

Leeds Mental Health Framework Implementation

Update for Scrutiny Board

24 February 2015

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1. Co-production Process of Implementation

The Mental Health Partnership Board had developed an early draft action plan linked to the Framework. The engagement and development phase of the Framework took place between Nov 2013 and April 2014 and the Board agreed that further work was required. Following sign off of the principles and outcomes of the Framework by June 2014, and recognising that we needed more dedicated and expanded face to face time to really develop the detail required but also to consider the wider “transformation” aspiration of the Framework.

Between September 2014 and January 2015 – Leeds North CCG commissioned support from NHS IQ (Service Improvement Team) to facilitate four workshop sessions for key stakeholders of the Framework to agree the process of implementation.

The workshops were very well attended by representatives from Leeds Involving People – mental health service user network called Together We Can; third sector providers, NHS service providers, Public Health, Adult Social Care and other LCC commissioners, CCG commissioners and clinical leads – in all over 60 different people were involved in the process.

It was a unique opportunity to work together and we tasked ourselves with identifying the key “overarching” priorities of the framework that if tackled would have the most impact across the 5 agreed high level outcomes. This was a unique opportunity to look at the “whole system” as a group of stakeholders, rather than focus on the detail of smaller contributing actions. We also looked at the ways in which we will measure for success, our communications plan, and our model for continuing to develop a robust process for co-production to harness the perspective of service users.

The structure and process of the workshops was very well received by stakeholders – who all made valuable contributions to the discussion. Service users particularly were very positive about the attitude and inclusive approach – and reported that they considered their contribution to be heard and valued.

2. Agreed Overarching Priorities

By working through a series of exercises we were able to review our current state, and then by taking into account the national and local delivery requirements were able to identify the five key areas for action.

Information	Enabling everyone to easily obtain accurate information about all aspects of mental health and mental health services. This is from general public, service users, referrers and mental health practitioners.
Children & Families	Recognising the importance of the life course approach; important that adult mental health service development supports children and families being able to obtain appropriate timely support to optimise their longer term mental health. To reduce the current “silo” working.
Crisis/Urgent Care	Key plank of “ parity of esteem” agenda and national priority. Key to delivery of Crisis Care Concordat
Community based mental health services	Current service model outdated. Whole system to be remodelled to better reflect aspirations of service users and increase sustainable outcomes that are recovery focussed.
Data	Improving the integration and usability of cross agency data collection to inform commissioning. Particularly important in understanding “whole system” journeys for service users.

3. Implementation

Having identified the priorities we spent time working through a process mapping “driver diagram” process to dig deeper into the issues to ensure that we fully understood the detail and possible actions required. By completing driver diagrams for each of the priority areas we were able to define the aim, identify the high level factors (primary drivers); the areas that support achievements (secondary drivers) and finally the interventions or projects that will be required to underpin the process. All of this is the “starter for ten” and becomes an iterative process as work begins. An example below of the Crisis Driver Diagram.

