

*'It's about our life, our health,  
our care, our family and  
our community'*



**Better care together**

Leicester, Leicestershire & Rutland health and social care

## Mental Health STP workstream



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healthwatch



Leicestershire  
County Council

NHS

## Direction, drive and ambition

***"Time to change, the time is now. End the stigma, end it now. Time to stand up and not be judged"*** anonymous attendee from Healthier In Mind event September 2017.



Mental illness is the single largest cause of disability in the UK with one in four people suffering from at least one episode of illness. There is extensive unmet need, significant impacts on employment and, for those with prolonged illness, a gap of 15-20 years in life expectancy<sup>i</sup>. Support is not coming early enough with 75% of mental health illness in adult life having started by the age of 18<sup>ii</sup>. Not

enough of NHS monies have been spent on support services and those resources are not necessarily directed to where the greatest needs are<sup>iii</sup>.

Improving the mental health of the people of Leicester, Leicestershire and Rutland cannot be achieved by specific services it requires **collective action** across statutory services, voluntary sector, faith communities and the wider populous. It requires action to support people of all ages and support people as early as possible (see children's chapter for action for Children and Young People's mental health). It is "Time to change" and requires us all to pull together to do this.

A large 'Healthier In Mind' engagement has been undertaken over the summer of 2017 involving close to a 1000 people across Leicester, Leicestershire and Rutland. From this there have been five key priorities identified.

**I am able to easily find out what help is available and access services quickly and that are convenient to me.**

**When I need it, I want someone to talk to who listens to me and does not judge me.**

**Having support from friends, family and people in my community for me and my family.**

**I want people to understand me and my mental health and not judge me.**

**I need a flexible understanding work place that supports me to get the help that I need.**

Building on this and the direction set by the national *Five Year Forward View For Mental Health* (including crisis and prevention concordats), the partnership of our local STP is focused on doing the most to improve mental health of LLR within the resources available. The understanding and delivery of these improvements to be **Co designed** with service users, public and key partners. To avoid resource being a barrier to such improvement we, the statutory services, voluntary sector, communities, families and individuals will therefore need to undertake collective action and focus on:

## Area of focus

## Improvements

### Everyone

Increase the **acceptance and understanding** of individuals and what they are going through.

Build up **skills and confidence** in individuals for self-help, helping others and accessing support when needed.

### Workplaces & education institutions

Workplaces and education settings increase promotion and acceptability of **support** for employees to access help for any mental health problems

Increase **workplace/education institutions initiatives** to support and promote mental wellbeing

Increase workplace **adjustments** to create and adapt roles to allow

### Community

Increase the awareness, availability and inclusivity of **affordable activities** in each local area

Increase the **initiatives** to support and promote mental wellbeing targeting specific local population

### Services

Increase **awareness** and choice in what support is available to individuals and their families, how they can access support and when

Increase **convenience** in getting help from services and ensure that they are as **quick** to access as needed

Increase use of **best practice approaches** in **partnering** with service users to:

- promote and strengthen service user control in their lives
- support them to address their issues and
- provide skills, strategies and confidence to manage their health and life issues to be able to **stay as well as possible**.

Shift LLR services to feel and behave as one system that is easy to navigate, focused on **adding value** and **seamless** for the user

Streamline the use of inpatient settings towards the **shortest stays** possible for the specific service users' needs

### Specific groups

Increase the use of **best evidence** to target support to specific groups earlier to reduce long-term harm to them (including, individuals with their first episode psychosis, mothers, children, individuals with long-term physical and mental health conditions, individuals with personality disorder)

Through this focus and improvements we will see:

## Local Outcomes

- Mentally **healthier** population
- Quicker sustained **recovery** for people to get as well as they can
- Increased ability of individuals to **manage their own health** without significant input from 'services'
- Quicker **access** of the support the suits individuals enabling quicker recovery
- **Reduced long-term harm** for individuals from **earlier** targeted evidence based intervention
- No difference in **life expectancy** for individuals with long-term mental health conditions and the general population
- Greater **understanding and tolerance** across the population of individuals with different mental health conditions and needs
- Increase **employment** of individuals with long-term mental health conditions
- Reduced **acomodation** difficulties for individuals with long-term mental health conditions

To help deliver these outcomes there are a number of local and national initiatives and targets that have been established. The remainder of this chapter provides an overview of the current and planned initiatives of the Mental Health workstream of the STP. These will evolve and adapt across the 5 years to optimally deliver the overarching ambitions to improve mental health within LLR.

