Leeds
Health & Wellbeing
Board

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Report of: Community Mental Health Transformation Programme

Report to: Leeds Health and Wellbeing Board

Date: 20th July 2023

Subject: Update on transforming community mental health in Leeds

Are specific geographical areas affected?	☒ Yes	☐ No
If relevant, name(s) of area(s): Early implementer Local Care Partnerships: HATCH; Leeds Student Medical Practice and the Light; West Leeds		
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information?	☐ Yes	☒ No
If relevant, access to information procedure rule number: Appendix number:		

Summary of main issues

Transforming Community Mental Health 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 Leeds Mental Health Strategy and its eight priorities, hence the transformation is now framed as one of three key workstreams of the Strategy.

This paper is intended to provide an update on progress to date and next steps.

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

Recommendations

The Health and Wellbeing Board is asked to:

- Note the scope, ambitions, approach and progress of the work to date.
- Support and endorse the work in Board members' respective roles, communities and organisations.
- Support with unblocking of barriers around IT and systems integrations and estate by supporting with work on partnership agreements.
- 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.
- 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.

1 Purpose of this report

The purpose of this paper is to provide Leeds Health and Wellbeing Board with an update on the Community Mental Health Transformation Programme, including:

- Scope, aims, objectives and benefits
- Work to date
- Enablers and barriers to delivery
- Key priorities for future work

2 Background information

2.1 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'.)

2.2 We know that people experience long waits to access treatment, particularly evidence based psychological therapies; people are often referred between services which are organised around criteria and diagnosis not need; 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, and that people experience differences in mental and physical health outcomes based on their protected characteristics.

2.3 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.

2.4 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"*

2.5 In Leeds, we are taking this work forward through the Community Mental Health Transformation Programme; a multi-partner improvement programme with partnership governance through a Delivery Oversight Group, a Programme Board with a reporting line into the Mental Health Population Board and oversight into the West Yorkshire Mental Health, Learning Disability and Autism Programme.

2.6 This is a complex and ambitious change programme, which will require redesign and integration of existing services and teams. Importantly, though, success will be reliant on significant culture change and developing really effective team working. This is something which will take a number of years to fully realise the benefits of. For this reason, our approach in this work is to start small by testing new offers of care and support in a small number of "early implement" Local Care Partnerships, before scaling up to other areas over the next one to two years.

3 Main issues

3.1 Work to date has largely focused on development of what we are calling 'integrated community mental health hubs', which have been co-designed by partners across Leeds. 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. These hubs will bring together practitioners currently working in Primary Care Mental Health (within Leeds Mental Wellbeing Service), working age adult Community Mental Health Teams, mental health social workers and third sector roles with a focus on providing emotional and social support to people, peer support and specific support around people's housing and employment needs. The hubs will work really closely with other agencies, for example, in relation to needs around substance use, or where people may need to be supported by other city wide services around specific needs. We will start testing this model with three 'early implementer' hubs in HATCH, Leeds Student Medical Practice and the Light and West Leeds Local Care Partnerships, with a planned go live date of early October. In the interim, staff engagement work is planned alongside other mobilisation activities.

3.2 We have recruited a number of new roles in readiness for testing of this new model. This includes psychological therapy practitioners, pharmacy, peer support and new Community Wellbeing Connectors which are new roles aimed at working with people and their strengths and supporting them to access community based support and interventions. We have also invested in a number of recruit to train roles including Advance Care Practitioners and psychological therapists. This should help us retain people to work in the Leeds health and care system on completion of training.

3.3 Additional to development of the hub model, we have done work on improving support for particular cohorts of people/need. This includes:

- Development of the LinkedED service, which is a team that will provide specialist support to community mental health teams and will continue to identify gaps to further improve eating disorder treatment across West Yorkshire. Its focus is on early avoidance and responding to gaps in provision now based on service criteria around BMI thresholds.

- Ongoing embedding of the 'Emerge' service, which provides care and support to young adults (aged 18-25) with complex emotional needs associated with a diagnosis of personality disorder).

- Recruiting new roles to work with existing assertive outreach teams aimed at providing more preventative support to people with complex psychosis in primary and community care settings.

