Leicester City Council

NHS
Leicester City
Clinical Commissioning Group

Joint Mental Health Commissioning Strategy for Leicester

April 2015 – March 2019

Signed for and on behalf of:	Signature	Organisation Logo
Leicester City Council **Adult Social Care Services**		Leicester City Council
Leicester City CCG		NHS Leicester City Clinical Commissioning Group
Leicestershire Police		Leicestershire Police Protecting our communities

Contents

Foreword

This Joint Mental Health Commissioning Strategy for Leicester supports the Health and Wellbeing Strategy *Closing the Gap*[1] and the Better Care Together Strategy. It builds on the evidence published in the JSpNA on Mental Health in Leicester,[2] and it should be taken together with other strategies which can have a positive impact on mental health, such as the Leicester *City Mayor's Delivery Plan* and the local Autism Strategy.[3]

At a time of increasing pressures on funding it is important that we focus our resources on those who need the most support, whilst continuing to enable those with lower needs to improve or maintain their health, wellbeing and independence.

We recognise that it is important for commissioners to use strategic opportunities to link mental health and wellbeing to all health and social care initiatives. Commissioners will also work to ensure that our strategic approach supports the Leicester, Leicestershire and Rutland Mental Health Charter and pledges made in recent Summits on Mental Health in Leicester.

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.**

This strategy is the contribution of Leicester health and social commissioners to the challenges set out in the Better Care Together (BCT) mental health programme. BCT is a partnership of NHS organisations and local authorities. It is driven by a shared recognition that major changes are needed to ensure that services are of the right quality and capable of meeting the future needs of local communities.

Our existing service	What are we going to do	Our outcomes in 5 years
• Wellbeing inequalities and low life expectancy: we need to support parity of esteem • Mismatch between service need and location: we need to align service across LLR • Waits for some services are too long: we need to ensure people receive timely care • Focus on treatment: we need to increase prevention service • Not enough crisis resolution and outreach including drug and alcohol: we need to expand care	• Increase life opportunities through the use of personal budgets and direct payments • Ensure that people can live in their local area, even if they have complex needs that may present challenges • Develop solutions with education to reduce reliance on Children and Adolescent Mental Health Service • Ensure that housing needs are considered and met in both planning and provision, so reducing the use of residential care • Ensure that all health needs are met appropriately in community settings only using a hospital setting when the medical condition dictates it. • Ensure that appropriate support and opportunities are available at the different life stages enabling people to be as independent as possible • Ensure that carers get the right level of support and breaks	• Increase in parity of eastem • Reduce incidence of mental health conditions • Reduced crisis escalation episodes, with quicker response times when required • Reduced delays in discharge and length of stay • Integrated pathways and case management for people • Reduced reliance on acute services

We will:

- Develop a peer support model for early interventions
- Develop case management capability in all sectors to maintain relationships for people at time of crisis
- Review what CAMHS capacity is required
- Develop locality based teams to manage care close to home
- Ensure services are equipped to deal with physical and mental health needs – parity of esteem
- Crisis responses service that responds in a timely way to support recovery

Our Joint Mental Health Commissioning Strategy shows that we are committed to increasing the pace of change. We will build on the prevention agenda, with a greater focus on child and adolescent care and tackling stigma and discrimination associated with mental ill health. We will target other policy areas such as employment, education, accommodation, caring and early year's services, where mental health has a large contribution to make. We will encourage self-help, self-referral, and recovery, as well as improvements to service delivery.

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.

We have engaged with service users, carers and providers in the development of our strategic priorities.
These will be;

- The promotion of mental wellbeing.
- Early intervention in mental health.
- Improvements to primary, secondary and crisis care for people with mental ill health.

Such improvements will be built on collaboration between the statutory, voluntary and community sectors, promoting rights and recovery, addressing stigma and improving service outcomes.

This strategy is a "live" document. 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.

Introduction

No health condition matches mental ill health in the combined extent of prevalence, persistence and breadth of impact. That is why improving mental health and emotional resilience for all and improving outcomes for children and young people, are key priorities in the Leicester Joint Health and Wellbeing Strategy, *Closing the Gap*. It is also why mental health is central to Better Care Together.

