Scrutiny Board (Health and Wellbeing and Adult Social Care)
26 September 2012

Paper title: Leeds Mental Health Needs Assessment and Service Provision

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1 Background

1.1 A Mental Health and Wellbeing Needs Assessment (MHWNA) for Leeds was completed in May 2011, as one part of the Joint Strategic Needs Assessment (JSNA) for Leeds. This aimed to inform our understanding of mental health and wellbeing within our city, in order to influence decision-making on the factors affecting mental health and wellbeing. The report was written for a wide range of organisations involved in commissioning, developing and providing services to improve mental health and wellbeing. It is intended to be used to inform the most appropriate use of resource to improve health outcomes and reduce inequalities in mental health and wellbeing.(Mental Health and Wellbeing in Leeds: An Assessment of Need in the Adult Population – May 2011). The initial report is now part of the live database of available intelligence relating to health and wellbeing, as part of the Leeds JSNA, on the Leeds Observatory. www.westyorkshireobservatory.org

1.2 The MH&WNA was written in the context of the national mental health strategy "No Health without Mental Health" (Dept of Health 2011). The strategy's two aims are to improve the mental health and wellbeing of the population and keep people well; and to improve outcomes for people with mental health problems through high quality services that are equally accessible to all.

2 Key findings, recommendations and progress

2.1 The scope of the strategy includes population mental health and wellbeing for adults. This includes older people's mental health and wellbeing, with the exception of dementia. It also does not include learning disabilities, peri-natal mental health and children and young people under 18. The report uses data and intelligence in different forms including local activity data, national prevalence data, and qualitative information, including community intelligence.

2.2 A summary of key findings and recommendations, which includes short term actions as well as key messages around designing services informed by need, is presented at Appendix 1.

2.3 The key findings and recommendations have been presented to and taken forward by a range of partners across Leeds, and progress on recommendations informed by the members of the Leeds Joint Strategic Group for Mental Health.

2.4 Examples of progress on immediate actions include:

- Completion of the suicide audit (a more detailed report is presented elsewhere on the agenda);

- Further work on understanding self-harm incidence and the commissioning of an enhanced self-harm team at A&E; and,
- A new employment support service for those with mental health difficulties.

2.5 On a more strategic level, the recommendations have influenced organisations within the city to take into account population need when planning and delivering services. Examples include:

- The two year Mental Health Improvement Plan for Leeds being informed by population need; and,
- Responding to the increasing prevalence and distribution of depression through targeted work within the Increasing Access to Psychological Therapy (IAPT) service in Leeds.

2.6 A fuller list of progress against recommendations is detailed in Appendix 2.

3 Adult Social Care Mental Health Provision

Assessment and Care Management Teams

3.1 Adult Social Care (ASC) is in the process of integrating the social care teams with the Leeds and York Partnership Foundation Trust (LYPFT) clinical community teams within Adult mental health. The teams have been co-located for some years and there are positive relationships with LYPFT colleagues. In order to build upon this arrangement, ASC is currently in the process of signing a Section 75 partnership agreement to consolidate the existing good practice and to further integrate services. This will enable both organisations to meet assessed need and produce improved outcomes for service users and family carers on a joint basis underpinned by the principles of recovery.

3.2 The formal partnership will be overseen in terms of robust governance by a Partnership Board who will meet quarterly to ensure that processes are effective and efficient and that both organisations are achieving added value for money with the common purpose of increasing access to Self Directed Support and reducing duplication along the health and social care pathway.

3.3 LYPFT will be the host organisation for the community teams and social care managers will be managed on a Matrix Management basis by LYPFT colleagues. The matrix agreement clearly sets out the expectation of the Local Authority in relation to health managers managing ASC staff and provides the facility for professional supervision by senior ASC managers to ensure that both line management objectives are being achieved and also that individuals are up to date with new and emerging social work practice. The terms and conditions of the social care workforce will be retained i.e. as Local Authority employees and the Trade Unions have been extensively consulted and engaged within this particular process.

3.4 A joint bid for Transformation in the guise of increasing the number of individuals with mental illness having access to Personal Budgets and the implementation of a quality Recovery Service has been won and NHS Leeds has recently awarded the £380k to pursue and realise these ambitions. A small task and finish group has been established to guide this development over the next 12 months. ASC will recruit 6 Peer Support Workers in order to develop a peer support network, these post holders will be individuals who have had or still have mental health issues and who have used

services or continue to do so in order to support people through recovery on the principles of credibility and expert by experience basis. This will generate employment and equal career opportunities for a variety of former and current service users.

