



SCRUTINY BOARD (ADULT SOCIAL CARE)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Friday, 4th March, 2011 at 10.00 am

MEMBERSHIP

Councillors

- J Chapman - Weetwood;
B Cleasby - Horsforth;
P Davey - City and Hunslet;
S Hamilton - Moortown;
T Hanley (Chair) - Bramley and Stanningley;
A Hussain - Gipton and Harehills;
V Kendall - Roundhay;
M Lyons - Temple Newsam;
R Pryke - Burmantofts and Richmond Hill;
K Renshaw - Ardsley and Robin Hood;
D Schofield - Temple Newsam;
S Varley - Morley South;

CO-OPTEEES

- Ms Joy Fisher – Alliance Service Users and Carers
Sally Morgan – Equality Issues
Betty Smithson – Leeds LINK

Please note: Certain or all items on this agenda may be recorded.

Agenda compiled by:
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Civic Hall
LEEDS LS1 1UR
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Principal Scrutiny Advisor:
Peter Marrington
Tel: 39 51151

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded.)</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting.)</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATIONS OF INTEREST</p> <p>To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p>CALL-IN OF DECISION - BRIEFING PAPER</p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development</p>	1 - 4
7			<p>CALL-IN - PROPOSAL TO DECOMMISSION A NON-STATUTORY MENTAL HEALTH COUNSELLING SERVICE, KNOWN AS THE CRISIS CENTRE</p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development</p>	5 - 50
8			<p>OUTCOME OF CALL-IN</p> <p>In accordance with the Scrutiny Board Procedure Rules, to consider the Board's formal conclusions and recommendation(s) arising from the consideration of the called-in decision</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<p>DATE AND TIME OF NEXT MEETING</p> <p>To note that the next meeting of the Board will be held on Wednesday, 16 March 2011 at 10.00 am with a pre meeting for Board Members at 9.30 am.</p>	



Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 4th March 2011

Subject: CALL- IN OF DECISION – BRIEFING PAPER

Electoral Wards Affected:

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 INTRODUCTION AND BACKGROUND

- 1.1 In accordance with the Council's Constitution, a decision of the Executive Board has been Called In.¹ The background papers to this particular decision are set out as a separate agenda item and appropriate witnesses have been invited to give supporting evidence.
- 1.2 This report advises the Scrutiny Board (Adult Social Care) on the procedural aspects of Calling In the decision.
- 1.3 The Board is advised that the Call In is specific to the report considered by the Executive Board and issues outside of this decision, including other related decisions, may not be considered as part of the Board's decision regarding the outcome of the Call-In.

2.0 REVIEWING THE DECISION

- 2.1 The process of reviewing the decision is as follows:
- Members who have requested the Call-In invited to explain their concern/reason for Call-In request.
 - Relevant Executive Member/Officer(s) asked to explain decision.
 - Further questioning from the Board as appropriate.

¹ Scrutiny Board Procedure Rules Paragraph 21

OPTIONS AVAILABLE TO THE BOARD

- 3.1 Having reviewed the decision, the Scrutiny Board will need to agree what action it wishes to take. In doing so, it may pursue one of three courses of action as set out below:

Option 1- Release the decision for implementation

- 3.2 Having reviewed this decision, the Scrutiny Board may decide to release it for implementation. If the Scrutiny Board chooses this option, the decision will be immediately released for implementation and the decision may not be Called In again.

Option 2 - Recommend that the decision be reconsidered.

- 3.3 The Scrutiny Board may decide to recommend to the decision maker that the decision be reconsidered. If the Scrutiny Board chooses this option a report will be submitted to the Executive Board.
- 3.4 In the case of an Executive Board decision, the report of the Scrutiny Board will be presented to the next available meeting. The Executive Board will reconsider its decision and will publish the outcome of its deliberations within the minutes of the meeting. The decision may not be Called In again whether or not it is varied.

Option 3 - Recommend that the decision be reconsidered and refer the matter to full Council if recommendation not accepted.

- 3.5 This course of action would only apply if the Scrutiny Board determined that a decision **fell outside the Council's Budget and Policy Framework** and this determination were confirmed by the Council's Section 151 Officer (in relation to the budget) or Monitoring Officer (in relation to other policies).
- 3.6 If, at the conclusion of this meeting, the Scrutiny Board forms an initial determination that the decision in question should be challenged on the basis of contravening the Budget and Policy Framework, then confirmation will subsequently be sought from the appropriate statutory officer.
- 3.7 Should the statutory officer support the Scrutiny Board's determination, then the report of the Scrutiny Board will be presented in the same manner as for Option 2. If the decision maker accepts the recommendation of the Scrutiny Board in these circumstances, then the revised decision will be published in the same manner as for Option 2 and the decision may not be Called In again. If, however, the decision maker does not accept the recommendation of the Scrutiny Board, then the matter will be referred to full Council for final decision. Decisions of full Council may not be Called In.
- 3.8 Should the appropriate statutory officer not confirm that the decision contravenes the Budget and Policy Framework, then the report of the Scrutiny Board would normally be progressed as for Option 2 (i.e. presented as a recommendation to the decision taker) but with no recourse to full Council in the event that the decision is not varied. As with Option 2, no further Call-In of the decision would be possible.

3.9 However, the Scrutiny Board may resolve that, if the statutory officer does not confirm contravention of the Budget and Policy Framework, then it should be released for implementation in accordance with Option 1.

4.0 FAILURE TO AGREE ONE OF THE ABOVE OPTIONS

4.1 If the Scrutiny Board, for any reason, does not agree one of the above courses of action at this meeting, then Option 1 will be adopted by default, i.e. the decision will be released for implementation with no further recourse to Call-In.

5.0 FORMULATING THE BOARD'S REPORT

5.1 If the Scrutiny Board decides to release the decision for implementation (i.e. Option 1), then the Scrutiny Support Unit will process the necessary notifications and no further action is required by the Board.

5.2 If the Scrutiny Board wishes to recommend that the decision be reconsidered (i.e. Options 2 or 3), then it will be necessary for the Scrutiny Board to agree a report setting out its recommendation together with any supporting commentary.

5.3 Because of the tight timescales within which a decision Call-In must operate, it is important that the Scrutiny Board's report be agreed at the meeting.

5.4 If the Scrutiny Board decides to pursue either of Options 2 or 3, it is proposed that there be a short adjournment during which the Chair, in conjunction with the Scrutiny Support Unit, should prepare a brief statement proposing the Scrutiny Board's draft recommendations and supporting commentary. Upon reconvening, the Scrutiny Board will be invited to amend/ agree this statement as appropriate (a separate item has been included in the agenda for this purpose).

5.5 This statement will then form the basis of the Scrutiny Board's report (together with factual information as to details of the Called In decision, lists of evidence/witnesses considered, Members involved in the Call-In process etc).

5.6 The Scrutiny Board is advised that there is no provision within the Call In procedure for the submission of a Minority Report.

6.0 RECOMMENDATION

6.1 The Scrutiny Board (Adult Social Care) is asked to note the contents of this report and the procedure as detailed within it.

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Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 4th March 2011

Subject: Call In – Proposal to Decommission a Non-Statutory Mental Health Counselling Service, known as the Leeds Crisis Centre

Electoral Wards Affected: ALL

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 INTRODUCTION AND BACKGROUND

1.1 This paper presents the background papers to a decision which has been Called In in accordance with the Council's Constitution.¹

1.2 Papers are attached as follows:

- Copy of completed Call-In request form
- Report of the Director of Adult Social Services
- Copy of the Equality Impact Assessment – Leeds Crisis Centre
- Relevant extract of Executive Board Minutes of 11th February 2011

1.3 Appropriate Members and/or officers have been invited to attend the meeting in order to explain the decision and respond to questions. Other interested parties have also been invited; these include the Council's Head of Equalities, Leeds PCT, Leeds LINK and 'Save Leeds Crisis Centre'.

2.0 RECOMMENDATION

2.1 The Scrutiny Board (Adult Social Care) is asked to review this decision and to determine what further action it wishes to take.

¹ Scrutiny Board Procedure Rules Paragraph 21

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CALL IN REQUEST – Option (a)

A Call In request may be made by:

Any five non-executive Members of council

Date of decision publication: 11 February 2011

Delegated decision ref:

Executive Board Minute no: 162

Area Committee Name and decision ref:

Decision description: The decision made by the Executive Board to decommission a non-statutory mental health counselling service, known as the heads Crisis Centre.

Discussion with Decision Maker:
Prior to submitting a Call In, a nominated signatory must first contact the relevant officer or Executive Member to discuss their concerns and their reasons for wanting to call in the decision. Please identify contact and provide detail.

Director/author of delegated decision report.
 Executive Board Member

Detail A meeting was held between Cllr Graham Latty + Sandie Keene + John Lennon on 22/02/11 at 13.30

Reasons for Call In:
All requests for Call In must detail why, in the opinion of the signatories, the decision was not taken in accordance with the principles set out in Article 13 of the Council constitution (decision making) (principles of decision making) or where relevant issues do not appear to be taken into consideration. **Please tick the relevant box(es) and give an explanation.**

<input type="checkbox"/>	Proportionality (ie the action must be proportionate to the desired outcome)
<input checked="" type="checkbox"/>	Due consultation and the taking of professional advice from officers
<input type="checkbox"/>	Respect for human rights
<input type="checkbox"/>	A presumption in favour of openness
<input type="checkbox"/>	Clarity of aims and desired outcomes
<input type="checkbox"/>	An explanation of the options considered and details of the reasons for the decision
<input type="checkbox"/>	Positive promotion of equal opportunities
<input type="checkbox"/>	Natural justice

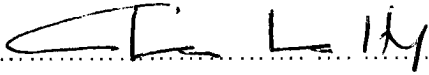
Explanation Consultation has not been as wide or thorough as it should have been, were all options considered?

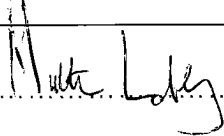
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Leeds City Council Scrutiny Support Unit

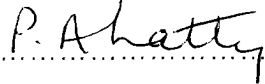
A Member cannot count as one of the two/five signatures if they are a member of the Scrutiny Board to which the Call In will be referred. In the case of decisions made by Area Committees, a Member cannot count as one of the two/five signatures if they are a member of that Area Committee.

