Leeds Mental Health Strategy Delivery Plan 2020 - 2025

Overview

The vision set out in this strategy cannot be delivered in isolation. The delivery plan has important interfaces at a city-wide and regional level.

These include:

- The Leeds Best Council Plan
- The Leeds Health and Wellbeing Strategy
- The Leeds Inclusive Growth Strategy
- Leeds Future in Mind Strategy and Action Plan
- Leeds Suicide Prevention Action Plan
- Leeds Clinical Commissioning Group Mental Health Commissioning Framework
- The West Yorkshire and Harrogate Health and Care Partnership Mental Health, Learning Disability and Autism Strategy

There are opportunities for improving outcomes through the new commissioning arrangements established by the Leeds Integrated Commissioning Framework, and through the transformational actions set out in the Leeds Health and Care plan. Local Care Partnerships also have a significant role to play in supporting the delivery plan. Bringing together general practice networks with wider organisations ensures that intelligence about mental health needs is combined with local assets - meaning that services are better able to meet people's needs holistically.

Delivering this ambitious plan and driving improvements across the eight priorities is dependent upon organisations working together in new ways, sharing approaches and putting people at the heart of what we do as a city.

Process

- Each priority in the delivery plan has a named strategic and implementation lead.
- Linked to the priorities are a number of actions. It is envisaged that they will be reviewed annually. However, this is a live document and there is scope for new actions to be included in order to meet emerging need.
- Throughout each priority, there needs to be consideration of health inequalities and groups which are more at risk of mental ill health. Actions will need include these groups throughout each priority.
- There are also a number of indicators. These will be reviewed quarterly or annually (where this is more appropriate) by the Leeds Mental Health Partnership Board, which in turn, will report regularly on progress to the Leeds Health and Wellbeing Board
- The indicators proposed focus on quantitative data that can be baselined and regularly measured. The majority of this data will be made up by a number of measures already collected by the system, but some may need development.
- Quantitative data alone will not be representative of the work this strategy and the mental health system in Leeds will do to make Leeds a mentally healthy city for all. With the same importance, softer data will need to be collected to represent people's voices. This could be coordinated via exiting groups, such as the People's Voice group, but there's a need for an exercise here when baselining to map existing ways people's voices are being captured. Examples of how this can be collected are:
    - Friends and family tests from services
    - Healthwatch: Crisis summit
    - Opportunities to commission work via Leeds Involving People and Healthwatch with specific focus groups
    - Real-time videos on people's experience – Health watch are currently tracking older peoples experiences of health services, but this is a model that can be adapted to focus on mental health in for a number of specified groups
    - Leeds Big Chat
- This approach can also be taken with workforces in Leeds to see how they have improved their understanding of mental health needs, and the day to day way they are implementing the wider strategy.

