Briefing Paper to the Adults, Health and Active Lifestyles Scrutiny Board on the Leeds Mental Health Strategy (2020-2025) – July 2023

1. Background

The Leeds Health and Wellbeing Strategy provides a framework for improving health and for making Leeds the best city for health and wellbeing. The Leeds Mental Health Strategy sets out how we will achieve this vision for mental health, so that 'Leeds will be a mentally healthy city for everyone'. A copy of the full Strategy document can be accessed here:

Leeds All-Age Mental Health Strategy - Leeds Health and Care Partnership (healthandcareleeds.org)

Together through a shared effort by partners and people of Leeds, the Strategy focuses on the following outcomes:

- People of all ages and communities will be comfortable in talking about their mental health and wellbeing.
- People will be part of mentally healthy, safe, and supportive families' workplaces and communities.
- People's quality of life will be improved by timely access to Mental Health information, support, and services.
- People will be actively involved in their mental health and their care.
- People with long-term mental health conditions will live longer and lead fulfilling healthy lives.

Delivery partners aim to deliver on these shared outcomes by mobilising the following workstreams and priorities.

- Workstream 1: Focus on supporting populations impacted by Covid-19 to stay mentally healthy
- Workstream 2: Community Mental Health Transformation
- Workstream 3: Acute Services Redesign – an initial focus on Mental Health Crisis

- Priority 1 - Target mental health promotion and prevention within communities most at risk of poor mental Health, suicide, and self-harm
- Priority 2 - Reduce over-representation of people from Black, Asian, and minority ethnic communities assessed and/or detained under the Mental Health Act
- Priority 3 - Ensure education, training, and employment are more accessible to people living with mental health conditions
- Priority 4 - Improve transition support and develop new service models for 14 to 25 years of age

- Priority 5 - Ensure all services recognise the impact that trauma or psychological and social adversity has on mental health
- Priority 6 - Ensure timely access to mental health crisis services and early intervention services
- Priority 7 - Ensure older people can access information, support and mental health treatment that meets their needs
- Priority 8 - Improve the physical health of people with serious mental illness

2. Implementation of the strategy; governance, decision making forums and activity oversight.

The Strategy, with its workstreams and priorities, signals that all organisations and sectors have a key role to play in achieving the overall vision of Leeds being a mentally healthy city for everyone. The mental health strategy delivery group would like to assure the Scrutiny Board that in order to support the effective implementation of the strategy, system partners have undertaken a scoping review to map the mental health governance landscape across the Leeds Health and Care Partnership. The output of this can be found in Appendix 1. Principally, Leeds has 3 key boards, these are, the Mental Health Strategy Delivery Group, Mental Health Population Board, and the Mental Health Partnership Board. Role, reporting structure, decision-making, and relationships between these groups are:

Mental Health Strategy Delivery Group

Role

- Purpose is to enable the development of and provide assurance on the delivery of 8 priorities within the Leeds Mental Health Strategy, overseeing progress towards achieving the outcomes and measures.
- The forum for the SROs for each of the 8 priorities, maximising the links and connections between each enabling joint accountability to each other, creating consistent approach (where appropriate) and jointly addressing shared challenges and opportunities that cut across priorities.
- Identifying where there maybe themes relating to resource requirements and pressures, identifying mitigating action and where appropriate escalating to Partnership Board and/or Population Board
- MHSDG has a direct relationship with the Future in Mind Leeds Board through the following priorities: Priority 4: Improve transition and develop new service models for 14-25 year olds and Priority 5: Ensure all services recognise the impact that trauma or psychological and social adversity has on mental health

Reporting structure

- SROs provide an update report or verbal presentation against progress and/or barriers to effective delivery of their objectives.
- MHSDG is accountable to the Mental Health Partnership board for delivery against the eight priorities within the strategy.

- MHSDG reports to the MHPB on progress and delivery of each of the eight priorities at appropriate points through a highlight report to each meeting and an annual 'deep dive' approach for each priority.

Decision Making

- MHSDG draws together senior officers from the partnership and all decisions made within the group are through the authority delegated to individual members of the group from their host partner organisation and conducts its business in the spirit of partnership. Each partner retains its own statutory functions and responsibilities.

<u>Mental Health Population Board</u>

Role

- Improve the outcomes, experience, and value of NHS spend in Leeds on behalf of the Leeds Health and Care (Place Based) Partnership Integrated Care Board (ICB) .
- Take action to reduce the health inequalities in Leeds through overseeing the delivery of the aspects of the Leeds Health and Care Plan that are relevant to this board.
- Drive and oversee the delivery of nationally mandated priorities as they apply to this board.
- Utilise Population Health Planning and Management approaches to ensure the Leeds pound is used effectively to achieve value-based care for people in Leeds
- Understand and support capacity and demand as well as unmet need for services and pathways in scope through the application of Population Health Management tools and methods.
- Work closely with the Population Boards and Care Delivery Boards to support their respective outcomes frameworks.
- To provide in-depth expertise on mental health to the other population boards acting as an expert reference group supporting the boards in agreeing what they need to do to support people in their population to stay mentally and physically healthy.
- All population and care delivery boards will need to understand and respond the mental health needs of their population.
- The Healthy Adults board is to support and work with the mental health population board regarding the prevention agenda with the aim of reducing the number, and increasing the age, to which people move out of the healthy adult segment into other segments.
- The Mental Health Population Board will maintain oversight of Children and Young People mental health, as detailed within the NHS Long Term Plan ambitions, but the Children and Young People's Population Board will have accountability and responsibility for improving the outcomes, experience and value of NHS spend, including taking action to reduce health inequalities.
- The Mental Health Population Board will maintain an oversight of Dementia care and services as detailed within the NHS Long Term Plan ambitions, but the Leeds Frailty Population Board will have accountability and responsibility for improving the

outcomes, experience and value of NHS spend, including taking action to reduce health inequalities.

Reporting Structure

- The Population Board reports to and is accountable to the Leeds Health and Care Committee of the WYICB.
- The Population Board report to and seeks support from the Mental Health Partnership Board in the decisions it makes using the diverse representative membership of the partnership board.

Decision Making

- The Population Board is a decision-making Board, through the delegated authority of its members.

