

Background:

The Leeds Mental Health Framework has been developed by the Mental Health Partnership Board (chaired by Leeds North CCG) to set out the aspirations of the city with regards to the future state of mental health provision for the population of Leeds.

The Mental Health Partnership Board is made up of people with lived experience of mental health, commissioners from health and social care, providers of services from the statutory and community and voluntary sectors and public health. This group has adopted the Mental Health Framework and promoted adoption of the principles of parity of esteem between mental and physical health and for every organisation to sign up to the framework.

The principles of parity of esteem and sign up to the framework have been incorporated into the contracts for the major statutory providers (Leeds and York Partnership Foundation, Leeds Teaching Hospital, Leeds Community Healthcare). The framework has also been adopted by each of the CCGs.

The Mental Health Framework is still in draft format as work continues to develop the strategic actions required to deliver against the described aspirations and to refine the measurement and monitoring approaches.

Leeds Mental Health Framework 2014 - 2017

Leeds is a city that values people's mental wellbeing equally with their physical health.

"Our Ambition is for people to be confident that others will respond to their mental health needs without prejudice or discrimination and with a positive and hopeful approach to our future recovery, wellbeing and ability".

Signatories

Leeds City Council

Leeds North CCG

Leeds South & East CG

Leeds West CCG

Leeds Involving People

Volition

Leeds & York Partnership Foundation Trust

Publication Date October 2014

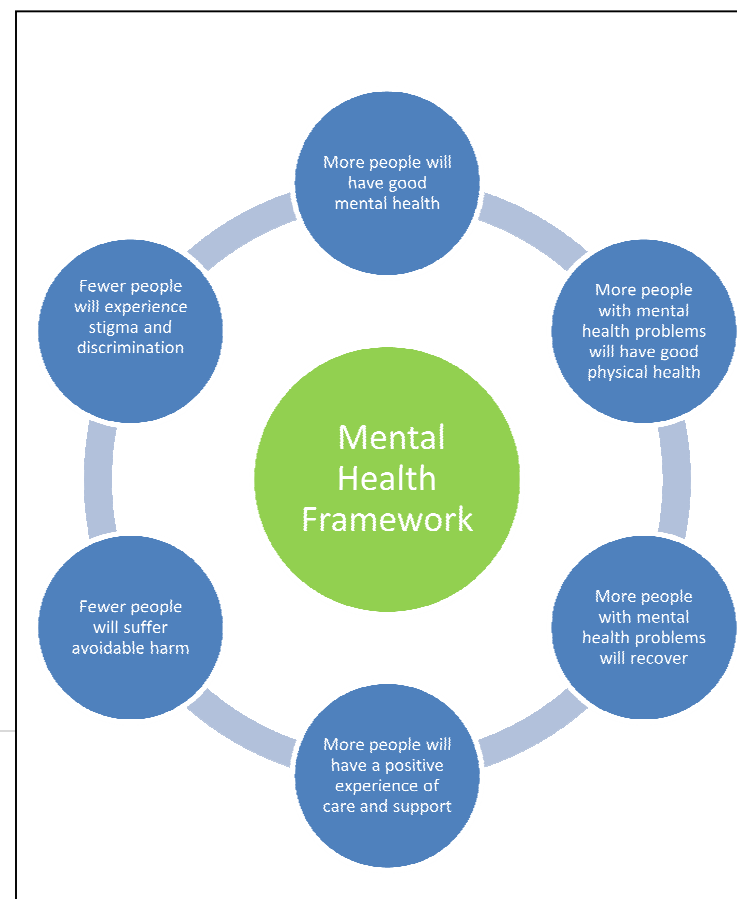
1. What is the Leeds Mental Health Framework?

This Framework aims to set out the direction and priorities mental health commissioning for the next three years to guide developments and investment and is matched to the objectives of the national mental health strategy “**No health without mental health**”¹ and national guidance through the NHS Mandate² and CCG Commissioning Guidance³.

Rather than describe any new investment, this Framework sets out a common set of outcomes and priorities for mental health services aimed at improving the quality and integration of services. It matches the six objectives set out in the national strategy

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

The scope of the Framework includes all mental health services and interventions commissioned locally by the NHS and Local Authority as well as Local Authority Public Health priorities for emotional health and wellbeing. Although primarily focused on adults, the Framework aims to take a “life course” approach as set out in the national mental health strategy, and advocated by the [Marmot Review](#) so makes the necessary links across to children and family commissioning⁴.