This Joint Commissioning Strategy on Mental Health in Leicester 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. These focus on increasing individual and community resilience to protect against mental disorder and to increase individuals' control over their own lives. A summary of the findings is included in the table below.

Summary of the findings of the Joint Specific Needs Assessment on Mental Health in Leicester

Mental health promotion	Mental health is everyone's business. Policies to improve the economy, education, environment and transport, as well as health and social care, can contribute to mental wellbeing. 5 Ways to Wellbeing is an important initiative. More investment is needed for mental health promotion.
Perinatal maternal mental health	Moderate to severe depressive perinatal maternal mental disorders affect 150-250 women in Leicester each year. Resources available to help women include universal and specialist outreach services. The closest in-patient mother and baby unit for perinatal mental disorder is in Nottingham. Better use of universal services will help women and families.
Children and adolescents	Most mental disorder results from childhood experience. 3,500-5,000 children have mental illness in Leicester each year. Statutory and voluntary providers work with specialist CAMHS. Protecting childhood mental health now will sustain future mental wellbeing. Commissioners should seek to develop joint frameworks to ensure better use of non-specialist resources. Services should target the vulnerable; those in deprived areas and looked after children.
Students	There are 35,000 students in Leicester. Mental disorders can negatively impact on study and have long term effects. Universities offer specialist mental health support and counselling. Local GPs, IAPT, PIER team and the voluntary sector offer support. Strategic support is required to develop student mental health services.

Working age adults	A GP with 2,000 patients would expect to treat 50 people with depression, 10 people with a serious mental illness, 180 people with anxiety and a further 180 or so with milder degrees of depression and anxiety. Adult mental health care is based on a stepped care model and includes Open Mind IAPT, Community Mental Health, Access and Complex Care Services. Voluntary and Community Sector organisations provide essential support. Commissioners should support the development of services in primary care and the community to sustain mental wellbeing and to support people with mental disorder. Commissioners should work with service providers and other partners, such as the Police and the voluntary sector to develop crisis care provision.
Older People	As people live longer so mental disorder in old age is becoming more of a problem. Depression is the most common mental disorder in later life, affecting 3,000-4,500 older people in Leicester; Schizophrenia affects about 1% of the older population. Dementia, delirium and substance misuse are also linked with poor mental health in older people. Mental disorder in old age is affected by deprivation, bereavement, isolation and physical disorder.
Equalities	Mental disorder disproportionately affects minorities, and these groups have difficulty accessing appropriate care. Although services, such as Assist, Inclusion Healthcare and Open Mind IAPT have improved treatment for minorities, more services are needed to sustain mental wellbeing, improve access to specialist therapy and reduce Mental Health Act detentions. Commissioning must also meet the needs of those with learning disability, veterans and carers.
Suicide	In Leicester about 32 people take their own lives each year; the second highest rate in England. Most deaths are from hanging or overdose. Most at risk are males aged 35-54. There is a need for real time surveillance of information to enable better review and response to suicide.
Offenders	Prisoners and offenders have high rates of mental disorder compared with the general population. IAPT and the Probation Trust work together to provide better access to mental health care. Local and specialist commissioners should learn from this model, to work together to improve mental healthcare for prisoners and offenders.
Dual Diagnosis	There is an association between mental disorder and substance misuse. Mental health services should take the lead in treating people with dual diagnosis.

The needs assessment 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.