Alongside improving outcomes for people within LLR, the STP is focused on achieving quality, workforce and financial sustainability. The key underpinning principles, include **Co Design** and incorporating the cross-cutting focus across all aspects of the STP of; service integration (based around families, communities and neighbourhoods) and home first (supporting and treating people in or near their home with extended community and primary care provision). Within the mental health workstream there has been an immediate focus on recovery, prevention and ensuring that our care pathways can support people at earlier stages, manage crisis periods effectively, and avoid hospital admission where possible. The following section provides a summary of the initiatives being undertaken focused on delivering the workstream ambitions.

## Mental Health Workstream initiatives

### Prevention:

Avoiding serious illness, staying as well as possible and coping with episodes of illness well

Focused on...

Everyone

Community

Workplaces  
& education

Everyone has mental health and everyone will have both mental ill health and mental well-health in their lifetime. The prevention workstream is broad, ambitious and **essential** to draw

on the thinking driven by National Prevention Concordat along with the direction set through Healthier In Mind to focus on:

- Promoting acceptance, understanding and anti-stigma across LLR
- Increase resilience and wellbeing, reduce illness and maintain independence
- Help people to get better, maintain their recovery, reduce the effects of relapse, which may include readmission.

Achieving these goals requires improved collaboration and collective action between local authority and other statutory services, employers, education providers, community groups, voluntary sector and people volunteering their time and energy. This workstream is focused on improving support in those aspects of people's lives which influence mental wellbeing, such as housing, benefits advice, personal finance, diet, exercise, smoking cessation, anti-stigma promotion, avoidance of substance misuse and links with criminal justice.

Availability and retention of living accommodation from independent, to multiple occupancy and residential care, is an increasing pressure. The STP will work with LLR local authorities and housing providers to strengthen people's ability to retain accommodation and to create new housing opportunities.

A key component to prevention in mental health is supporting children and young people early and effectively. The plan and approach is detailed within the Children's workstream.

### **Progress to date:**

The initiatives commenced include:

- Time to change (focused on addressing stigma)
- School focused mental health resilience (increasing understanding and tools to support mental wellbeing)
- Local area coordination (mobilising communities in support of targeted groups)
- Social prescribing (providing primary care with tools to offer wider social interventions to support their patients)
- Mental Health Wellbeing and Recovery Services (providing information, advice and navigation and community recovery activities to support people in their local areas)
- Recovery College (to support people with their recovery journey)

### **Future plans:**

There will be further development of:

- The development and implementation of a **local prevention concordat**

## Specialist Support:

Offering help to support people when needed to help them to recover to be as well as they can

Focused on...

Services

Specific groups

The improvements in specialist support are focused mainly on the expansion and increased direct access of psychological therapies (referred to as Improving Access to Psychological Therapies – IAPT) and wholesale improvement of the acute pathway.

Twenty-five percent of people with common mental health conditions (such as depression and anxiety) should be supported by IAPT services by 2020/21 and gaining significant benefit from it. A new model and approach will be designed to ensure that the people of LLR gain increased access to these services.



There is an array of services that support the mental health acute care pathway ranging from the community mental health teams, substance misuse services to the inpatient units. These mental health services need to be better. When needed, individuals require support that is quick, effective and focused on supporting their recovery so that they can feel as well as they can and able to cope with future episodes of illness. The improvements need to meet people's needs irrespective of age, disability and location within LLR.

