Leicester City Council Scrutiny Review

Revisiting the 'Review of Mental Health Working Age Adults in Leicester'

A Report of the Health & Community Involvement Scrutiny Commission

April 2013

Health & Community Involvement Scrutiny Commission

Title of Scrutiny Review:

Revisiting the Mental Health Review of Working Age Adults in Leicester

Chair: Councillor Michael Cooke

Commission Members:

Councillor Sangster (Vice Chair)
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Councillor Naylor
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Contents

Minutes from Health & Community Involvement Scrutiny Commission meetings

The minutes from the Health & Community Involvement Scrutiny Commission in relation to this review can be accessed on line at:

http://www.cabinet.leicester.gov.uk:8071/ieDocHome.aspx?Categories=

Chair's Foreword

On behalf of the Health & Community Involvement Scrutiny Commission, I would like to thank all the individuals and organisations that have contributed to this review.

In Leicester the estimated number of people with serious and enduring mental illnesses is about 3,400. The estimated number of people with anxiety and depression is about 30,000. Prescriptions for anti-depressant medications are increasing.

Mental health services support some of the most vulnerable people in our society. This review has shown that there needs to be a more effective holistic partnership approach to addressing mental health issues in order to improve people's lives, health and wellbeing.

Leicester City Council is facing funding challenges in delivering high quality social support services that are essential for service users and carers e.g. supported housing, drop-in facilities or various learning and educational activities. The role of the voluntary community sector and its relationship to Leicester City Council and lead commissioners is vital to providing these.

This report will be presented to the City Mayor, to local health and social care commissioners and providers of mental health services, for their consideration, in order to improve the mental health of working age adults in Leicester:

Councillor Michael Cooke
Chair, Health & Community Involvement Scrutiny Commission

Revisiting the Scrutiny Review of Mental Health Working Age Adults

1. Summary of findings

The commission found the following:

1.1 Effective interventions across the life course promote mental health and prevent mental illness; these include improving parental health, promoting healthy workplaces and emphasising the role of school and colleges in adult mental health and wellbeing.

1.2 There is a need for a cross departmental approach to adult mental health focusing on community cohesion, employment, education, leisure and environmental services as well as health and social care.

1.3 VCS organisations report limited engagement with health and social care commissioners about mental health issues.

1.4 VCS organisations report that difficulties in meeting the nationally set personalisation criteria means that people with mental ill health have restricted access to commissioned services.

1.5 Community support is important in developing resilience to mental ill health, and local VCS organisations are often best placed to deliver such services effectively.

1.6 Mental illness is a continuing concern for people in hard to reach groups and communities; for instance those from BME backgrounds and new communities; lesbian, gay, bisexual and transgender people; students; people in the criminal justice system and homeless people.

1.7 Mental health services, such as Improving Access to Psychological Therapy (IAPT), could be commissioned to allow opportunities for VCS Counselling Projects to deliver part of the service.

2. Conclusion and Recommendations

Conclusion

2.1 The Health and Community Involvement Commission concludes that broad, joined up action is necessary to improve and sustain mental health and wellbeing in Leicester. This can be achieved by effective cross departmental and cross sector collaboration. The evidence considered by the Commission suggests that the prevention and treatment of mental illness are complementary activities.

2.2 Mental wellbeing will be achieved by greater community cohesion and resilience. This requires the recognition that factors such as education, employment, transport, leisure and the environment all play a part in sustaining mental health. A cross cutting strategic approach to mental wellbeing could contribute to an improved quality of life and reduce the burden of mental illness in Leicester.

2.3 The Commission recognises the role played by the health, social care and voluntary sector organisations in supporting and treating people with mental illness. The Commission concludes that primary care and social care are well placed to develop an integrated approach to adult mental illness, in collaboration with all three sectors, based on the Joint Strategic Needs Assessment.

2.4 The Commission finds that in developing care and support for people with mental illness health and social care commissioners should focus on at least three areas of concern.

a) Development of better care pathways and outcomes for people with mental illness, facilitating timely access to appropriate treatment to meet their needs and monitoring rates of recovery.

b) Addressing the physical health and social care needs of adults with mental illness; including clear links between Leicestershire Partnership Trust, University Hospitals Leicester and Leicester City Council.

c) Recognition that a strong voluntary sector is necessary to overcome the stigma associated with mental illness and to facilitate access to support for individuals in hard to reach groups.

Recommendations

2.5 The Health and Community Involvement Scrutiny Commission makes recommendations based on the findings of the review, which are summarised in Section 6 and the strategic approach set out in Section 4.

2.6 The City Mayor, local health and social care commissioners and providers should consider the following broad objectives in order to improve the mental health of working age adults in Leicester:

1. **A joint health and social care approach to meet the mental health and wellbeing needs of working age adults in Leicester.**

2. **A focus on mental health and wellbeing which includes addressing the risk factors associated with mental ill health.**

3. **Improved planning and performance of mental health and social care services to ensure that people who need help obtain early diagnosis and prompt treatment.**

2.7 In order to meet these broad objectives the City Mayor and health and social care commissioners are further recommended to:

4. Develop a broad strategic approach to mental health and wellbeing which harnesses polices on a range of services and organisations available across the city; including schools, colleges and universities; debt management; employment and the workplace;

sport and leisure facilities; the environment, transport and tackling crime as well as health and social care **(Sections 4.6, 6.1, 6.2)**.

5. Engage with voluntary sector organisations in order to improve services for hard to reach communities, and to tackle stigma and discrimination in mental health **(Sections 4.6, 4.13, 6.3, 6.4, 6.5)**.

6. Recognise that childhood interventions to promote resilience to mental illness in adulthood should be implemented as early as possible, focusing on improved parental and family health and wellbeing **(Section 4.11)**.

7. Deliver parity of esteem between mental and physical health and wellbeing, recognising the close links between mental and physical illnesses **(Sections 4.7, 4.9)**.