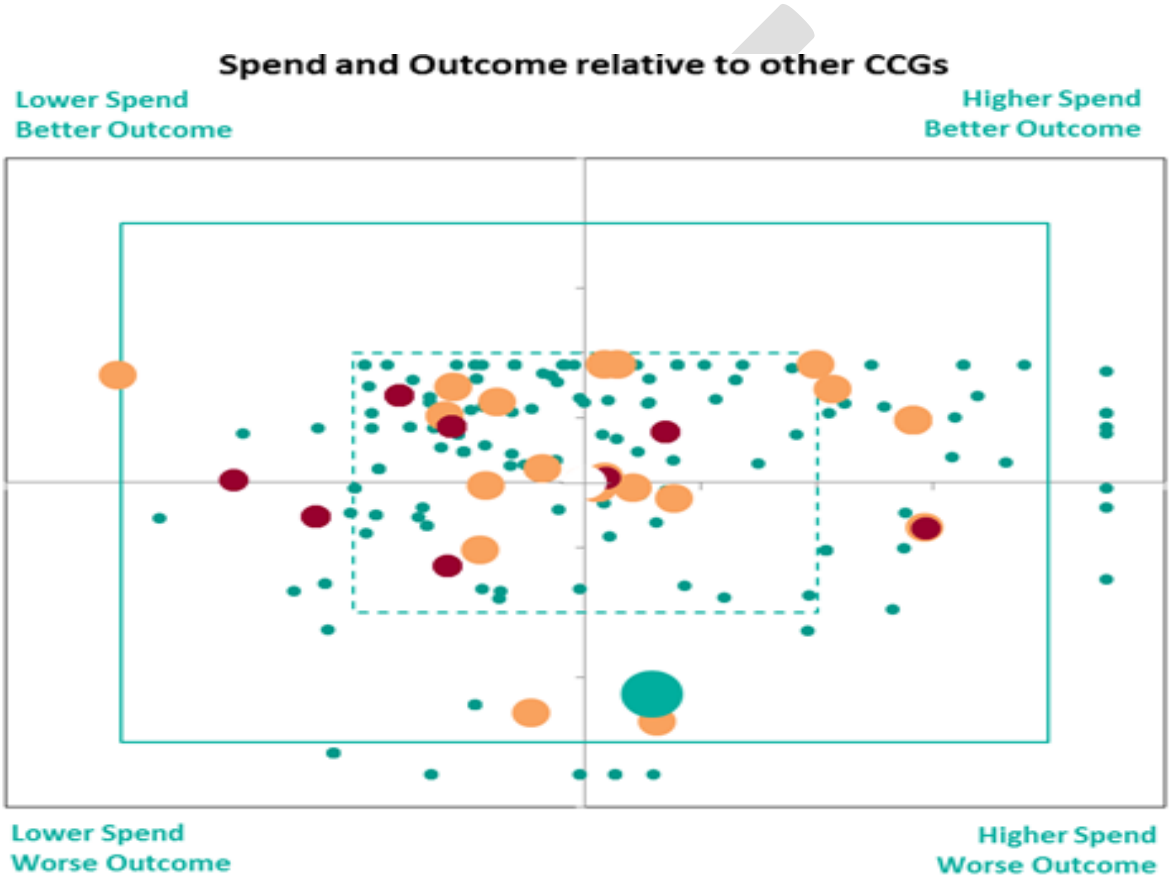
Of vital importance to us is the requirement to support mental health in our diverse population. According to national evidence relative mental health need, access to services and outcome of care is different for people from Black and Minority Ethnic (BME) backgrounds compared to their White/White British counterparts. There are barriers for BME communities in the use of mental health services. Research highlighted that cultural and social factors can play a key role in how and when BME communities access Mental Health crisis support services[1]. For instance young people and those who lived alone were more likely to take longer to receive treatment; people from Black/Black British backgrounds were more likely to have first contact with mental health services in a crisis situation than white or Asian patients and Asian patients and carers were the most likely to think that there were faith-based or supernatural explanations for their symptoms and to first seek help from faith organisations.

It is important therefore 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 competent staff and improve the ways in which people from BME communities first access mental health services and programmes that specifically focus on increasing mental health awareness in BME groups.

Key challenges include improving the availability of specialist mental health services and psychological therapies, and to give mental health care parity with other health and social care services. When people experience mental ill health they should have timely access to the right treatment, be treated with respect, and have their views and preferences valued.

[1] [1] Ethnicity, detention and early intervention: reducing inequalities and improving outcomes for black and minority patients: the ENRICH programme, a mixed –methods study, National Institute for Health Research, Volume 1 Issue 3 December 2013.

