Joint Mental Health Commissioning Strategy For Leicester City

April 2015 – March 2019

NHS Leicester City Clinical Commissioning Group

Leicester City Council

Signed for and on behalf of:	**Signature**	**Organisation Logo**
Leicester City Council Rory Palmer Deputy Mayor Lead for Adult Social Care		Leicester City Council
Leicester City CCG Professor Azhar Farooqi OBE Chair & GP		NHS Leicester City Clinical Commissioning Group

The Health and Wellbeing Board has approved and signed up to the strategy giving a collective responsibility. The board comprises of the following partner members:

- Elected members including the deputy City Mayor
- NHS representatives for the Leicester Clinical Commissioning Group &
- Leicestershire & Lincolnshire NHS England
- City Council officers for Public Health, Adult Social Care and Children's Services
- Healthwatch
- Leicestershire Constabulary

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Foreword

Mental wellbeing is crucial for growth, development, learning and resilience. For too long people with mental health problems have been stigmatised and marginalised. The resources to tackle the problem are becoming scarcer.

Our joint mental health commissioning strategy is a first step. Leicester City Council and Leicester City Clinical Commissioning Group will harness resources in communities, workplaces and schools to change the way we think about mental health; shifting towards prevention and improving treatment.

Our goal is to achieve parity of esteem between mental and physical health across the life course. This will mean improvements in the NHS locally, helping people to contribute to their local communities, to have a decent home, a job, and good relationships.

Mental health problems disproportionately affect people living in poverty, the unemployed, and people from minority groups. We will focus our efforts to tackle discrimination and inequality.

It is time to work together to change the way people think about mental health in Leicester, only by doing something different can we make the change.

Such an approach will support the Leicester, Leicestershire and Rutland Mental Health Charter pledges:

Mental Health Charter- Every person has the right to Mental Health Services that:

1. **Work together with respect, dignity and compassion.**
2. **Make a positive difference to each person's recovery and quality of life.**
3. **Are guided by the individuals views about what they need and what helps them**
4. **Treat everyone as a capable citizen who can make choices and take control of their own life.**
5. **Give people the appropriate information they need to make their own decisions and choices about their recovery.**
6. **Recognise that mental health services are only part of a person's recovery; it can involve a wide range of different options.**
7. **Communicate with each person in a way that is right for them.**
8. **Understand that each person has a unique culture, life experiences and values.**
9. **Recognise, respect and support the role of carers.**
10. **Support their workers to do their jobs well.**
11. **Challenge stigma, fear and discrimination both within mental health services and the wider society.**
12. **Put mental health on a par with physical health.**
13. **Are culturally competent and can meet the diverse needs of local people.**

We know that things will change in the next few years, as our plans are implemented, so our aim is to monitor progress. In that sense, we regard this strategy as a live document, setting out our current ambitions, but flexible enough to tackle new challenges as they emerge.

Introduction

This Joint Mental Health Commissioning Strategy for Leicester supports Health and Wellbeing Strategy *Closing the Gap*[1] and reflects key legislative and practice changes which have implications for people with a mental health need and run through the whole strategy:

- **The Care Act 2014**[2] This draws together all previous social care legislation. It confirms the equal right to an assessment for users and carers, and the right to advocacy if a person has a substantial difficulty.

- **Better Care Together Strategy**[3] (*LLR Five Year Strategy, 2014-2019.)*

- **The Children and Families Act 2014**:[4] This legislation will change the transition process for young people from September 2014, with what is called the Local Offer. Implementation will vary across local authorities, but the principles are the same

- **Future in Mind**[5] 2015 sets out NHS England's transformational strategy to improve the mental health and wellbeing of children and young people

- **Achieving Better Access to Mental Health Services by 2020** (DH 2014)[6]

It takes into account related strategies which can have a positive impact on mental health, such as:

- Leicester *City Mayor's Delivery Plan*[7],
- Local Autism Strategy.[8]
- NHS England Business Plan 2015-2016[9]

The strategy aims to improve services and people's experience of them by focussing on the wider determinants of health and wellbeing, developing prevention and early intervention services and appropriate care, while at the same time addressing major financial challenges.

The Strategy builds on the findings and recommendations suggested in the JSpNA on mental health in Leicester. This shows that Leicester has high rates of risk factors associated with mental ill health and improving rates of diagnosed mental health need. The rate of emergency care use for mental ill health is high, but recovery is poor. The rate of death from suicide and undetermined injury is stable, but higher than the England average.

Of vital importance is the requirement to support mental health in our diverse population, ensuring in particular that preventative, crisis response and recovery services are able to meet the needs of the diverse communities of the city and other groups with protected characteristics such as Lesbian, Gay and Transgender communities.

According to national evidence relative mental health need, access to services and outcome of care is different for people from Black and Minority Ethnic (BME)

backgrounds compared to their White/White British counterparts[10]. This highlights that cultural and social factors can play a key role in how and when BME communities access Mental Health crisis support services. Further a local Health and Wellbeing Scrutiny Commission review identified Black British young men had poorer experience of mental health services.[11]

It is therefore important to understand these barriers and to improve access. One of the principles underpinning this Strategy is that we aim to ensure that commissioning and provider organisations reach the diverse communities in Leicester, provide culturally appropriate services and support delivered by culturally competent staff and improve the ways in which people from BME communities access mental health services. Further it requires programmes that specifically focus on increasing mental health awareness for all hard to reach groups.

