

Scrutiny Inquiry Report

Supporting Working Age Adults with Severe
and Enduring Mental Health Problems

Scrutiny Board – Adult Social Care
Published – 19th July 2010

**Scrutiny Inquiry Final report
Supporting Working Age Adults with
Severe and Enduring Mental Health
Problems
19th July 2010**



Introduction and Scope

Introduction

1. At the 6th May 2009 Adult Social Care Scrutiny Board meeting members expressed their concern at the lack of support for those individuals detained under the Mental Health Act and then discharged into the community. At that time it was felt that this area would be a potential item for the successor Adult Social Care Board to consider.
2. The newly established Adult Social Care Scrutiny Board expressed interest in conducting an inquiry in relation to Mental Health Services for working aged adults at its meeting on the 17th June 2009.
3. We wanted to determine if adequate support was provided to those with severe and enduring mental health problems by Leeds City Council, the Health Service and the Voluntary Sector.

Scope of the Inquiry

4. A scoping paper was presented to the Proposals Working Group for discussion on the 20th of July 2009.
5. Subsequently terms of reference for this inquiry were agreed at our Board meeting on the 9th September 2009. We agreed to focus on the following areas:
 - The current provision of care in Leeds and performance information.
 - The pathways into support services.
 - Choice and control for the individual or their representative.
 - The different types and scope of services provided by Voluntary Community and Faith Sectors, Private Sector and the Council and

how these compare in terms of quality and value for money.

Identification of levels of need and capacity, potential duplication or an element of the service that is missing in the City.

- Current and planned service changes (directed nationally or locally) and how this will impact on service provision.
6. We determined that it was important to conduct a joint inquiry with representation from the Health Scrutiny Board therefore participation from that Board was invited.
 7. We considered the best approach for carrying out this inquiry and concluded that by establishing a working group we would have the capacity to undertake the inquiry in greater detail. The members of the working group were:

Cllr Judith Chapman – Chair
Cllr Sue Bentley (Health)
Joy Fisher – co-optee
Cllr Clive Fox
Cllr John Illingworth (Health)
Eddie Mack - co-optee (Health)
Sally Morgan – co-optee
Cllr James McKenna
Cllr Eileen Taylor
 8. Throughout the inquiry the working group regularly reviewed the terms of reference and where necessary introduced other areas for consideration to facilitate the inquiry.
 9. We feel it is important to recognise the roles and responsibilities which the Adult Social Services Department and our partners in the Health Service and Voluntary Sectors have for the delivery of mental health services, whilst working



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towards the many requirements specified in a number of government agendas detailed at the end of this report.

10. Recognising the range of stakeholders involved and responsible for the delivery and success of mental health services, we received a range of evidence both in written and verbal form from the following:

- Officers from Adult Social Services
- Experts by Experience (Service Users)
- Leeds Partnerships NHS Foundation Trust (LPFT)
- NHS Leeds
- Voluntary organisations

11. The inquiry consisted of four working group sessions, the presentation of written information and feedback from individuals who are involved in the delivery of mental health services in Leeds. Further information relating to each of these sessions is detailed at the end of this report.

12. In order to promote our level of knowledge, the initial part of our inquiry consisted of gaining an understanding of mental health and the types of support provided by Leeds City Council and our Partners.

13. We are very grateful to everyone who gave their time to participate in this inquiry and for their commitment in helping us to understand, review and monitor this area.



Conclusions and Recommendations

Introduction

What is mental health? – Good mental health is more than the absence of management of mental health problems; it is the foundation for well-being and effective functioning both for individuals and their communities. Mental well-being is about our ability to cope with life's problems and make the most of life's opportunities; it is about feeling good and functioning well, as individuals and collectively. *New Horizons – Towards a shared vision for mental health, Department of Health 2009*

14. Our objective was to identify how well the Council and its Partners provide the necessary care to improve the health for those who suffer severe and enduring mental health problems, whilst understanding and identifying the types of support which benefit and promote social integration.
15. During the inquiry it became apparent that Mental Health Services are undergoing major change to ensure that support is based on the needs of the individuals rather than slotting individuals into available facilities. At the conclusion of the inquiry we felt that there is still scope for additional and more detailed investigation, including keeping a watching brief on the service as it develops, which is reflected within this report.
16. The economic cost of Mental illness is considerable. Mental illness represents the single largest cause of disability. In England in 2007 service costs, which include NHS, social and informal care, were £22.5 billion.¹ This figure is