Passions	Priorities	Delivered through…	Actions	Success indicators	Mentally Healthy City Outcomes
Reduce mental health inequalities	Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm	**SRO: Victoria Eaton** **Implementation Lead: Catherine Ward** Delivery mechanisms include: Leeds Strategic Suicide Prevention Group Leeds Prevention Concordat for better mental health	• Deliver on the Strategic Suicide Prevention Action Plan for the city which is refreshed annually • Ensure commissioned services deliver on suicide prevention activity i.e. Mentally Healthy Leeds, Leeds Suicide Bereavement Service (Leeds Mind LSLCS) , Leeds Community Foundation Grant Recipients. • Ensure 2020 Grant programme managed in a targeted way. • Share learning from best practice from the Grants programme learning event.	1. Improvement in ONS Annual population survey scores on wellbeing 2. Reduction in Suicide rates 3. Reduction in hospital admission rates through self-harm	People of all ages and communities will be comfortable talking about their mental health and wellbeing, free from stigma People will be part of mentally healthy, safe and supportive families, workplaces and communities People will be actively involved in their mental health and their care
	Reduce over representation of people from Black ,Asian and minority ethnic communities assessed and/or detained under the MH Act	**SRO: Andy Weir & Max Naismith** **Implementation Lead: Sharon Prince & Sarah Erskine, Jayne Bathegate-Roach** Delivery mechanisms include: Synergi Steering Group (TBC) AMHP workforce	• Further co-design activity with service users and carers, including young people (16+) • Development of a citywide network to develop capacity and co-ordinate system wide action • Creative Spaces event looking at race and mental health • LYPFT internal actions – Caroline Bamford/Andy Weir to complete • Use learning from recent BAME health needs assessment, with CYP	1. Reduction in the over-representation of BAME groups being assessed and/or detained under the Mental Health Act.	
	Ensure education, training and employment is more accessible to people with mental health problems	**SRO:** Sue Wynne **Implementation Lead: James Turner & Catherine Ward & Andrea Richardson** Delivery mechanisms include: No overseeing group – role of strategy coordinator? Employment and Skills Service Leeds Mind Leeds Mental Wellbeing Service	• Employment task group – Hub for LD (dual diagnosis) • IPS pilot (via Leeds Mind), Workplace Leeds • Mindful Employer • IAPT/DWP pilot. • April 20 Employment skills project for YP with MH (ECIF), Sue Wynne • LCP intervention 'Developing You', James Turner	1. Increase in members to the mindful employer network 2. More people supported to access paid employment or remain in paid employment, including those with SMI 3. More people routinely asked by professionals about their employment status when seeking help for their mental health or wellbeing 4. Decrease in the number of students from university, colleges and schools leaving courses due to their mental health or wellbeing	
Improve children & young people's mental health	Improve transition support and develop new mental health services for 14-25 year olds	**SRO: Jane Mischenko & Alison Kenyon** **Implementation Lead: Jayne Bathegate Roche & Kash Ahmed & Aidan Smith** Delivery mechanisms include: Future In Mind, or reestablishment of transitions working group CCG Blueprint	• Expansion of THRU (peer to peer support for 16-25 y/o in Leeds who are experiencing difficulties with their mental health) • Development of pathway connections (warm handover between CYP services and adult services for core delivery areas e.g. eating disorder, crisis, EPD, early onset psychosis • Transitions services and pathways developed for those age 14-25 • Implementation of pilot site of NHSE for YPs delivery and new models of care.	1. Reduction in number of CYP admitted to CAMHS hospital 2. User experience 3. Increase in transitional pathways and services	
Improve the flexibility, integration and compassionate response of services	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	**SRO: Max Naismith & Jane Mischenko** **Implementation Lead: Kash Ahmed , 3rd Sector Lead & Sue Rumbold** Delivery mechanisms include: MH Collaborative Co-ordinate through Think Family working Group (led by Sue Rumbold)	• Enhanced organisational development, focussing upon approaches across the Adult and Children's Social Work services in terms of working with young people and children who have mental health issues • Establishing a Think Family approach with specific focus upon mental illness • Funded training re trauma informed practice (LYPFT/Visible partnership – Sharon Prince)	1. Increase in the number of staff undertaking think family training 2. Increase the number of staff undertaking trauma informed practice 3. Increase in number of organisations signed up to be 'Trauma Aware' 4. 100% of workforce undertaken think family and trauma informed practice training.	