We know that we have a long way to go. The following diagram is a CCG Spend and Outcome Tool analysis for mental health care for 2011/12. The different quadrants indicate the comparative spend and outcome on different services. The large dot in the bottom right quadrant is Leicester. Orange dots are peer areas, green dots are other CCGs. Our health and social care budget amounts to £53 million. This tool shows poor impact on adult mental health in Leicester for comparatively high expenditure. Although the picture will have changed over the last couple of years, this is important baseline information which has helped us to develop joint recommendations for change.



This Joint Commissioning Strategy aims to improve these outcomes, focusing on value for money and factors which are crucial to mental health and wellbeing, such as personalisation, accommodation, health, education and employment, preparing for adulthood and carers.

Progress in delivering the strategy will be monitored and reviewed on at least an annual basis. The table below shows that our chosen indicators will cover 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 Diagnosis of dementia Re-attendance at A&E Enhancing quality of life for people with mental disorder	Health Accommodation Preparing for adulthood Carers
Outcomes	Suicide rate per 100,000 Rate of recovery for IAPT Under 75 mortality rate for people with mental disorder	Health

We have confidence that the objectives of this strategy can be realised and that by 2019 mental health and social care in Leicester will have improved. The Joint Specific Needs Assessment and the Better Care Together workshops and stakeholder engagement about the strategy show that there is a broad consensus about the mental health outcomes that we want to achieve. There is also a desire to implement these outcomes based on a partnership between the Health and Wellbeing Board, the local authority and local NHS organisations, the voluntary sector and service users and carers.

Personalisation

Where are we now?

Personalisation is an approach to social care in which every person in receipt of support, whether self-directed or provided by statutory organisations, will have choice and control over their care.

Personalised services are associated with direct payments and personal budgets, under which service users can choose the care they receive. However the scope of personalisation is wider than giving personal budgets to people eligible for local authority 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 available to date has often not been adequate. For personalisation to make a difference for people with mental ill health requires improved information and advice on care and support for families, investment in preventive services to reduce or delay people's need for care 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 disorder.

What do service 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:

- **Personal Health Budgets**- Direction of Travel Personal health budgets are initially available for people who are eligible for NHS Continuing Care.
- **Healthcare**- People have had a 'right to ask' for a personal health budgets since April 2014, this became a 'right to have' a budget from October 2014. The NHS Mandate commits to a further roll out of personal health budgets to people who could benefit from April 2015.
- **Enablement**- 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.

What will we do?

Leicester City Council and Leicester City Clinical Commissioning Group will;

- Ensure that more people will have greater choice and control over their lives through personal health budgets.
- Work together with the providers to develop a range of options, including personal support needs, housing, employment, education, social activities, transport options, respite and short breaks.
- 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 to ensure that available services and support are responsive to individual needs. This will be facilitated through the Better Care Together strategy.
- Work with the provider market to develop a range of support options (informed by user feedback) available to self-funders and eligible individuals to choose using their personal budget.
- Work with communities and the voluntary sector to support the expansion and enhancement of preventative and early intervention support for people with mental health needs and their carers.

What will this means 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 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.[4]

Support with housing 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 are to be avoided.

The home is sometimes the setting for packages of care, informal family and community support. Some housing providers have experience in designing and delivering services that enable positive health outcomes.

Settled accommodation is important across the life course. 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.

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. These providers offer a range of supported living options across the city with different facilities available to meet individual needs.

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 service 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 encountered by people with mental disorder.
- 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 disorder.
- 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.

How much are we spending?

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 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;[5]

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

As accommodation and support needs vary so there are different styles of supported living. 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 to move on to greater independence.

Commissioning intentions

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

- Monitor the rate of homelessness in Leicester.
- Monitor the impact of services on stable accommodation.
- Work to inform and shape the Homelessness Strategy to reflect the importance of poor mental health as both a cause and consequence of homelessness.
- Develop understanding of people's housing needs, with a particular focus on support to ensure people have the right housing (including legal issues regarding tenancy).
- Explore and develop options to support people locally who are currently in out-of-area placements.
- Work with housing providers to ensure the availability of more properties.
- Develop mental and physical health care 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).

What will we do?