¹ Confident Communities, Brighter Futures – A framework for developing well-being, Department of Health 2010

predicted to increase over the forthcoming years. By effective and integrated service commissioning and provision we believe the financial pressures could be reduced. We also consider that supporting employees to remain in the workplace, or back into the workplace after illness, will not only be beneficial to individuals but will be beneficial economically to the Council, its Partners and the local economy in general.

Recovery and Support

17. We were advised that 'New Horizons' (published on the 7th December 2009) is the government vision for mental health and well-being for England from 2010 onwards. The aims are to promote success in terms of outcomes for the service and for individuals. The vision builds on work already done to focus on identifying mental health problems early, providing services and treatments in ways that meet people's individual needs, making services better and using resources effectively. The vision has been published in conjunction with two other government documents which focus on employment, therefore underlining the importance of employment to aid integration and recovery.
18. We identified that there is a clear focus on prevention and early intervention. While understanding the rationale for this we stated our concern as this is very difficult to control and monitor. Prevention and intervention has a remit wider than medical or Social Services involvement. We were advised that there is a very vibrant voluntary sector in Leeds that makes a significant contribution to overall service provision,



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particularly around prevention and intervention. There are also requirements for people to feel safe and secure, to have adequate housing and financial stability. Society is required to change its attitude to mental health in order to remove stigma and improve public awareness of the prevalence of mental health problems.

19. We were advised that social inclusion is an important aspect of recovery. People derive satisfaction in life from their relationships, work, home, religious or spiritual beliefs and leisure interests. Social inclusion is about breaking down barriers people may face in feeling connected to their personal networks and ensuring that mental health service users are able to benefit from the same opportunities as anyone else.
20. The Time to Change campaign team provided us with a presentation which highlighted the main aims of the campaign. Time to Change is a three year programme running across England which aims to end discrimination faced by people who experience mental health problems. We support this initiative and appreciate that a change in culture and attitude is something that will take time to evolve. Positive steps to end discrimination should be promoted at every opportunity and in every aspect of service provided or received by Leeds City Council.

Employment

21. UK employers annually pay an estimated £9 billion in statutory sick pay and occupational sick pay, of which it is thought around £2-4 billion is likely to be paid because of mental ill-health. This

includes both diagnosed and self-declared illnesses.²

22. In addition, we are aware that there are hidden costs to employers, for example the lost productivity of people who are at work but not working to their full potential, often referred to as presenteeism, and the cost associated with replacing staff if people leave their job because of mental ill-health.

23. It has been stated that employment provides a number of benefits to individuals suffering mental illness.

Employment provides people with:³

- Meaning and purpose in life- a reason to get up in the morning,
- A means of structuring and occupying time,
- Status and identity in society,
- Social inclusion, linking us to our communities and enabling us to contribute to them,
- An income and the resources necessary to raise individuals and their families out of poverty,
- Social contacts, social networks and social support.

24. It was brought to our attention that the Government had made a commitment to improve employment rates for people with severe mental illness under Public Service Agreement 16 (PSA16). PSA16 focuses on four client groups who are particularly vulnerable to multiple forms of disadvantage and includes adults

² Working our way to better mental health: a framework for action, Dept for Work and Pensions 2009

³ Realising Ambitions: Better Employment support for people with a mental health condition, Dept for Work and Pensions 2009



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receiving secondary mental health services. Being in sustainable employment in one of the key factors in reducing the likelihood and impact of social exclusion for at risk adults, impacting positively on health and well-being, reducing offending behaviour, supporting stable housing and representing a route out of poverty.

25. We believe that supportive employment policies and practices could promote a win-win situation to support people in the workplace, decrease staff turnover and therefore reduce loss in terms of skills and revenue.

