

26th July 2022 Public Trust Board

Response to Healthwatch paper: Accessing mental health services during crisis – May 2021

Purpose of the report

To provide a brief overview of the Healthwatch paper that was published in May 2021 including its limitations. To receive a response to each of the recommendations described in the paper.

Background

The healthwatch paper was received in various committees within Leicestershire Partnership NHS Trust after its May publication. The Trust discussed with Healthwatch that it would not immediately respond to the recommendations due to its plans to commence a large public consultation that included proposals with urgent care and crisis services.

The consultation concluded with over 6,500 contributors and over 70% agreement on all of the questions posed in the consultation including the changes to urgent mental health care.

Each recommendation from the healthwatch paper was explored in turn, in the context of the learning from the consultation. The full paper can be found in Appendix A. The remainder of this paper outlines the proposed actions in response to the paper's recommendations.

Healthwatch report

The Leicester and Leicestershire Healthwatch undertook a survey and focus-group based exploration of people's experiences with:

- Accessing support services
- Using urgent support services (i.e. LPT Referral service)
- Discharge from support services
- Highlight good practice and positive patient experience
- Highlight common patient experience themes
- Highlight evidenced recommendations

The recommendations and findings were drawn from a small sample size of 27 people in 2020. This segmented down further to a smaller number of people that described themselves as having direct experience of the different services that were the subject to the review. The responses that Healthwatch received was mixed across the different questions but overall weighted towards a greater degree of negative experiences and views. The presentation of information was predominantly in percentages and therefore difficult to see how many people represented positive or negative positions against each question. The overall small sample size is unlikely to represent the diversity views of the populations that use or need urgent mental health support. Those limitations aside, the overall 'sense' from

the feedback and recommendations that Healthwatch derived from their analysis does resonate with the insights from the events and direct feedback acquired in the larger consultation.

Actions in relation to the Healthwatch paper

There were eight recommendations in the paper. The following describes actions being undertaken by the Trust in conjunction with system partners.

1. *There needs to be additional training on mental health and triage for GP surgery administrative staff.*

The Trust are working with partners to look at how we can roll out mental health skills training for wide range of staff including primary care known as 'decider' skills. This both provides better awareness and understanding of mental health needs but also skills that the whole continuum, of administrative to clinical staff, can use.

2. *Leicestershire Partnership NHS Trust (LPT) needs to explore ways to improve its triage service and not leave patient on hold on the phone for a long period of time.*

The public consultation supported the intent to ensure that the central access point offer was reliable and responsive. This will be part of the implementation plan from the consultation.

3. *LPT needs to address the inconsistencies in the Central Access Point (CAP) Service response for patients.*

There was not strong feedback in the consultation on inconsistency of support from Central Access Point however we recognise that a good service should be both individualised and not inappropriately inconsistent. This will again be part of the quality improvement and development of the Central Access Point.

4. *LPT needs to explore interim support for patients who are waiting for mental health services to respond.*

In 2022/23 we will be looking at ways that we can strengthen the interim support that can be offered to people. This includes investment in voluntary sector provision, crisis cafes and recovery services. Our ultimate goal is to significantly reduce the time that people wait for support and this is a key focus of our transformation plans. However, we recognise that there is a period where people have and, for the immediate future, will continue to have long waits. We ensure there is a clear understanding with patients waiting what they can currently expect in terms of waits and provide different places that they can seek support, including the 24/7 central access point, if their needs escalate. Targeted additional interim support is also offered to individuals based on their presenting risks. Nevertheless, we recognise that we can strengthen the support provided to people as they wait.

5. *There needs to be improved advertising of local urgent mental health services to all communities and age groups, including the support Social Services can provide to support those with mental ill health.*

This was also strong finding from the consultation, that promotion and education around the services available to support people’s mental health had not been good enough. Improving this was a recommendation agreed from the consultation and is being taken forward through the transformation plans. Advertisement around the central access point has already commenced. There is also now a self-guidance and support function being trialled on the LPT website

6. Urgent access to Mental Health Services needs to be made more accessible, especially for those that are deaf or hard of hearing.

There were various communities, engaged as part of the consultation, that felt that access to direct contact points was limited including the deaf community. This again featured as a recommendation from the consultation to be addressed as part of the transformation plan. We are working with service users and partners to make sure that our materials are fully accessible, for example the deaf community and those with hearing impairments, an audience that was flagged in the report.

7. Ensure that the patient mental health record is shared with relevant providers at the point of crisis so that patients do not have to keep repeating their story to different service providers.

The local system is moving towards advanced shared care plan approach which will allow an increased level of sharing between system partners this is expected to be in place by the end of 22/23 (with partial use by the summer of 2022).

8. Feed this information gathered from this review into the forthcoming combined Clinical Commissioning Group review into getting help in neighbourhoods.

The development of the getting help in neighbourhoods (development of VCS and integrated services around local patches within Leicester, Leicestershire and Rutland) is going to be accelerated in 2022/23 as part of the system MH commissioning plan. The findings from this report will be made available as part of that process.

Recommendations

LPT Trust Board are asked to:

- note the findings and recommendations undertaken by Healthwatch in relation to crisis and urgent mental health care in LLR and its limitations
- Support the actions being undertaken in response to the recommendations

- **Governance table**

For Board and Board Committees:	Trust Board 26 July 2022
Paper sponsored by:	Fiona Myers, Interim Director for Mental Health
Paper authored by:	John Edwards, Associate Director for Transformation
Date submitted:	19.7.22

<p>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): 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</p>	<p>Directorate Management meeting 30th March 2022 Strategic Executive Board 1st April 2022</p>	
<p>STEP up to GREAT strategic alignment*:</p>	<p>Assured</p>	
	<p>One off report</p>	
<p>Organisational Risk Register considerations: Is the decision required consistent with LPT's risk appetite: False and misleading information (FOMI) considerations:</p>	<p>High Standards</p>	<p>X</p>
<p>Positive confirmation that the content does not risk the safety of patients or the public</p>	<p>Transformation</p>	<p>X</p>
<p>Equality considerations:</p>	<p>Environments</p>	
	<p>Patient Involvement</p>	
	<p>Well Governed</p>	
	<p>Reaching out</p>	
	<p>Equality, Leadership, Culture</p>	<p>X</p>
	<p>Access to Services</p>	<p>X</p>
	<p>Trust Wide Quality Improvement</p>	
	<p>List risk number and title of risk</p>	
	<p>NA</p>	
	<p>Nil</p>	
	<p>It does not risk safety of patients and public</p>	
	<p>Equality Impact assessment undertaken as a component of the public consultation (related to the recommendations from the Healthwatch Board). Ensuring inclusivity of access (particularly for deaf community) is a component of recommendations.</p>	