2 What is the issue?

Generally:

Mental Health is everyone's business – but it is not currently seen that way

- 1 in 4 of us will have a mental health issue at any one time – some of us will require professional support at this time
- Mental health is a continuum – on which we all sit – some people have on-going significant needs, others have fluctuating needs, and others intermittent needs
- Improving the mental health of citizens is the responsibility of all – employers, council services, housing, and health but currently the drive to address mental health concerns is not equally shared. Higher levels of poor mental health and wellbeing and mental illness are inextricably linked with deprivation within Leeds. Local mapping highlights these issues and emphasises the social gradient of mental health and wellbeing (MHNA 2011).

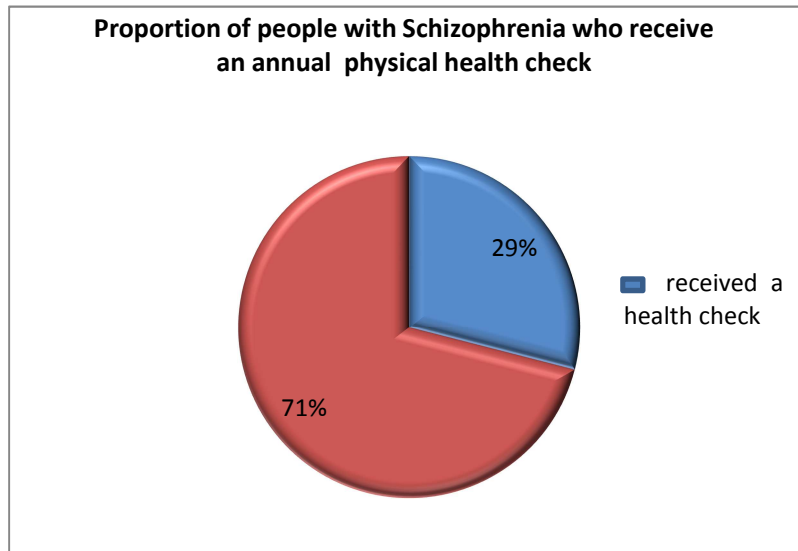
We need to recognise the complexity of causes of mental distress

- The level of support required is as much linked to wider determinants as specific diagnosis
- There is clear link between population groups with multiple risk factors and poor mental health
- Early life chances and experiences have a direct effect on current and future mental well being
- Poverty, deprivation and inequality are all known to have a



causal link to mental ill health.

We need to improve the integration of mental health with physical health issues in people's lives and the way services work

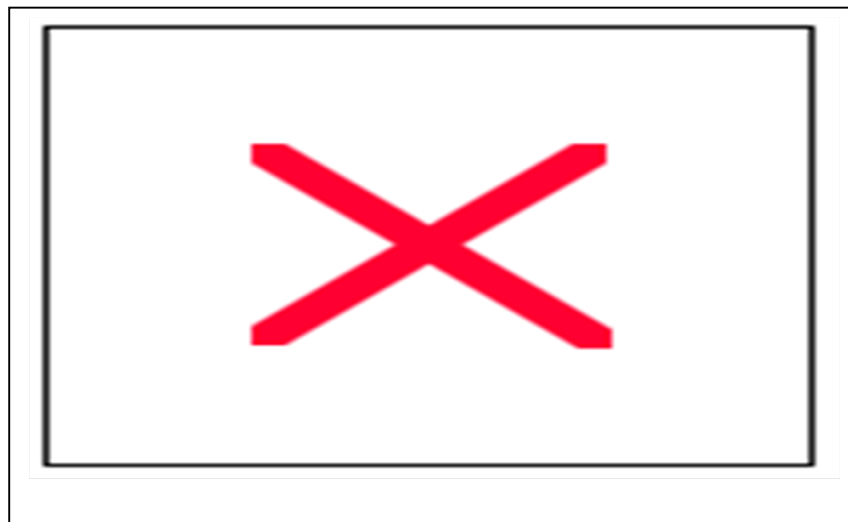


- Mental health problems, particularly depression, are more common in people with physical illness including long term conditions.
- People with serious mental illnesses like schizophrenia die, on average, 20 years earlier than the rest of the population.
- National evidence shows that fewer than 30% of people with schizophrenia are being given a basic annual physical health check
- Responding to the increasing prevalence of depression should be a local priority for integrated service development and partnership working for Leeds, particularly including the needs of older people. Depression in older people is not being recognised and treated.