Leicester City Council and Leicester City Clinical Commissioning Group will:

- Support people to live in mainstream housing. And provide information about housing and support options to people and their carers
- Provide information about housing and support options to people and their carers.
- Support people living at home with their families where this is their choice to enable them to plan for their future housing needs.
- Ensure more people own their own home or live in rented accommodation with tenancies, where appropriate.
- Ensure housing departments know about the housing needs of people with poor mental health and include this in local plans

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.

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.

How much are we spending?

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.

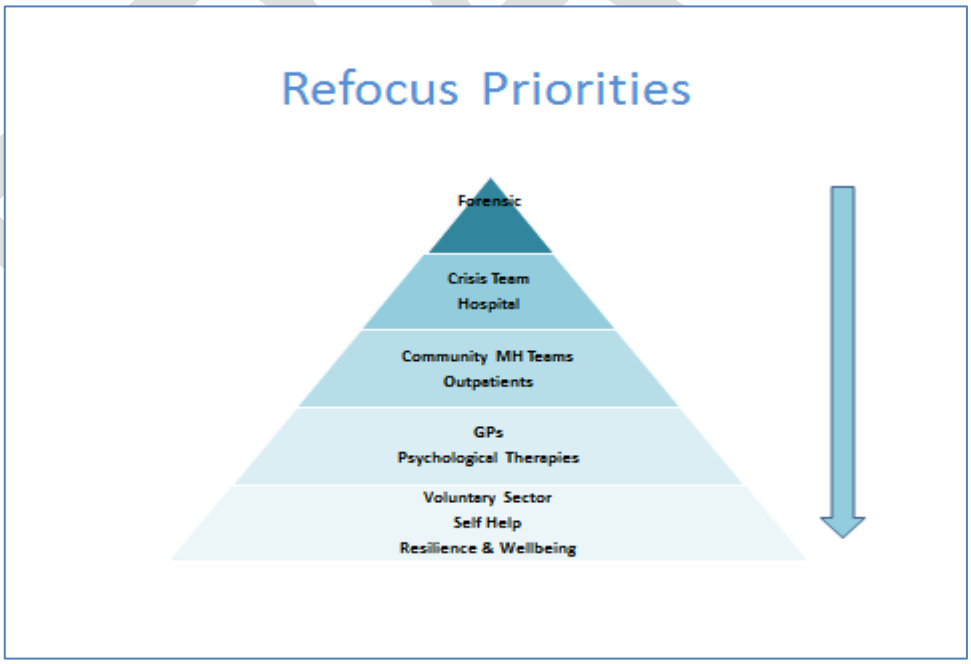
What do service users and carers say?

- 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 alternatives to IAPT which will enable service users to have a choice 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.



Progress on commissioning intentions will be measured by their impact on a range of treatment and outcome indicators, such as prescriptions of antidepressants, access to IAPT, and attendance at emergency departments, crisis response and parity of esteem for mental health.

Leicester City Council and Leicester City Clinical Commissioning Group will work with BCT partners to implement this strategy. 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.
- Develop Mental Health First Aid training for professionals, employers, communities and faith groups.
- 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 West Leicestershire and East Leicestershire Rutland Clinical Commissioning Groups and NHS Leicestershire Partnership Trust to remodel and improve response times from crisis response and home treatment services.
- Consider commissioning third sector support service for cohorts of patients who regularly present to crisis response services.

Improve inpatient care services

- Work with West Leicestershire and East Leicestershire Rutland Clinical Commissioning Groups and 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.

Develop alternatives to hospital admission

- Work with partners to evaluate and review the LLR Crisis House pilot and inpatient step down service, within the context of the need of the population of Leicester City.
- Continue to explore alternatives to hospital, including potential Third sector provision.

Strengthen primary and community based support 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.

