HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 3 SEPTEMBER 2025

MENTAL HEALTH AND EARLY INTERVENTION

REPORT OF LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD, LEICESTERSHIRE PARTNERSHIP NHS TRUST AND VITA HEALTH

Purpose of report

1. The purpose of this report is to update the Committee on the overarching provision of mental health and early intervention services available locally.

Background

2. The importance of championing good mental health and well-being is well-known.

3. Access to Mental Health support and early intervention has a positive impact in supporting people to achieve good mental health and well-being, preventing further deterioration or placing additional demands on services.

4. This cannot be achieved by any one organisation working alone, but requires a wider partnership approach to ensure services are timely, responsive and joined up. Continued partnership working between local Councils, services for adults and children, education, local communities, GPs and Primary Care, Voluntary, Community, and Social Enterprise sector (VCSE) groups and the NHS all have key roles to play. Public open spaces, housing, employment and public safety also make significant contributions.

5. Currently, local early intervention mental health services include:

Talking therapies

6. NHS Talking therapies, previously known as IAPT, (Improving Access to Psychological Therapies), support people with common mental health problems such as stress, anxiety and depression. They provide a safe space to talk, learn coping strategies and build wellbeing through one-to-one, group, online or phone sessions. Locally Talking Therapies is provided by Vita Health Group.
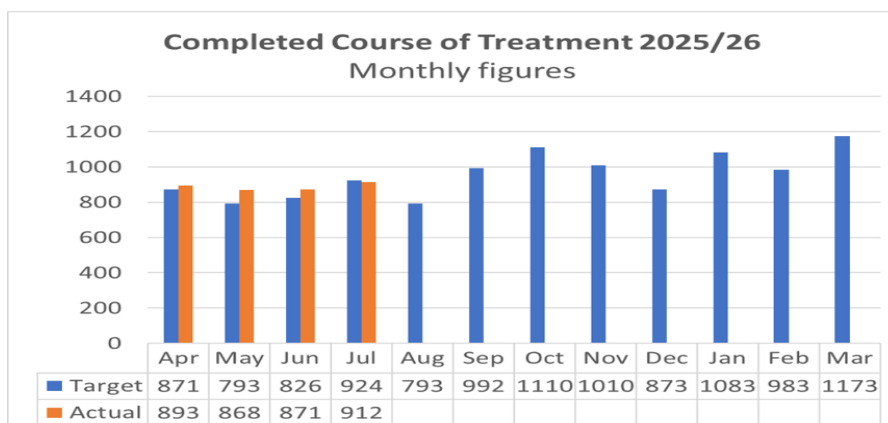
Support

7. **Step 1** initial support is provided by GPs and includes use of self-help tools, lifestyle advice, or online resources.

8. Where this is insufficient, people can access Talking Therapies mainly at one of two levels.

9.   **Step 2** provides early, lower-intensity support such as guided self-help, online Cognitive Behavioural Therapy (CBT) and short courses, helping people learn practical tools and prevent problems worsening.

10. **Step 3** offers higher-intensity, specialist therapy, usually one-to-one and over a longer course, for people with more complex or severe difficulties, or where Step 2 has not been enough.

11. Most people can start Step 2 support in around 9 days, so help is available quickly when problems first arise.

12. **Step 3**, provides more specialist therapy, this can take longer because of higher demand and the need for more trained staff.

Completed treatments

13. The service continues to deliver strong outcomes overall, with referrals remaining at high levels. Recovery targets are usually being achieved. Waiting list reduction work is progressing, with the number of patients waiting over 90 days continuing to fall.

14. In July, slightly fewer people completed treatment than planned at 912, (12 below target). A recovery plan is automatically triggered if targets are not reached, with weekly checks on caseloads and closer monitoring of staff time with patients.