We know that we have a long way to go. We have identified where we are now, what we want to change and where we need to be in 5 years' time:

Where we are now	**What are we going to do**	**Where we want to be in 5 years**
• Wellbeing inequalities and low life expectancy: we need to support parity of esteem • Crisis and home treatment services can be difficult to access: we need to make more responsive • Lack of primary and community outreach services including drug and alcohol: we need to expand the support available within local areas • Waits for some services are too long: we need to ensure people receive timely care • Focus on treatment: we need to increase focus on person centred recovery and prevention services	• Increasing general mental health well-being and resilience through targeted prevention initiatives • Redefining the meaning of recovery with stakeholders to develop person centred approaches • Reviewing the role of the Third sector to strengthen and integrate their role in supporting both recovery and resilience • Increasing the capability and capacity of primary care to manage people with severe and enduring illness in the community. • Increase life opportunities through the use of personal budgets and direct	• Reduced stigma related to mental health and greater awareness within population of promoting good mental health • Improved health Increased life expectancy for people with severe and enduring mental health needs • Reduce incidence of mental health conditions • Reduced crisis escalation episodes, with quicker response times when required which is responsive to individual need • Reduced delays in discharge and length of stay • Reduced reliance on acute services and

• Difficulties in finding long term accommodation for people discharged from mental health inpatients and rehabilitation units • Limited collection of patient experience feedback and co-production with user and carers to improve mainstream services.	payments • Promote mental health and resilience and develop early help services for children's, young people and those that care for them • Ensure that housing needs are considered and met in both planning and provision, so reducing the use of residential care • Ensure that carers get the right level of support and breaks	increased capability and capacity within primary and community settings. • Increased level of community accommodation to support mental health rehabilitation and discharge from hospital

Overall progress in delivering the strategy will be measured at least on an annual basis using a number of indicators covering service delivery and outcomes, measurements of the wider determinants and risk factors associated with mental ill health. By these measurements we will articulate a picture in Leicester of the factors which give rise to poor mental health and the effectiveness of our response.

Table: Priority indicators in the Joint Commissioning Strategy for mental health

Priority category	Indicators to be measured	Chapter
Wider Determinant	• Poverty • Educational Attainment • Employment • Homelessness • Reducing Alcohol Harm • Poverty	Accommodation Education Employment Preparing for adulthood
Risk Factor	Parity of esteem	Health
Population health	Prevalence of Depression	Health
Early intervention	Access to IAPT	Health
Effective treatment	• Effective crisis response at home • Acute admissions • Access to IAPT • Stable accommodation	Health Accommodation Preparing for adulthood

	• Diagnosis of dementia • Re-attendance at A&E • Enhancing quality of life for people with mental ill health	Carers
Outcomes	• Suicide rate per 100,000 • Rate of recovery for IAPT • Under 75 mortality rate for people with mental ill health	Health

This strategy is a "live" document. A two year Delivery Action Plan will be over seen by an implementation group, and the local health and social care commissioners will review its content regularly to measure progress in delivering the identified priorities and determine whether or not these need to change in light of changing circumstances.

Building Wellbeing and Resilience

Where are we now?

Good mental health is the foundation for good physical health and for important life skills and is fundamental to public health and health improvement. Public mental health is a critical element of the City's overall mental health strategy and can support the primary prevention of mental health problems and the development of a recovery focussed agenda. Elements from public health include training in mental health issues for frontline staff, training in managing mental health and improving the physical health of people with mental health problems as part of a recovery strategy.

The Joint Specific Needs Assessment on Mental Health in Leicester[1], and this Joint Commissioning Strategy on Mental Health is founded on the ethos that mental health is everyone's business. As the title of the Government mental health strategy declares, there is "no health without mental health."[2]

Health promotion interventions focus on health and mental wellbeing rather than illness. They can take place at an individual, community or population level. The aim is to improve individual wellbeing, enable healthier and more sustainable communities, facilitate environments which support improved health, and achieve structural changes in policy and law which benefit health and reduce health inequalities. Health promotion can occur at three levels:

- Primary: promoting the health and wellbeing of the whole population
- Secondary: targeted approaches to groups at higher risk of poor health and wellbeing
- Tertiary: target groups with established health problems to help promote their recovery and prevent recurrence.

Commissioning intentions

We will to work in partnership with key stakeholders, including public, private and voluntary sector organisations and with communities and individuals to improve the health of the population through preventing disease by building resilience, promoting recovery, prolonging life by supporting people to stay well and promoting good health. This will include:

- Raising awareness and training for local people in developing skills to manage their mental health and develop emotional resilience e.g. the '5 ways to wellbeing'
- Improve the availability of evidence based self-help information and resources in the City
- Improve access to physiological therapies for people with mild to moderate depression & anxiety by introducing self-referral, introducing extended hours provision and flexible web based therapy programmes.

[1] See http://www.leicester.gov.uk/media/178811/mental-health-jspna.pdf
[2] See https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

- Deliver large scale training programmes to develop the skills of key frontline staff in addressing mental health issues, e.g. Mental Health First Aid
- Explore the feasibility of a city wide Recovery Network.
- Enhance the availability and status of peer support services with statutory services
- Further develop of social prescribing in the city in order to sign post individuals to community services able to offer support.
- Improve access and advice to employers on best practice approaches to workplace mental health and wellbeing
- Improve and expand the access to condition management and vocational rehabilitation to reduce loss of employment and improve pathways back into work

What will this mean to me?

Health and social care will work with people with lived experience of mental health, carers and other partners across the public, private and voluntary sector to ensure people have the tools to maintain their mental health and wellbeing:

- I will understand what I need to do to keep well - 5 ways to wellbeing
  - Give.
  - Connect
  - Keep learning
  - Be active
  - Take notice

- Organisations or people I come into contact with will have more awareness about mental health
- I will be able to access information and advice easily, for example housing or debt advice
- My employer will have a better understanding of how to support me
- I will feel more included in my community
- I will feel safer in my community

Personalisation

Where are we now?

Personalisation is an approach that has been in at the forefront of social care for the last decade in which every person in receipt of support will have choice and control over how, where and by whom their needs are met.

Personalised services are associated with direct payments and personal budgets, under which service users can exercise greater choice and control. However the scope of personalisation is wider than giving personal budgets to people eligible for health or social care funding. It includes ensuring that people are mobile and that they have access to leisure, education, housing, health, employment and other opportunities regardless of age or disability.