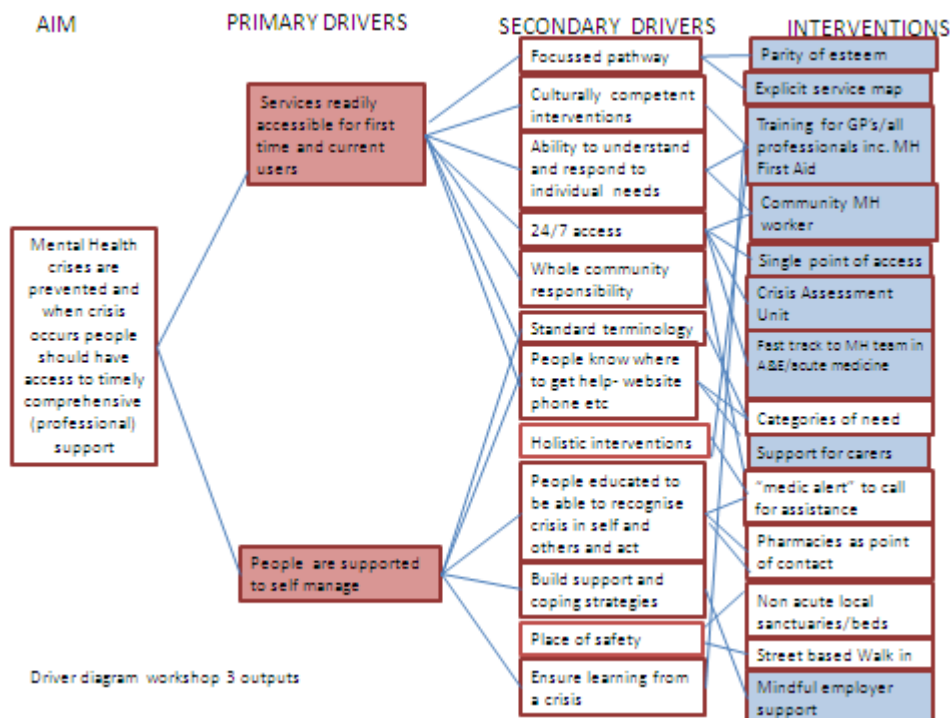


Figure 1 Driver Diagram for Crisis

This process provided valuable exposure of shared issues, and the opportunity to arrive at a consensus of required actions, these were then assessed in terms of positive impact. and achievability. In order to gain assurance that the actions would impact across all areas we cross referenced against the framework outcomes. We needed to then consider how each of the five outcomes include actions beyond the detail and responsibility of mental health services. This highlighted the requirement to profile the Framework with other working groups/services in order to ensure their commitment to delivering their contribution to outcomes.

Leeds Mental Health Framework Outcome Delivery					
	1. Focus on keeping people well – to build resilience and self - management	2. Mental and physical health services will be better integrated	3. Mental health services will be transformed to be recovery focussed	4. We will ensure high quality services informed by need	5. We will challenge stigma and discrimination
Cross cutting themes					
Everyone can easily obtain accurate information about all aspects of Mental Health and Mental Health services	✓	✓	✓	✓	✓
Achieving mental wellbeing in the community for everyone	✓	✓	✓	✓	✓
To optimise the mental health and wellbeing of children and families	✓	✓	✓	✓	✓
Mental Health crises are prevented and when crisis occurs people have access to timely comprehensive (professional) support	✓	✓	✓	✓	✓
Use of Data for planning and commissioning	✓	✓	✓	✓	✓

Figure 2 Priority Areas for Action & Framework Outcomes Assurance

Having assured ourselves that the priorities for action were accurately sighted on delivering the population level outcomes of the Framework we need to consider the actions required that sit outside the scope of mental health commissioners could be delivered.

4. Governance

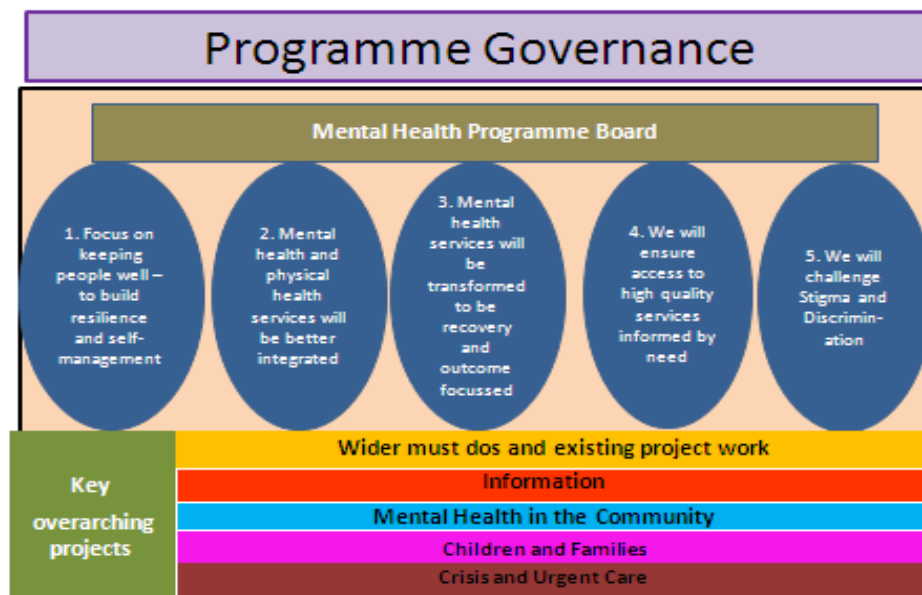


Figure 3 Governance Structure

Successful delivery of the Framework cannot be achieved by mental health services alone. It requires the commitment and involvement of groups and partners beyond those with specialist mental health responsibilities. This reflects the national position that “mental health is everybody’s business”.

