

**RESPONSE TO QUESTIONS FROM THE HEALTH AND WELLBEING SCRUTINY
COMMISSION FOR THE REVIEW OF MENTAL HEALTH SERVICES FOR YOUNG
BLACK MEN IN LEICESTER-TUESDAY, 22 JULY 2014**

Q. How do VCS services the CCG commission within the mental health stepped care Model?

We currently commission the following VSC services within the Steeped care model:

STEP 1 (Recognition)

- LAMP information and advocacy service
- Alzheimer's Advocacy Project
- CLASP carers information and advice service

STEP 2 (mild depression)

- Community Advice and Law Service
- Crossroads carers support service
- Foundation Housing Support service
- RETHINK Homeless outreach service
- YMCA Welfare Rights Service
- Genesis LAMP

STEP 3 (moderate to severe depression)

- Network for Change support services
- Advance Housing and Support Ltd (Glengarry House)
- LHA Compass Project
- RETHINK Focus line

STEP 4 9 severe and enduring mental illness)

- Bradgate Unit Assertive In reach Service
- Welfare Rights MH inpatient service
- Quetzal Specialist counselling service
- Bernard's & Jupiter Lodge psyche- social support for victims of sexual assault

Adult Social Care will also commission VSC support services at Steps 1-3.

Q. Standard of care at Bradgate Mental Health Unit 2013: Were the CCG aware of concerns about standards of care at the unit prior to the care Quality Commission report in 2013?

The CCGs in Leicester, Leicestershire and Rutland were fully aware of concerns about the standards of care at the Bradgate Mental Health Unit and associated suicide levels in recent years, prior to the CQC inspection in July 2013. Commissioners were taking action to require improvements through our contract

management processes with Leicestershire Partnership Trust. This is confirmed by the attached reports to our Governing Board in:

May 2013 (Pages 10-11)
June 2013 (Pages 9-10).

It was as a result of both CCG & CQC concerns that a multi-agency risk summit was convened in late August 2013 to ensure sustainable progress was being made by Leicestershire Partnership NHS Trust.

Q. Can we have a list a 'community leaders' we engage in planning and redesigning services?

Leicester City CCG has a dedicated and award-winning communication and engagement team.

For our engagement and consultation activities, we first identify those who have an interest in the topic by undertaking a thorough stakeholder mapping exercise. The CCG has a database of key stakeholders. These contacts are extensive and cover most of the communities in Leicester. We cannot release the names of individuals to safeguard their identity and because of data protection

We discuss how we will engage and choose a wide range of suitable methods such as face to face meetings, public meetings, social media channels, other media (such as TV, radio and newspapers) and virtual methods. We often initially email large numbers of community groups and their leaders via their organisations and ask for their networking support to reach out to their service users. Occasionally we are required to focus on particular communities or leaders, and this involves delving more in-depth into our contact lists and networks, plus working alongside organisations such as The Race Equality Council and Healthwatch to identify them.

An example of where we have engaged with specific community groups and their leaders is the recent research we undertook on the cultural and religious beliefs on end of life care. A list of groups were agreed early on in the development of the project, and different engagement methods were decided based on individual group preference. The team worked in partnership with Healthwatch to reach out to certain groups with whom they had strong relationships and these were added to our stakeholder database for future engagement work.

Q. Due Regard: Has CCG done Equality Impact Assessment (EIA) impact assessment on all MH services commissioned from LPT? Was EIA information transferred from the PCT to CCG?

Firstly, we ask the Commission to note it is no longer a statutory requirement on public authorities to carry out a formal EIA. The Public Equality Duty requires us to

have due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relation between different communities. This means that, in the formative stages of our services, policies, etc., we need to take into account what impact our decisions will have on people who are protected under the Equality Act 2010 (people who share a protected characteristic of age, sex, race, disability, sexual orientation, gender reassignment, pregnancy and maternity, and religion or belief).

The Regulations require CCG's to publish information to demonstrate compliance with the Public Equality Duty, in order to ensure it is paying due regard to equality in its decisions to commission services. It also requires its providers, where appropriate to discharge their statutory duties under the PSED. It receives monitoring reports from its providers on their equality and diversity obligations and, where appropriate, requesting further information and clarification through its contract management processes.

Having said this, the CCG does carry out formal EIAs when considering the commissioning of new services or in undertaking significant service redesign.

The CCG also has a dedicated Equality lead Officer (Haseeb Ahmad) who is implementing the Equality Delivery System (EDS) as a means to ensure that we deliver on our statutory obligations and work towards best practice. The EDS encourages NHS organisations to try and focus on specific areas of activity rather than to try and address all aspects of equalities. The CCG has therefore chosen to target 4 areas of equality and diversity which includes IAPT and dementia. Other areas of mental health will be addressed as part of the CCG's equality and diversity strategy work.

Leicester City CCG is currently undertaking equality analysis of its IAPT and dementia services with a view to identifying any gaps in service provision and/or outcomes. This work is in progress and will be published once complete. The findings of the IAPT equality analysis will be incorporated into the future commissioning intentions of the CCG.

The CCG will use information from the mental health strategic needs assessment to inform service planning and design. It has been very active in working in close partnership with public health to develop the BME mental health JSNA. In addition it has:

- Financially supported the local BME Mental health conference in June 2014 and our Equality Lead is part of the working group implementing actions from the conference.
- Has regular performance reports which go to the Mental Health Strategic Delivery group providing referral to treatment data on IAPT services disaggregated by ethnic group.

- Specific Equality and Diversity KPI within the LPT contract which was strengthened and included within the 2014/15 Quality Schedule

Q. Equality monitoring: How do provider and commissioners use Equality monitoring information to identify gaps in provision particularly for BME communities?

The LPT contract has specific requirements for equalities monitoring built into the equality and diversity KPI. Equality monitoring reports were submitted annually (now to be bi-annual) to the CCG. The new KPI which has more specific requirements to monitor across protected characteristics for services provided by LPT will be reported in February 2015.

Also, see above for information regarding performance reporting.

Q. IAPT Talking Therapies: What % of the service budget is spent on communication to promote awareness of the service?

The IAPT service is provided by Leicestershire Partnership Trust for 2013-2016 following an open competitive tender. They do not have a separately specified communication budget. Leicestershire Partnership Trust communication team and the CCG communication team work jointly together to promote the service. The CCG also hold monthly contract performance meetings with the provider at which communication strategies are discussed and developed.

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