

Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: THURSDAY, 22 APRIL 2021
TIME: 5:30 pm
PLACE: Virtual Meeting using Zoom

Members of the Committee

Councillor Joshi (Chair)
Councillor March (Vice-Chair)

Councillors Batool, Kaur Saini, Kitterick and Thalukdar

One unallocated Labour group place
One unallocated non-group place

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:

**Anita Patel (Scrutiny Policy Officer) and
Aqil Sarang (Democratic Support Officer)**

Tel: 0116 454 5591, e-mail: aqil.sarang@leicester.gov.uk

Leicester City Council, Granby Wing, 3 Floor, CityHall, 115 Charles Street, Leicester, LE1 1FZ

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Further information

If you have any queries about any of the above or the business to be discussed, please contact Aqil Sarang on 0116 454 5591 or email aqil.sarang@leicester.gov.uk.

For Press Enquiries - please phone the **Communications Unit on 0116 454 4151**

PUBLIC SESSION

AGENDA

LIVE STREAM OF MEETING

A live stream of the meeting will be available at the following link:

https://www.youtube.com/channel/UCddTWo00_gs0cp-301XDbXA

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed.

3. MINUTES OF THE PREVIOUS MEETING

**Appendix
(Pages 1 - 6)**

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 9 March 2021 be confirmed as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer to report on any questions, representations or statements of case.

6. DEMENTIA STRATEGY UPDATE

**Appendix
(Pages 7 - 16)**

The Strategic Director for Social Care and Education will provide an update on the Dementia Strategy.

Members of the Commission are recommended to receive the presentation and pass any comments to the Strategic Director for Social Care and Education.

7. MENTAL HEALTH STRATEGY

**Appendix
(Pages 17 - 44)**

The Strategic Director for Social Care and Education will share the draft Mental Health Strategy for comment.

Members of the Commission are recommended to receive the report and pass

any comments to the Strategic Director for Social Care and Education.

8. ADULT SOCIAL CARE WORKFORCE PLANNING FOR THE FUTURE

Members will receive a verbal update on progress relating to the recommendations of approved scrutiny review report. Leicester Skills Development Group representative (LSDG) will update commission members on their work and plans for the future.

9. LCCL UPDATE

The Strategic Director for Social Care and Education will provide a verbal update on the latest position relating to LCCL.

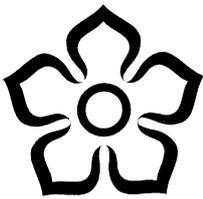
10. COVID 19 UPDATE

The Strategic Director for Social Care and Education will provide a verbal update on the latest Covid-19 updates.

11. WORK PROGRAMME

The current work programme for the Commission is attached. The Commission is asked to consider this and make comments and/or amendments as it considers necessary.

12. ANY OTHER URGENT BUSINESS



Leicester
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Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 9 MARCH 2021 at 5:30 pm

P R E S E N T :

Councillor Joshi (Chair)
Councillor March (Vice Chair)

Councillor Batool
Councillor Kaur Saini

Councillor Kitterick
Councillor Thalukdar

* * * * *

98. APOLOGIES FOR ABSENCE

There were no apologies for absence.

The Chair welcomed everyone to the meeting, and reminded everyone it was a virtual meeting, as permitted under Section 78 of the Coronavirus Act 2020 to enable meetings to take place whilst observing social distancing measures. The procedure for the meeting was outlined to those present. At the invitation of the Chair, all Members and officers present at the meeting introduced themselves.

99. DECLARATIONS OF INTEREST

Councillor Joshi declared an Other Disclosable Interest in that his wife worked for the Reablement Team at Leicester City Council.

Councillor March Declared an Other disclosable interest in that she had caring responsibilities for a family member that was funded by Leicester City Council.

100. MINUTES OF THE PREVIOUS MEETING

Agreed:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission held on 19 January 2021 be confirmed as a correct record.

101. PETITIONS

None received.

102. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

None received.

103. PROCUREMENT PLAN FOR 2021/23

The Strategic Director for Social Care and Education introduced the report on the procurement plan for 2021/23.

As part of the discussions it was noted that this this was the largest spend in the Council and that the current contract value could be subject to change. With the current process in the tender stage Officers were unable to go into depth and detail. It was suggested that it had come to the Scrutiny Commission last year and details reflect Leicester, Leicestershire and Rutland contribution.

Members of the Commission suggested that the service should try pilot schemes to deliver some of the services in house. It was noted that the service were exploring areas where there could be opportunities to run in house provisions.

Members of the Commission noted that it was important to continue dialogue during the tender process of large contracts. It was suggested that the Commission should delve further into the Councils largest spend and requested a standing item on the Commissions work programme. The Strategic Director for Social Care and Education noted that the service were happy to bring to the Commission whatever topics they would require for scrutiny. It was further noted that the larger contracts were usually straight forward as they were in established markets whilst some of the lower value services, the Council could influence as it was a large spender.

The Lead Commissioner suggested that she would provide Members a response to the discussions on BAME and other new community training and engagement outside of the meeting. And the information would be shared to Members.

It was noted that the service were looking into how technology could support the improvement of the service and support service users living more independently. There was robust analysis to ensure the service were responding to the needs of the different communities across the city.

Agreed:

- 1) That the Adult Social Care Scrutiny Commission note the Procurement Plan for 2021/23 and;
- 2) That the Adult Social Care Scrutiny Commission request that the work programme for the Commission includes regular topics to be bought to the Commission as discussed for scrutiny.

104. IMPACT OF COVID-19 ON DAY CARE / COMMUNITY OPPORTUNITY SERVICES

The Strategic Director for Social Care and Education introduced the report on the Day Care / Community Opportunity Services and updated on valuable services that had been disrupted as a result of the pandemic and those services that were still ongoing.

As part of the discussions it was noted that regional work was funded through central government and were ongoing. The service had used alternative means using platforms such as Zoom to stay connected with service users conduct welfare calls which have been well received. Door to door calls and mobile phone calls were also made to those who were unable to be contacted virtually. The service had also recruited 37 staff so far which was recognised as the best in the East Midlands.

The Healthwatch Representative noted that there was ongoing digital work with the NHS investigating into people's experiences over the last year and how groups were monitored to suit their needs as service users.

