



Adult Social Care Mental Health Market Position Statement

Final Version

September 2022

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1. Introduction to the Market Position Statement

1.1 Our Vision

Our vision is that ‘everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery

1.2 Adult Social Care Long Term Strategy

The Strategy was approved at Sheffield City Council Co-Operative Executive on 16th March 2022 and covers the period of 2022 to 2030. A Delivery Plan was subsequently agreed on 15th June 2022. The document, and background information, can be found on the [Council website](#).¹

The vision and strategy set out the approach to make sure that everyone can live and age well in Sheffield. It was developed through significant co-production and formal consultation over an 18-month period. This involved people receiving services, carers, providers, partners, and workforce across the sector. The strategy makes 6 commitments as the guiding principles we will follow and how we deliver this strategy. They show how we will achieve our outcomes and highlight what we want to do better. By working in this way, we want to achieve fundamental changes to the experience of and quality of social care in the city. These commitments are:

- Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
- Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.
- Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.
- Make sure support is led by ‘what matters to you,’ with helpful information and easier to understand steps.
- Recognise and value unpaid carers and the social care workforce, and the contribution they make to our city.
- Make sure there is a good choice of affordable care and support available, with a focus on people’s experiences and improving quality.

1.3 The purpose and scope of this Market Position Statement

In Sheffield we follow a commissioning cycle consisting of:

- **Analyse:** activity and resource assessment.
- **Plan:** gap analysis, commissioning strategies and service design.
- **Do:** service delivery and provider working.
- **Review:** outcome and performance analysis.

The **Market Position Statement** (MPS) is a key element of the analyse and plan stages of the commissioning cycle as it will inform the subsequent planning and delivery of services for

¹ A Mental Health and Emotional Wellbeing Strategy for the city is due to be agreed with partners and signed off in early 2023.

the next few years. It will be updated as required and will underpin more detailed commissioning plans.

A MPS is written by local authorities to advise providers about how what we commission could change and what the local authority's commissioning intentions are. In line with commitments set out in the Adult Social Care Strategy and the accompanying Delivery Plan, in this MPS we are setting out our intentions for the way **adult mental health social care services for adults aged 18-64**² are delivered and the support that needs to be commissioned. In doing so, we aim to effectively contribute to the wider partnership in place in Sheffield to improve the lives and outcomes of individuals and Carers affected by mental ill health.

The target audience for this document is broad. Its audience is of course providers of mental health services who are currently, or who wish to be, delivering mental health provisions in Sheffield. By 'providers' we mean private sector, community, voluntary and faith sectors, statutory bodies and our own 'in-house' providers.

But our commitment to involvement and co-design with individuals, Experts by Experience, and their families and carers, means that the audience also includes people who use services and their carers, advocacy organisations, health and social care professionals, and of course, our partners internally to the council and within the health sector. It is important that what we commission reflects individuals' views and wishes and the outcomes and intentions set out in our Adult Social Care Strategy.

We acknowledge that the Council has a perspective on 'the market'; however, we appreciate that it is both experienced and understood from different perspectives, and by groups and individuals with different priorities. Over the summer of 2022 we invited comments from people and groups on this document and have taken those comments into account for this final version. We will also include people and partners every time we commission a new service.

This document concerns itself solely with provision of mental health social care support as a practical step in ensuring people of Sheffield experiencing mental ill health have the right social care support at the right time. Other areas of adult social care commissioning will, over time, be producing their own specific market position statements, and an overarching statement on the adult social care market will also be produced. This will have a more general perspective around subjects like the adult social care workforce and training opportunities for providers, which are not addressed specifically in this document.³

² Market Position Statements for adults aged over 65, or adults aged 18-64 who need different kinds of support (i.e. not mental health) are also being produced by Sheffield City Council.

³ Insert hyperlink when this is available.

2. Ten headline messages

There are **ten key messages** that this document aims to get across to its readers:

1. Partnership and Co-Production

We work with partners across the city and region on several programmes to improve mental health services and support in Sheffield. Our intention is that this continues and enhanced through embedding co-design and co-production, using Think Local Act Personal (TLAP) as a key approach and foundations to our activities.