People with mental ill health may have the most to gain from increased choice and control over their support arrangements. However, support and provision available to date has often not been adequate. For personalisation to make a real difference for people with mental ill health it requires improved information and advice on care and support for individuals and and families, investment in preventive services to reduce or delay people's need for formal care, better management of the market and the promotion of independence and self-reliance.

Currently about two thirds of all people supported by Adult Social Care are in receipt of a Personal Budget. Of those more than half have chosen to take a Direct (cash) Payment. In 2013/14 the total number of Direct Payments in Adult Social Care for people aged 18 to 64 years was 965; almost a quarter of all support packages (195, 24.4%) were for people with mental health needs.

What do users and carers say?

- People are concerned about the eligibility criteria, some feel it is too limited and there is also a worry about what happens to those people not deemed eligible. There is also a concern about the lack of understanding in relation to the "ups and downs" that people with poor mental health can have.
- Transparency is required, this should include both pricing options and the services provided, which should include recovery focussed options, in order to enable informed decision making.
- Service users and carers should be more involved in key decisions.
- We need to monitor the quality of services; there are a lot of dubious quality services with poorly trained staff and a high staff turnover.
- There should be more emphasis on early intervention and prevention thus preventing people from reaching crisis point.

Commissioning intentions

The Commissioning organisations will focus on the following areas to improve personalisation for people with mental health needs:

- Extending the right to Personal Budgets, Integrated Person Budgets and Personal health Budgets - People with 100% Continuing Healthcare funding have had a right to Personal Health Budgets since October 2014.
- Develop models of Enablement- Work with providers to develop a model of support which looks at what a person can do now and how best to support them to enhance or maintain their wellbeing and independence without the need for formal, and institutionalised, support.
- Work with providers to offer clearly priced support options available to self-funders and all eligible people using their allocated personal health and social care budget.
- Work with communities and the voluntary sector to support the expansion and enhancement of self-care and preventative and early intervention support for people with mental health needs and their carers.
- Consider the impact of universal credit in relation to clientele and the support actions that can be developed to encourage greater engagement in training, volunteering and employment.

What will this mean to me?

- I will have a self-assessment and person centred support plan.
- I will be supported with a personal budget if eligible.
- I will have a real say in how my care and support needs are met
- I will have a range of accessible support options available to me including access to universal services, personal support needs, accommodation, employment, leisure, day activities, transport, and flexible short breaks.

Accommodation

Where are we now?

A settled home is crucial for good mental health. People with mental ill health are less likely to be homeowners and more likely to live in unstable accommodation; 41% of Leicester residents live in the 20% most deprived areas of England and 0.46% are homeless.[12]

The home is sometimes the setting for packages of care where informal family and community support can play a big part in maintaining people's wellbeing. Some housing providers have experience in designing and delivering services that enable positive outcomes that can improve the health of individuals, reduce overall demand for health and social care and aid recovery from poor mental health. In some cases the integration of housing with discharge planning is critical if delayed discharges and inappropriate settings of care are to be avoided.

Even though there is suitable affordable housing in Leicester, too many people with poor mental health are living in residential care and out-of-area placements. Therefore there is a need to work with providers of social housing and private landlords to ensure the availability of more properties in areas where people feel safe and where they will have access to the support they require.

Providers can offer a range of independent living options across the city with different facilities available to meet individual needs. As accommodation and support needs vary so there are different styles of delivery, for example, Manor Farm is a scheme which opened in 2012, with the aim of supporting working age adults with mental health support needs. Some people have already felt confident enough to move on to greater independence.

The outcomes delivered for those with a mental health condition shows that 77.7% are living independently, however we need to improve the performance against this year's target of 40 people to move from residential care into independent living. [3] Our approach is to ensure people have better life outcomes, and increased opportunities to live independently or in supported accommodation schemes across the city.

A review of local residential and nursing placements shows that there are 611 people with mental health needs living in residential care. Most are older people, with 461 aged over 65 years. However, 150 are aged between 18 and 64 years, 45 of whom have been admitted in the last 2 years.

The total number of people requiring residential or nursing care has decreased recently, although the proportion of those with mental ill health has increased. In October 2014 there were 1,328 individuals in residential care including nursing placements, of which

[3] Adult Social Care Independent Living and Extra Care Commissioning Strategy 2013 to 2016

46% (611 people) had poor mental health. Most of the 611 people resident care or nursing homes were aged over 65 years (75%; 458 people).

The net spend for residential and joint funded cases is set out below;[13]

Mental Health – residential and nursing (18 – 64)	£4,449,600
Mental health – residential and nursing (65 & over)	£4,694,100

The national Adult Social Care Outcomes Framework records data across the country under the title – Adults in contact with mental health services who are in stable accommodation. The data indicates Leicester City outcomes are below the national average and there is much work to be done to enhance the experience of local people in secondary mental health services. This suggests that there is an opportunity for collaboration between commissioners, mental health providers and housing associations to provide better pathways and outcomes for service users. There is also an imperative to ensure that the needs of people with poor mental health are explicit in relevant housing strategies.

What do users and carers say?

- Specific housing support is essential, including support for carers, this needs to be a priority, and should include support at the right times including outside normal working hours.
- Problems occur when people are placed in inappropriate housing and issues may exacerbate existing conditions. Commissioners should ensure that housing is appropriate for the service users' needs.
- There should be more community support and work should be done to understand the stigma suffered by people with mental ill health.
- Housing staff should be trained in mental health so that they know how to communicate with people; perhaps have a member of staff in each department that is trained and responsible for ensuring best practice.
- More work is required with private landlords; they should be monitored and reviewed to ensure that they provide an equitable service for people with mental health needs.
- There should be support and funding for friends and family of people who are placed out of area for their care.
- There needs to be good communication between services.

Commissioning intentions

The Commissioning organisations will focus on wherever possible supporting people to live in mainstream housing by:

- Work to inform and shape the Housing Strategies to reflect the importance of poor mental health as both a cause and consequence of homelessness.

