

Report of the Director of Adults & Health

Report to Scrutiny Board, Adults, Health and Active Lifestyles

Date: 20th October 2020

Subject: Implementation of the Leeds All Age 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

- The Leeds All Age Mental Health Strategy was approved by the Health and Wellbeing Board on the 20th February 2020. This strategy covers our city wide priorities in relation to mental health promotion, prevention and treatment. Progress on the development of the All age Mental Health Strategy was last reported on at this Scrutiny Board in July 2019 when it was in its development phase. The aim of this report is to provide the board with a brief overview of the strategy – along with an overview of the approach currently being taken to its implementation.

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

- a) Note the key elements of the Leeds All Age Mental Health Strategy as approved by the Health and Wellbeing board in February 2020.
- b) Note and support the approach being taken to further develop and embed the eight priorities as contained within the All Age Mental Health Strategy.
- c) Note and support the expanded governance structure including the commitment being made to integrated working in its truest and widest sense through the development of the Leeds Mental Health Collaborative as a key vehicle for strategy delivery.

1. Purpose of this report

- 1.1 The aim of this report is to provide the board with a brief overview of the key elements of the Leeds All Age Mental Health Strategy. It also describes the approach being taken to developing the programme of work and implementing the required actions in relation to each of the 8 priorities identified within the 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.
- 2.3 It was also recognised that there was a need to better 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 and agreed at the Health and Wellbeing Board in February 2020 which sets out the vision and the priorities to enable Leeds to become a mentally healthy city for everyone.

- 2.4 The strategy for the city builds on 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.
- 2.5 Since agreement of the strategy in February 2020 the Covid-19 Pandemic has impacted upon all our lives. This initially set back plans to implement the strategy at pace. The pandemic and the impact that it has had on the mental health of the population now makes it even more important that the system works together to promote Mental Health and address Mental Ill Health and work is now underway and focused on implementing and embedding the 8 priorities contained within the All Age Mental Health strategy across the City.

3. Main issues

- 3.1 The ambition for the all-age mental health strategy is that it 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'.
- 3.2 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
- 3.3 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

3.4 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

3.5 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

3.6 In focussing on the passions, **eight key priorities** have been identified 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 service models 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. Ensure a timely access to mental health crisis services and early intervention services
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.

3.7 Covid has inevitably had an impact on the Mental Health of the population. During the first phase of Covid, mental health services in Leeds saw a significant reduction in referrals for support, which was consistent with what happened within primary care, general community and hospital provision. The Leeds Mental Wellbeing Service (including IAPT) saw a significant drop in referrals for support from March 23rd to around a third of what their weekly referrals would have been. This has now

begun to gradually increase again, and referrals are now at around pre-covid levels.

- 3.8 LYPFT continued to operate priority services including CMHT, Crisis teams, and inpatients and re-deployed staff from other services to ensure these services were maintained. Between March 23rd to the end of April, referrals and demand significantly decreased for community services, and inpatient demand reduced. From the start of May referrals have increased, particularly for the Crisis teams and inpatients. There has also been an increase in mental health act assessments and detentions, which is similar to the national picture indicating that the reduction in activity during the first wave of Covid may have led to increased complexity of presentation.
- 3.9 There is an expectation that demand on services, including secondary care will continue to increase due to the continuing impact of Covid. As a system, providers have put more workforce capacity at the frontline and providers are continuing to monitor capacity and demand and ensure services can respond effectively. Commissioners have purchased additional step down bed a capacity for both adults and older adults and VCS partners have worked flexibly to support statutory services in managing demand. As a system we are undertaking analysis and forecasting for current and future demand, and plans are in place to undertake scenario based planning with key partners. This work will help to inform short and medium term actions we need to take as a system so we can respond effectively to challenges and help people stay well and access quality support when they need it.
- 3.10 It is important this anticipated increased demand for services, in addition to the wider impact on mental health that Covid is likely to have on the population is taken into consideration within our mental health strategy priorities going forward.

