



Report of: Leeds Mental Health Partnership Board

Report to: Leeds Health and Wellbeing Board

Date: 20 February 2020

Subject: Priority 10 - Promote mental and physical health equally: The 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 has been developed which encompasses population mental health, prevention and treatment.

Recommendations

The Health and Wellbeing Board is asked to:

- Approve the Mental Health Strategy and the three passions and eight priorities contained within it.
- Support the vision of a collective and unified system-wide approach to mental health and its fit with the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan.
- Note and support the work that will be undertaken to deliver the eight priorities contained within the strategy through the implementation of the Delivery Plan

1. Purpose of this report

- 1.1 The purpose of the report is to present the new all-age Leeds Mental Health Strategy (Appendix 1) which sets out what we intend to do as a city to improve the mental health of people in Leeds, better support those with mental ill health, and reduce mental health inequalities across Leeds. It sets out the priorities which identify where we, as a city, particularly need and want to focus on achieving a step change in mental health outcomes.
- 1.2 The report provides an overview of the consultation and engagement processes undertaken in developing the strategy, and it outlines the governance arrangements and the next steps required to deliver this ambitious strategy.

2. Background information

2.1 Leeds has a clear commitment, and various 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.
- Mental Health Prevention Concordat, with strategic leaders signed up as ‘champions’

2.2 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 in other areas such as employment, and to acknowledge that this has been challenging, in part due to the complex nature of mental health and illness.

2.3 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 previously carried out provide strategic partners with a good understanding about what affects people’s mental health in the city and how people think services could improve. This engagement includes:

- ‘Big Leeds Chat’ (our ‘one system’ citywide engagement with the public about health and wellbeing)
- 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

- 2.4 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.
- 2.5 This Mental Health Strategy builds on these existing programmes which encompass the spectrum of prevention through to the delivery of high quality services. It sets out the vision and the priorities to enable Leeds to become a mentally healthy city for everybody. 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.
- 2.6 The strategy 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.
- 2.7 Implementation of the strategy will also support the objectives set out in the city's Health and Wellbeing 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. 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. Implementation of the all-age mental health strategy will enable this broad and holistic perspective. Achieving the vision is dependent upon a strong partnership approach that takes positive action across the areas shown in the circles below which will ensure that people in Leeds stay mentally, and physically, healthy for longer.



A conceptual model derived from the World Health Organisation Public Mental Health Framework (2013)

- 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 promote their mental health and thereby seeking to close the inequalities gap.
- 3.7 The all-age mental health strategy is meant to be transformative and it 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'.

Key elements of the strategy

- 3.8 The purpose of the strategy is to:
- Drive forward the vision that “Leeds will be a Mentally Healthy City for everyone”, show how we can all play a part in achieving this, and how we will know when we are successfully achieving it
 - Set out the delivery plan - three key areas, and eight priorities that will help achieve the vision
 - Provide a framework within which to develop a shared culture across diverse services
- 3.9 The strategy focuses on how we promote good mental health and wellbeing, prevent mental illness and improve services. 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 In developing this strategy, and in recognising the need to take a system-wide approach to mental health, the various partners across Leeds have agreed to the following guiding principles:

- Ensure that services and new work are co-produced, with people at the centre
- Recognise the impact of trauma and adversity on people's mental health
- Take a person and family-centred, strengths-based approach
- Have a strong focus on the wider determinants of mental health and illness
- Ensure that mental health and physical health are treated equally
- Challenge stigma and prejudice
- Make sure that any action is based on the best possible evidence
- Adopt a recovery focus wherever possible
- Address issues of inclusion and diversity

3.11 The mental health strategy identifies **five outcomes** for people in Leeds:

1. People of all ages and communities will be comfortable talking about their mental health and wellbeing
2. People will be part of mentally healthy, safe and supportive families, workplaces and communities
3. People's quality of life will be improved by timely access to appropriate mental health information, support and services
4. People will be actively involved in their mental health and their care
5. People with long term mental health conditions will live longer and lead fulfilling, healthy lives

3.12 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 are:

1. Reduce mental health inequalities
2. Improve children and young people's mental health
3. Improve flexibility, integration and compassionate response of services

3.13 In focussing on the passions, we have identified **eight priorities** on which our joint resources will be targeted 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'. The eight priorities are:

1. Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm
2. Reduce over representation of people from Black, Asian and minority ethnic communities admitted in crisis

3. Ensure education, training and employment is more accessible to people with mental health problems
4. Improve transition support and develop new mental health services for 14-25 year olds
5. Ensure all services recognise the impact that trauma or psychological and social adversity has on mental health. This includes an understanding of how to respond to adverse childhood experiences and embedding a 'Think Family' approach in all service models
6. Improve timely access to mental health crisis services and support and ensure that people receive a compassionate response
7. Ensure older people are able to access information, support and appropriate treatment that meet their needs
8. Improve the physical health of people with serious mental illness

Engagement on the strategy

- 3.14 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 representatives such as Healthwatch Leeds, Age UK, and Forum Central, and experts by experience, as well as commissioners from Children & Families, Adults & Health and from NHS Leeds 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.
- 3.15 Engagement on the emerging strategy was undertaken through the summer and autumn 2019. The engagement occurred at two levels: citizen engagement and stakeholder engagement.
- 3.16 Citizen engagement included delivering a brief presentation of the outline of the strategy, and facilitating open discussions about the proposed priorities and passions. This was undertaken 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, and Leeds Youth Council.
- 3.17 Engagement was undertaken with various third sector organisations, particularly targeting those organisations that work with individuals and groups that have not previously been consulted. This included: 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 were led and facilitated by Healthwatch Leeds, Age UK; Forum Central and Young Lives Leeds.
- 3.18 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. This engagement was undertaken 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 and Touchstone.