<u>Mental Health Partnership Board</u>

Role

- The MHPB governs the implementation of the All Age Mental Health Strategy receiving assurance and acting as a critical friend to the Strategy Delivery Group on progress against the 3 workstreams and 8 priorities.
- The Board supports collaboration between system stakeholders to progress the strategy and wider determinants of mental health across the city.
- Receive and act on exception reporting from the MHSDG on risks and issues
- Review and endorse recommendations made by the Mental Health Population Board on its areas of focus, acting as a 'critical friend'.
- Support the Population Boards in making decisions for their respective population, acting as 'critical friend'. This specifically includes, but is not limited to:
    - Mental Health Board – mental wellbeing for the population of Leeds with a specific focus on those with severe mental illness
    - Healthy Adults Board – wider prevention agenda, low level mental health illness
    - Maternity Board – perinatal mental Health
    - Frailty Board – dementia and social isolation
- The partnership board will support the population boards (namely the mental health, healthy adults and maternity) to make the right decisions for their respective population and to communicate these decisions effectively across the city. With their large, diverse and representative membership that brings together city-wide knowledge and experience.
- The Mental Health Partnership Board has a direct relationship with the Future in Mind Board through Priority 4 of the strategy: Improve transition and develop new service models for 14–25-year-olds; and priority 5: Ensure all services recognise the impact that trauma or psychological and social adversity has on mental health

Reporting structure

- The Mental Health Partnership Board is accountable to the Leeds Health and Wellbeing Board and is responsible for reporting on progress in delivering the outcomes of the MH Strategy on an annual basis.
- Receives a highlight report at each meeting with an annual deep dive approach for each priority

Decision Making

The Mental Health Partnership Board is not a decision-making Board, it is an advisory board.

3. Mental Health Strategy Temperature Check – survey results and current service performance measures

The strategy delivery group are keen to understand performance and impact of the strategy across time. The entry to this was to pilot test a mental health strategy temperature check. This aimed to gather baseline cross-sectional data on the current mental wellbeing of people living in Leeds with the aim of gaining insight to current performance against the five outcomes outlined in the 'Leeds Mental Health Strategy 2020-2025'. This survey took place in Autumn 2022, and focused on measuring outcomes one, two, and three. A copy of the full report, including methodologies, authored by the Leeds Health and Care Evaluation Service can be accessed here:

https://www.healthandcareleeds.org/content/uploads/2023/01/2023_01__MH_Insight_Rep_V2.1.pdf

The survey received 337 responses. All respondents to the survey lived or worked in Leeds. The demographics of the survey respondents are summarised in the table below (Table 1). Table 1 also summarises the number and proportion of people in each demographic group who accessed mental health services, alongside the number and proportion of people in each demographic group who didn't access mental health services.

Cohort Characteristics	Total Responses n %		Accessed Mental Health Services n %		Didn't Access Mental Health Services n %	
Total	337	100%	169	50.2%	168	49.9%
Gender:						
Women	250	75.4%	131	52.4%	119	47.6%
Men	70	20.8%	30	42.9%	40	57.1%
Queer/ Non-Binary	7	2.1%	6	85.7%	1	14.3%

Age:						
16-25 years	21	6.2%	14	66.7%	7	33.3%
26-35 years	64	19.3%	43	67.2%	21	32.8%
36-45 years	83	24.6%	48	57.8%	35	42.2%
46-55 years	91	27.0%	40	44.0%	51	56.0%
56-65 years	45	13.4%	14	31.1%	31	68.9%
66-75 years	26	7.7%	9	34.6%	17	65.4%
Over 75 years old	6	1.78%.	1	16.7%	5	83.3%
Location:						
Inner City Leeds	192	57.0%	109	56.8%	83	43.2%
Outer City Leeds	131	38.9%	57	43.5%	74	56.5%
Living outside of Leeds	14	4.2%	3	21.4%	11	78.6%
Ethnicity:						
White/ UK	291	86.4%	153	52.6%	138	47.4%
BAME	46	13.6%	16	34.8%	30	65.2%
Unpaid Carer	63	18.7%	37	58.7%	26	41.3%
Employment Status:						
Employed Full Time	196	58.2%	96	49.0%	100	51.0%
Employed Part Time	64	19.0%	33	51.6%	31	48.4%
Self Employed Full Time	11	3.3%	3	27.3%	8	72.7%
Self Employed Part Time	18	5.3%	8	44.4%	10	55.6%
Retired	30	8.9%	11	36.7%	19	63.3%
Job-Seeker	5	1.5%	5	100.0	0	0.0%
Unemployed	3	0.9%	1	%	2	66.7%
On Disability/ Long term sick	17	5.0%	15	33.3%	2	11.8%
Homemaker	3	0.9%	3	88.2%	0	0.0%
Volunteer	17	5.0%	10	100.0	7	41.2%
Student	25	7.4%	17	%	8	32.0%
				58.8%		
				68.0%		
Disability:						
Physically Impaired (including physical disabilities, hearing impairments, and visual impairments)	25	7.4%	17	68.0%	8	32.0%
	35	3.6%	30	85.7%	5	14.3%
Learning disability or Cognitive impairment	12	10.4%	11	91.7%	1	8.3%
Long Term Condition	35	10.4%	20	57.1%	15	42.9%
Mental Health Condition	255	75.7%	117	45.9%	138	54.1%
No Disability, Long Term Condition or Mental Health Condition						

Table 1: Cohort characteristics, including how many people in each demographic group did and did not access mental health services

Findings

Mental Health Strategy Outcome 1: People of all ages and communities will be comfortable talking about their mental health and wellbeing.

91.4% of people that this survey connected with indicated that they have someone to talk to when they need support, which suggests a positive inference on outcome 1. Most people felt they can talk to friends, partners and family members when they need support. Overall, 7.7% of people said they do not talk about their feelings, and 8.61% said they have no one to support them. People who access mental health services were less likely to talk about their feeling with someone around them. Results of this survey show that the most common reasons why people do not talk about their feelings is because they feel like a burden, or they feel that no one will understand what they are going through.

Mental Health Strategy Outcome 2: People will be part of mentally healthy, safe and supportive families, workplaces and communities

Considering the mental wellbeing outcome “people will be part of mentally healthy, safe and supportive families, workplaces and communities “, we found that for the people that this survey connected with are satisfied with their lives, feel the things they do in their life are worthwhile, are moderately happy but have moderate levels of anxiety. Generally, people like the area that they live in, they are satisfied with the level of social interaction they have and are satisfied with the amount of opportunity they have to learn new things. However, people are not satisfied with the amount of physical activity they do. Results varied between people who accessed mental health services and people who did not. Most people agree that they are part of a group who help each other when needed and are happy with the amount they are helping their family and friends. Generally, people feel supported and able to talk about their mental health in the workplace. Students feel supported to talk about how they feel and had have been provided with resources to support their mental health and wellbeing, however most students felt that people who are facing challenges aren’t treated fairly at their place of study.