### All Age Transformation Programme

A 5 year transformation programme has therefore been started to co-design with the service users, carers, staff and other stakeholders a radically different model of specialist services. This programme is learning from the celebrated approach undertaken in Northumberland Tyne and Wear (NTW) to use particular methodologies to use detailed analysis, best practice and co-design to increase:

- Value** providing **value** for service users from all the work in the specialist services and look to stop things that don't
- Releasing time to care** Release and support front-line staff to give them the things they need and release their time to add the most **value** to the service users and their families
- System** Focus on improving the entire pathways of service users care to provide a much better overall experience from the services

From this transformation it is expected that there will be significant improvements in the quality and experience of services, the whole acute care pathway to work as one system and **resources** redistributed to where it's needed. It is also expected that the workforce will be

reformed to place the right skills in the right place across the pathway and align to the National Five Year Forward View for Mental Health workforce model. Through co-designing the change with stakeholders across the system it is expected that there will be joined up support across organisations in places across Leicester, Leicestershire and Rutland.

In conjunction with the radical redesign there will be a continued focus on stopping people being sent into out of area placements with all statutory organisations in LLR working together to have good flow through inpatient services. There will also be a focus on strengthening crisis services to provide alternatives to hospital stays.

### **Progress to date:**

The initiatives commenced include:

- All Age Transformation (starting visioning, data collection and best practice review)
- 'Move on' accommodation and support for people to leave hospital earlier
- Variety of initiatives targeting reduction in length of stay and delays in discharge within acute mental health wards
- Workers supporting the organisation of benefits and housing support for individuals staying within mental health inpatient facilities

### **Future plans:**

There will be further development of:

- Completion of redesign through All Age Transformation programme
- Design and implement new IAPT model for LLR
- Integration of housing, social care and benefits support for inpatient units
- Training and skills development of workforce in the 'Recovery' model
- Increased housing support to meet the needs of individuals being supported in specialist services for their mental health and/or learning disabilities

## Targeted early support:


Offering evidence-based targeted support early to support specific needs to help people avoid and reduce long-term harm

Focused on...

Services

Specific groups

There are a number of areas where there is clear evidence that targeted support can prevent long-term harm to people. These have been set out within the NHS forward view for mental health and include:



**Perinatal** - One in five mothers have mental health illness within a year of birth. Targeted support will increase over next 5 years (target of 30,000 more mothers supported nationally by 2020/21).

### Early intervention for psychosis -



Supporting individuals really quickly after they first have symptoms with good assessment and NICE approved interventions is seen to reduce long-term harm. There is a local service that has expanded from supporting 14-35 year olds to 18-65 year olds.

### Parity of Esteem -

#### Progress to date:

The initiatives commenced include:

- Established perinatal team
- Expanded PIER (first episode psychosis team) to be more responsive and support people up to 65 years old
- Physical health nurses supporting healthchecks in mental health wards
- Suicide prevention strategy developed and agreed across Leicester and Leicestershire local authorities
- Suicide prevention videos completed and broadcast

#### Future plans:

There will be further development of:

- Further expansion of PIER service to support more people quicker
- Development and implementation of an enhanced plan for creating 'parity of esteem' including stronger liaison services within physical health hospitals and IAPT interventions for long-term conditions
- Delivery of the suicide prevention strategy
- Development and delivery of a joint criminal justice plan to better support people in the criminal justice system outside of prison

Prisoners and people in contact with the criminal justice system have higher rates of mental health problems than the general population. The mental health STP will strengthen connections with NHSE prison mental health services, improving the connections between prison health care and local health systems.



## Emergency support:

Offering quick accessible support to help people deal with sudden mental health illness crisis and emergencies

Focused on...