We need to promote ways to support good mental health and sustainable recovery⁵ for all

- We need to take a recovery focussed approach to services – and not assume that people will have long term dependence on services
- Services and programmes to improve mental health and wellbeing should be designed to meet needs rather than respond to demands. This includes designing mainstream services from this intelligence on need to maximise engagement and access from those with the greatest need.
- We need to improve our ability to self-manage – by building resilience; self-help and peer support opportunities and invest in a broad range of services including primary care and the voluntary sector.
- We need to recognise the importance and value of employment in sustaining good health
- The services people receive need to be personalised, and offer choice and control to service users

- The needs of carers should be reflected in all areas of the mental health system
- Commissioners should facilitate the development of a thriving and diverse market of mental health provision in the city in order to meet the diversity of needs presented and to facilitate the use of personal health and social care budgets.



We need reduce the stigma and discrimination that stops the issues of mental health being discussed and addressed

- We need to recognise and challenge the fact that stigma and discrimination is a common theme and one that influences people's attitude and approach to seeking support, or providing support. This is particularly true around employment support. People with poor mental health are most likely to be discriminated against by immediate family, employers, neighbours and friends.
- We need to be able to respond to increasing prevalence of depression
- We need to promote the social model of mental distress as a means of challenging stigma and alienation
- Providers and commissioners should lead by example and adopt anti-discriminatory practices within their organisations.

2.1 Local configuration

Leeds has well established mental health services provided by primary care, adult social care, voluntary sector agencies and secondary mental health providers that are structured to meet the range of needs along the mental health continuum. These are currently commissioned by Leeds City Council, CCGs, and NHS England. The level of investment is on a par with other areas. Partnership working is well established and the voluntary sector providers are very well integrated into mainstream services and are highly valued. However there is still work to do in ensuring effective joined up working arrangements between statutory and all voluntary sector providers to deliver continuity of care.

The services have developed over time in response to national and local policy demands.

The main issues⁶ with the current system are:

- It is not easy to understand to anyone outside of it
- There is no central point of information that describes it well
- Specialist advice is not easy to access if you are outside the service
- There is inconsistency of care management
- The wait for talking therapies is too long
- It is not consistently “outcome” focussed
- We also want to engage the general public, economic, social and commercial communities in Leeds, and secure their support in promoting well-being and resilience.

2.2 Local Challenges

- Leeds is similar to other core cities in terms of overall prevalence of mental health issues except it has higher levels of psychotic disorders (2011 MHNA)
- Unemployment and the economic downturn, including welfare reform are having an impact on people's mental health across the city and not just in 'deprived Leeds'
- Information about mental health and mental health services is not centralised in the city – making it difficult for public and professionals to navigate their way to what will help.
- Leeds has good range of services but they have become complex and at times fragmented - we need to have a clearer and more integrated mental health service for Leeds, that everyone can understand
- Mental health as an issue is still not well integrated into wider services and still being seen as separate and specialist
- Demand for services is unlikely to decrease and we need to accommodate the needs of increasingly diverse communities in the city
- Leeds is an unequal city – with widely different life expectancy depending on the area you live in – those inequalities also impact on mental health
- We need to focus more on early intervention to prevent crises
- Expenditure on mental health needs to be re-defined as an investment in communities, their resilience and cohesion.



3. Why do we need the Mental Health Framework now?

3.1 National requirements

The NHS Mandate sets out five “domains” four of which have indicators related specifically to mental health:

<i>Domain 1</i> Preventing people from dying prematurely	Reducing premature death in people with serious mental illness <i>Indicator: Excess under 75 mortality rates in adults with serious mental illness (PFOF)</i>
<i>Domain 2</i> Enhancing quality of life for people with long term conditions	Enhancing quality of life for people with mental illness <i>Indicator: employment of people with mental illness (ASCOF, PHOF)</i>
	Adult Social Care Outcomes Framework: People are able to find employment when they want, maintain a family and social life and contribute to community, avoid loneliness and isolation <i>Indicator – number of people in contact with secondary mental health service living independently, with or without support PHOF 1.6</i>
<i>Domain 3</i> Helping people to recovery from episodes of ill health and following injury	Access to psychological therapies <i>Indicator – number of people entering therapy, recovery rate, BME access and over 65 recovery rates CCG OF</i>
<i>Domain 4</i> Ensuring people have a positive experience of care	Improving experience of healthcare for people with mental illness <i>Indicator – patient experience of community mental health services</i> Friends & Family Test indicator in development - to be introduced in mental health

See Appendix A for all indicators https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf

