

Report of the reconfiguration assurance checkpoint panel

Leicester, Leicestershire, and Rutland: Step Up to Great Mental Health

31 March 2021

NHS England and NHS Improvement



Contents

Contents.....	1
Purpose.....	2
Background.....	2
Case for Change.....	3
Proposals.....	3
Overall Assessment.....	4
Five Tests for Service Change.....	4
1. Test 1 Clear Clinical Evidence Base.....	4
2. Test 2 Strong Public and Patient Engagement.....	5
3. Test 3 Consistency with Current and Prospective Need for Patient Choice..	6
4. Test 4 Support for Proposals from Commissioners.....	6
5. Test 5 Capacity Implications, Including Hospital Beds.....	7
Best Practice Checks.....	8
6. Implementation Arrangements.....	8
7. Provider Sustainability.....	8
8. Capital Implications.....	8
9. Commissioner Affordability.....	8
10. Public Sector Equality Duty and Health Inequalities Duties.....	8
11. Consultation document and consultation plan.....	9
Overall Fit with STP.....	9
Conclusion and Next Steps.....	9
Annex A.....	10

Purpose

This is the report of the regional NHS England and NHS Improvement reconfiguration assurance checkpoint panel (the Panel) formed to undertake formal assurance of proposals to reconfigure Community Mental Health and Urgent & Emergency Mental Health Services within Leicester, Leicestershire, and Rutland. (the Programme).

These proposals are put forward by, and are formally approved, by the CCGs within Leicester, Leicestershire, and Rutland Integrated Care System. They are also supported by the Board of Leicestershire Partnership NHS Trust and other key stakeholders, including neighbouring Sustainability and Transformation Partnerships (STPs).

The Panel was chaired by the Regional Director of Performance & Improvement, on behalf of the Regional Director, supported by members with clinical and financial expertise, and specialist knowledge of service reconfiguration.

The Programme was represented by the Accountable Officer of the CCGs within Leicester, Leicestershire, and Rutland Integrated Care System and supported by colleagues across the system with specialist knowledge of the affected services, including members of Leicestershire Partnership NHS Trust executive team, to contribute to the discussion. The full list of the Panel and Programme attendees is included at Appendix A.

The Panel sought assurance that the proposals meet the Government's four tests for service change, NHS England's test for reductions in hospital beds and a number of areas of best practice as set out in NHS England's published guidance *Planning, assuring and delivering service change for patients*.

The Programme was invited to submit documentary evidence setting out the proposals and how they meet these requirements. The CCG submitted the Pre-Consultation Business Case (PCBC) and supporting appendices, including minutes from the Health Overview of Scrutiny Committee and the consultation plan, as evidence to support the change.

Panel members reviewed these documents and prepared key lines of enquiry, which were explored during the meeting of the Panel, held on 31 March 2021.

Background

The Step Up To Great Mental Health programme has been developed to improve mental health services across the Leicester, Leicestershire, and Rutland system.

The programme will support the investment in, and reconfiguration of, existing mental health services so that the experience of, and outcomes for, service users are materially improved. In addition, services will be redesigned so that there is closer working with the voluntary sector, social care, and primary care and that the services are aligned to Primary Care Network (PCN) footprints.

The PCBC does not focus on the redevelopment of inpatient mental health services, nor does it result in a significant reduction in service offering.

Case for Change

Leicester, Leicestershire, and Rutland (LLR) Integrated Care System have highlighted that there are significant challenges with the provision of mental health services. Community mental health services are fragmented, and the urgent and emergency mental health care pathway is fragmented. As a result of these challenges, LLR underperforms against key national targets and performance standards.

The system has received feedback from service users, staff, and regulators highlighting the challenges associated with the current model of service provision and identifies those areas that will need to be improved through the introduction of the new model of care.

Service users highlighted that that services are fragmented, difficult to access, and not always available in community settings. The service users also highlighted that there were excessive waiting times to access services and then further waiting times to access services following internal referral.

Clinical staff, working within mental health services, have provided feedback that their case loads are currently too high and that the distribution of case loads is not based on need but rather on historical boundaries and team structures.

