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27.06.23

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

1. Introduction

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.

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
- Enabler and barriers to delivery
- Key priorities for future work.

We welcome feedback from the Leeds Health and Wellbeing Board on the work to date. Specifically, we would welcome support with:

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

[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.

Liz Hindmarsh (Programme Manager)
27.06.23

2. The Leeds vision for transformed community mental health

2.1 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
- 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.

2.2 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 **principles** 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.

Liz Hindmarsh (Programme Manager)
27.06.23

2.3 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.**

3. 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.

Liz Hindmarsh (Programme Manager)
27.06.23

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.

These outcomes have been informed by:

- Workshop held March 2022 hosted by Leeds Health Evaluation Service and involving people working across different partners and members of the Transformation Involvement Network (which includes people with lived experience including carers).
- West Yorkshire Outcomes Framework
- Mental Health "I statements"
- Mental Health Strategy outcomes

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

4. 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 and people with lived experience of mental illness, including carers. (Additionally, section 5 provides more detail on how we have engaged and involved partner organisations, communities, and people with lived experience (including carers)) in our work so far.

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* (see p. 3). 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

Liz Hindmarsh (Programme Manager)
27.06.23

- Increasing uptake of employment support
- Early intervention in pyschosis.

Much of the work to date has focused on the first of these as this is the most significant change in how services are currently organised and delivered. For this reason, there is comparatively more detail included on work in this area as it is the biggest change in provision that the Health and Wellbeing Board needs to be sighted on.

4.1 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.

Teams in the hubs will be made up of the following types of roles:

- administrative staff
- clinical psychologists
- community wellbeing connectors / social prescribing link workers
- mental health nurses
- mental health pharmacists
- mental health practitioners (experienced but not 'professionally' registered)
- occupational therapists
- paid peer support workers / experts by experience
- primary care staff
- psychiatrists
- psychological therapists / psychotherapists
- social workers
- support workers – mental health, housing, employment, debt

[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.

Liz Hindmarsh (Programme Manager)
27.06.23

- team managers / leaders

These 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.

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 eight organisations across HATCH, Leeds Student Medical Practice and the Light and West Leeds Local Care Partnerships.

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:

Liz Hindmarsh (Programme Manager)
27.06.23

- HATCH
- Leeds Student Medical Practice and the Light
- 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 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 (18-25) 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.

- Invested in training around personality disorder to increase skills and understanding across primary care.

Eating disorders

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

- A new service offer called Linked-ED, which is intended to provide adults with eating disorders/disordered eating with greater choice and control over their care, reduce waiting times and improve access to more specialist support to people with an eating disorder/disordered eating who are not under the care of the Connect service.

- In West Yorkshire, there is a gap in specialist eating disorder treatment for people who do not meet the criteria of the regional specialist service (Connect). Reducing this gap is a local priority and Link-ED represents a starting point to improve regional access to eating disorder services.

Liz Hindmarsh (Programme Manager)
27.06.23

- When the Link-ED model is fully implemented, we will see the establishment of dedicated community-based services, an early intervention model and avoidance of treatment thresholds such as BMI and weight. The team will provide specialist support to community mental health teams and will continue to identify gaps to further improve eating disorder treatment across West Yorkshire.

- 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.

- A pilot for improved and equitable medical monitoring for people with eating disorders who require specialist services.

Rehabilitation and recovery

We have:

- Recruited an occupational therapy lead who will lead a team of 'complex psychosis & rehabilitation practitioner roles'. New VCS roles are currently being recruited to and will be joined by existing assertive outreach nurses to focus on providing more preventative support to people with complex psychosis in primary and community care settings.

- Working closely with Hub colleagues in the provision of early and flexible intervention the pilot roles will scope population specific needs that can effectively support people to engage in meaningful and recovery focused activities preventing future losses associated with long term conditions where possible.

Part of the work we need to do next is to further develop the pathways and care and support offers for people with eating disorders, complex emotional needs associated with personality disorder, bipolar and psychosis. Work has started on this through co-design groups which have informed the principles of the new community hub model.