8. Ensure that the mental health and social care needs of carers are assessed and acted upon **(Section 4.6, 4.12)**.

9. Ensure that areas for health promotion activity, such as obesity, drug and alcohol misuse and smoking have a recognised mental health and wellbeing component **(Section 4.9)**.

10. Engage local employers to improve access to work for adults with mental health problems **(Section 4.8)**.

11. Promote mental health and wellbeing in the workplace, commissioning services to tackle stress and provide work environments which are conducive to mental wellbeing **(Section 4.8)**.

12. Target support at those groups who are at high risk of adult mental illness, such as the socially excluded, looked-after children, substance misusers and people in touch with the criminal justice system **(Section 4.14)**.

13. Enhance the role played by primary care in developing an integrated approach to adult mental health care **(Section 6.6)**.

14. Encourage a range of service providers and models of service provision as a way of improving the quality and accessibility of services **(Section 4.6)**.

15. Address the stigma and discrimination associated with mental ill-health which affects diagnosis and treatment and exacerbates the impact of some disorders **(Section 4.13)**.

16. Reaffirm a commitment to the implementation of the Mental Health Charter **(Section 4.16)**.

3. Report

3.1 A report of the Health Scrutiny Review on the Mental Health of Working Age Adults in Leicester was presented to Cabinet in April 2011. It was based on an examination, conducted in 2010, of mental health need in the city and the resources required to provide high quality mental health care.

3.2 That report set out short and long term aims and objectives to improve the care of working age adults with mental ill health in Leicester.

3.3 The purpose of this further report is to make recommendations to the City Mayor and local health care commissioners and providers, on the findings of the re-visited Health Scrutiny Review on the Mental Health of Working Age Adults held between February and May 2012.

3.4 The Commission examined the previous recommendations, identified progress and received an update on the changes in health and social care service provision. Evidence for this review was received from health and social care and the voluntary sector (VCS).

4. Background

4.1 In December 2010 the Health Scrutiny Committee completed an investigation into the delivery of Adult Mental Health Services. The report and its recommendations were endorsed by Cabinet on 11th April 2011.

4.2 In response the Strategic Director for Adults and Communities, Leicester City Council and NHS Leicester City acknowledged the need for a co-ordinated approach to the commissioning of health and social care to meet the mental health needs of working age adults in Leicester.

4.3 In October 2011, the new Health and Community Involvement Scrutiny Commission agreed to conduct a review of those recommendations and the actions which have since been taken to improve the service.

5. Introduction

5.1 Leicester City Council engages with a range of organisations to support independent living and to promote health and wellbeing for all. Mental health and resilience to mental illness is a core component of this engagement. In the context of an economic recession there is a risk of increased prevalence of mental illness, coupled with fewer opportunities to invest in services. Given these circumstances, and strategic changes to the statutory sector, the Commission sought assurance that there is effective planning and commissioning to meet mental health need in Leicester.

5.2 According to *No health without mental health: a cross-government mental health outcomes strategy for people of all ages* mental health is everyone's business. Individuals, families, employers, educators and communities should all play a part in creating resilience to mental illness. Furthermore, good mental health and resilience are fundamental to physical health, relationships, education, training and work.

5.3 The national strategy targets six areas, including:

- **More people of all ages and backgrounds will have better wellbeing and good mental health.**
- **More people with mental health problems will recover and have a good quality of life.** They will have the skills they need for living and working, improved chances in education and better employment.
- **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.
- **More people will have a positive experience of care and support.** They will have access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives.
- **Fewer people will suffer avoidable harm.**
- **Fewer people will experience stigma and discrimination.** The public's understanding of mental health will improve and, as a result, negative attitudes and behaviour to people with mental health problems will decrease.

5.4 The implementation framework for the strategy recommends evidence based actions for the NHS, other public services and employers. It details how success will be measured and how future work on outcomes indicators will be taken forward nationally.

5.5 Changes set out in the Health and Social Care Act set new parameters within which *No Health without Mental Health* will be implemented. Levers to help drive improvement include the mandate to the NHS Commissioning Board and the new NHS, public health and adult social care outcomes frameworks. The implementation framework has been endorsed by the NHS Commissioning Board and Public Health England. As with the original strategy, the implementation framework is wide ranging and makes recommendations for the NHS, schools, local government, social services and the criminal justice system.

5.6 The implementation framework recommends that mental health services focus on these areas:

- **Improving equality of access and outcomes.** This is related to Equality Act characteristics, and may be extended to other vulnerable groups known to experience particular mental health problems, such as homeless people and people from certain Black and Minority Ethnic (BME) communities.
- **Improving experience for service users and carers.** This may be facilitated by implementation of NICE quality standards on service user experience in adult mental health.
- **Better use of technology.** In providing self-care and peer support online.
- **Orientate services around recovery.** Services should provide support and access to appropriate advice on housing, benefits and debt issues and evidence-based employment support, training and education.
- **Other initiatives which support mental health.** Such as smoking cessation, weight management and tackling drug and alcohol misuse. Mental health providers may develop innovative practice aimed at improving the mental health of people with long-term physical conditions and medically unexplained symptoms.

5.7 Poor mental health is both a contributor to and a consequence of wider health inequalities. It is associated with increased health-risk behaviour and increased morbidity and mortality from physical ill health. Good mental health has multiple potential benefits. It can improve health outcomes, life expectancy, educational and economic outcomes and reduce violence and crime.

5.8 Poor mental health is associated with unemployment, lower educational attainment, lower income and adverse life events. Promoting the wellbeing of those who have become unemployed and helping their return to work can result in reduced depression. Workplace screening can reduce depression and sickness absence.

5.9 Poor mental health is associated with increased risk-taking behaviour for example, poor diet, less exercise, heavy smoking and drug and alcohol misuse. As a result mental illness is linked to premature mortality from cardiovascular, pulmonary and infectious diseases.

