FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:

Health Scrutiny   **1st December 2010**

_____

WORKING-AGE ADULT MENTAL HEALTH SERVICES REVIEW
_____

Report of the Health Scrutiny Committee

1.   PURPOSE OF REPORT

1.1.1   The purpose of this report is to present the findings of the Health Scrutiny Committee's review into how working-age adult mental health services are currently being delivered in Leicester

1.1.2   To provide recommendations to Cabinet as regards any gaps and / or potential improvements in provision of adult mental health services that exist

2.   RECOMMENDATIONS / CONCLUSIONS

2.1.1   Members of Cabinet are asked to endorse the report and its recommendations. In so doing, the Committee is asked to commend this report it to Cabinet and to request a response from Cabinet to these recommendations

2.1.2   The community and voluntary-sector agencies (VCS) have a role to play in building capacity and capability to support the development and delivery of mental health services but their role or budgets have not specifically been defined. A percent investment target needs to be established and worked towards to address the low investment levels currently seen, to ensure that they receive funding consummate with the vital frontline services that they provide

2.1.3   The "bundling" of the Leicestershire Partnership block contract is viewed as a stumbling block by many in the voluntary and community sector. Therefore the "unbundling" of the block contracts would assist them in being able to apply for more contracts

2.1.4   There has been no clear strategy over the last 3 years by the City Council and the PCT. This is seen by some as having led to the deterioration in a consistent and meaningful dialogue between themselves and the voluntary and community sector. A time frame has now been provided by which the new Strategy will be approved (March 2011) but this time frame must not be allowed to slip any further

2.1.5 A consultation framework is required, together with a clear and realistic timeframe. This needs to be established in consultation with the community and voluntary sector. This needs to be completed and attached to the back of this report when it goes to Cabinet in January 2011

2.1.6 Clear leadership, accountability and better governance is required by LCC and PCT, together with an open and transparent dialogue. This includes holding meaningful consultations with realistic timescales, where users and carers feel that they are being listened to, targets set and worked towards. Progress against this should be reported back to HSC within the next 6 months and there after if required

3. BACKGROUND

3.1.1 In February 2010, the Health Scrutiny Committee (HSC) agreed to set up a working group to look at how adult mental health services are currently being delivered in Leicester

3.1.2 This comprised of Councillor Michael Cooke as Chair on behalf of Councillor Andy Bayford (Chair HSC) and Councillor Manjula Sood (Vice Chair HSC). A letter was then sent out to all Members informing them of the review. As a result, there has been considerable interest in the outcome of this review

3.1.3 The review set out to achieve the following;

- Identify the current provision of adult mental health services across the city
- Benchmark users and carers perceptions of that service
- Highlight any gaps in current and planned provision of the service
- Identify potential improvements to the service

3.1.4 The working group met on 6 occasions including holding focus groups with commissioners, service providers, as well as users and carers for the purpose of gathering evidence

3.1.5 The Health Scrutiny Committee has received regular progress reports on the work of the sub working group

4. REPORT

4.1.1 At any one time, one adult in six suffers from one form or another of mental illness. This can range from more common conditions such as anxiety or deep depression to severe illnesses such as schizophrenia[1].

4.1.2 Mental illness often occurs as a result of complex interactions between biological, social and psychological factors, but is still usually discussed in medical terms.

---

[1] National Service Framework for Mental Health (NHS 1999), Page 1

Most mental health symptoms have traditionally been divided into groups called either 'neurotic' or 'psychotic' symptoms. 'Neurotic' covers those symptoms which can be regarded as severe forms of 'normal' emotional experiences such as depression, anxiety or panic.