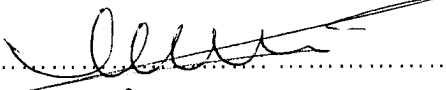
The following signatories request that the above decision be called in:

1) Signature..... 
Print name..... <u>GRAHAM LATTY</u>

2) Signature..... 
Print name..... <u>MATTHEW LOBLEY</u>

3) Signature..... 
Print name..... <u>Cllr M ROBINSON</u>

4) Signature..... 
Print name..... <u>PATRICIA LATTY</u>

5) Signature..... 
Print name..... <u>ROD WOOD</u>

This form should be submitted to the Head of Scrutiny and Member Development (Scrutiny Support Unit, 1st Floor West, Civic Hall) by **5.00pm on the fifth working day after the decision publication date**. The office is open from 9.00am to 5.00pm.

(For further information on the Call In procedure please refer to the Scrutiny Support Unit intranet site, or contact the Unit on 39 51151).

JAMIE MATTHEWS

~~Matthews~~



Report of the Director of Adult Social Services

Executive Board

Date: 11 February 2011

Subject: Proposal to decommission a non-statutory mental health counselling service, known as the Leeds Crisis Centre

Electoral Wards Affected:

Ward Members consulted (referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In (Details contained in the report)

EXECUTIVE SUMMARY

Since 1989 Leeds City Council has provided a free, short-term counselling and support service for adults who are struggling to cope with daily routine because something stressful has happened in their lives. Known as the Leeds Crisis Centre, its present role is, in spite of its name, to provide a rapid response, short-term counselling service 365 days per year. As it receives a large number of referrals which are inappropriate, it also acts as a referral service for those whose mental illness is more appropriately addressed in an NHS psychiatric or crisis resolution service, or by another type of counselling service. The Crisis Centre itself is not a crisis intervention and resolution service, nor is it a suicide prevention service.

The provision of counselling services is not a statutory function of a local authority and no evidence can be found of any other local authority in England offering such a service. Neither do most authorities commission such a service, as the government has in recent years invested heavily in Increasing Access to Psychological Therapies (IAPT) within the NHS. As a result, NHS mental health services in Leeds have expanded and become more accessible, with a wider variety of service available, particularly around common problems such as anxiety and depression.

The total cost to the Council of providing The Crisis Centre service is £696,000 per year and in the light of the current financial climate and the Council's overall budget pressures, Executive Board is recommended to approve decommissioning the service. The proposed closure will realise part-year savings of £471,000 in 2011-12.

This report describes alternative services that are available in Leeds and concludes that Leeds is well-provided with both counselling and mental health services, enabling the Crisis Centre to be decommissioned without risk to citizens in need of counselling. The report shows how a joint approach with the NHS could manage customer expectations with appropriate signposting and redirection to existing services to meet the needs of the whole population, and reduce the likelihood of an inappropriate referral which prolongs the wait for service users to access the correct service.

The report goes on to describe consultations over the proposals with general practitioners, NHS Leeds and the Leeds Partnership Foundation Trust (LPFT). It also addresses concerns raised by staff and service users and representations from other stakeholders.

Executive Board is recommended to approve the proposal to decommission the Crisis Centre with a planned closure date of June 2011; to endorse a joint approach with NHS Leeds to redirect future users to alternative services; to note work under way with Leeds Community Healthcare to identify any appropriate opportunities within its Primary Care Mental Health Teams/IAPT for current employees within the Crisis Centre; and in the event of approval to decommission the service to declare the Crisis Centre property at Spring Road surplus to requirements.

1.0 Purpose Of This Report

1.1 The purpose of this report is to seek Executive Board approval to decommission the counselling and support service known as the Leeds Crisis Centre. The proposals contained in this report form part of a wider review of Council-provided mental health services, which is the subject of a companion report to the 11 February meeting of Executive Board.

2.0 Background Information

2.1 The Leeds Crisis Centre provides a free counselling service 365 days a year. It is open to adults age 16 and over living in Leeds. The service was opened in 1989 to provide short-term counselling (up to 16 weeks). The aims of the service are:

- To respond rapidly
- To provide short-term counselling in a comfortable and accessible setting
- To identify and maximise each client's capabilities, resources and strengths, reducing the risk of dependency
- To develop appropriate links with other service providers, working alongside colleagues in social, health and voluntary sector services and providing holistic care.

2.2 In spite of the imagery in its title, the Crisis Centre is not a crisis intervention service for people with severe and enduring mental health problems. This is the role of the NHS Crisis Resolution and Home Treatment (CRHT) service managed by Leeds Partnership Foundation Trust (LPFT). The Leeds Crisis Centre, the subject of this report, refers people making contact with the Centre who are in an acute mental health crisis to CRHT.

2.3 The Crisis Centre as a counselling service is well-respected and valued by referrers and clients. The annual staffing budget for the service stands at £558,000, with running costs, including overheads, of £138,000 (total £696,000 per year).

2.4 The Crisis Centre employs 13.3 FTEs (17 staff) including a clerk and a coordinator.

- 2.5 There is no income from the NHS for this service. However, the majority of referrals to the Council-funded Crisis Centre are from parts of the NHS, primarily general practitioners.
- 2.6 The Crisis Centre received 1,442 referrals in 2010 and of these 574 were assessed for counselling and 504 actually received counselling. This should be compared with 21,796 people seeking NHS talking therapies and 21,264 people accessing secondary mental health services provided by LPFT, although some of these may be the same people.
- 2.7 In the past year, the service took 121 calls out of hours (between 5.00 and 9.30pm). This should be compared with 'Connect', a service for people with nowhere else to turn, which took 5,256 calls over a 12-month period.
- 2.8 Weekend referrals to the Crisis Centre were on average half the volume of those taken on an average weekday. The two busiest months of 2010, May and September, were sampled, and demonstrated an average of 5 calls per day during the week, and weekend calls for the same period were between 2 and 3 per day. There was a similar pattern over the Christmas period (a busy time for crisis helplines) when referrals were at around half the weekday rate. This pattern suggests that the service is being accessed appropriately for planned counselling rather than as an emergency helpline.
- 2.9 The majority of referrals the Crisis Centre takes are referred on to other services (between 60% and 70% per year). The Centre is very effective at taking sufficient detail over the telephone to be able to advise and direct people to services appropriate to their needs. In 2009, 43% of those referred on were to other counselling services and 56% were referred to secondary mental health services.
- 2.10 The Crisis Centre has a record of being highly responsive, operating with no waiting list and is able to see people within 72 hours of first contact.
- 2.11 Because of its Headingley location, the Crisis Centre's referrals come mostly from the north and west of the city. There are large areas in the south-east, north-east and north-west of the city where referrals to the Crisis Centre are 1% or less of the service's total number of referrals.

3.0 Main Issues

3.1 Statutory duties of a local authority

- 3.1.1 Neither counselling nor mental health crisis services are a statutory function of a local authority. No evidence can be found of any other local authority in England offering a similar service. Recent government investment in mental health services under the Increasing Access to Psychological Therapies (IAPT) programme, has resulted in NHS primary care level mental health services becoming more accessible to the individual and being provided in a variety of different ways.
- 3.1.2 Particularly since the introduction of IAPT, it has been widely accepted that the functions performed by counselling services are NHS functions.

3.2 The current financial climate

- 3.2.1 In the current financial climate, Adult Social Care faces a major challenge in meeting its statutory responsibilities. Difficult choices are therefore required to determine the

priorities of the service. Whilst the Crisis Centre is much valued by those who use or have used it and whilst it has a committed, professional and talented staff team, this is a service the Council is not required to fund or provide.

3.2.2 Options to shrink, reduce or operate the service in a different way would still leave the Council with a financial responsibility it cannot afford.

3.2.3 The NHS has recently confirmed that they continue to invest in and develop alternative counselling services through IAPT in Leeds and as a consequence are unable to fund or contribute to the costs of the Crisis Centre.

3.2.4 In the current financial climate it is therefore difficult to justify continuing to operate a service that is outside the Council's statutory responsibilities

3.3 Proposal to decommission the Crisis Centre

3.3.1 Following an examination of capacity and availability of alternative services to which potential users of the Crisis Centre service could be signposted (see sections 5 & 6 below), it can be concluded that the service could be decommissioned safely and without detriment to people needing access to counselling services in the future.

3.3.2 As the counselling service offered by the Crisis Centre is time-limited (up to 16 weeks) current service users could complete their course of counselling sessions without having their service taken away or curtailed.

3.3.3 Subject to approval by Executive Board, Adult Social Care therefore proposes to decommission the Crisis Centre, with a planned closure date of June 2011. It is proposed to then declare the property at Spring Road surplus to requirements and transfer it to Corporate Property Management for disposal.

4.0 **Consultation**

4.1 Consultation with NHS

4.1.1 In considering the options around the Crisis Centre, discussions were held with NHS commissioners over NHS funding for all or part of the Crisis Centre service. In response, NHS commissioners inform us that they have invested substantially in their own counselling and secondary specialist mental health services and that alternative services to those on offer at the Crisis Centre exist (see Appendix 1 for a summary of NHS spending on mental health services).

4.2 Consultations with Crisis Centre staff

4.2.1 The Executive Member and Lead Member for Adult Social Care have visited the centre to discuss the proposal with the manager and Deputy Manager. Senior managers have met with the wider staff group to discuss the proposals and offer staff the opportunity to voice concerns (see Appendix 2 for details).

4.2.2 Staff at the Crisis Centre have expressed a recent interest in developing the service as a social enterprise. Should Executive Board agree the decommissioning of the service, then support will be offered to the staff to see how this option can be taken forward.

4.3 Consultations with service users

4.3.1 Since the proposal to decommission the Crisis Centre entered the public domain in December 2010, there have been a number of representations from current and

past users of the service. Following discussions with the staff (see para 4.2.1), an offer has been made to meet all existing service users. It is acknowledged that this is a confidential service for individuals who may be reluctant to meet with managers. However, this offer has also been extended to some ex-service users who have consented to being contacted. To date only one meeting has been requested.

4.3.2 Senior managers have agreed for their contact details and email addresses to be made available to existing and past service users so that representations can be made in this way if preferred. To date, there have been 22 representations. All have been acknowledged and responded to (see Appendix 2).

4.4 Representations from other bodies and individuals

4.4.1 Representations have been received from the Local Medical Committee, two general practitioners, LPFT, two voluntary sector organisations and one Member of Parliament. Comments have also been received from other mental health professionals who work within the NHS and independently. All have been acknowledged and responded to.