Completed Course of Treatment 2025/26
Monthly figures

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	871	793	826	924	793	992	1110	1010	873	1083	983	1173
Actual	893	868	871	912								

15. Performance for the year to date remains on track:
     • 52% of people recovered;
     • 48% achieved reliable recovery;
     • 69% showed reliable improvement;

Tackling inequalities

16. National reports show that people living in the most deprived areas often have poorer outcomes in Talking Therapies. Locally, this can be seen in Leicester City, where recovery rates are below the wider system average despite strong engagement. Reducing these inequalities is a key priority.

Recovery: Impact of Deprivation

Metric	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
Recovery - Service	54%	54%	52%	52%	50%	51%
Leicester City	44%	50%	48%	48%	46%	47%
Leicestershire/Rutland	58%	55%	53%	54%	55%	57%
West Leicestershire	61%	58%	56%	55%	51%	50%
Rel Recovery - Service	50%	51%	48%	49%	46%	48%
Leicester City	43%	48%	45%	44%	40%	44%
Leicestershire/Rutland	53%	54%	49%	51%	51%	53%
West Leicestershire	55%	52%	54%	52%	48%	49%
Rel Improvement - Service	67%	71%	70%	67%	68%	70%
Leicester City	65%	70%	66%	62%	61%	66%
Leicestershire/Rutland	68%	74%	73%	69%	75%	74%
West Leicestershire	68%	69%	70%	68%	69%	69%

17. Actions to address this include:
    - Offering culturally responsive therapy options and breaking down the barriers by doing things differently such as 'discussion percussion' drumming sessions at the African Caribbean Centre.
    - Expanding outreach into community and neighbourhood settings.
    - Focusing on early intervention before problems escalate.
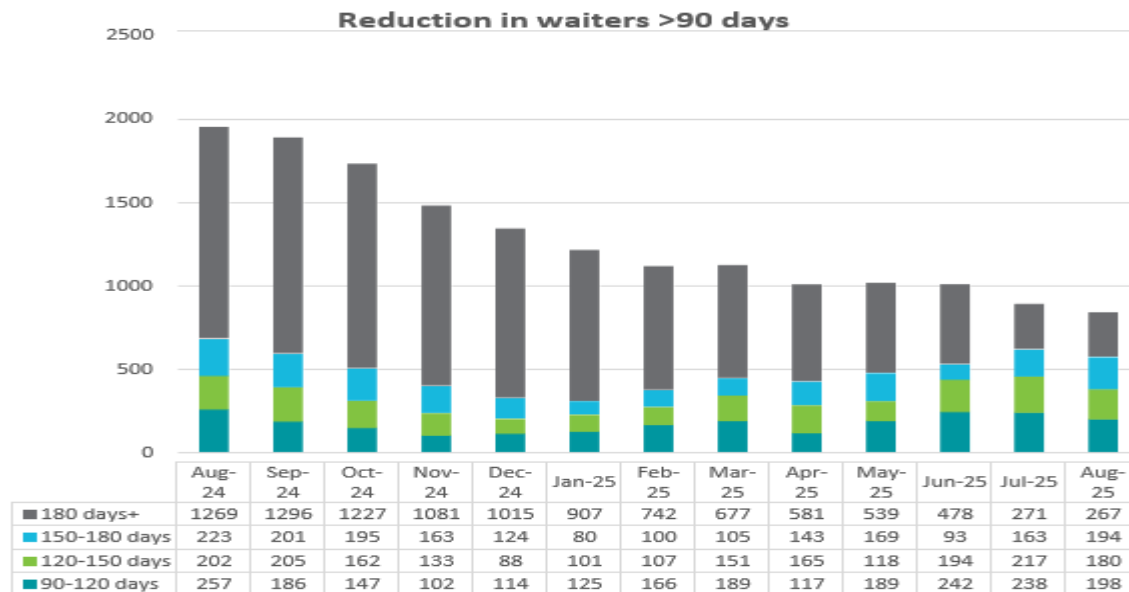
Waiting times

