

Leeds Mental Health Framework 2014 - 2017

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

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

Signatories

Leeds North CCG

Leeds South & East CCG

Leeds West CCG

Leeds Involving People

Volition

Leeds City Council



Version 1

Publication Date October 2014

Review Date April 2015

1. What is the Leeds Mental Health Framework?

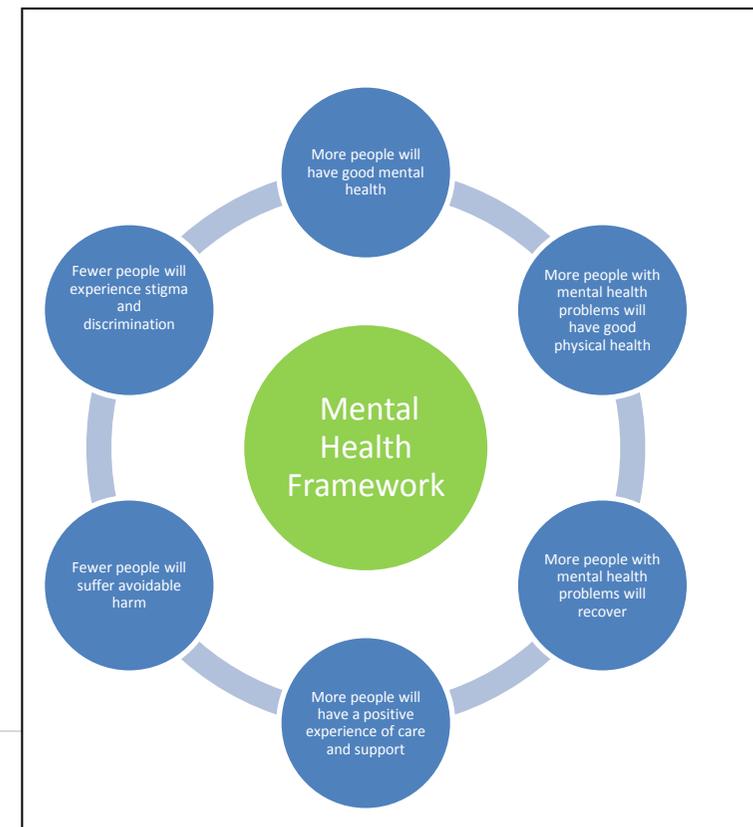
Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. The positive dimension of mental health is stressed in the World Health Organisation's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" WHO August 2014

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

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

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

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



2 What is the issue?

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

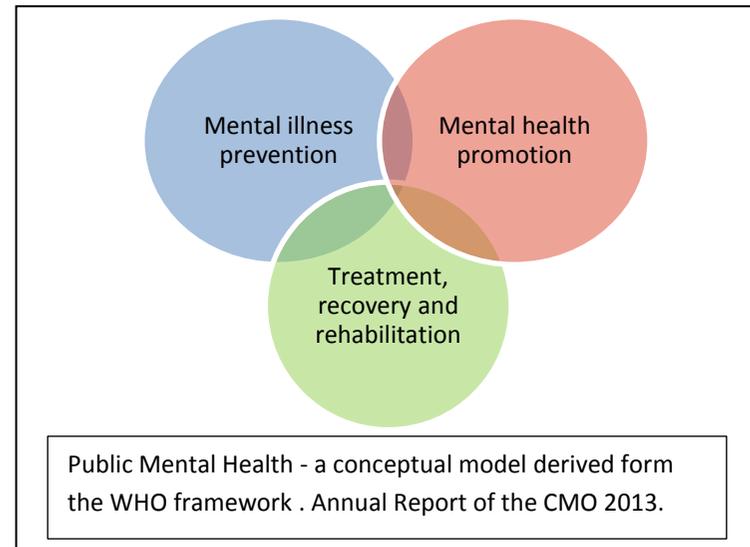
- 1 in 4 of us will have a mental health issue at any one time – some of us will require professional support at this time
- Mental Health is a continuum – on which we all sit – some people have on-going significant needs, others have fluctuating needs, and others intermittent needs

Improving the mental health of citizens is the responsibility of all – employers, council services, housing, and health but currently the drive to address mental health concerns is not equally shared. Higher levels of poor mental health and wellbeing and mental illness are inextricably linked with deprivation within Leeds. Local mapping highlights these issues and emphasises the social gradient of mental health and wellbeing. (Mental Health and Wellbeing in Leeds: An Assessment of Need in the Adult Population. May 2011)