26. In April 2009 the Scrutiny Board (Central and Corporate Functions) published an inquiry into Attendance Management which made a number of recommendations. Recommendation six states that 'It is important that the Council is aware of its role and influence as an exemplar employer across the City and we would encourage the City Council to work with the Healthy Leeds Partnership to co-ordinate existing and develop new health and well-being initiatives across the city.'

27. We have determined that Leeds City Council and NHS Leeds should set the example as employers and seek to become one of a number of employers supporting the Mindful Employer Initiative. We are advised that Leeds Partnerships Foundation Trust have already signed up to the Initiative. The Initiative aims to increase awareness of mental health at work and provides support for businesses in recruiting new staff and retaining existing staff.

Recommendation 1 – That Leeds City Council (specifically the Director of Resources) and NHS Leeds become fully signed up to the Mindful Employer Initiative by June 2011 and that all sickness, ill health and capability related policies and procedures are updated to

- a) aid those suffering with mental health related illnesses back into work
- b) support employees with mental health related symptoms whilst in the workplace.

28. Furthermore, we consider that investment should be made to provide a number of employees with the necessary skills to deliver Mental Health First Aid (MHFA) in the workplace, as appropriate to each organisation. This will enable employee mental health problems to be identified and the provision of support or signposting at the earliest possible time, in order to ensure that people seek the necessary help.

29. Mental Health First Aid is the help given to someone experiencing a mental health problem before professional help is obtained. MHFA does not teach people to be therapists. However, it does teach people how to recognise the symptoms of mental health problems, how to provide initial help and how to guide a person towards appropriate professional help.



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Recommendation 2 – That Leeds City Council (specifically the Director of Resources) LPFT and NHS Leeds ensure that

- a) their organisation obtains the necessary training to provide Mental Health First Aid to the workforce by June 2011. Each organisation is required to advise the Scrutiny Board in December 2010 of their progress and/or plan to meet this objective
- b) incorporate the initiative into workforce development plans within each organisation (or equivalent plan)

Care Pathways and Support

30. We were keen to explore how the appropriate levels of secondary care and support are determined and put into place once an individual has been admitted to hospital. We were advised that care planning commences when a person is admitted to hospital.
31. The process is overseen by a care-coordinator who supports the individual. Care co-ordinators maintain regular contact with service users whilst they are in hospital and help facilitate a return to the community. Potential difficulties in discharging services users, for example accommodation issues, are identified as soon as possible and plans put in place to ensure that service users are discharged as soon as clinically suitable.
32. We were advised that the biggest recent change that mental health services have undertaken is the review of discharge planning, focusing on the individual from

admission rather than at the end of their hospital stay to ensure that discharge and care planning is effective and organised.

33. As part of the suicide prevention strategy and in the wider context of mental health support we were informed that all service users discharged from hospital should receive a follow up meeting/discussion seven days later. 96% of users receive this. It was clarified that there are usually exceptional reasons why the 4% do not receive this follow up, e.g. one individual had returned to their country of origin.
34. We were informed that it is common for individuals to experience eviction from their residence when admitted to hospital with mental health problems, resulting in an unknown or unstable accommodation situation. Historically individuals were then approaching housing offices for emergency accommodation. In November 2008 the Accommodation Pathways (Hospital Discharge) Project⁴ reviewed the system of accommodation referrals and the assessment processes for those receiving secondary mental health in patient services. The aim was to improve the discharge process and remove accommodation barriers which could delay discharge.
35. Currently Housing Options officers are conducting specific work with individuals admitted to the Newsam and Becklin Centres to review accommodation and undertake housing needs assessments. This is to identify accommodation, re-house or resolve issues arising at the

⁴ The partnership project involved Leeds City Council, Volition, NHS Leeds and Leeds Partnerships NHS Foundation Trust.



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current abode. It is particularly pleasing to note that there has been significant reduction in discharge delays due to housing since July 2009 when this work began.

36. It was brought to our attention at the time of the inquiry that a joint working protocol had been produced but not yet implemented and timescales for implementation were unknown due to restructuring within the health service. We are pleased to note that the protocol was subsequently launched in June 2010.

Recommendation 3 – That the Director of Environment and Neighbourhoods updates the Adult Social Care Scrutiny Board in December 2010, on the progress of protocol implementation and the impact of the Accommodation Pathways project.

