



Report of: Leeds Mental Health Partnership Board

Report to: Leeds Health and Wellbeing Board

Date: 25 April 2019

Subject: Priority 10 - Promote mental and physical health equally: Development of a Leeds Mental Health Strategy

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

The Health and Wellbeing Board agreed for the development of a new, comprehensive strategy and vision to guide how we are addressing mental health and reducing mental health inequalities in Leeds. A new all age mental health strategy is being developed which encompasses population mental health, prevention and treatment. This new strategy will replace the previous Leeds Mental Health Framework.

Recommendations

The Health and Wellbeing Board is asked to:

- Support the proposed content of the draft strategy
- Endorse the shared vision that Leeds will be a mentally healthy city for all
- Approve the priorities and the four passions contained within the strategy

1. Purpose of this report

- 1.1 To update on the progress of the development of the new all-age mental health strategy for Leeds.
- 1.2 To seek feedback from members of the board and approval for the vision of a collective and unified-system wide approach to mental health, the proposed priorities to be contained in the strategy, and it's fit with the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan

2. Background information

- 2.1 Between 2014 and 2017, action across the mental health system in Leeds (including mental healthcare services, Adult Social Care and Public Health) was co-ordinated through a programme of work called the Leeds Mental Health Framework. Whilst the framework focussed upon adults, it had key interfaces with the perinatal and transitions workstream into Children and Young People's mental health services. Following a request from the Health and Wellbeing Board, the Leeds Mental Health Partnership Board (MHPB) began to develop an all-age mental health strategy in order to build upon the Leeds Mental Health Framework.
- 2.2 In accordance with our Health and Wellbeing Strategy, Leeds has a clear commitment, and ambitious programmes already in place, to promote good mental health, prevent mental illness and provide high quality care and treatment. These include:
 - Best Start programme – which in its focus on the first 1001 days and the importance of developing healthy attachment relationships is the bedrock of all future health and wellbeing
 - Leeds Future in Mind Strategy and the Future in Mind Local Transformation Plan - which sets out a comprehensive citywide approach to improving the social emotional and mental health of our children and young people. We know the majority of mental illness begins in childhood and so getting it right for our children benefits the whole population
 - Mental Health Prevention Concordat, with strategic leaders signed up as 'champions'
- 2.3 In addition to these programmes, it is recognised that there is a need to articulate and co-ordinate action through the life course across the health and social care system and to acknowledge that this has been challenging, in part due to the complex nature of mental health and illness. A new all-age mental health strategy has therefore been proposed which aims to set out the vision and the priorities to enable Leeds to become a mentally healthy city for everybody.
- 2.4 Within the last five years a number of mental health needs assessments (perinatal, children, young people and adult) have been carried out. These have indicated that there is continued unmet mental health need in the city, along with inequity between groups in terms of access to services and unequal health outcomes. In addition,

engagement, analysis and service reviews carried out to date, as highlighted below, provides strategic partners with a good understanding about what affects people's mental health in the city and how people think services could improve:

- 'Big Leeds Chat' (our 'one system' citywide engagement with the public about health and wellbeing)
- Our recent Joint Strategic Assessment
- Healthwatch Leeds and Youthwatch (review of crisis services)
- Leeds and York Partnership NHS Foundation Trust (LYPFT) community services redesign
- NHS Leeds CCG (IAPT insight)
- Leeds City Council

2.5 The NHS Long Term Plan sets out significant ambitions to improve services and wider support for people with mental ill health. These include improving access to high quality perinatal mental health services, increasing mental health support to schools, improving transition, reducing smoking rates in people with long term mental health conditions, and improved employment support for people with serious mental illness. Crucially this is underpinned by a commitment to addressing mental and physical health inequalities through a focus on prevention and through integrated approaches.

2.6 An all-age mental health strategy for the city builds on these existing programmes which encompass the spectrum of prevention through to the delivery of high quality services. It is envisaged that in bringing all programmes together under a shared vision, and through a collective approach and shared culture, that further synergies can be found and that mental health will become 'everyone's business' within the wider system. A single strategy will also support development and delivery of support and services that recognises the importance of the family unit and how the mental health of adults in a family has a significant life course impact on the health and wellbeing of any children within the home.

3. Main issues

3.1 Mental health encompasses 'good mental health' along with stress, common mental health disorders (such as anxiety and depression) through to diagnoses such as schizophrenia and psychotic disorders. It is vast and complicated and this often results in complex systems and services.

3.2 Action to improve mental health and wellbeing often lies outside of services. There are well evidenced risk factors for poor mental health which include: having experienced trauma (particularly in childhood); economic hardship; living in poor housing conditions, and lack of access to green spaces. There is a need to work together across all policy and service areas to ensure that social and economic determinants are mental health promoting and that protective factors are enhanced.

3.3 Priority populations identified include (but are not restricted to): people from Black and Minority Ethnic communities - particularly disadvantaged groups such as Gypsy and Travellers and Asylum Seekers; the LGBT community, care leavers, people with disabilities, carers, and people with co-existing Autistic Spectrum Disorder.