We are looking for providers who will work in partnership and in a collaborative way with individuals, carers, our social work teams and partners to establish an integrated approach to work with people who experience mental ill health.

2. Quality of Care and Support

Our priority is that individuals receive excellent quality support based on “what matters to you”. Quality services keep the individual’s aim for independence central to its delivery and ensure that individuals and their families members views are central to design and ongoing improvement. Providers must evidence that they are independence, recovery and outcome focused, through their approach and business model. We are also looking for Providers who can evidence how they will value their workforce to support consistency and continuity of support to individuals and develop a workforce which reflects the diversity of our communities across Sheffield.

3. Promoting Independence and Recovery

People often need more intense care and support on some occasions; however, may not need/require this intensive support for a long-time. We have a key priority to support the growth of independence and autonomy for people and to work in strengths-based ways with people so that individuals can recover and live the life they want to live.

4. Care and Support with Accommodation - Independence and Support Framework

A new Mental Health Independence and Support Framework, which is the key mechanism used to find support for people in their own tenancies and / or accommodation is being recommissioned in summer 2022 and will replace the current Recovery Framework. We aim for this to, over time, replace direct payments and direct awards where this is appropriate.

5. Different kinds of accommodation are needed

There are known gaps in the market which must be addressed in the coming years. Key priorities include:

- Services for young people with personality disorder, many of whom are currently supported out of city.
- Services for people with complex needs who need considerable hours of support/oversight per day, sometimes also with physical health needs.
- Services for people with a dual diagnosis, e.g. learning disability/autism/mental health or drug and alcohol abuse/mental health.

6. We are going to review our approach to prevention

We commission a small number of services in the local community that have preventative benefit. Our aim is to recommission over the coming months and years to align with our strategy and wider focus on prevention and early intervention across Sheffield. We will be looking for providers who will support development of informal networks and peer support that promotes and enables individuals to be connected to their communities.

7. Supporting Carers

We want all Carers to continue to care for as long as they wish to and are able. Therefore, it is key for services to build the resilience of carers and prevent breakdown.

8. Fee rates will be reviewed

Over the coming years, we intend to address some of the discrepancies inherent in current fee arrangement to achieve transparency in costs and provision wherever possible, to generate best value for the Council and the best service possible for people who use services. We will be undertaking a 'cost of care exercise' to support this.

9. There are new processes for receiving a fee uplift

In 22/23 mental health providers received an automatic fee uplift in line with other non-standard provision. Commissioners are committed to working with providers on the implications of this change.

10. Assessment and Care Management

Over 2022/23, social work staff who are seconded to Sheffield Health and Social Care Trust (SHSC) will return to the direct management of Sheffield City Council Adult Health and Social Care. All assessment and care management will in the future be managed by Adult Health and Social Care. We are looking for providers who will work with our individuals, carers and our social work teams to develop innovative ways of promoting independence and recovery.

3. Our vision for mental health social care

1 in 4 people will experience a mental health problem of some kind each year in England, and 1 in 6 people report experiencing a common mental health problem (like anxiety and depression) in any given week in England. Approximately 1 in 8 adults with a mental health problem are receiving some kind of treatment.⁴

Mental health problems are common and can have a significant impact on a person's ability to identify and take up opportunities such as employment; to safeguard or care for themselves and others; and on their physical health and wellbeing. The Covid-19 pandemic had a significant impact on people's wellbeing and mental health in Sheffield (see the [State of Sheffield 2020 report](#) and a [Health and Wellbeing Board report](#) for more⁵) – and the full extent of this is still emerging. NHS England anticipates an increase in emotional and mental health problems associated with Covid-19 of up to 40%.

The city's vision for health and care in Sheffield is a vision that has been agreed with a range of partners across the city, primarily through the city's [Health and Wellbeing Board](#), a strategic forum and partnership of GPs, councillors, executives and a representative of Sheffield people. The Health and Wellbeing Board's [Joint Health and Wellbeing Strategy](#) sets the tone for our for mental health in Sheffield, and a more specific Mental Health Strategy for the city is currently being agreed across partners.