- 3.19 Through the engagement processes outlined above, the strategy has been modified to reflect what people told us. The number of priorities have increased from 7 to 8 following the feedback and have been amended to be more inclusive of groups who are most at risk, and to reflect an all-age strategy.

The Delivery Plan

- 3.20 A comprehensive delivery plan (Appendix 2) is in the process of being developed which galvanises the various initiatives that are already in place and are delivering aspects of the priorities, and which identifies new and additional actions and activities required to enable full implementation of the strategy. The delivery plan specifies the actions and tasks that need to be undertaken to enable the outcomes to be delivered and sets out 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.
- 3.21 The task and finish group has been working with finance and performance colleagues to identify the key success indicators and measures that already exist, or that need to be developed which will help track progress on each of the priorities and the actions which sit under them. A dashboard will be developed to enable reporting of progress against the key indicators.
- 3.22 As outlined, successful implementation of the strategy will entail co-ordinating a vast range of work streams that are already underway, as well as the development of new activities and areas of work. Also, given the scope and breadth of the strategy it is recognised that implementation of some of this work may sit outside of the health and social care system, such as access to and support in employment. As well as identifying the Senior Responsible Officer for each of the eight priorities, implementation leads are also being identified for the various activities. These leads include representatives from the third sector as well as from NHS providers and from commissioners. Wherever possible, the activities and developments will be co-designed with service users and carers and where this is not realistically feasible, this will be undertaken with key third sector organisations.
- 3.23 In order to ensure all the work activities are aligned and are successfully progressing to deliver the vision of the strategy, a programme manager role will be developed, within the Health Partnership Team, to ensure full co-ordination of the various actions and activities that will fall under the delivery plan.

Governance arrangements

- 3.24 Implementation of the delivery plan will be governed through to the Mental Health Partnership Board which is co-chaired by the Director of Adults and Health and the Director of Operational Delivery at NHS Leeds CCG. This Board meets on a bi-monthly basis and key stakeholders are represented on the board including service user representatives, third sector organisations, NHS providers as well as children's and adults' commissioners from Leeds City Council and the CCG.

3.25 Where key decisions are required about resource allocation including future investment, these will be progressed through the Integrated Commissioning Executive (ICE). Progress on the strategy will ultimately be reported, on a regular basis, to the Health and Wellbeing Board.

4. Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 As part of the previous 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. In developing the new mental health strategy, the 'I statements' have been 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
- 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 As outlined in 3.14 – 3.19 above, further engagement has been undertaken by members of the Mental Health Strategy task and finish group via a number of known platforms, and with various groups of people, during late summer and autumn 2019.

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 are a key

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

focus of the strategy, with an overarching commitment to addressing and reducing mental health inequalities.

- 4.2.2 A delivery plan has been developed which sits under the strategy. This will help ensure that the social and economic determinants of mental ill health are highlighted and closing the inequalities gap will be a key priority which will be done by 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 on 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 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. The Mental Health Strategy does not have an associated budget; rather it sets out action that is taking place already in the city through the current funding streams. 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.
- 4.3.3 The NHS Long Term Plan clearly signals the need to improve services and wider support for people with mental ill health, underpinned by a commitment to addressing mental and physical health inequalities through a focus on prevention and through integrated approaches. The NHS Long Term Plan brings with it some new funding, some of which will be earmarked specifically for mental health developments over the next few years. The priorities within the Mental Health Strategy will further help inform where such streams of funding could be targeted.

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 implementation 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 covers the full breadth of mental health and illness from prevention and the range of community based services through to in-patient treatment. It complements strategies already in existence across the system.
- 5.2 Successful implementation of the Mental Health Strategy should help 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 is ambitious: focussed on bolstering prevention and seeking resources to be invested into 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 The Leeds Mental Health Strategy will need to resonate with a changing health and social care landscape both at the regional and local level. As such, it will need to be sufficiently flexible to inspire and deliver change at neighbourhood level through the Local Care Partnerships and at citywide level.

6. Recommendations

The Health and Wellbeing Board is asked to:

- 6.1 Approve the Mental Health Strategy and the three passions and eight priorities contained within it.
- 6.2 Support the vision of a collective and unified system-wide approach to mental health and its fit with the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan.
- 6.3 Note and support the work that will be undertaken to deliver the eight priorities contained within the strategy through the implementation of the Delivery Plan

7. Background documents

None



Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?

Contained within the strategy is a clear focus on promoting good mental health and preventing mental ill 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 focuses on strengthening community services including statutory mental health services and the various initiatives and services provided by the Third Sector. There is an emphasis on ensuring that across the health and care system there are a diverse range of services but that all partner organisations will develop 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