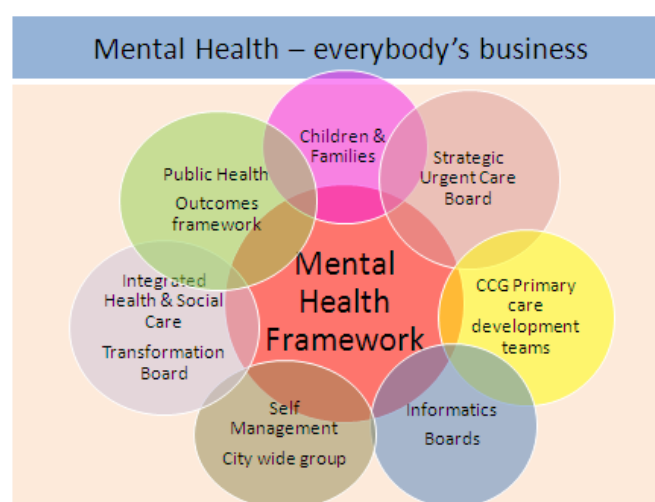


Figure 4 Links to wider networks

We have therefore proposed a more collaborative delivery system for each outcome – which was discussed and agreed at the last workshop session with partners.

It is proposed that each outcome will be led by a triumvirate of representatives that come from different parts of the system. Each will take responsibility for coordinating information about initiatives that sit under each outcome. They will not be project managing it all. Their work will be supported by Framework Programme Office. This locates some of the leadership and advocacy for the work beyond mental health services. The final workshop on January 27 made some proposals for each group membership – these have yet to be finalised.

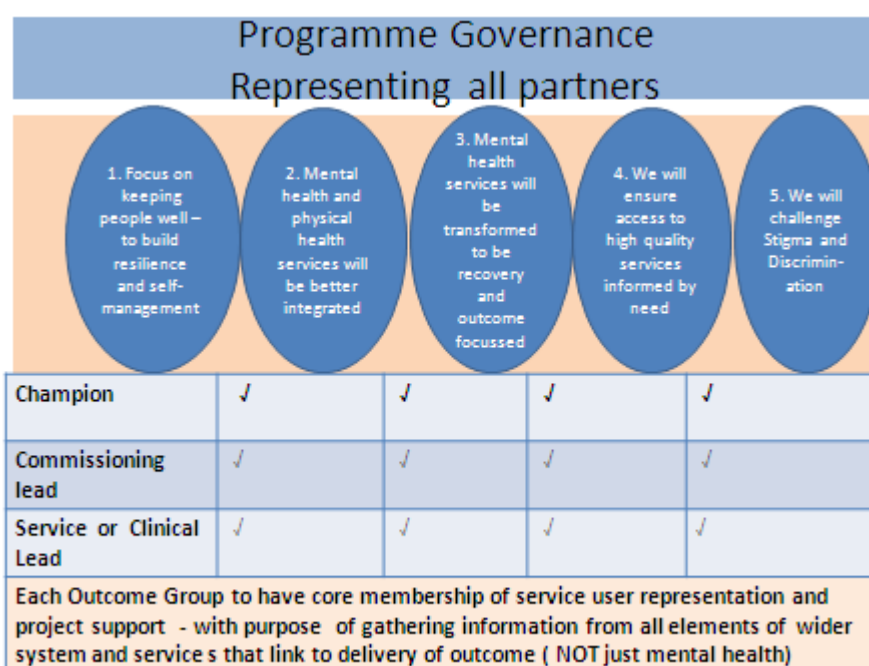


Figure 5 - Outcome Leadership Model

It is intended that the MH Partnership Board membership and structure will be revised to reflect the delivery of the Framework. It will include all the “outcome leads” – and require highlight reports against each of the outcomes. This work is underway and will be finalised by end March. There will be some negotiation required across the system to support this, and we need time to engage the right partners – but we believe that embedding the principle of wider engagement in the Framework delivers one of the core principles of reducing stigma and discrimination.

The process has been coordinated by Leeds North CCG citywide mental health commissioning team with the support of a dedicated Programme Manager. It is intended that the Programme Manager will lead the transformation phase over the next 12 months with support from at least

two project officers. A programme office is being established now – following the final agreement on resource allocation to mental health.

5. Current Position

In addition to business as usual, work is already underway in each of the cross cutting themes - summary details below. A full programme of work for the cross cutting themes, plus agreed 12 month plan for each of the outcomes is still under development – but will be in place by April. This will be led by the Programme Office at Leeds North CCG and reportable to the Mental Health Partnership Board. A draft outline of the programme is set out below.