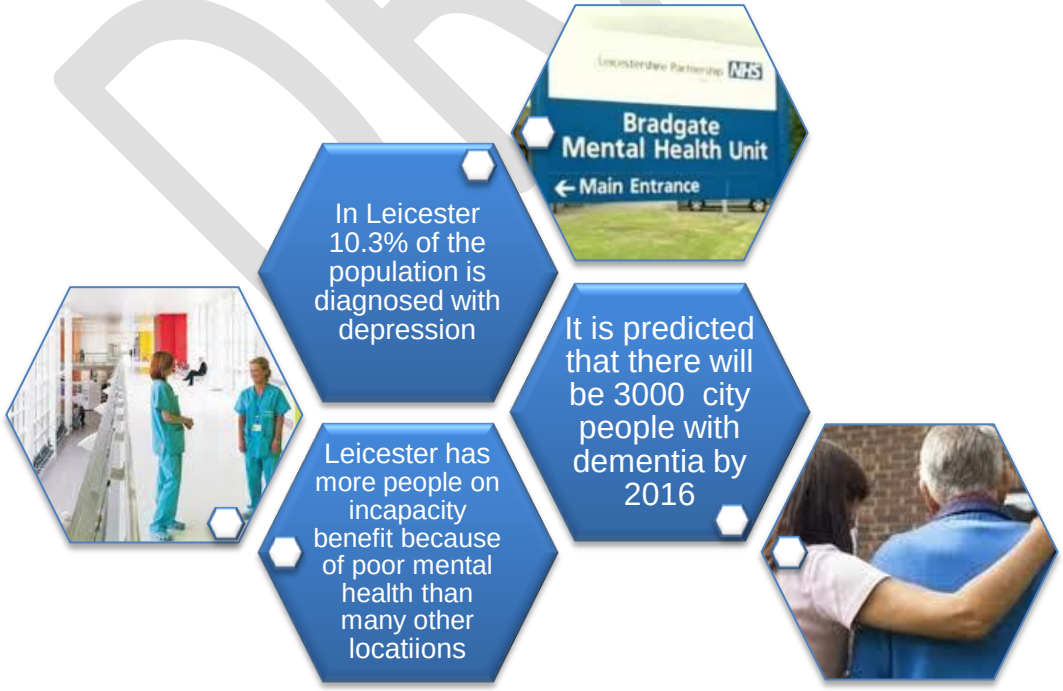
- Review existing funding to Third sector (including VCS) providers to ensure services are locally targeted and support the objectives of the BCT Mental Health Strategy.
- Develop peer support and social networks to support and sustain recovery and resilience.

Improving rehabilitation services

- Enable more timely recovery.
- Accelerate recovery and return of people in rehabilitation placements away from home.
- Provide care closer to home.

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 improved access to mental health acute/crisis care.
- I will have quicker crisis response times.
- I will have shorter lengths of in-patient stay, reduced delayed transfers of care and increased home treatments.



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. As a city with 2 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.

Education has a bearing on employment and social inclusion, both of which have can affect mental health. 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.[6] In addition 54.8% of Leicester children achieve 5 GCSEs at grades A to C, compared with 60.8% for England.[7]

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. 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.[8] 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. 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 service 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 number and range of Recovery College 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 service users can find and sustain paid employment.
- DWP/Job Centre need to be more aware about mental ill health.
- 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.
- Support public mental health programmes aimed at reducing the risk of social exclusion and discrimination associated with mental disorder.
- Ensure that education, employment and training are seen as keys to recovery from poor mental health
- Ensure all personalisation work includes people accessing employment, education, training and social activities.
- 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.
- Support further engagement with local employers and promote working in partnership.
- Promote joint opportunities for training.
- Ensure recovery is at the centre of employment initiatives.
- Continue to work with local student bodies, universities and colleges to promote opportunities for employment.
- Engage with key local private and statutory sector employers to promote mindful employment.
- Support the development of the LLR Recovery College.

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. The Annual Report of the Chief Medical Officer (CMO) 2012, *Our Children deserve better: Prevention Pays*[9] 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. Furthermore, many adult services are difficult for young people to access. Other national policy drivers for the health and wellbeing of younger people include the Care Act, which gives young people a legal right to request an Adult Social Care Assessment before they turn 18 years; and the Children and Families Act 2014 which includes reforms to Special Educational Needs Disability (SEND) up to 25 years with the introduction of Education, Health and Care Plans and new planning for Preparing For Adulthood that replaces the 'Transition' phase. Information and Advice has a specific duty to be delivered through a web based 'Local Offer' site to ensure young people and their families are aware of all services available to them locally.