Agreed:

- 1) That the Adult Social Care Scrutiny Commission note the report and;
- 2) That the Strategic Director for Social Care and Education be requested to bring the report on the review of the Community Opportunities framework to the Commission.

105. ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT

The Deputy City Mayor for Social Care and Anti-Poverty introduced the item. It was noted that this was an annual report that was published online. It was an effective process to have the public's perspective to encourage change in process and develop learning for the future.

As part of the discussions it was noted that following the feedback from the previous year, individuals learnt through team meetings, forums and other forms.

It was suggested that it was difficult to compare statistics with Neighbouring organisations as different statistics were gathered and were not comparable. It was noted that the ombudsman would look at if the organisation had put in the correct support for its service user, rather than the finance and only a very small number of cases reach the ombudsman.

Members of the Commission noted that studying a small number of cases was not good for the overall picture and although the service were obliged to include specific information the report should serve a wider audience.

It was noted that although the service were 68% below average, the numbers fluctuate and this was similar to those neighbouring organisations. The ombudsman would not look at malpractice but would look at mal administration.

Agreed:

- 1) That the report be noted;
- 2) That the Strategic Director for Social Care and Education be requested to provide user friendly reports, and;
- 3) That the service took lessons from the report and adjust to resolve issues and deliver an effective, robust service.

106. SUPPORTED LIVING AND EXTRA CARE HOUSING

The Deputy City Mayor for Social Care and Anti-Poverty introduced the item and it was noted that this was an important aspect of Adult Social Care.

The Lead Commissioner for Adult Social Care and Commissioning delivered the presentation and outlined the strategy for the next 10 years.

The Chair welcomed the report and noted the Members concerns of the additional 396 units required over the next 10 years.

The Strategic Director of Social Care and Education noted that the key was to ensure individual needs were met in the most effective way and avoid putting people in to care. It was suggested that although supported living was cheaper, it was also the most effective service to meet individual needs.

It was noted that there were a number of pressures on the Hamling Road and Tilling Road Schemes and no start dates were available for the development. Communications with the developers were ongoing and would be concluded in the near future. It was suggested that the developments would see different groups with onsite support either fixed time or 24/7 dependent on the needs of the service user. Members of the Commission were assured that the developments would see good quality and size developments with size standards in mind ensuring all stocks were up to standards.

It was also noted that policy provision would allocate £6.7 million along with other funding opportunities to meet the additional funding requirements.

Agreed:

- 1) That the Adult Social Care Scrutiny Commission welcomes and notes the report;
- 2) That the prediction of future growth be reviewed and;
- 3) That the financial implications be brought back to the Commission at a later date.

107. COVID-19 UPDATE

The Strategic Director for Social Care and Education noted that, there had been progressive expansion of testing in Adult Social Care. The PCR test was carried out on staff on a weekly basis and on residents it was every 4 weeks. Testing to domiciliary care and supported living was available and Leicester had been the first authority to have access to this. There had been continued

issues around access to data for all local authorities.

The Service were now able to assess the rate of infection with individual providers as the number of testing at organisations had risen and Leicester were at the centre of testing in Adult Social Care.

There had been a significant improvement in reduction of cases within care homes and a positive impact of the Vaccine. Numbers were at their lowest since October 2020. The Vaccination process had progressed into the wider workforce and residents, where 89% of residents and 69% of staff had been vaccinated and the vaccination data would be communicated to Members at a later date.

108. WORK PROGRAMME

Members were requested to contact the Chair or the Scrutiny Policy Officer for any items they would like considered on the work programme.

109. ANY OTHER URGENT BUSINESS

There being no further items of urgent business, the meeting closed at 8:20pm.

Update on Leicester, Leicestershire and Rutland Joint Living Well with Dementia Strategy 2019 - 22

Adult Social Care Scrutiny
22nd April 2021



Background - Strategy

The Joint Dementia Strategy is owned by the LLR Dementia Programme Board which sits under the All Age Mental Health & Dementia Design Group

Strategy can be found at
<https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/social-care-and-education/leicester-social-care-and-education-provider-hub/dementia/>



Some Key Stats

Nationally, 61.1% of those aged 65 or over estimated to have dementia have a coded diagnosis of dementia

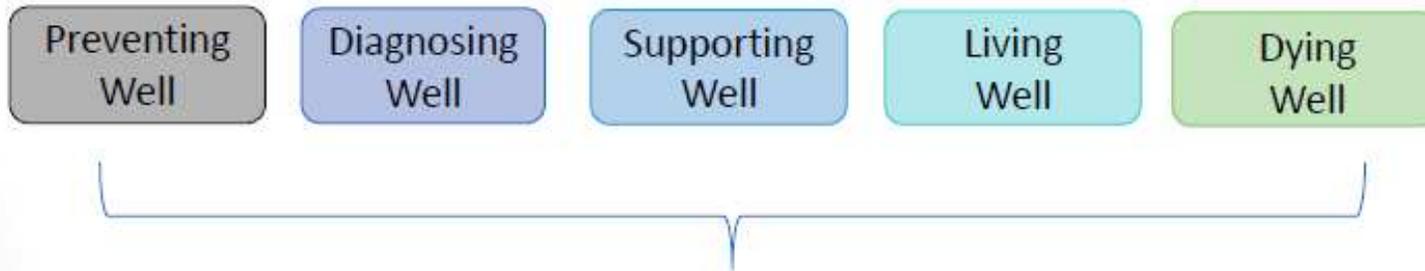
Locally the rate is 76.3%

2345 people on the register

Covid has had an impact on diagnosis rates

Vision and Guiding Principles

Our vision is that Leicester, Leicestershire and Rutland are all places where people with dementia can live well through the following guiding principles:



We aim to create a health and social care system that works together so that every person with dementia, their carers and families have access to and receive compassionate care and support not only prior to diagnosis but post-diagnosis and through to end of life.