Additionally the **CCG Commissioning Guidance for 2014/15** makes explicit the requirement to achieve “parity of esteem” - for mental health services to drive improved integration of physical and mental health services in order to reduce the false divide between the two with specific reference to allocation of resources, identification and support for young people with mental health issues, and a reduction in the 20 year gap in life expectancy for people with severe mental illness. These specifically mental health focussed outcomes sit alongside the drive to increase

integration of health and social care services, and increase access in primary care thus reducing demand into crisis and secondary services for all including in mental health services. <http://www.england.nhs.uk/wp-content/uploads/2012/12/ois-ataglance.pdf>

No Health Without Mental Health Implementation Framework 2013 Appendix B

This implementation framework embraces the vision of *No health without mental health* and takes it to the next level: translating the ideals into concrete actions that can be taken by a wide range of local organisations to bring about real and measurable improvements in mental health and wellbeing for people across the country.

The strategy aims to bring about significant and tangible improvements in people's lives. Achieving this change, for everyone, across the country and in the most effective way, will mean that:

- Mental health has 'parity of esteem' with physical health within the health and care system
- People with mental health problems, their families and carers, are involved in all aspects of service design and delivery
- Public services improve equality and tackle inequality
- More people have access to evidence-based treatments
- The new public health system includes mental health from day one
- Public services intervene early
- Public services work together around people's needs and aspirations
- Health services tackle smoking, obesity and co-morbidity for people with mental health problems
- People with mental health problems have a better experience of employment

3.2 Local Strategic drivers for change

Leeds Health & Social Care Economy 5 year Strategy

The Leeds Transformation Board is made up of the health and social care organisations across Leeds and its primary role is to support the development and implementation of the Leeds Health & Wellbeing Strategy. The Transformation Board consider it important to develop and implement a “Sustainable Health and Social Care Services Plan” to provide a framework for delivery of the Joint Health & Wellbeing Strategy and to achieve the following outcomes for the people of Leeds:

1. People will live longer and have healthier lives.
2. People will live full, active and independent lives.
3. People's will enjoy the best possible quality of life
4. People are involved in decisions made about them.
5. People will live in healthy and sustainable communities.

Alongside this is a requirement to:

- Bring the overall cost of health and social care in Leeds within affordability limits - transformation is required to reduce current costs.
- Change the shape of health provision so that care is provided in the most appropriate setting.

In meeting the financial challenge the strategy will look to:

- **maximise the spend: benefits ratio and efficiencies.**
- In addressing core priorities the potential of **technology** will be considered, developed and utilised.
- These areas in turn should underpin the drive to **improve quality and outcomes** across services by **eradicating inefficiencies and rationalising healthcare.**

Leeds Joint Health and Wellbeing Strategy 2013 - 15 Appendix

The Joint Health and Wellbeing Board has a critical role in working closely with the Transformation Board, the Integrated Commissioning Executive (ICE) and the partner organisations across Leeds to drive the transformational changes of the Joint Health & Wellbeing Strategy. The Health and Wellbeing Board has identified four 'commitments' which it believes will make the most difference to the lives of people in Leeds. These are

1. Support more people to choose healthy lifestyles
2. Ensure everyone will have the best start in life

3. Improve people's mental health and wellbeing

4. Increase the number of people supported to live safely in their own home

The action plan to deliver on Commitment 3 is embedded in the outcomes and priorities within this Framework document (Appendix C).

Leeds City Council Better Lives (Appendix D),

Adult Social Care in Leeds has the ambition to promote better lives for those whom it supports through the following three themes:

- Better Lives through housing, care and support
- Better Lives through integration with the NHS and others
- Better Lives through enterprise initiatives.

The Leeds Adult Social care market position statement 2014 -15 identifies four key commissioning issues for mental health

- Commissioning for delivery of the mental health Framework 2014 -17
- A new quality framework for mental health services
- Commissioning diverse supported accommodation options
- From day services to life options in the community

These commissioning themes are embedded in the outcomes and priorities within this Framework document

4. What are we going to do?

We want our shared vision to be that:

“Leeds is a city that values people’s mental wellbeing as equally as their physical health.

Our Ambition is for people to be confident that others will respond positively to their mental health needs without prejudice or discrimination and with a positive and hopeful approach to our future recovery, wellbeing and ability”.

We will deliver this through five Outcomes

1. Focus on keeping people well – to build resilience and self-management

The public profile of information is high and people know where to go for help – reducing demand in primary care and increasing preventative support. There is good promotion of wellbeing to young people, families as well as all age adults. We recognise the impact of other factors on people’s wellbeing, and ensure good access to the wider support, particularly in relation to housing, welfare advice and family support.

