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*Leicester City
Clinical Commissioning Group*

Mental Health Strategy Refresh April 2015 – March 2019



Background



Local Strategies and Influences

- **Leicester City Joint Commissioning Strategy for Mental Health 2011-2013**
- ***Closing the Gap* Strategy for the Leicester City Health and Wellbeing Board**
- **LLR Mental Health Charter renewed 2014**
- **Leicester City Clinical Commissioning Strategy 2012-2015**
- **Better Care Together Strategy (LLR Five Year Strategy 2014-2019)**



Background

- **Other legislation & national influences**
- **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, Life in the UK, 2014**
- **Outcomes Frameworks (Adult Social Care, NHS, Public Health)**
- **Crisis Care Concordat**



No health without mental health



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6 objectives:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination



Sections



- **Personalisation**
- **Accommodation**
- **Health**
- **Employment, Education & Day opportunities**
- **Preparing for adulthood**
- **Carers, including short breaks**

Making it happen



Key findings of needs assessment on mental health in Leicester



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- **Mental health is everyone's business**
- **Need to focus on wellbeing**
- **Improve universal and specialist services for women who have perinatal maternal depression**
- **Protecting children now will help to sustain future mental wellbeing**
- **Integrate voluntary and statutory services to improve children's mental health care**
- **Develop joint frameworks to ensure better use of resources**
- **Target resources to deprived areas and looked after children**



Needs assessment continued



- **Strategic support for student mental health services**
- **Develop better crisis care**
- **Self-referral for access to psychological therapy services**
- **Develop an integrated approach to mental health and social care services**
- **Better support for older people with mental illnesses such as depression, schizophrenia and co-morbidity of mental illness and substance misuse**
- **Improved mental health services for minority groups**
- **Support for people affected by someone taking their own life**
- **Mental health services should take the lead in treating people with dual diagnosis**



Where are we now?

Personalisation means starting with the person as an individual with strengths, preferences and aspirations.

Personalisation is about giving people much more choice and control over their lives in all social care settings including those integrated with health.

It is far wider than simply giving personal budgets to people eligible for council funding. It means ensuring that people have services such as transport, leisure and education, housing, health and opportunities for employment regardless of age or disability.



Commissioning intention

- **Personal Health Budgets- Direction of Travel**
Personal health budgets are initially available for people who are eligible for NHS Continuing Healthcare, who have had a 'right to ask' for a personal health budgets since April 2014 and this becomes 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.



What will we do

The Council and the Clinical Commissioning Group will work with providers to offer a range of clearly priced support options available to all eligible people to choose using their allocated personal health and social care budget. These will include personal support needs, employment, education, social activities, transport, respite and short breaks.

The Council and Clinical Commissioning Group will work jointly to ensure that the market is responsive to individual's needs. This will be assisted through the *Better Care Together* work streams.

Work with the provider market to develop a range of support options (informed by user feedback) available to eligible individuals to choose using their personal budget.

Expand & enhance preventative and early intervention support for people



What this means to me

- I will have a self-assessment and person centred support plan and will be supported with a personal budget if eligible
- I will have a range of accessible support options available to me to choose from including personal support needs, employment, leisure, day activities, transport, and flexible short breaks



Where are we now?

- There are a range of accommodation opportunities across Leicester, however the challenge is working with social housing AND private landlords providers to ensure properties are in areas where a person can feel safe and have access to the level of support they require. This support may be via a supported living package, a domiciliary care package or informal family and community support



Accommodation Commissioning Intention

- **Ensure the needs of people with mental health needs are explicit in relevant housing strategies**
- **Develop understanding of people's housing needs – in particular a 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**



- **Support people to live in mainstream housing & 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 are owning their own home or living in rented accommodation with tenancies**
- **Ensure housing departments know about the housing needs of people with mental health needs and include this in their local plans**



Accommodation what this means to me

- **I will live in my own home / individualised accommodation, if applicable**
- **I will have a choice from a range of housing options to live where I choose and with whom I live and support to access these**
- **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 if this does not suit me.**



Health Stepped care Model



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The stepped care model

The recommendations in this guideline are presented within a stepped care framework that aims to match the needs of people with depression to the most appropriate services, depending on the characteristics of their illness and their personal and social circumstances. Each step represents increased complexity of intervention, with higher steps assuming interventions in previous steps.