37. Self Directed Support facilitates a number of benefits to individuals particularly those who wish to manage their own care and support. A personalised budget offers greater choice and control over the services they wish to receive. The Adult Social Care Scrutiny Board published an inquiry report on Self Directed Support and Personal Budgets in March 2010. During that inquiry it was identified that the take up of Self Directed Support by mental health service users has been low in Leeds.
38. We are therefore particularly pleased to note that a representative from the Assertive Outreach team will be joining the Self Directed Support Team to ascertain if their clients would benefit by having personal budgets. We believe this will offer service users an alternative

to the traditional types of care packages offered.

39. During the course of the inquiry we were joined by organisations who explained the beneficial aspects of the support provided. Some examples are outlined as follows:
40. The Vale is an example of a Council run service for those who have long term and enduring mental health problems. The centre's aims are to reduce hospital admissions, medication and the reliance on services and help people to gain experience of employment. Link workers are in place to find local opportunities that may be useful for service users such as leisure activities, educational courses and volunteering.
41. The centre runs a number of therapeutic groups to promote wellness, recovery and healthy living and works with various partners including the NHS, Voluntary Community and Faith Sectors (Community Links, Touchstone, Potterdale, MIND, Working Minds, Making Space, CAB) and the local community.
42. The Vale also facilitates a scheme called 'New Leaf Gardeners' which promotes recovery through voluntary unpaid employment as it encourages integration and social inclusion. It also enables individuals to gain a horticulture qualification. This scheme provides further evidence of the merits of recovery through employment. We appreciate the value of such a scheme as a good example of community integration and access to sustainable training and employment.



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43. Arts and Minds presented a short film to the working group which demonstrated the objectives of the network and how beneficial it is to those who participate. The aim of Arts and Minds is to increase public knowledge and understanding of mental health through the arts.
44. The Community Alternatives Team (CAT) provides opportunities for people to participate in a variety of activities within their local communities. This includes participation in sports, exercise and social groups. The approach is person centred, providing support in coping with real life situations. Service users are encouraged to set up their own groups or social networks if the social activity is not already supported by the CAT.
45. The service aims to help service users manage their lives and gain paid or voluntary employment.

Needs Based Commissioning, Service Provision and Delivery

Poor mental health and well-being can be both a determinant and an outcome of poverty, disadvantage and social inequities. *Confident Communities, Brighter Futures* – A framework for developing well-being. Department of Health 2010

46. We were particularly interested to identify if services are commissioned based on the needs of the population and if there is a consistent approach to service delivery across the City. We were advised that in Leeds, Social Services staff work in cooperation with health colleagues in multi-disciplinary teams.
47. We were also advised that current working arrangements have evolved organically over time and are being applied differently in different areas of the City with varying degrees of success. We were reassured to hear that both Adult Social Services and Leeds Partnerships Foundation Trust have agreed to look again at how they work more effectively in partnership and have started to scope a project proposal to deliver this aspiration.
48. Currently the mental health and social care system does include some duplication of effort. Examples were; the Community Mental Health Teams, Emergency Duty Team, Crisis Resolution and the Home Treatment Service. We were advised that such services are being evaluated to identify if there is a more effective way of delivering support.
49. We were informed that some service reviews have been undertaken which have identified a number of gaps in service provision, such as the need for additional mental health crisis support in the City. We welcomed the news that action was already being taken to resolve this to deliver additional hours of service at evenings and weekends to ensure support twenty four hours a day, seven days a week across the City.
50. We believe there is further scope for an inquiry into the Crisis support function and consider that this should form the basis for further scrutiny during the 2010/11 municipal year. The terms of reference should consider the service



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provided compared to the needs across the City, access to the service and how the service is communicated to those who may need crisis support. (See paragraphs 70 and 71)

51. We were also advised that the service reviews had identified some services with lengthy waiting lists, comparatively small caseloads and low levels of throughput. It was clarified however that considerable work is being done with all services over past months to address these issues. This includes the development of action to implement recommendations, regular meetings between providers/commissioner and the creation of a number of steering groups to drive forward progress. It was also recognised that some service providers are victims of their own success due to high demand for their service.