Mental Health Strategy Outcome 3: People’s quality of life will be improved by timely access to appropriate mental health information, support and services

Half the people that this survey reached were accessing a Leeds mental health service. Although experiences varied across services and individuals, most people agreed that they received support when they needed it, they found the support helpful, they were asked what they wanted from the support they were receiving, and they agreed they were treated with kindness. Half the respondents agreed it was easy access the support they needed. When asked to describe their experiences of mental health service, key themes included long wait times, issues with accessing mental health services via GPs, and accessibility issues especially for neurodiverse adults. These themes are particularly pertinent as they reflect poorly on the mental wellbeing outcome “people’s quality of life will be improved by timely access to appropriate mental health information, support and services”, suggesting that people were not able to access timely and appropriate mental health support and services.

Whilst the MHS temperature check has been insightful, the mental health strategy delivery group have reflected that the small sample size renders the findings ungeneralizable to the rest of the Leeds population. Concurrently, there is an ambition to monitor progress and impact of the strategy across time – however a survey methodology reliant on respondents is not thought to be sensitive enough to robustly infer progress across time both within and/or between respondents. The delivery group have revisited this subject in their most recent delivery group meeting and would welcome a discussion at scrutiny board.

In addition to the survey temperature check, table 2 below contains the latest mental health service performance data which has been submitted by colleagues in the ICB.

Table 2: Mental Health Service Performance Data

Service Area	RAG rating	Service Performance	Improvement plans
Early Intervention in Psychosis (EIP)	Amber	Psychosis treated within two weeks of referral: LYPFT reported 77.1% performance for Q4 22/23, against the target of 60%.	Implementation of agreed development plan, including development of ARMS pathway. LYPFT will build on the work already done to understand the discrepancy between national reported data and LYPFT data in relation to EIP performance. Aim is that the data will be back in sync by Q4. Some evidence that this is being resolved.
Individual Placement and Support (IPS)	Amber	Leeds Mind Q4 2022/23 reporting: 96 new referrals (100% of agreed target) 64 new starts on IPS (80% of agreed target). (This does not include an unusually high number of "pending" referrals that have been difficult to make contact with.)	Develop action plan to increase referrals, including promoting self-referral option. Carry out modelling to develop challenging but achievable starts trajectory for 2022/23. As in 2021/22, it is unlikely that this will match the unrealistic trajectory set down by IPS Grow on behalf of NHSE/I .

			Build job retention clients into service starts data, in line with amended guidance from NHS England.
Physical Health for People with SMI	Green	People with a severe mental illness receiving a full annual physical health check and follow-up interventions (Rolling 12 Months) Q4 2022/23 = 70.23% against national target of 60%.	Continue development of PH interventions as part of pilot Community Mental Health Transformation hub model.
Adult/Older Adult Crisis	Amber	March 2023 (latest data available): % of people receiving a mental health crisis assessment in 0-4 hours: 52.5% against target of 85% Crisis and Intensive Support – frequency of contact: 49.5%, against target of 50% Timely access (within 1 hr) to MH assessment by the ALPs team in LTHT ED: 75.3% against target of 90%	Identify next steps as part of front door access improvement work, including proposals for Crisis alternatives funding in 2022/23 Develop plans for re-contracting of 3rd sector mental health crisis and urgent care contracts.
Acute Inpatient Care (incl. OAPs)	Amber	OAPs performance – Q4 2022/2023: 1,384 bed days against target of 270 Inpatient bed occupancy rates – March 2023: 97.8% against target range of 94%-98% %age of patients followed up within 3 days post-discharge Q4 2022/23: 80.42%, against target of 80%	

NHS Psychological Therapies (formerly IAPT)	Red	Data for March 2023 (latest available): Access: 2328 against month's trajectory of 2400 (3.0% below target) Recovery rate: overall = 41.0% (NHSE/I target 50%) BAME recovery = 32.8% for Q4 22/23 (Target 50%) Starting screening within 2 weeks of referral = 72.1%, 2,412 people on CBT list as at 31.03.23, a slight reduction over previous month. Step 3 CBT waiting time: continues to be 18 months.	
Linking Leeds	Amber	1631 referrals quarter (1500 target). 97% contacted within 5 days (95% target) 63% of referrals were followed up by a WBC are engaged with the service (target 70%). Reports of 14 week wait in outer areas of Leeds due to staff sickness and increase in referrals	Contract review meeting 27th June. Task and finish group convened 4th July to develop mitigation plan in the outer localities (PCN reps, LCP reps including local third sector partners, Linking Leeds locality manager, citizen advice Leeds manager).

4. Spotlight Item: Transforming Community Mental Health in Leeds

Introduction

Following the AHAL Scrutiny Board workshop in spring 2023, members indicated that they would be keen to maintain a focus on the Community Mental Health Transformation workstream. This is a partnership of NHS organisations, Leeds City Council, the Voluntary, Community and Social Enterprise (VCSE) sector, and service users/people with lived experience coming together to transform how primary and community mental health services are currently organised and delivered for adults[1] and older people with ongoing and complex mental health needs (commonly referred to as severe mental illness/SMI).

The programme is a key enabler to successful delivery of the aforementioned Leeds Mental Health Strategy and its eight priorities, hence the transformation is now framed as one of three key workstreams of the Strategy.

We welcome feedback from the Scrutiny Board on the work to date, and reflections on the experiences of their constituents. Specifically, we would welcome support with:

- Endorsing the work and promoting it in communities and organisations
- Supporting unblocking of barriers, where possible
- Championing for resources to support delivery of this large and complex transformation.

The Leeds vision for transformed community mental health

Case for change

Leeds is a city rich in services provided by many different health, social and voluntary and community organisations that support people experiencing difficulties with their mental health. There are clearly lots of great services and community assets in Leeds. However, we know that we need to improve how we join up services and support for people with complex and ongoing mental health needs (commonly referred to as 'severe mental illness' or 'SMI'.) We want to move from a system where:

- People experience long waits to access certain services, particularly evidence based psychological therapeutic interventions
- People are referred between different services based on diagnosis, not need, with services bound by eligibility criteria, resulting in people 'falling between the gaps' of services
- People are discharged from community mental health services with limited or no access to ongoing support
- There are significant disparities in access to, experience of, and outcomes of using health and care services based on people's protected characteristics and environmental factors

[1] While the scope of this work does not include children, it does include transition of people from children mental health services into adult mental health services.