3.4 A key aim of the programme is that we support people to recover and to live a fulfilling life, on their own terms in their own communities. To support this, the Transforming Mental Health Grants is providing over £500k of funding to resource the involvement of small to medium sized organisations within Community Mental Health Transformation. Eight small to medium organisations are currently mobilising community-based support, with more to come through the second round. This has given capacity for smaller organisations to buy into Community Mental Health Transformation in Leeds, and test innovative ways to work in a more integrated way with statutory services.

3.5 We continue to perform well on key performance indicators relating to early intervention psychosis and physical health checks for people with severe mental illness (SMI). And we are using non recurrent funding to expand employment based support through the Individual Placement Service (provided by Leeds Mind) and integrating employment support as part of the new integrated community mental health hubs.

4 Next steps

4.1 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 and West Leeds. We are aiming to 'go live' in Autumn 2023, starting with an induction for the integrated teams. This will include 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 organizational development (OD)D and improvement support to assist with this. We then plan to scale up to further Local Care Partnerships during 2024.

4.2 We have further work to do to co-design and strengthen pathways for older people, transitions from children and adolescent mental health services (CAMHS) and into perinatal services. We have started the work on older people's services as we now have clinical leadership in place to start this work. We also have further work planned to co-design 'enhancements' to the core community model for adults with disordered eating/an eating disorder, complex emotional needs associated with a diagnosis of personality disorder, and people who require community-based rehabilitation and recovery services. We are scoping this now, including clinical leadership capacity to lead these pieces of work.

4.3 Much of the work to date has been on co-design and mobilisation planning, as well as recruitment of new roles and induction. We are establishing performance and monitoring systems currently to ensure we embed a measurement for improvement approach to inform roll out of the new model across the city.

5 Health and Wellbeing Board governance

5.1 Consultation, engagement and hearing citizen voice

5.1.1 There is much existing insight in Leeds on people's experiences of accessing and receiving mental health care and support. These insight reports informed design and development of the integrated community mental health hub.

5.1.2 We have also involved people with lived experience in design and mobilisation of the integrated community mental health hub, as well in working groups looking at key principles needed in care and support for people with specific needs relating to eating disorders/disordered eating; psychosis and bipolar, and complex emotional needs associated with a diagnosis of personality disorder.

5.1.3 This work has been led and facilitated by Leeds Involving People, which is contracted to lead involvement and engagement work for the programme, through an Involvement Lead. More latterly, capacity has been expanded to include recruitment of four

involvement workers working across Carers Leeds, Gipsil, Health For All and The Big Life Group. They have a focus on working with carers, working age and younger adults, older people and racialised communities. Plans for the remainder of year are to focus on engaging with groups and communities whose voices have not been heard in the work to date.

5.1.4 We have also funded a dedicated third Sector Involvement Lead, hosted in Forum Central. Over 100 community organisations of all sizes have fed insights into the development of the model, taken leadership roles in the process, and received regular updates on progress. These include organisations with a wide range of specialisms and working with a broad range of communities of interest including working with: racialised communities including refugees and asylum seekers, LGBTQ+ adults, adults with learning disabilities, adults with physical and sensory impairments, young people transitioning into adult services, older people, organisations supporting wellbeing through the arts, debt & employment support, domestic violence charities and many more. This expertise has provided a breadth of different perspectives on the work and made an invaluable contribution. We have received positive feedback from VCSE partners on the culture shift that has been evident in the work.

5.1.5 Additionally, we have appointed a Trauma Informed Lead, who has been involved in the work from the start of designing the new model. This has provided a critical function of ensuring all that we do takes and embeds a trauma informed approach and has led to practical improvements and changes being made in terms of developing specific training.

5.2 Equality and diversity / cohesion and integration

5.2.1 People with different individual characteristics are treated unfairly within society. This leads to certain characteristics being associated with inequalities around social environments, experiences, health behaviours, and health conditions. These inequalities in turn influence our risk of severe mental illness (SMI). People with SMI then go on to experience wider inequalities. These may come directly as a consequence of the impact of SMI and SMI treatment on physical and mental health. However, they may also come more indirectly through wider inequalities in the social environment, experiences, and health behaviours encountered by people with SMI.

5.2.2 We have used population health data, along with engagement work from Healthwatch, to inform the commissioning and awarding of community grants in the early implementer LCPs. We have also used this to inform workforce modelling and mapping to ensure that we weight resource allocation based on an understanding of population make up, need and complexity and not just a more limited understanding of demand based on referral and/or activity data from services.

