

Report of the Director of Adults and Health

Report to Scrutiny Board, Adults, Health and Active Lifestyles

Date: 17 September 2019

Subject: Development of the Leeds Mental Health Strategy

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes <input 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

1. Main issues

- 1.1 Work is underway to develop a new comprehensive strategy which will outline what we intend to do to improve mental health, support people with mental ill health and reduce mental health inequalities across Leeds. The new all-age mental health strategy will cover our priorities in relation to mental health promotion, prevention and treatment. The new strategy will replace the previous Leeds Mental Health Framework.
- 1.2 This report outlines the process undertaken to understand need including the voices of people with a lived experience of mental ill-health which will inform the strategy. It summarises the emerging priorities that highlight where we particularly want to achieve a step change in mental health outcomes.

2. Best Council Plan Implications

- 2.1 The mental health strategy will help to deliver a number of crucial elements of the Council's 'Better Lives' strategy by helping local people with care and support needs to enjoy better lives, with a focus on: promoting choice, helping people to stay living

at home, joining up health and social care services. These in turn support the ambition of the Best Council Plan 2018/19 to 2020/21 for Leeds to be the Best City in the country, promoting inclusive growth, and seeking to reduce health inequalities.

- 2.2 In addition the proposals will contribute to the achievement of the objectives set out in the city's Health and Well-Being Strategy and the Leeds Health and Care plan: people will live full active and independent lives, people's quality of life will be improved by access to quality services, people will be involved in decisions made about them and the city's Priority Plan by contributing to the indicators for the best city for health and wellbeing.

3. Resource Implications

- 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.
- 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. 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

Recommendations

The Scrutiny Board, Adults, Health and Active Lifestyles, is asked to:

1. Note the shared vision that Leeds will be a mentally healthy city for all
2. Note the priorities and the passions contained within the strategy
3. Note the citizen and wider stakeholder engagement that is being undertaken on the proposed strategy

1. Purpose of this report

- 1.1 The purpose of the report is to provide an update on the development of the new Leeds all-age Mental Health Strategy and to outline the consultation and engagement processes that are being planned and undertaken, and to outline the next steps.

2. Background information

- 2.1 Between 2014 and 2017, action and initiatives across the mental health system in Leeds was co-ordinated through a programme of work sitting under the Leeds Mental Health Framework. Whilst the framework focussed upon adults, it had key interfaces with the perinatal and transitions work streams into Children and Young People's mental health services.
- 2.2 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. At its meeting in April 2019, the Health and Well-being Board received a report setting out the guiding principles and the broad direction of travel for the new strategy. The report outlined the key areas where our system-wide approach and response to mental ill health requires further strengthening, based on all the feedback that has been collated from citizens and from third sector and community organisations.
- 2.3 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'
- 2.4 In addition to these, it is recognised that there is a need to articulate and co-ordinate action through the life course of individuals 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 is therefore being developed which sets out the vision and the priorities to enable Leeds to become a mentally healthy city for everyone.
- 2.5 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 provide good insight and understanding about what affects people's mental health in the city and how people think services could improve. The engagement includes:

- ‘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 (Improving Access to Psychological Therapies or IAPT insight)
- Leeds City Council

2.6 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.

2.7 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 strategy, 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 all-age 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. We need to work together across all policy and service areas to promote good mental health within the population and to prevent mental ill health, particularly for those most at risk.

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 requires 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 highlight 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 improve 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 is to:

- develop our shared vision and aim for mental health so that “**Leeds will be a Mentally Healthy City for everyone**”
- set out how we will work together to improve the mental health and wellbeing of everyone in Leeds
- 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 The strategy focuses on how we promote good mental health and wellbeing, prevent mental illness and improve services. At the heart of our system-wide approach to mental health will be **diverse support and services but one culture across the system**. This will require developing and supporting a recovery-focussed approach across the system which will be strengths-based and person-centred, and which will challenge stigma and discrimination and promote parity of esteem.

3.10 Our Guiding Principles:

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
- Recognising the impact of trauma on people's mental health
- 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 and restorative approach

3.11 The strategy recognises the importance of promoting good mental health as well as the availability and easy access to information, advice and services, and so the strategy aims to cover all aspects of good health promotion, mental illness prevention

and the delivery of timely and responsive recovery-focussed support and services, particularly recognising the need for timely crisis response services.