Mental Health Day Service Transformation

3.5 There are 3 large mental health day centres in the City:

- Stocks Hill in Armley;
- The Vale in Hunslet; and,
- Lovell Park in Sheepscar.

3.6 The service also has a Community Alternatives Team that works entirely in the community, supporting people in mainstream facilities to take up educational, sport and recreational activities.

3.7 All 4 services operate a socially inclusive and recovery orientated service. However some parts of the service are very traditional and do not appeal to younger people with mental health needs. There is also some duplication in service provision with that provided in the voluntary sector.

3.8 Following the proposal in 2010/11 to close two of the day centres and the ensuing response coupled with some anxiety and upset from service users, the suggestion was that work be undertaken with service users and staff. A commitment was given to work with all stakeholders to develop options in relation to a new service model.

3.9 A review/consultation exercise was undertaken in October 2011 with the support of staff members. These were held to collate information in relation to what service users valued about the service and what services they may wish to access in the future. A Mental Health Advisory Board was set up in March last year and, as part of its constitution, a co-chair role was created to be filled by a service user representative. A significant level of work has been undertaken to rebuild the trust of service users, including:

- Involvement in service delivery;
- Attendance at managers meetings;
- Visits to other services that have recently been through a period of change; and,
- Supporting the review of local policies and procedures.

3.10 The Mental Health Advisory Board has worked to produce an outline service model which incorporates the suggestions made by service users and staff. These suggestions have also been ratified by commissioners and strategically align with the current voluntary sector provision in the City.

The Proposed Service Model and Asset Bases:

3.11 There are six key elements to the proposed service model, namely:

- Staff led recovery groups
- User led recovery groups
- One to one work
- Safe spaces/peer support
- Support pathways through acute services
- Signposting to other services

3.12 The following proposals have been identified for the existing asset bases:

- Lovell Park to become a community 'hub' with a possibility of sharing some of the available space with voluntary sector mental health services
- Stocks Hill has options in relation to sharing the building with Health. This is currently being explored to test viability
- The Vale – to explore alternative base/s in the South of the City, but not to withdraw from The Vale until new safe spaces are operational.

Consultation

3.13 Formal consultation on the proposals commenced on Tuesday 11th September 2012 and will run until December 2012.

3.14 Events will take place with all stakeholders including service users, carers and staff throughout this period. Presentations will be held each month with the support of service users who have offered to help present these.

3.15 Other methods of communication being used are:

- Letters;
- Bucket e-mail accounts;
- Questionnaires;
- Suggestion boxes;
- Working groups; and,
- The Councils 'Talking Point' forum.

3.16 The majority of service users now feel that the impending changes to their service have been talked about for long enough and are very keen for changes to actually happen.

3.17 Following the formal consultation process a report will be submitted to the Council's Executive Board outlining the outcome of the consultation and associated recommendations around the future service model and provision.

References/ background papers

1. No Health Without Mental Health: Delivering Better Mental Health Outcomes, Department of Health 2011

2. Mental Health and Wellbeing in Leeds: An Assessment of need in the Adult Population, NHS Airedale, Bradford & Leeds/Leeds City Council, May 2011

Appendix 1

Leeds Mental Health and Wellbeing Assessment
Summary of key findings and recommendations

Summary of key findings

From the key sources of data included within the report, findings are summarised below. Further work will be needed to explore the factors involved for some key findings, which is reflected in the recommendations.

Population Mental Health and Wellbeing

- Psychiatric morbidity data for Leeds broadly reflects national modelling on expected prevalence. However, there are higher levels of mental health problems within population groups experiencing multiple risk factors, resulting in inequalities in mental health outcomes within the Leeds population, for example 90% of all prisoners are estimated to have a diagnosable mental health problem.

- Higher levels of poor mental health and wellbeing and mental illness are inextricably linked with deprivation within Leeds. Local mapping highlights these issues and emphasises the social gradient of mental health and wellbeing.

- We have some insight into the needs of the groups with the poorest mental health in Leeds, but this is limited and needs to be further developed.

- Data on mental wellbeing is limited and patchy. There is also still an emerging consensus around agreed measures for mental wellbeing. Available data reflects the pattern of inequalities in mental wellbeing within the city.

- There is evidence that some mental health problems are becoming more prevalent. This is reflected by Leeds data in an increased prevalence of depression, although gaps in local data suggest much under-reporting, particularly amongst older people. Only a third of older people with depression ever discuss it with their GP, yet depression is the most common mental health problem in older people. The number of older people in our population is growing, with a corresponding increase in those at risk of depression.

- Local data suggests that Leeds has significantly higher levels of recorded psychotic disorders than predicted from national prevalence data. This is both for males and females, but is particularly high in the number of males diagnosed.

