

## Scrutiny Board (Adults, Health and Active Lifestyles)

### Briefing Note

#### Progress against the Mental Health Framework

**Date paper prepared:** 6<sup>th</sup> of November 2018

**For:** Scrutiny Board (Adults, Health and Active Lifestyles)

**Prepared by:** Jenny Thornton, contributions from Sarah Erskine and Kashif Ahmed CCG

### 1. Purpose

1.1 The report provides an update on progress against the key priorities of the Mental Health Framework 2014-17 and next steps in terms of developing a new Mental Health strategy for the city. The scope of the framework is all adults. The mental health needs of children and young people plan sits within the Future in Mind strategy.

### 2. Background

#### 2.1 Leeds Mental Health Framework 2014 -17.

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”.*

2.2 Between September 2014 and January 2015 – the city tasked itself with identifying the key “overarching” priorities for mental health that if tackled would have the most impact across 5 agreed high level outcomes. 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.

### 3. Summary of key proposals

3.1 **Outcome 1: Focus on keeping people well** – to build resilience and self-management ensuring the public profile of information is high and people know where to go for help.

#### 3.2 *What has happened?*

3.3 An information portal “**MindWell**” has been developed in collaboration with members of the public, service users and carers, people working in mental health services, adult social care, the third sector, libraries and businesses. MindWell is a key tool in communicating accurate, timely and safe information about all aspects of mental health including what to do at times of mental health crisis. Our reports show there are over 7,500 MindWell contacts per month, the main user group is 18

– 35 year olds, most hits are on the anxiety and depression pages, the main service accessed is IAPT (Primary Care CBT), day time use is highest but evenings and weekend use is growing rapidly. Main referrers and users of clinical materials are Leeds Community Healthcare, LCC and Leeds Student Medical Practice. ([www.mindwell-leeds.org.uk](http://www.mindwell-leeds.org.uk))

- 3.4 **Mentally Healthy Leeds** is a new upstream service that is currently being commissioned by Leeds City Council Public Health to contribute to reducing health inequalities by focusing on the wider determinants that can affect resilience and impact negatively on mental health. The overall aim is to reduce health inequalities and improve the mental health and wellbeing of communities most at risk of poor mental health.
- 3.5 **Wellbeing Space and Support Service** is a new service which focuses on providing more opportunities for those living in the 10% most deprived areas in South Leeds to access services promoting positive mental health. It will provide a community based drop in with the aim of improving protective factors and reducing risks around poor mental health, and reducing social isolation. It will provide outreach into communities with risk factors for poor mental health that are not currently engaged and develop opportunities for buddying, as well as promotion and awareness of appropriate and effective Public Mental Health resources in communities.
- 3.6 To support older people's well-being and reduce isolation, Leeds City Council and NHS Leeds CCG have increased the funding for **Neighbourhood Networks**, and awarded longer-term grants to ensure third sector partners can plan and sustain activities. NHS Leeds CCG has committed to **social prescribing services and Memory Support Workers**, to enable people and carers to live well with long-term health conditions, including dementia. The Council has worked with Leeds Older People's Forum and many other partners to win funding for and deliver the '**Time To Shine**' programme; this encompasses a broad and creative range of community projects to tackle loneliness and isolation. Leeds City Council and NHS Leeds CCG continue to support the development of Dementia Café's across the city.
- 4.0 **Outcome 2: Mental health and physical health services will be better integrated.**
- 4.1 By 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 the general population.
- 4.2 ***What has happened?***
- 4.3 In order to understand what a new service model should be a small number of prototype service have been tested within primary care with the aim of

- Ensuring the physical health needs of people with mental health needs are recognised, supported and monitored so that overall health outcomes are in line with the general population.
- Increasing the number of people with long term conditions offered specialist mental health advice/support that it is personalised and will recognise the impact of other aspects of people's lives such as education, work, housing and leisure, and individual lifestyles.

4.4 **These Primary Care Liaison services** have worked with over 3,000 people reducing use of GP appointments and increasing the options for treatment getting people to the right service first time. They have acted as a bridge between LYPFT specialist services and GP's to prevent people being referred unnecessarily to specialist services as well as supporting discharge of Service User's back to primary care following an episode of mental ill health.