2. Mental health and physical health services will be better integrated

We will develop local priorities to deliver “parity of esteem” for mental health; improving the competency of all services to work with both physical and mental health issues as part of a person centred approach to care. Physical health needs of people with mental health needs will be recognised, supported and monitored so that overall health outcomes are in line with general population.

3. Mental health services will be transformed to be recovery and outcome focussed

Drive a culture of change within mental health services that puts a “recovery” focus as the standard. This will shift the focus from long term service use to active self-management through individually held budgets. This will result in improvements in care management, reduction in repeat crisis requests, readmissions are reduced, and employment levels will increase. This will shift the cultural emphasis away from a focus on the negatives of what people find difficult towards the positives of their abilities, aptitudes and potential i.e. an asset based approach to meeting needs.

4. We will ensure high quality services

Commissioners and service users will feel assured about the quality of services being delivered; that will be the right standard and in line with national and local policy to ensure the best possible outcome for people using them. The evidence base for effectiveness of interventions will inform all commissioning decisions.

5. Challenge Stigma and Discrimination

Leeds aims to have a very positive profile of mental health where people feel safe talking about their mental health needs without fear of prejudice or discrimination. There is still a need for improved communication generally about mental health within communities to aid access and navigation as well as demystifying mental health.

This includes strengthening current approaches around stigma and discrimination and people feeling well equipped to challenge stigmatising attitudes. Supporting healthy workplaces, workforce development, early intervention and positive role modelling. The mental health needs of other service user groups, for example those with Autistic Spectrum Conditions, will be more appropriately and adequately met.

5. How are we going to do it?

The three CCGs and the Local Authority will take a joint approach to “whole system” transformation in order to mitigate the impact of isolated decision making. Taking a co-production approach with all stakeholders, we will build on the strong partnership working that already exists in order to maximise the opportunities to integrate planning and budgets and create opportunities for efficiencies and improvements in care pathways. This will require commitment to agreed outcomes and implementation timescales.

We will address the challenge of how we allocate future resources and the issue of eligibility whilst supporting long term recovery. We need to work on these issues as a matter of urgency to ensure that future planning takes account of the need to find the acceptable balance between active interventions and sustained recovery. We need to ensure that interventions being offered are effective; and review where those interventions are best provided, for example shifting more support into primary care. Some of this will require significant challenge to established ways of working.

We will improve the quality of information available about mental health to support this wider awareness, and the more effective delivery of services.

We will work with partners through Leeds City Council and its Executive to change the profile of mental health within the city – through Health and Wellbeing Board influence and the wider Council structures.

6. How will we check our progress?

This plan has been developed by the Leeds Mental Health Partnership Board, which is made up of commissioning and clinical representatives from the three Leeds Clinical Commissioning Groups, Leeds City Council and Adult Social Care, Public Health, Providers and Service Users. The Board has developed the Framework and agreed the action plan to deliver the five outcomes. Regular reports on the agreed action areas to ensure adequate progress is achieved will be reported to the CCG Boards and the Joint Health and Wellbeing Board.

Outcomes and Priorities in Table form

Outcomes	Priorities	Headline Indicators
<p>1. Focus on keeping people well – to build resilience and self-management</p>	<p>1.1 Public profile of information is high and people know where to go for help.</p> <p>1.2 Increase access to self-help and resilience training.</p> <p>1.3 Improved access to mental health support for children, families and professionals working with them.</p> <p>1.4 Commission services to support the best start in life (the emotional health and wellbeing of infants).</p> <p>1.5 Promote employment support and job retention.</p> <p>1.6 Increase attention on crisis prevention.</p> <p>1.7 Support people to sustain their recovery by addressing the wider determinants of health, particularly in relation to employment, training financial inclusion and access to decent homes with a secure tenure.</p> <p>1.8 Improve access to Telecare and Telehealth</p>	<ul style="list-style-type: none"> • Number of calls to MH Information Line • Percentage of inappropriate referrals to SPA decreases • Number of people taking up menu of courses in Leeds • Annual survey of service users on access to self-management and what worked (through Leeds Involving People) • Percentage of schools with mental health promotion programme and effective TAMHS provision • Number of people with mental health issues returning to work through Job retention • Take up of CAB sessions within mental health services • Decreased discharge delays due to accommodation issues.