Common mental health disorders 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[10] and 1,422 young people aged 10-17 years were first time entrants into the criminal justice system;[11] both of these measures are worse than the England average. However, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is lower than the England average.[12]

There are a variety of statutory education, health and social care services and a number of voluntary and community services offering general and specialist support to children and families. Commissioners and providers should recognise the lifelong impact of poor childhood mental health. Whilst there is an imperative to develop more effective services to treat mental ill health in Leicester, an improved focus on the mental health and wellbeing of children and adolescents could have a major long-term beneficial impact on mental health and wellbeing in Leicester.

Leicester is a 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.

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 eligible for in the future.

The Children and Families Act 2014introduces a much stronger emphasis on the young person's aspirations and outcomes through the Education, Health & Care Planning process, with a specific focus on Employment, Independent Living, Community Inclusion and Health from their year 9 review. The Local Offer site has a discrete 'Preparing for Adulthood' section where young people & their parents can look for information, support & opportunities. The Family Leadership programme is a multi-agency approach to raising awareness with families about the changes in legislation and helping them in planning for the future.

What do service 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.

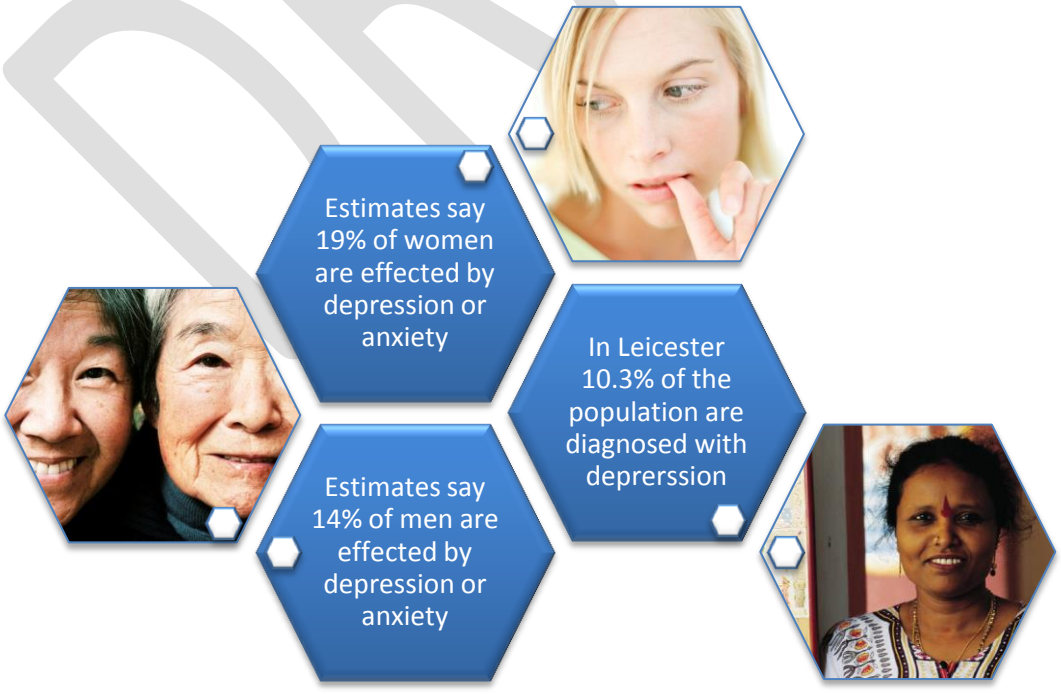
Commissioning Intentions

Commissioning teams in both health and social care will:

- Influence how services are planned and delivered for young people with mental ill health.
- Work with children and families, schools, colleges and universities to identify individuals earlier and understand their needs.
- Facilitate service developments that support personalisation.
- Ensure the changes with the Education, Health and Social Care Plan include mental health needs.
- Refresh the Preparing for Adulthood (Transition) pathway for young people as processes evolve.
- Ensure the review of Child Mental Health services links with the adult mental health and autism pathways.
- Ensure that information is available in a range of accessible options.
- Work with local schools, colleges and universities to promote mental health and wellbeing.
- Ensure that all services caring for children and young people can identify mental health risk factors and signpost to timely access to appropriate services.
- Develop strategic contact with welfare services at schools, colleges and universities to develop an integrated approach to mental health care for young people and young carers caring for people with mental ill health.
- 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 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 support available to meet my needs.
- ❖ I will be able to access appropriate care pathways.



