



## **Progress Update – Midlands Regional Clinically Led Review of LLR ICB Intensive and Assertive Community Mental Health Treatment Action Plan - Public Trust Board 27<sup>th</sup> May 2025**

### **Purpose of the Report**

This report provides an update regarding the progress being made against an action plan that was developed following a request by NHS England in 2024. The action plan is in response to a local self-assessment undertaken by Leicestershire Partnership Trust (LPT), LLR Integrated Care Board (ICB), Local Authorities (LAs) and wider stakeholders in July 2024, of policies and practices in place for patients with serious mental illness, who require intensive community treatment and follow-up, but where engagement is a challenge.

### **Analysis of the issue**

Following the triple homicide in Nottingham in 2023, NHS England asked ICB's to review their community mental services to ensure that they have clear policies and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge.

Supporting guidance was then published by NHS England in July 2024<sup>1</sup> that confirmed the framework for the self-assessment to be undertaken, which identified five key themes that could lead to serious untoward incident as follows:

- Lack of continuity of care and failure to join-up presentation history
- Lack of, or poor involvement of carers or family members
- No long-term planning of care
- Poorly planned, precipitous discharges from hospital
- Failure to review treatment / medication

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<sup>1</sup> <https://www.england.nhs.uk/publication/guidance-on-intensive-and-assertive-community-mental-health-treatment/>

The local self-assessment in July 2024 identified areas of good local practice, particularly because LPT have a dedicated community based Assertive Outreach Team, whose role is to proactively work with people at risk of disengagement. This was reaffirmed through the regional benchmarking summary review undertaken by NHSE, who confirmed our largely positive self-assessment.

The self-assessment also identified some areas for improvement and an action plan was developed to address the gaps identified. An LLR steering group was established in autumn 2024 to oversee implementation of the action plan. The group continues to meet on a monthly basis and is chaired by the ICB Mental Health Clinical lead, Professor Mohammed Al- Uzri, and brings together ICB, LPT, Local Authorities and wider stakeholders.

Following the publication of an Independent Mental Health Homicide Review in February 2025, NHS England asked all Providers and ICBs to undertake a further review of progress against local action plans and to also update Public Boards by end June 2025.

### **Key updates and progress**

The ICB action plan was presented to the ICB System Quality and Safety Committee on 1<sup>st</sup> May 2025 by Helen Perfect, Head of Planned care, Directorate of Mental Health LPT with Jon Singh, LLR ICB Mental Health Services Commissioning Manager.

The action plan is presented monthly at Directorate Mental Health (DMH) Team Meetings to have visibility of the action plan and to ensure local actions are supported to completion. The action plan is owned by the ICB who are held accountability by NHSE for its delivery.

It is important to note that many improvement actions were already underway as part of wider transformation and QI programmes of work. Also of significance is that LPT is one of only two provider organisations in the Midlands region that has an Assertive Outreach (AO) team. This was not a service Nottinghamshire had at the time of the homicides.

A summary of the completed and ongoing actions against the 5 key themes published by NHS England July 2024 are as over.

## **Summary of progress against LLR Action Plan for intensive and assertive community mental health treatments, including risks and mitigations:**

### **Theme 1 – Lack of continuity of care and failure to join-up presentation history**

#### *Completed Actions*

- Business case for funding to roll out the MaST (Management and Supervision Tool) across CMH services (including AO and PIER – Psychosis Intervention and Early Recovery team) to support caseload management, including trigger mechanisms regarding early warning signs and escalating levels of risk of patients, approved as part of 25/26 operational planning requests.
- Existing MDT template exists on SystmOne to record risk of disengagement
- Updated MDT template, discharge checklist, care planning and clinical supervision where engagement is a challenge.
- New Trustwide Discharge Policy developed with specific reference to involvement of families, safeguarding risk and MDT discussions
- Updated Crisis and Home Treatment SOP in relation to risk assessments and joint working with CMHTs

#### *Actions still in progress*

- To roll out and embed MaST tool in community mental health teams in 2025/26
- To embed use of the MDT template to flag risk of disengagement
- SNOWMED code being developed to identify anyone non-compliant with antipsychotic medication

#### *Risks and mitigations*

- The flags will enable clearer awareness and monitoring of patients at risk of disengagement, and through the LLR shared care record, will enable these risks to be shared with GPs using SystmOne. The mitigations in the meantime are frequent MDT meetings and monitoring of caseload sizes.

## **Theme 2 - Failure to review treatment and medication**

### *Completed Actions*

- New transfer between service templates developed and implemented to ensure all information is shared.