- 3.4 Mental ill health appears to be increasing for some groups – particularly girls and young women. This is reported nationally and is being recognised by services in Leeds. Mental ill health also disproportionately affects some groups more than others (due to the way that risk factors tend to ‘cluster’) and people with serious mental ill health have significantly poorer physical health outcomes.
- 3.5 To improve mental health and address mental health inequalities necessitates taking a whole system, life course approach, with shared values and a shared culture, encompassing mental health promotion, illness prevention and treatment. An all-age mental health strategy will enable this broad and holistic perspective.
- 3.6 The Inclusive Growth Strategy and our Joint Strategic Assessment highlights that a primary focus of the mental health strategy must be on ensuring that people in the most deprived areas of Leeds are supported to access education, training and employment in order to promote their mental health and thereby seeking to close the inequalities gap.
- 3.7 The all-age mental health strategy will be transformative and will work alongside the Leeds Health and Care Plan for a stronger system wide focus on prevention and early intervention through a ‘Leeds Left Shift’.
- 3.8 Scope and purpose of the strategy

- To develop our shared vision and aim for mental health so that **“Leeds will be a Mentally Healthy City for everyone”**
- To set out how we can work together to improve the mental health and wellbeing of everyone in Leeds
- To describe how we will work as a system to improve the promotion of mental wellbeing and the support for people with mental health needs

3.9 Our Guiding Principles

In recognising the need to take a system-wide approach to mental health, the guiding principles for the mental health strategy are:

- Taking into account the wider determinants of mental health and illness
- Achieving parity of esteem
- Challenging stigma and prejudice
- Taking an evidence based approach to what works
- Adopting a recovery focus wherever possible
- Supporting the system to address issues of inclusion and diversity
- Taking a person and family -centred and strengths based approach

3.10 Priorities

The proposed system wide priorities for the mental health strategy are:

- Preventing mental health problems and promoting good mental health
- Making available the right information at the right time

- Supporting every child to achieve the best possible start in life through improved perinatal mental health provision
- Supporting self-care, with more people managing their own mental health
- Reducing health inequalities by focussing on key groups that we know are more at risk and therefore need targeted support
- Taking a whole person and Think Family approach recognising the impact that adult mental health needs can have on children's health and wellbeing
- Improving the social, emotional, mental health and wellbeing of children and young people
- Meeting both mental and physical health needs
- Improving accommodation support for people with moderate to severe mental health problems
- Changing services to better meet the needs of older people
- Developing more community based crisis support services

Delivery of these priorities will require the whole system to operate with a shared culture and shared understanding of people with mental health needs.

3.11 Outcomes

The implementation of the strategy will result in the following outcomes for the people of Leeds:

- People of all ages and communities will be comfortable talking about their mental health and wellbeing
- People will live in and create mentally healthy, safe and supportive families and communities
- People living with the impact of complex trauma will be able to access appropriate mental health services and will lead healthy and fulfilling lives
- People's quality of life will be improved by swift access to appropriate mental health services and information
- People will be actively involved in their mental health and their care
- People with long term mental health conditions will live longer and lead fulfilling, healthy lives

3.12 Our four passions

Through our collective approach in the implementation of the mental health strategy we will aim to:

1. Close the inequalities gap and reduce the number of people with the poorest health
2. Reduce the numbers of suicides and people who self-harm
3. Reduce of the numbers of people from BAME backgrounds who are detained under the Mental Health Act
4. Increase the numbers of people with mental health needs in education, training and employment

At the heart of this will be a **'diverse services but one culture across the system'**.

3.13 There will be a number of work streams that will be established to deliver the priorities as follows:

- **Preventing mental health problems and promoting good mental health:** Connecting with the Best Start programme and Future in Mind Leeds plan, recognising that getting it right for our children benefits the whole population throughout the life course. In addition, addressing the wider determinants of mental health, specifically reducing risk factors and increasing protected factors for people to keep them well, targeting communities with the poorest mental health; good accessible information; self-care; peer support; social prescribing.
- **Diverse services but one culture across the system:** Recovery focussed; strength based; person centred; challenging stigma and discrimination; promoting parity of esteem
- **Strengthen community services including Primary Care mental health services:** Connecting with children's services to deliver our commitment to 'Think Family' and support our schools; ensuring an out of hours dedicated crisis response for children and young people; stronger crisis support in the community for adults; older people specific services; services that are culturally competent to meet the needs of people from BAME communities
- **Supporting good practice:** Trauma informed; Think Family; holistic/person centred; strengths based; recognising people's physical health needs; addressing parental mental health as part of our Early Help Strategy which sees this as a significant factor in child protection and children taken into care
- **A stronger offer to support access to education, training and employment and sustaining employment**

4. Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 As part of the Mental Health Framework development a set of 'core' expectations for mental health support in the city and "I statements" were co-authored with and signed-off by the Together We Can lived experience network and a number of affiliated groups. Those statements have been adopted by health and care commissioners in order to support service design, development and evaluation of service contracts.
- 4.1.2 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 processes, or through engagement undertaken as part of mental health service reviews and procurement. These examples, along with other

engagement¹ undertaken in the last 12 months have been analysed to give the following outline themes of engagement in regards to mental health in Leeds:

- Information accessibility and content improvement
- Continuity and joined up working services
- Being Person Centred and Service User led
- Professional Relationships – clear, open and honest
- Education of Mental Health – public and professional across the education, health and social care system
- Adequate Crisis provision
- Equal access to Mental Health Services
- More provision of services, including Mental Health wellbeing
- Instilling resilience in people and communities

4.1.3 An early draft of the strategy was presented at a recent Forum Central network meeting. Feedback from this session has influenced the draft vision, outcomes, passions and priorities presented in this report already.