Moving from strategy into delivery

- 3.11 A comprehensive delivery plan for the Mental Health Strategy was presented and agreed by the Health and Wellbeing Board in February 2020. The delivery plan contained the detail of actions that are planned to be taken to address the eight priorities as referred to in section 3.6.
- 3.12 The content and focus of the priorities (as referred to in section 3.6) is a blend of existing work, to ensure the reach and influence of this work extends beyond the immediate governance, supporting wider synergies to be made (for example work on Perinatal Mental Health and the Suicide Strategy), and new work based on gaps that have been identified through the process of strategy development.
- 3.13 The initial delivery plan has since been refreshed in the form of individual Project Initiation Documents (or PIDS) for each of the eight priorities. This not only allowed time to reflect on what the areas of focus should be for the key priorities but also to identify the changes that need to be made to reflect the impact that Covid-19 has had on the population. How each priority will support a reduction in Health Inequalities remains a firm area of focus across each of the PIDS, along with clarity on the approach to co-production to support us in keeping true to our principle of *'ensuring that services and new work are co-produced with people at the centre'*.
- 3.14 Fundamental to successful delivery of an ambitious strategy such as this is strong and clear lines of leadership. Senior Responsible Officers (SROs) have been identified for each of the priorities along with implication leads. Reflective of the fact

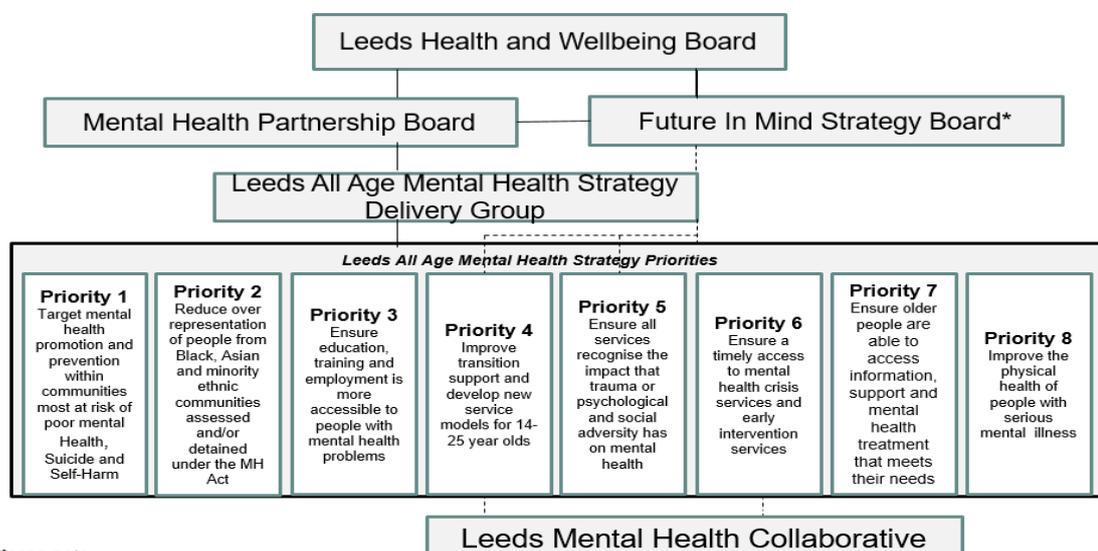
that the challenging issues the strategy looks to address can only be tackled through adopting a whole system approach SROs and implementation leads reflect the full spectrum of the system including the 3rd sector, providers and the CCG. A number of the priorities also have clinical leadership, for example priority 8 is led by Gwyn Elias a GP and the CCG clinical lead for Mental Health. The ambition is for there to be a clinical lead across all of the priorities. In addition to this, where appropriate, priorities have leads from 'across the life course' for example Children's and Older Peoples specific services.