The key elements of a good mental health system:



- **Mental Health Promotion:** Increasing protective factors and reducing risk factors; promoting wellbeing for people with mental health needs for people to keep them well, targeting communities with the poorest mental health; good accessible information; self-care; peer support; social prescribing
- **Mental Illness Prevention and Suicide Prevention:** Reducing risk factors for mental ill health and reducing anxiety/depression in people; timely information and support for children and young people, and for adults, in the community
- **Improving Lives, Supporting Recovery and Inclusion:** Ensuring people receive timely responses and support; connecting with children's services to deliver our commitment to 'Think Family' and support our schools; 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; 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; ensuring services recognise the impact of trauma; recognising people's physical health needs

3.12 As part of the wider engagement with communities, and through our JSA, it is evident that there has already been some good progress on mental health prevention and promoting good mental health as well as in the delivery of support and services which help to address people's mental health needs. However, this engagement and also our data tells us that there are a number of areas where the range of support and services that are in place are not having the intended impact of reducing health inequalities or where we have not yet been successful in providing appropriate and/or timely responses to people with mental health needs.

3.13 The mental health strategy does not attempt to cover everything as there is a lot that is already working well in the city. Instead it has identified three passions which are the things that we most want to achieve improved outcomes for. These will help ensure there is system-wide awareness and ownership of our objectives, and alongside these passions, we have identified seven key priorities on which our joint resources will be focused so that we are well placed to address the gaps, to reduce mental health inequalities and to enable ‘**Leeds to be a Mentally Healthy City for everyone**’.

Mental Health Strategy Diverse support and services, one culture across the system		
Passions	Priorities	Success Indicator* - what good looks like
Reduce mental health inequalities	<ul style="list-style-type: none"> • Reduce the risk of suicide and self-harm, targeting those communities most at risk of poor mental health • Reduce the over-representation of people from BAME backgrounds detained under the Mental Health Act • Increase the numbers of people with mental health needs in education, training and employment 	<p>Reduce the rate of suicides</p> <p>Reduce the rate of detentions under the Mental Health Act for BAME groups</p> <p>The proportion of adults in contact with secondary mental health services in paid employment</p>
Improve children & young people’s mental health	<ul style="list-style-type: none"> • Improve transition support and develop new mental health services for 14 – 25 year olds 	<p>Increase the percentage of 14 year olds with good mental health in the My Health, My School survey.</p>
Improve flexibility, integration and responsiveness of services	<ul style="list-style-type: none"> • Ensure services recognise the impact that trauma has on people’s mental health and respond appropriately • Improve timely access to crisis support services • Ensure information, support and services are appropriate for, and accessible to, older people 	<p>Improve the proportion of people getting the right treatment first time (primary care mental health) OR a crisis measure</p> <p>Increase the number of older people recorded as having good mental health outcomes and accessing IAPT services</p>

* Success Indicator – work is currently underway. These are just examples of what could be counted.

3.14 Outcomes

The implementation of the strategy will result in the following outcomes:

- People of all ages and communities will be comfortable talking about their mental health and wellbeing
- People will be part of mentally healthy, safe and supportive families, workplaces and communities
- People's quality of life will be improved by timely access to appropriate mental health information, support and services
- 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

- 3.15 A Mental Health Strategy 'task and finish' group has been meeting on a regular basis, since January 2019, to develop the mental health strategy. The group includes third sector representatives such as Healthwatch, Age UK, and Forum Central, and experts by experience, as well as commissioners from Children's services, Adults and Health and from the CCG. The task and finish group has been involved in ensuring that there is wide engagement, particularly from specific groups or communities of interest where there hasn't previously been significant input.
- 3.16 Engagement on the proposed strategy is currently being undertaken and is planned to run to early autumn. The engagement is occurring at two levels: citizen engagement and stakeholder engagement.
- 3.17 Citizen engagement includes delivering a brief presentation of the draft strategy, and facilitating open discussions about the proposed priorities and passions, at various public meetings and events, including: the Social Care Forum for Race Equality; the 'Together We Can' meeting with people who access services and their carers; a Leeds Involving People (LIP) consultation event.
- 3.17 Engagement is being undertaken with various third sector organisations, particularly targeting those organisations that work with individuals and group that have not previously been consulted. This includes: people who are socially isolated; young people and adults who have recently experienced crises; rough sleepers and people who are homeless; refugees and asylum seekers; prisoners and ex-prisoners. These engagement events will be led and facilitated by Healthwatch, Age UK; Forum Central and Young Lives Leeds.
- 3.18 The stakeholder engagement is also planned at various forums within statutory organisations, including elected members via the Community Committees Health and Wellbeing Champions meeting; the GP Members' meeting, the Clinical Commissioning Forum, Targeted Services, as well as with organisations that are specifically working within mental health services such as Mind Well, Mind Mate, Touchstone.
- 3.19 Stakeholder engagement is critical to ensure that there is system-wide ownership of the strategy and of the role that organisations will play in contributing to the delivery of the priorities.