Outcomes	Priorities	Headline Indicators
<p>2. Mental health and physical health services will be better integrated</p>	<p>2.1 Develop and deliver a local action plan for the implementation of mental health “parity of esteem” in line with national priorities.</p> <p>2.2 Increase the support for people with mental health needs to access drug and alcohol treatment and recovery services.</p> <p>2.3 Physical health needs of people with mental health needs recognised, supported and monitored so that overall health outcomes are in line with general population.</p> <p>2.4 Increase the number of people with long term conditions offered specialist mental health advice/support.</p> <p>2.5 Support will be personalised and will recognise the impact of other aspects of people’s lives such as education, work, housing and leisure, and individual lifestyles.</p>	<ul style="list-style-type: none"> • Take up of health checks by people on GP Seriously Mentally Ill register • Percentage of people with Long Term Conditions with access to Cognitive Behavioural Therapy • Successful smoking cessation completions in secondary mental health services • Number of clients with a primary mental health need accessing/ successfully completing drug and alcohol treatment and recovery services • Tracking of local mortality rates.
<p>3. Mental health services will be transformed to be recovery and outcome focussed</p>	<p>3.1 Develop outcome based service specifications for all providers.</p> <p>3.2 Develop a Leeds model of mental health services that explains access, eligibility, interventions and pathways across the whole system.</p> <p>3.3 Introduce the new payment system, choice and personal health budgets into current NHS commissioned services.</p> <p>3.4 Promote partnerships to implement the delivery of new community and rehabilitative mental health services to address eligibility, sustainable recovery clear support pathways.</p> <p>3.5 Drive closer working with housing, leisure and education services to ensure that sustainable recovery by other sectors</p> <p>3.6 Transform day and community support services.</p>	<ul style="list-style-type: none"> • Percentage of eligible service users with personal budgets • Number of people with personalised care plan • Proportion of adults in contact with secondary mental health services who live independently, with or without support • Number of people in contact with secondary services gaining employment • Recovery rate of IAPT service in line with national target of 50% • Number of people with mental illness in settled accommodation

Outcomes	Priorities	Headline Indicators
<p>4. We will ensure high quality services</p>	<p>4.1 Map the current configuration of services and develop a Quality Framework for Mental Health Services. 4.2 Ensure service user experience is at centre of care and service development. 4.3 Performance monitoring of all services. 4.4 Review high costs packages of care to ensure quality and value for money. 4.5 Monitor usage of services for take up by marginalised and priority groups including young people, BME and older people. 4.6 Ensure the principles of the Leeds Safeguarding Board “Think Family” guidance is integral to commissioning of mental health services.</p>	<ul style="list-style-type: none"> • Number of serious incidents in mental health services • Number of complaints of users of mental health services - service reported • Patient experience improves as evidenced by National Patient Survey. • Reduction in repeat admissions • Monitoring of waiting times.
<p>5. Challenge stigma and discrimination</p>	<p>5.1 Public and professionals attitude, knowledge and challenge regarding mental health stigma 5.2 Integration of mental health and wellbeing into NHS and wider Council policies, including Member Lead for Mental Health across Local Authority. 5.3 Employers have increased confidence to work with mental health issues. 5.4 Focus on BME provision and access issues across Services. 5.5 Encourage a culture of challenge to discrimination.</p>	<ul style="list-style-type: none"> • Local attitude survey led by citywide Anti Stigma and discrimination work-stream • Leeds City Council Member Lead identified and champion activity shared • Established Mindful Employer Network with increasing charter sign up in Leeds • Monitored uptake and pathways for BME service users and families • Stigma of mental health challenged by BME communities • Healthwatch reports on issues of parity for mental health service users.

References

¹ 2011 DOH No Health Without Mental Health - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

² NHS Mandate 14/15 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf

³ Everyone Counts Planning for Patients 14/15 - <http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>

⁴ Excludes Dementia – which has a separate citywide strategy – [hyperlink](#) Dementia strategy ?

⁵ In mental health, ‘recovery’ means the process through which people find ways of living meaningful lives with or without ongoing symptoms of their condition.
http://www.nhsconfed.org/Publications/Documents/Supporting_recovery_in_mental_health.pdf

⁶ Gathered from consultation events during 2013 with service users, on-going meetings with clinicians and other service providers.

Appendices

Appendix A

The Mandate. A mandate from the Government to NHS England: April 2014 to March 2015 DH NOV 13

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf

Appendix B NHWMH Imp Plan

Appendix C

Leeds Joint Health and Wellbeing Strategic Commitment 4

Appendix D

Better lives for people in Leeds