

Developing new approaches for community-based adult mental health support services

Background document



Introduction

1. NHS Leeds Clinical Commissioning Group (CCG) and Leeds City Council (LCC) has been conducting a joint review of adult community-based mental health commissioning arrangements with the aim of developing a future commissioning approach designed to meet local needs and strategic objectives. This document sets out the background and objectives for the Review, and outlines the activity undertaken so far, in preparation for the involvement and co-production phase that is due to begin in May 2021.

Context

2. There has been a lot of work in Leeds over recent years, scrutinising and developing services for people with mental health needs. Outcomes of this work include the establishment of LiveWell Leeds commissioned by LCC, and the Leeds Mental Wellbeing Service, commissioned by NHS Leeds CCG. The current joint review is a logical next step, to enable a similar strategic focus on a range of other community mental health support services.
3. At the same time, The [NHS Long Term Plan](#) (LTP), published by NHS England & Improvement (NHSEI) in January 2019, made improving mental health services one of its key priority areas. The subsequent [NHS Implementation Plan for Mental Health 2019/20 -2023/24](#) (IPMH), published in July 2019, provided details of a new framework to help deliver on the LTP's commitment to pursue an ambitious transformation of mental health care, at the local level. Better integration of services, closer partnership working, and better recognition of the vital role played by voluntary, community and social enterprise (VCSE) organisations are central themes. National transformation monies are also being made available for local areas to support transformation of community mental health services, which have a strong emphasis on including and integrating services provided by VCSE partners. In Leeds, these are often referred to as “third sector” providers.
4. More recently, this increased focus on integration, working together and making our third sector partners ever more closely involved in the local healthcare landscape has become even more of a priority at a national level. NHS England has established two major national mental health transformation programmes with associated funding, which have relevance to this review.

Community mental health transformation

5. This aims to fundamentally transform the care offer for adults and older adults with a range of severe mental health /co-existing needs through new integrated models of care that enable timely access to high quality, evidence-based, joined-up care.



6. The [Community Mental Health Framework](#) sets out the policy aims of this transformation and the IPMH outlines the deliverables.

Crisis alternatives transformation

7. This programme aims to increase the capacity and diversity of services in the local crisis pathway, by increasing the range of community-based crisis alternatives to complement traditional crisis teams and investing in non-medicalised models of care and local voluntary sector mental health organisations to achieve this.
8. Leeds is already working towards these aims, bringing together those involved in providing community-based services, including crisis care, to develop and adopt shared processes, priorities and ways of working, to support achievement of our ambition that services are genuinely integrated and offer people seamless, responsive pathways to manage and recover from mental ill-health. There are also plans to look at development of a mental health provider alliance in Leeds.
9. A key part of that work has been the development of the Leeds Mental Health Strategy, which sets out eight priorities for improving and enhancing mental health services in Leeds, taking on board national policy expectations, but overlaid with the evidence-based needs and priorities of the whole of Leeds. These are:
 - target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm.
 - Reduce over representation of people from Black, Asian and minority ethnic communities assessed and/or detained under the Mental Health Act.
 - ensure education, training and employment is more accessible to people with mental health problems.
 - improve transition support and develop new mental health services for 14-25-year olds.
 - ensure all services recognise the impact that trauma or psychological and social adversity has on mental health.
 - improve timely access to mental health crisis services and support and ensure that people receive a compassionate response. Ensure older people are able to access information, support and mental health treatment that meets their needs.
 - improve the physical health of people with serious mental illness.
10. The review is another important part of delivering these priorities, and it is no coincidence that the services in the review can impact on most, if not all, of them. The review will enable us to deliver high quality and sustainable care, in an integrated approach for mental health services, where people can get the help they need from the right place at the right time.



What is the joint review of community based mental health commissioning?