4.1.3 Less common are 'psychotic' symptoms, which interfere with a person's perception of reality, and may include hallucinations such as seeing, hearing, smelling or feeling things that no-one else can. Some mental health problems feature both neurotic and psychotic symptoms. As well as distinguishing between neurotic and psychotic symptoms, psychiatrists sub-divide different kinds of mental health disorders in other ways:

- Organic (identifiable brain malfunction) versus Functional (not due to simple structural abnormalities of the brain)
- ICD-10 Classification, which lists major groups of disorders in related families e.g. mood disorders, which includes depression and manic depression[2]

4.1.4 Mental health problems are more likely to occur in certain groups of people:

- People with poor living conditions
- People from ethnic minority groups
- Disabled people
- Homeless people
- Offenders

4.1.5 Women are more likely than men to suffer from anxiety disorders and depression, whilst drugs and alcohol problems are more common in men

4.1.6 The UK has one of the highest rates of self-harm in Europe with British men three times more likely than British women to die by suicide

4.1.7 Despite this however, mental illness is not well understood and all too often carries a stigma[3]

4.1.8 Following the publication of the previous Government's strategy "Modernising Mental Health Services; Safe, Sound and Supportive" (1998), the delivery of mental health services in the UK have been transformed. Underpinned by the *National Service Framework for Mental Health 1999 – 2009* (NSF-MH), the aim was to tackle what it saw as unacceptable variations in service delivery whilst providing a better focus and direction for the NHS and social services[4];

- Involve service users and their carers in planning and delivery of care
- Deliver high quality treatment and care which is known to be effective and appropriate
- Be well suited to those who use them and non-discriminatory

---

[2] Mental Health Foundation website
[3] ibid
[4] Modernising Mental Health Services (NHS 1998), Chapter 5

- Be accessible so that help can be obtained when and where it was needed
- Promote their safety and that of carers, staff and the wider public
- Offer choices that promote independence
- Be well co-ordinated between all staff and agencies
- Deliver continuity of care as long as this is needed
- Empower and support their staff
- Be properly accountable to the public, service users and carers

4.1.9 Ten years after the NSF-MH was published, *New Horizons: A Shared Vision for Mental Health (2010)* was produced. This set out the future vision for service providers, including the advocating of a more holistic approach towards mental health policies and service delivery – ensuring good mental health in childhood, through to promoting and protecting continued well-being into adulthood and beyond, in supporting and maintaining resilience in older age.[5] The need for continued service improvement together with the broader agenda of improving the wellbeing of the population was seen as the way forward – early prevention, detection and intervention through to treatment and recovery from mental illness

4.1.10 With regard to service provision, guidance from the National Institute for Clinical Health & Excellence (NICE) advocates the availability of treatments to all people with problems such as depression, anxiety or schizophrenia unless the problem is mild or recent

4.1.11 Whilst these changes have led to many positive outcomes especially for people with the most severe illnesses, people who experience mental health problems still encounter significant difficulties in their daily lives, experience gaps in services and variation in the support available to them

4.1.12 Leicester has an estimated population of 292,600 with a larger proportion of younger people (15-24) than England as a whole and a slightly smaller proportion of older people aged 65 or over. In addition, Leicester has a diverse population with 39% being from a black or ethnic minority background [6]

4.1.13 Under the Index of Multi-Deprivation 2007 (IMD) Leicester was ranked the 20th most disadvantaged Local Authority area in England out of a total of 354. There is a strong link between deprivation and poor health, with people from Leicester's most deprived areas having a life expectancy lower than both the national average and the less deprived areas of the City

4.1.14 In addition to unequal levels of mortality, there are persisting inequalities[7] in morbidity and access to care for chronic diseases such as diabetes and coronary

---

[5] New Horizons: A Shared Vision for Mental Health (NHS 2010), Page 9
[6] Improving Health in Leicester: Annual Report of the Director of Public Health and Health Improvement 2008/09 (NHS Leicester City) Page 4
[7] Ibid, Page 6 – the term "health inequality" refers to such unacceptable and avoidable differences in health outcome between groups

heart disease (CHD). There are also significant gaps in mental ill-health and in the provision of care for people with mental health problems[8]

4.1.15 National surveys suggest that 16-18% of working age adults might be expected to experience a common mental health problem at any time. Applied to Leicester, that equates to between 29,000 and 33,000 people of working age will suffer from mental ill-health at some point during their lifetime. 60% of these will be women

4.1.16 Nearly 23,000 of these residents will need some form of support, particularly from primary care providers, of which 3,500 to 7,000 people will have a much greater need for specialist support