18. To reduce waiting times for Step 3, Vita Health:
    - Checks caseloads weekly to make sure people who need more specialist support are moved up quickly;
    - Monitors staff time spent with people on their caseload, stepping in quickly if things slip;
    - Is training more staff, with more trainees starting in September;
    - Offers different ways to get help, more group sessions and a mix of face-to-face and online support etc;
    - Offers digital tools, online Cognitive Behavioural Therapy (CBT) and guided self-help options immediately;
    - Is working more in the community, making sure that people can access the service;
    - Increasing work with GPs and community groups so people can get earlier support where possible which helps stop problems getting worse and reduces longer waits.

19. Progress so far is significant, but we still need to do more.
    - People waiting over 180 days has reduced by 79% (down to 267) and is expected to be cleared by March 2026
    - People waiting over 90 days has reduced from 1,951 in Aug 2024 to 839 in Jul 2025

20. Once no-one is waiting over 180 days, the service will focus on those waiting over 150 days, then on those over 120 days. The aim is no-one will have to wait over 90 days for higher intensity, Step 3 treatment.

Reduction in waiters >90 days

	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
■ 180 days+	1269	1296	1227	1081	1015	907	742	677	581	539	478	271	267
■ 150-180 days	223	201	195	163	124	80	100	105	143	169	93	163	194
■ 120-150 days	202	205	162	133	88	101	107	151	165	118	194	217	180
■ 90-120 days	257	186	147	102	114	125	166	189	117	189	242	238	198

21.   The Talking Therapies contract with Vita Health Group has been extended to March 2028. A procurement exercise will select a service provider from April 2028.

22.   Several improvement projects are underway:
- ADHD: People with Attention Deficit Hyperactivity Disorder ADHD often experience poorer outcomes and higher dropout rates. A new ADHD-specific Talking Therapies offer will be co-produced with local VCSE groups and experts with experience. This will be built into the contract from 2026, (see Appendix A)
- Deaf community: Following the end of the national British Sign Language BSL therapy service, local ICBs now commission this support. A new Deaf-led Talking Therapies offer is being co-produced, informed by the recent Healthwatch consultation, to tackle the significant barriers Deaf people face in accessing talking therapies support.

Mental Health Central Access Point (LPT & Turning Point)

23.   The Mental Health Central Access Point (MHCAP) for Leicester, Leicestershire and Rutland (LLR) receives GP and other referrals into Mental Health Services provided by Leicestershire Partnership NHS Trust (LPT). The MHCAP aims to:
- Improve access to mental health services;
- Provide mental health support and advice;
- Reduce attendance at A&E and reliance on other emergency services.

24.   The MHCAP is a 24/7, 365-day-a-year service for urgent mental health support, accessible by calling NHS111 #2. It offers a free and confidential phone line, open to all ages, that:
- Assesses needs;
- Signposts to other services;
- Refers to appropriate help, including crisis teams and community mental health services.

25. The MHCAP is provided by LPT and Turning Point (a national third sector organisation), working in partnership to improve accessibility of resources, service delivery and user experience. The MHCAP has a range of staff from Turning Point and LPT who work together to best meet the needs of service users, carers and professional through coordinated delivery. This co-delivered approach draws on the respective strengths of each organisation to support a much wider range of service user needs.

Team Structure

26. The MHCAP team is led by a Service Manager who oversees overall operations. The Deputy Head of Nursing provides clinical oversight. They are supported by an Urgent & Emergency Mental Health Services Matron, Team Manager, Team Leaders, clinical and admin staff who are responsible for day-to-day delivery.