- 3.15 To support the development of strong and clear leadership, role descriptions have been developed to ensure there is clarity of expectation on what is required from the SRO and Implementation Lead roles.
- 3.16 Programme management arrangements have been put in place through the Health Partnerships Team. This supports alignment to the ambition and vision of the Leeds Health and Wellbeing Strategy and the Leeds Health and Care Plan. A specific post focused on the successful implementation of the strategy is currently being recruited to and will sit within the Health Partnerships Team.

Governance arrangements

- 3.17 The Mental Health Partnership Board has experienced significant success since the most recent terms of reference were approved in December 2018, including development and sign off of the All Age Mental Health Strategy. The board is well attended and reflects all aspects of health and care system including patient elected members, commissioners, providers and the third sector.
- 3.18 Now the Mental Health Strategy is agreed there is a need to evolve the current governance structure into one that plays a dual role:
 - Continuing to focus on the integration of services and inclusion of service user voice in the delivery of the all age mental health strategy; and
 - A stronger focus on accountability – providing the system with assurance of delivery of the transformational changes as identified through the all age mental health strategy.

The suggested structure for this is set out below:



Please note:

*The Future In Mind Strategy Board has a separate but complementary set of priorities. There is a joint plan owned by the two boards for priorities 4 and 5

- 3.19 **Leeds Health and Wellbeing Board:** The Leeds All Age Mental Health Strategy is a key component of the Leeds Health and Wellbeing Strategy and the Leeds Health and Care Plan. Progress made in delivery of the All Age Mental Health Strategy will be reported to the Health and Wellbeing Board on a regular basis. Accountability for reporting is through the Mental Health Partnership Board
- 3.20 Implementation of the All Age Mental Health Strategy is governed through the Mental Health Partnership Board. The board is the key vehicle for integration in delivery of the strategy as a wide spectrum of stakeholders are represented including service user representatives, third sector organisations, NHS providers as well as children's and adults commissioners from Leeds City Council and from Leeds CCG.
- 3.21 The board has a vital role in ensuring delivery against the 8 priorities as identified within the All Age Mental Health Strategy. The plan is for the board to receive a comprehensive update report at each meeting on the 8 priorities along with a deep dive on one of the priorities. However, to deliver our shared vision of 'Leeds being a mentally healthy city for everyone' the board must have a focus that is wider than the 8 priorities. The board needs to challenge wider progress within the system in achieving the 3 passions and 5 outcomes as outlined in the strategy and also play a role in shaping the compassionate culture that the strategy identifies as being crucial in achieving the vision. The Partnership Board must also play a role in shaping the 'wider determinants of mental health' that we know have a significant impact, for example housing, employment and skills and the environment.
- 3.22 With this in mind the suggestion is to develop a Leeds **All Age Mental Health Strategy Delivery Group**. The role of the Leeds All Age Mental Health Strategy Delivery Group is to steer and support the implementation of the work sitting under each of the 8 priorities, and to provide assurance to the Mental Health Partnership Board (and where / if appropriate to the Future in Mind Strategy Board) of delivery of the 8 priorities within the All Age Mental Health Strategy and progress towards achieving the agreed outcomes and measures. It is suggested that this group is comprised of the SROs for each of the 8 priorities and a small number of other stakeholders including 3rd sector, service user, social care, and commissioner and provider representation.
- 3.23 The role of the Leeds All Age Mental Health Strategy Delivery Group would include ensuring priorities are delivering in line with the agreed plan, monitoring key performance indicators and managing risks and issues. It would provide an opportunity for SROs to collaborate, identifying interdependencies between priorities and also to hold each other to account.
- 3.24 **Future In Mind Strategy Board:** Through the process of developing both the All Age Mental Health Strategy and refreshing the Future In Mind Strategy it has been identified that there are a number of areas where stakeholders in both adults and children's mental health need to come together to develop a joint plan to improve outcomes for people. These areas link with the following All Age Mental Health Strategy priorities:
- Priority 4: Improve transition and develop new service models for 14-25 year olds

