

Progress and next steps in implementing the SUTG Decision-making Business Case

Cross cutting recommendations to the CCG Board

Topic	Agreed recommendation
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.

Local communities and the VCS

- A further joint VCS planning session took place on 28 February
- Formulate the VCS networks in March and April following the 28 February session
- 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.

Decision and progress by service

Service we consulted on	Recommended decision	Implementation progress 17 March 2022	Next steps and Q1 deliverables
Provide an additional comprehensive suite of self-help guidance and tools	<ul style="list-style-type: none"> 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. 	<p>Most of the information is now written and has been tested with service users.</p> <p>The work on the QR code is complete.</p> <p>The CAP support has been agreed and will be in the new CAP specification.</p>	<p>Launch of the self-help material in April 2022.</p> <p>Access to digital terminals to be developed through the ICS digital programme.</p>
Introduction of a Central Access Point	<ul style="list-style-type: none"> 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 	<p>Work has progressed on the service specification for the permanent enhanced service and the KPIs.</p>	<p>Complete and sign off enhanced service specification and KPIs by the end of March.</p>

	<p>performance standards as part of the implementation and further development phase.</p> <p>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.</p> <p>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.</p>		<p>Promotion to vulnerable groups to be progressed with VCS partners at the joint planning event on 28 February.</p> <p>The Steering Group will be expanded to include more families and carers by the end of March.</p> <p>Additional phone lines and access to BSL support to be in place in Q1.</p> <p>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.</p>
Expand the number of Crisis Cafés	a) Agree to open a further 22 crisis cafés in community locations in Leicester, Leicestershire and Rutland.	Applications for VCS grant support for new Crisis Cafes have been issued	Review and decisions on grant applications by the end of March 2022.

	<p>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.</p> <p>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 cafés.</p>	through Voluntary Action Leicestershire.	<p>At least four new Crisis Cafes to be launched in Q1.</p> <p>Promotion of the existing and new cafes was progressed at the joint VCS planning meeting on 28 February.</p>
Improve and expand the Crisis Service	<p>a) Agree to improve and expand the Crisis Service in Leicester, Leicestershire and Rutland as set out in the Pre Consultation Business Case.</p> <p>b) Agree to promote the range of Urgent and Emergency Care (UEC) services and build awareness of the support available across the pathway.</p> <p>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.</p>	<p>Additional Psychologists have been recruited and one started in late January.</p> <p>The recruitment of Care Navigators and Peer Support workers is underway.</p>	<p>Complete the recruitment of Care Navigators and Peer Support workers by the end of Q1.</p> <p>The UEC Steering Group will be expanded to include carers and service users for Q1.</p> <p>Work on service promotion with the VCS was part of the VCS planning event on 28 February.</p>
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.	The join up of the teams at the LRI has been completed.	The Liaison Group will be re-established in Q1. This will support the

	<ul style="list-style-type: none"> 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. 	<p>Team office space has been refurbished to create a better common space.</p>	<p>promotion of the service within UHL.</p> <p>A training and development plan for hospital colleagues will be signed off in Q1.</p>
<p>Establish a Mental Health Urgent Care Hub</p>	<ul style="list-style-type: none"> 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. 	<p>Significant work to make the Urgent Care Hub permanent under a new service specification that will be approved by the end of March.</p>	<p>The options and criteria for an options appraisal will be confirmed in Q1 linked to the Strategic Outline Business Case for the site.</p> <p>The scope of a customer care training programme and a provider will be completed in Q1 for roll out.</p>
<p>Expand the hours that the Triage car is provided</p>	<ul style="list-style-type: none"> 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. 	<p>Work is on-going to confirm the enhanced service specification for sign off by the end of March.</p>	<p>We will recruit additional staff in Q1 based on the enhanced specification.</p> <p>The work programme in Q1 is focused on the pathways of care and conveyancing practice via a UCH mini assessment.</p>

			An audit of existing mental health first aid training (currently provided), any additional needs and how they might be provided will be completed in Q1.
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.	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) 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.	A paper proposing the eight footprints for adult and eight footprints for Older People is being developed for review and approval by the end of March. The focus of the work is on alignment with	Approval of the footprints in March 2022. Consideration of opportunities for colocation to be completed in April. Locality based work on the best opening hours to