4.1.17 Each year, nearly 1,700 people in the City are admitted to hospital with a diagnosis of severe mental illness (SMI). Suicide rates are high in the City with most people who take their own lives suffering from depression. About 2% of the population have a learning disability and there is a high prevalence of mental health and behavioural problems in people with learning disabilities

4.1.18 In terms of more serious mental illness it is estimated that around 1,600 people of working-age in Leicester will experience psychosis in a year, with equal numbers of men and women

4.1.19 Given this prevalence and incidence, the burden of mental illness on working age adults is such that innovation in commissioning is required to ensure that people who experience mental health have access to appropriate treatment, with minimal waiting times[9]

4.1.20 Mental illness not only has an emotional, mental and social impact on individuals, families and friends but it also can have a wider impact on society. People with mental health problems have the lowest employment rate of any disabled group and mental illness is more prevalent in deprived or disadvantaged areas

4.1.21 Ethnicity may also be an important issue in mental health because of the variations between ethnic groups in underlying morbidity, diagnosis and management. Equality in the provision of appropriate mental health services is obviously important with nationwide evidence suggesting that people from BME backgrounds are particularly dissatisfied with the mental health services they receive

4.1.22 In addition, they are over-represented in incidents of violence, restraint and seclusion in psychiatric inpatient settings but tend to be under-represented in the take-up of counseling and psychotherapy services and tend to be less involved in the planning and delivery of mental health services[10]

---

[8] Improving Health in Leicester: Annual Report of the Director of Public Health and Health Improvement 2008/09 (NHS Leicester City) Page 8
[9] Ibid, Page 29
[10] Ibid, Page 17

4.1.23 The three leading organisations of mental health services in the City are the Leicester Partnership Trust (LPT) NHS Leicester City (PCT) and Leicester City Council (LCC) with an approximate annual identifiable budget of £32,710,453 (2007/8):

Figure 1: Total identifiable expenditure on mental health services (£000's – adults of working age)
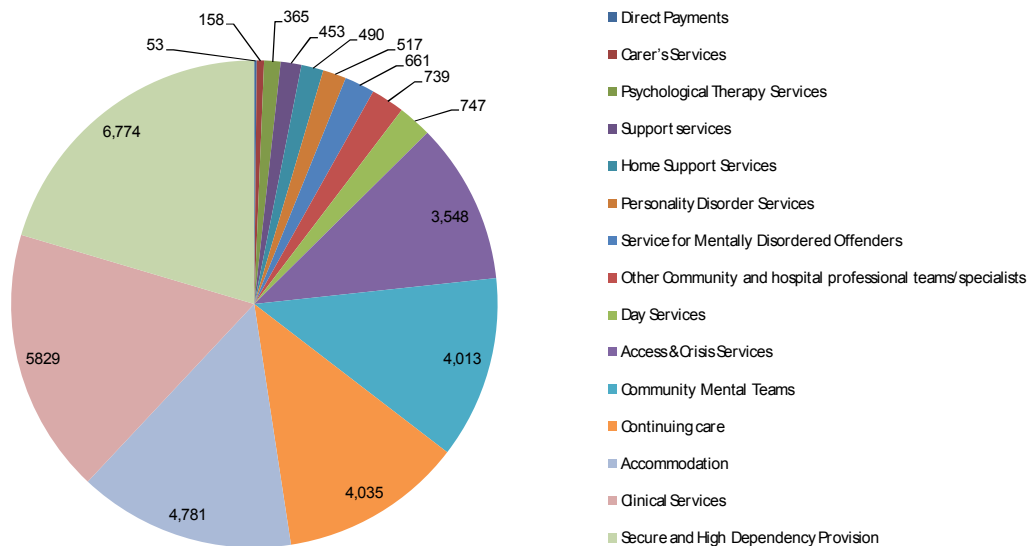
4.1.24 Adult and Community Services have a responsibility for helping people who have mental health problems. Total expenditure for adults (18-64) in 2007/08 was £9,951,000. This was offset by income of £1,582,000

4.1.25 In addition, the Leicester Supporting People Annual Plan (2007/08) includes 270 places for people with mental health problems with a budget of £1.67m