5.10 The scale of the problem of mental ill health is huge. One in six adults will be affected by mental distress in their life and more people are not in work due to mental health problems than any other issue. Mental Health represents 23% of the total burden of ill health in the UK and is the largest single cause of disability. Poor mental health adds considerably to the cost of education and criminal justice system and homeless services.

5.11 Much of lifetime mental illness starts before the age of 14 and continues to have a detrimental effect on an individual and their family for many years.

5.12 The mental health and wellbeing of carers is an important issue. Caring is recognised as potentially stressful for both the carer and the care recipient. The impact of caring is likely to be exacerbated the longer a person is in the caring role; for some carers this may be many decades. Most carers report a negative effect on their mental wellbeing (stress and depression).

5.13 Discrimination and stigma experienced by those people with mental health problems compounds inequality, reducing employment opportunities and weakening supportive networks.

5.14 Relative deprivation is associated with mental illness. Other groups who are at risk of mental health problems include children with parents who have mental health or substance misuse problems; young people excluded from school; teenage parents; offenders and ex-offenders; lesbian, gay, bisexual and transgender people; people from BME communities; asylum seekers and refugees and isolated older people.

5.15 Primary and community care are fundamental in providing support people with mental illness.

5.16 University Hospitals Leicester (UHL) often provides support to people with mental health problems who attend the Emergency Department. UHL also care for people with mental health problems which result from long term physical illness.

5.17 Specialist mental health support is provided by Leicestershire Partnership NHS Trust (LPT) for the population of Leicester, Leicestershire and Rutland. It has a budget in excess of £250 million and employs almost 6,000 staff.

5.18 Local mental health services reflect the national approach in offering a range of services from prevention to treatment and recovery; they are provided by primary and secondary care. They are characterised by partnership working between psychiatrists, social workers and nurses. Mental health care services bring together NHS, local authority, the voluntary and independent sectors, community groups, service users and carers.

5.19 The Joint Commissioning Strategy for Mental Health for Leicester focused on prevention and early intervention, transforming social care and supporting the mental health of older people. It is underpinned by

- Delivering Race Equality in Mainstream Services
- Implementing the Mental Health Charter
- Valuing User/Carer experience and using this to inform service design/redesign
- Strengthening partnership working with all key stakeholders including VCS.

6. Review process

6.1 The Review was conducted between February and May 2012. Evidence was gathered by examination of key stakeholders in select committee style at 3 special Commission meetings. Additional material was gathered through presentations, written submissions and reports.

6.2 The themes of the 3 meetings were held to gather evidence, as follows:

1st stage inquiry on 7th February 2012: An examination of how Leicester City Council and NHS Leicester City jointly commission mental health services in the city.
The Commission heard evidence from:

- Tracie Rees, Director for Care Services and Commissioning (Adult Social Care) Leicester City Council;
- Yasmin Sidyot, Commissioning Manager of Mental Health Services, Leicester, NHS Leicester City / NHS Leicestershire County and Rutland;
- Yasmin Surti, Commissioning Manager, Leicester City Council;
- Mark Wheatley, Public Health Principal – Mental Health and Vulnerable Groups, NHS Leicester City.

2ndstage inquiry on 27th February 2012: An examination of the views and experiences of service users and VCS organisations.
The Commission heard evidence from:

- Viv Addey, Gabby Briner, Ushma Patel and Mary Woodley of Network for Change
- Kamn Bates of Genesis
- Denise Chaney of LAMP
- Rosie Leivas of Crossroads Care

3rdstage inquiry on 6th March 2012: An examination of mental health service provision by LPT in Leicester.

The commission heard evidence from:

- Carol Marsden, Head of Complex Care
- Paul Miller, Director of Adult Mental Health services
- Teresa Smith, Head of Access.

6.3 In addition to this the commission received written evidence from (attached in appendices):

- Yasmin Sidyot, NHS Leicester City Mental Health;
- Yasmin Surti, Leicester City Council;
- Mark Wheatley, NHS Leicester City Public Health
- Adhar Project; Network for Change Project;
- Akwaaba Ayeh Project
- Central Project;
- Foundation Housing Association;
- Genesis Project
- LAMP Project
- Recovery Project
- Voluntary Sector Partnership for Mental Health, Leicester, Leicestershire and Rutland
- Paul Miller, Leicestershire Partnership NHS Trust

7. Findings of the review

7.1 **The voluntary sector has 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 been specifically defined.**

The local authority and PCT commission a number of services which support people to remain within their community and provide care closer to home. The following is a list of the types of services commissioned from the statutory and voluntary sector:

- IAPT
- Home Based Carer support
- Supported living
- Outreach services
- Common Mental Health Teams
- Crisis
- Telephone helpline
- Advocacy
- Employment related support
- Peer support

The Commission heard evidence from VCS organisations which described the financial pressures faced by the voluntary sector. This evidence covered a number of areas.

- Many national and local policy documents suggest that partnership working is important in addressing mental health problems. The Commission noted that, in terms of VCS organisations, the Leicester Joint Commissioning Strategy for Mental Health states that:

  - There is wide recognition of the added value of VCS providers to mental health care
  - Scoping and developing commissioning priorities are part of the VCS review
  - Commissioners should liaise with providers to identify what works and could be done differently
  - Services will be developed through personal budgets.

- Evidence presented to the Commission by VCS organisations suggests that they are experiencing financial difficulties, and need better core funding to ensure their sustainability. A significant part of their income is derived from grants and charitable sources, but only 10% of such applications are successful. Furthermore it is difficult to get grants for core funding, as grants tended to be given for new projects.

- VCS representatives suggested that there was serious under investment in their organisations in 2011/2012 and they are concerned by media reports of potential further cuts to existing VCS contracts from April 2012.

- The VCS and service users and carers appreciate the impact of health and social care reforms and public sector cuts, but felt that more could have been done to involve VCS views and interests.