- Explore and develop options to support people locally who are currently in out-of-area placements.
- Work with housing providers to increase the availability of supported housing for people with mental health support needs.
- Continue to develop mental and physical health care support services for people who do not have secure accommodation.
- Promote anti-stigma and discrimination messages by working with key partners to raise awareness of the risks to emotional health and wellbeing associated with homelessness (such as the Police, Probation Service, housing, health and social care).
- Continue to develop Leicester City Councils Independent Living Support and Extra Care accommodation which is available for people aged 18+ and who are eligible for Adult Social Care.

What does this mean to me?

- I will have greater choice from a range of housing options to live where I choose.
- I will be involved in the running of my home, and choose who supports me.
- I will not be fitted into a service where there is a vacancy that doesn't suit me.
- The support I receive at home will help me to stay well

Healthcare

Where are we now?

Mental health is everyone's business. Individuals, families, and communities all have a part to play. Good mental health and resilience are fundamental to physical health, relationships, education and employment. Mental health services need to be effective to ensure that people are supported and have timely access to effective care.

Mental Health services need to be more responsive to needs of local communities; particularly black and minority ethnic and newly emerging communities and they need to meet the financial challenge on the NHS.

In addition to poor outcomes from mental health care, services in Leicester are characterised by the following:

- A large single mental health provider covering Leicester, Leicestershire and Rutland – NHS Leicestershire Partnership Trust.
- An inpatients' service which has been under significant pressure in recent years.
- Lack of community based alternatives to support people in mental health crisis.
- Historic health funding for voluntary and community sector mental health provision which may not target those who need most support.
- Recently developed and NHS funded Improving Access to Physiological Therapies (IAPT) services.
- Services where access needs improving for example specialist counselling, early intervention in psychosis and better crisis care.

Leicester City Clinical Commissioning Group spends:

- £42m on MH services from Leicestershire Partnership Trust.
- £2m on Improving Access to Psychological services.
- £650k on Voluntary and Community Sector.

What do users and carers say?

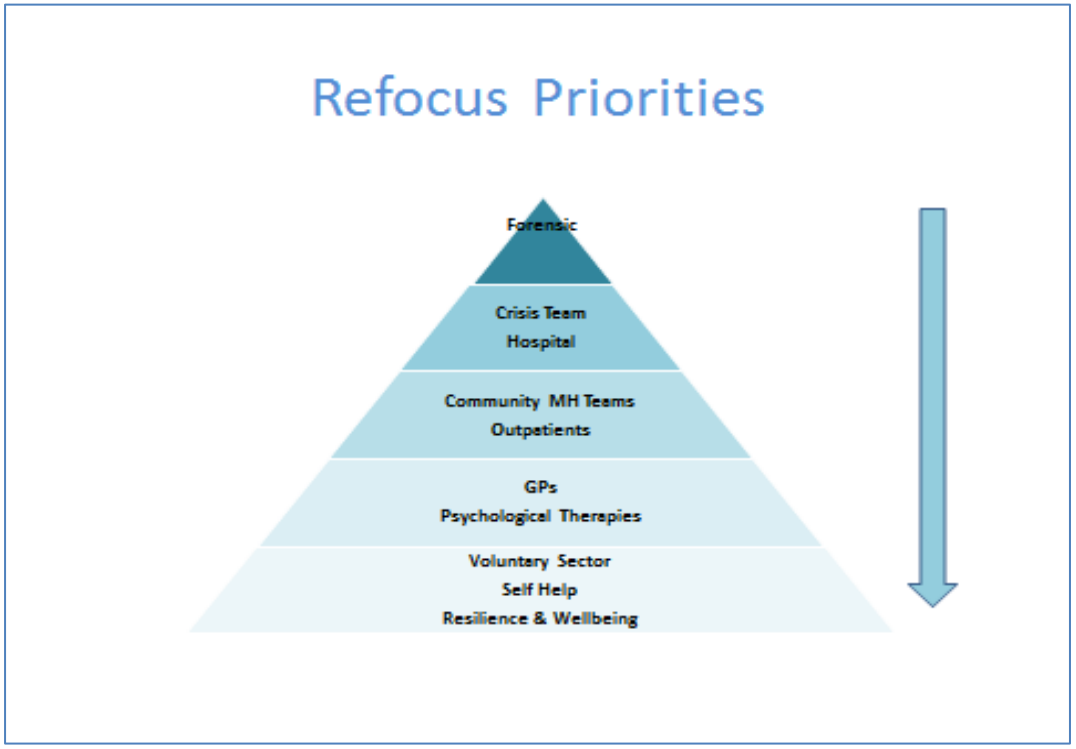
- More mental health promotion work is needed to increase awareness of mental ill health and how to access support.
- More needs to be done to address the stigma associated with poor mental health.
- There is a need to improve crisis support including better response times.
- The referral route to the Crisis House should not only be through the crisis resolution team.
- There is a need for self-referral and flexible provision of IAPT services which will enable users to have a choice and control of counselling support.
- Peer support groups for people of all ages can support recovery and resilience.
- There should be more recognition of the role that the Voluntary and Community Sector can play in supporting people with mental ill health.
- There needs to be closer working between mental and physical health services.

- It is important to build resilience to mental ill health in younger people.
- Mental health first aid training is required for faith and community groups.
- There is a need to ensure carers' registers are held in Primary Care and carers' needs are monitored and evaluated by GPs.
- More work should be done in the community, to increase the community based services, ensuring there are more venues which are safe places. Look to engage with faith groups, sports clubs etc.
- More recovery focused treatment is needed, with innovative ways to enable self-care.
- There should be more meaningful involvement of users to improve services, with more peer support on wards.

Commissioning Intentions

Locally Better Care Together (BCT) is based on a partnership between NHS organisations and local authorities across Leicester, Leicestershire and Rutland (LLR). The BCT strategy 2014-19 prioritises mental health.