11. NHS Leeds CCG and LCC commission a wide range of adult community-based mental health support from the city's vibrant third sector. Some services provide alternatives to Accident and Emergency Department attendances for people in crisis and build relationships of trust with service users that make it possible to work with them to develop management strategies to improve their day-to-day lives. Others provide specialist accommodation for particularly complex and hard-to-engage service users who in all probability would otherwise be occupying inpatient beds where they no longer need to be.
12. The contracts in scope of this review fall broadly into six themes, as follows (a full list of providers and services is at appendix 1):
 - crisis and urgent care services;
 - supported accommodation;
 - specialist community support services for people with complex needs or at high risk;
 - mental health support for refugees and asylum seekers;
 - service user involvement in mental health service development;
 - specialist employment support
13. Many of these contracts have been evolutionary in nature, resulting in a number of individual contracts, lots of different providers, and limited opportunities for strategic oversight. This Review not only allows us to be assured that the services being reviewed fit with and contribute to the Mental Health Strategy's priorities, it will also give a perfect opportunity to take a more strategic approach to commissioning, procuring and contract management of services by allowing NHS Leeds CCG and LCC to adopt a genuinely integrated commissioning approach, that includes our third sector partners.
14. It is important to be clear that this review has not arisen from any dissatisfaction or perceived inadequacy of the services included in it. On the contrary, our third sector partners are a vital element of the mental health landscape and provide essential support services alongside statutory NHS and local authority services. Providers work with hundreds, in some cases thousands, of people every year to improve outcomes and in the most challenging of situations.



15. We know that the numbers of people accessing the services within the scope of the review during 2019/20 were as follows:

Thematic area	Service activity and uptake
Crisis and urgent care support	1450 visitors to crisis services and over 8000 calls from over 650 people
Supported accommodation	Have the capacity for just under 70 people to be housed at one time across eight accommodation sites, which is usually well utilised.
Complex/high risk cases specialist community support	Over 100 people accepted into services.
Service user involvement	168 members on the Together We Can involvement membership list with 84 people actively engaged in development activities.
Support for refugees and asylum seekers	Over 320 service users
Employment support	More than a hundred people with severe mental illness supported into paid work, or to retain their employment, as well as to engage in training or voluntary work to help them move towards being “work-ready”.

16. We know from performance monitoring data, case studies and feedback from service users themselves, that the support provided through these contracts is valued and delivering good outcomes. The evidence shows clearly that, fundamentally, these are services which have the capacity to make real transformations to the lives of those who use them, providing lasting and positive benefits in a safe and caring environment. Indeed, it is no exaggeration to say that some of these providers save lives.

17. We also know from performance data that demand for these services regularly outstrips supply. The Well Bean Crisis Cafés and Dial House are at capacity every night, and often must turn down requests for 1-2-1 support because they are already full. Similarly, the Connect Helpline always has some missed calls, because all call handlers are already talking with other callers. Other services report virtually constant waiting lists, although there are some innovative examples of collaborative working



between services to minimise the time people have to wait before receiving the help and support, they need.

18. All these things, taken together, serve to emphasise both the importance of these services, and the need to ensure that they can continue to deliver their essential contribution the future of mental health care in Leeds.

Aims and objectives

19. The overarching aim of the review is to ensure that the services being reviewed are able to contribute to the delivery of an improved, integrated and outcomes focused community-based mental health offer for the adult population of Leeds, and support achievement of the Leeds Mental Health Strategy ambition that Leeds will be a Mentally Healthy City for everyone.
20. Within that overarching aim, there are more specific objectives that the review is seeking to achieve:
 - to identify opportunities to improve and integrate better community-based mental health support in communities, utilising strengths of our vibrant third and community sector in Leeds.
 - to develop a new integrated approach to community based mental health support in Leeds jointly with partners, including third sector, community and statutory providers, people using services and their family members and carers, Forum Central and HealthWatch Leeds.
 - to ensure that the approach developed is in line with the Leeds Mental Health Strategy, and other local and national strategies and expectations about expansion and transformation of community mental health care.
 - to develop a model that will take into account other mental health workstreams in Leeds, including the mental health strategy priority workstreams.
 - to develop future commissioning and service development plans in line with the new delivery approach agreed with partners.
 - to identify gaps and consider where we need additional resources in the mental health system.
 - to consider how the new approach can keep people well and promote resilience in a challenging environment affected by Covid-19 and resulting economic recession.
 - to ensure that people using services and support have the opportunity to be involved in shaping mental health services and support.
 - to develop a refreshed approach to access to online information and support about mental health and wellbeing.



