PIER for psychological assessment and intervention, at individual, group and family level, and also for staff training and supervision.

Recruitment using the additional investment has been progressed. Two Band 7 CBT Therapists and three Band 6 Care Coordinators have been appointed. The recruitment process will be completed with the appointment of Assistant Psychologist posts in Q1.

The service will develop an implementation plan for the final elements of service change in Q1.

Enhance the memory service introducing different ways of providing the service

A pilot is underway using Occupational Therapists in the memory service. Demand and capacity work has been progressed alongside a review of NICE guidance. The review of the service model pathway will be completed in Q1.

A plan to clear the backlog and maintain a sustainable model will also be completed in Q1.

Recruitment to existing vacant posts will be completed in Q1 with the recruitment against the new model beginning in Q2.

Establish an Enhanced Recovery Hub team

The team is in place and the Hub has been established. Two Band 6 nurses have recently been appointed to the CERT team.

Four quality Improvement projects are underway:

1. Establishment of the new Community Enhanced Rehabilitation Team - Reducing anxiety and readmissions in the early week following discharge from inpatient rehabilitation service.
2. Increasing relative and carer involvement in a new community rehabilitation and recovery team.
3. Understanding how service users experience recovery interventions in a community setting.
4. Remote working in the context of designing and implementing a new community rehabilitation team. Review the evaluation of the new Hub arrangement to inform the longer-term development plan.

In 2022, we plan to expand the community enhanced rehabilitation team by recruiting a Band 6 Occupational Therapist, two Peer Support workers and a social worker to work across the enhanced rehab and recovery pathway. The team caseload should expand in line with our workforce, and we anticipate another 30-40 people receiving interventions from CERT.

Telephone and video-based services

There is agreement that telephone and video service offerings will be one of a number of options rather than the only option and determined by the service user.

Access to public IT terminals will be taken forward via the ICS digital programme.

Decision required

The LPT Trust Board is asked to:

- note the significant progress made since the last Board update
- receive a further update at the June Board meeting.

Graeme Jones

17 March 2022

Governance table

For Board and Board Committees:	Trust Board meeting 29.3.22
Paper sponsored by:	Fiona Myers
Paper authored by:	Graeme Jones
Date submitted:	17 March 2022
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 June LPT Board.

STEP up to GREAT strategic alignment*:	High **S**tandards	
	Transformation	X
	Environments	
	Patient Involvement	X
	Well **G**overned	X
	Reaching Out	
	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 and in December 2021.	