Another key strategy for mental health in Sheffield is the [Adult Social Care Strategy: Living the life you want to live](#). This strategy will underpin all decisions made by mental health adult social care in the coming years and was explored in the introduction to this MPS.

⁴ Mind website: www.Mind.org.uk accessed 17.33 2-8-22.

⁵ A website that may be helpful for providers to gain more insights into the Sheffield population is: [Local Insight \(communityinsight.org\)](http://LocalInsight.communityinsight.org).

4. Levels of demand

Over 2021/22 commissioners saw relatively limited growth in demand in terms of numbers of people requiring adult social care mental health. However, in the same period costs increased significantly, in the most part due to increased provider fees and costs, though some of the increased costs were due to the complexity of packages. The Council therefore saw a significant overspend in its mental health budgets.

For 2023/24 we are forecasting the costs of an increase in demand at around £700k. Mental ill health represents up to 23% of the total burden of ill health that the NHS deals with and is the largest single cause of disability. However, only 13% of England's health budget is spent on mental health, and the financial picture for social care and local authorities nationwide is even worse.

The [PANSI website](#) provides a helpful set of figures that can help us consider future demand for services:⁶

Mental health - all people, 18-64 - 2020	2025	2030	2035	2040
Sheffield				
<input type="button" value="Show by gender"/>				
People aged 18-64 predicted to have a common mental disorder	70,816	72,146	73,601	74,317
People aged 18-64 predicted to have a borderline personality disorder	8,994	9,163	9,348	9,439
People aged 18-64 predicted to have an antisocial personality disorder	12,626	12,868	13,147	13,285
People aged 18-64 predicted to have psychotic disorder	2,628	2,678	2,733	2,760
People aged 18-64 predicted to have two or more psychiatric disorders	27,019	27,530	28,096	28,375
Figures may not sum due to rounding				

Crown copyright 2020

While these figures do not specify the impact on adult social care services, they can help us and providers to plan future service needs.

5. Overview of the adult social care mental health market and messages for providers

There are 5,191 people in Sheffield currently recorded by their GP as living with a severe mental illness (SMI) (excluding those in remission). (NHS England defines 'severe mental illness' (SMI) as anyone diagnosed with schizophrenia, bipolar disorder or other psychosis or is having lithium therapy.) We also have approximately 90,000 people living with depression or anxiety conditions, yet three quarters of these receive no treatment.

⁶ These figures can also be provided with a male/female split.

Many of these people will need some adult social care support. Mental health providers for adults aged 18-64 can be broadly split into two categories:

- Those who provide **support in the community**, helping to prevent mental health problems escalating and helping those with them to maintain their day to day lives and, sometimes, move towards independence and recovery.
- Those who provide **residential/nursing care** – this can include psychological input and/or support in growing towards independence and recovery.

5.1 Support in the community

5.1.1 Overview

We invest a relatively small amount of money in preventing people experiencing mental ill health, and/or providing low-level, informal support for people in their community. We also commission the Sheffield Mental Health Guide, which is also currently being recommissioned, and – along with other adult social care services – support services for carers. But we need to look at this in more depth: our financial resources are only likely to dwindle, and yet we know that the need is very great. We are looking for providers to be innovative and work with us to prevent people developing severe mental illness.

Since 1 July 2022, carers of adults experiencing mental health problems have been able to access a carers' assessment from the Carers' Centre (instead of the Sheffield Health and Social Care Trust), and providers can support carers with their caring responsibilities as part of their day-to-day business. This is a new change, and we want to hear back if this is working for people. We also know that 15,000 Sheffield children and young people live with a parent who lives with a mental health disorder. Many will be young carers, so we want to work with our partners to continue support in this area.