Implementation and Achievements

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Pilot	Engage	Research	Pathway
<p>Pilot the Dementia Friendly general practice template and consider how to rollout more widely</p> <ul style="list-style-type: none">• This has been adopted by many practices across LLR	<p>Increase Public Health involvement in the work of the dementia programme board</p> <ul style="list-style-type: none">• Public Health are active members of the Board	<p>Promote opportunities to be involved in research to people affected by dementia and their carers throughout the memory pathway</p> <ul style="list-style-type: none">• Research opportunities are promoted through our communications strategy	<p>Review & Promote memory assessment pathway and referral processes</p> <ul style="list-style-type: none">• The Pathway was reviewed and work done with many agencies, including primary, secondary, acute and adult social care, VCS organisations, the broader council and wider agencies



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Implementation and Achievements

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Diagnose	Diagnose	Monitor	Housing	Training
<p>Develop a process to increase the number of people receiving a dementia diagnosis within 6 weeks of a GP referral</p> <ul style="list-style-type: none">•Pre-Covid, the diagnosis rate was 87% thanks to promotion, awareness raising and training	<p>Work with care homes to pilot and roll out the dementia diagnosis toolkit</p> <ul style="list-style-type: none">•Some care homes took part in the pilot and there are stronger links with primary care	<p>Monitor the Dementia Support Services contracts and take action as appropriate</p> <ul style="list-style-type: none">•This is business as usual	<p>Raise awareness of dementia with housing providers</p> <ul style="list-style-type: none">•LCC housing department have rolled out Dementia Friends training; other housing organisations are members of the DFC movement	<p>Contribute to a review of the dementia training on offer with a focus on delivering personal care to ensure a high level of expertise</p> <ul style="list-style-type: none">•A broad range of training is available to agencies at varying levels according to the•learner's needs



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Implementation and Achievements

Focus	Support	Support and Improve	Communities	Engage
<p>Continue to focus on improving the inpatient experience and hospital discharge pathways</p> <ul style="list-style-type: none">•Leicester Hospitals have dementia friendly wards and activity coordinators	<p>Promote Dementia Support Services across LLR to include advocacy in the city</p> <ul style="list-style-type: none">•Support services, including advocacy, are offered to people across LLR	<p>Support the work to improve residential provision for people with complex dementia</p> <ul style="list-style-type: none">•A pilot by Leicestershire CC on an improved dementia care model took place pre-Covid but has yet to be evaluated	<p>Support the Dementia Action Alliance to develop more dementia friendly communities</p> <ul style="list-style-type: none">•Dementia Friendly Leicester application in progress	<p>Develop routine engagement processes with people living with dementia and carers to inform our work</p> <ul style="list-style-type: none">•Co-production with people affected by dementia and their family carers has developed and is actively used in service development

Implementation and Achievements

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Information	Review	Crises	End of Life	End of Life
<p>Review the dementia information offer to ensure it covers a range of topics, including accommodation options</p> <ul style="list-style-type: none">•The Dementia Information Guide was produced and distributed across LLR	<p>Review the current care and support standards used across LLR and agree a common set</p> <ul style="list-style-type: none">•This needs to be picked up and continued in the new strategy	<p>Work with care homes and other providers to develop training and support to manage crises and work with reablement principles</p> <ul style="list-style-type: none">•Training is recommended and promoted to support this	<p>Make stronger links with STP End of Life work-stream</p> <ul style="list-style-type: none">•Links are made	<p>Ensure that people living with dementia and their carers are aware of Advanced Care Planning</p> <ul style="list-style-type: none">•This is promoted by the statutory agencies, the Dementia Support Service and Carers Support Service



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What does this mean for people living with dementia and their carers

- The strategy seeks to ensure that Leicester is a place where people with dementia, their families and carers can access a health and social care system that works together to benefit them through:
 - **Prevention:** key risk reduction messaging and opportunities to be involved in research supporting the aim to find a cure
 - **Diagnosis:** earlier and more streamlined assessment process ensuring support is available to people far sooner
 - **Living Well and Supporting:** People with a diagnosis are enabled with information and advice to them to support them to live well for longer in the community
 - **Dying:** people with dementia and their families are enabled to plan for this difficult time and to be aware of the choices that are available to them



Next Steps

The strategy refresh process is starting this year led by the Dementia Programme Board, *but*

Strong determination by all to ensure that people affected by dementia and their carers are driving this

Anticipated timescale January 1st 2023



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Adult Social Care Scrutiny Commission Report

April 22nd 2021

Lead director: Martin Samuels,
Strategic Director Social Care and Education

Draft Leicester City Joint Integrated
Commissioning Strategy for Adult Mental
Health (2021-2025)

- Ward(s) affected: All
- Report author: Caroline Ryan
- Author contact details: caroline.ryan@leicester.gov.uk
- Report version number: Version 1

1. Summary

- 1.1 The purpose of this report is to provide the Adult Social Care Scrutiny Commission with an opportunity to comment on the Draft Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health - 2021-2025 (Appendix A).
- 1.2 This builds on Leicester's first Joint Integrated Commissioning Strategy 2015 -19 that was developed in line with national priorities with the same aim to achieve better outcomes for those experiencing mental ill health and support available to them in the many aspects of their lives.

2. Recommendations

- 2.1 The Adult Social Care Scrutiny Commission are recommended to:
 - a) Note and offer comments on the Draft Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health - 2021-2025 (Appendix A)
 - b) Note that we are awaiting comment and updates from colleagues from Health before finalising and taking the strategy back to the Mental Health Partnership Board for formal sign-off.

3. Scrutiny / stakeholder engagement

- 3.1 The development of the strategy has involved conversations with a wide range of stakeholders including people that use services, carers, and involvement from other key stakeholders including health.

4. Background and options with supporting evidence

- 4.1 Officers have been working on the strategy and are engaging with a broad range of stakeholders, as noted in 3.1 above before finalising the document and its associated delivery plan.

5. Detailed report

- 5.1. The Strategy in its introduction notes that in 2016 the UK Government published [The Five Year Forward View for Mental Health](#), setting out a plan for more responsive and accessible mental health services. Key aims included increasing parity of esteem between physical and mental health services, tackling wider issues

that impact on mental health (such as employment opportunities, a decent place to live and good quality relationships), and finally tackling inequalities.