Leeds Mental Health Programme timeline Draft 1 JT 12.11.14

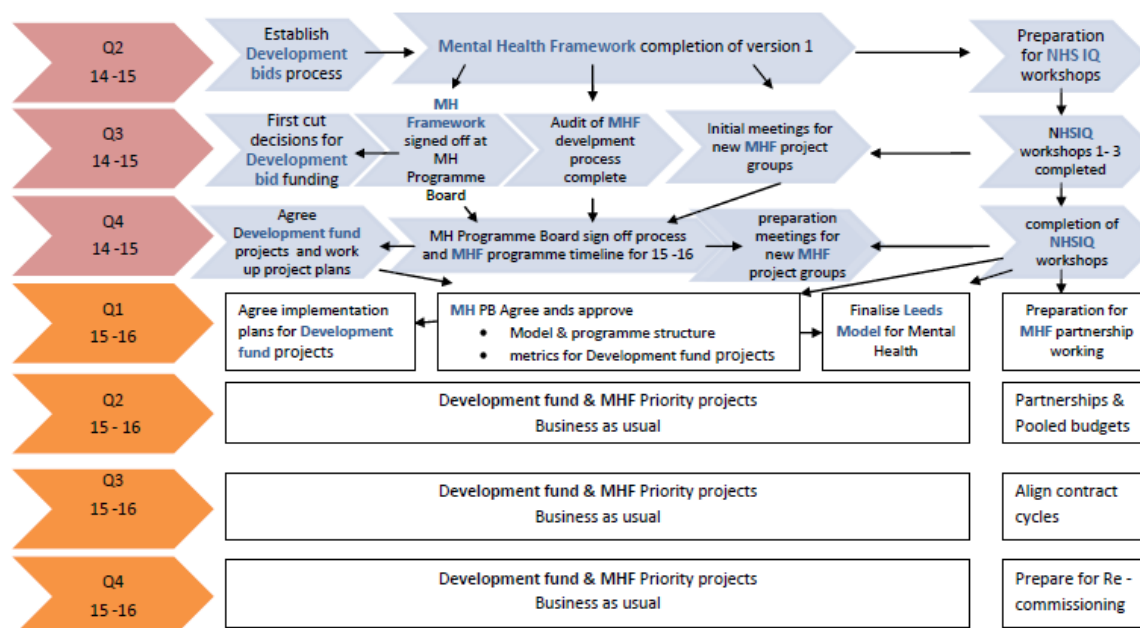


Figure 6 Programme Timetable

Included below;

1. Summary of current actions under each cross cutting theme
2. Updated Priorities and Indicators of Five Outcomes – to be further revised following system leader engagement
3. Summary of Closing the Gap Priorities with Local Actions.

Summary of Current Actions on Framework Cross Cutting Priorities. Feb 2015

Theme	Actions Underway	Leadership
Information :	<p>Decision has been made to develop a “mental health information portal” for Leeds. This portal will provide the access both for general public and professionals to access a wide range of information and care pathways. This development is key to changing the profile of mental health provision across the city - addressing not only access but also reducing the stigma attached to seeking out mental health information.</p> <ul style="list-style-type: none"> • Public health colleagues have agreed to lead on the brand/profile for the service – that both creates a very visible and accessible service that people are comfortable to use and are confident in its accuracy. • A project manager is being employed by mHealth (the digital innovations projects supported by LYPFT and LCH) to lead on the work and the portal will be co-produced as an iterative process – with the aim of having the first stage development in place by January 2016. 	<p>Accountable Officer– Jane Williams</p> <p>A Mental Health Information steering group was established in December 2014. This includes Leeds City Council staff, Public Health, Informatics Board.</p> <p>Chaired by Leeds North CCG.</p>
Community Mental Health	<p>A substantial two year change programme to remodel community based mental health services commissioned both by LCC and the CCGs. It will include a review of what is currently provided in “primary care” after initial contact with GPs, as well as what is provided as a step down from secondary care. This will include services currently commissioned by LCC and CCGs both from statutory and third sector .</p> <ul style="list-style-type: none"> • As part of this process Leeds North CCG has instigated a feasibility study into the development of a single assessment service for mental health and has signalled the intention to re-tender IAPT services to improve current pathways in primary care. • Each CCG is also piloting models of social prescribing – with aim of reducing inappropriate referrals for mental health services when root causes are more social or welfare based. • LCC Commissioners and the CCGs are beginning discussions on integrating commissioning and working with a pooled fund – to reduce duplication, and develop one coherent citywide model. NHS Commissioners, with current providers have agreed to remodel the current services to improve access to self- management, reduce lengths of stay, and improve sustainable outcomes. It is also aimed at increasing access to specialist mental health 	<p>Accountable Officer – Jane Williams</p> <p>Programme Manager – Jenny Thornton.</p> <p>2 year change programme - Stakeholder Working Group to be established in early 2015 and project lead appointed.</p>