52. The Home Support Service provides 1:1 community based support and group-work for people (16-64) with mental health issues. We were advised that this service covers most areas of the city with the exception of East and North East Leeds. It was explained to us that Community Links were commissioned to bridge this gap. We were further advised that a consistent Home Support model is not available throughout the City. We believe that a consistent high quality service should be available City wide based on assessed needs rather than geographical location of residency.

Recommendation 4 – That the Director of Adult Social Services assesses the need for a consistent Home Support service for the whole City by December 2010 with a view to identifying inequities in service provision and applying appropriate measures to rectify the position.

53. We were advised that in general there is very little duplication in commissioned services with many of the jointly commissioned services having a city-wide catchment area. However we noted that a number of service providers are primarily concentrating on working with service users in the areas where the providers are based and not across the whole city.

Recommendation 5 –

- a) That the Director of Adult Social Services and commissioners from NHS Leeds take the appropriate action to ensure contracted service providers are providing the necessary support to service users regardless of geographical location in the city.
- b) That the Director of Adult Social Services provides an update to the Adult Social Care Scrutiny Board of the action planned/taken by Adult Social Services and partners as part of the programmed commissioning update scheduled into the 2010/11 scrutiny work programme

54. We were disappointed to hear that capacity to undertake some joint commissioning has been frustrated due to difficulties with some long term NHS contracts. However representatives from NHS Leeds did reassure us that they are proactively focusing on utilising voluntary sector services based locally.

55. Volition is an alliance which brings together a diverse group of voluntary sector organisations, facilitating events and meetings for members and opportunities for voluntary sector networking. They promote cross sector working and partnerships and are an active member in the Mental Health



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Programme Board and Expert Advisory Group, influencing strategic work in mental health services.

56. Representatives from Volition provided us with an overview of third sector service provision in the City, providing reassurance that Leeds has a thriving third sector. We were advised that the third sector has the flexibility to work on large and small scale projects in a responsive way which may be a challenge to large organisations. We recognise that the voluntary sector has a definite impact in stopping the downward spiral of ill health.
57. Working in partnership with Leeds City Council and mental health services within the NHS the voluntary sector provides some statutory functions. Volition advised that the voluntary sector would like to collaborate further, stressing a willingness to work more closely on commissioning.
58. A number of concerns were raised which again included geographical inequalities of service provision across the city. We were also advised that short term funding from partners such as Leeds City Council and the Health Services can hinder the ability of the voluntary sector to plan long term initiatives. Whilst we appreciate that guaranteed longer term funding allocations would be more beneficial, we also understand that both Leeds City Council and the health services are under significant financial pressures which cannot always allow for long term financial commitments to other organisations.

Effective multi-agency commissioning will:

- Be based on effective process and the content of the Joint Strategic Needs Assessment
- Integrate approaches across the whole population
- Include the needs of mentally ill offenders
- Procure efficiently, including the use of World Class Commissioning, tariffs and the standard contract
- Stimulate vigorous, competitive provider markets
- Be based on an understanding of value for money, with agreed and appropriate means of measuring outputs and outcomes
- Involve frontline staff, service users and carers.

New Horizons – Towards a shared vision for mental health, Department of Health 2009

59. Leeds City Council and NHS Leeds have a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) that identifies the current unmet and future health, social care and wellbeing needs of the local population.
60. The legislation intends that the JSNA will inform the plans, targets, priorities and actions, however it also provides a comprehensive profile of Leeds across a number of areas which will identify :
- Demography
 - Socio-economic and environmental factors
 - Lifestyle (particularly 'healthy living') issues
 - Ill health
 - Health and Social care service provision



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61. Building on the Joint Strategic Needs Assessment we were advised that NHS Leeds has commissioned an independent Mental Health Needs Assessment (MHNA) in order to systematically review the mental health and emotional wellbeing or needs of the Leeds population. This will lead to recommendations that will inform future prevention initiatives, service development and commissioning intentions. The MHNA will also specifically investigate any causes of inequalities in mental health. We have already identified some service inequities across the City and therefore consider this a major step in addressing this problem.

