



WARDS AFFECTED: All

FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:

Cabinet Briefing
Cabinet

21st March 2011

11th April 2011

**Response to Health Scrutiny Committee's review of
Working Age Adult Mental Health Services 1st December 2010**

Report of the Strategic Director for Adults and Communities

1. Purpose of Report

- 1.1 The purpose of this report is to respond to the findings of the Health Scrutiny Committee's review into how working-age adult mental health services are currently being delivered in Leicester.
- 1.2 It is important to acknowledge the work of the Health Scrutiny Committee in completing the review, which has highlighted the need for a co-ordinated health and social care commissioning approach to mental health needs for working age adults with mental health needs within the City.

2. Recommendations

- 2.1 Cabinet is recommended to endorse the following actions to address the concerns raised by the Health Scrutiny Committee's report of the 1st December 2010:
- 2.1.1 Recommendation: *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 commensurate with the vital frontline services that they provide*
- 2.1.2 Response: The Council acknowledges the role of the community and

- voluntary sector in providing services to people with mental health needs. With the introduction of the personalisation agenda and the transformation of Adult Social Care (ASC), people assessed as needing care and support will be given a personal budget in the future. This means that individuals will be able to buy services directly from a range of providers.
- 2.1.3 In order to shift resources into more preventative services ASC will be undertaking a review of all funded services, including the voluntary sector. The voluntary sector, through Voluntary Action Leicester (VAL) will be involved in this process, as there will need to be a reduction in the level of block contracts. However, this will give community and voluntary sector organisations opportunities to develop their services to provide a more person centred and outcome based approach. Although, it is not possible to provide a target figure for investment, because individuals will decide what services they choose to buy, there will be a net investment of a further £80,000 for 2011/12 to develop preventative services within the community and voluntary sector.
- 2.1.4 In addition ASC is proactively working with specific mental health voluntary sector organisations such as Network for Change to enable them to have a business model that is sustainable. The NHS also, through its Increasing Access to Psychological Therapies (IAPT) commissioning, has tried to strengthen the voluntary sector by commissioning some activity with some of the small mental health voluntary sector providers.
- 2.1.5 Recommendation: *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.*
- 2.1.6 Response: The existing block contract will remain in place at this time, but will be subject to continued monitoring and improving data quality. However, the contract monitoring arrangements will change once the health service ‘Payment by Results’ programme is fully implemented by 2013/14 and will provide opportunities for service re-design where appropriate. This means that payment will only be made where the LPT is performing at the required level, if not then payments will not be made. This also links to improved quality of services, which is monitored by the Department of Health.
- 2.1.7 Recommendation: *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.

2.1.8 Response: A joint 3 year Commissioning Strategy has been developed between Health and ASC as detailed at Appendix 1. The draft strategy was presented to the Health Scrutiny Committee on 9th February 2011. The only comments related to the need to support carers, which is covered by the Carers Strategy. The Joint Commissioning Strategy was signed off by the Mental Health Wellbeing Partnership Group on 16th February 2011 and will be presented to the PCT Board for endorsement in the near future. Therefore, Cabinet is asked to endorse the Joint Commissioning Strategy.

2.1.9 This commissioning strategy is also set in the context of the wider 2014, 3 year commissioning strategy for ASC, which shifts commissioning focus to prevention and early intervention, confirms the commitment to personalisation through self directed support, giving more choice and control.

2.1.10 The ASC vision places increased emphasis on the promotion of social inclusion, a major issue for people with mental health needs and developing local community based alternatives. Mental health is a priority in this strategy, with ASC contributing to improving the health and well being of local populations alongside other agencies and communities to develop in every locality a single community based support system. Key to this will be tackling the stigma and discrimination often faced by individuals with mental health needs so that they can reach their potential and contribute to local community development.

2.1.11 It is acknowledged that there has been no strategy for period of time. However, a range of partners have been involved in the development of the new joint commissioning strategy, which has identified a number of key priorities for people with mental health problems, as follows:

a) Prevention & Early Intervention

- Improving access to psychological therapies, early intervention for people with long-term health conditions
- Supporting people with mental health conditions to move from residential homes into independent housing and maintaining people to continue to live in their own home with support
- Strengthening crisis intervention within health and social care in order to prevent people from requiring admission to hospital and maintain and support them safely within the community

b) Transforming Social Care

- Personalisation, providing individuals with greater choice and control over the support/services they need
- Personalised Budgets, so people can buy services directly from a range of providers

c) Supporting the Mental Health of Older People

- Dementia - Our priority is to develop an integrated dementia care pathway, covering the spectrum of need for people with dementia from early diagnosis and intervention to end of life care. The development of this pathway will take into consideration local needs, data on existing service provision, evidence from best practice models in dementia care and the outcomes of a series of workshops involving service providers, patients and carers to look at improvements in the dementia pathway.