4.5 **Psychiatric Liaison services** – support general hospital team within in Leeds Teaching Hospitals which provide psychiatric assessment and interventions to people with complex needs in A&E, wards and Outpatients.

4.6 The proposed procurement of **Improving Access to Psychological Services** (IAPT) and Primary Care Liaison mental health will be expanded to people with Long Term Conditions (LTCs) and co-located within primary care.

**5.0 Outcome 3: Mental health services will be transformed to be recovery and outcome focussed.**

5.1 Promote partnerships to implement the delivery of new community and rehabilitative mental health services to address eligibility, sustainable recovery clear support pathways.

**5.2 What has happened?**

5.3 Following a review of Adult Social Care mental health services a new way of delivering support has been 'co-created` with the aim of increasing recovery focussed approaches and includes the transformation of day and community support services and will drive closer working with housing, leisure and education services to ensure that sustainable recovery by other sectors. This has resulted in Leeds Adult Social care recently re-commissioning **Community Based Mental Health** provision through the voluntary community sector, which aims to reduce social isolation, maximise independence and improve wellbeing of people with mental health needs through peer support, strength based conversations, approaches to asset based community development and providing ongoing social and practical support.

5.4 Leeds City Council Adults and Health have awarded a contract to Touchstone to deliver the Community Based Mental Health Service from 1 April 2019. The contract has been awarded to a strategic group of providers of which Touchstone is the lead provider. They will also sub-contract with a number of smaller providers in

a delivery network of community organisations. The contract has been awarded for five years and coproduction is key in the development of the services. Key client groups have been identified and will be the focus of the delivery network as they are much closer to local communities. The service will have a single point of referral and each organisation will have a trained trusted assessor.

- 5.5 We have developed a **Recovery College** with the aims of offering high quality educational opportunities to people who use mental health services by challenging the dynamics of social exclusion that make it difficult for people with mental health problems to access good quality educational opportunities. University students have an opportunity to work alongside people with mental health difficulties, enhancing their employability and 'real world' experience.
- 5.6 A strength based approach to social care is being implemented, co-produced with individuals who have lived experience of mental health services. There are 3 broad themes to this work:
- How can we work better with people in mental health crisis?
  - How can we provide a more personalized approach to individuals?
  - How can we work better with partners across the city?
- 5.7 A number of work streams are in situ with a focus upon working with carers, looking at personalized support, improved outcomes for individuals who are in crisis and a work stream focusing upon volunteering and employment options.
- 5.8 To date a focus group has been held with people with lived experience and a further focus group with Carer's Leeds in order to meaningfully co-produce strength based approach.
- 6.0 Outcome 4: We will ensure access to high quality services informed by need.**  
Improve the experience of healthcare for people with mental illness.
- 6.2 What has happened?**
- 6.3 We have ensured service user experience is at centre of service development “co-production” and the development of service user designed quality statements that are used in performance monitoring of services, including take up by marginalised and priority groups including young people, students, BAME and older people.
- 6.4 The development of the Leeds **crisis café and high volume service user’s project** has reduced the number of inappropriate repeat admissions to hospital at times of crisis to ensure that when the health or independence of a person rapidly deteriorates, they have rapid access to appropriate and effective urgent care and support, including effective alternatives to hospital.
- 6.5 Leeds York Partnership Foundation Trust (LYPFT) is currently redesigning their community services based on the requirements of the Framework. The overall aim is to ensure that Leeds has consistent, responsive and recovery focused services

offer that support more people in the community and responds effectively when people are in a crisis.

6.6 Joint commissioning arrangements are in place between NHS Leeds CCG, Leeds City Council and West Yorkshire Police that enable the funding of two mental health nurses based within the West Yorkshire Police (WYP) Leeds District Control Room at Elland Road since May 2015.