- There are significant differences in people's physical health status, with people with SMI being more likely to die younger
- There is insufficient integration of health and care offers with support which pays attention to the wider determinants of health impacting on people's wellbeing.

Vision and principles

Our **vision** is to ensure that people access the right care and support at their earliest point of need and have wide ranging support closer to home so they can live as healthy and fulfilling lives as possible in their community.

The **principle**s of our new model of care are that people will be able to:

- **Access mental health care where and when they need it**, and be able to move through the system easily, so that people who need intensive input receive it in the appropriate place, rather than face being discharged to no support.
- **Manage their condition or move towards individualised recovery on their own terms**, surrounded by their families, carers, and social networks, and supported in their local community.
- **Contribute to and be participants in the communities that sustain them**, to whatever extent is comfortable to them.

Policy context/deliverables

Transforming community mental health services is a priority set out in the government's NHS Mental Health Implementation Plan 2019 / 20 – 2023 / 24 and in the West Yorkshire and Leeds Integrated Care boards' mental health strategies*. This intent was set out clearly in the NHS Long Term Plan:

*"We will establish **new and integrated** models of primary and community mental health care to support at least 370,000 adults and older adults per year who have severe mental illnesses by 2023/24, so that they will have **greater choice and control over their care** and be supported to live well in their communities".*

Key deliverables for Community Mental Health Transformation (*NHS Long Term Plan)*

Core community model	Transforming care for specific groups	Physical health	Employment support	Early intervention in psychosis
A new multi-agency offer, redesigning community mental health teams around Primary Care Networks* by establishing integrated community mental health hubs. * The NHS Long Term Plan uses the term 'Primary Care Network', hence this wording is used here. In Leeds, we have developed this model around Local Care Partnerships, recognising the partnership and assets based strengths of Local Care Partnerships.	**Improving access and treatment for adults and older people with:** • **Complex emotional needs associated with a diagnosis of personality disorder** • **An eating disorder and/or disordered eating** • **Needs associated with community based rehabilitation and recovery services.**	**Increasing the number of people with severe mental illness (SMI) who receive a comprehensive physical health check in Leeds**	**Supporting more people to participate in the Individual Placement and Support programme.**** ** IPS (Individual Placement and Support) supports people with severe mental health difficulties into employment. It involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer. In Leeds, this is provided by Leeds Mind.	**Maintaining the 60% Early Intervention in psychosis standard and ensuring 95% of services achieve Level 3 NICE concordance.**

Outcomes

We will know if we have 'transformed' the community mental health offer in Leeds if we achieve the following four key outcomes*:

Outcome	We will know we have achieved it if…
Accessing high quality support	The community mental health system across West Yorkshire is transformed so people and their communities can access high quality community based mental health support
Supporting care options	People and their communities understand the options for support and can access what they need, when they need it and services which will work with them to agree the best options
Providing innovative, effective, and evidence-based care	People and their communities work in partnership with a responsive workforce that provides innovative, effective, and evidence-based care that places the individual at the centre of decision making.
Partnership working	All partners work in a seamless way to provide people and their communities with the personalised care they need as one health and care system.

An independent evaluation has been commissioned across West Yorkshire and the provider (Niche) started work on the 2 year evaluation in February 2023.

Work to date

This section provides a summary of work and key achievements to date. It includes reference to *how* this work has been done in partnership across the NHS in Leeds, Leeds City Council, the Voluntary and Community Sector, local Community Committee Health and Wellbeing Champions, and people with lived experience of mental illness, including carers. For ease, work done is summarised under the five headings that make up the five key areas of work defined for transformed community mental health in *The NHS Long Term Plan.* As a reminder, these include:

- Development of a 'core community model' with integrated teams aligned to Local Care Partnerships
- Improving access and care for specific groups of people
- Improving physical health for people with serious mental illness
- Increasing uptake of employment support
- Early intervention in pyschosis

Core community model

In Leeds, we have been developing what we are currently calling 'integrated community mental health hubs'.[2] This is a way to describe a multi-disciplinary, multi-agency team working together to best meet someone's psychological, physical and social needs. At this stage, we don't intend this to be a 'drop in' physical space.

Broadly, support offered to people referred to the integrated hubs in Leeds will include:

- Recognition and assessment of mental health problems leading to a shared understanding (formulation)
- Provisions of treatment, including social, psychological and pharmacological approaches
- Recognition and support and management of physical health problems
- Work with and support families, carers and loved ones
- Recognition of and enabling things that support good mental health using community resources, such as stable housing, having enough money, obtaining and maintaining employment or education.

The hub teams will be made up of people currently working in Community Mental Health Teams, mental health practitioners and support workers currently working in Primary Care Mental Health (part of Leeds Mental Wellbeing service), mental health social workers and a range of third sector roles with a focus on meeting people's needs in a holistic way.

[2] We intend to undertake a co-produced branding exercise to identify a name for the new integrated service. So, this term is a placeholder until that piece of work has been done.

A large focus of the model is on supporting people to recover and to continue to live a fulfilling life in their own community, based on what matters to them. To this end, we have:

- Invested in new roles called Community Wellbeing Connectors who work with people to help them access a range of different types of support in communities
- Expanded peer support provision
- Expanded community-based support through a grant funding scheme for small to medium local organisations who offer support for people with complex and ongoing mental health needs. This is being jointly delivered by Forum Central and Leeds Community Foundation. To date, £111,000 has been awarded to 8 organisations across HATCH, Leeds Student Medical Practice and the Light and West Leeds Local Care Partnerships (Further details are set out Appendix 2).

We have also invested into more psychology therapy roles so we can expand access to more timely evidence based psychological therapy (one to one and group offers), and have set up a new Primary Care Therapies team, responding to what has been a gap in provision for people who 'fell between' NHS Talking Therapies (previously known as IAPT) and community Mental Health Teams.

How has this model of care and support been designed and developed?

- The initial model 'blueprint' was developed with a partnership group across the NHS in Leeds, Leeds City Council and VCSE including people with lived experience using an Institute for Healthcare Improvement methodology. This was undertaken during early 2022, with the work paused during January and February 2022 due to covid related service pressures.
- Nine co-design model workshops during Summer and Autumn 2022, including all partners again and attending to different elements of the integrated hub model.
- Additional workshop with 'early implementer' Local Care Partnerships (see more on this in next section) to test and refine the model.
- Mobilisation task and finish working groups between January and June 2023 to 'operationalise' the model and get ready for implementation

When and how will integrated community mental health hubs be implemented?