5.0 Crisis Services in Leeds

5.1 The service offered by the Leeds Crisis Centre is not, in spite of its name, a crisis intervention service, but is in practice a counselling service. It should not be confused with secondary specialist mental health crisis services designed to support people with severe and enduring mental health problems, or other counselling services which exist in Leeds.

5.2 An examination of support and crisis services in the city has shown that Leeds is adequately provided with mental health services for people who are in crisis. Examples of these are described below

5.3 Crisis Resolution and Home Treatment Service

5.3.1 The National Service Framework for Mental Health (1999) called for NHS mental health services to be available 24 hours a day, 7 days a week, in the community, for people in mental health crisis. The 2000 NHS Plan, which stated the government's intention to modernise mental health services, included the introduction of crisis resolution teams.

5.3.2 As a result, the Leeds Partnership NHS Foundation Trust has a fully-available, 24 hours a day crisis resolution service called the Crisis Resolution and Home Treatment Service (CHRT).

5.3.3 This NHS team is the first point of access for service users who might be in a high-risk category and present as an emergency to secondary mental health services. The CRHT service ensures that people experiencing an acute psychiatric crisis receive the most rapid, least restrictive and most appropriate form of assessment and home treatment.

5.4 Dial House

5.4.1 Dial House in Halton is a non-residential safe house to provide sanctuary and support for people experiencing a mental health crisis. It is run by the Leeds Survivor-Led Crisis Service. It is open 6.00pm to 2.00am Monday to Friday and people can telephone to request a visit to attend at the premises between 6.00pm and 10.30pm.

5.4.2 Those who use this service will be facing acute mental crisis, ranging from attempted suicide to self-harm and family break-up. The service helps between 60 and 100 people a month and has a good record in supporting this group and of preventing hospital admission.

5.5 Connect Helpline

5.5.1 Also provided by the Leeds Survivor-Led Crisis Service, Connect Helpline is a telephone helpline open 6.00 to 10.30 every night of the year for people living in Leeds. Its users are people in crisis, anxious, depressed or lonely and they are offered non-judgmental and empathic support and information about other services.

5.5.2 Connect Helpline supports people who are in crisis as well as providing a preventive service by supporting people before they reach crisis point. The service also receives funding to provide emotional support for carers.

6.0 **Alternative counselling services**

6.1 Increasing Access to Psychiatric Therapies (IAPT)

6.1.1 Enquiries made by Adult Social Care in preparing this report show that in addition to the service described above for people in crisis, the NHS-run IAPT services can offer a prompt response if the individual's needs require it, with appointments possible within 2-5 days of first contact, sometimes sooner if the person can be flexible about where in the city the appointment can be arranged.

6.1.2 However, the IAPT services provided are not primarily designed as immediate access or crisis intervention services and NHS commissioners have committed to further develop primary care counselling services to extend opening hours and the range of therapies on offer.

6.1.3 People with severe mental health problems, in an acute mental health crisis or actively suicidal need to be referred to the appropriate clinical service, either a psychiatric appointment or the Crisis Resolution Home Treatment Team

6.1.4 It is acknowledged that the ability to respond to individuals promptly is an important preventive service. Statutory partners agree that the responsibility for this type of service lies with the NHS and that in a time of severe budgetary constraints the local authority cannot continue to fund this function. Adult Social Care is working closely with NHS commissioners to provide detail on the work of the Crisis Centre to support them in considering options to meet this need.

6.2 Non-NHS counselling services

6.2.1 A wide range of counselling services is available in Leeds, as can be seen at Appendix 3. The Alliance of Counselling Agencies and Volition both produce up-to-date lists of counselling services in Leeds for individuals and professionals.

6.2.2 These include city-wide, group services, such as Leeds Counselling, the Leeds Wellbeing Centre and the Samaritans. Others serve individual communities, such as the Beck, which is for people aged 16-25 years.

6.2.3 Others provide services for groups within communities, such as the Black Health Initiative and REAP (African, African Caribbean and dual heritage), Solace (asylum seekers), Archway and The Market Place (young people), Cruse (bereaved people), Women's Counselling and Therapy (women) and Mesmac (gay and bisexual people).

7.0 Access to Services

7.1 The current access to the local authority crisis centre is via self referral/personal recommendations, through NHS agencies or a small number through voluntary or counselling services.

7.2 In future, should the decision be taken to decommission the service, adult social care will advise all referral agencies and past service users of the alternative counselling and crisis services available in the city.

7.3 The alternative NHS counselling services are able to be accessed directly by individuals through telephone referral. These services are being developed for evening and Saturday morning access. The out of hours crisis services at Dial House (see 5.4) and Connect Helpline (see 5.5) are a direct alternative for people in crisis.

7.4 Specialist secondary crisis mental health services will continue to be accessed by referral through NHS agencies. As indicated earlier in the report, for people in crisis this can be accessed 24 hours per day 365 days of the year.

7.5 The service will work to ensure people are in future directed to appropriate support. The Council, with the assistance of NHS Leeds will ensure effective communication with GP practices and practice-based commissioning consortia about the changes, directing new referrals to the most appropriate services. Information leaflets and information websites will be updated to indicate correct pathways for referrals and this will be done with the co-operation of colleagues from the NHS and the Third Sector. This will be widely publicised for the public as well as partner agencies.

8.0 Implications for Council policy and governance

8.1 In Leeds, our approach to equality and diversity, as expressed within our Equality and Diversity Scheme, is to carry out equality impact assessments where there are proposed changes to services so that the implications of decisions are fully understood as they affect specific groups and communities. In respect of this proposal for people with mental health problems a full equality impact assessment has been undertaken.

9.0 Legal and resource implications

9.1 There are no legal implications for the Council in these proposals.

9.2 The total cost to the Council of providing the Crisis Centre service is £696,000 per year. The proposed decommissioning of the service will realise part-year savings of £471,000 in 2011-12.

9.3 The Crisis Centre employs 13.3 FTEs (17 staff) including a clerk and a coordinator.

9.4 As the recommendation in the report is to decommission the service, this will result in the cessation of the particular work carried out by the staff employed in the

service. These staff will be in a genuine redundancy situation and, to ensure compliance with employment law, will be issued with individual redundancy notices.

- 9.5 To seek to avoid compulsory redundancies, Adult Social Care and NHS Leeds are exploring options for staff to be positively considered for IAPT vacancies, although this will not offer employment opportunities for all current employees. Remaining staff would be offered suitable alternative employment in accordance with their redundancy notice.
- 9.6 A process of formal consultation will begin with staff and Trade Union representatives to discuss with them their options for the future, and provision of alternative employment with the Council.
- 9.7 The Crisis Centre operates from a large detached house in Spring Road, Headingley, of which the service has sole use. If the proposal to decommission is accepted, it is recommended that the premises be declared surplus to requirements and handed to Corporate Property Management for disposal.

10.0 Conclusions

- 10.1 The Crisis Centre is a discretionary, not statutory local authority service. In the context of counselling services in this city it provides for a small number of face-to-face contacts. In the current financial climate, it is difficult to justify the Council continuing to operate a service outside of its statutory responsibilities where alternative services exist.
- 10.2 The potential for the NHS to pick up some or all of the services has been explored and NHS Leeds has advised that alternative support is available.
- 10.3 The NHS is investing significant amounts of money into talking therapies. Whilst the services available in the NHS and the voluntary sector do not exactly duplicate those being provided, they do provide adequate and safe alternatives.
- 10.4 We will continue to work with NHS commissioning ensuring they have full information on the role of the Crisis Centre to help inform future commissioning needs.
- 10.5 We will also work with referrers, health partners and providers to ensure referral pathways are reviewed to support timely access to appropriate services for all mental health service users.

11.0 Recommendations

- 11.1 Members of Executive Board are asked to note the contents of this report and agree the following recommendations.
- 11.2 That Executive Board approves the proposal to decommission the Crisis Centre.
- 11.3 That Executive Board endorses the joint approach with NHS Leeds to managing customer and referrer expectations, ensuring appropriate signposting / redirection to existing services which can meet the needs of the population.
- 11.4 That Executive Board notes the joint work with NHS Leeds to relocate staff with a planned closure date of June 2011.

- 11.5 That in the event of approval to decommission the service, the premises at Spring Road be declared surplus to the requirements of Adult Social Care and handed to Corporate Property Management for disposal.

Background documents referred to in this report:

Department of Health, *National Service Framework for Mental Health*, 1999.

Leeds City Council, *Report to the Scrutiny Inquiry re- Commissioning of Mental Health Services*, 2009.

Leeds City Council, *Report to Executive Board re- the Future of mental health day and accommodation services*, 2011.

Equality Impact Assessment re the Proposal to decommission a non-statutory mental health counselling service, known as the Leeds Crisis Centre

Appendix 1

Detail of NHS Leeds investment in MH services provided to the Scrutiny Inquiry into Supporting Working Age Adults with Severe and Enduring Mental Health Problems, November 2009

NHS Leeds funded mental health services: NHS Leeds currently commissions mental health services from a wide range of providers. The range encompasses the main provider of specialist mental health services:

- Leeds Partnerships Foundation NHS Trust
- NHS Leeds Community Healthcare
- and a diverse group of third sector organisations.

The majority of the investment is with Leeds Partnerships Foundation NHS Trust (LPFT), to provide a range of specialist mental health services for adults and older adults including:

- Crisis Resolution, Home Treatment Service and Acute Community Services
- Acute inpatients
- Psychiatric intensive care unit
- Community mental health teams
- Inpatient rehabilitation and recovery service
- Management of the Personality Disorder Managed Clinical Network
- Liaison mental health services in A&E and the acute hospital setting
- Psychosexual service
- Mother and baby mental health service
- Specialist psychology and psychotherapy services
- Dual diagnosis substance misuse service
- Dual diagnosis learning disability inpatient service (in addition to specialist learning disability health care)
- Some forensic services
- Yorkshire Centre for Eating Disorders.

Investment is approximately £43 million

NHS Leeds Community Healthcare (the arms length provider of NHS Leeds) is commissioned to provide the Primary Care Mental Health Service. This incorporates Improving Access to Psychological Therapies (IAPT) which is aimed at people with common mental health problems.

Total investment is approximately £2.2 million.

NHS Leeds third sector commissioning includes:

- Statutory service provision, such as Early Intervention in Psychosis Service provided by Community Links
- Oakwood Hall, Intermediate Care Hostels and the Community Support Team, who work in partnership with LPFT services as part of Personality Disorder Managed Clinical Network
- Services that have been designed specifically to work alongside the specialist provider, such as the acute intermediate care hostels
- Community resource services provided by voluntary sector organisations
- Services offering an alternative choice to NHS provision, such as the Leeds Survivor Led Crisis Service
- Voluntary sector providers have also recently been commissioned to provide part of the IAPT service in conjunction with NHS Leeds Community Healthcare.