- Priority 5: Ensure all services recognise the impact that trauma or psychological and social adversity has on mental health

- 3.25 Reporting arrangements need to be developed that will satisfy the assurance needs of both the All Age Mental Health Strategy and the Future in Mind Strategy Boards. A pragmatic approach will need to be taken that achieves this but does not lead to duplication of effort.
- 3.26 Alongside implementation of the All Age Mental Health Strategy has been the development of the **Leeds Mental Health Collaborative (LMHC)**.
- 3.27 The LMHC has been set up to improve cross-system provider collaboration, system integration and accountability with a focus on achieving the outcomes and ambitions of the Leeds Mental Health Strategy. The Collaborative will be used to provide a cross-partner approach to working on specific areas identified as priorities within the Mental Health Strategy.
- 3.28 The Collaborative has been born out of successful implementation of similar approaches elsewhere, with The Lambeth Living Well Collaborative (LLWC) being used as a particular case study. Success stories from this Collaborative includes developing an effective, cross system Single Point of Access (SPA) as well as identifying alternatives to patient admission has seen a 60% reduction in admission rates to inpatient rehabilitation wards.
- 3.29 Membership of the LMHC is truly cross system and reflective of the life course including 3rd sector providers, people with lived experience and Healthwatch in addition to the statutory health and care organisations across the City. It is anticipated that bespoke sub-groups will be established for specific pieces of work that are identified by the Mental Health Partnership Board, through the individual priorities for the collaborative to undertake
- 3.30 Work is currently underway to establish the first piece of work for the Collaborative to undertake in addition to identifying a standard methodology for approaching pieces of work.
- 3.31 Members of the collaborative have identified the following as principles they will take to their work:
- Work together to practically make a change to wicked issues facing the system
 - Have reducing health inequalities at the forefront of its work
 - Inform and undertake service redesign with partners.
 - Inform commissioning and future investment.
 - Truly represent the system – bringing many different perspectives together – people’s voices, third sector, providers, and commissioners.
 - Integrate Mental Health and Physical Health Services
 - Integrate Mental Health, social care and housing
 - Integrate Mental Health and Voluntary Community Services
 - Focus on work aimed at progressing the Mental Health Strategy priorities
- 3.32 Mental Health is key priority for the system and post-Covid will be even more important as we recover from the impacts of the pandemic on people and communities. Given this, it is essential that governance is clear and supports delivery and isn’t seen as a burden on overstretched partners.

- 3.33 To ensure the best use is made of everyone's time it is recommended that key stakeholders sit either on the Mental Health Partnership Board or the Mental Health Delivery Group to make best use of time, with the new Programme Manager sitting on both. The SROs for each priority would be best represented on the delivery board whilst service user/carer representatives would need to be represented on both.
- 3.34 As referred to in section 3.16 the Mental Health Strategy Programme Manager is currently being recruited to and will play a vital role in ensuring the right groups receive the right information at the right time. Interviews for this role are being held in October therefore it is anticipated that the successful candidate will start early in the New Year.

How we will know if the strategy is making a difference

- 3.35 A range of outcome measures have been identified through each of the eight priorities. Programme measures will support us in understanding if the priorities are having the impact that they set out to achieve. These programme measures can be found in **appendix A**.
- 3.36 Measures range from being quantitative such as a 'reduction in the suicide rate' and 'a reduction in the number of people presenting in crisis' but also person centred outcomes such as measures from the My Health My School pupil perception survey around happiness. There is an ambition to have more person centred outcomes within the plan and a piece of work is about to start that will particularly focus on doing this.
- 3.37 A number of the measures, such as those around IAPT, also reflect expectations of the system as outlined within the NHS Long Term Plan.
- 3.38 Measures also reflect the wider determinants of Mental Ill Health such as employment such as '*Reduction in the number of out-of-work benefit claimants with mental ill health as the principle presenting barrier to work*'.
- 3.39 The approach taken to ensuring there is visibility and transparency on performance against identified measures will mirror successful approaches taken by other programmes across the city such as the Cancer Programme. There will be a single scorecard with all key programme measures on there that includes the latest performance against the measure, the trajectory, when an update will be received and commentary against performance. This will support the Partnership Board in early identification of issues arising and allow for timely mitigation.