### *Actions still in progress*

- Reviewing the skill mix within the AO and PIER teams to ensure they have access to a full range of evidence-based interventions.

### *Risks and mitigations*

- A broader skill mix will provide a greater wholistic view of patient needs in these teams. PIER currently has an OT working within their team and MDT and vacancies currently in AO are out to advert for Mental Health Practitioners to encourage greater diversity of professionals and hence skill mix within the team.

## **Theme 3 – Lack of, or poor involvement of carers or family members**

### *Completed Actions*

- Embedding Peer Support Workers (PSW) into mental health community teams. This has been part of the Mental Health Investment Standard over the past 3 years with a total of 36 PSW now in post across community mental health teams 96 vacancies being recruited to, to take total to 42.
- Family and Carer summit took place on 30th January 2025, with over 40 staff and carers in attendance. Key themes and priorities from a series of café conversations have been mapped and identified.

### *Actions still in progress*

- By adopting the Triangle of Care standards in 2025/26, community services will work to improve therapeutic alliance between service user, staff member and family/ carer to promote safety, support recovery and sustain wellbeing. It aims to ensure appropriate carer inclusion - “Carers Included” - throughout the patient’s care journey.
- A new group is being set up imminently, specifically to support AO and PIER carers with the Psychosis Pathway Carers and Lived Experience Group.

- Delivery of Patient and Carer Race Equality Framework in conjunction with Joint Strategic Needs Assessment with Local Authority to improve health inequalities in LLR

#### *Risks and mitigations*

- Current documentation includes carers assessments and voice of carers and family within the risk assessment of patients.
- Currently STR (support time and recovery workers) in PIER and PSW in AO work closely with family members and carers of service users
- Together Against Racism is a Group programme that is supporting the ongoing implementation of PCREF and supporting reduction in health inequalities within our communities in LLR.

### **Theme 4 – Poorly planned, precipitous discharges from hospital**

(Includes elimination of inappropriate out of area acute MH placements - recently added by NHSE)

#### *Completed actions*

- All dormitory accommodation across Mental Health wards is now eradicated.
- Expansion of the LPT Mental Health Homeless service in Leicestershire County through investment by ICB 2024/25.
- Inpatient SOP updated to include how community teams are to be involved and/or aware of any changes to patients' medication prior to discharge.

#### *Actions still in progress*

- Review DMH inpatient transformation plans in line with ICB 3-year plan to identify key areas of work to sustain a zero out of area position.
- Use of out of area male psychiatric intensive care (PICU) beds to cease early summer 2025 once Belvoir capital works completed.

#### *Risks and mitigations*

- Patients in private beds out of area are being actively reviewed through named nurses and attendance at MDTs. Review of PICU patients are face to face and weekly visits during the decant period for the Belvoir ward refurbishment plan.

## Theme 5 – No long-term planning of care

### *Completed actions*

- Strengthened pathways between Neighbourhood Mental Health Cafes and urgent care mental health services such as Hub and Central Access Point.
- Each clinician and VCSE have access to JOY platform which holds over 850 local offers and activities where individuals can receive help and support.

### *Actions still in progress*

- Task and finish group has been established to formalise the AO /PIER service links with LA's and Turning Point (LLR substance misuse provider) as well as Housing/ VCSE/ Learning Disability and Autism services, in partnership with the new integrated community neighbourhood model.

### *Risks and mitigations*

- Turning Point and City LA undertaking management of change to align with new neighbourhood teams as part of community team transformation. Hot desk opportunities being set up in LPT mental health neighbourhood teams bases for partners to use for teams to sit and work together more easily.

## Proposal

The Trust Board is asked to receive the report and assurance on progress against the action plan to address the gaps identified through the self-assessment of policies and practices in place for patients with serious mental illness, who require intensive community treatment and follow-up, but where engagement is a challenge.

## Decision required

Briefing – no decision required	
Discussion – no decision required	X
Decision required – detail below	

## Governance Table

For Board and Board Committees:	Trust Board	
Paper sponsored by:	Tanya Hibbert Director Mental Health	
Paper authored by:	Tanya Hibbert Director Mental Health	
Date submitted:	20.05.25	
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):	Trust Public Board	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:	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	One off	
LPT strategic alignment:	T - Technology	x
	H – Healthy Communities	x
	R - Responsive	x
	I – Including Everyone	x
	V – Valuing our People	x
	E – Efficient & Effective	x
CRR/BAF considerations ( <i>list risk number and title of risk</i> ):	CRR 27 if we do not learn from the events in Nottinghamshire Healthcare Foundation Trust, there is a risk to patient safety.	
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public		