Investment is approximately £4 million.

Appendix 2

Representations Made regarding the Crisis Centre

As of 14/1/11 18 representations had been made regarding the proposal to close the Crisis Centre. Representations were received from a number of sources including staff, service users and referrers. The main concerns and issues raised are captured in the table below.

	Concern	Response
1	The overwhelming majority of service users offered the service are seen within 3 days, often within 24 hours. There is no waiting list	Adult Social Care has been advised that IAPT services have capacity for a prompt response if an individual's needs require it. IAPT can offer appointments between 2 and 5 days and sometimes sooner if people are flexible about where in the City they attend for support as they can offer cancellation slots.
2	There has been no recent consultation with Leeds Crisis Centre staff, stakeholders or service users prior to the Director's Report.	The provision of counselling is a discretionary service and there are no other Local Authorities in the region and possibly nationally who either fund or provide this type of response. Given the financial challenge facing the department and health's significant investment in primary mental health services the department believes decommissioning the service is the only option. If the proposal is approved by Executive board we will consult with staff, service users and other stakeholders such as referrers about how to decommission the service. The Executive Board postponed discussion of this paper to allow for further conversations to take place. The Department has taken representations from a number of stakeholders and have met with the staff team since December. Senior managers have agreed for their contact details and email addresses to be made available to existing and past service users so that representations can be made in this way if preferred. To date, there have been 22 representations. All have been acknowledged and responded to These concerns have been noted and where possible have been addressed within the report.
3	The Crisis Centre is considered unique by Adult Social Care; at the Adult Social Care Awards we won because we are "unique among counselling services in Leeds, [with] no waiting list and sees most of its customers within three days of them first making contact." (This quote was read out as part of the Awards ceremony, and was later used as part of an article appearing in Staffnews).	The Department recognises the valuable contribution the service makes. Unfortunately the pressures we face mean that we need to review all discretionary services. NHS commissioners have invested substantially in both counselling services and secondary mental health crisis services in recent years. Adult Social Care will continue to work closely with NHS commissioners as they further develop this service
4	IAPT is not a crisis intervention service; it is designed to help service users cope with mild to moderate depression and anxiety.	We acknowledge that neither IAPT, nor any other counselling or crisis service in Leeds entirely duplicates the work of the Crisis Centre. IAPT has capacity to pick up additional referrals from

	IAPT cannot provide a service to people who are at risk of suicide, or who are in an acute state of crisis. IAPT include contact details for the Crisis Centre on their own information leaflets.	people with common mental health problems who would benefit from talking therapies. Some of the service users that the Crisis Centre deals with could benefit from this type of service. The NHS, as the emergency service, has appropriate and effective services to support people who are actively suicidal.
5	<p>The Crisis Centre regularly and increasingly receives referrals via IAPT and the Primary Care Mental Health Teams (PCMHT); this indicates that service user groups of those services are significantly different to the Crisis Centre's.</p> <p>Staff do understand that there will be severe cutbacks in Council spending and are certainly not burying their heads in the sand. However, they feel, as I do, that the basics of this excellent provision are worth keeping for the sake of some of our most vulnerable citizens, and I am sure that, with full consultation, a way can be found to keep many of the Centre's services going whilst drastically reducing its costs. I do feel that this would be a better alternative to total closure and loss of this valuable resource to the City.</p>	In considering the options around the future of the Crisis Centre we have talked to NHS commissioners about the provision available across the City and the potential to develop the service further. We will continue to work with NHS commissioners as they further develop the service.
6	Service users are often at the point of considering suicide when they contact the Crisis Centre; many will have attempted suicide, or will have self-harmed in the past.	<p>Figures from the Crisis Centre's referral database suggest that the number of people with a history of self harm or suicide is a relatively low proportion of those referred to the service.</p> <p>The Crisis Centre may not be an appropriate service to treat people who are actively suicidal. The service however does have a role in supporting people to access more appropriate services. In 2009 approx. 32% of referrals received by the Crisis Centre were referred on to secondary mental health services. If the recommendation to close the service is approved there will be work done with mainly NHS referrers and other providers to look at how service users are directed to services most appropriate to meet their needs.</p>
7	The Director's Report makes reference to the delivery of a counselling service not being a statutory function of a local authority. Whilst this is true, we do see many vulnerable adults that Leeds City Council has responsibility for; carers of Adult Social Care service users, people involved in child protection	Health and social care services often share a service user group. We are not questioning the quality of the service provided by the Crisis Centre or the value to its clients but it is a discretionary service and in the current financial climate we need to prioritise investment in our statutory responsibilities. There are viable and safe alternatives within the NHS.

	proceedings, older people, employees of Leeds City Council, service users of other Council funded projects.	
8	<p>Adult Social Care has funded, and may continue to fund, other non-statutory projects, including counselling services and crisis services. The Counselling and Therapy Service is a project of Leeds Mind, in partnership with Leeds Adult Social Care and Leeds PCT. The Women's Counselling and Therapy Service (WCTS) has been mainly funded by Adult Social Care. Leeds Survivor Led Crisis Service receives a proportion of its funding from Adult Social Care.</p>	<p>The Council will be reviewing all discretionary services.</p> <p>When considering the future of council run mental health services we considered:</p> <ul style="list-style-type: none"> •The statutory responsibilities of the Council •The availability of other providers and services in the City •The strategic direction of mental health service development •Recent developments both nationally and locally •Adult Social Care's desire to ensure the people of Leeds can continue to access mental health services that are of high quality and value for money. <p>In addition we are mindful of the needs of hard to reach communities that have not been best served by mainstream services within the Council or NHS.</p> <p>Health invests significant amounts of money in primary mental health services including talking therapies and in secondary crisis services. We will continue to work with health partners to consider how any gaps in provision are best addressed.</p>
9	<p>The Crisis Centre meets or exceeds expectations relating to excluded, hard to reach, or at risk target groups, including: BME communities, lesbian/gay/bisexual/transgendered populations, deaf people, older people, parents with mental health problems, and refugees/asylum seekers</p>	<p>There are services commissioned to work with hard to reach groups – as mentioned in 8 above. Whilst all discretionary services are being reviewed we are mindful of the need to support hard to reach groups</p>
10	<p>The Crisis Centre has provided a really excellent service of last resort to those who are often desperate and have nowhere else to turn.</p> <p>I have been deeply impressed at their effectiveness in dealing with some of the most vulnerable people in this city and in helping many of those people back to normality without recourse to Mental Health Services and the NHS.</p>	<p>We would agree the Crisis Centre has provided an excellent service to the people of Leeds. However, in recent years the amount of investment the NHS puts into talking therapies has increased considerably. The options available to people now are different to those available when the Crisis Centre was established.</p> <p>There are some excellent services supporting the most vulnerable in the City which sit entirely outside of statutory services and achieve this outcome.</p>

Appendix 3

Counselling Services

The follow is a list of services in Leeds whose primary aim is to offer counselling for individual in mental distress. There are also many other services that also offer counselling as well as counselling services tailored to specific groups, needs or communities listed on the website www.mentalhealthleeds.info. The Alliance of counselling Agencies and Volition both produce up to date lists of counselling services available in Leeds for individuals and professionals, which include services that target specific groups such as asylum seekers or age specific groups.

Where people are experiencing difficulties relating to illnesses such as dementia or Alzheimer's disease organisations such as the Alzheimer's society, carers' groups or Age concern can be more relevant and offer counselling services related to their area of expertise

Service	Opening hours	target group	area covered
*Archway 95 Roundhay Road, Leeds LS8 5AQ Tel: 0113 383 3900 (voicemail messages 0113 383 3915)	Mon 10am-6.pm, Tues & Thurs 10am-8.pm, Fri 10am-6pm.	Free for young people aged 16–25. short and longer term counselling.	citywide
*BARCA - Leeds 277 Upper Town St LS13 3JT220 9784	Mon 9am-6pm Tues-Fri 9am-5pm	Confidential information, counselling and support service for young people aged 13-19. plus Leeds Reaching Out service for men 18+	West Leeds
*The Beck Unit 2, Killingbeck Court, Killingbeck Office Village, Leeds LS14 6UF Tel: 0113 8814800 or: 07949523830		For people aged 16-25. Free service, open-ended. short and longer term counselling. Therapeutic approach: Integrative.	East Leeds
*Black Health Initiative Unit 10 Chapeltown Enterprise Centre, 231 – 235 Chapeltown Road, Leeds LS7 3DX Tel: 0113 307 0300	9am-4pm Mon-Fri	For African, African Caribbean and Dual Heritage communities. Free to young people and sliding scale for adult and family counselling. Group and family therapy, up to 8 sessions Person centred therapy. family therapy a specialism.	Citywide
*Cruse Bereavement Care Centenary House, North Street, Leeds LS2 8AY Tel: 0113 234 4150	9.30am-5pm	For bereaved people 18+. Up to 12 free sessions of person centred therapy	citywide
*Leeds Counselling Leeds Bridge House LS10 1JN 245 0303 www.leedscounselling.org.uk info@leedscounselling.org.uk	Mon-Thurs 9am-9pm, Fri 9am-4pm	A counselling and psychotherapy service providing variable fee counselling on a once a week, one to one basis for a wide range of personal and relationship problems. Both	City Wide