5.2 To support the ambition that mental health should have “parity of esteem with physical health” and in recognition that mental illness is now recognised as the largest single cause of disability in the UK, we have identified the following three themes as the focus of this strategy:

- **Prevention:** We will ensure that a range of preventative services are available to help people from all communities manage their mental health and increase their resilience and wellbeing. Initiatives to reduce mental health stigma will be supported and we will continue to support work to prevent suicide. We will increase physical health checks for people with a serious mental illness
- **Accommodation:** Mental health needs will be considered equal to physical health needs in the allocation of housing. People will have a choice of housing to allow them to maintain contact with friends and family and to maximise their independence.
- **Employment, Education and Volunteering:** We will support people with mental ill health to maintain and retain meaningful employment. Education and training opportunities for people experiencing mental ill health will be identified and supported. We will identify and promote volunteering opportunities for people with mental ill health.

5.3 Our goal when we come to publish the strategy is to continue the progress we have made in preventing mental ill health and building resilience in people and communities. We will continue to work with our partners to ensure that people with mental ill health are able to secure decent housing where they feel safe and also to provide employment, education and volunteering opportunities to provide meaning and a sense of purpose for those experiencing mental ill health.

6. Background information and other papers: N/A

8. Summary of appendices:

Draft Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health- 2021-2025 (Appendix A).

Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health 2021 – 2025

Image cover to be created by corporate comms team

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Introduction

Leicester City Council and Leicester City Clinical Commissioning Group developed Leicester's first Joint Integrated Commissioning Strategy 2015-2019. Whilst there have been significant achievements in line with national priorities there is still much to be done. Working and living in times of austerity provides challenges for communities, commissioners and providers of services. It is vital that every penny of funding achieves results for people experiencing mental health problems and their families.

In 2016 the UK Government published [The Five Year Forward View for Mental Health](#), setting out a plan for more responsive and accessible mental health services. Key aims included increasing parity of esteem between physical and mental health services, tackling wider issues that impact on mental health (such as employment opportunities, a decent place to live and good quality relationships), and finally tackling inequalities.

Our goal in publishing the latest Leicester City Joint Integrated Commissioning Strategy is to continue the progress we have made in preventing mental ill health and building resilience in people and communities. We will continue to work with our partners to ensure that people with mental ill health are able to secure decent housing where they feel safe and also to provide employment, education and volunteering opportunities to provide meaning and a sense of purpose for those experiencing mental ill health.

To support the ambition that mental health should have "parity of esteem with physical health" and in recognition that mental illness is now recognised as the largest single cause of disability in the UK, we have identified the following three themes as the focus of this strategy:

Prevention: We will ensure that a range of preventative services are available to help people from all communities manage their mental health and increase their resilience and wellbeing. Initiatives to reduce mental health stigma will be supported and we will continue to support work to prevent suicide. We will increase physical health checks for people with a serious mental illness

Accommodation: Mental health needs will be considered equal to physical health needs in the allocation of housing. People will have a choice of housing to allow them to maintain contact with friends and family and to maximise their independence.

Employment, Education and Volunteering: We will support people with mental ill health to maintain and retain meaningful employment. Education and training opportunities for people experiencing mental ill health will be identified and supported. We will identify and promote volunteering opportunities for people with mental ill health.

Strategic Context

Our three key priorities of prevention, accommodation, and employment, education and volunteering are based on the following statutory responsibilities and key drivers.

Prevention

Statutory responsibilities

The Care Act 2014 confirms a statutory duty on the care and support system to “actively promote wellbeing and independence, and not just wait until people reach crisis point”. Local authorities have a responsibility for prevention that applies to all adults, regardless of whether they have eligible needs that are met by the authority.

Key drivers

The Five Year Forward View for Mental Health dictates that health and social care economies should have a focus on prevention of mental ill health and confirms the “importance of the role of local government in the promotion and prevention agenda” and that “more needs to be done on prevention to reduce inequalities”.

Key Local Policies/Strategies: Sustainability and Transformation Plan; LPT All-Age Transformation; Prevention Concordat; Future in Mind.

Key National legislation/guidance: The Care Act 2014; Mental Capacity Act 2005; 5 Year Forward View for Mental Health 2016; Future in Mind; NICE Guidelines for Mental Health and Wellbeing

Accommodation:

Statutory responsibilities

The local authority has a duty to provide services to people with mental health issues who reach the threshold for services. These services include ensuring that people are appropriately accommodated or supported to live as independently as possible in supported living or their own homes. The Care Act 2014 confirms that local authorities must consider housing in exercising their duty to promote the integration of health and wellbeing and also that housing is now recognised explicitly as “health related provision”. The Five Year Forward View for Mental Health 2016-2021 states that “Housing is critical to the prevention of mental health problems and the promotion of recovery.”

Key drivers

The All Party Parliamentary Group on Mental Health report “Progress of the Five Year Forward View for Mental Health: On the Road to Parity” states that: “There has been a failure to make long lasting changes to areas such as housing and welfare” and recommends that health and social care economies “monitor settled housing outcomes for people with mental health needs”. The report confirms that housing “must be seen as an essential prevention and recovery service”.

Key Local Policies/Strategies: Leicester City Council Homelessness Strategy 2018-2023; Leicester City Strategy

for Independent and Supported Living 2018-2028; LPT All Age Transformation

Key National legislation/guidance: 5 Year Forward View for Mental Health 2016; The Care Act 2014; Homelessness Act 2017; Housing Act 1996; Localism Act 2011

[Employment, Education and Volunteering:](#)

Statutory Responsibilities

The Five Year Forward View for Mental Health confirms that “Stable employment [is a] factor contributing to someone being able to maintain good mental health and [is an] important outcome for their recovery”. National statistics confirm that between 60-70 per cent of people with common mental health problems are in work but the Five Year Forward View for Mental Health states that “people with mental health problems are also often over-represented in high-turnover, low pay and often part-time or temporary work”. The Equality Act 2010 stipulates that employers should think about making “reasonable adjustments” if employees are at a major

disadvantage compared to other people that do not have a mental health problem.

Key drivers

Engagement with people using mental health services and their carers has confirmed that employment is an important component in maintaining good mental health and supporting recovery, but that employment needs to be meaningful and an unrewarding job can be worse than having no job at all. Educational and volunteering opportunities for people experiencing mental ill health are vital steps in gaining meaningful employment.

Key Local Policies/Strategies: LLR Sustainability and Transformation Plan; LPT All Age Transformation; Leicester and Leicestershire Enterprise Partnership Strategic Economic Plan; Leicester Employment Hub.