For some, the low-level, informal support is insufficient for their needs, and following a Care Act assessment they may be supported in the community, either living in their own homes or with their own tenancies, with additional support alongside accommodation offered. Support is provided either via a framework or by Direct Payment. This kind of support is often referred to as 'home support' – but it is very different from the kind of support received by the old and/or frail in their homes. Rather, the daytime support offered to people experiencing serious mental illness is focussed on living day-to-day life and growing in confidence and independence. Workers therefore require a different skill set and must manage a more complex set of risks – particularly during a pandemic. The Council spent almost £5.7m in 21/22 on this type of provision (the South Yorkshire Integrated Care Board also invests in this area on top of the £5.7m). The Council is currently recommissioning the 'home support' provision (which was called the 'Recovery Framework') with a focus on the achievement of outcomes alongside delivering value for money, alongside recognising that a 'one size fits all' recovery approach is not always the most appropriate model for all service users.

5.1.2 Messages for the market

There are two main challenges which we want to address with the market:

a) Preventing people needing adult social care support

We want to develop our needs assessment and understanding of the mental health and wellbeing needs of specific sectors of our population, including young people, people from an ethnic minority background, those who are homeless or suffer from drug abuse, and those who experience early onset dementia or serious mental illness in old age. For example:

- In England in 2017/18, rates of detention under the Mental Health Act were over four times higher for Black/Black British ethnicity than White British ethnicity.
- People in lower income households are more likely to have unmet mental health treatment requests compared with high income households.
- We know that in Sheffield too many people have poor mental wellbeing, with one in ten people reporting low levels of happiness and nearly a quarter reporting high levels of anxiety.
- Good wellbeing is associated with a 19% reduction in mortality, and it can add 4-10 years to life. Wellbeing is also associated with wider social outcomes including employment, education, stable family relationships and reduced crime.

The voluntary, community, faith and social enterprise sector has a huge wealth of expertise, knowledge and value for the city, and does a huge amount of support for people every day, behind the scenes. We know this is an area where we need to work closely in partnership with people and organisations across the city.⁷ As one consultation response noted: [it needs to be a] “*shared endeavour, recognising that one organisation can't fix the challenges we face in mental health care.*” The Mental Health Partnership Network (MHPN) and the Sheffield Rethink VCSE Alliance are just two opportunities for us to better align our work with the sector going forward. We know we need to consider how we can offer longer-term funding for projects and to build on our coproduction approaches so that preventative services are enabled to be successful and embedded in local communities.

b) Encouraging more providers into this market

The ‘home support’ part of the sector has struggled over the past year, with demand for support exceeding the provision available. Two providers have exited the market in recent years – and yet the hourly rate for mental health support is greater than the hourly support rate for older people and other working age adults. In autumn 2022 we are due to launch our new Independence and Support Framework which was an opportunity for providers across the city to bid to provide services. Once it is launched, we will regularly review how it is working and what we might need to change to ensure those who need support are getting the best service possible.

We also have several providers who offer support via direct payment, and often this works well for service users.⁸ However, where the service user is unable to be responsible for managing their direct payment, these direct payments cannot continue in the long-term, so we need providers to enter our frameworks if they want to continue providing support to this group of people.

⁷ See [section 6](#) of this document for a range of areas where partnership is perhaps particularly important.

⁸ A new [Direct Payment Support Service](#) has been launched to help service users manage their Direct Payments.

Consultation feedback has indicated that some providers would benefit from being communicated with and made aware of potential commissioning opportunities. For the Independence and Support Framework commissioning, we held several online events which we invited over a hundred different organisations to. The different VCSE organisational networks [listed above](#) are one way for providers to be aware of upcoming opportunities; as is the online [procurement tendering portal](#).

