

**APPENDIX 1**

**Recommendation Tracking – Progress Report (April 2011)**

Categories

- 1 Stop monitoring
- 2 Achieved
- 3 Not achieved (Obstacle)
- 4 Not achieved (Progress made acceptable. Continue monitoring)
- 5 Not achieved (Progress made not acceptable. Continue monitoring)
- 6 Not for review this session

**Inquiry Supporting Working Age Adults with Severe and Enduring Mental Health Problems (2010)**

<b>Recommendation for monitoring</b>	<b>Evidence of progress and contextual information</b>	<b>Status</b> (categories 1 – 6) (to be completed by Scrutiny)	<b>Complete</b>
<p><b>Recommendation 1</b></p> <p>That Leeds City Council (specifically the Director of Resources) and NHS Leeds become fully signed up to the Mindful Employer Initiative by June 2011 and</p> <p>That all sickness, ill health and capability related policies and procedures are updated to</p> <p>a) aid those suffering with mental health related illnesses back into work</p> <p>b) support employees with mental health related symptoms whilst in the workplace.</p>	<p><b>Directors Response – March 2011</b></p> <p>Mindful Employer is an initiative that aims to increase awareness of mental health at work and providing ongoing support to employers in the recruitment and retention of staff.</p> <p>Employers can sign up to the Mindful Employer Charter as a way of demonstrating their commitment to improving the working lives of their staff. The principles of the charter as defined by Mindful Employer are listed below:</p> <p>As an employer we recognise that:</p> <ul style="list-style-type: none"><li>• People who have mental health issues may have experienced discrimination in recruitment and selection procedures. This</li></ul>	<p>2</p>	

	<p>may discourage them from seeking employment.</p> <ul style="list-style-type: none"><li>• Whilst some people will acknowledge their experience of mental health issues in a frank and open way, others fear that stigma will jeopardise their chances of getting a job.</li><li>• Given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with ongoing issues.</li></ul> <p>As an employer we aim to:</p> <ul style="list-style-type: none"><li>• Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature.</li><li>• Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Disability Discrimination Act, and given appropriate interview skills.</li><li>• Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health problem will enable both employee and employer to assess and provide the right level of support or adjustment.</li><li>• Not make assumptions that a person with a mental health problem will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.</li><li>• Provide non-judgemental and proactive support to individual staff that experience mental health issues.</li><li>• Ensure all line managers have information and training about managing mental health in the workplace.</li></ul> <p>The report on Mindful employer that was due to go to CLT for final approval on the 28<sup>th</sup> September did not make that agenda. It has been agreed to circulate to members of CLT via email for sign off.</p>		
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	<p>Progress has been made in undertaking the work to achieve the Charter:</p> <ul style="list-style-type: none"><li>• In late November/early December, 50 members of staff went on a one day training course - "Mental Health in the Workplace: skills for line managers". This was delivered by NHS Leeds Partnerships Foundation Trust at no cost to the authority. LPFT evaluated the training sessions and will send us a copy specifically for LCC staff in due course so we can assess impact and outcomes. We targeted the training sessions to include HR and H&amp;S officers to enable learning to be cascaded through services.</li><li>• All members of staff who completed this training received copies of a toolkit produced by Rethink "We can work it out: a local authority line manager's guide to reasonable adjustments for mental illness".</li></ul> <p>The following progress has been made on the other actions reported on in November:</p> <ul style="list-style-type: none"><li>• LCC "Managing Stress in the Workplace" policy was officially launched in September 2010, alongside the new "my wellbeing" website for LCC staff. Managers have been trained in this guidance.</li><li>• LCC Employee Well-being Strategy is still in development</li><li>• We ran a Wellbeing Fortnight for Council staff in November 2010 – this was a way of highlighting the support available to staff and managers (e.g. the new website) as well as offering taster sessions of activities such as meditation which can be used as a coping mechanism.</li></ul>		
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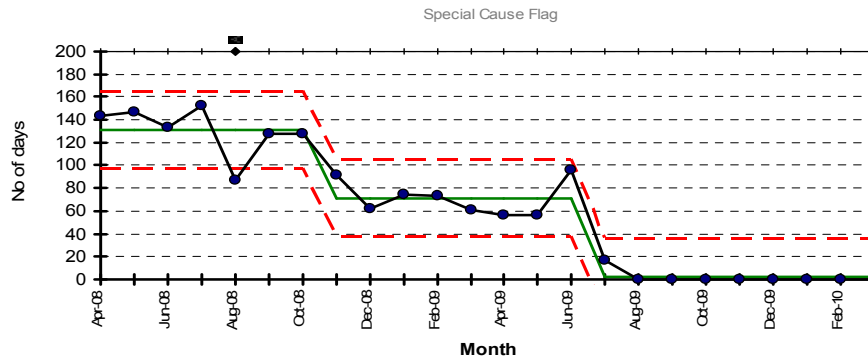
<p><b>Recommendation 2</b></p> <p>That Leeds City Council (specifically the Director of Resources) LPFT and NHS Leeds ensure that</p> <p>a) their organisation obtains the necessary training to provide Mental Health First Aid to the workforce by June 2011. Each organisation is required to advise the Scrutiny Board in December 2010 of their progress and/or plan to meet this objective</p> <p>b) incorporate the initiative into workforce development plans within each organisation (or equivalent plan)</p>	<p><b>Directors Response – March 2011</b></p> <p>Mental Health First Aid (MHFA) training is a 12-hour intensive course, usually delivered over 2 days at a cost of £1200 per course. The course provides an overview of common mental health problems, causes, symptoms and treatments, and teaches people how to:</p> <ul style="list-style-type: none"> <li>• recognise distress</li> <li>• recognise the difference between Therapy and First Aid</li> <li>• be confident in administering help in a First Aid situation</li> <li>• provide initial help and guide a person towards appropriate support</li> </ul> <p>It is aimed at anyone who may come into contact with someone with a mental health problem either in their workplace or in life outside work. “Mental health problems affect not only the person experiencing them, but also others around them. Knock-on effects can include a fall in productivity, poor decision-making, an increase in mistakes made &amp; sickness absence, high staff turnover and poor workplace relations. These effects can be prevented if appropriate recognition and support strategies are put in place. Knowledge of MHFA within a working environment can help prevent problems from becoming more serious.”<sup>1</sup></p> <p>As reported at Scrutiny Board Leeds City Council has already commenced the delivery of Mental Health First Aid training with its workforce. Adult Social Care commission Community Links to deliver Mental Health First Aid Training and this training forms part of the core training in ASC. Five courses have been delivered between January and July 2010. 69 delegates attended the courses, 44 of</p>	<p>2</p>	
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<sup>1</sup> Quote from MHFA website