The overall aim of the BCT strategy is to refocus priorities from traditional centralised services to primary and community based services, supported by a greater emphasis on building mental health resilience within the population. Leicester City Council and Leicester City Clinical Commissioning Group will work with BCT partners to implement this strategy.



We will ensure the needs of the city, including minority communities, are reflected in future service planning and commissioning. Taken together the BCT and this joint strategy will:

Strengthen mental health resilience

- Educate people about mental health and the importance of early support.
- Wider education on understanding mental health to reduce stigma.
- Raise awareness by offering Mental Health First Aid training for professionals, employers, communities and faith groups.
- Work with the Third sector on the Leicester City 'Ageing Better' initiatives to help tackle social isolation and depression in older people
- Develop social prescribing through GP practices to address underlying causes; debt, employment, isolation, housing.
- Ensure that mental health services take a lead in dual diagnosis of mental ill health and substance misuse.

Improve crisis response services

- Work with partners in LLR to implement the local Mental Health Crisis Concordat action plan.
- Work with NHS Leicestershire Partnership Trust to remodel and improve response times from crisis response and home treatment services.
- Work with NHS Leicestershire Partnership Trust to improve patient experience of crisis response services, particularly for patients from BME communities.
- Explore opportunities for Third sector support services to support people whilst in crisis.

Improve inpatient care services

- Work with NHS Leicestershire Partnership Trust to ensure ongoing and sustainable improvement in inpatient care services and limit the need for out of county placements and delayed transfers of care.
- Continue to explore alternatives to hospital, including potential Third sector provision.
- Work with NHS Leicestershire Partnership Trust to improve patient experience outcome monitoring, particularly for patients from BME communities.

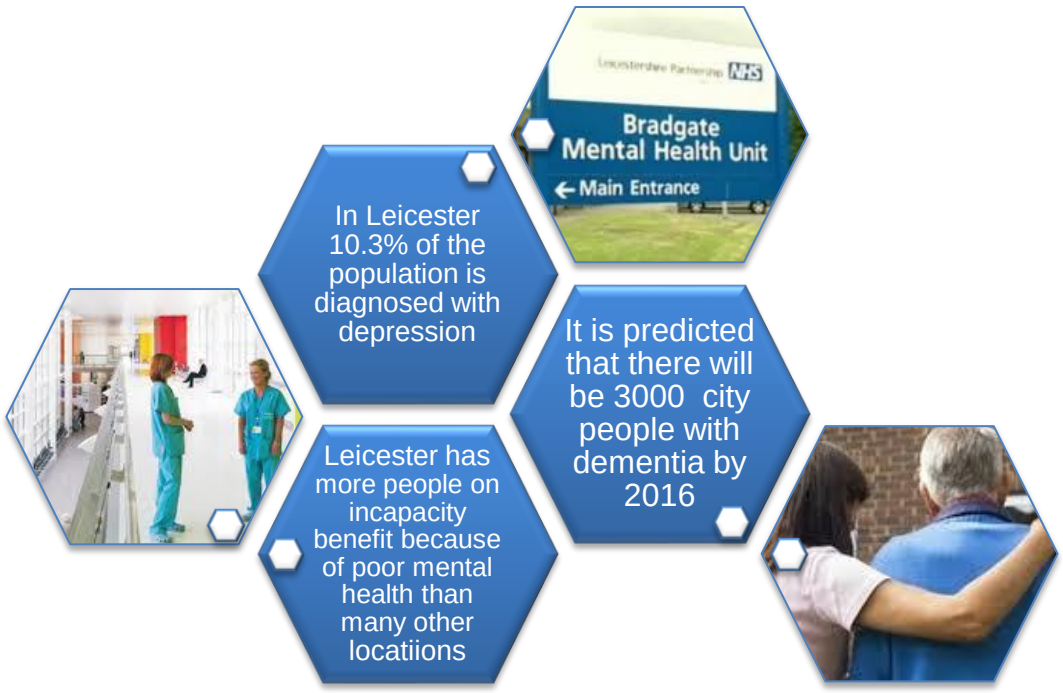
Strengthen primary and community based recovery services

- Improving access to psychological therapies (IAPT) services will include specific services for targeted groups, self-referral and extended provision of clinics in community venues.
- Increase the number of primary care Mental Health Facilitators in order to provide support to vulnerable people in general practices.
- Review and develop a pilot for a led service which provides mental health assessment and short- term support to older people living in the community because they are frail or have Long Term Conditions.
- Review the role and existing funding to Third sector (including VCS) providers to ensure services are locally targeted and support the objectives of the BCT Mental Health Strategy.
- Develop locality based recovery support services including peer support and social networks.

- Review the role of the Third sector (including local Voluntary and community funded services) to support and develop local recovery support networks.

What will this mean to me?

- I will be able to manage my mild or moderate depression through psychological support services.
- I will be provided with mental health rehabilitation services in the community.
- I will have quicker crisis response times.
- I will have improved access to mental health acute/crisis care and better overall experience.



Employment, Education and Training

Where are we now?

Education, employment and training are wider determinants of health and wellbeing which have an impact on mental health needs. A life course approach to mental wellbeing will protect children's mental health in school. The approach to adult mental health care will be to work with children and young people's services to protect mental health.

The Royal College of Psychiatrists view, which is supported more recently by direction in The Care Act, places great emphasis on employment and the important role it plays in helping people maintain their health and wellbeing, as well as feeling part of and contributing to society. Assessments and support need to take account of peoples employment aspirations, and in the case of young carers, there needs to be an assumption that they may want to go to university or enter paid employment.