Our plan is to start small and scale up, using an improvement approach of test, learn and embed/adapt. To start, we will be implementing the integrated hub model in the following Local Care Partnerships:

- HATCH
- Leeds Student Medical Practice and the Light
- West Leeds

We are aiming to ‘go live’ in mid September 2023, starting with an induction for the integrated teams. This will include particular training, but importantly time for teams to develop relationships and to build an understanding of each other’s roles and how they best work together. We know that getting the relationships and culture right will be more important than structures and processes in achieving real change. We have put in place OD and improvement support to assist with this.

We then plan to scale up to further Local Care Partnerships during 2024.

Transforming care for specific cohorts

Complex emotional needs associated with a diagnosis of personality disorder

We have:

- Set up the new ‘Emerge’ service. This is a service for young adults (16-24) providing assessment and evidence based care and support to meet people’s needs.
- Piloted new therapeutic groups, which have evaluated well and are now being further rolled out.
- Developed a training package on PD awareness, co-designed with people with lived experience. Training – there is a training pack for 30 cohort of 3 days of PD awareness training (co-produced model with ppl with lived experience).

Eating disorders

As part of Community Mental Health Transformation, we have introduced:

- A new service offer called LinkedED, which is a team intended to provide greater, more specialist support to people with an eating disorder/disordered eating not under the care of the Connect service.
- A new specialist practitioner role in Leeds Student Medical Practice and the Light Primary Care Network. We are testing this role here as there is a greater incidence of eating disorders and disordered eating in this population.
- Increased medical monitoring for people with eating disorders in primary care.

Rehabilitation and recovery

We have:

- Recruited an occupational therapy lead who will lead a team of ‘complex psychosis practitioner roles’. These are currently being recruited to. These are VCSE roles which will focus on providing more preventative support to people with complex psychosis in primary and community care settings.

Improving physical health for people with serious mental illness

The life expectancy of someone with SMI can be 15-20 years shorter than someone without a mental illness with premature deaths increasing by 20% in the last five years national data also indicates that more adult men with SMI die prematurely than adult women with SMI.

These health inequalities occur because:

- People with SMI often experience poor physical health and frequently develop chronic health conditions at a younger age than people with SMI.
- Impacts of prescribed medication for SMI condition - side effects of antipsychotic medication are associated with health conditions, including obesity, which is linked to poorer health outcomes.

We have done detailed analysis to strengthen our understanding of the relationship between SMI and physical health status and outcomes in Leeds, with attention to intersectionality with protected characteristics and deprivation. From this analysis, we know that:

- Leeds has a higher than national average premature mortality for people with SMI due to cancer, liver disease and respiratory disease. Severe Mental Illness - OHID (phe.org.uk)
- 37.3% of people in Leeds with SMI are recorded as being a smoker. 36.2% of current smokers live in 20% most deprived areas of Leeds (1st quintile). In two of our early implementer pilot sites (HATCH and West Leeds), there is a higher proportion of people with SMI who are smokers.

The *NHS Long Term Plan* requirement is to increase uptake of physical health checks in primary care in Leeds. This is an area in which Leeds continues to perform well. The latest data (quarter 4 2023/24) showed attainment of 70% of people on the SMI register in primary care having received an annual physical health check in primary care (against a national target of 60%). Leeds is currently the third highest performer against this indicator nationally.

Clearly, what is important is our understanding and action to identify how we make sure that those people who don't access physical health checks is improved, and what targeted support we can put in place to help people access those checks and also any follow up interventions identified as required. A number of initiatives have been funded to support with this work as part of physical health improvement pilots. These include:

- Physical health coordinator roles in Chapeltown and Burmantofts, Harehills and Richmond Hill Primary Care Networks. Both PCNs have seen an increase in the uptake of physical health checks from 2021-22 to 2022-23.
- Leeds Student Medical Practice and The Light Surgery – 2 x care coordinator roles in post.

Additionally, new Community Wellbeing Connector roles have been supporting people to attend physical health checks in Leeds Student Medical Practice and the Light.

We also need to look at what onward support we can offer around physical health/health improvement, given the start data around poorer physical health outcomes for people with

SMI. We have been developing this thinking through the transformation model design work in the ways set out below. It is worth noting that this is challenging in a context of financial cuts, particularly in public health.

What's important here is that we have a joined up response around mental health needs, physical health, prescribing and drug monitoring and targeted support around physical health checks and onward interventions and support. To this end, the city wide Physical Health workstream is currently being refreshed to review its terms of reference and how scope might be widened beyond physical health checks, with a clearer link into the development of integrated community mental health hubs and physical health interventions.

Increasing uptake of employment support

National access performance targets for employment support through the Individual Placement and Support Programme (IPS) for people with complex mental health needs are set by NHS England. Work has been undertaken in Leeds to improve the numbers of referrals made that are accepted onto the programme, and an increase in access performance was noted in the last quarter of 2022/23 (Q4, Jan-March 2023), where the service met 80% of the quarter's target. Embedding IPS as part of the new community mental health model will help to increase access performance further, by increasing integration of support and referrals from primary care.

Early intervention in psychosis.

Aspire is the Leeds Early Intervention in Psychosis Service, providing holistic care coordination to people between the ages of 14 and 65 who are, or may be, experiencing their first episode of psychosis. The service also provides support to families, friends and social networks of the person in relation to their experience of psychosis too.

The primary aim of the service is to reduce the duration of untreated psychosis and support recovery, positive mental health and wellbeing for all service users. Aspire promotes understanding around psychosis, working in therapeutic, practical and creative ways with people who need it. This has included setting up adventure therapy programmes (including sailing courses) and allotment groups.

Support is intended to be provided for up to three years and this requires effective pathways and working with other services (like Community Mental Health Teams, for example) so there are seamless supported transitions in place for people and they are supported in their ongoing recovery. This is also important in enabling the service to have capacity to respond to new referrals and maintain its early intervention and prevenative focus.

There is a national target that 60% of people referred for early intervention psychosis should be allocated a care coordinator and commence a NICE recommended package of care within two weeks.

This target was successfully achieved in Leeds in 2022/23. There are occasions where this is not achieved. Typically, this is for people who have complex needs and may need multiple assessments or where it can take longer to establish a therapeutic relationship with the person. For those cases where the treatment may take longer than two weeks, evidence shows that provision of care is happening within 20 days.