	<p>whom were internal and 25 from external organisations. Courses are oversubscribed and very popular. Each session is a 2 day event.</p> <p>LCC corporately are in the process of commissioning this training from Community Links and we are currently looking to secure the funding to roll this out during 2010/11. By April 2011 we anticipate we will have a raft of support and guidance for managers in managing mental health in the workplace – this will be in addition to the First Aid training, and will enable us to meet the criteria as set out in the Mindful Employer charter.</p> <p>There is no further update since November 2010 – we plan to commission further Mental Health First Aid training in 2011/12</p>		
<p><b>Recommendation 3</b></p> <p>That the Director of Environment and Neighbourhoods updates the Adult SocialCare Scrutiny Board in December 2010, on the progress of protocol implementation and the impact of the Accommodation Pathways project.</p>	<p><b>Directors Response – March 2011</b></p> <p>The Accommodation Pathways Project was started because of several issues that had been identified:</p> <ul style="list-style-type: none"> <li>• Increase in delayed discharge due to housing</li> <li>• Continued use of emergency accommodation on discharge from acute wards</li> <li>• Long waits for housing related support</li> </ul> <p>A whole system review of the accommodation assessment process in acute inpatient care pathways was undertaken in order to make recommendations for service improvement. As a result the pathway was redesigned with the focus on:</p> <ul style="list-style-type: none"> <li>• the service user</li> </ul>	<p>2</p>	

	<ul style="list-style-type: none"><li>• simplifying and streamlining the process</li><li>• homelessness prevention and facilitation of a planned move.</li></ul> <p>The new pathway was developed and tested in four phases by improving practice on the acute wards, improving access to housing options and housing related support services and by developing a joint working protocol. The impact of the project to date has been:</p> <ul style="list-style-type: none"><li>• Improved housing outcomes – planned moves</li><li>• An increased range of housing options available</li><li>• Improved take up of housing related support</li><li>• Improved links between the acute wards, housing services and housing support services</li><li>• A dramatic reduction in delayed discharges due to housing</li></ul> <p>The Joint Working Protocol was formally launched on the 29<sup>th</sup> June. As illustrated in the graph below there have been no delays as a result of housing issues since August 2009.</p>		
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No of days delayed due to housing (Delay code I)



The implementation of the protocol is being monitored by a multi-agency implementation group chaired by NHS Leeds. The group meets quarterly and receives a report from Housing Options on the number and type of referrals being made through the new protocol. LPFT continue to report no delays due to accommodation issues from their in-patient units – and the protocol has now been rolled out to rehabilitation services.