4.3 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 without or who do not have SMI.

Liz Hindmarsh (Programme Manager)
27.06.23

- 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 any follow up interventions identified as important. Several initiatives have been funded to support with this work as part of physical health improvement pilots. These include introducing physical health coordinator roles in Chapeltown, Burmantofts, Harehills and Richmond Hill and Leeds Student Medical Practice and the Light Primary Care Networks. These PCNs have seen an increase in the uptake of physical health checks from 2021-22 to 2022-23. 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.

4.4 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.

We have received additional non-recurrent funding for this through NHS England, which will provide additional resource to help with embedding employment support as a key element of the integrated community mental health team. As a result, we will be able to give people who need it timely access to employment support and job retention support.

4.5 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 preventative 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.

Liz Hindmarsh (Programme Manager)
27.06.23
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 state'), 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 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.

5. Enablers

5.1 Trauma informed approach

Trauma informed care is a 'golden thread' that runs throughout this work. But we wanted that to be meaningful and observable and not just aspirational rhetoric. To this end, we have:

- Appointed a trauma informed lead, Richard Barber from the Visible Project. Richard has been involved in the model design and implementation work
- Developed a training package on trauma informed care. This will be part of 'inducting' staff and teams into the new integrated community mental health hubs
- Ensured we have wording on trauma informed care included consistently in all job descriptions and person specifications for roles across the NHS and VCSE
- Produced a trauma informed self-assessment tool to monitor and measure everything we are doing in design and implementation of the new model
- Prepared guidance on how trauma informed principles are embedded in assessments, care plans, core competencies and meetings in the new community mental health hubs.

Richard Barber said the following of his involvement in the work so far:

Liz Hindmarsh (Programme Manager)
27.06.23

> *" [I] have really enjoyed my time with the Transformation process…Having worked in Leeds Third Sector for over 20 years, I was really impressed at the meaningful collaboration across Third, Statutory and Lived Experience partners – it really felt like we worked as equals. The resulting 'vison' and operating model feels owned by all. My specific role involved embedding trauma-informed principles within the new model; and I was able to introduce pretty much all the learning I've accumulated over the years, resulting in a model I'm extremely proud of. The Lived Experience voice is very much present within this model, which feels best of all. I'm now slightly anxious about how it will all 'land' and be implemented in practice – but if the process up to now is anything to go by, Transformation in Leeds will be a huge success. People in a variety of settings are really, properly linking in and working together – this feels huge.*

5.2 Involvement and engagement

We are committed to involving people with lived experience, including carers, in the design and delivery of services. We are also committed to ensuring that we double down on our efforts to understand those people whose voices are 'easy to ignore' so that we can design and deliver services that are responsive to the needs and characteristics of different groups and communities. To this end, we have:

- Appointed an Involvement Lead, within Leeds Involving People, as well as four involvement workers hosted across VCSE organisations focused on different priority groups (younger and working age adults, older people, racialized communities and carers)

- Commissioned Healthwatch to do engagement work in "early implementer" Local Care Partnerships to identify what people wanted to see in a new model of care. These insight reports were used in designing the new model and will continue to be used as we start to implement the "early implementer" hubs. They also informed development of criteria for community grants, ensuring that the grants responded to what people told us they wanted to see in terms of local mental health support. Healthwatch will be undertaking similar engagement in other Local Care Partnerships during early autumn 2023.

5.1 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.

Liz Hindmarsh (Programme Manager)
27.06.23

- *"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.

5.2 Partnership and capacity building within the third sector

We have funded a dedicated third Sector Involvement Lead, hosted in Forum Central, in recognition of the importance of having capacity to meaningfully engage with the diverse and large third sector in Leeds, and in supporting capacity building in the sector.

A diverse range of 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, through a mixture of forums and 1:1 meetings. 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.