	<p>consultancy to wider services e.g. housing, and school clusters. Developing the project plan for this transformation is the next priority of the Programme Manager and will include the establishment of a stakeholder steering group.</p> <p>Year One – to agree new service model and agree sequence of service transformation. This will impact on all commissioned services</p>	
Children & Families	<p>It is recognised that we need to improve the link between adult and children/families commissioning. To ensure that both are aware of impact of priorities and service redesign and maximise opportunities to add value to service impact.</p> <p>Currently:</p> <ul style="list-style-type: none"> • There is involvement of the adult mental health commissioner in the review of the Emotional Wellbeing and Mental Health of CYP • The digital developments in CYP mental health services will sit under the MH Information Steering Group and be managed through the same mHealth programme. <p>The NHS adult mental health commissioning lead and NHS children and families commissioning lead have committed to working on three priority areas</p> <p><i>Improving transitions between adolescent and adult services</i> – and ensuring that any change in adult community mental health services does not have unintended consequences for adolescent services.</p> <ul style="list-style-type: none"> • <i>Improving access to mental health support for parents</i> under the umbrella of the school clusters – which might include delivering some of the IAPT seminars on stress reduction & anxiety management to the cluster groups. • <i>Maternal mental health</i> – improving access to mental health support and consultancy to services. 	<p>Accountable Officers</p> <p>Jane Williams - Leeds North CCG</p> <p>Jane Mischenko - Leeds S& E CCG</p>
Crisis	<p>A mental health crisis and urgent care workstream now sits under the Strategic Urgent Care Board, with responsibility for delivering the Crisis Care Concordat. Combination of initiatives underway.</p>	<p>Accountable Officers</p> <p>Debra Taylor Tate – Leeds North CCG</p> <p>Jane Williams – Leeds North CCG</p>

	<p>A workshop session was held on Feb 4 bringing crisis services, acute and mental health together to begin process mapping and development of local action plan as required by NHS England by March 2015. Considerable work already underway through System Resilience funding – including street triage expansion and harm reduction workers, older people’s liaison resource increase. Additionally there is service development to extend the Crisis Assessment Unit at LYPFT and a review of psychiatric liaison service. All confirmed with next year’s work programme with LYPFT.</p>	<p>Service Developments all planned for delivery in 2015.</p>
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MH Framework Priorities and Indicators		
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. 1.2 Increase access to self-help, peer support and resilience training. 1.3 Improved access to mental health support for children, families and professionals working with them. 1.4 Commission services to support the best start in life (the emotional health and wellbeing of infants). 1.5 Promote employment support and job retention. 1.6 Increase attention on crisis prevention. 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. 1.8 Improve access to Telecare and Telehealth</p>	<p>1. Increasing self-management, building resilience and developing peer support (JHWB Commitment 3 Topic 4) 2. Reduce premature death in adults with serious mental illness (NHS Mandate Domain1) 3. Enhancing quality of life for people with mental illness (NHS Mandate Domain2)</p> <ul style="list-style-type: none"> • Increase uptake and results of EQ5D tool in GP patient survey • Decrease the percentage of inappropriate referrals to LYPFT SPA • Increase the percentage of schools with mental health promotion programme and effective TAMHS provision • Increase the number of people with mental health issues returning to work through Job retention • Increase the take up of CAB sessions within mental health services • Decreased discharge delays due to accommodation issues.
<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. 2.2 Increase the support for people with mental health needs to access drug and alcohol treatment and recovery services. 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>4. Securing additional years of life for people with treatable mental and physical health conditions.(Everyone Counts Outcome 1) 5. Improving the health related quality of life for the people of Leeds with one or more long term conditions including mental health (Everyone Counts Outcome 2)</p> <ul style="list-style-type: none"> • Increase the take up of health checks by people on

MH Framework Priorities and Indicators		
Outcomes	Priorities	Headline Indicators
	<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>	<p>GP Seriously Mentally Ill register</p> <ul style="list-style-type: none"> • Increase the percentage of people with Long Term Conditions with access to Cognitive Behavioural Therapy • Increase the successful smoking cessation completions in secondary mental health services • Increase the number of clients with a primary mental health need accessing/ successfully completing drug and alcohol treatment and recovery services • Track 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>	<p>6. Reduce the amount of time people spend avoidably in hospital through better and more integrated care in the community outside of hospital. (Everyone Counts Outcome 3)</p> <p>7. Increase the proportion of older people living independently at home following discharge from hospital (Everyone Counts Outcome 4)</p> <p>8. People are able to find employment when they want, maintain a family and social life and contribute to the community, loneliness and isolation (NHS Mandate Domain2)</p> <ul style="list-style-type: none"> • Increase the percentage of eligible service users with personal budgets • Increase the Number of people with personalised care plan