Figure 2: Gross expenditure by LCC by category (£s)
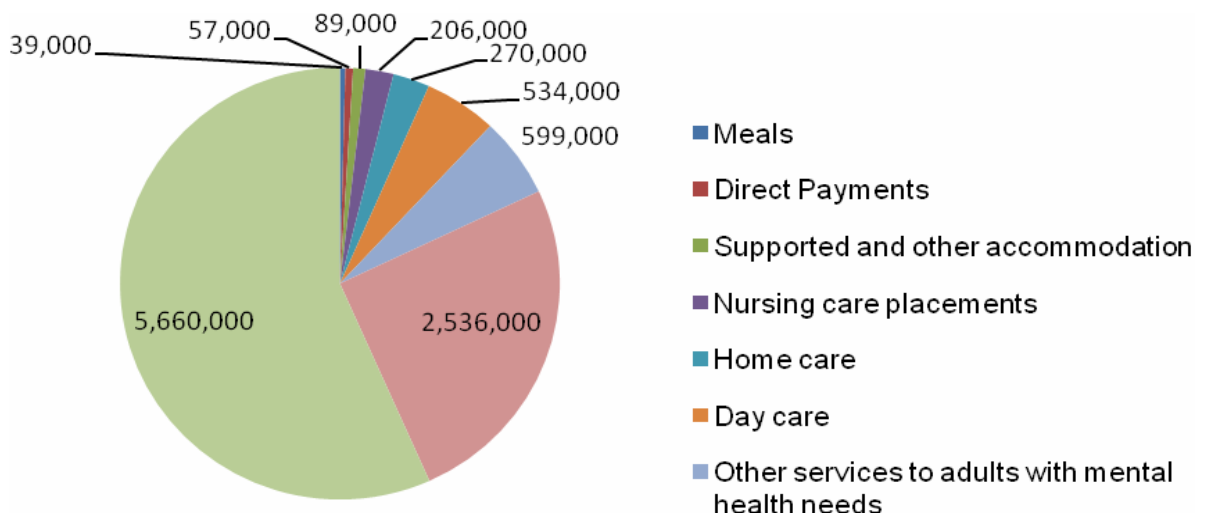
4.1.26 Research carried out by GENESIS[11], the users and carers organisation in Leicester has established that total spends on mental health 10/11 was £45,199,276 – if this was divided on a per capita basis for the City population statistic of 303,800 the results were:

NHS provider at £139.50 per annum = £2.68 a week per capita
Voluntary Sector – £2.11 per annum = £0.04 a week per capita

4.1.27 Until 2008, Local Implementation Teams (LIT) led by the Primary Care Trusts were introduced to oversee the implementation of the NSF-MH. Leicester City Council was represented alongside other stakeholders including service users and carer representatives

4.1.28 In 2008, a Charter for Mental Health in Leicester, Leicestershire & Rutland was developed. Signed up by service users and key mental health commissioners / provider organisations it set out 12 key strategic priorities to ensure that "every person in Leicester, Leicestershire & Rutland has the right to mental health services" (see Annex 1 for details)

4.1.29 The majority of mental health services in Leicester are commissioned under a lead commissioner arrangement across the City, Leicestershire and Rutland with the main health provider being Leicester Partnership NHS Trust. Specialist cost / low volume mental health services such as low secure provision, are commissioned by the NHS Specialised Commissioning Group (see Annex 2 for a breakdown of services provided across the City)

4.1.30 General Practice Doctor's (GP) through nationally negotiated contracts are commissioned to provide the majority of primary care response to common mental health disorders such as mild depression, distress caused by life events etc. With regard to service provision and demand, people with mental health problems have on average 13 – 14 consultations with their GP's per year in comparison with 3 – 4 for the population in general

4.1.31 Leicester City Adult Social Care has statutory responsibility for commissioning individual assessments and care packages as part of the Health & Social Care Act (2008) responsibilities as well as assessing the needs of carers

4.1.32 Adult Social Care also provides the Approved Mental Health Service, when people require an assessment under the Mental Health Act (2008), has responsibility for compliance with the deprivation of Liberty obligations and ensuring that Safeguarding Adults (2005) responsibilities are discharged