5.2 Residential care and supported living

5.2.1 Overview

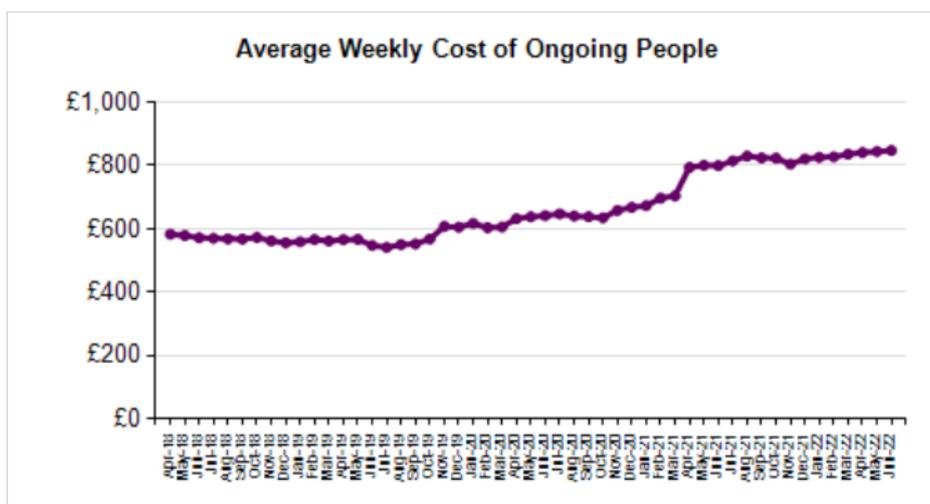
Sheffield has several residential and nursing care homes that have a focus on mental health for adults aged 18-64 specifically or have mental health as an area of specialism alongside other specialists. Most of these are locally based organisations (some with multiple homes), but some are owned by national organisations. The Council also directly commissions on a block contract three accommodation options that are often the next step for service users after living in a care home. In addition, some supported living is available but is not directly commissioned. Sometimes service users' needs are so significant and/or specific that they need to be placed out of city.

As of July 2022, all mental health care homes were rated 'Green' by the Council's quality and performance team, although they continue to receive monitoring and support as part of the Council's offer for all homes.

5.2.2 Expenditure

The Council spent at least £8m in 21/22 on residential mental health social care support (the South Yorkshire Integrated Care Board also invests in this area on top of the £8m as part of an arrangement if the person is eligible for Section 117 aftercare). There are relatively few fully private self-funders in the mental health residential and nursing market.

The Council's average weekly cost per person in care homes has been steadily increasing for some time now, as the table below demonstrates:



5.2.3 Comparisons with other areas

The table below sets out the numbers of people receiving long-term mental health support in 20/21 per 100,000 in the 18-64 population, and compares these figures with various ‘groups’ of local authorities that we use to understand whether we are spending and performing as well as we could compared to other areas:⁹

Service	Sheffield	Core Cities	CIPFA Group	Y&H	England
Nursing Care	7	10	9	5	4
Residential Care	33	25	21	25	20

This suggests that Sheffield is supporting a higher number of people in residential and nursing care than a range of statistical equivalents.¹⁰

The table below sets out the expenditure by Sheffield on the £000s in 20/21 on that same population:

Service	Sheffield	Core Cities	CIPFA Group	Y&H	England
Nursing Care	£312	£491	£390	£250	£210
Residential Care	£1,398	£1,053	£918	£1,027	£857
Supported Accommodation	£1	£445	£368	£22	£229

This suggests that Sheffield has a disproportionately high number of people in residential care and could look to develop the number of people it supports in a supported accommodation setting.

5.2.4 Messages for the market

These figures above raise three key questions for commissioners:

a) Promoting independence and recovery

The [Adult Social Care Outcomes Framework \(ASCOF\)](#) prioritises people with mental health conditions moving towards independence and recovery, and it demonstrates that Sheffield needs to progress further in this area, as the table below demonstrates.¹¹

ADULT SOCIAL CARE OUTCOMES FRAMEWORK (ASCOF) RESULTS 2021/22 - with 20/21 benchmarking									
Measure	18/19 Score	19/20 Score	20/21 Score	21/22 Score	Target	Trend V Prev Yr	National Score	Regional Score	
1H: The proportion of adults in contact with secondary mental health services living independently, with or without support	58	54	42	tbc	None set	Worse	58	65	

⁹ This data is updated annually, usually in the autumn. For further information, see: [corecities.com](https://www.corecities.com/) |; [Nearest Neighbour Model \(cipfa.org\)](#); [Yorkshire and Humber | ADCS](#).

¹⁰ The numbers would probably be even higher if the number of service users accommodated via a direct payment or our supported accommodation block contracts were included, which they currently are not. Changing the way our data is recorded is part of our improvement intentions.