Education has a bearing on employment and social inclusion, both of which have can affect mental health. As a city with two universities, there will be a focus on the development of student mental health provision to ensure that young people have appropriate access to the services they require, whilst undertaking higher education. Certain groups are at risk of common mental health problems, such as those with low level qualifications. Individuals with psychotic disorders are most likely to have left school before age 16. Measures show that the risks for children in Leicester are high. In Leicester 7% of 16-18 year olds are not in employment, education or training, compared to 6.2% for England.[14] In addition 54.8% of Leicester children achieve 5 GCSEs at grades A to C, compared with 60.8% for England.[15]

Unemployment is associated with social exclusion, which has a number of adverse effects, including reduced psychological wellbeing, greater incidence of self-harm, depression and anxiety. It is recognised that employment can have a beneficial effect on mental health, boosting a person's confidence and self-esteem.[4] Unemployment is a cause and consequence of mental ill health. This is also a risk factor for Leicester; 79.5 per 1,000 working age adults in Leicester are unemployed compared to 59.4 for England.[16] Of working age adults receiving secondary mental health services on the Care Programme Approach only 2.2% are employed.

Open Mind IAPT works in partnership with the Fit for Work Service to provide clinical and non-clinical support to help workers experiencing a period of ill-health to keep attending work or to resume work after a period of absence.

NHS Leicestershire Partnership Trust also works with ASPIRO (Social enterprise) to offer employment support to individual using secondary care mental health services.

[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212266/hwwb-mental-health-and-work.pdf

We have a local Recovery College which provides a range of recovery focused courses, seminars and workshops for people accessing adult mental health services and for their friends and family.

What do users and carers say?

- There is a need for services outside normal working hours for workers to access.
- Volunteering opportunities should be more flexible, with easier access (e.g. employment checks (Disclosure and barring Services – DBS) that can be used by different organisations).
- There is a need to increase the Recovery network bases and courses.
- Education and employment organisations need to understand that people with mental ill health have ups and downs.
- There is a need for job coaching opportunities where people learn the job together, with support.
- There is a need for shared success stories about work with positive messages being enforced that people with mental ill health can, and do work in paid jobs, leading to more aspirational goals with a belief that people can find and sustain paid employment.
- DWP/Job Centre need to be more aware about mental ill health.
- Raise people aspirations in increasing their skills or moving into volunteering, employment or training
- There is a need for more employment support to enhance the confidence of service users.
- There needs to be a focus on recovery with people able to set goals, attend voluntary work and training without sanctions.
- There needs to be greater understanding on what constitutes appropriate activities for each individual.

Commissioning intentions

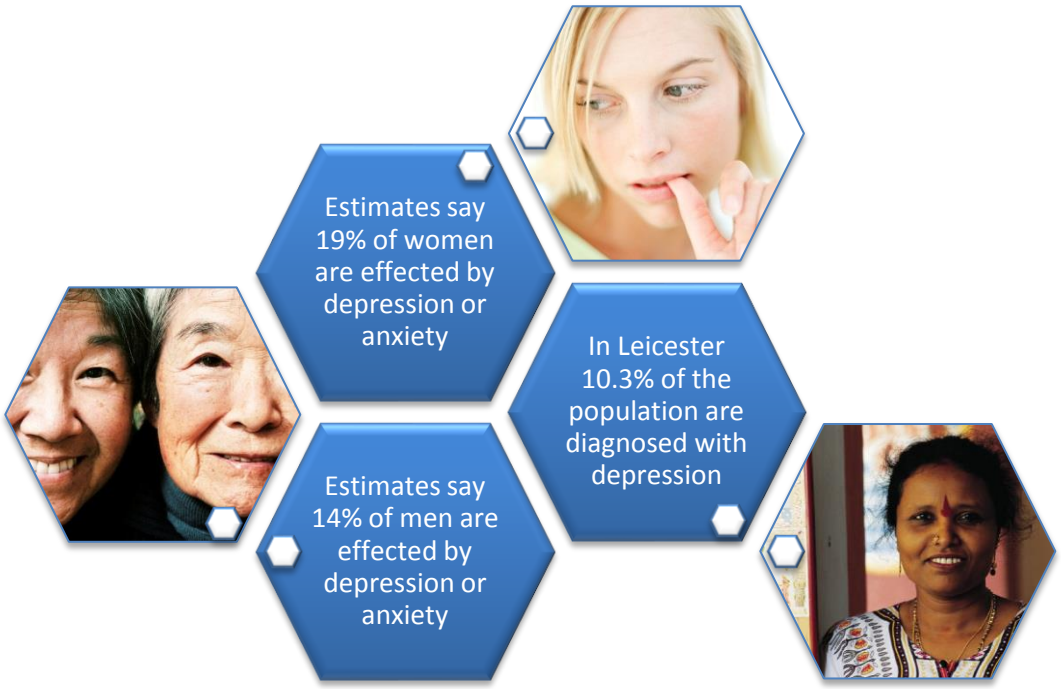
Leicester City Council and Leicester City CCG will:

- Work to raise awareness of the impact of education, employment and training on mental health and wellbeing and are seen a key to recovery.
- Support public mental health programmes aimed at reducing the risk of social exclusion and discrimination associated with mental ill health.
- Ensure personalisation work includes people accessing employment, education, training and social inclusion.
- Ensure that agencies and employers understand the reasonable adjustments they must make to support people with a range of mental health needs, including high functioning Autism.
- Support and promote Mindful employers across all sectors including local employers.
- To promote real case studies of individuals that has progressed either through increased learning or through active employment etc. These individuals could act as mentors or ambassadors for other individuals.
- To actively engage and seek external funding to meet the gaps in provision in addressing employment related support

- Continue to work with local student bodies, universities and colleges to promote opportunities for employment.

What will this mean to me?

- I will have a self-assessment and person centred support plan.
- I will be supported to have a fulfilled life which includes opportunities to work, study, and enjoy leisure and social activities.
- I will have access to employment, education, training and social support.



Preparing for adulthood

Where are we now?

Most lifelong mental ill health is acquired before the age of 14. Common mental health needs and difficulties encountered during childhood and the teenage years include: Attention Deficit Hyperactivity Disorder (ADHD); anxiety disorders ranging from simple phobias to social anxiety; Post-Traumatic Stress Disorder (PTSD); autism and Asperger syndrome (the Autism Spectrum Disorders, or ASD); behavioural problems; bullying; depression; eating disorders (including anorexia nervosa and bulimia); obsessive compulsive disorder (OCD); psychotic disorders, in particular schizophrenia; and substance abuse.