- According to national prevalence data we would expect to see higher prevalence of psychotic disorders amongst women than men. Data for Leeds shows we have more males than females with diagnosed psychotic disorders. The differences between expected prevalence and recorded diagnosis are also related to age; there are relatively high levels of diagnosis of psychotic disorders in older age groups (45-74) in contrast with lower levels of expected prevalence.

Suicide and Self Harm

- The overall suicide rate in Leeds has risen slightly since 2004. Local data suggests the highest suicide rate is in the 35 – 64 age range, suicide rates in Leeds are higher in under-65s than regional and national rates, and lower in the over-65 age groups. In Leeds the overall suicide rate is 3 times higher for males than females.

- There is insufficient quality data collection for completed suicides for the over 75 generic age group. This is not a Leeds specific issue, but should be taken into account when interpreting local data.

- Self-harm recorded through admissions to hospital treatment show high rates of first episodes mainly due to self poisoning. Local data shows higher rates of self-harm amongst young women. This data is limited as it only reports incidence of self-harm resulting in hospital admission.

Secondary mental health services

- Data suggests the rate of access to NHS secondary mental health services is higher in Leeds in comparison to the national rate for England.

- Local data on activity within NHS secondary mental health services highlights some key differences for Leeds compared with England and PCT Peers: this includes:
  - a lower rate of social worker contact
  - a higher rate of Community Psychiatric Nurse contact
  - a higher percentage of formally detained inpatients

Employment and Financial Inclusion

- Unemployment and the economic downturn is having an impact on mental health across the city and not just in 'deprived Leeds'.

- Leeds has a relatively high level of its working age adult population in receipt of Incapacity Benefit due to mental ill health (50% of IB claimants identify a mental health problem)

- Employment rates for female users of mental health service users in Leeds are significantly below the national average.

- Around half of all lifetime mental health problems start in childhood and are associated with multiple risk factors, including inequalities. Leeds data informs us that one fifth of all children in the city live in families where no-one in the household is in work. In 'deprived Leeds' over 40% of children live in workless households.

Integrated Mental Health and Wellbeing

- Addressing mental health and wellbeing is a key priority within many programmes and services in Leeds, as captured in a review of all health needs assessments across the city.

- Local data highlights the need for new or extended screening for mental health problems in services in other many other settings, programmes and services, recognising the importance of the voluntary sector outside mental health services.

- Mental health problems, particularly depression, are more common in people with physical illness including long term conditions. Local data shows over 128,000 people living in Leeds who considered themselves as having a limiting long-term illness (18% of the total resident population), with greater numbers concentrated in 'deprived Leeds'.

- Local data suggests that the prevalence and complexity of dual diagnosis is increasing locally and collaboration between mental health and substance misuse services increasingly needed to achieve the best outcomes for service users.

- People with severe mental illness die on average 20 years earlier than the general population, and have higher levels of physical morbidity.

Recommendations

The purpose of carrying out this needs assessment within the broader context of the Joint Strategic Needs Assessment for Leeds is to inform and influence decision-making on the factors affecting mental health and wellbeing of the population of Leeds.

Key recommendations are:

1. An overarching recommendation is for available intelligence on need to be actively used to contribute to decisions and priorities on the best use of available resources to improve mental health and wellbeing outcomes across the city.

2. Future needs assessment should be undertaken to capture the needs of those outside the scope of this report, for example dementia, the needs of children, people with long-term conditions, peri-natal mental health and people with learning disabilities.

3. Further focused work should be carried out to gain a greater insight into communities with the greatest need and poorest mental outcomes and levels of wellbeing. This should include population groups and communities of interest as well as geographical areas of need, and build on learning from models of good practice in other areas (e.g. North West Mental Wellbeing Survey).

4. Services and programmes to improve mental health and wellbeing should be designed to meet needs rather than respond to demands. This includes designing mainstream services from this intelligence on need to maximise engagement and access from those with the greatest need.

5. Further work should be carried out to understand local differences in prevalence and service use, including:
    - Data relating to higher reported prevalence of psychotic disorders – including potential reasons for this difference.
    - Data around suggested local differences in social worker and CPN contacts and proportion of inpatients detained in the context of most appropriately meeting local needs and improving outcomes.

6. Responding to the increasing prevalence of depression should be a local priority for integrated service development and partnership working for Leeds, particularly including the needs of older people. This approach should include a broad range of services including primary care and the Voluntary and Community Sector as well as specialist mental health and social care services.