¹¹ There are a number of other measures included in the ASCOF framework, but only a few are mental health-specific.

One of the ways we are working with partners to promote independence is the [Promoting Independence Project](#). This seeks to support service users who are currently in a mental health care home towards independent living. The project has worked with a not insignificant number of people who are all at varying stages of the process towards independent living.

We know we need to keep working with partners to ensure the links between residential, supported living and floating support options are as helpful as possible for all in supporting individuals towards independence and recovery.

b) Opportunities to develop new supported accommodation schemes

We know that there are gaps in the market which we will explore in the coming years, and which would help service users towards greater independence. Some of the areas we are exploring include:

- **Support for young people with a personality disorder.** As of July 2022, there are 6 young people aged between 18 and 25 placed out of city, primarily in West Yorkshire. 5 are jointly funded, with a further young person 100% Continuing Healthcare funded. Funding these five young people costs the Council alone over £10,000 a week. We want to explore whether there is a different way these services could be provided (such as reduced cost, increased quality, or closer to home), or if there is a provider who would want to explore opening up a similar service in South Yorkshire.
- **Support for those with complex needs who need 12-24 hours of support/oversight per day,** sometimes also with physical health needs, who are offered supported in exempt accommodation. There are regularly people waiting for discharge from hospital with this level of need; often they have risky histories and there can be difficult to house. The Council pays both for the care package (the cost of which can vary hugely from the £hundreds to the £thousands per week), as well as the accommodation. We want to explore whether we could set up a supported living framework or unit that is able to cope with potentially risky behaviours but is also able to support people in line with their Care Act assessment.
- **Support for those with a dual diagnosis, such as drug and alcohol abuse/mental health.** The data that we have shows that 31% of those with a mental health treatment need in substance misuse services are not accessing mental health support.¹² Most recent data also shows that around 7% still have a housing need when they end their treatment. We also know that the proportion of homeless people in Sheffield with a diagnosed mental health condition (63%) is over double that of the general population (around 25%). We know we need to work together across many different organisations and teams to improve outcomes and accommodation options for these service users before, during and after treatment. The Changing Futures project and the recently awarded OHID grant will support with this. We want to explore whether there would be

¹² Unfortunately, there is a large discrepancy between the proportion with a mental health need reported for Sheffield in comparison to the national proportion. This could mean that the service in Sheffield is not accurately capturing this number.

scope for increasing the amount of safe accommodation available for people with a dual diagnosis.

We will also continue to support existing supported accommodation schemes that we already have.

c) Supporting care homes to be sustainable for the long term

As of January 2022, mental health care homes (which are specifically but not entirely supporting those aged 18-64) had an occupancy rate of 92%. Bed vacancies can cause financial difficulties for homes. In other cases, homes are experiencing financial difficulties due to the age, layout, and condition of the buildings they operate in, which causes both a cost pressure to deliver improvements, and may also make the home a less attractive environment for service users. This changing environment for Sheffield's homes is a key thing for homes to be aware of in the coming years; some adaptation to the market will probably be required. There does not appear to be much interest from providers in opening new care homes – and this would not be something commissioners would encourage.

One of the things we have changed recently is a more robust and fair approach to fee uplifts. In 22/23 the approach to fee uplifts for providers changed to an annual uplift rather than responding to ad hoc requests for an increase in fee rates. This change in approach was because commissioners recognise the unique challenges of the current time and want to ensure that mental health is treated on a par with other levels of need across the city. This does mean that there will be less scope for negotiation between commissioners and providers over fee rates and uplifts.

Fee rates for residential/nursing homes vary depending on the type and complexity of support required by the service user and the level of support towards recovery that the home offers. Unsurprisingly, this variety in provision does mean providers have different business models and cost structures. However, over the coming years we want to become much clearer about what we are paying for. Some providers have begun to report that they are unable to support people fully with their base rate and have asked for additional 1-1 hours for specific service users. We want to have a clear contract and a clear set of expectations of care homes that is in line with a Care Act assessment. We are also looking into carrying out a fair cost of care exercise or similar, so we can be sure we are paying – and providers are receiving – a fair cost for the care they provide.