Service	Opening hours	target group	area covered
		long and short term counselling is offered. There is also an IAPT service available	
Leeds Wellbeing Centre Marquis House 33 Eastgate Leeds LS2 7RD 244 4546 www.leedswellbeingcentre.org.uk info@leedswellbeingcentre.org.uk	9.00am - 8.00pm Mon-Fri.	One year pilot project funded by Multiple Choice and Leeds Special Grants Programme which aims to offer talking and complementary therapies to some of the most disadvantaged client groups in our communities. Any organisations in Leeds can refer clients at a cost of £5 per client per session (29/6/10).	City Wide
REAP Therapeutic Counselling Services Ralph 07930535622 Bev 07791786555 www.reap-counselling.co.uk ralphclaxton2005@yahoo.co.uk	Mon - Friday 9am - 7pm (last client at 7pm), Sat 9am - 2pm. Flexibility can be arranged according to personal circumstances.	REAP is fundamentally a BME run organisation whose clientele consists of individuals of all races & cultures, and individuals who are able bodied and disabled. Provides counselling and support to people of all ages, their families and carers.	City Wide
*Relate Leeds The Gallery, Oxford Chambers, Oxford Place, Leeds LS1 3AX Tel: 01302 347 444	Mon-Thurs 9am-9pm; Sat 9am-1pm	For individuals, couples, families, same sex couples, young people. A small bursary is available for those who cannot afford the full cost. Counsellor to recommend number of sessions. Therapeutic approach includes integrative and CBT for sex therapy. Relationship counselling and sex therapy.	City wide
Samaritans (Leeds) 93 Clarendon Road Leeds LS2 9LY 08457 90 90 90 / Local 0113 2456789	24 hour phone, 10am-10pm face to face (please ring first for staff availability)	To work for the assistance of people who are suicidal. Despairing or in distress. Support through listening and helping them to explore their feelings.	City Wide
*St Vincent's Support Centre 82 York Road, Leeds LS9 9AA Tel: 0113 248 4126	10am -4pm Mon-Fri	For people 19+, Low cost, negotiable rates. short and long term therapy using person centred, integrative including CBT styles of therapy.	City wide

Service	Opening hours	target group	area covered
*Solace Suites 2 & 3, Bank House, 150, Roundhay Road, Leeds LS8 5LJ Tel: 0113 249 1437	9am -5pm Mon- Fri	For asylum seekers and refugees. 12 free sessions at a minimum available using various therapeutic approaches. Do use interpreters for non-English speakers.	City wide
*The Market Place c/o St Peter's House, Kirkgate, Leeds LS2 7DJ Tel: 0113 246 1659	Drop in Thurs 1-5pm; Fri 12- 4pm; Sat 11am- 3pm	Free for young people aged 13–23. Up to 12 months at a time of young person centred therapy.	City wide
*Touchstone – IAPT service c/o Touchstone House. 2-4 Middleton Crescent, Beeston, Leeds LS11 6JU Tel: 0113 2163000	9am-5pm Mon- Thurs 9-4.30 Fri	CBT based Guided Self Help and CBT (Cognitive Behavioural Therapy). For people with common mental health problems such as depression, anxiety, and stress related conditions. Touchstone IAPT aims to improve access to talking therapies, primarily but not exclusively to BME communities. Up to 20 free weekly sessions available using a CBT approach.	City wide
*Women's Counselling & Therapy Service Oxford Chambers Oxford Place Leeds LS1 3AX 0113 245 5725	Mon and Tues 9am-5pm, Wed 9am-5pm, Thurs 9am-7pm	Provides consultations, individual counselling and therapy and group therapy for women in the Leeds area. Psychodynamic orientation in counselling and psychotherapy, specialist services for sexual abuse and eating disorders. For details of waiting list for initial consultation and subsequent treatments phone 245 5725.	
Yorkshire Mesmac P.O Box 417, Leeds LS1 5PN Tel: 07771 931327		For gay men, bisexual men, men who have sex with men, female partners of men who are attracted to men. Free, dependent on income. Number of sessions: short term, depends on income. Specialising in sexuality, sexual health. Counsellor using BSL available.	City wide

NHS services are constantly being updated. [Guidance on Talking therapies available from the NHS](#) is a clear booklet available on line from:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4082709.pdf.

Volition also provide a list of Voluntary sector counselling services in Leeds for professionals and individuals for reference. Those organisations marked with a * above are included.

There are counsellors and therapists who work in private businesses – you'll find them in the phone book, on the website of the British Association for Counselling and Psychotherapy: www.bacp.co.uk or on the Counselling Directory website: www.counselling-directory.org.uk . However, waiting lists might be longer and costs higher than for voluntary sector counselling.

For more information about mental health services in Leeds, including counselling, go to the Information for Mental Health website: www.mentalhealthleeds.info

Equality Impact Assessment – Leeds Crisis Centre

1. Introduction

This paper outlines the actions undertaken to identify and assess the potential impact of the proposed decommissioning of a non-statutory mental health counselling and referral service known as the Leeds Crisis Centre. The lead person for this equality impact assessment was John Lennon. Members of the assessment team were : Kuldeep Bajwa, Richard Graham, Kim Adams, Iola Shaw and Julie Bootle.

The process included engagement with a range of stakeholders - ex-service users, staff, council members, voluntary sector organisations, health partners (See Appendix 1). This information has then informed the mitigating actions included in this assessment.

2. Overview

Public sector bodies are required to consider the impact of changes to policy and spending on equality characteristics. These equality considerations do not preclude cuts or changes in services being made, but do require that these be fully understood, both at an individual decision level, as well as corporately.

Leeds City Council like many other public sector organisations is facing a significant financial challenge as a result of the government's spending review and a reduction in grants, which is without precedent in recent times. In addition to the substantial reduction in government funding, the council also faces significant cost pressures which will also need to be taken into account in setting budgets for the next four years. It is therefore imperative that we ensure that any services we provide are both effective, in the terms of the resources required to provide the services, and efficient in terms of producing high quality outcomes for as wide a range of the population of Leeds as possible. Based on an assumption that all face to face assessments in 2009 led to a full 16 sessions of counselling, both of which are maximum assumption as there is both a drop out rate and many counselling courses are shorter, the cost per course of counselling for Leeds Crisis Centre is £1293 per person. Details in appendix. In the private sector the average cost per one hour session is £30 – 40 pounds per hour session. Leeds Crisis Centre, based on the above assumptions is £81 per hour. For full costs see Appendix 2

The provision of counselling services is not a statutory function of a local authority and no evidence can be found of any other local authority in England offering such a service. Additionally, in the past two years the NHS in Leeds has made a significant investment in talking therapies, comprising £2.3 million in Increasing Access to Psychological Therapies (IAPT). There has also been additional investment in Primary Care Mental Health Services generally, resulting in £3.2million spent across these two areas by the NHS. The IAPT programme is a national programme and places the requirement for delivery of talking therapies on the NHS.

Since 1989 the Leeds Crisis Centre has provided a free, short-term counselling and support service for adults who are struggling to cope with daily routine because something stressful has happened in their lives. It's present role is, in spite of its name, to provide a rapid response, short-term counselling service, with extended

hours of access including weekends and bank holidays, for people who are experiencing difficulty coping with a change in their life. The Centre receives a large number of referrals which are inappropriate – 938 or 65% of 1442 referrals – both self referrals and those from other agencies - taken in 2010, were referred on. The Centre therefore also acts as a referral service to other, more appropriate counselling services, or, where there is a significant issue around mental health to NHS psychiatric services or Crisis Resolution and Home Treatment team where there is a need for an immediate (within 4 hours) response. The Leeds Crisis Centre itself is not a crisis intervention and resolution service, nor is it a suicide prevention service. It does not employ clinical staff.

Based on the figures from 2009, there is no indication that the services provided are targeting or meeting the needs of any specific group or community within Leeds. This will be explored in more detail below, in terms of BME involvement, Lesbian Gay and Bisexual service users etc.

3. Scope

This assessment seeks to analyse the impact of the proposed closure on any specific group. The assessment utilises factual data collected by the Leeds Crisis Centre, Leeds City Council Adult Social Care, NHS Leeds, Leeds Partnerships NHS Foundation Trust (specialist mental health trust) and voluntary sector organisations.

The assessment also takes into account comments, opinions and views from a range of stakeholders including ex-service users, staff, management, other counselling providers, health providers and commissioners and the public (Appendix 1). This information has been analysed by the assessment team to provide an evidence based assessment of potential impacts and identifies actions that may be taken to mitigate these impact should the decision be made to decommission this service.

4. Fact Finding – What do we already know?

4.1 Demographics

4.1.1 Leeds. Leeds is the second largest metropolitan district in England with an estimated population in excess of 750,000 people. Whilst the Leeds economy as a whole, has been a success story, Leeds has a significant amount of deprivation. Five wards in the city have more than half their super output areas (subdivisions of wards) in the 10 per cent most deprived in England. These five wards tend to have the highest levels of deprivation, proportion of people on unemployment benefits and proportion of households in receipt of council benefits.

Like many other cities in the UK, Leeds is now facing unprecedented change and uncertainty. The University of Leeds predicts that by 2026 the total number of people living in the Leeds local authority area will be 830,000. This will include larger numbers of people from ethnic minorities and higher numbers of younger people as well as an increase in people aged 75 and over. In general people are living longer and there are as many people over 60 as under 16. Although the rate of increase in the proportion of older citizens in Leeds is not likely to be as great as in some

neighbouring authorities, it is predicted that the number of people in Leeds aged 65 and over will rise by almost 40 per cent to 153,600 in 2031, around 20 per cent of the population.

In particular:

- Leeds has a significantly higher proportion of 15 to 29 year olds (26 per cent compared to the national average approaching 20 per cent);
- there is a significant student population of over 60,000 studying in the two universities in the city;
- Stonewall estimates that a large city such as Leeds with an established gay scene may be made up of at least 10% lesbian, gay and bisexual people;
- Leeds population broken down by religion or belief is 69.9% Christians, 3% Muslims, 1.1% Sikh, 1.2% Jewish, 0.6% Hindu, 0.2% Buddhist and 24.9% no religion or not stated;
- Leeds is now home to over 130 different nationalities;
- in 2006 the Office for National Statistics (ONS) estimated that 15.1% of the total resident population comprised people from black and minority ethnic communities (including Irish and other white populations), a rise of 5 per cent from the 2001 census; and
- by 2030 the black and minority ethnic population in Leeds is estimated to increase by 55 per cent.

4.1.2. Mental Health Needs. Mental health problems are common. Around one in six adults suffer from a common mental health problem such as anxiety or depression. Nationally 29% of women and 17% of men will suffer some form of mental health problem during their lives; 1 in 4 women and 1 in 10 men will experience an episode of a depressive illness; self harm prevalence stands at 400 per 100,000 population. One in ten mothers suffer from post natal depression. Mental ill health occupies approximately one third of GP time. Ninety per cent of people with common mental health problems are managed entirely within primary care.

Incidence of mental health problems is more prevalent in the Lesbian, Gay and Bisexual communities. In 2006 research was undertaken with this community within Leeds (Noret, Rivers and Richards, 2006). and found that: over one third of LGB people encountered mental health challenges, with more than half reporting having had suicidal thoughts at some point in their lives. One third of participants also reported self-harming. Of those who reported self-harming, 24% had not accessed a mental health service. Similarly, 33% of those who reported having suicidal thoughts had not accessed a mental health service.