Step 1: Recognition in primary care and general hospital settings

Step 2: Treatment of mild depression in primary care

Step 3: Treatment of moderate to severe depression in primary care

Step 4: Treatment of depression by mental health specialists

Step 5: Inpatient treatment for depression

	Who is responsible for care?	What is the focus?	What do they do?
Step 5:	Inpatient care, crisis teams	Risk to life, severe self-neglect	Medication, combined treatments, ECT
Step 4:	Mental health specialists, including crisis teams	Treatment-resistant, recurrent, atypical and psychotic depression, and those at significant risk	Medication, complex psychological interventions, combined treatments
Step 3:	Primary care team, primary care mental health worker	Moderate or severe depression	Medication, psychological interventions, social support
Step 2:	Primary care team, primary care mental health worker	Mild depression	Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions
Step 1:	GP, practice nurse	Recognition	Assessment



- **Large Mental Health provider covering Leicester, Leicestershire and Rutland – NHS Leicestershire Partnership Trust.**
- **Inpatients service been under significant pressure in recent year**
- **Lack of community based alternatives to support people in 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 with good access rates from BME communities’ in the city.**
- **Services where access needs improving e.g. specialist counselling, early intervention in psychosis and better crisis care.**



Where are we now? (continued)



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Need to make health services more responsive to needs of local communities, particularly BME and newly emerging communities

Need to meet the financial challenge on the NHS

How much are we spending?

Leicester City CCG spends:

- £42m on MH services from Leicestershire Partnership Trust
- £2m on IAPT services
- £650k on Voluntary and Community Sector



Commissioning intentions



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Through Better Care Together & Health and Social Care working jointly to commission services:

- **Improve self-care, education and prevention**
- **Increase community and primary care based services- more support at GP level**
- **Improve Crisis care (including alternative models of provision involving Voluntary and community sector)**
- **Improve inpatient care services and limit the need for out of county placements and delayed transfers of care**



Improve self-care, education and prevention:

- Peer support networks , Social Support groups, money advice and housing support services.
- Build personal resilience in younger people
- Educate people on mental health issues and the importance of early support
- Wider education on understanding mental health to reduce stigma



Community and primary care based services



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- **Increase IAPT provision in line with national requirements**
- **We need to strengthen the capacity of primary care to support more people rather than attending hospital outpatient services (in the same way as more physical health conditions are now managed out of hospital e.g. Diabetes care).**
- **Increase specialist MH services working more closely with GP's and in neighbourhoods. Recognise the VCS should have a key role to play in this supporting people in the community.**



Improve Crisis care and acute care



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- **Implement findings of a recent adult acute care pathway review.**
- **Improve response times from LPT crisis support teams**
- **Work with LPT to develop alternative options to inpatient care including crisis house and ‘step down’ facilities**
- **Explore opportunities to support people in community and primary care settings including the role that VCS can play in supporting people presenting in crisis.**



What this means to me



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- **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 day opportunities



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Commissioning intention

What will we do

- Ensure all actions under personalisation include people accessing employment, education and social activities.

What this means to me

- I will have a self-assessment and person centred support plan and 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 and social support



Where are we now?

Changes in the law

- The Care Act becomes law in 2015, 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 Adult Care and support services they may need.
- The current arrangements under Section 5/6 of the Disabled Person Act will cease.
- The Children and Families Act 2014 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.



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Adult commissioning teams in both health and social care will:

- influence how services are planned and delivered for young people with learning disabilities
- work with children, schools and families to identify individuals earlier
- jointly understand and assess needs
- facilitate service developments that support personalisation.



Preparing for adulthood

What will we do

- **Ensure the changes with the Education, Health and Social Care Plan are inclusive of Mental health needs including Autism**
- **Refresh the Transition pathway for young people as the new processes evolve**
- **Ensure the review of Child Mental Health services links with the adult mental health and Autism Pathway**
- **Ensure that information is available in a range of accessible options**



What this means to me

- **I will be able find information on options available to me as I plan for my future.**
- **I will be better understood by others, with a better understanding of my as I go through changes in life**
- **I will have support available to meet my needs.**
- **I will be able to access appropriate care pathways.**



Carers, including short breaks



- Where are we now?
- A total of 1752 carers have received an assessment.

There are other key transitional times within life as people mature and age:

- Leaving home for the first time
- Leaving your home locality for education or work
- Marriage
- Birth of a child
- Retirement
- Death of a partner or parent

The significance of these must not be underestimated, but can be very positive if supported appropriately.



Carers including short breaks

Commissioning intention

- To provide the support for carers in a range of different ways, reviewing current provision and listening to the different views and needs of carers

What will we do

- Continue to meet with and listen to carers on a regular basis
- Involve carers in the development of the Autism strategy & Autism Pathway
- Ensure people with a mental health need over the age of 65, and those with dementia are supported to access a range of services that best meet their assessed needs

What this means to me

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





Making it happen

What happens next



Appendices

- **Background**
- **JSpNA**
- **Better care together**
- **Delivery action plan**
- **Users and Carers views**
- **Carers Strategy**

