



Leicester  
City Council

**WARDS AFFECTED**  
All

## **FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:**

**Health Scrutiny Committee**  
**Cabinet Briefing**  
**Cabinet**

**1<sup>st</sup> December 2010**  
**21<sup>st</sup> March 2011**  
**11<sup>th</sup> April 2011**

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### **Health Scrutiny Committee's Review of Adult Mental Health Services in the City**

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#### **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**

- 2.1.1. Members of Cabinet are asked to endorse the report and its recommendations
- 2.1.2. A percent investment target for the community and voluntary sector (VSC) 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. The 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 or identified
- 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. 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. There has been no clear strategy over the last 4 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 the commissioners and themselves

- 2.1.5. A consultation framework is required, together with a clear and realistic timeframes. 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
- 2.1.7. The HSC asks that the following comments made by representatives of the community and voluntary sector, be considered by Cabinet;
- It only had been possible to consider general mental health issues under the review as it was not known how many people came within each category of mental illness;
  - A number of national frameworks for dealing with mental health illness had been established and these were outlined in the report;
  - Ethnicity seems to be significant. People from black and ethnic minority groups were over-represented in segregated / closed units but were under-represented amongst those taking up services. This is an area that could benefit from further scrutiny
  - It is important to recognise that the commissioning and delivery of mental health services has been transformed over the last 10 years. However, more recently changes in strategic direction has caused uncertainty for users and providers and there appears to have been a tendency to marginalise the voluntary sector
  - The “bundling” of the Leicestershire Partnership block contract is seen as inhibiting the work of many in the voluntary and community sector
  - The voluntary sector has done important things that other organisations are unable to do but the voluntary sector is often neglected
  - It is important to identify mental health problems earlier than is currently being done. For example, young people still in education can be taught how to identify and cope with problems early on (rather than receiving education specifically about mental health) which could provide information on things such as support networks and coping strategies
  - Care needs to be taken to ensure that health care workers communicate effectively and act professionally at all times
  - The problems that working with people traditionally marginalised creates needs to be recognised. For example they often have less trust in the service providers. Therefore it becomes paramount to have “door openers” who can help them to access and understand the support they need
  - Consideration needs to be given to how mental health services can be provided after the forthcoming re-organisation of health services provision

- The provision of services should not be seen as separated between that of clinical services and support services such as those provided by the community and voluntary sector

### 3. **FINANCIAL, LEGAL AND OTHER IMPLICATIONS**

#### 3.1. **Financial Implications**

There are no direct financial implications arising from this report which is primarily concerned with commissioning issues. Overall future investment in Adult Mental Health by both the City Council and the NHS will be agreed through their respective budget strategies with decisions taken in the light of competing demands on scarce resources.

#### **Legal Implications**

The report identifies the current arrangements under the “section 75” partnership.

Cabinet, in September 2008, also approved the procurement methodology for re-contracting a number of services for adults with mental health needs, and their carers, via the new form of contract for community based services with voluntary sector providers.

The award of contracts is subject to compliance with the Councils’ Contract Procedure Rules and the rules on EU procurement. The steps proposed in this report will inform such process.

Further legal advice should be sought on the packaging of re-provision of these services. In particular issues have previously arisen over TUPE and pension provision.

#### 3.2. **Climate Change Implications**

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.

Helen Lansdown, Senior Environmental Consultant - Sustainable Procurement

### 4. **Other Implications**

<b>OTHER IMPLICATIONS</b>	<b>YES/ NO</b>	<b>Paragraph/References Within the Report</b>
Equal Opportunities	Y	4.1.4, 4.1.5, 4.1.6, 4.1.7, 4.1.17, 4.1.21, 4.1.22, 4.1.42
Policy	Y	4.1.8, 4.1.9, 4.1.11, 4.1.16, 4.1.23, 4.1.24, 4.1.25, 4.1.26, 4.1.27, 4.1.28, 4.1.31, 4.1.32, 4.1.33, 4.1.34, 4.1.35, 4.1.36, 4.1.37, 4.1.38, 4.1.39, 4.1.40, 4.1.41, 4.1.42

Sustainable and Environmental	N	
Crime and Disorder	N	
Human Rights Act	N	
Elderly/People on Low Income	Y	4.1.4, 4.1.13, 4.1.14, 4.1.20,
Corporate Parenting	N	
Health Inequalities Impact	Y	

## 5. 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)

## 6. Consultations

6.1. Consultations were carried out in a number of ways over a six month period (Apr-Sep 2010) including writing to all mental health groups in the City inviting them to participate in the review, holding meetings with users and carers (represented by GENESIS), the community & voluntary sector (Network4Change / Savera and LAMP) and receiving presentations from the providers including Adults & Social Care (LCC), NHS Leicester City (PCT), University Hospitals Leicester (UHL) and Leicester Partnership Trust (LPT). Where it was not possible to meet with interested parties such as GP’s, they were corresponded with via e-mails

## 7. Report Author

7.1. Councillor Michael Cooke

<b>Key Decision</b>	No
<b>Reason</b>	N/A
<b>Appeared in Forward Plan</b>	N/A
<b>Executive or Council Decision</b>	Executive (Cabinet)