Of the 105,000 adults in Leeds who experience a common mental health problem, the expected demand for appropriate talking therapies services is 21,000 people per year.

More relevant to the Leeds Crisis Centre are activities of organisations such as the Samaritans, Relate etc. Leeds Samaritans reported taking over 60,000 calls last year but did not refer anyone on to the Leeds Crisis Centre. Leeds Crisis Centre referred 442 people to other counselling agencies in 2009, in contrast the number of referrals the centre received from other counselling agencies in the same period was 27.

4.1.3. Service Provision – Counselling Services

There are a variety of private and voluntary sector organisations offering counselling services in Leeds in addition to the services offered by the NHS. In developing the proposal Officers gathered details of voluntary sector services – this is appended to the Executive Board report.

4.1.4. Mental Health Crisis Services – not Leeds Crisis Centre

As mentioned above the Leeds Crisis Centre is not a Crisis Service. Characteristics of a true crisis service include:

- Access within hours not days (in Leeds, Crisis Resolution/Home Treatment Team and Survivor Led Crisis Service (SLCS))
- clinical treatment if required (CRHT)
- preventing service users from needing to access acute psychiatric services (CRHT and SLCS)
- reducing risk and preventing worse from happening (CRHT and SLCS)
- supporting people to resolve or better manage crisis

4.1.5. Leeds Crisis Centre.

In 2009 the Leeds Crisis Centre took 1,777 referrals – see Appendix 3. Of these:

- 1,028 (58%) were referred elsewhere. Of which 576 were referred to secondary mental health services and 442 were referred to other counselling services, 216 to other psychiatric services and 10 to other services.
- 539 (30%) received a face to face assessment.
- Information calls 155 (9%)
- Other 55 (3%).

This indicates that there may be some misunderstanding as to the role and nature of services provided of the Leeds crisis centre. For example the number of referrals passed onto Crisis Resolution Home Treatment team in 2009 360 individuals 35%. This gives rise to concerns around how rapidly individuals who require specialist Mental Health services are seen due to the need to be processed and referred on.

Out of the 1777 referrals to the Leeds Crisis Centre the referral factors were.

Relationships 35%

Mental health 11.2%
Violence and Crime 10%
Social 8.7%
Bereavement 8%
Illness/Disability 4.3%
Pregnancy 2.9%
Child Welfare 1.9%
Childhood Abuse 0.7%
Cultural 0.2%
Unrecorded 17.1%

The above information indicates that the Leeds Crisis Centre is acting as an information advice and signposting service and a support and counselling service for those individuals who are finding life changing events difficult to cope with.

4.1.6 Leeds Crisis Centre evaluation

Gender

The Leeds Crisis Centre referrals were
57.7% Female
34.9% Male
Transgendered 0.1%
Unrecorded 7.3%

This evidence tends to support the over representation of Women in mental health referrals,

Ethnicity

British White 78%
Black African 2%
Black Caribbean 1%
Indian 3%
Pakistani 3%
Irish 1%
Mixed race 3%
European 2%
Chinese 1%
Other 5%

The 2001 census figure across Leeds for BME is approximately 8% with present projections for 2009 across all age groups at about 12%, this indicates that the Leeds Crisis Centre is reflecting the profile of BME communities city wide across Leeds. It should be noted that 18 individuals represent a change of 1%. There is some evidence especially around young black Caribbean males that they should be over represented in such figures. The NHS, as part of the IAPT programme has commissioned a specific service for BME communities, which is hosted by touchstone.

Sexuality

This area is of concern as it has been identified as an issue around providing support for Lesbian Gay and Bisexual individuals relating to self harm and suicidal ideation. The profile of the centre in this area is:

Heterosexual 87%
Lesbian/Gay 4%
Bisexual 4%
Transsexual 1%
None 1%
Not want to say 3%

Given the Stonewall estimates that in a city such as Leeds there is an expectation of approximately 10% lesbian Gay and Bisexual population and 5% to 7% nationally, the figures tend to indicate that the Leeds Crisis Centre is reflecting the profile within Leeds and not offering a service that is of special or particular benefit to this group.

Location and area served

Through a post code survey of those using the Leeds Crisis Centre it has become apparent that the majority of referrals come from those areas clustered around the Centre itself in Leeds 6, and the outreach base in Leeds 10. There is little evidence to suggest that the Leeds Crisis Centre is providing a city wide service, this is evidenced by the attached referrals map (Appendix 4).

The picture developed through the fact finding is that the Leeds Crisis Centre provides a generic counselling and information service to a small number of individuals. Most of those individuals are in fact signposted to other more appropriate services. Only 11.2% of users have a referral reason of Mental Health the major referral reason being around relationships at 34.2%.

There is no evidence to suggest that the Leeds Crisis Centre provides any form of unique service to any specific user group that could not be better met by a specialist service e.g. relate in terms of relationships.

Risk

Given the nature of the service and the need to protect vulnerable individuals it is of paramount importance to consider risk in terms of risk to self and risk to others. The centres figures indicate that the vast majority of individuals using the service do not present a significant risk to themselves or others.

- 92.8% of clients do not have a psychiatrist at referral 7.2% do.
- 7.3% of clients have a hospital admission (not necessarily relating to mental health) 92.3% do not
- 89.6% have no history of attempted overdose 10.4% do.
- 14.9% have an unspecified risk history 86.1% do not
- 8.4% have a risk of self harm 91.6% do not.

This evidence supports the conclusion that the Leeds Crisis Centre does not deal with a significant number of individuals who present a significant risk to themselves or others.

This is supported by the referral process at the Leeds Crisis Centre. Referrals are taken and then referred to the next allocations meeting after which the individual is offered an appointment; this means effectively a short waiting period is inherent in the referral process. Where immediate risk is identified the Leeds Crisis Centre will immediately refer to a more appropriate NHS or other Crisis service.

4.2 What do people think - Consultation?

In considering the decommissioning of the Leeds Crisis Centre we have consulted with a wide range of stake holders. In considering the impact of the proposal the department has received representation from a range of stakeholders including current and ex service users, staff, referrers, other providers and interested parties.

The consultation activities undertaken include

An open invitation for comments was made by John Lennon on Wednesday 7th of January 2011, at a meeting with staff. An open invitation to personally meet with any current or ex users of this service was also made and to date one individual has made such a request and a meeting is being arranged

The manager of the centre has circulated a letter on the 12th of January to all service users on their data base and invited letters of support. (15 responses have been received from service users).

Consultation with third sector, GP's and other services that do or are likely to refer individuals into such a service.

Comments made on the saveleedscrisiscentre blog (posted as a guest on the Guardian Leeds local).

The Chief Officer has also agreed to meet a number of individuals who have expressed an interest in being consulted.

Most of the individual responses received have been via e mail from individuals who have used or use the service. The analysis of the content indicates that those people, who have used the centre, have valued the interventions provided. This is to be expected given that the service provides support and help at times of great anxiety and those people using the service have derived a benefit. Within the consultation there have been a very small minority of individuals who have found the service less than useful, this is evidenced by the feedback in terms of e mail responses directly to officers and comments on the Guardian blog regarding the Leeds Crisis Centre, (a sample is contained in Appendix 5).

Consultation with other stakeholders however indicates that those with more complex presentation are unable to access this service for example those who are actively suicidal and or currently self harming are excluded from this service and are referred onto specialist mental health provisions.

One third sector organisation has pointed out

... “barrier to referrals to the Crisis Centre has been that there needs to have been a defined trigger point for the crisis”.

...”our experience is that people are often in acute mental health crisis and cannot identify a concrete trigger and they have been excluded from this service”

4.2.2 NHS Commissioners. In considering the options around the Leeds Crisis Centre, intensive discussions were held with NHS commissioners over the potential of NHS funding for all or part of the Leeds Crisis Centre service. In response, NHS commissioners informed us that they have invested substantially in their own Primary Care Mental Health services including counselling and specialist secondary mental health services and that alternative services to those on offer at the Leeds Crisis Centre exist are safe and have capacity . NHS commissioners provided data on the investment they make in IAPT and primary care mental health services, the waiting times to access these services and the number of people the City would expect to present for talking therapies in a 12 month period.

4.2.3 Other Stakeholders. Stakeholders have had an opportunity as outlined below to make representation around the impact they believe the closure will have on the City. A range of voluntary organisation responded. The general outcome of these conversations was that many such organisations felt that the Leeds Crisis Centre provided a valuable service

4.2.4 Staff. Senior management met with the manager and deputy in December to outline the proposal being put forward. The Executive Member and Lead Member for Adult Social Care have since visited the centre to discuss the proposal with the manager and Deputy Manager. Senior managers have met with the wider staff group to discuss the proposals and offer staff the opportunity to voice concerns. In addition staff have put together a paper outlining their concerns and their response to the December paper – the concerns expressed are captured in the appendix of the Exec Board report, we have a copy of the Leeds Crisis Centre’s report. The Staffing profile is shown on pages 9 and 10.

4.2.5 Service Users. Since the proposal to decommission the Leeds Crisis Centre entered the public domain in December 2010, there have been a number of representations from current and past users of the service. Following discussions with the staff an offer was made to meet all existing service users. It is acknowledged that this is a confidential service for individuals, rather than groups, but nevertheless, the offer has been made. This has since been extended to some ex-service users who have consented to being contacted. To date only one meeting

has been requested, and a meeting is being scheduled. Senior managers have agreed for their contact details and email addresses to be made available to existing and past service users so that representations can be made in this way if preferred. To date, there have been 22 representations. All have been acknowledged and responded to – the concerns expressed are captured in the appendix of the report to Exec Board and in a briefing to Members.

4.2.6 Referrers, Partner Organisations and Other Interested Parties.

Representations have been received from the Local Medical Committee, two general practitioner, LPFT, the secondary care mental health service provider, two voluntary sector organisations and two Members of Parliament. All have been acknowledged and responded to. In addition Volition, an alliance of voluntary sector organisations that provide mental health services for, or work with people who have mental health needs, has written to give their view on the proposal.