4.1.4 Members of the Mental Health Strategy Task and Finish Group will be carrying out further consultation via a number of known platforms during May 2019.

4.1.5 As well as engaging with known groups (i.e. service user forums) and the wider public, further engagement will be carried out with specific groups who have not previously been approached or to whom our consultation has not reached, for example homeless people, street sex workers, prisoners and socially isolated cohorts of the population including people who have been through a recent mental health crisis. Other forums to engage with include cascading of information from the Mental Health Partnership Board, Forum Central and Community Committees. A more robust plan will be worked up in the next few months as work on the draft develops.

4.2 Equality and diversity / cohesion and integration

4.2.1 The development and subsequent implementation of the mental health strategy has the potential to positively affect diverse populations and communities in Leeds. Mental health needs assessments (including Future in Mind and Leeds in Mind) have clearly indicated which groups have poorer access to mental health services and less favourable treatment outcomes. These populations will be a key focus of the strategy through an overarching commitment to addressing mental health inequalities.

4.2.2 There will be a number of work streams that sit under the strategy which will ensure that the social and economic determinants of mental ill health are highlighted; closing the inequalities gap will be a key priority thus galvanising action across the whole system.

4.2.3 A mentally healthy city, supported by a well-developed vision and strategy has the potential to have a positive impact upon community cohesion and integration.

¹ Healthwatch UK; Mental Health in the Long Term Plan for the NHS; Community services redesign; LYPFT redesign; Roads Tunnels & Bridges; SBSC – SU's and Carers; IAPT re-procurement

Population mental health and wellbeing is *dependent* upon wider determinants, including community cohesion. However, steps to improve mental health – including for example, improving access to green spaces or supporting local informal networks, in themselves *support* community integration.

4.3 Resources and value for money

- 4.3.1 Mental Health is central to all health. It has a significant impact, not only on individuals, families and communities, but also on the economy. Estimates for Leeds suggest that mental ill-health costs over £500 million every year through lost economic output, benefits payments, and its effects on the health and social care system.
- 4.3.2 There is significant evidence that investing in mental health and wellbeing is highly cost-effective – across the whole health and social care system, and wider across all of society (see below). The mental health strategy does not have an associated budget; rather it sets out action that is taking place already in the city. However, it is hoped that agreeing shared priorities across a range of partners will enable new and innovative ways of working which will have both social and wider economic benefits.



4.4 Legal implications, access to information and call In

There are no legal, access to information or call in implications arising from this report.

4.5 Risk management

The finance and reputational risk of the strategy will be overseen and managed by through existing governance arrangements within Leeds City Council and NHS Leeds CCG.

5. Conclusions

- 5.1 The strategy will cover the full breadth of mental health and illness from prevention and the range of community based services through to in-patient treatment. It will complement strategies already in existence across the system.
- 5.2 Successful implementation of the mental health strategy should address the key issues experienced by the people of Leeds such as mental health inequalities, stigma, and better integration of mental health and physical health services. The strategy will be ambitious: focussed on bolstering prevention and seeking resources to be invested in to strengthen community services including Primary Care mental health services; reducing health inequalities, and improving people's experiences of mental health care and support services.
- 5.3 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.

6. Recommendations

The Health and Wellbeing Board is asked to:

- Support the proposed content of the draft strategy
- Endorse the shared vision that Leeds will be a mentally healthy city for all
- Approve the priorities and the four passions contained within the strategy

7. Background documents

None

THIS PAGE IS LEFT INTENTIONALLY BLANK



How does this help reduce health inequalities in Leeds?

Strong focus on preventing mental health problems and promoting good mental health and on reducing the inequalities gap through a stronger offer on supporting people to access education, training and sustainable employment.

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

The all age mental health strategy will focus on strengthening community services including Primary Care mental health services. There will be an emphasis on ensuring that across the health and care system there are a diverse range of services but will require one culture across the system

How does this help to have a financially sustainable health and care system? It is estimated that mental ill-health costs over £500 million every year in Leeds through lost economic output, benefits payments, and its effects on the health and social care system. Supporting people through health promotion and prevention can support the health and care system to remain financially viable or at the minimum to reduce cost pressures.

Future challenges or opportunities

The all-age mental health strategy should be a vehicle for delivering a system wide approach to tackling and reducing health inequalities. The emphasis is on supporting and developing diverse services to meet the needs of different communities, but adopting a one culture approach across the services and programmes of work.

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