	<p>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.</p>	<p>the eight neighbourhoods in LLR.</p> <p>A Project Manager has been appointed to take this work forward.</p>	<p>meet local population needs to take place in April and May following agreement of the footprints.</p> <p>Quality and safety transition triggers to be approved in April.</p> <p>Implementation from May onwards.</p>
<p>Dramatically cut waiting times to access Personality Disorder Services</p>	<p>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.</p>	<p>A substantive PD Pathway lead has been appointed.</p> <p>There has been extensive recruitment to Band 6 and Band 7 roles and Assistant Psychologist roles.</p> <p>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</p>	<p>The new groups will start in April.</p> <p>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.</p> <p>The roll out of these groups will dramatically reduce waiting times.</p>

		therapies for service users diagnosable with Personality Disorder.	
<p>Perinatal</p> <p>Expand the service available for perinatal women from pre-conception to 24 months after birth</p> <p>Improve the support for women who are experiencing trauma and loss in relation to maternity experience</p>	<p>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.</p> <p>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.</p> <p>c) Agree to the investment and expansion of the maternal outreach service including the development of support services for fathers and partners.</p> <p>d) Agree to address the suggestions of training on cultural diversity and incorporating multicultural practices through the implementation plans.</p>	<p>Recruitment to the additional Perinatal roles has now been completed.</p> <p>Recruitment has begun to the new health visiting roles.</p> <p>Work on the father and partner plan with UHL was paused in December and January due to Omicron but this has been restarted.</p>	<p>Recruitment to the Psychology posts and medical posts will take place in Q1.</p> <p>The joint co-design of the multi-cultural practices and training will be agreed with the VCS in Q1.</p> <p>Re-engage with UHL and service users on the development of support services for fathers and partners, to take a proposal to the March Programme Board for the service enhancement to begin in May 2022.</p>
<p>Improve psychosis intervention and early recovery service</p>	<p>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.</p>	<p>A substantive Psychosis pathway lead has been recruited and in post since November.</p>	<p>Complete the additional recruitment in Q1 – Assistant Psychologist posts.</p>

		<p>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.</p> <p>Two Band 7 CBT Therapists have been appointed.</p> <p>Three Band 6 Care Coordinators have been appointed.</p>	<p>Develop an implementation plan for the final elements of service change in Q1.</p>
<p>Enhance the memory service introducing different ways of providing the service</p>	<p>a) Agree to the investment and improvement proposals relating to the Memory Service, set out in the Pre-Consultation Business Case.</p> <p>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.</p>	<p>A pilot is underway using Occupational Therapists in the memory service.</p> <p>Demand and capacity work has been progressed alongside a review of NICE guidance.</p>	<p>The review of the service model pathway will be completed in Q1.</p> <p>A plan to clear the backlog and maintain a sustainable model will also be completed in Q1.</p>

			<p>Recruitment to existing vacant posts will be completed in Q1.</p> <p>The recruitment against the new model will begin in Q2.</p>
<p>Establish an Enhanced Recovery Hub team</p>	<p>a) Agree to establish an Enhanced Recovery Hub team and to develop the services, as set out in the Pre-Consultation Business Case.</p>	<p>The team is in place and the Hub has been established.</p> <p>Two Band 6 nurses have recently been appointed to the CERT team.</p> <p>Four quality Improvement projects are underway:</p> <ol style="list-style-type: none"> 1. Establishment of the new Community Enhanced Rehabilitation Team - Reducing anxiety and readmissions in the early week following discharge from inpatient rehabilitation service 	<p>Review the evaluation of the new Hub arrangement to inform the longer-term development plan.</p> <p>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.</p> <p>Caseload should expand in line with our workforce, and we anticipate another 30-40 people receiving</p>

		<ul style="list-style-type: none"> 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 	<p>interventions from CERT (current caseload 52).</p>
Telephone and video-based services	<ul style="list-style-type: none"> 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. 	<p>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</p>	<p>Part c will be taken forward via the ICS digital programme.</p>