

Report of The Deputy Director of Integrated Commissioning

Report to The Director of Adults and Health

Date: 18 March 2020

Subject: 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 checked="" 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
Will the decision be open 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

- This report outlines the development of a new all-age mental health strategy, which focusses on mental health promotion, prevention and treatment. The strategy outlines what we intend to do as a city to improve mental health, support those with mental ill health and reduce mental health inequalities across Leeds. It sets out the priorities which show where we, as a city, particularly want to achieve a step change in mental health outcomes.
- Work has been underway over the last year to develop the new comprehensive strategy for mental health and this report outlines the process undertaken to understand need, including the voices of people with lived experience of mental ill-health, which has informed the strategy's objectives and priorities.

2. Best Council Plan Implications (click [here](#) for the latest version of the Best Council Plan)

- 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 201/8/2019 to 2020/21 for Leeds to be the best city in the country, promoting inclusive growth, and seeking to reduce health inequalities.
- Implementation of the mental health strategy will also support the Council's Child Friendly Strategy and Age Friendly Strategy.

- In addition, implementation of the strategy will contribute to the achievement of 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. Resource Implications

- 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.
- 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 Director of Adults and Health is asked to:

- a) Support the Mental Health Strategy and the associated Delivery Plan.
- b) 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.
- c) Note the citizen and wider stakeholder engagement that has informed the development of the strategy and the priorities set out within it.
- d) To reflect on work to engage the Leeds business sector as mindful employers.

1. Purpose of this report

- 1.1 The purpose of the report is to present the new all-age Leeds Mental Health Strategy, outline the consultation and engagement processes undertaken, and to outline the next steps required to deliver this ambitious strategy.

2. Background information

- 2.1 Between 2014 and 2017, action and initiatives across the mental health system in Leeds were 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 people who require mental health support, families and carers, and from providers of services including 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 has therefore been 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, 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.
- 3.8 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'.
- 3.9 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've achieved 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
- 3.10 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.
- 3.11 When working together to develop and implement this strategy, partners in 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
- 3.12 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:



Annual Report of the
Chief Medical Officer 2013

Public Mental Health Priorities:
Investing in the Evidence

- **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

3.13 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.

- 3.14 The mental health strategy identifies **five key outcomes** for the 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
- 3.15 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
- 3.16 In focussing on the passions, we have identified **eight key 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.
- 3.17 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.

- 3.18 Engagement on the proposed strategy was undertaken through the summer and autumn 2019. The engagement occurred at two levels: citizen engagement and stakeholder engagement.
- 3.19 Citizen engagement included delivering a brief presentation of the outline of the 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, and Leeds Youth Council.
- 3.20 Engagement was undertaken with various third sector organisations, particularly targeting those organisations that work with individuals and group 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, Age UK; Forum Central and Young Lives Leeds.
- 3.21 Stakeholder engagement was delivered 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.
- 3.22 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.
- 3.23 Through the engagement processes outlined, 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.
- 3.24 The task and finish group has identified 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.

Delivery Plan

- 3.25 A comprehensive delivery plan is 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.
- 3.26 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.

- 3.27 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.
- 3.28 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 identified, 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

- 3.29 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 the 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 the Council and the CCG.
- 3.30 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 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
- 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 – 3.22 above, members of the Mental Health Strategy task and finish group have also engaged with, and carried out further consultation via, a number of known platforms during late summer and autumn 2019.

4.1.5 This report was originally due to be considered by Executive Board at a meeting scheduled for Wednesday 18th March 2020.

4.1.6 Due to the Covid-19 pandemic the meeting was cancelled, and replaced instead with an informal meeting of the members of the Executive Board, with members dialling in remotely.

4.1.7 Under current legislation, as members were not physically present in one location, it was not a properly constituted Executive Board meeting and therefore cannot take decisions.

4.1.8 The decisions/recommendations outlined in this report will now be taken by the Director of Adults & Health through a delegated decision.

4.1.10 Executive Board members made note of the number of recommendations, which are reflected in the recommendations part of this decision and listed below. (Notes from the informal meeting are attached with this report).

4.1.11 In considering the submitted report, Members noted comments made regarding the likely impact upon mental health services arising from the COVID-19 outbreak, and separately, regarding workforce levels and recruitment. And recommended –

(a) That the Mental Health Strategy and the associated Delivery Plan, as appended to the submitted report, be supported;

(b) That the vision of a collective and unified system-wide approach towards mental health and its fit with the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan, be supported;

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

(c) That the citizen and wider stakeholder engagement which has informed the development of the strategy and the priorities set out within it, be noted;

(d) That the ongoing work being undertaken to engage the Leeds business sector as mindful employers, be noted.

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 focus of the strategy, with an overarching commitment to addressing 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 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. It will support the best council ambition to be 'an efficient, enterprising and health organisation' by the Council continuing to be a mindful employer. 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.

4.4 Climate Emergency

4.4.1 As the mental health strategy has been developed, consideration has been 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.

- 4.4.2 Eco-anxiety or climate-change anxiety is, according to Psychology Today, “a fairly recent psychological disorder afflicting an increasing number of individuals who worry about the environmental crisis.” It can particularly effect young people as an understandable reaction to a growing awareness of the crisis. Giving children and young people in Leeds a voice in the future of our city is a key part of our work and this includes supporting young people to express their views about climate change. Future in Mind is our mental health strategy for children and young people and the Mindmate website includes the information about addressing children’s anxiety more generally. We will work with partners including the NHS and third sector organisations to develop information for children and families to be included on this website. We will also work closely with schools to develop guidance to address climate-change anxiety and consider it more widely as part of our practice for supporting children young people and families.

4.5 Resources, procurement and value for money

- 4.5.1 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.
- 4.5.2 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.
- 4.5.3 In addition to this, the Council is investing in new mental health provision and in service developments where funding opportunities arise. This includes recent recurrent investment in the Children and Families Directorate of £500k per annum on developing life coaching approaches to support adolescents experiencing mental illness.

4.6 Legal implications, access to information and call in

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

4.7 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 covers 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 seeks to 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 is 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 needs to be sufficiently flexible to inspire and deliver change at neighbourhood, Local Care Partnerships and citywide footprints.

6. Recommendations

The Director of Adults and Health is asked to:

- a) Support the Mental Health Strategy and the associated Delivery Plan.
- b) 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.
- c) Note the citizen and wider stakeholder engagement that has informed the development of the strategy and the priorities set out within it.
- d) To reflect on work to engage the Leeds business sector as mindful employers.

7. Background documents²

None

8. Appendices

- 8.1 Leeds Mental Health Strategy 2020-2025
- 8.2 The Delivery Plan
- 8.3 Equality Assessment
- 8.4 Notes of the Consultative Meeting for Executive Board 18/3/20

² The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.