Outcomes

21. It is proposed that the new commissioning approach will deliver the following outcomes, which align with those of the Leeds All Age Mental Health Strategy:

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

How has the joint review been carried out?

22. The project team has been identifying, assessing and analysing a range of information about the services in scope of the review. This has included analysing performance data, researching best practice and reviewing feedback from previous public engagement activities about other elements of mental health provision in Leeds. This has allowed us to develop a clear picture of how services are operating, where there are strengths that need to be protected and promoted, and where there are perhaps gaps in provision that we need to address. We are preparing separate briefing notes for each of the six themes in para. 12, that will describe in detail the information we have used for each one, and how that has helped to identify draft proposals for that theme that we will want to get people's views on.

23. Nevertheless, in carrying out this work the project has identified a number of recurrent topics across different services.

- **Local services** – people want more services to be available more locally to encourage people to attend and make them less of a stressful activity to be involved with.
- **Transportation** – a common theme linked with 'local services' is that of the impact of having to travel to reach services that are perhaps far away or have a bigger impact, depending on where someone lives. Costs of transport, availability and time to get to a location were common barriers to accessing services.
- **Communication** – communication is vital to ensure people know what is happening, what they need to do and what services are available. People have told us that a lack of clarity about what services they can access has been a hindrance to them getting help.
- **Waiting times** – waiting times to access both an assessment for support and support from services themselves can be frustrating and detrimental to service



user's own or their loved one's mental health. Also, being kept informed about progress while waiting was identified as being important.

- **Getting a referral/support** –the referral criteria to access services can be a barrier to getting support/help. Criteria can be confusing, inconsistent and often lead to people 'falling between the cracks'.
- **Focus on the whole person** – a common theme is the importance of acknowledgement and consideration in providing support to people with additional conditions, such as autism or a learning disability. People emphasised the importance of 'whole person-centred approach', taking into account all aspects of a person. People told us that there needs to be greater integration of treatment of physical and mental health conditions.
- **Mental health awareness** – awareness of people's mental health and the effect poor mental health can have on day-to-day life is low, especially across older people and men.
- **Better integration** – people told us that services don't talk to each other and this leads to inconsistencies and information being missed.
- **Person centred care** - people told us that the number of sessions that are offered should be negotiated with the service user. People also told us that mental ill health should be seen as a long term condition and that they should be able to access support after their intervention has ended. Additionally, people should be able to access the support they need as long as needed, providing it is meaningful and working towards their recovery outcome goal.
- **Staff** - the knowledge, experience and attitude of staff were vital to making mental health services work.
- **Prevention** - early intervention and prevention are vital in educating and reducing demand on existing services. Work with young people and education systems to raise awareness were suggested by many people.

Impact of Covid-19 pandemic

24. Like every other kind of health and social care service, mental health services have been deeply impacted by the restrictions imposed to tackle Covid-19. Services responded quickly and innovatively to ensure that care and support could still be provided to those in need, whilst following the rules on social distancing and avoiding face-to-face contact. We know that for some people this has been very difficult, perhaps because they do not have access to appropriate equipment, or a safe private space in which to talk, or simply because that human contact with their support worker was a major part of their care plan, and services have been working to bring back some limited face-to-face sessions in a Covid-secure environment for these clients.
25. But for others, 1-2-1 sessions via video and telephone calls, group sessions on Zoom, and other digital means of keeping in touch, have worked really well and some



service users have been telling us that they actually prefer this to face-to-face support. In taking forward this phase of the Review, we must make use of the learning from the response to the Covid -19 pandemic to inform the development of future delivery models.