Ten large third sector organisations have formed three partnerships to develop and host the community wellbeing connectors, peer support worker and involvement worker roles, with many

Liz Hindmarsh (Programme Manager)
27.06.23
more organisations codesigning the new roles from the start through a series of 1:1s and forums. The host organisations have given considerable capacity to the continuous development of these roles, and how they fit into the broader vision for Leeds.

Organisations are regularly briefed on where the work is and opportunities for involvement, including more focused sessions around the first draft of the hub model design. The main mechanisms for this are:

- A biweekly transformation catchup, open to all, but mostly attended by the organisations hosting third sector roles within the new hubs.
- Forum Central's Mental Health Information & Strategy Meetings (bimonthly)
- Forum Central's Leeds Health & Care Partnership 3rd Sector Development Meetings (biweekly)
- Ad hoc spotlights at specialist third sector networks (Communities of Interest Network [COIN], the Learning Disability Network, the Physical and Sensory Impairment Network, Refugee & Asylum Seeker MH Pathway Meeting, etc)

Alongside 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.

As a result of this engagement,

- Third sector organisations with a breadth of specialisms have contributed their expertise at every stage of the process, which has enriched the quality of the work.
- Engagement has fostered buy-in to the new model across a breadth of community organisations in Leeds, who will champion the hubs when they go live.
- Partnerships have grown and strengthened between third sector organisations themselves, and between third sector organisations and statutory services.
- Some third sector organisations report feeling like equal partners for the first time within a piece of transformation/development work.
- Third sector organisations have reported an increased understanding of statutory services and feel more understood by statutory services too.

5.3 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:

Liz Hindmarsh (Programme Manager)
27.06.23

- 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 on 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.

5.4 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.

Liz Hindmarsh (Programme Manager)
27.06.23
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.

6 Challenges

6.1 Resourcing

This is a complex multi-agency and nationally 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 since been recruited, using NHS England funding. 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 compared to other large scale system programmes of work.

6.2 Workforce shortages

Recruitment and retention remain a challenge across all parts of the Leeds health and care sector. In particular, there have been significant pressures in Community Mental Health Teams which has made service delivery difficult. We hope that Community Mental Health Transformation will help address some of the challenges in the longer term through a number of ways:

- Integration of services and workforce across primary and secondary care will reduce duplication, thereby freeing up staff to deliver clinical care. That said, some of these expected efficiencies are reliant on us better integrating clinical systems otherwise we have inefficiencies and risks inherent in people and teams having to work across multiple clinical IT systems (see more in section 6.3).

- Moving away from generic care coordination to intervention-based care, increasing time to care and providing greater role satisfaction and coordination across different roles and teams.

Liz Hindmarsh (Programme Manager)
27.06.23

- We have invested in a number of new roles including mental health wellbeing practitioners and clinical assistant psychologists to help run psychological therapy groups. We have also invested in recruit to train psychological practitioner and advance clinical practitioner roles, which will hopefully create a future pipeline of workforce and enable us to retain people to work in Leeds.

6.3 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 IG and the generation of information sharing solutions, it is difficult to find a joined-up system solution.

6.4 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.

7 Next steps/key milestones

July – September

Liz Hindmarsh (Programme Manager)
27.06.23

- Further work to get ready to launch 'early implementer' integrated hubs in first three LCPs. This includes staff engagement, impact assessment and planning mitigations and communications and awareness raising.
- Model development work for older people, CAMHS transitions
- Further work to review and refine the model, including how it will work with NHS Talking Therapies (previously known as IAPT) and for perinatal women (and their partners/family).
- Further community engagement work to support refinement of plans and to inform round two of community grants.
- Workforce planning – what roles do we need to expand?

September – March

- 'Go live' of first three early implementer hubs
- Continued model development work as above
- Start engagement work with next LCPs prior to scale up of new model

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.

8 Conclusions and Recommendations – how can the Health and Wellbeing Board support this 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 Leeds Health and Wellbeing Board to:

- Note the scope, ambitions, approach and progress of the work to date.

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27.06.23

- 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.