Referrals

27. Referrals can be made by the following, (the list is not exhaustive):
    - Self-referrals via NHS 111 Mental Health Option;
    - GPs / referrals from other professionals, including VCSEs;
    - Family / Carer;

28. GP referrals are sent via PRISM, a secure web-based system for electronic referrals, or via the MHCAP professional line. Referrals are then categorised. Routine referrals are split into:

    1. 5 working day Community Psychiatric Nurse (CPN) referrals (5-day target);
    2. General routine referrals (6-week target)

29. The Co-Ordinator screens all routine referrals each day virtually. This helps identify any increased risk or concern. If appropriate the referral may be escalated to the urgent or emergency waiting list, which regularly happens.

30. It is evident that the current system is effective and understood by GP referrers given the ongoing increase in referral. The number of referrals can be found as **Appendix B.**

Triage and Assessment

31. The service engages with the individual referred and undertakes triage to determine the outcome and support required. Once clinical triage has been completed, signposting information is given for support. Any clinical risks are escalated to the relevant team. If required, onward referral is made to the Neighbourhood team.

32. If there are significant concerns at the point of initial triage requiring an emergency face to face review, it may be appropriate to refer for a face-to-face appointment at the Mental Health Urgent Care Hub (MHUCH) and bypass the clinician triage.

33. The outcome of the clinical triage results in one of the following:
    - Did Not Attend (DNA) / Refusal to engage
    - Onward referral to:
        - the Pharmacist / Medic

-     ○ Crisis Resolution Home Treatment Team / Mental Health Urgent Care Hub
-     ○ other internal LPT services
- No further intervention

34.   Timescales for referrals for clinical triage to be completed are:-

- **Emergency** – where there is an imminent risk of harm to the individual or another person and referrals from primary care for crisis intervention – these take precedence over immediate triage **within four hours**;
- **Urgent** - where there is no imminent risk to self or others – triaged **within 24 hours**;
- **Non-urgent** referrals including those to Community Mental Health Teams (CMHT) are defined as routine referrals and triaged up to **5 working days** for a CPN referral **or 6 weeks** for a general routine referral (if the CMHT is accepting direct referrals, then these will be sent to the relevant CMHT for triage);
- All NHS 111 referrals received via email are contacted within **1 hour** of receiving the referral.
- Referrals for further assessment within LPT mental health services are sent to the relevant service following the SystmOne CAP Clinical Process and Pathways for MHCAP (SystmOne is LPT's clinical patient record).

The Role of the Voluntary, Community and Social Enterprise (VCSE) sector

35.   The role of VCSEs in supporting Mental Health needs is significant. The voluntary sector is a key partner in local mental health provision.

36.   In addition to the long-standing partnership between LPT and Turning Point to deliver the MHCAP the Leicester, Leicestershire and Rutland Integrated Care Board (ICB) and partners have worked closely with the VCSE sector to establish new ways of working, directly involving people in decisions about designing and providing services.

37.   This led to the creation of the VCSE Alliance, a network of VCSE partners that currently has 240 member organisations. The Alliance has a Better Mental Health for All (BMH4 ALL) subgroup, with about 100 partners ensuring their involvement at all levels. This works with partners to plan and improve services, for example looking at how to improve talking therapies.

38.   Referrals into VCSE services can be made direct to individual services. This includes referrals from neighbourhood leads, mental health cafes and social prescribers. The Joy app, in use locally, has a digital marketplace called the Joy Marketplace. This online platform connects people with local support services and activities, such as community groups, exercise classes, and mental health support. It serves as a directory for individuals, health professionals, and organisations to find and refer people to non-clinical services that improve well-being.

Conclusions

39.   This report has been submitted following the request for an update on the current provision of Mental Health early intervention support.

40.   The Committee is requested to:

(a) Note the information provided;
(b) Recognise and promote the range of providers able to provide early intervention Mental Health support to people across LLR.

Background papers

41. Not applicable

Circulation under the Local Issues Alert Procedure

42. Not applicable

Equality Implications

43. Not applicable

Human Rights Implications

44. Not applicable

Appendices

Appendix A - ADHD Talking Therapies
Appendix B MHCAP - All Referrals Received from GPs

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