A fortnightly allocation meeting convened by Supporting People continues to manage the effective allocation by Housing Options of patients to appropriate providers. Interestingly with the introduction of improved housing advice and support from Housing Options staff to patients at an earlier point in admission, there has been increased take up of different housing options outside mental health specialist housing support. The implementation group are instigating a service

	<p>user satisfaction survey to gather information on experience of the current configuration of service, and has undertaken a consultation with Supporting People providers to assess their experience.</p> <p>Overall, the introduction of the protocol has brought very positive results; the implementation group will continue to monitor for the first year to ensure effective roll out. The model has been used as a good practice example by the National Housing Lead at the National Mental Health Development Unit with the Department of Health.</p> <p>The impact of the joint working protocol since its implementation has been as follows:</p> <p>132 individuals in the mental health inpatient service have been referred to housing services with a housing need since the implementation of the joint working protocol in June 2010. Of the 132 inpatients referred, 91 have been from the acute wards; 5 from the forensic mental health wards and 36 from the longer term rehab wards.</p> <p>Of the 132 people referred, 87 individuals have been discharged to date. 97% of these (84 out of 87 cases) have had a planned move into a range of housing options. There were 3 unplanned moves which occurred where individuals either discharged themselves or they were asked to leave immediately by the ward because of their behaviour. In the later instance, the individual was provided with emergency accommodation.</p> <p>Of the 132 people referred, there are 45 people who have had their housing needs assessed and support arrangements put in place but are not yet well enough for discharge. These individuals are largely on</p>		
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	<p>the longer term rehab wards.</p> <p>51 of the 87 discharged to date had a housing related support service in place as part of their planned move. 27 of these were floating support packages and the others involved a move into a supported housing service as part of the discharge process.</p> <p>There have been no delayed hospital discharges due to housing issues since the implementation of the joint working protocol.</p>		
<p><b>Recommendation 4</b></p> <p>That the Director of Adult Social Services assesses the need for a consistent Home Support service for the whole City by December 2010 with a view to identifying inequities in service provision and applying appropriate measures to rectify the position.</p>	<p><b>Directors Response – March 2011</b></p> <p>A new Joint Strategic Group for Mental Health was established in November 2011. Terms of Reference and membership of the group have been put together. The following description is taken from the Terms of Reference and describes the approach being taken to developing mental health services in Leeds.</p> <p>The Leeds Joint Strategic Commissioning Group for Mental Health will develop the successful implementation of an agreed model of Adult and Older Peoples Mental Health services through partnership commissioning between NHS Leeds, Leeds Adult Social Care (LASC), Leeds City Council (LCC), and the emerging GP Commissioning Consortia. Key stakeholders include Leeds Partnerships Foundation Trust (LPFT), Third Sector representation, primary and community care representation, and effective Patient and Public Involvement, including provider Service User networks. Through its membership and sub-structures, the Commissioning group will reflect the need for a range of key stakeholders in the city to be actively involved in the detailed design and implementation of an agreed model of service.</p>	<p>2</p>	

	<p>The Commissioning group is responsible for the successful implementation of Adult and Older peoples Mental Health strategic services plans across Leeds. This will include scoping current service provision, developing the future vision for an integrated service model, delivering more integrated care pathways and greater efficiency, including tackling age discrimination, and ensuring an improvement in the quality and outcomes delivered by all partners. The development and commissioning of this 'Mental Health Improvement Plan' will be accomplished through well-defined task and finish projects, ongoing managed networks of providers, and the use of quality improvement incentives to be applied within contractual mechanisms.</p> <p>The Leeds Joint Strategic Commissioning Group for Mental Health reflects a joint commitment to deliver outcome based service models that lower system costs by simplifying care pathways, reducing duplication, and improving the quality of service provided. This is underpinned by three core principles:</p> <ul style="list-style-type: none"> <li>• Better outcomes and patient and user experience</li> <li>• Simpler more integrated care pathways and working across organisational boundaries</li> <li>• Lower system cost and better value for money</li> </ul>		
<p><b>Recommendation 5</b></p> <p>a) That the Director of Adult Social Services and commissioners from NHS Leeds take the appropriate action to ensure contracted service providers are providing the necessary support to service users regardless of geographical location in the city.</p>	<p><b>Directors Response – March 2011</b></p> <p>Proposals to recommission mental health day services were approved in February 2011. The proposal is to commission a new system of mental health day services in partnership with NHS Leeds, by means of a competitive tendering exercise. The new system will aim to provide a range of services that can offer appropriate support regardless of the geographical location of service users.</p>	<p>4</p>	