- VCS organisations suggested that funding for mental health should be ring-fenced so that it cannot be diverted to meeting physical health needs. A restating of the recommendation, made by the Scrutiny Committee, that a percentage target be set for investment in the mental health VCS would be very welcome. It would show that commissioners truly respected the added value provided by VCS.

- VCS representatives suggested that there are areas for potential investment. For instance there is an under-spend on community-based support services, whilst many of these services could be provided, with good value for money, by local VCS organisations

- More could be done to protect small organisations in competitive tendering processes, as they currently could not compete effectively.

- The move to personalised budgets presents difficulties for VCS organisations which could make it difficult to predict service user numbers. VCS organisations could lose funding if those service users used services provided elsewhere.

- Anecdotal evidence offered to the Commission suggested that services provided by Network for Change may prevent hospital admission and could therefore produce cost savings, although no figures were presented to the Commission.

- Representatives of LAMP explained that the organisation helps more than 200 people at any one time. LAMP also hosts the Genesis project, which is the voice of service users and carers. LAMP representatives explained that, although LAMP and the VCS in general, had been identified as producing good practice, the level of funding is being reduced. This reduction could result in the closure of some organisations.

- LAMP suggested that the funding of the Genesis project exemplifies the risk to VCS services. Genesis is an effective necessary service offering value for money; it has one paid worker but helps several hundred people. Losing funding for the service would have a negative effect, including greater risks to adult safeguarding

- Representatives of Akwaaba Ayeh Mental Health Project explained that last year they lost funds in the region of £30,000. They reported that larger voluntary sector organisations are better able to respond to the bidding process; however, those larger organisations are not necessarily well placed to meet the needs of hard to reach communities.

- Adhar Mental Health project has over achieved the targets set by the service level agreement with Leicester City Council. Adhar supports people with chronic mental health conditions, who would otherwise be seen in the statutory sector. Projects like Adhar have maximised individual ability to live in their homes and have therefore contributed to reduced rates of hospital re-admission and entry into institutional care.

With regard to VCS organisations in Leicester the local authority and PCT have jointly developed a number of commissioning objectives that will be achieved and delivered through:

- Ensuring that every person with eligible needs has choice and control of their support to help them lead independent lives, e.g. Customers (currently only in Adult Social Care, but likely to be extended to Health have personal budgets to meet their eligible needs, and options to spend this
- Maximising the use of universal services and promoting social inclusion/community cohesion e.g. helping people access other council services
- Developing local community based alternative services to support and sustain people in their own homes e.g. supporting the establishment of peer support, befriending services etc.
- Reducing the use of residential care in favour of supported housing
- Redefining the role of local voluntary organisations and focus the our investment on priority outcomes
- Developing Health and adult social care re-ablement services
- Developing a transparent and equitable charging policy for Adult Social Care
- Realigning assessment and care management with general practice and community health services
- Developing enablement services to support increased independence.

7.2 **The commission heard evidence on progress made regarding payment by results on the LPT block contract, and ways in which VCS may compete for more contracts.**

In April 2011 NHS Leicester City reported that the existing block contract will remain in place but will be subject to continued monitoring, with demands for improved data quality. Contract monitoring arrangements will change once the planned Payment by Results funding framework is implemented in 2013/14.

Mental Health Payment by Results (MHPbR) means that payment will only be made where LPT is performing at the required level. It is linked to improved quality of services, which is monitored by the Department of Health. MHPbR should provide opportunities for service re-design where appropriate. 21 care clusters have been developed and all service users will be assigned to a care cluster. The costs of these care clusters are being developed locally during 2012/13 by commissioners and providers working together.

The Commission received evidence that the current combined expenditure on VCS organisations by Leicester City Council and NHS Leicester City is £4,200,000, which includes service provision for:

- IAPT
- Supported Living
- Outreach work for people with Severe and Enduring Mental Illness
- Counselling Services
- Home based support for Carers
- Mental Health support for older people
- Money advice support for people with Mental Health problems
- Support for young carers
- Outreach work for homeless people

- Crisis helpline for people with mental health problems
- Carers' respite
- Carers' Information and training
- Welfare rights
- Employment Support
- Information and advice – early prevention work
- Independent mental health advocacy
- Social Groups
- Day services for older people with mental illness

The commission heard evidence from VCS organisations.

- VCS organisations suggested that service users feel that a block contract does not always result in the provision of appropriate services. Furthermore VCS organisations provide many good services which are not recognised by the current system of letting contracts.

- VCS pointed out that LPT has increased its range of services since April 2011, when it took on local community healthcare services under the Transforming Community Services agenda.

- VCS organisations suggested that resources are targeted on in-patient services, whilst investment in statutory community mental health services has been cut, placing an additional burden on shrinking VCS resources.

- As LPT has a great influence over service planning and design, they are well placed to help VCS organisations by championing the need for more investment from the commissioners. However, LPT has shown little interest to include VCS in delivering community-based provision.

- Commissioners suggested there has actually been an overall reduction in the value of the LPT contract and that most of the service areas which are affected by the block contract are not those in which there is VCS expertise. Furthermore, LPT has been a champion for local VCS organisations, as it works with local VCS organisations (such as Adhar, Akwaaba Ayeh and Network for Change) in the Open Minds service; with Aspiro to encourage employment of people with mental ill health, and with SUCRAN, the Service User Audit Network.

- SUCRAN is an important initiative, commissioned by the PCT Cluster, to enable service users and carer to audit MH services. The network is a partnership between Genesis and Peoples Forum. It has completed an audit of inpatients and community services to evaluate the quality of service provision and patient experience mapped against the LLR MH Charter. SUCRAN plans to undertake an audit of employment support provided to mental health service users and an audit of the quality of advocacy support provided to mental health service users.

- The PCT has been working closely with LPT to develop a recovery focussed approach within inpatient settings. This has led to the implementation of the STAR Recovery tool

within LPT. The effectiveness of this project is currently being audited as part of the Quality Schedule with LPT.

