

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
3 MARCH 2015

PREVENTATIVE MENTAL HEALTH SERVICES IN LEICESTERSHIRE
REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of Report

- 1 The purpose of this report is to provide an update for the Committee about the new model of preventative mental health services to the citizens of Leicestershire, with particular reference to Black and Minority Ethnic (BME) communities and other hard to reach groups. This update was requested by the Committee at its meeting on 3 September 2013.

Policy Framework and Previous Decisions

- 2 A strategic review of adult preventative mental health services was undertaken in 2012-13 by the Adults and Communities Department. Commissioning options were identified with the aim of preventing an individual from requiring intensive support from health and social care services, and these were subject to public consultation from July to October 2013.
- 3 The strategic review identified:
 - a) Services were geographically inequitable: some areas of the County had little or no provision;
 - b) Services were not providing for older people (over 65);
 - c) Large variations in costs between the contracted providers;
 - d) Inequitable provision of BME specific services across the County.
- 4 Commissioning options were developed to ensure that services meet demand, provide equitable access (both demographically and geographically), focus on positive outcomes, and provide value for money.
- 5 On 3 September 2013, the Committee received a report to the Cabinet dated 9 July 2013 relating to the strategic review, and commented on issues relating to BME and hard to reach group engagement as follows:
 - a) The Committee queried the comparatively high costs for services provided by the Adhar Project. The purpose of the Adhar Project was to promote mental health access for BME groups and it was likely that this was why individual costs were higher;

- b) It was noted that befriending services were only accessed by a small number of service users and were not cost effective. However, there was a lack of direct feedback from service users regarding the benefits of the service which made it difficult for the County Council to be sure that the new service would provide the same benefits. The Committee was assured that service users would be assisted during transition to the new service by the Inclusion Support Service and mental health facilitators. The new outcomes framework for prevention services would also identify where services were not working and enable officers to consider different ways of delivering the service to meet people's outcomes;
- c) The Committee was of the view that, despite the challenges, it would be important to ensure that BME communities were able to access a more inclusive service. Most service users had welcomed the proposals for a more integrated approach to services. Integrated services would ensure that all areas of the County had access to the same level of services and would cut across cultural boundaries. All communities and groups would need to be encouraged to use the new services. It was suggested that the Committee receive further information on engagement with BME groups at a future meeting;
- 6 It was resolved that these comments should be drawn to the attention of Cabinet, and that this Committee should receive a report on BME engagement at a future meeting.
- 7 In November 2013, the Cabinet granted approval to proceed with the preferred commissioning option for social drop-in services.
- 8 An Equality Impact Assessment was undertaken, and an action plan developed, to ensure that inequalities would be addressed through specification requirements and ongoing monitoring of the new service model.

Status Update

- 9 A service specification was developed to reflect the findings of the review and contains three elements:
- social drop-in groups,
 - in-reach support (for people who experience barriers to accessing either drop-ins or the Inclusion Support Service - eg age, gender, culture, rurality, disability or other);
 - development of peer support.
- 10 All elements of the service must be available to adults over 18 with a diagnosed mental health condition, and must be accessible to people with protected characteristics.
- 11 Following an open tender in Spring 2014, offering six lots (based upon County districts), the Richmond Fellowship were the successful bidders to win the contract to deliver social drop-ins, peer support and in-reach services in all six areas of the County as defined in the service specification.