The purpose of this strategy is to improve public attitudes, prevent poor mental health and provide high quality, effective and recovery focussed mental health services for the people of Leeds. The broader public mental health works complements this strategy as outlined in the Health and Wellbeing Strategy for Leeds

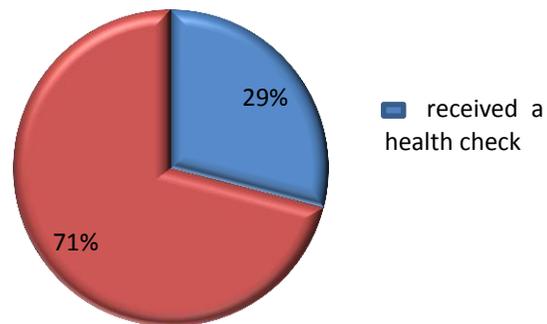
We need to recognise the complexity of causes of mental distress

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



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

Proportion of people with Schizophrenia who receive the annual physical health check
Report of the National Audit of Schizophrenia (NAS) 2012



- Mental health problems, particularly depression, are more common in people with physical illness including long term conditions.
- People with serious mental illnesses like schizophrenia die, on average, 20 years earlier than the rest of the population.
- National evidence shows that fewer than 30% of people with schizophrenia are being given a basic annual physical health check
- Responding to the increasing prevalence of depression should be a local priority for integrated service development and partnership working for Leeds, particularly including the needs of older people.

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

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

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

TEN KEY ORGANISATIONAL CHALLENGES FOR MENTAL HEALTH ORGANISATIONS WISHING TO SUPPORT RECOVERY

(From *Implementing Recovery: A new framework for organisational change*, Sainsbury Centre, 2009).

- 1. *Change the day to day interactions and the quality of experience***
- 2. *Deliver comprehensive user-led education and training programmes***
- 3. *Establishing a local Recovery Education College to drive the programme forward***
- 4. *Ensuring organisational commitment, creating the culture, leadership at all levels***
- 5. *Increase personalisation and choice***
- 6. *Change the way we approach risk assessment and management***
- 7. *Redefining user involvement***
- 8. *Transforming the workplace***
- 9. *Supporting staff in their recovery journey***
- 10. *Increasing opportunities for building a life beyond illness***

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

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

2.1 Local configuration

Leeds has well established mental health services provided by primary care, adult social care, voluntary sector agencies and secondary mental health providers that are structured to meet the range of needs along the mental health continuum. These are currently commissioned by Leeds City Council, CCGs, and NHS England. The level of investment is on a par with other areas. Partnership working is well established and the voluntary sector providers are very well integrated into mainstream services and are highly valued. Commissioners and providers work together to plan and provide high quality mental health service and these are closely monitored through contractual mechanisms.

Leeds has well-established service users and carer involvement networks and processes for engagement with membership and representation at all levels.

Feedback from consultation events in 2013 with service users, carers, clinicians and service providers identified that there is still work to do in ensuring effective joined up working arrangements between statutory and all voluntary sector providers to deliver continuity of care.

The main issues⁶ with the current system are:

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

2.2 Local Challenges

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



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

3.1 National requirements

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

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

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

Additionally the **CCG Commissioning Guidance for 2014/15** makes explicit the requirement to achieve “parity of esteem” - for mental health services to drive improved integration of physical and mental health services in order to reduce the false divide between the two with specific reference to allocation of resources, identification and support for young people with mental health issues, and a reduction in the 20 year gap in life expectancy for people with severe mental illness. These specifically mental health focussed outcomes sit alongside the drive to increase integration of health and social care services, and increase access in primary care thus reducing demand into crisis and secondary services for all including in mental health services. <http://www.england.nhs.uk/wp-content/uploads/2012/12/ois-ataglance.pdf>

No Health Without Mental Health Implementation Framework 2013

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

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

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

Closing the Gap: Priorities for Essential Change in Mental Health. January 2014

This document sets out the challenge to go further and faster in transforming services to meet the ambition set out in No Health Without Mental Health. It identifies 25 aspects of care that are priorities for action and progress in the next 2 years. These actions will be embedded within in the outcomes and priorities within this framework document

Achieving Better Access to Mental Health Services by 2020. October 14

This document sets out a pathway from Government to make parity of esteem a reality by 2020; we need urgent reforms to the incentives in the system that drives investment and spending. This plan sets out the immediate actions we will take this year and next to end this disparity and achieve better access to mental health services and our vision for further progress by 2020

- We need standards for access to mental health treatment for people of all ages that balance the equivalent standards for physical health.
- We need the same quality of data and transparency about performance for mental health services for people of all ages so that long waits for effective treatment are visible and have to be tackled.