Next steps in the implementation of the Leeds All Age Mental Health Strategy

- 3.40 Over the coming months there will be a focus on ensuring all PIDS reach the same level of maturity in terms of leadership, identification of programme measures, key actions and clarity of approach to both reducing health inequalities and ensuring co-design and co-production throughout.
- 3.41 Cross cutting themes of workforce, and information were identified within the strategy as requiring particular focus. Work will be undertaken over the coming

months to identify priorities for action in each of these areas over and above what is identified in the PIDS.

- 3.42 Continue to develop the LMHC and identify through the Mental Health Partnership Board and individual priorities what the first piece of work is that they will undertake.
- 3.43 Evolving the governance structure in a way that will provide the Health and Wellbeing Board and the Mental Health Partnership Board with greater assurance of delivery.

4 Corporate considerations

- 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.

4.2 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

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

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 the 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.

Climate Emergency

- 4.3.2 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.
- 4.3.3 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.

4.4 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.
- 4.3.3 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.

4.5 Legal implications, access to information, and call-in

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

4.6 Risk management

- 4.6.1 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 All Age Mental Health Strategy is vital in ensuring we have a co-ordinated city-wide approach to promoting mental health, addressing mental ill health and ensuring Leeds is a Mentally Healthy City for All. This can only be achieved through taking a truly system wide response and the All Age mental Health Strategy is the vehicle to support us in achieving this.
- 5.2 The Strategy will only be delivered successfully through working as a partnership to establish the changes that need to be made within each of the eight priority areas and embedding robust governance structures with key roles and accountabilities around this. This work is currently in place but there is more that needs to be done.
- 5.3 The approach to addressing areas of change identified will have the most impact if we work in a truly integrated system wide way. The Leeds Mental Health

Collaborative will play a central role in this and the continued focus on collaborative development and the early identification where the collaborative can add the most value is vitally important.

6 Recommendations

- 6.1 Note the key elements of the Leeds All Age Mental Health Strategy as approved by the Health and Wellbeing Board in February 2020.
- 6.2 Note and support the approach being taken to further develop and embed the eight priorities as contained within the All Age Mental Health Strategy.
- 6.3 Note and support the expanded governance structure including the commitment being made to integrated working in its truest and widest sense through the development of the Leeds Mental Health Collaborative as a key vehicle for strategy delivery.

7 Background documents²

- 7.1 None.

8 Appendices

Appendix A - Current Draft outcome Measures for the Leeds All Age Mental Health Strategy.

Appendix B - Leeds Mental Health Strategy 2020-2025.

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.

Appendix A – Current Draft Outcome Measures for the Leeds All Age Mental Health Strategy