Regulators (NHS England and NHS Improvement, and the Care Quality Commission) have noted that the combination of access challenges, and inequity in case load distribution have contributed to the system performing poorly against national targets and that this is a clear indicator that service user needs are not being met and that modernising and redeveloping services will address these systemic challenges.

Proposals

A significant amount of work has therefore been undertaken by clinicians from across the health economy to design a new model that meets the clinical best practice.

The future pathway has the following key features:

- A redesigned community mental health service offering which brings all community mental health services together into a Primary Care Network aligned service that reduces the level of fragmentation currently present
- A redesigned Urgent and Emergency Care Service offering which introduces a broader range of community-based support (e.g. crisis cafes) to reduce reliance on acute care settings

The changes considered within the proposals are significant and are supported by additional enabling changes to support the model being implemented on a sustainable basis. This includes:

- The introduction of new roles, including a significant programme of apprenticeship developments, to support the establishment of the new models of care
- Undertaking a wide-ranging Organisational Development programme to support staff in making the transition to the new model of care, and to improve alignment between NHS and voluntary sector

Overall Assessment

The Panel assessed that the CCG had fully met all of the five tests for service change and were fully assured that the proposed consultation would be undertaken in accordance with NHS England's Best Practice Checklist.

Whilst the panel was fully assured, and supported the CCG's readiness to proceed to consultation, the panel requested that the following were provided for information:

- Formal minutes of the CCG Governing Body Meeting at which the Pre-Consultation Business Case was discussed and approved by the CCG's Governing Body
- A copy of the public facing consultation document, that will be provided to members of the public and other key stakeholders to support their understanding of the proposed changes

The detail of the panel's findings and recommendations are described in the following sections.

Five Tests for Service Change

1. Test 1 Clear Clinical Evidence Base

The proposed changes are based on needs identified from population health and current service performance. The proposed model of care draws upon best practice transformation initiatives, that have been implemented elsewhere in the country, such as:

- Improved access arrangements – via the single point of access urgent care hub
- Core 24 – the national standards that underpin the delivery of 24/7 urgent and emergency mental healthcare

The Pre-Consultation Business Case evidences significant engagement with the East Midlands Clinical Senate, with a positive review by the senate being completed in October 2020. The East Midlands Clinical Senate were supportive of the proposed change due to the positive impact the proposed changes are expected to have on patient experience, patient safety, and staff experience. Additionally, the Clinical

Senate noted the extent to which the development of the proposed changes had been clinically led.

The Clinical Senate requested that the clinical model utilised quantifiable outcome measures to assess the effectiveness of the new model of care. At the regional assurance panel meeting, the CCG were able to articulate how the changes included within the model addressed the challenges with existing service delivery, noting that there has been considerable modelling work undertaken to ensure that clinically appropriate decisions, related to service user's treatment, could be made.

NHS England and NHS Improvement consider that the proposals articulated by the CCG through the PCBC and dialogue at the regional assurance panel provide assurance that this test has been met in full.

2. Test 2 Strong Public and Patient Engagement

The CCG has been able to demonstrate considerable engagement with members of the public and patients to ensure that the proposed changes are supported by stakeholders.

The CCG provided NHS England and NHS Improvement with a robust communications plan which details how the CCG has planned the consultation about the proposed change. This consultation plan evidences the channels that will be used to support communications with stakeholders, the mechanisms that will be utilised to ensure that seldom heard communities can input to the consultation, and the adjustments that will be made to ensure that the consultation is accessible to all.

The communications plan is supported by a highly detailed and developed consultation document which summarises the engagement work that has been undertaken to date, how principles of co-design and co-development have been embedded within the clinical model, and includes the equality impact assessment which demonstrates that the proposed changes will not adversely impact any groups with protected characteristics.

At the regional assurance panel, the CCG were able to clearly articulate how learning from Building Better Hospitals had been embedded within the approach to consultation and were also able to summarise the planned approach for working with stakeholders that may oppose components of the proposed change.

The CCG have been requested to provide NHS England and NHS Improvement with a copy of their proposed public facing consultation document for review, prior to the consultation commencing.