The Care Act. 2014

The Care Act will help to improve people's independence and wellbeing. It makes clear that local authorities must arrange services that help prevent or delay people deteriorating such that they would need ongoing care and support. This is to make sure that people who live in their areas:

- receive services that prevent their care needs from becoming more serious, or delay the impact of their needs;
- can get the information and advice they need to make good decisions about care and support;
- have a range of high-quality care providers to choose from

Local authorities will have to consider various factors:

- What services, facilities and resources are already available in the area and how these might help local people;
- identifying people in the local area who might have care and support needs that are not being met;
- identifying carers in the area who might have support needs that are not being met.

Public Services (Social Value) Act 2012

Leeds was successfully selected as part of the second cohort of the Department of Health Social Value programme; commissioners are committed to adding social value through a cross sector partnership approach to health and care commissioning and delivery.

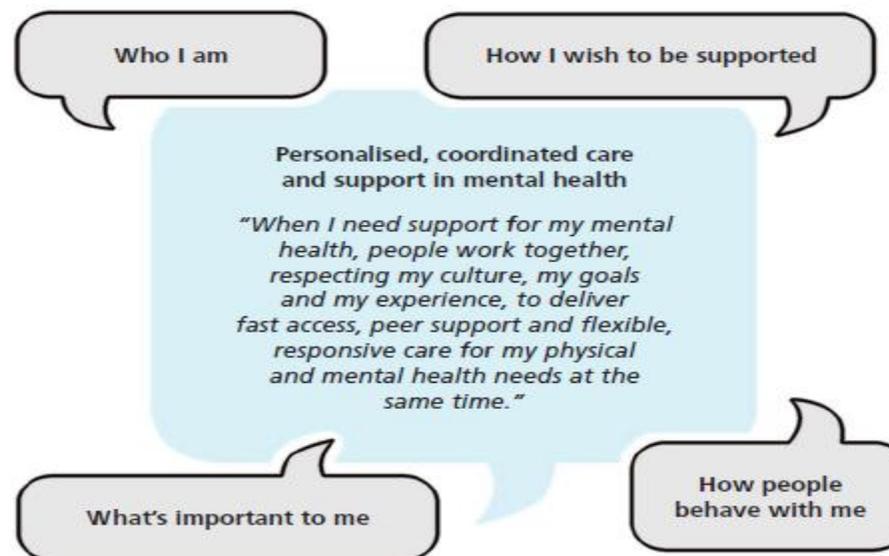
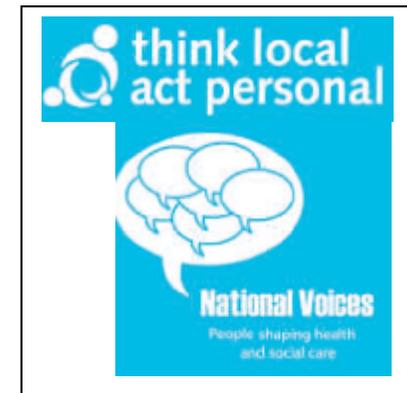
No Assumptions. A Narrative for Personalised, Co-ordinated Care and Support in Mental Health 2014.

NICE quality standard 14 on people’s experience of adult mental health services developed with people who use and work in the services includes the quality statement

“People using mental health services, and their families or carers, feel optimistic that care will be effective”

People who use services want to see

- **Joined up, preventative approaches that do not abandon them at key stages**
- **Their mental and physical health needs to be addressed together in a whole person approach**



3.2 Local Strategic drivers for change

Leeds Health & Social Care Economy 5 year Strategy

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

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

Alongside this is a requirement to:

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

In meeting the financial challenge the strategy will look to:

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

Leeds Joint Health and Wellbeing Strategy 2013 - 15

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

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

3. Improve people's mental health and wellbeing

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

The action plan to deliver on Commitment 3 is embedded in the outcomes and priorities within this Framework document