MH Framework Priorities and Indicators		
Outcomes	Priorities	Headline Indicators
		<ul style="list-style-type: none"> • Increase the proportion of adults in contact with secondary mental health services who live independently, with or without support • Increase the number of people in contact with secondary services gaining employment • Achieve the recovery rate of IAPT service in line with national target of 50% • Increase the Number of people with mental illness in settled accommodation
<p>4. We will ensure access to high quality services informed by need</p>	<p>4.1 Map the current configuration of services and develop a Quality Framework for Mental Health Services.</p> <p>4.2 Ensure service user experience is at centre of care and service development.</p> <p>4.3 Performance monitoring of all services.</p> <p>4.4 Review high costs packages of care to ensure quality and value for money.</p> <p>4.5 Monitor usage of services for take up by marginalised and priority groups including young people, students, BME and older people.</p> <p>4.6 Ensure the principles of the Leeds Safeguarding Board “Think Family” guidance is integral to commissioning of mental health services.</p>	<p>9. Increase the number of people having a positive experience of hospital care. (Everyone Counts Outcome 5)</p> <p>10. Increase the number of People over 65 accessing IAPT Service (NHS Mandate Domain 3)</p> <p>11. Improve the experience of healthcare for people with mental illness (NHS Mandate 4)</p> <ul style="list-style-type: none"> • Reduce waiting times and achieve recovery rate of 50% for IAPT • Reduce the number of serious incidents in mental health services • Increase the uptake of Friends and Family test • Improve Patient experience as evidenced by National Patient Survey • Reduce the number of inappropriate repeat admissions to hospital • Increase access to psychological therapy by Students, BME and Older People

MH Framework Priorities and Indicators		
Outcomes	Priorities	Headline Indicators
<p>5. We will challenge stigma and discrimination</p>	<p>5.1 Public and professionals attitude, knowledge and challenge regarding mental health stigma</p> <p>5.2 Integration of mental health and wellbeing into NHS and wider Council policies, including Member Lead for Mental Health across Local Authority.</p> <p>5.3 Employers have increased confidence to work with mental health issues.</p> <p>5.4 Focus on BME provision and access issues across Services.</p> <p>5.5 Encourage a culture of challenge to discrimination.</p>	<p>12. Increase the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community (Everyone Counts Outcome 6)</p> <ul style="list-style-type: none"> • Local attitude survey led and completed by citywide Anti Stigma and discrimination work-stream • Increase Mindful Employer Network charter sign up in Leeds • Increase uptake for BME service users and families • Reduce the stigma of mental health within BME communities • Increase action planning taken forward based on Healthwatch reports on issues of parity for mental health service users

National “Closing the Gap” ¹ Priorities		Update February 2015
<i>Priority</i>	<i>National Focus and action</i>	<i>Local Position</i>
1. High-quality mental health services with an emphasis on recovery should be commissioned in all areas, reflecting local need	Ensuring commissioning arrangements both fit local need and are integrated.	Framework Outcome: 3 <ul style="list-style-type: none"> Reflects the cross cutting priority - and reflected in remodelling programme for community mental health services starting in April 2015. Proposals underway to develop a pooled fund for mental health commissioning across LCC and CCGs to improve efficiency and reduce duplication.
2. We will lead an information revolution around mental health and wellbeing	Introduction of the Mental health Information Network Reviewing the outcomes Frameworks to ensure the focus is right for mental health Ensure high profile of Mental Health within Public Health England	Framework Outcome: 4 <ul style="list-style-type: none"> Identified good use of data as cross cutting priority. Commissioners are working on more outcome based performance monitoring with providers.
3. We will, for the first time, establish clear waiting time limits for mental health services ²	New waiting time targets for IAPT and Early Intervention in Psychosis services – all reflected in Outcomes Framework 15/16	Framework Outcome: 2 and 4 Reflected in 15/16 service specifications. Current services compliant with national expectations
4. We will tackle inequalities around access to mental health services	Focus on access for BME communities and Older People specifically.	Framework Outcome: 4 Both groups monitored in terms of their access to IAPT services locally. Touchstone is one of the IAPT providers (BME focussed organisation). PH fund Community development workers to support mental health development in BME communities CCGs fund a mental health post working with refugees and asylum seekers for specialist support.