2.1.12 The strategy is underpinned by a comprehensive implementation plan and associated work streams, which includes the development of integrated care pathways to improve services for people with mental health needs, and will ensure no one falls through the gap between health and adult social care.

2.1.13 Recommendation: *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.*

2.1.14 Response: Numerous consultation exercises have been undertaken with users and then carers/families, facilitated through the voluntary sector to determine the commissioning priorities for the next 3 years. There have also been communication sessions for staff and partner agencies to ensure they are engaged in the development of the joint commissioning strategy. Appendix 2, details the outcome of Communication and Consultation Plan 12/1/2011.

2.1.15 Further consultation and engagement activities are currently underway with provider organisations to look at innovative models of service delivery. This will also include further engagement with the voluntary sector to review existing contracts, to ensure that future provision is aligned to preventative services, including those for people with mental health needs. ASC has identified that mental health service users are less likely to be offered the opportunities offered by self directed support and this is also reflected in national statistics. Led by Network for Change

and supported by ASC an event is being planned in April 2011 to hear more from service users and carers about the challenges they face in accessing self directed support and work with them to resolve these barriers.

2.1.16 Recommendation: *Clear leadership, accountability and better governance s 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 Health Scrutiny Committee within the next 6 months and thereafter if required.*

2.1.17 Response: There is clear leadership, accountability and commitment from both Leicester City Council and the NHS Leicester to drive forward the Joint Commissioning Strategy. There is currently a Mental Health and Wellbeing Partnership Group, which is being re-configured to ensure the commissioning intentions outlined in the strategy are delivered. This group will feed into the new statutory Health and Wellbeing Partnership Board, which is currently being set up to develop joint strategies to improve outcomes for health and social care users across the City. Membership of the Board will include the chair of the GP consortia, the Chief Executives for NHS Leicester and Leicester City Council, the chair of the Local Involvement Network (LINK's soon to change to HealthWatch), the Lead Cabinet Member for Adults and other key partners, including a representative from the voluntary sector.

3. Changes to National Context

3.1 It is also important to highlight that new guidance No Health without Mental Health was published on 2nd February 2011, which replaces New Horizons (2010). The new guidance details six key objectives to improve the outcomes for people with mental health needs, including how communities can promote independence and choice, which reflects the personalisation agenda for Adult Social Care. These objectives align with the One Leicester priorities and those detailed in the Joint Commissioning Strategy. The six priorities are:

i. Improve the mental health and wellbeing of the population and keep people well. More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.

ii. Improve outcomes for people with mental health problems through high-quality services that are equally accessible to all.

More people who develop mental health problems will have a good quality of life and greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

iii. More people with mental health problems will have good physical health, fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.

iv. More people will have a positive experience of care and support. Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment and should ensure that people's human rights are protected.

v. Fewer people will suffer avoidable harm. People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

vi. Fewer people will experience stigma and discrimination. Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

4. FINANCIAL, LEGAL AND OTHER IMPLICATIONS

4.1 Financial Implications (Rod Pearson – Head of Finance Health & Wellbeing 29 8800)

4.1.2 There do not appear to be any direct financial implications arising from the report. Its main conclusion seems to be that more consultation and dialogue should take place with community and voluntary sector agencies and a greater share of the budget should be spent with them. The amount of spend will increasingly be determined by service users as they receive personal budgets and with their enhanced choice and control decide how this money will be spent to meet their needs.

4.1.3 The council's overall financial position is largely determined by central government through the mechanism of the comprehensive spending review and then by Councillors through the budget setting process. This has recently been completed for 2011/12 with ASC like nearly all other services being required to find savings

4.2 Legal Implications - Awaiting information from Joanna Bunting

5. Background Papers – Local Government Act 1972

The White Paper Equity and Excellence: Liberating the NHS, (July 2010)

No Health Without Mental Health (February 2011)

6. Climate Change Implications - Helen Lansdown, Senior Environmental Consultant - Sustainable Procurement

6.1 This report does not contain any significant climate change implications and therefore should not have a detrimental effect on the Council's climate change targets.

7. Other Implications

OTHER IMPLICATIONS	YES/NO	Paragraph Within Supporting information	References
Equal Opportunities	Yes	Detailed throughout the report	
Policy			
Sustainable and Environmental			
Crime and Disorder			
Human Rights Act			
Elderly/People on Low Income			
Corporate Parenting duties			

8. Consultations

8.1 There has been no direct consultation in relation to this report, although the PCT have contributed to the responses to the recommendations of the Health Scrutiny Report of 1st December 2010.

8.2 Consultations have taken place in respect of the original recommendations/findings, which is detailed at Appendix 2.

9. Report Author

9.1 Jane Forte - Planning and Service Development Officer (Adult Mental Health) e-mail: jane.forte@leicester.gov.uk