Key National legislation/guidance: 5 Year Forward View for Mental Health 2016; The Care Act 2014; Equality Act 2010; Progress of the 5 Year Forward View for Mental Health: On the Road to Parity.

Governance and Accountability

This strategy has been co-produced in partnership with people using mental health services and carers and we will ensure that the key outcomes are monitored and evaluated following the principles of co-production with the assistance and support of people using services and their carers.

We can only achieve the aims above by working with partners across the NHS, Department of Work and Pensions, Job Centre Plus, registered social and private landlords, local businesses and residents in Leicester.

This strategy is owned by all partners that contribute to the work of the Mental Health Partnership Board. While it is imperative that focus is given to the development of an effective relationship between Leicester City Council commissioners and operational teams and Leicester City Clinical Commissioning Group, there are a number of other partners who will need to engage with the work in order to enable success. These partners include, but are not limited to, Leicestershire Partnership NHS Trust, University Hospital of Leicester NHS Trust, voluntary, community and social enterprise (VCSE) sector providers, Department for Work and Pensions and Job Centre Plus, universities and faith groups.

Local Context

Our progress to date

Leicester City Council and Leicester City Clinical Commissioning Group developed Leicester's first Joint Integrated Commissioning Strategy 2015-2019. The key themes under this strategy were:

- Building wellbeing and resilience
- Personalisation
- Accommodation
- Health
- Employment, education and training
- Carers

As a result of the previous strategy, there have been developments in the provision of wellbeing and resilience service across Leicester, Leicestershire and Rutland.

Personalisation is embedded across the Council's social care offer and integrated personal health budgets are now available for people with mental health conditions. Leicester Leicestershire and Rutland's Future in Mind programme is leading the transformation of children and young people's mental health services.

Step up to Great Mental Health (SUTG) is the Leicester Leicestershire and Rutland (LLR) sustainability and transformation partnership (STP) programme designed to improve mental health services. The programme has four key elements:

- Neighbourhoods
- Integrated community services
- Urgent and Emergency Care
- Inpatient

Leicester City Council has recently published its Transitions Strategy to help ensure that that the staff working to support young people as they transition into adulthood are clear about the work that needs to be done to make sure young people have a good experience as they leave children's services and become adults.

There have also been significant national developments in mental health including the 5 Year Forward View for Mental Health.

What we provide and how it's used

As at February 2020, Leicester City Council recorded 511 people with an active package of care whose primary reason for requiring care is mental illness. 277 of these people receive their personal budget as a direct

payment with the remainder using services commissioned by Leicester City Council. The types of service used are as follows¹:

	Direct Payment	Commissioned	Total
Community Opportunities	0	42	42
Domiciliary Care	168	119	287
Day Care	98	0	98
Other	18	3	21
Supported Living	34	132	166
Nursing Care	0	32	32
Residential Care	0	412	412
Total	318	740	

There has been a noticeable impact on the use of some of our services due to the COVID-19 Pandemic. Although many services have adapted, using technology to continue to provide their services remotely, there is still a clear decline in the use of services corresponding with the Pandemic which is reflected in the data below.

Advocacy Services

Our Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA)

¹ While there are 511 people receiving services, the total number of services being commissioned comes to a total of 1,058. This is because a person can be using more than one service.

services are provided by POhWER on a joint basis across Leicester, Leicestershire and Rutland (LLR). Our Independent Care Act Advocacy (ICAA) service is also commissioned jointly across LLR. The ICAA service is provided by Age UK.

The IMHA service's role is to support people who are subject to the Mental Health Act to enable them to better understand their rights under the Act, exercise their rights, and participate in decision-making about their care and treatment.

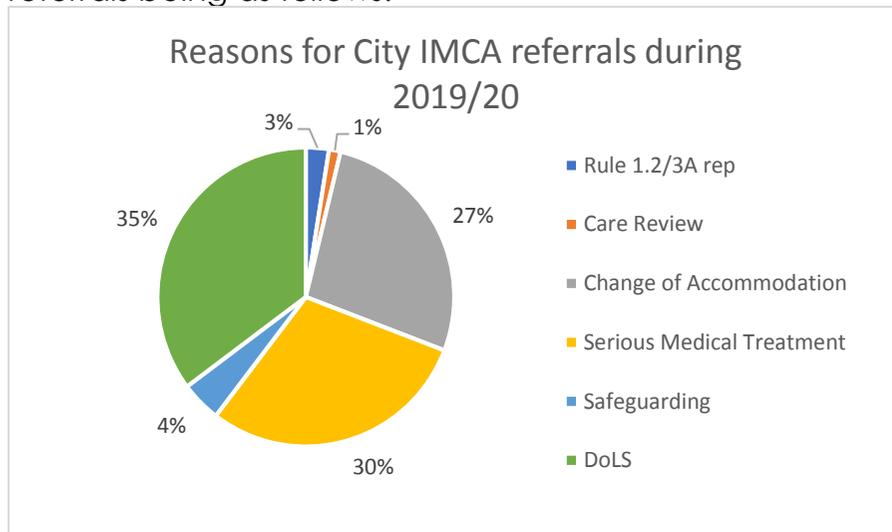
During the financial year 2019/20, there were 1692 new issues/cases raised with this service across LLR and 824 during the first half of 2020/21.²

The IMCA service provides an independent safeguard to support people who lack mental capacity to make important decisions if they have no one to appropriately consult with regarding the decision. The IMCA's role is to:

- Support and represent the person who lacks capacity
- Obtain and evaluate relevant information
- Ascertain as far as possible the person's wishes and feelings
- Ascertain alternative courses of action
- Support applications to the Court of Protection

² This includes both instructed cases where the individual made use of an advocate, and non-instructed cases where the person was advised on how to access the service but did not necessarily make use of it.

During the financial year 2019/20, there were a total of 159 new cases in Leicester City, with reasons for referrals being as follows:



This shows that the primary reasons that the service is accessed are for Deprivation of Liberty Safeguards (DoLS), decisions on changes of accommodation and decisions on serious medical treatment. In the first half of the financial year 2020/21, there have been a total of 55 new cases in Leicester City.