¹ - Closing the Gap: Priorities for Essential Change in Mental Health - DH (Feb 2014)

² Achieving Better Access to Mental Health Services by 2020 – DH (October 2014)

		IAPT service has undertaken targeted marketing campaign for older people to improve referral rates.
5. Over 900,000 people will benefit from psychological therapies every year	Access rates to IAPT services – to ensure investment across all geographical areas	Framework Outcome: 1 and 4 Leeds has a citywide IAPT service compliant with national guidance.
6. There will be improved access to psychological therapies for children and young people across the whole of England	Young People’s IAPT and the improvement of access to prevention support.	Framework Outcome: 1 & 4 Emotional Wellbeing and Mental Health Review being completed March 2015. Will make recommendations on future service structures. Leeds CAMHS is part of CYP IAPT (wave 3) and is embedding the CYP IAPT approach across the service
7. The most effective services will get the most funding	Introduction of new MH Payment system into Health with the adoption of 21 “clusters” based on need.	Framework Outcome: 3 & 4 Leeds CCGs working with secondary provider LYPFT to prepare for introduction of new payment system (possibly from 2016) and remove the block contract arrangement. Good progress being made.
8. Adults will be given the right to make choices about the mental health care they receive	Publication of Mental Health Choice Guidance in December 2014. Introduction of personal health budgets for mental health.	Framework Outcome: 3 and 4 Working with our current NHS Standard Contract providers to support the introduction of Choice for first outpatient appointment (exclude MH Act patients) . Developing pilot in Rehab and Recovery services for personal budgets – building on work already done in Adult Social Care. challenges on the mechanics and possible double funding – until new mental health payment system in place.
9. We will radically reduce the use of all restrictive practices and take action to end the use of high risk restraint, including face down restraint and holding people on the floor	Ensuring appropriate use of restraint and restrictive practices.	Framework Outcome: 4 LYPFT have implemented the following: <ul style="list-style-type: none"> • Task and finish group with oversight of PMVA to draft restraint reduction action plan at the end of February 2015. • Board of directors have agreed sign up to the Restraint Reduction Network demonstrating organisation support for the mission and values. • Training needs analysis completed to ensure right staff are given the right level of training.

		<ul style="list-style-type: none"> In process of agreeing restraint reduction models- service appropriate such as safe wards. Our services are networking nationally to agree best practice models.
10. We will use the Friends and Family Test to allow all patients to comment on their experience of mental health services – including children’s mental health services	Introduction of Friends and Family Test in mental health	<p>Framework Outcome: 4</p> <p>LYPFT have introduced it as part of national CQUIN for staff by June 2014 and patients by Dec 2014. First results for patients will be out by end of March. Will provide quarterly data as part of routine monitoring.</p> <p>Friends and Family Test will part of their contractual obligation from April 2015.</p>
11. Poor quality services will be identified sooner and action taken to improve care and where necessary protect patients	Introduction of new CQC monitoring system.	<p>Framework Outcome: 4</p> <p>LYPFT had CQC inspection during December 2014. Report for Leeds elements of their services was positive in most areas. Some areas identified for improvement and action plan in place.</p>
12. Carers will be better supported and more closely involved in decisions about mental health service provision	Improving mental health support for Carers	<p>Framework Outcome: 1</p> <p>Leeds City Council leads on carers work and has recently remodelled and tendered – won by a consortium called Carers Leeds – that incorporates the mental health carers service provided by LYPFT. Single Point of Access to whole service.</p>
13. Mental health care and physical health care will be better integrated at every level	Range of issues - training, integrated care teams, crisis services	<p>Framework Outcome: 2</p> <p>Examples of some actions:</p> <ul style="list-style-type: none"> Development of Crisis Care Concordat – in line with national priorities. CCGs piloting increased access to psychological therapies for people with Long Term Conditions Quality premium used in Leeds North CCG to focus uptake on physical health checks for people on SMI register CQUIN with LYPFT about smoking cessation and healthy lifestyle Public Health initiatives on suicide awareness “parity of esteem” in funding for mental health services supported