62. We were advised that some of the key objectives of the MHNA are to:

- Estimate the incidence and prevalence of mental health conditions in Leeds.
- Provide an overview of the uptake of services in the Leeds population
- Assess whether there are any unmet mental health needs in the Leeds population.
- Identify any areas of mental health inequalities in Leeds including those that relate to gender, age, ethnicity, area of residence, physical disabilities.
- Provide intelligence and evidence to inform commissioning and prevention initiatives.

63. It was initially reported that the MHNA would be completed by March 2010 and presented to the Adult Social Care Scrutiny Board for consideration as part of this inquiry. Unfortunately this deadline was not met due to delays in completing the report. Based on the evidence presented, we feel there is a

strong case for the outcome of the assessment and the future commissioning plans to be investigated further to ensure service inconsistencies across the city are minimised.

64. We therefore recommend that the Adult Social Care Board schedule this into the work programme around December 2010. We have been advised that a joint mental health commissioning plan is in the process of being written, which once completed, will outline the intentions for commissioning for the following three years. It is anticipated that the report will be at an appropriate state for presentation to the Adult Social Care Scrutiny Board along with the MHNA at this time.

Communication and Service User Involvement

65. A number of Experts by Experience kindly contributed to the inquiry, providing valuable knowledge and information to the investigation. We were particularly interested to hear their views about the support they have received. We also sought their views on crisis support asking specifically if they knew how to access the service.

66. Most experts expressed the value day centre facilities provide, stating that they are essential to provide structure and support and as a place where individuals can go and talk to other people. Friendship groups are also formed and carers can receive some respite.

67. In addition to the day centre provision we were advised that a large amount of work is also undertaken with community groups, as there is a need to provide not



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only buildings based support but a balanced service, with access to main stream activities that most citizens enjoy, allowing them to live their life in the way they want. A range of support is provided by The Vale and the Community Alternatives Team, by providing both building based service and outreach support in equal measure. The aspiration for any future service redesign will be to provide access to services seven days a week to provide the necessary support at the weekend.

68. The experts explained they had found announced changes to the service provision unsettling specifically the move from Roundhay Road to Lovell Park. They explained that for individuals with mental health problems change can be difficult to cope with and for some service users traumatic. They suggested that this can be alleviated in part with more early effective communication, keeping both staff and service users in 'the loop' and up to date on progress, or lack of it. One expert specifically stated that he felt cut out of the communication link, was not listened to and did not receive feedback. Conversely we were also advised of the different ways Service Users had been involved in this particular move and other service changes.

69. The importance of conducting any change 'with' service users rather than 'for' service users was stressed to us, thereby engendering an inclusive change process. In practice however, we acknowledge that some service users have felt excluded or ill informed about areas that affect them significantly. We believe that more could be done to empower service users to be involved in the change process,

incorporating or considering their suggestions and providing regular feedback in order to minimise the negative experiences that change can sometimes create.

Recommendation 6

- a) That before December 2010 the Director of Adult Social Services evaluates the methods of communication currently utilised with a view to improving the process to create clear and defined lines of communication. The resulting improvement plan should identify how service users will be consulted and involved in the process and how change will be communicated to service users to minimise anxiety, disruption and misunderstanding.
- b) That NHS Leeds and LPFT adopt a process of communication and involvement consistent with the improved plan implemented by Adult Social Services.

70. The experts stipulated that in a crisis they would not know who to contact or how to obtain support. We were advised that crisis support is in place and certainly publicised at The Vale however it was acknowledged by service provider representatives that this service needs to be more widely publicised. It was also stipulated that work is currently underway to achieve this. Based on feedback from the experts we consider that current methods of communicating crisis support does require review and a more effective means of information provision and communication needs to be employed. The Experts usefully suggested that the information should be printed on a wallet size card that service users can carry at all times.



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71. As outlined in paragraph 50 of this report we feel that further investigation of the crisis support provision is required by the Adult Social Care Scrutiny Board, which should include further investigation of the work undertaken to raise awareness of this service.



Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

The decision-makers to whom the recommendations are addressed will be asked to submit a formal response to the recommendations, including an action plan and timetable, normally within two months.

Following this the Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.