Leeds City Council Better Lives (Appendix I),

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

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

The Leeds Adult Social Care Market Position Statement 2014 -15

Identifies four key commissioning issues for mental health

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

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

4. What are we going to do?

We want our shared vision to be that:

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

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

We will deliver this through five Outcomes

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

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

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

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

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

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

4. We will ensure access to high quality services informed by need

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

5. We will challenge Stigma and Discrimination

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

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

5. How are we going to do it?

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

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

We will improve the quality of information available about mental health to support this wider awareness, and the more effective delivery of services. We will work with partners through Leeds City Council and it’s Executive to change the profile of mental health within the city – through Health and Wellbeing Board influence and the wider Council structures.

6. How will we check our progress?

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

Outcomes and Priorities in Table form

Outcomes	Priorities	Headline Indicators
1. Focus on keeping people well – to build resilience and self-management	1.1 Public profile of information is high and people know where to go for help. 1.2 Increase access to self-help, peer support and resilience training. 1.3 Improved access to mental health support for children, families and professionals working with them. 1.4 Commission services to support the best start in life (the emotional health and wellbeing of infants). 1.5 Promote employment support and job retention. 1.6 Increase attention on crisis prevention. 1.7 Support people to sustain their recovery by addressing the wider determinants of health, particularly in relation to employment, training financial inclusion and access to decent homes with a secure tenure. 1.8 Improve access to Telecare and Telehealth	1. Increasing self-management, building resilience and developing peer support (JHWP Commitment 3 Topic 4) 2. Reduce premature death in adults with serious mental illness (NHS Mandate Domain1) 3. Enhancing quality of life for people with mental illness (NHS Mandate Domain2) <ul style="list-style-type: none"> • Increase uptake and results of EQ5D tool in GP patient survey • Decrease the percentage of inappropriate referrals to LYPFT SPA • Increase the percentage of schools with mental health promotion programme and effective TAMHS provision • Increase the number of people with mental health issues returning to work through Job retention • Increase the take up of CAB sessions within mental health services • Decreased discharge delays due to accommodation issues.

Outcomes	Priorities	Headline Indicators
<p>2. Mental health and physical health services will be better integrated</p>	<p>2.1 Develop and deliver a local action plan for the implementation of mental health “parity of esteem” in line with national priorities.</p> <p>2.2 Increase the support for people with mental health needs to access drug and alcohol treatment and recovery services.</p> <p>2.3 Physical health needs of people with mental health needs recognised, supported and monitored so that overall health outcomes are in line with general population.</p> <p>2.4 Increase the number of people with long term conditions offered specialist mental health advice/support.</p> <p>2.5 Support will be personalised and will recognise the impact of other aspects of people’s lives such as education, work, housing and leisure, and individual lifestyles.</p>	<p>4. Securing additional years of life for people with treatable mental and physical health conditions.(Everyone Counts Outcome 1)</p> <p>5. Improving the health related quality of life for the people of Leeds with one or more long term conditions including mental health (Everyone Counts Outcome 2)</p> <ul style="list-style-type: none"> • Increase the take up of health checks by people on GP Seriously Mentally Ill register • Increase the percentage of people with Long Term Conditions with access to Cognitive Behavioural Therapy • Increase the successful smoking cessation completions in secondary mental health services • Increase the number of clients with a primary mental health need accessing/ successfully completing drug and alcohol treatment and recovery services • Track local mortality rates.
<p>3. Mental health services will be transformed to be recovery and outcome focussed</p>	<p>3.1 Develop outcome based service specifications for all providers.</p> <p>3.2 Develop a Leeds model of mental health services that explains access, eligibility, interventions and pathways across the whole system.</p> <p>3.3 Introduce the new payment system, choice and personal health budgets into current NHS commissioned services.</p> <p>3.4 Promote partnerships to implement the delivery of new community and rehabilitative mental health services to address</p>	<p>6. Reduce the amount of time people spend avoidably in hospital through better and more integrated care in the community outside of hospital. (Everyone Counts Outcome 3)</p> <p>7. Increase the proportion of older people living independently at home following discharge from hospital (Everyone Counts Outcome 4)</p>