7.3 **The Commission heard evidence concerning the progress made on the implementation of the Joint Commissioning Strategy for Mental Health**

- The Commission heard evidence from lead officers for mental health commissioning and public health. A presentation outlining the following progress on the strategy was provided to the Commission:

- Mental Health has been identified as a joint commissioning work stream across health and social care. The priorities include:

    - To develop and implement a stepped care approach to ensure that all patients have timely access to appropriate services.
    - To continue to work in partnership to address the determinants of inequality and deprivation which are linked to mental illness
    - To increase support for the involvement of service users and carers in the planning, development and delivery of mental health services.

- The strategy was developed in consultation with service users, carers and providers from the statutory and VCS sectors. It builds on past achievements and provides a refreshed strategic direction, particularly in light of the Government's programme of action for mental health. It aims to strengthen the mental health and wellbeing of the population.

- Personalisation is central to the strategy. It aims to give people more choice and control over their lives in all social care settings, including those integrated with health. It aims to move away from the traditional service-led approach, which has often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need.

- Health and social care services have a key responsibility to support people with mental ill health. They also have a role in improving health and wellbeing. Mental health services have evolved the last twenty years. Whilst this has led to many positive outcomes, people who experience mental health problems still encounter significant difficulties in their daily lives; they experience gaps in services and variation in the support available to them.

- While secondary care services have improved, the development of primary and out of hospital services has not proceeded at the same pace; there is a need to shift the focus and the balance of investment towards primary and out of hospital services.

- The strategic ambitions for mental health services are being delivered against a backdrop of change and a challenging financial landscape. In order to realise the strategic ambitions thee Quality, Innovation, Productivity and Prevention (QIPP) Programme has been developed.

- The Joint Commissioning Strategy provides the framework for effective commissioning to improve care outcomes. It aims to develop strong leadership and innovative approaches and to address the links between inequalities, social exclusion and discrimination and mental ill health.

- New reporting structures have been developed to support the management, monitoring and implementation of the current strategy, and to scope strategic development for 2013 onwards.

- Improving access to psychological therapies (IAPT) has been rolled out across Leicester. This service is called Open Mind and is based on collaboration between LPT and local VCS.

- The review and redesign of the acute mental health care pathway was agreed as part of the 2011/12 contract with LPT as a Service Development Improvement Plan.

- A draft pathway for supported living has been developed and is part of the implementation plan.

- Transforming Social Care is part of the implementation Plan.

- The Joint Commissioning Strategy for Mental Health has been linked to the 2014 Vision for Adult Social Care work streams and has progressed in several areas. However, the on-going organisational review has had significant impact on the pace of delivery.

- Autism and Asperger Syndrome Services span health and social care and are represented both in the Mental Health and Learning Disabilities Joint Commissioning Strategies.

- With regard to long term residential care, the moving on team is looking at the needs of all client groups. This team is initially focusing on adults with mental illness, enabling them to be part of the wider community.

- In relation to increased up take of direct payments and personal budgets, bespoke workshops to all client groups have been commissioned from the voluntary sector. Personalisation also forms part of the carers training plan.

- A review of in-house day services is underway with a view to changing the way current services are currently offered towards an enablement model of support.

- Discussions with current providers have resulted in some offering a range of community based services for people who have a personal budget; this work is on-going with all providers.

- Work is taking place with supported employment providers to enhance the employability of current and future clients.

The Commission also heard evidence from VCS organisations about the Joint Commissioning Strategy, to which the Commissioners were able to respond:

- Although Commissioners suggested that groups such as Network for Change, LAMP and Adhar had been involved in the priority setting and had worked with commissioners to seek the views of service users, VCS organisations suggested that service users and carer groups did not feel involved in the planning and strategy of mental health services in the city.

- Consultation with local service users and carers suggests that their priorities are largely ignored in current commissioning priorities and actions. These priorities are stated as IAPT; crisis intervention; re-ablement, remodel residential care; supported living. The VCS organisations suggested that there have been cuts rather than new investment in these areas.

- Commissioners replied that there have been no cuts to the IAPT or crisis services in Leicester. Leicester City Clinical Commissioning Group are committed to expanding the IAPT programme to include support of people with long term conditions, serious mental illness and vulnerable groups (older people, the homeless, asylum seekers). IAPT will be receiving further investment. With regard to supporting people in crisis, there will be a project aimed at redesigning crisis services with transformational funding available to increase liaison psychiatry services in Emergency Departments.

- VCS responses also suggested that LPT has invested in day services at a hospital based 'Involvement Centre' which is not wanted by most service users. Although a tender for Early Intervention and Prevention may include some of the other day services type preferences of services users, no funds are likely to be available for these until 2013. Commissioners suggest that this is not the case.

- VCS organisations expressed concerns that multi-agency meetings which had been designed to lead on mental health had been disbanded with no successor bodies in place. These meetings were regular opportunities for engagement between health and social care commissioners, VCS and service user and carer representatives. Commissioners suggested that this was because of the structural changes in health and social care, and that work was currently underway to create a new forum which would work to the Health and Wellbeing Board.

- VCS groups suggested that people with mental illness have difficulty in accessing personal budgets. However, commissioners responded that re-organisation has meant there is extra capacity for people to receive timely assessments. However, the outcome of these assessments suggests that people with mental health needs may not necessarily require social care support, but may be signposted appropriately.

- VCS groups suggested that there are situations where clients are being told they do not qualify for social care payments, even though these clients had high mental health needs. These people may have to wait for the introduction of individual health budgets for support, which will not happen until 2014.

- From a VCS perspective there is a lack of clarity about who is eligible for social care packages and show the need for a better understanding of assessment criteria by those undertaking the assessments.