Reports and Publications Submitted

- Report of the Director of Adult Social Services, Overview of Mental Health Services – 15th October 2009
- Report of the Director of Adult Social Services, Care Pathways – 17th November 2009
- Report of the Director of Adult Social Services, Commissioning Mental Health Services – 17th November 2009 (Appendices - Identification of Levels of Need, Leeds Adult Social Care and NHS Leeds Commissioned Mental Health Services, Diagram of Leeds Specialist Mental Health Care Provision, Diagram of Leeds Integrated Common Mental Health Pathway)
- Report of the Director of Adult Social Services, The Recovery Model – 9th December 2009
- Report of the Director of Adult Social Services, New Horizons – 5th January 2010

Presentations

- Community Alternatives Team
- The Vale Day Centre
- Time to Change
- Arts and Minds
- Knowledge Transfer Partnership

Action Plans and Guidance Documents

- Leeds City Council Adult Social Care – Policies and Procedures (principles for practice) The Mental Health Act 1983
- Adult Mental Health Services Provided by Leeds Partnership Foundation Trust
- Department of Health – Making the CPA work for you.
- The Care Programme Approach
- Mental Health Performance Indicators and Data
- Volition Annual Review 2008
- Post Hospital Discharge - 7 Day Follow up Action Plan
- Mindful Employer Campaign



Action Plans and Guidance Documents Continued

- New Horizons – Towards a shared vision for mental health, Consultation. Department of Health 2009
- Confident Communities, Brighter Futures, A framework for developing wellbeing. Department of Health 2010
- Realising Ambitions: Better Employment Support for people with a mental health condition. A review to Government by Rachel Perkins, Paul Farmer and Paul Litchfield. Department for Work and Pensions 2009
- Working our way to better mental health: A framework for action . Department for Work and Pensions 2009.

Witnesses Heard

Experts by Experience

Leeds Partnership NHS Foundation Trust

Michele Moran - Director of Service Delivery & Chief Nurse

Victoria Betton – Time to Change

Lynn Parkinson

Christopher Essen – Knowledge Transfer Partnership

Leeds City Council

Kimberley Adams – Business Change Manager

Steve Callaghan – Adult Commissioning Officer

Sinead Cregan – Adult Commissioning Manger

Debbie Forward – Supporting People Manager

John Lennon – Chief Officer, Access and Inclusion

Kwai Mo – Manager Mental Health

Paul Mason – Provider Services, Access and Inclusion

Ruth Steinberg – Strategy and Performance

Julie Strickland – Community Alternatives Team

Kath Tebbutt – Service User Involvement Facilitator

Gil Threadgold – Community Alternatives Team

NHS Leeds

Linda Boyles - Arts and Minds

Carole Cochrane – Director of Development and Commissioning for Priority Groups

Catherine Ward

Jane Williams – Strategic Development Manager

Jane Wood- Strategic Development Manager

Volition

Gil Crawshaw

Pip Goff



Dates of Scrutiny

Session 1 - October 2009

- Integrated services – What does the Council provide with its partners and which defined services is the Council solely responsible for. What combination of initiatives, relationships and measures are in place to deliver services across sectors?
- Performance information.

Session 2 – November 2009

- Commissioning and Care Provision:
How do we prevent individuals discharged from hospital falling between services or getting lost in the system? What do we do to ensure care pathways are in place to facilitate care after discharge from hospital? How much choice and control is available to individuals or their representatives.
- The different types and scope of services provided by Voluntary Community and Faith Sectors, Private Sector, The NHS and the Council and how these compare in terms of quality and value for money. Identification of levels of need and capacity, potential duplication or an element of the service that is missing in the City.

Session 3 – December 2009

- Recovery Model - How do we reduce the negative outcomes such as relapse, demoralisation, disengagement, homelessness, worklessness, violent behaviour, re – hospitalisation? How do we stop people from being vulnerable to social exclusion and stigma? How do we reduce risk for carers (who may be LCC employees) and families?

Time to Change and Arts and Minds

Session 4 – January 2010

- Department of Health - New Horizons, Towards a shared vision for mental health.
- Current and planned service changes (directed nationally or locally) and how this will impact on service provision.

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Report author: Sandra Newbould

www.scrutiny.unit@leeds.gov.uk