Outcomes	Priorities	Headline Indicators
	<p>eligibility, sustainable recovery clear support pathways.</p> <p>3.5 Drive closer working with housing, leisure and education services to ensure that sustainable recovery by other sectors</p> <p>3.6 Transform day and community support services.</p>	<p>8. People are able to find employment when they want, maintain a family and social life and contribute to the community, loneliness and isolation (NHS Mandate Domain2)</p> <ul style="list-style-type: none"> • Increase the percentage of eligible service users with personal budgets • Increase the Number of people with personalised care plan • Increase the proportion of adults in contact with secondary mental health services who live independently, with or without support • Increase the number of people in contact with secondary services gaining employment • Achieve the recovery rate of IAPT service in line with national target of 50% • Increase the Number of people with mental illness in settled accommodation
<p>4. We will ensure access to high quality services informed by need</p>	<p>4.1 Map the current configuration of services and develop a Quality Framework for Mental Health Services.</p> <p>4.2 Ensure service user experience is at centre of care and service development.</p> <p>4.3 Performance monitoring of all services.</p> <p>4.4 Review high costs packages of care to ensure quality and value for money.</p> <p>4.5 Monitor usage of services for take up by marginalised and priority groups including young people, students, BME and older people.</p> <p>4.6 Ensure the principles of the Leeds Safeguarding Board “Think Family” guidance is integral to commissioning of mental</p>	<p>9. Increase the number of people having a positive experience of hospital care. (Everyone Counts Outcome 5)</p> <p>10. Increase the number of People over 65 accessing IAPT Service (NHS Mandate Domain 3)</p> <p>11. Improve the experience of healthcare for people with mental illness (NHS Mandate 4)</p> <ul style="list-style-type: none"> • Reduce waiting times and achieve recovery rate of 50% for IAPT • Reduce the number of serious incidents in mental health services

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

References

Mental Health; a state of well-being. WHO. 2014. www.who.int/features/factfiles/mental_health/en/

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

The Mandate. A mandate from the Government to NHS England: April 2014 to March 2015 DH NOV 13
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf

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

Fair Society Healthy Lives. Marmot Review 2010 . www.instituteofhealthequity.org/.../fair-society-healthy-lives-the-marmot-review

Mental Health and Wellbeing in Leeds: An Assessment of Need in the Adult Population. May 2011
www.volition.org.uk/.../Mental-Health-Needs-Assessment-May-2011.pdf

Public mental health: evidence based priorities. Chapter 2 – single page summary. Annual Report of the Chief Medical Officer 2013
https://www.gov.uk/government/.../Annual_report_2013_3.pdf

Report of the National Audit of Schizophrenia. (NAS) 2012 www.rcpsych.ac.uk/pdf/NAS%20National%20report%20FINAL

Implementing Recovery: a new framework for organisational change, Sainsbury Centre 2009
www.centreformentalhealth.org.uk/.../implementing_recovery_paper.pdf

No Health Without Mental Health Implementation Framework. July 2012
www.nsun.org.uk/.../no-health-without-mental-health-implementation-framework-report2.pdf

Closing the Gap: Priorities for Essential Change in Mental Health. January 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf

Achieving Better Access to Mental Health Services by 2020. NHS England. October 14

<https://www.gov.uk/government/...data/.../mental-health-access.pdf>

The Care Act. 2014 <https://www.gov.uk/government/.../care-act-2014-part-1-factsheets>

Public Services (Social Value Act) 2012

<https://www.gov.uk/.../publications/procurement-policy-note-10-12-the-public-services-social-value-act-2012>

No Assumptions. A Narrative for Personalised, Co-ordinated Care and Support in Mental Health. NHS England. 2014

www.nationalvoices.org.uk/sites/.../noassumptionsfinal27_august.pdf

Leeds Health & Social Care Economy 5 year Strategy www.leedswestccg.nhs.uk/.../07-05-2014-Leeds-West-CCG-health-and-social-care.pdf

Leeds Joint Health and Wellbeing Strategy 2013 -15 www.leeds.gov.uk/docs/JHWS_FINAL_webREV%20ZI.pdf

Better Lives for People in Leeds www.leeds.gov.uk/residents/.../Better-Lives-for-people-in-Leeds.aspx

The Leeds Adult Social Care Market Position statement 2014 -15

www.leeds.gov.uk/.../CB009-0514%20-%202014%2005%2030%20-%20Market%20Position%20Statement%20%202014.pdf