- VCS organisations suggested that there is a need for increased funding to be invested into non-personal budget funded VCS services to meet needs of vulnerable 'hard to reach' groups. For there are many people with severe and complex mental health issues who fall through the gap between primary and a reduced statutory/ secondary community care.

The Commission asked about the framework and objectives for the development of services through personal budgets.

- In terms of a transition period from day services to Personal Budgets one of the options being considered are framework agreements, however no decisions have yet been made as frameworks may actually work out to be more costly.

With regard to the commissioning of mental health services the Commission asked about the progress that has been made on the implementation of IAPT.

Yasmin Sidyot, NHS Leicester City said that:

- Implementation of the new service had started in 2010.

- IAPT is a primary care based service aimed at delivering evidence based talking therapies and counselling to people with common mental health problems, such as depression and anxiety. It is a national and local strategic priority. 1 in 4 people will suffer from some depression/anxiety at some point in their life. Most people will not require any additional support or access to therapy. However it is estimated that about 15-20% of people who suffer from depression/anxiety will require additional support and access to therapy.

- This service is currently delivered by LPT in Partnership with Network for Change and Adhar Project. The evaluation of the current service and its achievements are detailed in an evaluation report.

- The PCT is in the process of re-commissioning the service. 12 months' notice has been given by the PCT to the current providers.

- The new service will be redesigned and commissioned based on service user and public consultation. The service user and public consultation was underway at the time of the review by the Commission.

With regard to the acute care pathway

- This is about re-designing acute care for mental health service users at the point of crisis. Outcomes focussed in the inpatient setting which will improve patient experience. Supporting people at the time of crisis and when discharged from the inpatient setting. A

discussion document with a draft of proposed plans was disseminated and a service user and stakeholder event held to engage people's views. This will influence the revision of plans and the development of clear measurable outcomes that aim to improve patient experience.

- The expansion of the liaison psychiatry service was still a priority; it is unlikely that the Clinical Commissioning Group would discontinue this work. Dr Cross, who had been the GP lead for mental health in Leicester, has recently left the Clinical Commissioning Group and has been replaced by Dr Jawahar.

7.4 **The commission had specific questions regarding mental health and vulnerable groups:**

Commission Question – Can maternal health be affected by social and economic conditions?

- Response - from Mark Wheatley, NHS Public Health Principal - Women in the perinatal period are as vulnerable to mental ill health as the rest of the population. Perinatal maternal mental illness is particularly important, and may have a wide impact, because it occurs at a crucial time in the lives of mothers, their babies and families.

Commission Questions – a) What is the definition of Black and Minority Ethnic groups, b) What is the number of Black and Minority Ethnic people currently using working age adult mental health services compared to the number using these before the introduction of the Improving Access to Psychological Therapies services?

- Response - from Yasmin Surti NHS Leicester City – a) The term black and minority ethnic (BME) is used to refer to minority communities in the local population on the basis of their 'racial,' 'ethnic' or national origin. It includes established groups (e.g. African, Asian, African-Caribbean), new migrant communities (e.g. people from Eastern European countries), refugee and asylum seeker communities, transient communities (e.g. the Traveller community) and groups often referred to as 'invisible minorities' (e.g. the Irish community).

- With regard to structural disadvantage, research confirms that people from BME communities are more likely to reside in deprived areas, experience poverty, live in overcrowded and unsuitable accommodation, be unemployed and suffer ill health.

- For members of many minority ethnic communities, the stigma attached to any suggestion of mental illness influences their decision when deciding whether to acknowledge or conceal a problem and seek treatment. Currently approximately 40% of people in receipt of services or support are from a BME background. The PCT and the Local Authority also commission BME specific services in the voluntary and independent sector to offer culturally appropriate services and support to local communities.

- Response from Mark Wheatley, NHS Leicester City suggested that poor mental health disproportionately affects those experiencing greater deprivation. Evidence suggests that individual resilience to poor mental health is influenced by a range of factors in the

lifetime of an individual, including social position, education, housing, employment and exposure to violence; it is possible to suggest that relative deprivation is associated with an increased risk of mental illness. People with mental ill health are more likely to experience discrimination and stigma, the impact of which can reduce employment opportunities, weaken supportive social networks and contribute to further socio-economic inequality. So mental illness further exacerbates inequality as people with mental health problems are more likely to be unemployed, live in poverty, and in neighbourhoods with less social and environmental capital.

- Evidence also suggests that people from Black/Black British ethnic backgrounds are over-represented in having severe mental health illnesses, but those from South Asian backgrounds were under-represented. Efforts were therefore being made to encourage people of that background to take up services, such as those provided by Open Mind.

- The Commission felt that these responses were significant, considering the pressures on VCS funding. For instance, Adhar suggested that further pressures on funding could have a serious impact on the existing services for people from South Asian backgrounds.

- Akwaaba Ayeh Mental Health Project stated that the gaps in services have got much worse over the years, and that:

    - There is a continued over representation of people from Black African Caribbean backgrounds in the Mental Health System and Prison Service.
    - Continued lack of Access to Psychological Therapy. This is despite research showing that people from Black/Black British ethnic backgrounds are over represented in social care and psychiatric systems and yet are least likely to be offered psychological therapy.
    - Lack of access to services is affected by to lack of trust and understanding,
    - There is a risk of BME groups becoming more marginalised,
    - There is not enough Early Intervention and prevention support to prevent the high level of admission into the mental health system

- Commissioners' feedback suggested that the independent evaluation of the IAPT service showed that significant improvements had been made in BME communities accessing psychological therapy. In addition funding had been made available to Akwaaba Ayeh for a peer educator project, to promote early intervention and access to services.

The Commission welcomed this information, as the influence of ethnicity had not been identified in the previous review. The Commission stressed the importance of considering other services, (for example housing, environmental services, leisure activities and access to transport), when looking at this issue, as they were important in ensuring that help was targeted appropriately.