4.3 Workforce Profile

Gender	Number	% of Cohort	Directorate Profile
Female	11	65%	84%
Male	6	35%	16%
Total	17	100%	100%

Disability	Number	% of Cohort	Directorate Profile
Disabled	4	24%	8%
Non Disabled	13	76%	92%
Total	17	100%	100%

Age	Number	% of Cohort	Directorate Profile
16-21	0	0%	0%
22-30	0	0%	9%
31-40	2	12%	18%
41-50	8	47%	35%
51-60	6	35%	33%
61-65	1	6%	5%
Over 65	0	0%	0%
Total	17	100%	100%

Ethnic Origin	Number	% of Cohort	Directorate Profile
BME	4	24%	9%
Non BME	12	70%	89%
Not Specified	1	6%	2%
Total	17	100%	100%

Religion	Number	% of Cohort	Directorate Profile
No Religion	5	29%	10%
Christian	1	6%	24.7%
Buddhist	0	0%	0.1%
Hindu	0	0%	0.1%
Muslim	1	6%	0.6%
Jewish	0	0%	0.1%
Other Religion	0	0%	0.1%
Sikh	0	0%	0.3%
None Specified	10	59%	64%
Total	17	100%	100%

Sexual Orientation	Number	% of Cohort	Directorate Profile
Bisexual	0	0%	0.1%
Gay Man	0	0%	0.5%
Heterosexual	7	41%	21%
Lesbian	0	0%	0.4%
Not Specified	10	59%	78%
Total	17	100%	100%

5. Overview of Fact Finding and Consultation

From the evidence considered

1) The evidence seen indicates that there is a level of misunderstanding around the nature of the service provided. The perception is that the centre deals with individuals in acute mental health crises. The procedures operated by the Leeds Crisis Centre of taking referrals to an allocation meeting does not allow this to occur, in such cases where the individual is at immediate risk the Leeds Crisis centre refers on to more appropriate services that already exist.

2) The service users attending Leeds Crisis Centre reflects the profile of the population within Leeds, there is no evidence to indicate that it targets or attracts specific service user groups, and thus the decommissioning of the service is unlikely to have any undue impact on any specific group.

3) The evidence seen does not indicate that the Leeds Crisis Centre services a citywide catchment area; this is evidenced by the included catchment area map.

4) The evidence does not indicate that the Leeds Crisis Centre provides any specialist service that cannot be provided by other counselling services provided by either health or third sector in Leeds.

5) One need that has been identified within Leeds is for the provision of services for lesbian Gay and Bisexual individuals - there is no evidence that the Leeds Crisis Centre attracts this client groups other than in line with expected population profiles.

The potential impacts identified from the decommissioning of the service are.

Potential Impacts identified.

There are no impacts identified that will disproportionately impact on any specific service user groups, the impact will be minimal and across all groups, these are potentially

- A reduction in available services, this will be addressed by ensuring all referrers are aware of appropriate pathways
- A reduction in access to extended hours including bank holiday and weekend services, this will be addressed by the NHS looking at gaps in current service provision for Primary Care Mental Health services
- A reduction in available talking therapies in Leeds; while this has already been largely addressed by the significant increase in NHS funding for talking therapies and Primary Care Mental Health services, the NHS has committed to look further to reduce gaps in current service provision

Action plan to ensure mitigation is in place.

The mitigating actions are based around ensuring that appropriate mental health provision is available to those who need it when they need it.

The Crisis Centre received 1,442 referrals in 2010 and of these saw 504 for counselling. This should be compared with 21,796 people seeking NHS talking therapies and 21,264 people accessing secondary mental health services provided by LPFT, although some of these may be the same people. This gives assurance that these individuals can be absorbed into the Primary mental health services, and the range of alternative counselling services in the third sector. This is further supported by the considerable investment being made by NHS Leeds as mentioned above.

In order to further mitigate any potential or unforeseen impacts Leeds City Council Adult Social Care will

- 1) NHS Leeds have agreed to liaise with all GP's to ensure that they all understand the appropriate referral pathways for individuals in different levels of mental distress, from talking therapies provided a primary care level including IAPT through to referral into the specialist mental health services.

2) Ensure that LPFT work with the council to make sure that GPs, who are the main source of referrals to the crisis centre, are aware that LPFT services are the most appropriate first point of call for people in a high-risk category in need of urgent help.

3) Ensure that NHS Leeds works with the council to monitor and understand what the impact of this proposal will mean for local people and to identify what gaps may exist in current services and how these can be filled.

5) Engage with Volition the Mental Health Voluntary sector umbrella organisation, to ensure that the specialist counselling service such as Relate, Cruise are aware of and able to deal with any increase in referral.

6. Equality Considerations

Equality characteristics

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Age | <input checked="" type="checkbox"/> Carers | <input checked="" type="checkbox"/> Disability |
| <input checked="" type="checkbox"/> Gender reassignment | <input checked="" type="checkbox"/> Race | <input checked="" type="checkbox"/> Religion or Belief |
| <input checked="" type="checkbox"/> Sex (male or female) | <input checked="" type="checkbox"/> Sexual orientation | |
| <input checked="" type="checkbox"/> Other | | |

Stakeholders

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Services users | <input checked="" type="checkbox"/> Employees | <input checked="" type="checkbox"/> Trade Unions |
| <input checked="" type="checkbox"/> Partners | <input checked="" type="checkbox"/> Members | <input checked="" type="checkbox"/> Suppliers |
| <input checked="" type="checkbox"/> Other please specify - referrers | | |

Potential barriers

- | | |
|---|---|
| <input checked="" type="checkbox"/> Built environment | <input checked="" type="checkbox"/> Location of premises and services |
| <input checked="" type="checkbox"/> Information and communication | <input checked="" type="checkbox"/> Customer care |
| <input checked="" type="checkbox"/> Timing | <input checked="" type="checkbox"/> Stereotypes and assumptions |
| <input checked="" type="checkbox"/> Cost | <input checked="" type="checkbox"/> Consultation and involvement |

List of individuals who have made comment regarding proposal to decommission Leeds Crisis Centre

Date	From
09/12/2010	MP
21/12/2010	Director, Leeds counselling service
22/12/2010	clinical operations manager ACS/CRHT
22/12/2010	member of public
06/01/2011	Exec Mind
12/01/2011	Female former SU
12/01/2011	Female former SU
12/01/2011	Female former SU
12/01/2011	Female former SU
12/01/2011	Female former SU
12/01/2011	Female former SU
13/01/2011	Female former SU
14/01/2011	male former SU
14/01/2011	male former SU
17/01/2011	Female former SU
17/01/2011	Female former SU
17/01/2011	Female former SU
17/01/2011	Female former SU
18/01/2011	Female former SU
18/01/2011	Female former SU
18/01/2011	staff member
24/01/2011	save leeds crisis centre website
24/01/2011	registered Psychotherapist
27/01/2011	annonymous
27/01/2011	GP
28/01/2011	MH professional
28/01/2011	Leeds MPs
28/01/2011	GP
28/01/2011	GP
28/01/2011	therapeutic Councillor
28/01/2011	member of public
28/01/2011	LMC, Consortia
30/01/2011	MH Practitioner
31/01/2011	member of public
31/01/2011	staff member
31/01/2011	male member of public, unclear if former service user
01/02/2011	Executive, leeds Samaritans
01/02/2011	Local councillor
02/02/2011	Counselling professionals
02/02/2011	male former SU

Appendix 2

Budget 10/11 - Leeds Crisis Centre	£
Basic Pay	422,500
Overtime	0
National Insurance	29,140
Statutory Sick Pay	0
Superannuation (Non Teaching)	59,270
FRS17 Wypf Adjustment	36,470
Funded Pensions Adjustments	0
Training Costs	0
Tuition & Course Fees	10,200
Recruitment Advertising	910
Grounds Maintenance Work	630
Gas	3,370
Electricity	720
Water Services	790
Removal Of Workplace Waste	390
Cleaning Maintenance & Toiletries	240
First Aid Requisites	160
Cleaning Agency Recharge	15,560
National Non-Domestic Rates	3,090
Premises Security Services	0
Office Furniture & Equipment	0
Teaching Materials	430
Operational Furniture And Equipment	390
Books & Audio-Visual Materials	330
Office Consumables	1,250
Postages	0
Telephones	2,310
Printing	460
Crockery, Cutlery & Utensils	180
Food & Drink	1,550
Subsistence	0
Childcare Vouchers Service Charge	0
Other Hired And Contracted Services	8,970
Licences	150
General Amenity For Clients/Residents	0
Vehicle Maintenance	0
Public Transport Expenses	1,030
Car & Motorcycle Allowances	900
Car Parking Fees	0
Fuel (Non LCC Supplies)	0
Internal Reallocation Of Directorate Cos	30,880
Internal Reallocation Of Central Costs	54,460
Payments To Voluntary Organisations	520
Capital Charges - Depreciation	9,560
Sale Of Food & Drink	0
Other Income	0
Total Budgeted Cost	696,810
Offered Face to Face Assessment in 2009	539
Cost per case	£ 1,293