A new ‘ARMS’ pathway has been established using additional funding (‘At risk mental status’), which aims to offer a more preventative ‘outreach’ service for people who don’t yet have psychosis but who may have certain risk factors/indicators which mean they are at a higher risk of developing psychosis. There is an open referral route into the ARMS pathway, but referrals typically come from GPs, parents, other agencies. The ARMS pathway offers an outreach service through close working with particular community groups and settings, for example groups for black and minority ethnic groups in community settings.

There is increasing demand for this service and there were 45% more referrals in 2022 than expected as a result of increased demand. There are challenges associated with this as it limits the service’s ability to respond in a timely way and ensure that we maintain an early intervention offer. The additional funding and the ARMS pathway should help with this. We also need to do more work to integrate the Aspire service with the new integrated community mental health hubs, ensuring we have good ‘step down’ supported transitions for people from Aspire into the hub team with appropriate ongoing support.

Involving people in model design and implementation

We are really proud of the strength of partnership working we have achieved in this work, particularly with our VCSE partners.

- *“It has been incredible to have third sector influence and expertise feeding into every part of the model design”*
- *“The open door and culture from colleagues across sectors has been amazing”*
- *“Trauma-informed principles are embedded within the new model/system; and modelling healthy relationships based on trust, openness, and authenticity is a huge part of that”*
- *“It is so refreshing to have different ways of viewing the mental health system outside of my NHS world”*
- *“I have thoroughly enjoyed the process of the Community Mental Health Transformation since getting involved 12 months ago. It has felt a really united, joined up approach… I think that the NHS have really valued the opinions and involvement of the third sector, acknowledging that statutory services are not able to ‘hold’ everything, and that all aspects of the system have something unique to offer in order to create a streamlined and holistic service for the people of Leeds”.*

We have also involved people with lived experience in the 90 day learning cycle, model design workshops and mobilisation working groups. We have lived experience advisors on our key governance groups also to strengthen the accountability and formalise lived experience involvement.

Engaging with communities

Community engagement work has been undertaken across a number of groups by the Involvement Lead and the four involvement workers.

The impact of engagement to date is:

- Identified people who have been involved in model design and implementation workshops and working groups
- Insight has been generated which has been used to produce the new integrated hub model
- Trust has been built and awareness around the work has increased.

Now the programme has recruited all of the involvement workers, work will focus now to more outreach work into communities with a particular focus on unheard voices, and ensuring that this feeds into the ongoing development and testing of the new integrated hub model, further community grant funding, and further development of care and support offers for people with complex and mental health needs.

Funding

Community mental health transformation comes with significant investment, with an expected £4.8 million additional investment into Leeds for adult mental health services each year by April 2024.

To date, we have used investment to:

- Grow our workforce across the NHS and third sector, including more psychological therapists, advance care practitioners, pharmacists, occupational therapists, peer support workers and mental health practitioners.
- Introduced new ‘Community Wellbeing Connector’ roles, who support people to consider and navigate the different types of community support available to them and offer practical support, i.e., accompanying people to activities/assessments and addressing wider determinants
- Invested in a number of new recruit to train roles so we can develop, over time, the registered workforce pipeline we know we need with the right skills mix and specialisms (with the intended benefit of retaining them to work in the Leeds system post training).
- Expand community based, local support through a £500k grant funding scheme (specifically focusing on people with complex and ongoing mental health needs).

Additional to the new investment, a key financial benefit of Community Mental Health Transformation is that, by offering a more personalized proactive community offer, we will be able in the longer term to release savings by reducing high cost out of area placements.

There is, of course, some caution for the above, in the context of current NHS national financial pressures, and if there were to be any changes to Mental Health Investment

Standard requirements that wouldn't provide the same safeguard for mental health funding being prioritised in the round.

Challenges

- ***Resourcing***

This is a complex multi-agency mandated programme. The first year of the programme didn't deliver at the scale and pace required as there was insufficient resource and subject matter expertise involved to drive the work forward. A number of fixed term programme roles have been recruited, using NHS England funding (see table in Appendix 3). This includes project management capacity, but also support from all the corporate input/subject matter expertise needed, including communications, analytics, workforce, quality improvement and organizational development (OD) as well as paid for support from Leeds Integrated Digital Service.

Many of the programme specific roles are fixed term until April 2024 with the intention to release that money back into front line investment. However, that can only be done if the Leeds health and care system commits the necessary resource and expertise to deliver a complex transformation of this scale and really drive meaningful and sustainable culture change. It is worth noting that the programme was comparatively under-resourced to other large scale system programmes of work.

- **Systems interoperability**

As with all integrated care transformation programme, challenges pertain relating to how we can join up clinical information and IT systems to really allow joined up care in practice. In practical terms, for this work, what we need is a system which allows us to:

- Share (as required and proportionate) people's care plans and safety plans with them and with the key people and agencies who are working with them.
- Have digital solutions that enable people to hold their own care plans and safety plans and be owned by them.
- Stop some workers having to input data onto multiple clinical systems which is inefficient and could free up time for people to care.

We are working with Leeds Integrated Digital Service who are mapping systems requirements. A challenge remains around information governance (IG). Without a system wide approach to Information Governance and the generation of information sharing solutions, it is difficult to find a joined up system solution.

- **Estates**

- As there is an expansion of the workforce, there will be an impact in terms of estates requirements, both:
  - For direct clinical activity

    - Space for hub multidisciplinary teams to connect, work together, have touch down space.
- Our assumption is that we can do this through existing investment/estate, but this may prove challenging without partnership agreements in place that support sharing of estate in practice.

April 2024 onwards

- Scale up integrated community mental health hubs across rest of Leeds
- Ongoing testing and learning.
- Ongoing support to new teams to support embedding of new ways of working and cultures.

Conclusions and Recommendations – how can the AHAL Scrutiny Board support the Community Mental Health Transformation work?

Transforming community mental health during a time when the local health and care system is under significant pressure is challenging. Achieving true transformation and meaningful integration of services will take time and culture change. We believe that our approach to partnership working is helping us to create the conditions for meaningful, sustainable improvement.

There are positive early findings from new forms of community support that we are developing, and from expanding new psychological therapeutic offers.

We will continue to test and learn as we go, so we can ensure that our transformed model of care responds to known gaps and gaps particular to certain communities and areas.

We ask the AHAL Scrutiny Board to:

- Note the scope, ambitions, approach and progress of the work to date.
- Give feedback and make recommendations on areas for improvement and further developments and/or alignment with other forums and work that we should connect this work up with.
- Support and endorse the work in Board members' respective roles and communities.
- Consider and support an appropriate alignment of resource to support effective delivery of this programme and the long-term embedding of culture change that will be required over many years.
- Support with unblocking of barriers around IT and systems integrations and estate by supporting with work on partnership agreements.