These factors are linked to poor adult outcomes, including links to crime. In Leicester 30% of children live in poverty[17] and 1,422 young people aged 10-17 years were first time entrants into the criminal justice system;[18] both of these measures are worse than the England average.

Leicester is also city with 2 universities and an estimated student population of 35,000 people. Education can be an important part of a person's recovery from mental ill health but it can also precipitate distress and relapse. The effects of student mental ill health can be felt not only by the students themselves but by their peers, family and friends, and of course it has an impact on their education. In some areas academic and pastoral support may be difficult to obtain, so both the University of Leicester and DMU have developed services to sustain student wellbeing. Further work needs to be undertaken with the higher education student population, with specific action planning for mental health support and discharge from hospital back to halls of residence.

Therefore in common with young people with long-term physical health conditions, the transition from adolescence to young adulthood for those with mental health problems requires individualised health, education and social care planning. This should recognise the wider health, social, psychological, educational and vocational impact of a young person's medical condition(s) within a developmental framework and appropriate culture of care.

The Annual Report of the Chief Medical Officer (CMO) 2012, *Our Children deserve better: Prevention Pays*[19] uses the United Nations definition of young people, which includes all those aged under 25 years. This is because key areas of human development, including emotional development, continue until a person's early 20s.

In recognition of this, the Children and Families Act 2014 included reforms to Special Educational Needs Disability (SEND) extending the age up to 25 years with the introduction of Education, Health and Care Plans, the expectation that plans are reviewed annually while the young person is in education or training and new planning for Preparing For Adulthood that replaces the 'Transition' phase.

Further 'Future in Mind'[20] 2015 sets out NHS England's transformational strategy to improve the mental health and wellbeing of children and young people

The Care Act became law in 2014, and gives young people a legal right to request an Adult Social Care assessment before they turn 18 years. This is to help them plan for the types of support services they may be eligible for in the future.

What do users and carers say?

- Help young people to be heard and have their say.
- Help parents to 'let go'
- Help young people to have a dream and vision for their future.
- Support young people's choices.
- Give information and advice to parents about choices.

Commissioning Intentions

Leicester City Council and Leicester City CCG will:

- Support implementation of the Leicester, Leicestershire and Rutland Transformational plan for mental health and wellbeing services for children and young people 2015-2020[21]
- Ensure the changes with the Education, Health and Care Plan include mental health needs, including the Preparing for Adulthood (Transition) pathway for young people.
- Ensure the review of Child Mental Health services links with the adult mental health and autism pathways
- Improve access team to Child & Adolescent Mental health services (CAMHS) and other specialist support
- Commission services that have robust processes and practice in supporting young people leaving children's services.
- Commission a range of low intensity early help, advice and information services specifically for young people
- Work with children, young people and their families, schools, colleges and universities to identify individuals earlier and understand their needs, and to promote mental health and well-being.
- Develop the work force so that all services caring for children and young people can identify mental health risk factors and signpost to timely and appropriate services.
- Develop a family approach to mental health care, which focuses on protecting the emotional health and wellbeing of children and young people.

What will this means for me?

- I will be able to find information on options available to me as I plan for my future.
- I will have my needs better understood as I go through life changes.
- I will have flexible support available to meet my needs.
- I will be able to access appropriate care pathways.

Carers

Where are we now?

Providing support for and reducing the risks to, the health and wellbeing of carers are significant challenges for health and social care services. Evidence indicates that carers have higher levels of stress and anxiety and poorer physical health than the population generally.

Services need to be arranged in a way that ensures people's needs are met in the communities where they live and that their carers feel confident about the carer their loved one is receiving.

The Care Act 2014 made the following changes to support for carers:

- Putting carers on an equal legal footing to the people they care for
- Giving all carers the right to receive an assessment for support from their local authority
- Placing an emphasis on carers' wellbeing: ensuring that services are in place to protect their dignity, promote their physical and mental health, and ensure they are able to lead a fulfilling life
- Placing a duty on local authorities to prevent or delay a carer's need for support by investing in preventative support services

In Leicester there are currently an estimated 30,000 carers. While not all carers need formal support, there is evidence of a large potential gap between need and service provision. For instance there are 7,000 recipients of adult social care but there were only 1,972 completed carers' assessments in 2013/14. There is inconsistent recording of carers on General Practice registers. There are 249 young carers known to social care services, when census results indicate that there may be four to five times as many young carers in the city.

The ethnic background of known carers in Leicester is changing. Based on the proportion of carers' assessments by social care services, carers from Asian/Asian British ethnic backgrounds have increased since 2007/08, from 33.3% to 37.5%. Those from White/White British ethnic backgrounds have decreased from 61.8% to 54.7%.

There are key times within life when issues arise and needs change as people mature and age:

- Leaving home for the first time
- Leaving your home locality for education or work
- Marriage or relationship breakdown
- Birth of a child
- Retirement
- Bereavement.

The significance of these must not be underestimated.

There are a range of services available within the voluntary and community sector which support carers with things such as information and advice, advocacy, training and peer support. These are being enhanced to ensure carers receive the support they need.
Not all carers will require or want help, but there is a significant number, estimated to be 16,000 people who could require some degree of support. Following the introduction of the Care Act, early estimates and demand modelling suggest that Adult Social care could see a significant increase in the number of carer assessments, the figure for 2015/16 is estimated to be almost 4,000 completed assessments almost double last year's figure.

What do users and carers say?

- Better recognition for carers of all ages, including informal carers and multiple carers.
- Carers' assessment of their needs, commensurate with the caring role.
- Better access to advice and support where the cared for person is not eligible for ASC provision.
- More respite care, more culturally specific services.
- A range of services which are flexible.
- Better information at an earlier stage in different languages, accessible communication and signposting to helpful services and networks.
- Advocacy for carers, including support to remain in employment.
- Better peer support.
- Training for carers.
- Help to manage direct payments, including Carers' Direct Payments.