Since the outbreak of the COVID-19 Pandemic, there has been a decrease in referrals made to the IMCA service. With referrals ordinarily being made by social workers, GPs and hospital staff, the Pandemic saw their usual way of working come to a standstill as their time was initially taken up by responding to the Pandemic.

Planning for their clients and responding to the needs of the NHS meant that some work had to be put on hold.

Advocacy services have continued to support people remotely and taken measures to support people face to face where easing of lockdown measures permits.

Following the 2019 amendment of the Mental Capacity Act, Deprivation of Liberty Safeguards are to be replaced with Liberty Protection Safeguards (LPS). This is designed to protect the liberty of people who lack the mental capacity to make decisions, and to simplify the DoLS process. The code of practice for LPS has not yet been released, but Leicester City Council are anticipating a future need to develop a service to support this change in the future.

Our Independent Care Act Advocacy (ICAA) service is in place to provide an independent advocate for any person who experiences substantial difficulty in being involved in their care and support assessment, care planning, or review or safeguarding enquiry / review where there is no appropriate person (e.g. a family member or friend) to support their involvement.

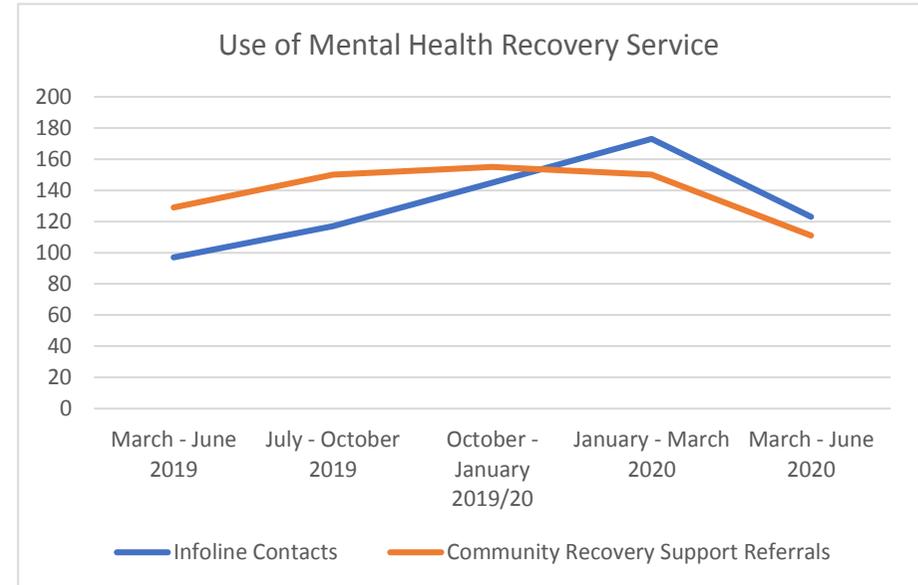
So far this financial year, the ICAA service has supported 74 people in the City whose primary disability is Mental Health.

Mental Health Wellbeing Recovery Support Service

Our Mental Health Recovery Service is provided by Richmond Fellowship to:

- Provide support to people experiencing mental health distress and require advice and information on mental health and wellbeing services in the locality.
- Increase understanding of common mental health disorders across local communities and raise awareness of sources of support, with the purpose of challenging the stigma and discrimination associated with mental illness.
- Enable individuals to maintain and improve their mental health wellbeing, or recover from mental illness, through better use of community resources.
- Promote independence by building individuals' emotional, social and economic wellbeing, through better access to self-help strategies, peer support and mainstream services.
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Since the start of the financial year 2019/20, the service has been accessed as follows:



Supported Living

Leicester City Council recommissioned its Supported Living services in 2019 with the new arrangements due to go live in June/July 2021. The new arrangements include the following provision for people with a mental health problem:

The Enablement Supported Living Service: This service includes support for people with enduring Mental Health needs, people who have been discharged from hospital after being detained for assessment and/or treatment under the Mental Health Act (1983), and people with a

dual diagnosis or Mental Health and Learning Disability. The overall aim of this service is to enable people to live as independently as possible, achieving their potential in relation to physical, intellectual, emotional and social capacity.

The Recovery Supported Living Service: This service will support people with severe and complex mental health

diagnoses being discharged from hospital or at risk of hospitalisation who require an accommodation-based service to help them develop or regain skills to aid their recovery journey. The aim of this service is for people to feel supported to effectively manage their mental health condition and achieve permanent settled accommodation following their placement.

Prevention

Outcomes

In Leicester we will be measuring our success in **prevention** on the following four outcomes:

- an increase in resilience and wellbeing reported through commissioned preventative mental health services
- a reduction in the suicide rate
- an increase in physical health checks for people with a serious mental illness (SMI)
- a reduction in mental health stigma reported through Time to Change Hub

Commissioning Intentions

To achieve these outcomes, we have the following commissioning intentions:

- Leicester City Council will conduct a commissioning review of the Mental Health Wellbeing Recovery Support Service to ensure that all of Leicester's communities benefit from the preventative mental health service.
- Public Health and CCG will provide a programme of mental health awareness training to faith groups and community leaders.
- We will support the work of the Leicester, Leicestershire and Rutland Suicide Prevention Group to continue to reduce the suicide rate in Leicester.
- Leicester City CCG will ensure that 60% of people with a registered serious mental illness (SMI) receive a physical health-check on an annual basis.
- Leicester City Council and CCG will engage with voluntary, community and social enterprise (VCSE) groups to identify community-based offers in Leicester that will reduce isolation and build mental health resilience in all of Leicester's communities with a focus on those communities with the poorest reported mental health outcomes.
- We will support the Future in Mind Initiative to improve children's mental health in Leicester.

Accommodation

Outcomes

We will be measuring our success in improving **accommodation** for people with mental ill health on the following outcomes:

- Mental health will have parity of esteem with physical health needs in the allocation of housing.
- People will have a choice of housing that allows them to maintain contact with friends and family and maximises their independence.

Commissioning Intentions

To achieve these outcomes, we have the following commissioning intentions:

- We will improve our supported living and residential services by asking the people who use them how to make things better.
- We will work with housing providers, registered social landlords and housing associations to raise awareness of the risks to mental health and wellbeing associated with unsecure housing.
- We will work with Leicester City Council's housing service to raise the profile of mental health needs in housing allocations.
- We will work with local authority, health and housing providers on the development of extra care and independent living schemes to provide stable housing options for people with mental ill health, in particular when they are being discharged from hospital.