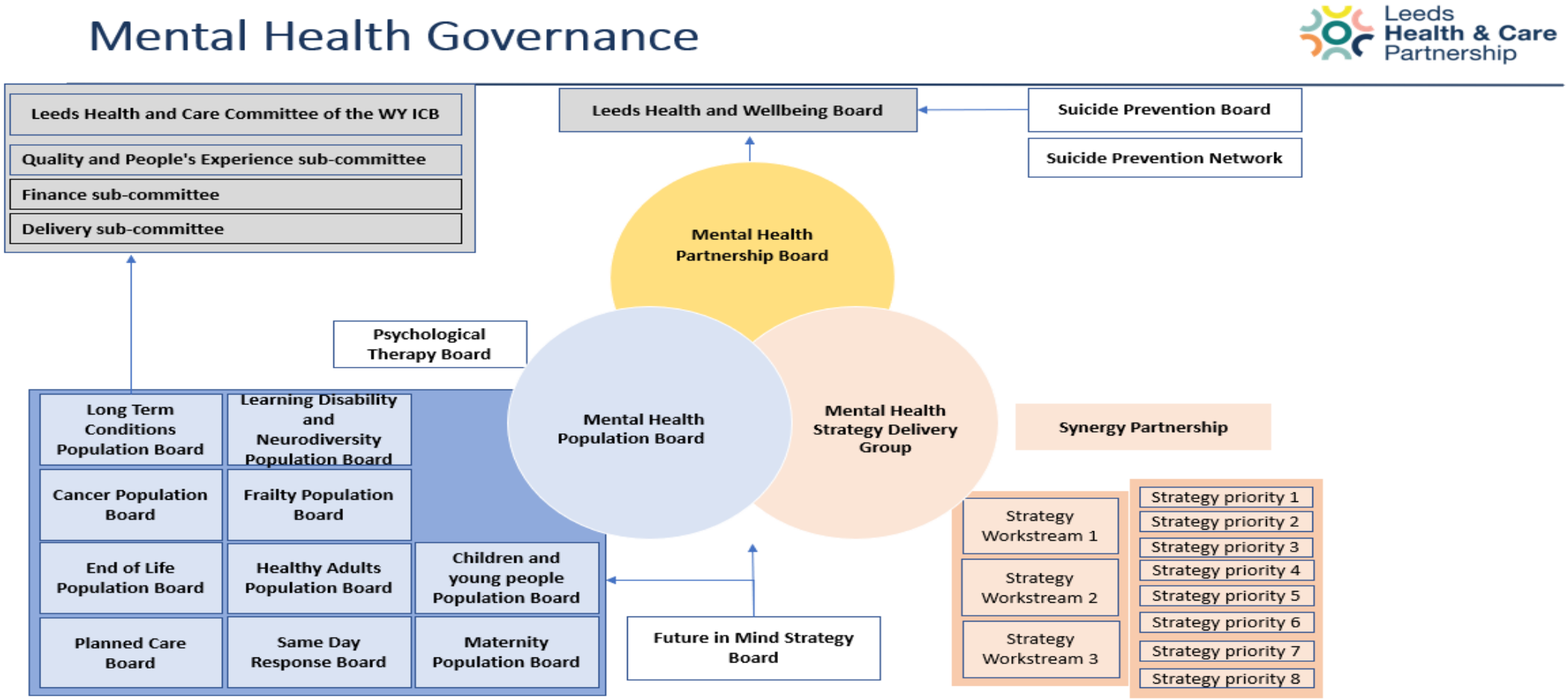
5. Reflecting on 18 months of the Mental Health Strategy Delivery Group.

During spring 2023, Senior Responsible Officers for the workstreams and priorities for the strategy were asked to reflect on the factors associated on how and why activity has progressed, and where and why activity has stalled. During this process, the Senior Responsible Officers also indicated what success will look like in 12 months' time for their workstream or priorities. Viewing this picture of success through the lens of each workstream and priority allows us to aggregate this activity up to delivery of our overall strategic aims. In addition to defining success criteria, SRO's indicated the barriers or risks that may prevent the realisation of success. Where these barriers fall outside of their control and influence, owners (SRO's / implementation leads) have an opportunity to escalate these as a collective voice to appropriate parts of our health and care system. Today, the group have the opportunity to voice these risks at Scrutiny Board, below are the themes that emanated from this reflective consultation process.

- As a system of partners we have developed a bold far-reaching strategy, but it's a strategy without local resource. There is a clear and consistent correlation between funding, and areas of the strategy that have mobilised well. Delivery partners agree that if the strategy is to be implemented optimally then it requires the re-prioritisation of funding to match it. Not least the need for financial commitment to challenge the issues of inequity. However, despite the strong case for, this isn't without its complexity - the context of the sustained and significant financial challenge for the Leeds Health and Care Partnership system has created additional challenges to where and how resources are prioritised.
- We are presented with many examples and types of system pressures, in part due increasing prevalence of people living with mental health conditions, and risk relating to recruitment and retention of staff. The preventative approaches detailed in the strategy therefore hold great long-term promise to alleviate these pressures. However, the key national policy drivers of the NHS Long term plan for Mental Health, and the NHS Planning Guidance 23/24 focus the prioritisation of the NHS spend on recovering productivity of core mental health services, as well as continuing to make progress with transforming integrated services for a defined cohort of people with moderate to severe mental health needs. This can detract from our wider prevention agenda.
- Culture: In many of the transformation works there has been ongoing work required to develop an understanding of the case for change. This work is taking place in the context that delivery partners are consistently working with increasing demands and pressures; accepting a case for change in focus on improving how services operate *together* through integration, and the potential for outcomes improving through that focus, rather than solely focusing on building additional resources as the solution takes significant and dedicated time for mindsets to shift. This mindset shift will require ongoing work across time.
- SRO's have highlighted the risk of high turnover and subsequent lack of improvement expertise and subject matter project managers for taking forward these transformative pieces of work.

- As mentioned above, the strategy is bold and far reaching which requires a system leadership type approach from all SRO's. This breadth of leadership across the workstreams and priorities is for the most part a positive and is a great example of how the strategy is owned by the system, However, the delivery group members have recommended that the strategy itself requires a figurehead to advocate for the strategy, to challenge and influence across the system.