		across the three CCGs.
14. We will change the way frontline health services respond to self-harm	Focus particularly self harm and Emergency Departments	Framework Outcome: 2 and 3 LYPFT have an Acute Liaison Psychiatry Service developed in 2012 specifically to address issues of self-harm in ED – have changed the pathway for individuals and reduced admissions. A Self Harm partnership group in the city – receiving reports on current ED data for self harm.
15. No-one experiencing a mental health crisis should ever be turned away from services (<i>also linked to reference 2</i>)	Crisis Care Concordat that includes: Street triage Timely crisis assessment Section 136 – place of safety Effective liaison psychiatry	Framework Outcome: 2 Leeds Strategic Urgent Care Board – has a mental health urgent care workstream leading on Crisis Care Concordat. Crisis one of the cross cutting themes of the Framework. Work underway: <ul style="list-style-type: none"> • Street Triage Pilot during 2015/15 • Crisis Assessment Unit expansion – to increase 136 bed number. • Increased resource for Older People’s liaison • Reviewing Liaison Psychiatry model in 2015. • Increasing access to AMHP training • Mental health nurse support into Policy Control Room
16. We will offer better support to new mothers to minimise the risks and impacts of postnatal depression	Linked to Best Start agenda. Improved access to training on mental health for frontline staff	Framework Outcome: 2 and 3 The Maternity Strategy is in development and has identified perinatal mental health as a priority area for progression in 2015/16. Commissioners in maternity and adult mental health are engaged in plans to progress this.
17. Schools will be supported to identify mental health problems sooner	New SEN code of practice from Sept 2014. National work on improving access to training. School based support	Framework Outcome: 1 Every education cluster in Leeds has a TaMHS offer to support to pupils in school and ensure effective access to specialist services. Significant further investment has been offered to schools to expand the service.

		<p>In addition there are plans to improve emotional literacy within school settings and to develop a public health programme to develop the emotional resilience of children and young people</p> <p>There is also work looking at how we support parents who have mental health problems via schools and specialist services to ensure joined up access to adult services where this is required</p>
<p>18. We will end the cliff-edge of lost support as children and young people with mental health needs reach the age of 18</p>	<p>Undertaking high level scoping study to examine services for 15 – 24 year olds. NHS England working up service specification for transition from CAMHS to adult</p>	<p>Framework Outcome: 4</p> <p>Agreed as one of the priorities for Framework implementation. Work to be developed in 2015. The EHWB review has identified that a focused piece of work is needed to improve transitions in the city. Work has commenced to support better transition between LCH and LYPFT supported by commissioners.</p>
<p>19. People with mental health problems will live healthier lives and longer lives</p>	<p>Reducing differential in mortality rates.</p>	<p>Framework Outcome: 2</p> <ul style="list-style-type: none"> • Quality premium used in Leeds North CCG to focus uptake on physical health checks for people on SMI register • CQUIN with LYPFT about smoking cessation and healthy lifestyle • Previous CQUINs for physical health initiatives in third sector contracts.
<p>20. More people with mental health problems will live in homes that support recovery</p>		<p>Framework Outcome: 3</p> <p>Leeds North CCG convenes the Leeds MH Accommodation Programme Board bringing together commissioners of housing, mental health social work and mental health services to ensure accommodation pathway works effectively. Funded Accommodation Gateway post in LYPFT to reduce discharges due to accommodation delays – linked to housing workers in LCC. CCGs have committed funding in 2015 to provide for accommodation workers in each of the LYPFT locality teams to improve links with local housing managers - to prevent breakdown of tenancies due to mental health issues.</p>

		LCC commissions Positive Pathways project – support for people with mental health issues in accommodation.
21. We will introduce a national liaison and diversion service so that the mental health needs of offenders will be identified sooner and appropriate support provided	Model being trialled in 20 areas.	Framework Outcome: 3 and 5 LYPFT provide court liaison and diversion service for Leeds – provide as prison in-reach service.
22. Anyone with a mental health problem who is a victim of crime will be offered enhanced support	Victim Support through Police and Crime Commissioners	Framework Outcome: 5 Currently no direct links with this work.
23. We will support employers to help more people with mental health problems to remain in or move into work	National work on workplace health and also linked to Time to Change work	Framework Outcome: 1 and 5 Leeds has well developed Mindful Employer network with support from project worker based at Leeds Mind. Regular meetings on workplace health issues – and conference held at Bridgewater Place n December 2014 with over 100 attendees. Work supported by Leeds North CCG and Public Health.
24. We will develop new approaches to help people with mental health problems who are unemployed to move into work and seek to support them during periods when they are unable to work	Working on new employment support models to supplement the Work Programme.	Framework Outcome: 3 and 5 Leeds North CCG commissioned employment support and job retention service from Leeds Mind – branded as WorkPlace Leeds. Integrated into LYPFT locality teams and primary care – delivering excellent outcomes. Leeds Mind also funded to deliver a DWP pilot project.
25. We will stamp out discrimination around mental health	Time to Change campaign	Framework Outcome: 5 Leeds an exemplar Time to Change programme. Development of Information (as one of the Framework priorities) crucial to changing the profile of mental health in the city. Identified mental health member lead within Leeds City Council