5.3 Social work provision

All providers have significant interfaces into mental health social work teams. And here, a very significant change is underway. Following an internal review, a decision was made that the Council in 2022-23 would take on direct management control of social care assessment and care management functions for people of working age with mental health difficulties. These functions have for over 15 years been managed by Sheffield Health and Social Care NHS Foundation Trust (SHSCT) as an integrated mental health service alongside clinical staff.

Adult social care is committed to a collaborative delivery model continuing in future, where social care teams continue to work closely alongside clinical teams to integrate the care and support services that people need. We believe this change will ultimately be better for the people of Sheffield who we serve¹³ and better for the Health and Social Care System, as partners will have a clearer understanding of their role within the system and be able to collaborate more effectively as a result. At this point our key principles are to minimise any disruption to the services received by Sheffield people, and to make as smooth a transition as possible for staff and managers who will be affected by the process. Once the transition is complete, we know we will have work to do to ensure continued alignment with different teams across a range of organisations, and to communicate the changes and ways of working to everyone.

The department therefore wants to work closely with providers over the coming months to better understand the implications, work through any challenges, and safely and securely implement the change. Our provider forums will provide an opportunity for this. Providers should attend one of our regular provider forums to be kept up to date with the changes.

¹³ We know, for example, that long waiting times for mental health support are raised regularly with Healthwatch Sheffield – see [News and reports | Healthwatch Sheffield](#). Social care is only a part of this, but we believe this change will help ensure more people access the services they need.

6. Working with partners

We work with partners across the city and region on several programmes to improve mental health services and support in Sheffield, including:

- **Children and young people** – half of all mental health problems are established by the age of 14, rising to 75% by age 20, and adult social care services have significant interfaces with children and young people’s services, supporting young people into adulthood.
- **NHS-led mental health provision** – as outlined in the [section above](#), we know we need to work in an integrated way with NHS services, both acute and in the community.
- **Hospital discharges** – we have a growing plan to work together with others to ensure discharges out of mental health wards are well planned and effective.
- **Support for people with mental health conditions into employment** – every year there are 300,000 people who lose their jobs due to a long-term mental health condition. Supporting people into employment is a key objective of adult social care and is included on the [Adult Social Care Outcomes Framework](#).
- **Physical health checks** – the average life expectancy for someone with a long-term mental health illness is at least 15-20 years shorter than for someone without. However, only about 40% of people on Sheffield serious mental illness (SMI) registers have received their SMI annual physical health check in the last 12 months, so we need to work with our partners to continue trying to address this.
- **Specialist accommodation and complex needs support** – our regional partners are currently working on a specific Market Position Statement for those with a learning disability, and there may be much to learn from this work.
- **Support for those with dementia aged under 65** – although dementia is often classed as a mental health condition, in adult social care terms those with dementia are, in Sheffield, usually linked with services for older people, not working age adults. However, we recognise that we need to work with partners to develop our offer for those aged under 65 who experience dementia.
- **Support for asylum seekers** – we know that there is a growing body of evidence about the [mental health needs of asylum seekers](#). While we have one contract that provides supported accommodation for those with No Recourse to Public Funds (NRPF), we know we need to work with others to continue to support those in need.
- **Crisis care** – building on work our partners are doing in Sheffield.
- **Primary care and community mental health transformation** – building on work our partners are doing in Sheffield.
- **Eating disorders** – an estimated 1.25 million people have an eating disorder in the UK, and they can be complex and life-threatening mental illnesses.
- **Suicide and bereavement support and self-harm awareness** – South Yorkshire and Bassetlaw also has a higher suicide rate than the England average. Self-harm is more common in ex-service personnel, young people, women, LGBT+ community, prisoners, asylum seekers, and children who have experienced abuse.
- **Perinatal mental health** – it is estimated that up to 20% of women will experience mental health problems during the perinatal period.
- **Mapping of services available** – we know that one difficulty for service users, carers, and providers can be to know what services are available. Most recently the Changing

Futures project recently produced a map that explores the vast range and network of services available. We need to build on this, with partners, so people are aware what is out there.

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