Appendix 1 – Mental Health Governance Landscape



Appendix 2 - Community Mental Health Grant Beneficiaries

Grant Applicant	Amount Awarded
Black Health Initiative will be hiring a Mental Health Lead to the organisation, Dr Delroy Hall, who has extensive experience around mental ill health within the black community and the theological response. He will help reshape their culturally informed counselling service by providing an open door service for people presenting with complex mental health needs, based at their headquarters in Chapeltown, within the HATCH Local Care Partnership. We hope that this role will contribute to our aspiration to lower the disproportionate detention rate of black men within Leeds.	£18,000.00
Humans Being will deliver their Hands, Heads and Hearts (HHH) programme for 32 women with complex mental health needs. Participants will be referred from the West Leeds Hub to one of four seven-week courses of creativity, recovery and connection at Scrap Stuff in Sunny Bank Mills. Each day will begin with a 2-hour, peer-led mental wellbeing workshop - relaxed discussions exploring personal strengths and opportunities for resilience and recovery. After lunch, participants will enjoy a two-hour arts and crafts session, where they continue exploring the morning's discussion, expressing their emotions, values and hopes through creativity.	£12,920.07

Leeds Mindfulness Cooperative will deliver a program of three 8-week mindfulness for stress courses for students with complex mental health needs based at LSMP & the Light. Courses will welcome students who are neurodiverse, and one course will be specifically for LGBT+ students. The 2.5hrs long sessions allow participants time to process and ask questions as well as share from their own experiences. To support students after the courses they will run two follow-on sessions and a full practice day at the end of the program.	£9,991.00
Mafwa Theatre will run 40 weekly creative women's workshops from April 2023-March 2024. These workshops will improve mental health treatment outcomes, reduce social isolation, tackle mental health stigma and improve wellbeing within the HATCH LCP. Mafwa Theatre is made up of women from refugee, asylum seeker and settled communities who face struggles with mental health issues, deprivation and social isolation; combined factors resulting in complex mental health needs.	£19,973.00
Oblong will offer space and support to provide stabilisation for people who present at the centre with acute and/or complex needs. They will provide a drop in service to centre users based in LSMP & the Light LCP, who present with acute/complex needs. They will provide advice, guidance and signposting with issues that are impacting negatively on mental health, causing anxiety and distress, such as housing issues, lack of social connections, poor physical health, financial insecurity etc. The worker will also have the skills to help people who are distressed feel more grounded, centred and in control of their lives.	£18,000.00

Shore Up CIC, will be running two evidence based, theory driven occupational therapy group work programmes in the HATCH area of Leeds. The group programme provides space, structures and support to enable individuals to get a clearer idea of how their current roles, routines and habits (occupation) are impacting on their health and wellbeing, and how their health and wellbeing are impacting on their occupation. They will be based in the HATCH LCP.	£4,638.00
The Conservation Volunteers at Hollybush will provide a supportive bridge to a wide range of outdoor opportunities provided by TCV and by other local organisations in the West Leeds LCP. This will include a course of eight weekly half day sessions introducing outdoor activities and techniques to support wellbeing, weekly sessions helping to improve mental health through physical activity, and monthly Sunday mental health sessions & volunteering sessions and bespoke resources and advice.	£15,000.00
Trust Leeds will work to introduce the Self-Reliant Group (SRG) model as a new tool to transform mental health for the benefit of people with complex mental health needs, their carers, and those who support them. They will be training up staff and lived experience partners across all three of the pilot sites, to nurture a range of Self Reliant Groups, which are coproduced and led by the needs and expertise of the people who participate in them.	£12,121.70

Appendix 3 - Summary of committed investment to date into CMH Transformation (excluding £906k committed investment into Emerge)

Programme delivery resource			
Investment	**Investment to**	**Amount**	**Recurrent/Non recurrent**
1.0 Programme Manager	LYPFT	£60k	Recurrent
1.0 Involvement Lead, admin support and associated on costs	Leeds Involving People	£118k	Fixed term until 31.03.24
4.0 Involvement workers	Carers Leeds Gipsil Health for All The Big Life Group	£155k	Fixed term 2 years from Jan/March 2023
1.0 Third Sector Involvement Lead	Forum Central	£56k	Fixed term until 31.03.24
Clinical leadership backfill (0.3 Clinical Lead and 0.2 Psychiatry)	LYPFT	£54.3k	Fixed term – TBC as depends on scale up (allocated through block contract)
0.5 Comms Lead	LYPFT	£30k	Fixed term until 31.03.24
1.0 Mobilisation Lead	LYPFT	£57.5K	Fixed term – until 31.03.24
1.0 Senior Analyst	Leeds Office of West Yorkshire ICB	£63.1K	Fixed term – until 31.03.24
0.6 Workforce Lead	LYPFT	£44.7K	Fixed term – until February 2024
1.0 Strategic Resourcing, Retention & Project Officer	LYPFT	£42.6K	Fixed term – until May 2024

Non pay programme resource			
Evaluation (Leeds contribution to West Yorkshire evaluation)	Niche	£70k	
Comms budget	Part of LYPFT block contract	£15k	
Room bookings	Part of LYPFT block contract	£23k	
Expanding community based support – grant funding to small-medium VCSE orgs across Local Care Partnerships			
Grant funding	To Leeds Community Foundation and Forum Central (grants plus running, management, evaluation costs included)	£250k	Grants are non-recurrent but we will need to model for sustainable/mainstream of funding of those schemes which evaluate well
Workforce expansion			
1.0 Strategic Psychology post		Part of £1678 LYPFT block contract, additional to programme resource identified above	Recurrent
1.0 Assistant Psychologist (Group work support)			
5.0 Advance Care Practitioners			
5.0 Mental Wellbeing Practitioners			
1.0 b8A Psychologist			
3.0 b7 Psychologists			

2.0 Assistant Clinical Psychologists 9.0 recruit to train psychological therapy posts 1.0 Specialist pharmacist			
10.0 Community Wellbeing Connectors	6.0 currently funded through: Barca (2.0) Northpoint (2.0) Touchstone (2.0) Funding already committed for expansion to 10.0 during 23/24	£461k	Recurrent
Peer Support • Team leader 0.27 • Senior peer support workers 1.62 • Peer support 4.82 • Admin 0.2	Lead provider through Leeds Mind)	£253.5k	Recurrent
Recovery practitioner roles (business case approved, not yet in post) • 3.0 WTE recovery practitioner roles • 1.0 WTE senior recover practitioner role	Provider TBC	£177k	Recurrent