Commissioning Intentions

Leicester City Council and Leicester City CCG will:

- Improve identification of carers on GP and social care registers.
- Ensure health and social care providers collaborate to improve the assessment and advice offered to carers; learning from and involving carers at every stage of planning and designing services and changing ways in which services are provided.
- Involve carers in local planning and service development
- Ensure that there is consistent formal assessment of individual carer's needs by health and social care staff.
- Increase the range and provision of short break services for carers.
- Improve monitoring and data collection from services which support carers.
- Further work to encourage young carers to register as carers and offer appropriate support.
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What this means to me?

- I will know that the people who support me will have their own support needs met
- I know my carer's voice will be heard
- I know information, advice and guidance is available for my carer


There are 6.5 million carers in the UK today
61% of carers have faced depression because of their caring role
Every day 6,000 people become carers

Measuring Local progress:

OBJECTIVE / PRIORITY	Outcome being measured	INDICATOR	SOURCE / FREQUENCY	Rationale for indicator
Wider Determinant	Poverty	Proportion of children in poverty	Annual DfE	Neurotic disorders are more frequent in lower socio-economic groups. ONS has showed higher prevalence of mental health needs in children from lower socio-economic groups. As children and adults from disadvantaged backgrounds are more likely to suffer mental ill health, measures of deprivation may help to target services
Wider Determinant	Educational attainment	GCSE achieved (5 A*-C including English & Maths)	Annual DfE	Education has a bearing on employment and social inclusion, both of which have a bearing on mental health. Certain groups are at risk of common mental health problems, such as those with no, or low level qualifications and the unemployed. Individuals with psychotic disorder are most likely to have left school before age 16
Wider Determinant	Employment	% of the population of working age (16-64) who are economically active	Annual NOMIS	Unemployment is associated with social exclusion, which has a number of adverse effects, including reduced psychological wellbeing, greater incidence of self-harm, depression and anxiety. Employment can have a beneficial effect on mental health, boosting a person's confidence and self-esteem. Unemployment is a cause and consequence of mental ill health.

Wider Determinant	Homelessness	Rate of statutory homelessness	ONS	Mental ill health is both a cause and a consequence of homelessness. Existing disorder is made worse by homelessness. Compliance with treatment is difficult for homeless people.
Risk factor	Reducing alcohol and/or drug harm	Rate of hospital admissions for alcohol and/or drug related harm	NHSOF/PHOF	There is an association between increased alcohol / drug consumption and mental ill health. Alcohol / drug consumption is a cause and consequence of mental ill health.
Risk factor	Parity of esteem for MH	*New national measure being developed*		Parity of esteem is the principle by which mental health must be given equal priority to physical health. Mental ill health is associated with increased physical morbidity. Poor physical health increases the risk of mental ill health. Parity of esteem will become the norm for people with severe mental ill health to get regular physical health checks and for people with chronic physical health care problems to get regular mental health checks.
Population Health		Prevalence of mixed anxiety and depression - persons aged 16-64	PHE	Depression and anxiety are among the greatest contributors to mental ill health. Predominantly treated in primary care.
Early Intervention	Access to IAPT	Ratio of the number of people entering talking therapies to the estimated number of people with depression and/or anxiety	CQC mental health crisis data	Specialised early intervention can benefit people with mental ill health.

Crisis Response	Effective crisis response at home	Home treatment episodes as a % of crisis team referrals	CQC mental health crisis data	Crisis care at home is intensive short term support for people who can safely be cared for in the community.
Crisis Response	Acute admissions	Ratio of observed to expected number of emergency acute admissions for**:** Self-harm	CQC	Following an episode of self-harm there is a risk of suicide.
Effective Treatment	Prescriptions of antidepressants	Number of items prescribed per 1000 population	HSCIC PCA data	People with persistent subthreshold depressive symptoms or mild depression are prescribed antidepressants.
Effective Treatment	Access to IAPT	Percentage of referrals entering treatment from IAPT		IAPT routinely measures the performance of mental health services to highlight those areas where improvement is needed. This indicator describes the percentage of people who are referred for psychological therapies who received psychological therapies.
Effective Treatment	Stable accommodation	Psychological Therapies, 2011/12	Annual ASCOF	Ensuring that people with mental ill health have a safe and stable home is a crucial part of recovery and rehabilitation. A stable home provides a sense of identity and belonging, giving people a base from which they can recover.
Effective Treatment	Enhancing quality of life for people with mental health needs	Proportion of adults in contact with secondary mental health services in employment	Annual ASCOF 1f	The measure shows the percentage of adults receiving secondary mental health services in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.

Effective Treatment	Diagnosis of dementia	Ratio of recorded to expected prevalence of dementia	Community Mental Health profile	Known cases of dementia as a proportion of estimated prevalence
Effective treatment	Re-attendance at A&E	% of emergency admissions via A&E for a MH condition (for patients with a history of previous MH contact) that returned to A&E within 30 days (for any reason)	CQC mental health crisis data	Emergency admissions should be avoided through the use of community based services and early intervention.
Effective treatment	Care for those with severe mental health problems	% of people with a severe mental health disorder with a comprehensive care plan in place	CQC mental health crisis data	Care planning is a way of co-ordinating mental health services for people with severe mental ill health.
Effective Treatment		Suicide rate (per 100,000)	Community mental health profile	A person may be more likely to take their own life if they have mental health ill health
Outcomes		Rate of recovery for IAPT (%)	LCC PH data	IAPT is care for people with depression and/or anxiety disorders, as determined by scores on the Patient Health Questionnaire.
Outcomes		Under 75 mortality rate in people with a serious mental ill health	NHSOF	People with a serious mental ill health are defined as those who have been in contact with specialist secondary mental health services at any time over the previous three years; including out-patients, people in contact with community services and in-patients.

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