7.5 **The Commission heard evidence regarding progress made regarding clear leadership, accountability and better governance of commissioning of mental health services**

In April 2011, Leicester City Council reported that there is a clear leadership, accountability and commitment from both Leicester City Council and the NHS Leicester City to drive forward the Joint Commissioning Strategy for Mental Health. 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 is likely to include the chair of the GP consortia, the Chief Executive for NHS Leicester and Leicester City Council, the chair of the Local Involvement Network (LINk soon to change to Health Watch), the Lead Cabinet Member for Adults and other key partners.

The Commission heard the following evidence:

- Over the last year a range of material has been emailed to contracted and non-contracted providers for their information and to share with users and carers. These detailed events, activities and about new approaches to working. There have also been many formal and informal discussions about how to develop future personalised services.

- The Mental Health Promotion Network plays a role raising the profile of mental health across the wider public domain.

- A Carers Pack is being commissioned from and developed by LAMP and Genesis who have been commissioned with this piece of work. Carer's awareness training, commissioned by health and social care through a joint contract, is also provided by Genesis.

- In the period October to December 2011, 62 complaints were raised about LPT and dealt with by staff through local resolution compared to 69 received in the previous quarter. Communication and staff attitude were the most frequent source of complaints.

- LPT has received 4 requests for files by the Parliamentary and Health Service Ombudsman from complainants who remain dissatisfied having exhausted the Trust complaints procedure. None of these are being considered further, suggesting that LPT has provided a sufficient response to the complainant at the time.

- A total of 772 compliments were received for the quarter, October through to December 2011.

- A total of 120 public enquiries were made to the Trust.

- LPT received three unannounced visits from the Care Quality Commission (CQC).

- As part of the CQC national patient survey programme, LPT was carrying out a survey to find out what mental health patients think about the care they receive. The Director of Adult Mental Health services, Paul Miller said to the Scrutiny Commission that :

"obtaining feedback from people who use our services and taking account of their views and priorities is vital for bringing about improvements in the quality of care. Results from the CQC survey, alongside our own internal surveys, our patient and carer listening events and other service user feedback provide us with valuable information and help us to find out how we are doing and how we can improve".

- Paul Miller added that the views of patients, carers and relatives had been surveyed by LPT about proposed changes to the way its mental health services for adults are provided; such as on a single point of access, which could make it simpler and easier for GP's to refer patients, and enable them to receive immediate advice from qualified mental health staff through a dedicated telephone number.

- New Centre of Excellence Building for Mental Health Hospital Care – LPT building works of a £23 million phased refurbishment is well underway at the Bradgate Mental Health Unit (at the Glenfield Hospital site). The hospital unit has been developed into a new centre of excellence for inpatient care and will allow all acute adult wards to be co-located in a single improved facility and alongside other specialist mental health services. The improvements include rebuilt and refurbished wards to provide more single en-suite rooms and private garden areas, and changes to the way staff work to allow more time to be spent on direct patient care. Eventually the older, more out-dated Brandon Unit will close in spring 2013.

The Scrutiny Commission heard evidence about levers to improve the quality of mental health care to be provided by LPT:

- In order to ensure that mental health services that are commissioned are delivering high quality evidence based services the quality is monitored through the contract with the means of the quality schedule. This is attached to this paper in order to provide the commission with the outline of what this means and how quality is measured.

- In addition a series of CQUINs (Commissioning for Quality and Innovation) are also agreed. There are a number of national CQUINs and regional CQUINs that are mandated and a number of CQUINs that are locally agreed. These are based on where service gap or health need is identified. 5% of the total contract value is withheld from the provider and is paid once the CQUINs have been achieved.

- The 2012/13 CQUINs were being developed and agreed with LPT at the time of the Commission.

7.6 **The Commission heard evidence about how the number of people with mental illness using supported living accommodation had changed since the last report**

Evidence from services users included the following:

- One service user explained that she benefited from supported housing through Network for Change. She had previously lived in a third floor flat, but the Network had arranged for her to have a ground floor flat and had helped her to organise her finances. She was concerned about the future of the Network, as its funding has been reduced.

- One person had been waiting 5 months for her payments to arrive following an assessment.

- A service user had been assessed as having substantial needs only for a social worker to suggest on a further visit that she “did not look like she had substantial needs”.

- Some service users experienced unnecessarily prolonged stays in hospital, or other unsuitable accommodation, because of difficulties accessing housing. This could lead to them becoming institutionalised, but under the Supported Living programme they were able to live as independently as possible.

VCS organisations added:

- The Mental Health Opportunity Assessment shows that In Leicester the residential and nursing placements have remained fairly constant at just over 200 people over the last 4 years whilst there has been a 37% decrease in community based services during the same period.

- Leicester City Council has made reductions to housing related support services of 15% in 2011/12 and 7.5% in 2012/13 impacting on the existence of local specialist mental health housing providers.

- There needs to be an increase in housing related support to reduce residential care, otherwise the commissioning strategy priorities will not be met.

Yasmin Surti, Commissioning Manager at Leicester City Council, said that supporting people with mental health conditions to move from residential homes into independent housing and helping them people to continue to live in their own home is a priority of the Joint Commissioning Strategy.

The commissioning plan includes a Moving On Programme which aims to move a minimum of 50% of existing residents out of residential care over the next 3 years and, through the development of Supported Living options, reduce the number of future residential care placements. It is assumed that most, if not all, existing residents of working age will eventually move on to live in their own homes.

Various supported living schemes have been established aimed at addressing the barriers faced by some communities, including:

- Pathways for both accessing housing and accessing community support packages
- Development of new service specifications
- A broader range and type of accommodation based predominantly on individual tenancies/home ownership with possibly some limited buildings based “supported housing” schemes of a “sheltered” nature.
- A wider range of levels of support including floating support/low level support to more intensive outreach services (health & social care), both of which are gaps in current provision.