NHS England and NHS Improvement consider that the proposals articulated by the CCG through the PCBC and dialogue at the regional assurance panel provide assurance that this test has been met in full.

3. Test 3 Consistency with Current and Prospective Need for Patient Choice

The PCBC contains comprehensive evidence that patient choice and engagement have been considered when developing the programme of work, this has included engagement with patient panels and Patient Participation Groups. There has been work associated with the outcome of the Equality Impact Assessment (EIA) to ensure consideration of patient choice is based on the needs of service users. The plans seek to improve the options available to service users, to make the transition between services (e.g. primary and secondary care) easier and quicker, and to replace poor and inappropriate routes of access for care.

The proposed model of care seeks to remove long waits for service users attempting to access care and support. The CCG has set out its plans to work with a broader range of community partners to expand the treatment and recovery options available.

The CCG is committed to ensuring that service user choice is integral to the implementation of the proposed change. The treatment offer for all patients facing a long wait will be reviewed and it will be jointly determined whether to move the service user to an appropriate alternative or whether to continue to wait for a service is appropriate. In addition to this:

- All patients will be offered the choice of home assessments
- There will be a wider range of therapeutic inputs offered, enabling greater choice
- Personality disorder services have been expanded to offer greater choice, whilst retaining alignment with NICE guidelines
- The Enhanced Recovery Pathway is to have a hub and spoke model which will allow patients to step up and down through their recovery journey – widening the choice for patients

NHS England and NHS Improvement consider that the proposals articulated by the CCG through the PCBC and dialogue at the regional assurance panel provide assurance that this test has been met in full.

4. Test 4 Support for Proposals from Commissioners

The CCG have confirmed that the draft PCBC had been approved by the Governing Body following its meeting on 9 March 2021. In addition to this, the Health Overview and Scrutiny Committees within Leicester, Leicestershire and Rutland have highlighted that they are supportive of the proposed changes.

The CCG is requested to share, when available, the agreed minutes of the Governing Body meeting documenting the formal support for the proposed change.

NHS England and NHS Improvement consider that the proposals articulated by the CCG through the PCBC and dialogue at the regional assurance panel provide assurance that this test has been met in full.

5. Test 5 Capacity Implications, Including Hospital Beds

The PCBC demonstrates that the reorganisation of services, enhancing their responsiveness to service user need, and ensuring that they are more readily accessible, will enhance the effective capacity of the service.

The CCG confirmed that detailed demand and capacity modelling had been undertaken to ensure that the capacity available within the service can meet the demand presented by the population. The CCG have also identified a range of key metrics, including waiting times, case mix, and flow rates, to measure the effectiveness of the new care model.

The CCG are confident that the demand and capacity modelling, and associated performance metrics, will clearly demonstrate the effectiveness of the care model by linking the outcomes delivered through the new model to the challenges that the proposed change seeks to address.

The CCG stated that acute inpatient services are outside of the scope of this PCBC and therefore inpatient capacity will not be adjusted because of this change being implemented.

NHS England and NHS Improvement consider that the proposals articulated by the CCG through the PCBC and dialogue at the regional assurance panel provide assurance that this test has been met in full.

Best Practice Checks

6. Implementation Arrangements

The PCBC outlines the approach to implementation including programme governance arrangements, how risks will be managed and how key stakeholders will be involved during the process.

The implementation of the proposed change will be overseen by a multiagency steering group, drawing upon Leicester Partnership NHS Trust, the CCGs from within the Leicester, Leicestershire, and Rutland Integrated Care System, and members of the voluntary sector. The steering group meet regularly to consider the risks associated with the programme and considers how appropriate mitigations can be enacted.

The CCG has produced a high-level milestone plan, which outlines the timetable for implementation. The CCG has confirmed that the implementation plan will be revisited as part of the development of the Decision Making Business Case to ensure feedback from the consultation can be included.