7. A suicide audit for Leeds should be undertaken to provide more up to date intelligence on the factors affecting suicide in Leeds since last carried out in 2006.
8. The suicide prevention action plan should reflect the contribution of all key partners. It should include a focus on depression and financial exclusion as a major risk factor and address issues around the needs of older people.

9. Further work should be carried out on understanding needs around self-harm incidence not resulting in a hospital admission. Preventative work with people who repeatedly self harm should be included in a local self-harm reduction action plan, in addition to stronger joint work with alcohol and substance use programmes and services.

10. There is a need to build on current programmes and services to address the employment and worklessness agenda in relation to improving population health and wellbeing. This should include ensuring job retention and employment support is included in patient pathways and is integral to care management. We should also maximise the access to appropriate support for those claiming benefit with mental health needs.

11. Further work should be undertaken on strengthening collaboration between physical and mental health programmes and services, recognising the inter-relationship between both. We also need to build on work currently in place to improve the physical health of people with mental health problems.

12. Services and programmes to meet the increasing and complex needs around Dual Diagnosis (including drugs and alcohol) should be further developed.

13. In relation to the needs of older people, we need to ensure real or perceived barriers do not exist in accessing services. We should also ensure that specialist services for older people are properly resourced and prioritise prevention. This should include ensuring good access to primary mental health support for older people.

14. Investment in public mental health, prevention & early intervention should be prioritised. This is most likely to improve outcomes at an individual and population level, as well as reduce costs across the mental health programme budget.

Appendix 2

Leeds Mental Health and Wellbeing Assessment: Progress update

Recommendation	Progress
1. An overarching recommendation is for available intelligence on need to be actively used to contribute to decisions and priorities on the best use of available resources to improve mental health and wellbeing outcomes across the city.	• The mental health and wellbeing agenda is an integral part of the Joint Strategic Needs Assessment (JSNA) for Leeds, which is the primary source of data to inform decisions around use of resource to maximise health outcomes. • The use of this intelligence is central to the Mental Health Improvement Plan for Leeds. The data and intelligence will be readily available and refreshed annually.
2. Future needs assessment should be undertaken to capture the needs of those outside the scope of this report, for example dementia, the needs of children, people with long-term conditions, peri-natal mental health and people with learning disabilities.	• Dementia needs assessment in progress • Children's mental health needs assessment process to commence • Learning Disabilities (LD) needs assessment in discussion
3. Further focused work should be carried out to gain a greater insight into communities with the greatest need and poorest mental outcomes and levels of wellbeing. This should include population groups and communities of interest as well as geographical areas of need, and build on learning from models of good practice in other areas (e.g. North West Mental Wellbeing Survey).	• Local Insight work has been commissioned for various target groups including young women who self harm and men who are at risk of suicide • National Wellbeing programme measurements available from July 2012
4. Services and programmes to improve mental health and wellbeing should be designed to meet needs rather than respond to demands. This includes designing mainstream services from this intelligence on need to maximise engagement and access from those with the greatest need.	• Commissioners and providers across the city progressing this recommendation. • BME communities services enhanced by Touchstone's Community Development Worker (CDW) service in acute mental health setting • Leeds Involvement project (LIP) working with local commissioners to maximise engagement.

Recommendation	Progress
5. Further work should be carried out to understand local differences in prevalence and service use, including: • Data relating to higher reported prevalence of psychotic disorders – including potential reasons for this difference. • Data around suggested local differences in social worker and Community Psychiatric Nurse (CPN) contacts and proportion of inpatients detained in the context of most appropriately meeting local needs and improving outcomes.	• Leeds & York Partnership Foundations Trust (LYPFT) using this intelligence to inform service transformation programmes. • Data is collected via the mental health minimum data set. Any work undertaken to consider the issues raised will require commissioning managers to work with LYPFT to better understand the issues raised.
6. Responding to the increasing prevalence of depression should be a local priority for integrated service development and partnership working for Leeds, particularly including the needs of older people. This approach should include a broad range of services including primary care and the Voluntary and Community Sector as well as specialist mental health and social care services.	• Increasing Access to Psychological Therapy (IAPT) services – direct access number – to increase self referral. • Targeted champion work within IAPT service – will focus to increase numbers of people being referred to service. Developing some targeted marketing material for older people. • Pilot with Age UK in South Leeds working with primary care around social prescribing model commenced. • Development of peer support models within community mental health services. • Increased investment in befriending services to provide citywide coverage. • Review of information provided on mental health issues and work undertake with Public health Resource Centre to increase spread of information. • NHS Leeds commissioned a Train the Trainers course for agencies to deliver to range of client groups – that build personal resilience and ability to manage independence. This contributes to future employability.