Employment, Education and Volunteering

Outcomes

We will be measuring our success in improving access to **employment, education and volunteering** on the following three outcomes:

- an increase in the number of people with mental health conditions in stable employment, education and volunteering
- improved consistent information on employment, education and volunteering opportunities for people with mental health condition
- increased partnership working with DWP, JCP and other employment focused organisations.

Commissioning Intentions

To achieve these outcomes, we have the following commissioning intentions:

- We will engage with education agencies, volunteering organisations and employers to provide information on reasonable adjustments that can support people with a range of mental health conditions.
- We will promote the work of Leicester Employment Hub and ensure that people with mental health conditions are able to access opportunities.
- We will work with people who use our services and with carers to produce case studies demonstrating the positive impact that employment, education and volunteering can have for people experiencing mental health issues.
- We will double the employment support offer for people with more severe mental illness through the Individual Placement Support model, as recommended in the Five Year Forward View for Mental Health.
- We will seek external funding opportunities to meet gaps in provision in addressing employment, education and volunteering support.
- We will work with colleagues from the Department for Work and Pension and Job Centre Plus to communicate issues raised by people using services and carers relating to benefits and support to return to work.

- We will use Adult Social Care Outcomes Framework measures to track proportion of adults with mental ill health in paid employment.

Future Need

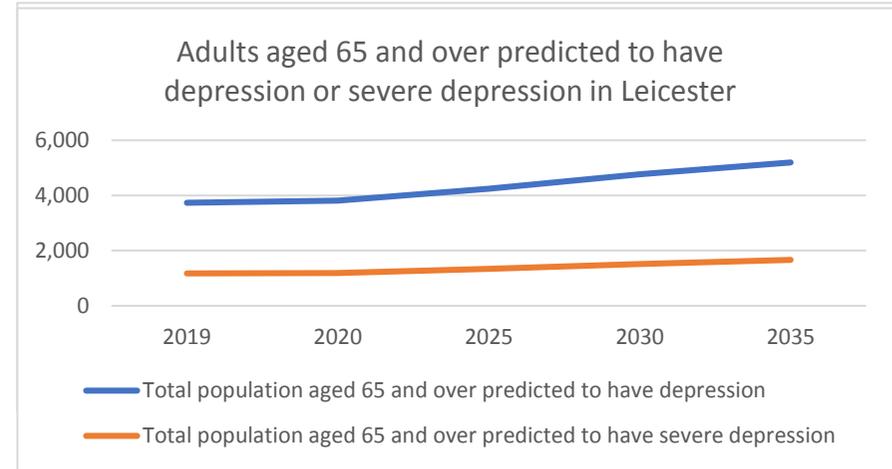
We are focusing on Prevention, Accommodation and Employment, Education and Volunteering because:

- These were reported by experts by experience, people who use services and carers as matters of concern.
- We can do something to improve these areas.
- These issues are not being addressed with a Leicester City focus in other strategies and plans.
- There is recognition that not enough progress has been made in these areas (locally and nationally).

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Population

Even before the COVID-19 Pandemic, PANSI (Projecting Adult Needs and Service Information) had predicted that there will be over 2,000 more working-age adults



with a common mental disorder in Leicester by 2035. For adults aged 65 and over, POPPI (Projecting Older People Population Information) had predicted that there will be 1,389 more older age adults with depression and 476 more with severe depression.

Leicester is a diverse city with just under 50% of its residents belonging to an ethnic group that is not White.³ National evidence demonstrates that there is inequality

³ Office for National Statistics, Census 2011.

in access, experience and outcomes for people black, Asian and minority ethnic (BAME) who access mental health services.⁴

The impact of the COVID-19 Pandemic

With many people affected by issues such as bereavement, unemployment and isolation as a direct or indirect consequence of the COVID-19 Pandemic, consequences for the population's mental health are extremely likely.

The Centre for Mental Health projects that the total impact of the Pandemic for England will be 8.58 million adults requiring mental health support – around 20% of the adult population. People with existing mental health conditions are experiencing changes in how they receive their support or ceasing to receive support at all, whilst some adults who did not previously need support are now requiring it due to their experience of the Pandemic. They also project an increased demand for mental health services for 15% of children and young people aged 5-19 as a result of the Pandemic.⁵

This increase in demand for mental health services will undoubtedly be a challenge that Leicester City Council and CCG need to respond and adapt to over the next few years.

⁴ NHS, [Advancing mental health equalities strategy](#), September 2020.

⁵ [Covid-19 and the nation's mental health: Forecasting needs and risks in the UK, October 2020](#).

Action Plan

Action step <i>What needs to be done?</i>	What difference will this make for me?	Key performance indicators/outputs <i>How will we know this is having an impact?</i>	Status <i>Where are we now?</i>	Indicative timescale <i>When should this step be completed?</i>
Prevention				
1. Leicester City Council to conduct a commissioning review of the Mental Health Wellbeing Recovery Support Service to ensure that all of Leicester's communities benefit from the preventative mental health service.	This will support me to: feel more able to manage my emotional health and wellbeing and access additional support if needed. feel more able to manage my physical health and access additional support if needed. feel more able to manage my home and daily living needs and access additional support if needed. feel more in control of my finances and know where	Outcomes as outlined in the specification for the MHWRS – measured through quarterly reporting and regular meetings with the provider.	Service review has commenced.	2021

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	<p>to access additional support if needed.</p> <p>feel safer and more secure in my home and wider community.</p> <p>feel more confident in being able to manage personal risks.</p> <p>feel more able to manage relationships with the people who are part of my life.</p> <p>feel more able to engage community activities, education or volunteering. be more able to consider employment opportunities or sustain employment (if applicable).</p>			
2. Public Health and CCG to provide a programme of mental health awareness training to faith groups and community leaders.	My faith groups and community leaders are engaged in supporting good mental health.	Working with Public Health and CCG to ensure we have details of faith groups and community leaders.	Public health/CCG/LPT?	2020/21
3. Support the work of the Leicester, Leicestershire and Rutland Suicide Prevention Group to continue to reduce the	There's support for people feeling suicidal and a reduced rate of suicide in Leicester.		Public health work w/ Harmless	2022/23

suicide rate in Leicester.				
4. Leicester City CCG to ensure that people with a registered serious mental illness (SMI) receive regular physical health checks.	I have annual access to a physical health check.	60% of people registered as having SMI getting an annual physical health check	CCG	2022/23
5. Leicester City Council, CCG and Leicestershire Partnership Trust to engage with voluntary, community and social enterprise (VCSE) groups to identify community based offers in Leicester that will reduce isolation and build mental health resilience in all of Leicester's communities with a focus on those communities with the poorest reported mental health outcomes.	I can access offers to reduce isolation and build my mental health resilience in my local community.	Not yet available.	Partnership led by LPT to develop a Getting Help in Neighbourhoods Pathfinder. Work has commenced in developing an approach.	2020/21
6. Support the Step Up to Great (SUTG) programme of work to improve Adult Mental Health Services in Leicester.				