- 12 A transition process was put in place (June to September 2014) and former services were decommissioned, ending on 30 September 2014. During this transition period all users of the mental health befriending services were contacted and offered a referral to the in-house Inclusion Support Service for one to one meetings which included assessment of future support needs. The social drop-in groups that had participated in the strategic review and consultation were visited.
- 13 The contract with Richmond Fellowship proceeded on 1 October 2014 and a significant amount of implementation work has been undertaken during the first quarter of the contract.
- 14 All of the former social drop-ins have continued to operate; some have now moved to different premises after consultation with drop-in users, which included visits by service users (with staff support) to view, assess and choose new venues. Work is ongoing to identify the potential and demand for additional drop-in sessions as offered by Richmond Fellowship in their winning tender bid (up to an additional 18 sessions per week).
- 15 A group of people who had used services from one of the former providers made a complaint about the restructure of the staffing model and subsequent redundancy of some staff members who had transferred under Transfer of Undertakings (Protection of Employment). Richmond Fellowship and Council officers were able to jointly resolve this by meeting with the service users involved and explaining the process and rationale. There are regular and ongoing opportunities for service users to voice concerns or become more involved, including a national forum with support from Richmond Fellowship staff and paid expenses.
- 16 All groups now have a number of service user representatives to manage the finances, and have opened bank accounts with staff support. There have been applications from members of groups from three of the former providers to become volunteers for Richmond Fellowship, and two former volunteers have become paid members of staff. All groups have nominated service user representatives, who also have the option of becoming formal volunteers.
- 17 Richmond Fellowship has supported the two former BME-specific drop-in groups in Loughborough to successfully integrate and become 'open' groups (accessible to all). The Richmond Fellowship Communications Manager is engaging with the groups in Loughborough to co-produce information and resources in languages other than English, and alternative formats. They have also signed up with Language Line to be able to respond to telephone calls from people whose first language is not English.
- 18 There are currently 50 BME drop-in members (service users), the majority of whom (45) attend the Loughborough area groups. The Richmond Fellowship report that the BME groups have embraced the change in service provision and have been very forward thinking in order to progress the groups. It has been identified that the needs of men from BME communities are not currently being met, and work is underway to develop a group as specific provision. It is intended that this group will be operational within the next three months.
- 19 Staff in all districts are working with their group members to map their communities, identifying local resources and opportunities. There is a designated volunteer co-ordinator who is undertaking outreach work into diverse communities, and

partnership work has begun with a women's BME group that has lost other funding sources. The organisation has made links with the People's Forum (service user organisation), Akwaaba Ayeh (BME mental health advocacy project) and Support for Carers.

- 20 Where a transport need has been identified, work is undertaken to recruit volunteer drivers – these can be people from the community who wish to volunteer, or drop-in members who are able to offer some peer support in this way.
- 21 Future contract monitoring will include data about the numbers of people with any protected characteristic accessing the services, as well as feedback on any specific needs identified and the outcomes achieved. This data will be reviewed on an ongoing basis by the Adults and Communities Department's Compliance Team.

Conclusion

- 22 This report provides an update on the current status of the newly commissioned Adult Social Care Preventative Mental Health Service. Progress will continue to be monitored with particular focus on services provided to BME and hard to reach communities.

Background Papers

- Report to Cabinet, 9 July 2013 - Strategic Review of Adult Preventative Mental Health Services in Leicestershire
[http://politics.leics.gov.uk/Published/C00000135/M00003857/AI00035014/\\$6StrategicReviewofAdultPreventativeMentalHealthServicesinLeics.docA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003857/AI00035014/$6StrategicReviewofAdultPreventativeMentalHealthServicesinLeics.docA.ps.pdf)
- Report to Scrutiny Committee 3 September 2013
[http://politics.leics.gov.uk/Published/C00001040/M00003886/AI00035544/\\$BStrategicReviewofAdultPreventativeMentalHealthServicesinLeicesteshire.docxA.ps.pdf](http://politics.leics.gov.uk/Published/C00001040/M00003886/AI00035544/$BStrategicReviewofAdultPreventativeMentalHealthServicesinLeicesteshire.docxA.ps.pdf)
- Report to Cabinet, 20 November 2013 - *Strategic Review of Adult Preventative Mental Health Services in Leicestershire*
[http://politics.leics.gov.uk/Published/C00000135/M00003636/AI00036274/\\$5strategicreviewadultpreventativementalhealthservices.docxA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003636/AI00036274/$5strategicreviewadultpreventativementalhealthservices.docxA.ps.pdf)
- Equality Impact Assessment
http://www.leics.gov.uk/sdi_and_bf_report_eia.doc

Circulation under the Local Issues Alert Procedure

None

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Relevant Impact Assessment

Equality and Human Rights Implications

- 23 A full Equalities Impact Assessment was completed and presented to the Cabinet in November 2013. The majority of actions highlighted in the Equality Improvement Plan have been addressed through the specification development and procurement process. Ongoing actions are being undertaken by the Compliance Team through regular monitoring of the new service.
- 24 Progress on the Equality Improvement Plan is due to be reviewed by the Adults and Communities Department's Departmental Equalities Group in April 2015.