Carers

Carers provide unpaid care by looking after people who are ill or disabled. Often the care recipients would be unable to live independently without assistance. Whilst carers care for people with mental ill health, they also experience higher rates of mental ill health themselves. Most carers are adults, but of the 25,000 self-reported carers in Leicester at the time of the 2011 Census, there were 1,200 aged below 18 years. Without appropriate support the personal costs of caring can be high.

Providing support for and ameliorating 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.

Where are we now?

In Leicester there are currently an estimated 30,000 carers. While not all need formal support, there is evidence of a large gap between need and service provision. For instance there are 7,000 recipients of adult social care but there are only 1,752 completed carers' assessments. 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%.

What do users and carers say?

Carers in Leicester report that they want more information on carers' benefits and services. They also require more respite care, more culturally specific services, accessible communication and signposting to helpful services and networks. Carers need more training and different types of respite care. 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.

Carers want:

- 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 employment support.
- Better peer support.
- Training for carers.
- Help to manage direct payments, including Carers' Direct Payments.

What will we do?

The main themes which emerge for carers of people with mental health needs are:

- Identify carers across Leicester by keeping and maintaining 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.
- 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.
- Ensure carers are involved in commissioning.
- Improve monitoring and data collection from services which support carers.
- Provide the support for carers in a range of different ways, reviewing current provision and listening to the different views and needs of carers.
- Further work to encourage young carers to register as carers and offer appropriate support.

What this means to me?

- I will know that the people who support me will have their own support needs met

Measuring Local Priorities

OBJECTIVE / PRIORITY	Outcome being measured	INDICATOR	SOURCE / FREQUENCY	Score	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 disorders in children from lower socio-economic groups. As children and adults from disadvantaged backgrounds are more likely to suffer mental disorder, 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 harm	Rate of hospital admissions for alcohol related harm	NHSOF/PHOF		There is an association between increased alcohol consumption and mental ill health. Alcohol consumption is a cause and consequence of mental disorder.

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 disorder. Parity of esteem will become the norm for people with severe mental disorders 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 disorders	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 disorder	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 a mental health disorder
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 (PHQ9) for depression and/or the Generalised Anxiety Disorder (GAD7) for anxiety disorders, or other anxiety disorder specific measure as appropriate for the patient's diagnosis.
Outcomes		Under 75 mortality rate in people with a serious mental disorder	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.

References

[1] The Joint Health and Wellbeing Strategy for Leicester at http://publications.leicester.gov.uk/jointhealthandwellbeingstrategy/

[2]

[3] A full list of the relevant documentation: Leicester City Joint Commissioning Strategy for Mental Health 2011-2013; Closing the Gap Strategy for the Leicester City Health and Wellbeing Board; Mental Health Charter renewed 2014; Leicester City Clinical Commissioning Strategy 2012-2015;Better Care Together Strategy (LLR Five Year Plan); No Health Without Mental Health: a cross- government mental health outcomes strategy for people of all ages; Care Act 2014; Closing the gap: priorities for essential change in mental health; Measuring National Well-being; Outcomes Frameworks (Adult Social Care, NHS, Public Health); Talking therapies (DH 2011); Preventing suicide in England (DH 2012) ; Caring for our future : reforming care and support (DH 2012)

[4] Community Mental Health Profile 2013 at http://www.nepho.org.uk/cmhp/index.php?pdf=E06000016

[5] Does not include 100% funded health cases

[6] Community Mental Health Profile 2013 ibid

[7] Leicester Child Health Profile at http://www.chimat.org.uk/resource/view.aspx?RID=101746&REGION=101631

[8] Community Mental Health Profile 2013 ibid

[9] Chief Medical Officer

[10] Child Mental Health Profile ibid

[11] Community Mental Health Profile 2013 ibid

[12] Child Mental Health Profile ibid