6.7 The service aims to:

- Provide immediate advice and support to police in contact with people who have mental health issues including live calls.
- Support staff in the police hub in decision making
- Enable timely access to information held by health and social care
- Divert service users from Section 136 MHA detentions and provide access to timely mental health assessments
- Signpost and refer into statutory and non-statutory agencies
- Detect and improve outcomes for vulnerable people in contact with the Police

6.8 Leeds City Council and NHS Leeds CCG continue to jointly commission employment support, accommodation supported and community support through a diverse range of voluntary community sector organisation for people with mental health needs. Furthermore, both organisations have recently developed joint arrangements for Section 117 services for people who require specialist after care services after hospital stay. This ensures that timely funding decisions are being made and the right care package is put in place to support recovery and independence for people with severe mental health illness (SMI).

**7. Outcome 5: We will challenge stigma and discrimination.** Improve public and professional attitude, knowledge and challenge mental health stigma.

**7.1 *What has happened?***

7.2 In 2017 Leeds was successful in becoming the first regional [Time to Change Hub](#) and will oversee a bespoke grants programme and citywide action plan jointly with third sector partners. Councillor Charlwood is our city champion and through her support, she helped secure the grant bid.

7.3 To support employers with increased confidence to work with mental health issues our Mindful Employer service continues to support people to maintain or secure employment.

7.4 Mental health liaison services support General Hospital teams to work with people with primary mental health needs or when those needs are part of a mixed presentation with physical health problems.

7.5 We ensure that the Mental Health Investment Standard and parity of esteem between physical and mental health services is maintained by increasing

investment in services. There is integration of mental health and wellbeing into NHS and wider Council policies, including a Member Lead for Mental Health across the Local Authority

### **8. Mental health needs Assessment;**

8.1 *Leeds in Mind 2017*, along with the MH FYFV, is informing a new strategic plan for the city. Work has already begun on addressing some of the key recommendations in the report.

8.2 Key Findings include:

- i. As with physical health, in Leeds, there is a clear relationship between deprivation and mental ill health.
- ii. Black and minority ethnic communities experience significant mental health inequalities. Compared to White British groups, they experience more barriers in accessing appropriate mental health services and poorer mental health outcomes.
- iii. The benefits of IAPT have not been realised equally across the city. For example, 'Recovery' rates are lowest in the South of the city (where deprivation is greatest), older people do not access the service to the same rates as the working age population and rates of 'finishing a course of treatment' are lower for BME groups compared to White British Groups.
- iv. There are a group of people whose needs are not well met by current service provision (structured around common mental health disorders or serious mental illness). This group is heterogeneous and includes people who may have psychological needs related to unresolved trauma, complex social problems and/or enduring depression.
- v. Compared to the England average, Leeds has higher rates of people experiencing psychosis for the first time (First Episode Psychosis), and higher rates of people being sectioned under the Mental Health Act.
- vi. Stakeholders report that there are significant challenges to improving the physical health of people with Serious Mental Illness (SMI). In Leeds, people with SMI have a premature mortality rate four times greater than the general population.

### **9. The future/ next steps:**

9.1 The Mental Health Partnership Board reviewed the impact of the Mental Health Framework and has now tasked a group of commissioners, partners and stakeholders to develop a new Mental Health Strategy for the city.

9.2 The timeframe for development and launch of the strategy is short and is aimed to be signed off by March 2019. Much of the work to assess need and engage communities, service users and practitioners has already been completed, either through the Leeds Mental Health Needs Assessment process, or through

engagement undertaken as part of recent mental health service reviews and procurement.

- 9.3 The strategy will cover the full breadth of mental health and illness - from prevention to specialised in-patient treatment. It will complement strategies already in existence across the system. Key interfaces include the Children and Young People's Mental Health Strategy (Future in Mind), the Best Start Strategy and The Age Friendly Leeds Partnership.
- 9.4 The mental health strategy is likely to address identified issues in the city - such as mental health inequalities, stigma, and better integration of mental health & physical health services. It will be aspirational – focussed on bolstering prevention 'upstream' and reducing mental ill health, whilst clearly sighted upon improving mental health services and support.
- 9.5 Finally, the Leeds mental health strategy will need to resonate with a changing health and social care landscape. As such, it will be sufficiently flexible to inspire and deliver change at neighbourhood, Local Care Partnerships and citywide footprints.

## **10. Recommendations**

- 10.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider the information provided and determine any further scrutiny actions and/or activity.