	embedding a 'Think Family' approach in all service models.	Workforce development and OD LYPFT	• Ensure all staff undertake Think Family and Trauma informed practice • Services to engage with parents and support them to access therapeutic support	5. Reduce the numbers of children coming into care where one or both parents have a diagnosed or undiagnosed mental health condition 6. Improve access to services for families whose children are on the edge of care	People's quality of life will be improved by timely, access to appropriate mental health information, support and services People with long term mental health conditions will live longer and lead fulfilling, healthy lives
	Improve timely access to mental health crisis services and support and ensure that people receive a compassionate response	**SRO: Alison Kenyon & LCH** **Implementation Lead: Kash Ahmed, Jayne Bathgate-Roache & Paul Reddiex** Delivery mechanisms include: MH Collaborative Leeds CCG/ASC Commissioning LYPFT 3rd Sector S136	• There is the work underway between LCH and LYPFT re crisis transition, there needs to be a working group re-formed with an agreed programme /plan developed • Actions to marry with crisis work already undertaken in the city, in particular to the crisis summit which focused on the following areas: o Improve mental health pathways in a crisis o Giving people the right crisis support, in a timely manner, and when they need it o Supporting services to meet the needs of people with additional needs o Services to be kind and compassionate and people feel listened to o Hearing the voices of cares and families o Clearly communicated offer for young people in crisis o Better support after-crisis o 3rd sector and statutory services to work together in crisis care o Having a better definition of crisis in the city, and recognising and supporting personal experiences	1. People using crisis services report receiving a kind and compassionate response 2. Improvement in national indicators re timely response, including CYP 3. Reduction in admittance under the MH Act	
	Ensure older people are able to access information, support and mental health treatment that meets their needs	**SRO: Caroline Baria & Lesley Southerland** **Implementation Lead: Kash Ahmed & 3rd Sector Lead TBC** Delivery mechanisms include: TBC – Needs a home/opportunity to develop a working group with representation from: LOPF, Leeds Mental Wellbeing Service, Age friendly partnership, Age UK Leeds, Carers Leeds Public Health, CCG, CLASP, LYPFT, Time to Shine	• Training and support for other organisations, including care homes, to support older people to access and navigate MH services • Baseline experience and access to services for older people, working with older people, and improve reporting mechanisms • Information and referral mechanisms are designed to meet the needs of older people, by working with older people • Better recognition and challenge about stigma and ageism in mental health by professionals and the public • Development of pathways between associated and relevant services e.g LTHC, dementia, and low level mental health support	1. Increase in older people accessing MH services 2. Increase in signposting to appropriate services from NHS services 3. Increase in signposting to appropriate services from 3rd sector organisations 4. Increase in recovery rates for older people 5. Decrease in the over-prescribing of anti-depressants to those over 65 years old, including those in care homes 6. Increase in the number of people diagnosed with dementia and LTHC receiving support for low level mental health issues. 7. Number of KPIs from age friendly board	
	Improve the physical health of people with serious mental illness	**SRO: Helen Lewis & PC Lead** **Implementation Lead: Caroline Townsend & Gwyn Elias** Delivery mechanisms include: SMI and Physical health strategic groups	• Establish city-wide multi-agency group • Carry out HNA on needs of SMI population in relation to healthy living • Action on reducing variation in SMI health-checks across primary care • Improving pathways across secondary and primary care • Maintaining current levels of mobility in someone living with frailty	1. Increase the proportion of people with SMI accessing physical health check 2. Reduce avoidable mortality of SMI population	

Specific Measures to use (to turn into dashboard after further development and baselining):

Priority	Specific Measures
Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm	1. Annual Population Survey (APS); Office for National Statistics (ONS) 2. Suicide report (Adam Taylor PH Intelligence) 3. Self-harm report (Simon Harris)
Reduce over representation of people from Black ,Asian and minority ethnic communities assessed and/or detained under the MH Act	1. MH Act assessments and detentions by top level ethnic group (Andrea Cavill/Roz Brown). Risk ratio to show comparison by different tip level ethnic groups BAME cf. white
Ensure education, training and employment is more accessible to people with mental health problems	1. Identify measures from mindful employer (Catherine Ward) 2. E&S targets for YP project (James Turner) 3. NHS figures re employment status (SH) 4. Higher Education figures from Jane Harris, and school figures from Luke Myers?
Improve transition support and develop new mental health services for 14-25 year olds	1. CAMHS or CAMHS hospital admittance figures 2. Case studies 3. To develop
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.	1. To develop 2. To develop 3. Measures from Visible network and CYP 4. Figures from OD across the system (to develop) 5. Children's care figures, and a risk ratio to show comparison by parents mental health condition (Children & Families Directorate, LCC) 6. Access rates for therapeutic services (SH), development needed
Improve timely access to mental health crisis services and support and ensure that people receive a compassionate response	1. To develop 2. National indicators re timely response, including Figures from Early intervention in psychosis access, IAPT and other crisis services, including CYP(SH) 3. AMHP detention figures (AC/RB)
Ensure older people are able to access information, support and mental health treatment that meets their needs	1. Leeds Mental Wellbeing Service figures (SH) 2. GP and community services signposting figures (SH) 3. People's voices 4. Recovery rates across age indicators (SH) 5. To develop 6. To develop All commissioned MH Services – LYPFT and Mentally Healthy Leeds etc. to give data regarding older people as a percentage of the population, not just a figure. Work to be done to build reporting to reflect other charaterisitcs of older people e.g. carers, LGBT and BAME.
Improve the physical health of people with serious mental illness	1. Quarterly monitored at a national level, and at a practice level if needed (SH) 2. Public Health measure this