7. Provider Sustainability

The panel acknowledged that the sustainability challenges associated with the Leicester, Leicestershire, and Rutland system, specifically Leicester Partnership NHS Trust are well known. The panel noted that changes that are proposed as part of Step Up to Great Mental Health are needed to address the long standing clinical, financial and operational challenges present within the Leicester, Leicestershire and Rutland Integrated Care System.

8. Capital Implications

The proposed change does not have any capital implications.

9. Commissioner Affordability

The CCG has confirmed that the proposed will be fully funded through monies provided by the Mental Health Investment Standard and from within existing resources.

The proposed change is not expected to yield and cash releasing benefits, however, the PCBC articulates the significant qualitative benefits that will result from the successful implementation of the proposed change.

The CCG is assured that through qualitative data, drawn from neighbourhood level analysis, the investments made into the proposed change will provide meaningful improvements to the services offered that are aligned to the needs of the local population.

10. Public Sector Equality Duty and Health Inequalities Duties

The CCG has prepared a thorough Equality Impact Assessment which identifies the impact of the proposed changes to all groups, including those with protected

characteristics, and those that are seldom heard. The EIA articulates how the CCG will adjust its consultation methods to ensure that all stakeholders are able to participate in the consultation and that the proposed changes will not disadvantage particular groups.

It is recognised that those experiencing severe and enduring mental ill health are more likely to experience health inequalities than others. The CCG were able to describe the impact on health inequalities and the work undertaken to date to ensure that health inequalities will be narrowed by the proposed changes.

11. Consultation document and consultation plan

The assessment of the consultation document and consultation plan is included within the panel assessment of Test 2.

Overall Fit with STP

The proposed changes align with the NHS Long Term plan and system strategy. In addition to endorsement by the CCG's Governing Body, the system has also sought support from the Board of Leicestershire Partnership NHS Trust.

The system explained that, through the East Midlands Mental Health Alliance, it has been able to share learning, and develop the proposed changes, with neighbouring systems.

Conclusion and Next Steps

The Panel was impressed by the level of commitment and system support for the proposed changes and at the panel representatives were able to articulate the latest position including a level of detail in support of the key tests that the panel expects to see reflected in the PCBC.

The panel is fully assured that the CCG has fully satisfied all of the Five Tests for Service Change and that the requirements of the Best Practice Checklist have been met in full. The panel is, therefore, able to recommend that the scheme can move to consultation.

Before the CCG commences consultation, the approved PCBC will need to be reviewed at the CCG Governing Body Meeting in public. The CCG are also reminded that the consultation cannot commence until the pre-election Purdah period has concluded.

In advance of consultation commencing, NHS England and NHS Improvement have requested to review the public facing consultation document. This should be provided, via email, to James Walker (Head of Strategy and Planning) no later than 26 April 2021.

Annex A

Membership of the assurance panel

Name	Title
NHS England and NHS Improvement	
Jeff Worrall – Chair (JW)	Regional Director of Performance and Improvement
John Bailey (JB)	Assistant Director of Finance
Hayley Jackson (HJ)	Deputy Director of Strategic Transformation
Dr Richard Onyon (RO)	Associate Medical Director Employed by Coventry and Warwickshire Partnership NHS Trust
Giles Tinsley (GT)	Head of Mental Health
James Walker (JBW)	Head of Strategy and Planning
Vanessa Wort (VW)	Deputy Director of Nursing and Quality
Selina Utting – Notes (SU)	Project Officer
Leicester, Leicestershire, and Rutland	
Andy Williams (AW)	Chief Executive, LLR CCGs
John Edwards (JE)	Associate Director for Transformation, Leicestershire Partnership NHS Trust
Colin Groom (CG)	Commissioning & Investment Business Partner
Angela Hillery (AH)	Chief Executive Officer, Leicestershire Partnership NHS Trust
Avinash Hiremath (AVH)	Medical Director, Consultant Psychiatrist for People with Learning Disabilities, LPT
Graeme Jones (GJ)	Director
Gordon King (GK)	Director of Mental Health, LPT
Richard Morris (RM)	Director of Corporate Affairs, Corporate Affairs
Paula Vaughan (PV)	Head of All Age Mental Health, LD, Autism & Dementia, LLR CCGs