Recommendation	Progress
7. A suicide audit for Leeds should be undertaken to provide more up to date intelligence on the factors affecting suicide in Leeds since last carried out in 2006.	• Completed in May 2012. • Workshop held across the city to disseminate findings, share recommendations and future ways of working. *(NB Detailed report presented elsewhere on the agenda.)*
8. The suicide prevention action plan should reflect the contribution of all key partners. It should include a focus on depression and financial exclusion as a major risk factor and address issues around the needs of older people.	• Using evidence base of audit and workshop have set of recommendations which will inform action plan. • Victoria Eaton will chair the refreshed Suicide Prevention Group to reconvene in November 2012. This group will shape the action plan and report to the Leeds Joint Strategic Commissioning Group for Mental Health.
9. Further work should be carried out on understanding needs around self-harm incidence not resulting in a hospital admission. Preventative work with people who repeatedly self harm should be included in a local self-harm reduction action plan, in addition to stronger joint work with alcohol and substance use programmes and services.	• Self harm data group established, Chaired by Richard Wall NHS ABL, is addressing this recommendation. • Pieces of work have been commissioned to understand needs around self harm incidence, evaluation of a local service and insight with young women. • Following objectives have been identified and progressing 1. Redesign of Inpatient Pathway 2. Repeat Attendees Targeting work 3. Discharge and follow up pathways 4. Prevention and Marketing work

Recommendation	Progress
10. There is a need to build on current programmes and services to address the employment and worklessness agenda in relation to improving population health and wellbeing. This should include ensuring job retention and employment support is included in patient pathways and is integral to care management. We should also maximise the access to appropriate support for those claiming benefit with mental health needs.	• NHS Leeds commission Work Place Leeds – a mental health employment service integrated into secondary mental health services. Also a Job Retention service for the same group and those referred from the Primary Care MH Service. Contracted to work with 500 people per year. Service is currently meeting targets – and job retention exceeding targets • A time limited partnership project between employment agencies and mental health services – has initiated a piece of work with Job Centre Plus to better identify what "mental health" needs are being presented to JCP and how best to work through issues these present. Referral to mental health services is not always appropriate. • Debt advice and Welfare Benefits advice are available in mental health day services and Becklin Centre. • Good links with public health commissioners for wider welfare benefits advice and links to citywide Financial Inclusion group led by LCC.
11. Further work should be undertaken on strengthening collaboration between physical and mental health programmes and services, recognising the inter-relationship between both. We also need to build on work currently in place to improve the physical health of people with mental health problems.	• Further work needs to be established in primary care and across the city on this agenda. • A joint post (health improvement specialist) is in place, funded by both NHS ABL and LYPFT to work on this agenda in an acute setting.

Recommendation	Progress
12. Services and programmes to meet the increasing and complex needs around Dual Diagnosis (DD) (including drugs and alcohol) should be further developed.	• NHS Leeds funds Project Manager post and chairs citywide Dual Diagnosis (DD) Strategy Group. • Established a service user led Expert Reference Group that is active at The Space. • NHS Leeds Commissioning Level 2 training for staff across all sectors. • Work being done with LCC commissioners in exploring options for more bespoke CBT based intervention that is located in Drug Services – outside of current IAPT pathway. • DD Practitioner Network supported by Project manager – and current care pathway management being evaluated. • Level 2 training has been developed by Leeds Addiction Unit and delivered to acute in-patient staff.
13. In relation to the needs of older people, we need to ensure real or perceived barriers do not exist in accessing services. We should also ensure that specialist services for older people are properly resourced and prioritise prevention. This should include ensuring good access to primary mental health support for older people.	• See recommendation/ action point 6 (above) • LYPFT have recently transformed access to crisis, day care and intensive community support services to make this an ageless service. • Access to inpatient beds remain defined by age currently. They are working towards ageless services. • No age barriers in secondary mental health services.

Recommendation	Progress
14. Investment in public mental health, prevention & early intervention should be prioritised. This is most likely to improve outcomes at an individual and population level, as well as reduce costs across the mental health programme budget.	• For people aged 16 – 35 “Early intervention in psychosis” service delivered by Community Links – with an integrated employment support worker – as improved outcomes for individuals and reduced likelihood of moving into becoming long term user of secondary mental health services. • Public Mental Health is a key programme within the Leeds public health agenda, with dedicated capacity within the Specialist Public Health team and future operating model for public health following transition to Leeds City Council. In April 2013. Prevention, early intervention and a focus on needs and outcomes within commissioning of NHS mental health services will continue to be supported as part of the Public Health Healthcare Advice Service ‘core offer’ to Leeds Clinical Commissioning Groups.