- 3.20 The task and finish group is currently considering the key success indicators and measures that are required which will enable us to track the progress that is being made in delivering the priorities.
- 3.21 The strategy will have a delivery plan which is currently being developed – the delivery plan will specify the actions and tasks that will be undertaken to enable delivery of each of the priorities, and the timeframes for delivery. Each of the priorities will include actions relating to the three themes of mental health promotion: mental illness prevention and suicide prevention: and improving lives, supporting recovery and inclusion.

Next Steps

- 3.22 Once the citizen and wider stakeholder engagement events have been completed, the feedback that has been gathered will be considered and will, where appropriate, be incorporated into the final draft of the strategy. The proposed strategy will then be taken to the Health and Wellbeing Board workshop which is scheduled for late October 2019. The aim of the workshop is to discuss the outcome of the consultation events and to seek the support of the Health and Wellbeing Board members on the priorities identified in the strategy and on the emerging delivery plan.
- 3.23 Once the members of the Health and Wellbeing Board have had the opportunity to comment on the draft mental health strategy at the workshop in October, the strategy will be finalised and taken to Executive Board for approval.

4 Corporate considerations

4.1 Consultation and engagement

- 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 are now regularly adopted by health and care commissioners to support service design, development and evaluation of services, and of service arrangements. In developing the new mental health strategy, the ‘I statements’ are being refreshed, and include ‘I statements’ from children.
- 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, along with other engagement¹ undertaken in the last 18 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

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

- Education of mental health – public and professional across the education, health and social care systems
- 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 Forum Central network meeting and at Health and Wellbeing Board in April 2019. Feedback from these sessions has informed the draft vision, outcomes, passions and priorities presented in this report.

4.1.4 As outlined in 3.16 – 3.18 above, members of the Mental Health Strategy task and finish group have also been engaging with, and carrying out further consultation via, a number of known platforms during late summer and early autumn 2019.

4.1.5 As well as engaging with known groups (i.e. service user forums) and the wider public, further engagement is being 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. This engagement is being undertaken through, and with the support of, third sector and community organisations who work with those people who have not previously been reached and who are more difficult to engage with through the usual engagement channels.

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 delivery plan which sits under the strategy which will ensure that the social and economic determinants of mental ill health are highlighted and 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. 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. As such, one key element of the strategy is the recognition that mental health is everybody's business and good mental health should be actively promoted across the range of strategies across the system.

4.3 Council policies and best council plan

4.3.1 The mental health strategy will help to deliver a number of crucial elements of the Council's 'Better Lives' strategy by helping local people with care and support needs

to enjoy better lives, with a focus on: promoting choice, helping people to stay living at home, joining up health and social care services. These in turn support the ambition of the Best Council Plan 2018/19 to 2020/21 for Leeds to be the Best City in the country, promoting inclusive growth, and seeking to reduce health inequalities. In addition the proposals will contribute to the achievement of the objectives set out in the city's Health and Well-Being Strategy and in the Leeds Health and Care plan: people will live full active and independent lives, people's quality of life will be improved by access to quality services, people will be involved in decisions made about them and the city's Priority Plan by contributing to the indicators for the best city for health and wellbeing.

4.3.2 Climate Emergency

As the mental health strategy is being developed, consideration is being given to how we will work together within and via our local communities to achieve the priorities set out in the strategy. It is widely recognised that one of the protective factors of good mental health is access to green space. As part of the work within our local communities, we will explore opportunities to support the local environment for example through maximising use of our green space. There will also be a focus on how we can help reduce carbon emissions, including reducing our reliance on transport, with more activities and services being based within local communities.

4.4 Resources, procurement and value for money

4.4.1 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.

4.4.2 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. 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

4.5 Legal implications, access to information and call in

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

4.6 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, from good mental health promotion, mental illness 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 Scrutiny Board is asked to:

- Note the shared vision that Leeds will be a mentally healthy city for all
- Note the priorities and the passions contained within the strategy
- Note the citizen and wider stakeholder engagement that is being undertaken on the proposed strategy

7. Background documents

None