4.1.33 In addition, Adult Social Care directly provides some mental health services such as the Social Inclusion Team (previously City Day Services). However, they also commission community-based services such as Orchard House – a supported living provider

---

[11] Berni Martins – GENESIS advocate on behalf of GNESIS Committee (11.11.10)

4.1.34 In Leicester, mental health social work is undertaken by Care Management Teams. Integrated into the Leicestershire Partnership NHS community services, they work jointly together under the Care Programme Approach (CPA), which is the national over-arching policy for delivering adult mental health services

4.1.35 This integrated working relationship is set out in a formal Section 75 Partnership Agreement (Department of Health), providing the legal framework for Leicester Partnership Trust to formally operationally-manage mental health staff within their management structure. This Agreement is due to expire in 2012

4.1.36 The City Mental Health Strategy Group – a joint planning group involving service users and carers, together with voluntary and statutory organisations (see Annex 3 for details) was originally tasked with drawing up a new Mental Health Strategy for the City

4.1.37 A new Governance Structure is currently being developed by Leicester Partnership for the Health & Wellbeing Partnership / Health & Wellbeing Executive under which the Mental Health Group will sit. The first meeting of the Health & Wellbeing Partnership took place December 2010 in which it discussed re-appraising it's purpose

4.1.38 Locally, the World Class Commissioning agenda has identified mental health as a public health priority for NHS Leicester City. The Layard Report[12] initiated an agenda for the further development of effective treatment for those with anxiety and depression disorders. One response to this has been the Improving Access to Psychological Therapy programme (IAPT). This is based on "clinical" excellence in line with NICE guidance

4.1.39 The IAPT agenda is currently being rolled out across the City and has meant a significant change in how mental health services are commissioned and delivered. IAPT aims include;

- Improving access to mental health care in GP surgeries and community settings, particularly for BME communities
- Opportunities for patients to determine their own treatment choices
- Early intervention to support people to return to work and maintain employment

4.1.40 NHS Leicester has increased the number of therapists and re-designed the existing common mental health programmes. IAPT services are provided by a combination of Leicestershire Partnership Trust and small voluntary and community sector mental health services in the City

4.1.41 In Leicester there are a range of services available that could provide clinical and life outcomes for working-age adults suffering from depression and which could be developed into a local infrastructure for an IAPT care framework[13]

---

[12] Mental Health: Britain's Biggest Social Problem? (Sainsbury Centre for Mental Health, 2005)
[13] NICE Guidance: Stepped Care Approach to the Management of Depression in Primary & Secondary Care (2007)

Who is responsible for care?	What is the focus?	What do they do?
Step 5: Inpatient	Risk to life, severe self-neglect	Medication, combined treatments, ECT
Step 4: mental health specialists including crisis teams	Treatment resistant, recurrent atypical and psychotic depression and those at significant risk	Medication, complex psychological interventions, combined treatments
Step 3: Primary Care Team, primary care mental health service worker	Moderate or severe depression	Medication, psychological interventions, social support
Step 2: Primary Care Team, primary care mental health service worker	Mild depression	Watchful waiting, guided self-help, computerized CBT, exercise, brief psychological interventions
Step 1: GP, practice nurse, primary care clinicians	Recognition	Assessment

4.1.42 In addition, in response to the Delivering Race Equality (DRE), NHS Leicester has directly commissioned a BME Community Development Worker Service (CDW) from Age Concern. Established in 2007, the primary focus of this project has been to increase access, together with the outcomes and experiences of people of BME origin. In addition, some one-off funding to specialist mental health voluntary sector groups for specific events or programmes have been awarded

4.1.43 Another intervention open to sufferers of mental ill health is provided by the voluntary and community sector. Reviews suggest that services in this sector provide a valuable service, meeting gaps in statutory provision and acting as an alternative source for those reluctant to use statutory services

4.1.44 Organisations in the third sector provide generic and specialist counselling, day services, housing related support, empowerment of service users, advocacy and support for carers

4.1.45 In discussions with the Community and Voluntary Sector concern was raised with the lack of commitment in investment in community-based provision to prevent crisis and admission – currently only 1.4% of the total mental health budget is being spent on the voluntary sector as opposed to the recommended target of 15% as set out in National Service Framework for Mental Health (2008)

4.1.46 Following the closure of hospital day services in 2008 and failure to invest in alternative community-based provision as promised and the failure to tender social care day services the same year as Leicestershire County Council, has left a paucity of drop-in, peer support networks etc available to tackle isolation, early intervention, crisis prevention etc - early intervention and prevention provision that could minimise a persons clinical needs and assist them with early recovery.