Services

Specific groups

Even with improved services and greater prevention there will be times when people have mental health related emergencies and need the right support whichever emergency services they come into contact with. Therefore there is a focus on improved crisis services at all times of the day and night and strong mental health expertise available within acute physical health hospitals, police and ambulances. Currently, people with severe mental ill health are three times more likely to attend the emergency department than the general population and five times more likely to be admitted with an emergency<sup>iv</sup>. The right support earlier should increase the number of people are able to get the support to stay in their home environment and recover quicker.

### Embedded Mental Health experts within the Acute Hospitals

**(Core 24)** - Mental health practitioner assessment and triage has been introduced into acute hospitals to deliver 1-hour response to emergencies 24 hours 7 days a within the emergency department. This will be expanded to widen the 24 hour mental health support to other wards and clinical areas, including substance misuse within our hospitals (the full delivery of the National 'Core 24 standards).



## Crisis -

Crisis Care Concordat | Mental Health

Individuals in crisis may get involved in any of the emergency services offered. A strong partnership has therefore been built between police and mental health services through initiatives like the *triage car* (undertaken street triage with police and mental health practitioners) and PAVE

### Progress to date:

The initiatives commenced include:

- Established all-age mental health liaison triage team within the emergency department
- Established 24/7 crisis services
- Established crisis house
- Established Triage car to have joint police and mental health street support
- Established PAVE team to support targeted group of high users of police and health services

### Future plans:

There will be further development of:

- Expansion of the all age mental health liaison service to deliver 'core 24' support beyond emergency department into the wider acute wards
- Expanded crisis service to provide increased responsiveness and greater home treatment support in periods of crisis
- Develop and deliver a plan to enhance alignment between mental health, ambulance and police services to better support individuals in the community

## Enabling initiatives



### Digital technology and electronic systems

Where appropriate, sharing of information between professions and agencies can greatly reduce delays in care, repeated assessments and other processes. Working with service users we will reduce these as far as possible to provide a timely and integrated response irrespective of the agency they interacting with. Technology will be deployed to enable of remote consultations, on-line therapy, self-help and other advice. This will be focused mainly on strengthening service users' control on the support they get.

## Workforce

The people providing care and treatment are an important resource, but they are also vulnerable to mental health problems. Building awareness of their own mental wellbeing and the knowledge of the systems in which they work, are critical objectives. Mindful employment practices will be sustained including the development of excellent training and development programmes, supervision of professional leadership with access to appropriate pastoral support. Skills and clinical processes will be developed to implement the national cluster pathways informed from the All-age Transformation programme. In addition, people with lived experience will be embraced within the workforce as peer support workers.



There is a national mental health **workforce** plan issued by Health Education England describing an expected growth in the number of mental health workers by 300-350 within LLR, by 2021. This was split between professional roles (nursing, medical, therapies) and support workers. This increase is expected to go hand in hand with a large increase in demand for services. There will be a clear workforce plan developed as part of the STP workforce workstream which will develop an LLR multi-agency plan to how to implement the national strategy.

In addition the level of change across the system requires considerable clinical leadership in Primary and Secondary care. Clinical leads have been identified and a clinical forum of GPs, Psychiatrists, Social Workers and other professionals is working well. In particular the Transformation program has strong clinical leadership, leading processes to develop new approaches.

## Buildings



To address stigma and pursue parity, MH services will be integrated and co located within other mainstream locations where ever appropriate, these will be a combination of other public sector, and independent venues. There is a vision to consolidate 'all age mental health' inpatient facilities onto a single site to maximise inter-working and provide state of the art practice and buildings. This will potentially require considerable investment which needs to be understood during the life of this plan.

For some needs other partners are best placed to develop facilities e.g. accommodation for people in recovery; we will work with Local Authorities and housing providers to facilitate appropriate.

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<sup>i</sup> Five Year Forward View for Mental Health, NHS England (February 2016)

<sup>ii</sup> Future in Mind, NHS England (March 2015)

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- iii Five Year Forward View for Mental Health, NHS England (February 2016)
  - iv Five Year Forward View for Mental Health, NHS England (February 2016)