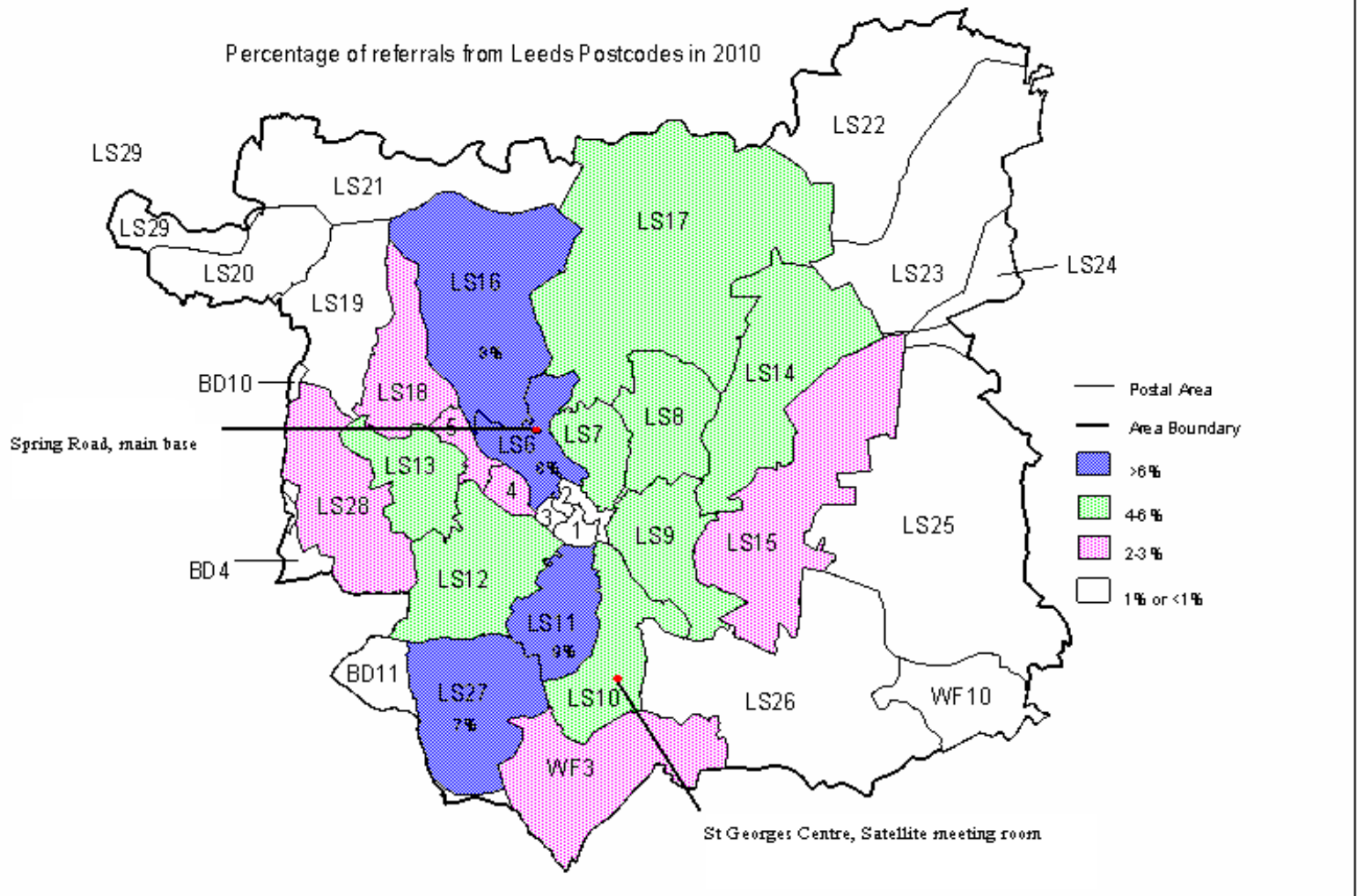
Referrals to Leeds Crisis Centre in 2010

Referral Source	Number of Referrals	%
	0	0.0%
	776	53.8%
	3	0.2%
101 Accident and Emergency	4	0.3%
103 Clinical psychologist	1	0.1%
104 Community Mental Health Team	20	1.4%
105 Community Psychiatric Nurse	7	0.5%
106 Crisis Resolution and Home Treatment Team	17	1.2%
107 Deliberate self-harm team	1	0.1%
109 General Practitioner	268	18.6%
110 Health Access Team	2	0.1%
111 Health Visitor	4	0.3%
112 Hospital Ward	5	0.3%
113 Leeds Addiction Unit	1	0.1%
114 Mental Health Day Hospital	4	0.3%
117 NHS Direct	1	0.1%
118 Practice Nurse	4	0.3%
119 Primary Care Mental health Team	43	3.0%
120 Psychiatrist	6	0.4%
122 St Mary's House (Psychology Services)	4	0.3%
199 Other NHS	33	2.3%
200 Social Services	2	0.1%
201 Approved Social Worker	1	0.1%
207 Social Worker	7	0.5%
299 Other SS	7	0.5%
301 Archway	1	0.1%
302 Citizen's Advice Bureau	1	0.1%
307 Genesis Project	4	0.3%
308 HALT	2	0.1%
309 Leeds Drug Project	1	0.1%
311 MIND	5	0.3%
314 Sahara	8	0.6%
317 St Anne's	1	0.1%
318 Survivor Led Crisis Service (Dial House)	2	0.1%
321 Victim Support	1	0.1%
322 Women's Aid	3	0.2%
323 Women's Health Matters	2	0.1%
399 Other voluntary agency	10	0.7%
402 Leeds Counselling	5	0.3%
403 Market Place	2	0.1%
404 MIND Counselling	1	0.1%
408 Women's Counselling and Therapy service	3	0.2%
499 Other counselling agency	5	0.3%
Housing	2	0.1%

503 Housing Association	3	0.2%
599 Other hostel	1	0.1%
601 Educational establishment	6	0.4%
703 Police	4	0.3%
704 Probation	2	0.1%
706 Refugee council	1	0.1%
708 Workplace	8	0.6%
799 Other	5	0.3%
800 Personal	3	0.2%
801 Ex-client	12	0.8%
802 Friend	30	2.1%
804 Partner	5	0.3%
805 Other family member	11	0.8%
806 Re-referral	22	1.5%
internet	39	2.7%
posters or leaflets	4	0.3%
other printed info	1	0.1%
not known	5	0.3%
	1442	

Appendix 4

Percentage of referrals from Leeds Postcodes in 2010



Extracts from the Blog:

1 I was unfortunate to have some dark times last year due to the breakdown of my marriage which resulted in me trying to take my own life while suffering from severe depression.

After I'd got out of hospital I was instantly referred to your service, I had a telephone interview then an appointment arranged within days where I would be assessed. I was booked in for 8 sessions initially but ended up having 16 total.

To be able to come and talk to somebody who was very supportive and allowed me to change my mindset and turn my life around is a godsend."

2 I had unusually severe post-natal depression after the birth of my second child, ending up spending two months in a psychiatric mother and baby unit. In the months leading up to my hospitalization as I was finding it increasingly difficult to cope, the Leeds Crisis Centre's staff members were extremely supportive, and the fact that I was able to access counselling within twenty-four hours of making an initial phone-call was particularly helpful. I will always be especially grateful to Leeds Crisis Centre for helping our family through this difficult time, and really can't recommend this service highly enough."

3 I went to the crisis centre when my girlfriend was getting increasingly drunk and violent, I had been physically attacked several times and felt I was in increasing danger. As a man I found it very hard to talk about physical abuse to anyone so it took a few sessions before I could discuss anything, although I did spell out the danger I felt from the beginning. I saw the counsellor over 10-12 weeks during which time we mostly discussed my relationship with my father and how that related to my relationship issues.

Then the counsellor was posted away, he said someone else would be assigned to me but I didn't go back, I was too difficult. Three weeks later she stabbed me with a kitchen knife, when the paramedics found me they thought I was already dead but they went through the routine anyway and were surprised that I responded and they were able to take me to hospital. The girlfriend was prosecuted and put under psychiatric care. My initial approach to the counsellor was to get a psychiatric assessment for her, she had been abused as a child and she had clearly not dealt with it.

I won't lose any sleep if they close the crisis centre, the "help" I received was not addressing my problem at all.

From representations received directly:

1 I came to the centre after miscarrying. At the time, my life seemed hopeless and empty. Without the Leeds Crisis Centre, I could not have made sense of what happened and then gone on to make steps to rebuild my life....The Crisis Centre was a place to be where I was listened to and respected for how I felt at the time. The Centre was a place to be where I could feel 'normal' when I felt far from it as I was in the middle of experiencing strong emotions and trying to hold my life together.

Even though I have gone onto longer term counselling, the Leeds Crisis Centre is not a service that I think is duplicated elsewhere.

2 I can not praise the staff enough - they are simply brilliant. I went along quite sceptical that I wouldn't feel any better by attending as I had paid to see somebody privately but hadn't felt any better at all after wasting hundreds of money. In fact everything that we discussed in the meetings made sense and I am still thinking of things that I were told to help me get through everyday life now.

EXECUTIVE BOARD

FRIDAY, 11TH FEBRUARY, 2011

PRESENT: Councillor K Wakefield in the Chair

Councillors A Blackburn, J Blake, A Carter,
S Golton, P Gruen, R Lewis, T Murray,
A Ogilvie and L Yeadon

Councillors J Dowson and R Finnigan – Non-Voting Advisory Members

159 Late Items

There were no late items as such, however, it was noted that supplementary information had been circulated to Board Members following the despatch of the agenda as follows:-

- (a) A revised version of the report entitled, 'The Future of Mental Health Day and Accommodation Services' (Minute No. 163 refers).
- (b) Copies of the equality impact assessments which had been undertaken in respect of the proposals detailed within agenda item 17 entitled, 'The Future of Mental Health Day and Accommodation Services' and agenda item 18 entitled, 'Proposal to Decommission a Non-Statutory Mental Health Counselling Service, known as the Leeds Crisis Centre. (Minute Nos. 163 and 162 refer respectively).

160 Declaration of Interests

Councillor Murray declared a personal interest in the item relating to the Outcomes for Looked After Children in the Care of Leeds, as his wife was employed within the Children's Services Department as an Independent Reviewing Officer (Minute No. 171 refers).

161 Minutes

RESOLVED – That the minutes of the meeting held on 5th January 2011 be approved as a correct record.

ADULT HEALTH AND SOCIAL CARE

162 Proposal to Decommission a Non-Statutory Mental Health Counselling Service, known as the Leeds Crisis Centre

The Director of Adult Social Services submitted a report regarding proposals to decommission the counselling and support service known as the 'Leeds Crisis Centre', as part of a wider review of Council provided mental health services. The Director referred to the recent emails circulated by individuals expressing concern at the proposal, a petition which had been submitted and to the equality impact assessment carried out in relation to the proposal. In her detailed introduction to the report, the Director responded to the points raised in the emails and also to the petition.

John Lawlor, Chief Executive of NHS Leeds addressed the meeting and responded to Members' questions.

The report noted that a full equality impact assessment had been undertaken in respect of the proposals which had been presented for consideration. A copy of the equality impact assessment had been circulated to Board Members for their consideration prior to the meeting.

RESOLVED –

- (a) That the contents of the submitted report be noted.
- (b) That the proposal to decommission the Leeds Crisis Centre be approved.
- (c) That the joint approach with NHS Leeds to managing customer and referrer expectations be endorsed, and it be ensured that appropriate signposting / redirection to existing services which can meet the needs of the population be provided.
- (d) That the joint work with NHS Leeds to relocate staff with a planned closure date of June 2011 be noted.
- (e) That having approved the decommissioning of the service provided by Leeds Crisis Centre (as detailed at resolution (b) above), the premises at Spring Road be declared surplus to the requirements of Adult Social Care and handed to Corporate Property Management for disposal.

(Under the provisions of Council Procedure Rule 16.5, Councillors A Carter and Golton required it to be recorded that they both voted against the decisions taken within this minute)

DATE OF PUBLICATION: 15TH FEBRUARY 2011

**LAST DATE FOR CALL IN
OF ELIGIBLE DECISIONS:** 22ND FEBRUARY 2011 (5.00 P.M.)

(Scrutiny Support will notify Directors of any items called in by 12noon on 23rd February 2011)