<p>7. Support the Future in Mind Initiative to improve children's mental health in Leicester.</p>	<p>Children and young people have access to the right help at the right time through all stages of their emotional and mental health development.</p>	<p>Means of monitoring the impact and outcomes of the programme includes: An emotional, mental health and wellbeing programme dashboard to monitor and capture the implementation of the plan and impact of the services. Routine Outcome Measures (ROMS) enabling services to capture and consistently measure the impact their service has on children and young people. A Goal Based Outcome (GBO) approach to be adopted. This collects data twice a year from services to identify the outcomes and impact of the programme.</p>	<p>Children's?</p>	<p>2021 – 2022/23</p>
<p>Accommodation</p>				
<p>8. Roll out Leicester City Council's new arrangements for Supported Living, including Enablement and Recovery services.</p>	<p>I can access supported living services that enable me to be as independent as possible and reach my full potential. Recovery supported living services are available to help me develop or regain skills for managing my mental health so that I can</p>	<p>Both the enablement and recovery services will be measured based on whether they achieve the following outcomes: Experiences of people supported (and their carers where appropriate) inform and improve service development.</p>	<p>Leicester City Council's Commissioning Team and Contracts and Assurance Service are working with supported living providers to mobilise the new services by July 2021.</p>	<p>2021</p>

	live independently in the community.	<p>The service demonstrates its ability to actively promote and support strength-based approaches to the support provided that maximises health and wellbeing.</p> <p>The enablement service will also be measured based on these specific outcomes: The service meets the personalised goals of the people it supports. The service demonstrates its ability to effectively support the journey of enablement by supporting a move to greater independence.</p> <p>And the recovery service will be measured based on these specific outcomes:</p> <p>The service recognises the recovery model and meets the personalised goals of the people it supports. The service demonstrates its ability to effectively support the journey of recovery and enablement by supporting a move to greater independence.</p>		
9. We will improve our supported living and residential services by	I have access to quality supported living and residential services.		We are currently launching out new framework for supported	2021

<p>asking the people who use them how to make things better.</p>	<p>I'm included in discussions on how to make these services better.</p>		<p>living, this was developed based on what people had to say about how our supported living offer can be improved. We also launched our Supported Living and Extra Care Housing Strategy in March 2021. This outlines what accommodation is needed to support people with a variety of needs including mental health needs.</p>	
<p>10. Work with housing providers, registered social landlords and housing associations to raise awareness of the risks to mental health and wellbeing associated with unsecure housing.</p>	<p>Housing providers know how to support tenants with mental health difficulties to maintain their tenancy.</p>		<p>Work ongoing</p>	<p>2021</p>
<p>11. Work with Leicester City Council's housing service to raise the profile of mental health needs in housing allocations.</p>	<p>Mental health is given parity of esteem with physical health in the allocation of housing.</p>	<p>Housing Allocations policy</p>	<p>Leicester City Council's Housing Allocations' Policy includes 'people whose current housing conditions are having a seriously adverse effect on the physical or mental health' as part of its Band 1 criteria. This means that where someone's home is seriously impacting on their mental health, or where a traumatic event in</p>	<p>2021/22</p>

			<p>the associated home or adjacent area is causing the applicant significant mental distress, they will be prioritised on the housing register.</p> <p>Its Band 2 criteria includes 'people whose current housing conditions are having a negative effect on the physical or mental health of the applicant or a member of their household.' This means that consideration is given where an applicant's current home is adversely impacting on the mental health of a household member.</p>	
12. Work with local authority, health and housing providers on the development of extra care and independent living schemes to provide stable housing options for people with mental ill health, in particular when they are being discharged from hospital.	<p>I have access to extra care and independent living schemes, if needed, where I am supported with my mental health.</p> <p>If discharged from hospital, support is available from housing to help me to transition into the community.</p>		<p>Our Supported Living and Extra Care Housing Strategy will outline what our needs are for accommodation. Once this is launched we will be in conversation with accommodation developers.</p>	2021/22
<p>Employment, Education and Volunteering -detail to be worked through</p>				

13. Engage with education agencies, volunteering organisations and employers to provide information on reasonable adjustments that can support people with a range of mental health conditions.	I can access clear information on reasonable adjustments that can support me to access employment, education and volunteering.			2021/23
14. Promote the work of Leicester Employment Hub and ensure that people with mental health conditions are able to access opportunities.	I know how to access opportunities provided by Leicester Employment Hub.			2021/23
15. Work with people who use services and with carers to produce case studies demonstrating the positive impact that employment, education and volunteering can have for people experiencing mental health issues	I can contribute my experiences of education, employment and volunteering to promote their positive impact on my mental health.			2021/2022
16. Double the employment support offer to for people with more severe mental illness through the Individual Placement and Support model, as recommended in the	More detail needed		LPT - Employment Support Service - Leicestershire Partnership NHS Trust (leicspart.nhs.uk)	2021/22

Five Year Forward View for Mental Health.				
17. Seek external funding opportunities to meet gaps in provision in addressing employment, education and volunteering support.	I am more able to consider employment opportunities or sustain employment			2021/22
18. Work with colleagues from the Department for Work and Pension and Job Centre Plus to communicate issues raised by people who use services and carers relating to benefits and support to return to work.	Issues affecting me are raised with DWP and Job Centre Plus representatives at the Mental Health Partnership Board.			2021/22