5.2.3 We have worked with Public Health colleagues and partners across the city to do a self-assessment against a health inequalities framework developed by the West Yorkshire Mental Health, Learning Disability and Autism programme and this has identified some areas of good practice as well as some recommendations, which have been fed back into the Programme. We are discussing with the Chair of the Tackling Health Inequalities Group in Leeds to understand how we align this work into that group's priorities and work plan, so we avoid duplication and optimise value.

5.3 Resources and value for money

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

5.3.2 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.

5.3.3 To date, investment has been used for recruitment of new roles, expansion of community-based support through small VCSE grants and fixed term programme resource to enable delivery of this large and complex programme.

5.4 Legal Implications, access to information and call In

5.4.4 There are no specific legal implications of this report.

5.5 Risk management

5.5.1 Risks are managed within the programme's governance and documented in RAID logs held in the Delivery Oversight Group and the Programme Board. Risks are escalated as needed to the Leeds Mental Health Population Board. They are also raised and escalated to internal partner organisations as required, where the risks are organisational specific.

6 Conclusions

6.1 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.

6.2 There are positive early findings from new forms of community support that we are developing, and from expanding new psychological therapeutic offers. It is too early in the transformation to provide lots of data about impact of changes being made, particularly as we haven't yet implemented the new integrated community mental health hubs.

6.3 Implementing change during a time of increasing pressure within the health and care sector, both financially and in terms of workforce shortages, is challenging. We welcome the continued support of local health and care leaders in supporting this complex and ambitious programme of work.

7 Recommendations

The Health and Wellbeing Board is asked 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, communities and organisations.

- 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.

8 Background documents

Transforming Community Mental Health in Leeds – Briefing paper for Leeds Health and Wellbeing Board

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Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?

The vision of the Community Mental Health Transformation programme 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 principles of the new model of care are that people can:

- **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.

We know that there are currently disparities in people access to, experience of and outcomes of using mental health services. Part of the work will be considering how people's protected characteristics and environmental factors impact on the extent to which we can achieve the model principles set out above.

The work is considering this through a number of ways, including: accessibility of information; how people access services; recruitment strategies to create a workforce that is more representative of communities which people in and with; types of care and support provided; training for staff including cultural competence, and increasing tailored community based support offers which can meet the needs of different populations.

We have also employed four involvement workers to work with groups and communities who we know experience poorer outcomes – younger adults, older people, racialised communities and carers. This insight will be used to continue to inform and develop the model.

How does this help create a high quality health and care system?

The work is focused on better integrating services so that people get the right care and support at the earliest point in need and are supported to recover and live a fulfilling life in their own communities. This should provide better outcomes for people who need and use services, increased satisfaction for people working in the system due to less duplication and improved coordination and joint working.

How does this help to have a financially sustainable health and care system?

We will use SDF funding to pump prime capacity needed to deliver the transformation work as well as invest in new roles to increase capacity to deliver the new integrated hub model and other care and support offers.

Additional to the new investment, a key financial benefit of Community Mental Health Transformation is that, by offering a more personalised 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 any potential changes to Mental Health Investment Standard requirements that wouldn't provide the same safeguard for mental health funding being prioritised in the round.

Future challenges or opportunities

The biggest challenge in driving and embedding changes will relate to:

- Workforce pressures and shortages in staff across all sectors involved in providing mental health care and support
- Energy for change given staffing shortages and burn out amongst staff, particularly post covid and in the context of ongoing pressures within services
- Creating genuine integration and culture change with teams coming together to work in new multi-disciplinary, multi-agency teams.

Recognising that this will take time to achieve is key. This is why we are taking a gradual approach to roll out so that the amount of change is manageable and measurable and so we can seek to learn as we go. Because of its complexity and scale, this will require continued input and resource from project management, engagement and involvement, improvement and analysis, organisational development and communications.

There are opportunities to align this work with other system wide transformation programmes with similar aims and shared challenges relating to issues like IT and systems interoperability, estates etc. We would welcome support with identifying those aligned opportunities.

There are also opportunities to energise and enthuse people working across the health and care system by positively evidencing impact of changes and feeling improvements in cultures and ways of working. Feedback from partners involved in the design work has been positive to date, and we need to replicate and continue to embed this positive approach to partnership as we start to implement and embed new ways of working.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21 (please tick all that apply to this report)	
A Child Friendly City and the best start in life	
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X