<p>b) That the Director of Adult Social Services provides an update to the Adult Social Care Scrutiny Board of the action planned/taken by Adult Social Services and partners as part of the programmed commissioning update scheduled into the 2010/11 scrutiny work programme</p>	<p>The new day opportunities system would be based on the principles of recovery, social inclusion and personalisation and will be shaped by a number of key characteristics:</p> <ul style="list-style-type: none"> <li>• Service users will need to meet eligibility criteria, so that those most in need are targeted</li> <li>• All interventions will aim to promote independence, rather than dependency and ensure the fair distribution of resources</li> <li>• Interventions will focus on the attributes and aspirations of service users, rather than their difficulties and deficits</li> <li>• Activity will be focused on delivering outcomes which have a sound evidence base of effectiveness</li> <li>• Service user involvement will be central to the organisation and delivery of services</li> <li>• The whole system will reflect and make a joined up contribution to, the journey of the service user from the experience of an episode of acute mental distress, through recovery, to regaining optimal health and social functioning.</li> </ul> <p>In order to reflect these principles, the new service model will comprise five new elements of service, which will draw from and build on existing models of provision from within Adult Social Care and the third sector.</p> <ul style="list-style-type: none"> <li>• <i>The Recovery service</i> will draw upon the foundations of good practice in the Adult Social Care Community Alternatives Team and the MIND Recovery service, amongst others. It will operate at the interface with acute and specialist services, such as in-patient facilities and CMHT, facilitating ongoing recovery in the community rather than in institutional settings. It will also assist with hospital</li> </ul>		
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	<p>and day treatment discharges.</p> <ul style="list-style-type: none"><li>• <i>The Information and Access service</i> will assist service users in engaging with mainstream opportunities and provide advice and information about staying well and healthy. Community Links and Adult Social Care services currently provide some of this assistance.</li><li>• <i>The Employment service</i> will help service users access and sustain economic independence through training, education and employment. It will forge strong links with local employers and educational establishments and facilitate the development of social firms run by service users. It will act collaboratively with the developments planned by NHS Leeds, as well as the Department for Work &amp; Pensions and other local initiatives. It will build upon the work done by MIND's DOVE project and others.</li><li>• <i>A Creative Solutions service</i> will be developed to offer fulfilling opportunities to aid the recovery process. These skills-based, time-limited group and individual activities, such as gardening and cookery, will aim to equip service users with the resources to improve their daily living skills and prevent relapse. There will be a sharper focus on outcomes rather than process, which will distinguish it from traditional day services.</li><li>• <i>A Black and Minority Ethnic day service.</i> There continues to be a need to dedicate resources to Black and Minority Ethnic (BME) service users who remain over-represented in the most restrictive parts of the mental health system whilst, at the same time being least likely to benefit from</li></ul>		
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	<p>supportive and enabling services. Thus a BME day service will continue to address issues associated with stigma and exclusion and build upon the good work done in the city.</p> <p>Finally, in recognition of the need to offer continuity to a small but significant cohort of service users who wish to preserve existing models of service delivery, a Grant Funding opportunity will be offered to facilitate this continuity. Open access will be preserved and service users will be supported to lead this initiative. It is anticipated that this investment will taper over time, as the need for it diminishes.</p> <p>The process of moving to this model will need to involve a range of stakeholders and will take approximately 18 months to complete.</p>		
<p><b>Recommendation 6</b></p> <p>a) That before December 2010 the Director of Adult Social Services evaluates the methods of communication currently utilised with a view to improving the process to create clear and defined lines of communication. The resulting improvement plan should identify how service users will be consulted and involved in the process and how change will be communicated to service users to minimise anxiety, disruption and misunderstanding.</p> <p>b) That NHS Leeds and LPFT adopt a</p>	<p><b>Directors Response – March 2011</b></p> <p>With major changes happening within mental health day services across the City it is important to ensure that all stakeholders are kept up to date and are clear how they can be involved within the changes. Adult Social Care are currently developing an engagement strategy for this process. Where possible we will be making use of established networks and engagement forums rather than adding more groups but we are pulling together a stakeholder involvement group within the in house day services – as detailed in February’s Executive Board paper – to support the move to more community based support services.</p>	<p>4</p>	

process of communication and involvement consistent with the improved plan implemented by Adult Social Services.			
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