Financial pressures and organisational change means that this work has not progressed within the original time scales. However, a new Commissioning Framework for Supported Living is near completion. This area of work has been confirmed as a priority by the Senior Leadership Team, with the commitment of additional staff to progress it.

Evidence was given concerning the number of people with mental ill health who were accessing Leicester City Council Supported Living Provision. In the period 2009/10 there were 19 people, 16 from a White/White British ethnic background and 3 from Black/Black British ethnic backgrounds. By 2011/12 this number had increased to 42 people; 4 from Asian/Asian British ethnic backgrounds, 7 from Black/Black British ethnic backgrounds and 31 from White/White British ethnic backgrounds.

The existing adult social care provision was described. There are no existing voids at these properties

- Orchard House 13 self-contained flats - referrals managed by LPT Service Manager, maximum stay 3 years
- Glenfield Rd x 2 houses, total of 8 self-contained flats (1 flat used by onsite support provider)
- Hinckley Road 1 house, 4 self-contained flats with floating support

A summary of new developments included:

- New build of supported housing in 2011 achieved moves from hospital, residential care and other schemes;
- Wolsey Extra Care (mixed client group) age designated scheme of 63 flats currently has 8 tenants with Mental Health
- Manor Farm total of 11 flats with communal areas and a hobby room

Looking ahead:

- Allocations Policy and Choice Based lettings can meet the needs of majority of service users requiring 1 bed general needs accommodation with floating support
- A group of staff from LPT care management who will be transferring back to the Local Authority in April 2012 have been identified as a potential resource to achieve targeted moves for people currently in residential care or hospital.
- Potential to gain further units through reusing existing LCC Housing stock, current addresses being explored:

- Former warden's house within a sheltered accommodation scheme would provide short stay accommodation for those with high support needs up to 2 years.
- Welford Road property use of ground floor 5 units with onsite support
- Cluster of 5 bungalows, Thurnby Lodge with floating support.

7.7 **The Commission investigated the links between employment and mental health problems**

- The relationship between unemployment and mental ill health is complex because an individual suffering the onset of mental illness is more likely to leave employment compared with other health conditions. People with mental health problems have the lowest employment rate of any disabled group. Mental illness is more prevalent in the most deprived areas. Currently 6.5% of people known to services are in some form of employment.

- People with mental health needs face stigma and perceptions about their needs and abilities in work. Many employers have the perception that people with mental health needs will have long periods of sickness and therefore costly to their business.

- One disincentive for people to come off Welfare Benefits is the perception that they will have to immediately work at least 16 hours a week and that they will be less financially stable, resulting in additional pressures and stress before a person has even started a job. This combined with a lack of self-esteem and low or even no confidence, all create further barriers to someone ever getting back in to employment.

- Evidence shows however, that employment has a key role to play in a person's recovery and sustained mental wellbeing. Creating the right support to enable someone to manage their condition and begin to enter the job market makes a positive difference to a person's self-belief and how they are viewed by others. Voluntary work, work experience, job trials and supported employment are some of the many ways that someone can begin to work again. People with mental ill health may benefit from structure and routine. Work may give people a purpose beyond coping with their own condition. Ultimately work may help people with mental illness to be seen in a positive light, as contributing towards society, and generate a genuine sense of self-worth.

- Leicester City Council and PCT have worked together to commission additional support for people with mental illness to get back into employment or to remain in employment. An example of this is the voluntary initiative Baby Gear which supports people with mental health problems to develop skills that support them to find employment. ASPIRO is another social enterprise that is supporting people with mental health needs and learning disability in to work and education.

- The Council has commissioned Case-Da an independent social enterprise to work with providers to support them to redesign services towards personalisation and personal budgets. Case-Da are able to assist with for example, development of business plans, employment advice, HR support etc. This service is free to all providers and has been widely publicised to enable providers to take advantage of the support offered on a one–to-one basis.

7.8 **The Commission requested an update on deaths from suicide and undetermined injury in Leicester**

- In Leicester there are about 32 deaths from suicide every year. Whilst there has been a downward trend in England since 1993, the rates in Leicester have fluctuated. Each case of suicide is a tragedy for individuals and their friends and families. Although there are a comparatively small number of deaths involved, the recent Community Mental Health Profile suggests that the indirectly standardised mortality ratio for death from suicide and undetermined injury is significantly higher in Leicester.

- In addition to auditing deaths from suicide and undetermined injury, local suicide prevention work includes a suicide audit and prevention group for Leicester, Leicestershire and Rutland. This group is attended by key stakeholders such as local authorities, probation trust, HMP Leicester, voluntary sector organisations, local health commissioners and providers, local colleges and universities, people involved in safeguarding children and adults and the police.

- The group receives the annual audits of suicide and undetermined injury and prepares the suicide prevention strategy. The group participated in the consultation for the new national suicide strategy in the autumn of 2011. The outcome from that consultation will be a new national suicide prevention strategy. The local group is awaiting the new national strategy to develop the new local strategy.

- The directorate of Public Health and Health Improvement has commissioned local Suicide Awareness and Prevention Training (SAPT) from the Rural Communities Council. This training is validated by the University of Nottingham and has been used to target vulnerable areas in Leicester.

    - The core objectives of SAPT include:
    - Challenging attitudes about suicide
    - Raising awareness of risk factors and indicators of suicidal behaviour
    - Increasing confidence in individuals to help those in distress

d) Evaluation pre and post training and 6 months after training show that SAPT works. SAPT has trained 447 delegates (from a variety of roles and organisations) at Leicester City training seminars.

8. Financial, legal and other implications

Financial Implications: None

Legal Implications: None

Other Implications

OTHER IMPLICATIONS	YES/NO	Paragraph References Within Supporting information
Equal Opportunities	Yes	
Policy	Yes	
Sustainable and Environmental	No	
Crime and Disorder	No	
Human Rights Act	No	
Elderly/People on Low Income	Yes	

9. Background Papers – Local Government Act 1972: None

10. Consultations: None

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