This is a gap that the voluntary and community sector could fill, particularly in light of the potential cuts being made to public sector services in the future

5. LESSONS LEARNT

5.1.1 Over the last 10 years the commissioning and delivery of mental health services have been transformed beyond recognition. The pace of this change does not look as if it is about to slow down

5.1.2 In recent months, the new coalition Government has published a new Health White paper and is soon set to publish a further white paper on the future of public health in December. This will be followed in the new year by a report on mental health to replace *New Horizons*

5.1.3 This will mean further disruption and uncertainty for all of the statutory organisations as well as the community and voluntary sector. However, what is clear, is that they must work together to reduce the risk of mental ill-health in some of Leicester's most vulnerable communities (see paragraph 4.1.4)

5.1.4 Whilst it is acknowledged by the service commissioners that the third sector and voluntary agencies have a role to play in building capacity and capability to support the development and delivery of mental health services, their role or budgets have not yet specifically been defined, with currently only 1.4% of the mental health budget being spent on services provided by the voluntary and community service

5.1.5 What if any, is the correlation between the lack of a clear strategy over the last 3 years and a perceived deterioration in a meaningful dialogue between the commissioners, providers, service users and carers. In addition

5.1.6 In addition, the decline in medium to long-term contracts being tendered has lead to financial uncertainty for some of Leicester's service providers. Whilst this may be inevitable due to the uncertainty of budgets in the health sector, this needs to be better managed

5.1.7 The *2004-2007 Strategy for Mental Health Services for Working-Age Adults in Leicester* stated that "previously, service user groups had long held criticisms of the nature of services – including lack of choice and lack of control over their treatment"[14]

5.1.8 In discussions over the course of this review with representatives from several of Leicester's community and voluntary sector, concern was consistently raised regarding the lack of meaningful engagement between the statutory organisations and themselves. Many felt that the effective engagement once enjoyed several years ago had significantly deteriorated resulting in what they saw as a lack of accountability and weak governance

---

[14] 2004 – 2007 Strategy for Mental Health Services for Working-Age Adults in Leicester (LCC, October 2003), Page 2

5.1.9 Evidentially, it is difficult to determine if these concerns will be addressed with the new *Joint Commissioning Strategy: Mental Health 2011-13* (see Annex 4 for details) only recently having been signed-off for consultation (October 2010). It is anticipated that this will be ready to go to Cabinet in March 2011

5.1.10 Clear leadership and better governance is needed, together with a much more meaningful dialogue between commissioners and providers. This includes holding meaningful consultations with realistic timescales, where users and carers feel that they are being listened to

6. BACKGROUND PAPERS – LOCAL GOVERNMENT ACT 1972

Modernising Mental Health Services; Safe, Sound and Supportive (1998)
The National Service Framework for Mental Health (1999)
2004-07 Strategy for Mental Health Services for Working-Age Adults in Leicester (2003)
National Indicators for local Authorities and Local Authority Partnerships: Annex 3 (2008)
Leicestershire Joint Strategic Needs Assessment: Core Dataset (Sept 2009)
Improving Health in Leicester – Annual Report of the Director of Public Health (2008/09)
New Horizons: A Shared Vision for Mental Health (2010)
Enabling Effective Delivery of Health and Wellbeing (2010)
Joint Commissioning Strategy Mental Health 2011-13 (October 2010)
Mental Health: Britain's Biggest Social Problem? (Sainsbury Centre for Mental Health, 2005)

9. REPORT AUTHOR

Councillor Michael Cooke (Chair of the Sub-Group)

E-mail: **michael.cooke@leicester.gov.uk**

Mary-Louise Harrison (Member Support Officer)

Tel: internal - 39 8829 / external - 0116 229 8826

E-Mail: **mary-louise.harrison@leicester.gov.uk**