No	Measure	Priority
1	My Health My School pupil perception survey – How often do you feel happy	1 - Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm
2	Reduction in suicide rates	1 - Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm
3	Reduction in hospital admission rates through self-harm	1 - Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm
4	Improvement in ONS Annual population survey scores on wellbeing	1 - Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm
5	Rate of assessment and detention of BAME communities under the Mental Health Act	2 - Reduce over representation of people from Black ,Asian and minority ethnic communities assessed and/or detained under the MH Act
6	Percentage of BAME population who are subject to Community Treatment Orders	2 - Reduce over representation of people from Black ,Asian and minority ethnic communities assessed and/or detained under the MH Act
7	Access to primary and preventative mental health care – BAME population	2 - Reduce over representation of people from Black ,Asian and minority ethnic communities assessed and/or detained under the MH Act
8	Reduction in the number of out-of-work benefit claimants with mental ill health as the principle presenting barrier to work	3 - Ensure education, training and employment is more accessible to people with mental health problems
9	Parity of outcomes for those customers participating in targeted employability programmes and those participating in generic provision	3 - Ensure education, training and employment is more accessible to people with mental health problems
10	Increase in membership and chartered signatories of Leeds Mindful Employer and membership of the Disability Confident network	3 - Ensure education, training and employment is more accessible to people with mental health problems
11	Increase the number of Children and Young People with a diagnosable Mental Health Condition receiving mental health treatment	4 - Improve transition support and develop new service models for 14-25 year olds
12	Reduced numbers of admissions to mental health inpatient wards (including CAMHS), reduced length of stay and reduced occupied bed days – aged 0-17, 18-25	4 - - Improve transition support and develop new service models for 14-25 year olds
13	Reduce the number of People presenting in Mental Health Crisis / self-harm and or requiring admission to a general bed aged 0-17, 18-25	4 - Improve transition support and develop new service models for 14-25 year olds
14	Reduction in Out of Area mental health Placements for adults and children - aged 0-17, 18-25	4 - Improve transition support and develop new service models for 14-25 year olds

15	Decrease in numbers of younger adults being detained under the Mental Health Act and an increase in short term hospital admissions.	5 - Ensure all services recognise the impact that trauma or psychological and social adversity has on mental health
16	Reduction in the numbers of children being looked after where this is related to parental mental health conditions.	5 - Ensure all services recognise the impact that trauma or psychological and social adversity has on mental health
17	IAPT access - Numbers of people entering IAPT treatment as a proportion of the prevalent population with anxiety and depression	6 - Ensure a timely access to mental health crisis services and early intervention services
18	IAPT recovery - % of people completing IAPT treatment moving to recovery.	6 - Ensure a timely access to mental health crisis services and early intervention services
19	Reduced % bed occupancy in Mental Health Inpatient Wards	6 - Ensure a timely access to mental health crisis services and early intervention services
20	Reduction in inappropriate Out of Area mental health placements.	6 - Ensure a timely access to mental health crisis services and early intervention services
21	Reduced numbers of people accessing A&E presenting with mental health as their primary issue.	6 - Ensure a timely access to mental health crisis services and early intervention services
22	Timely access to a MH Crisis Assessment % 0 - 4 hours	6 - Ensure a timely access to mental health crisis services and early intervention services
23	% of people accessing Crisis and Intensive Support Service (CRISS) receiving contact at least 5 x in first week of treatment	6 - Ensure a timely access to mental health crisis services and early intervention services
24	IAPT Access - Over 65	7 - Ensure older people are able to access information, support and mental health treatment that meets their needs
25	IAPT Recovery - Over 65	7 - Ensure older people are able to access information, support and mental health treatment that meets their needs
26	Decrease in the over-prescribing of anti-depressants and anti-psychotics to those over 65 years old, including those in care homes	7 - Ensure older people are able to access information, support and mental health treatment that meets their needs
27	People over 65 accessing Leeds Mental Wellbeing Service	7 - Ensure older people are able to access information, support and mental health treatment that meets their needs
28	People over 65 accessing Live Well Leeds	7 - Ensure older people are able to access information, support and mental health treatment that meets their needs

29	The Mental Health Mortality Rate (MHMR)	8 - Improve the physical health of people with severe mental illness
30	Number of completed physical health checks for people with SMI	8 - Improve the physical health of people with severe mental illness
31	Numbers of people with SMI reporting smoking status	8 - Improve the physical health of people with severe mental illness
32	People with SMI offered smoking cessation advice	8 - Improve the physical health of people with severe mental illness
33	People with SMI entering healthy living services	8 - Improve the physical health of people with severe mental illness