Next steps

26. We now wish to work directly with providers and other stakeholders, service users, their families and carers, to build a future model to deliver the care and support that people need, within the overarching priorities of the Leeds Mental Health Strategy, and national mental health priorities.
27. During mainly June and July 2021, but starting with an Introductory Workshop event at the end of May, we will be holding a number of workshops for providers together with other stakeholders and reference groups with an interest in the services under review to do this important co-production work, focussing on each theme and bringing together the people with the best experience and expertise in delivering those services in Leeds. We will use these events to explore in detail the ideas and proposals that we have identified through the earlier stages of the Review, and reach consensus on the right way forward. After these, we will also be holding focus groups for service users to ensure that they are able to participate in helping to shape the future model. We will also be offering a range of other ways for service users to have their say on proposals, including paper surveys and telephone feedback sessions, to make sure that as many people as possible are able to participate.
28. All of the information and intelligence gathered from the engagement and co-production phase will be used to inform our future model for delivery of support across all of the themes. Appropriate arrangements will then be taken forward to establish this contractually. Current procurement legislation requires that both NHS Leeds CCG and LCC will need to undertake a competitive procurement exercise to establish new contractual arrangements.



Key milestones

29. Currently the review key milestones and associated dates are as follows:

Dates	Key milestones/activity
25 May -27 July 2021	Involvement and Co-production Phase events.
August 2021	Analysis of involvement and Co-production feedback and findings.
10 September 2021	Involvement and Co-production feedback workshop – to share feedback with stakeholders and proposed next steps.
October 2021 – September 2022	Procurement activity where required
October 2022 – March 2023	Mobilisation period of new contracts
1 April 2023	New contracts formally come into effect



Appendix 1

Contracts in Scope of the Review

Provider	Contracts	Service
Crisis and urgent care services		
Leeds Survivor Led Crisis Service	<ul style="list-style-type: none"> Dial House Connect Helpline Dial House @Touchstone LSLCS Deaf Project 	<ul style="list-style-type: none"> Out-of-hours crisis safe haven for Leeds people with complex mental health needs. Operates every evening, 6.00pm – 02.00am Out-of-hours telephone support line for Leeds people with severe mental health conditions. Operates every evening, 6.00pm – 02.00am. Out-of-hours crisis safe haven support specifically for diverse ethnic communities. Support workers able to use BSL to provide support to deaf and hard of hearing clients.
Touchstone	<ul style="list-style-type: none"> Well Bean Crisis Café 	<ul style="list-style-type: none"> Out-of-hours café-style service for Leeds people in or approaching mental health crisis.
BARCA	<ul style="list-style-type: none"> High Volume Service User Project 	<ul style="list-style-type: none"> The Barca Outreach Support Team works in partnership with LYPFT/LTHT and other services to develop managed and personalised pathways through services, to meet the needs of patients who frequently attend Urgent Care services. Through intensive, individualised support



		<p>planning the team successfully reduces the strain on the system, raises awareness and reduces the stigma often experienced by frequent attenders. They have successfully reduced attendances, ambulance conveyances and admissions by over 60% in each area over a 12 month period.</p>
Supported Accommodation		
Community Links	The Maltings	<ul style="list-style-type: none"> • 10 bedded unit (+6 dispersed supported tenancies) • Mental Health supported housing in a hostel & bedsit, stay avg. 2 years. Staff on site, with sleep in.
Community Links	Rose Villa	<ul style="list-style-type: none"> • 5 bedded unit, plus “floating support” to 12 self-contained flatlets. • Mental Health supported housing, max stay 2 years. Sleep in staff.
Community Links	Alexander House Octavia House Brigid House	<ul style="list-style-type: none"> • Intermediate Housing Units – 12 beds in total. • 24/7 support with shared catering. Short/medium term stay 4-8 months.
Community Links	Oakwood Hall	<ul style="list-style-type: none"> • 11 bedded residential home with nursing. • Mental Health Rehabilitation unit, long term stay 5 years.
Catholic Care	Foundry Mill - 10 bed	<ul style="list-style-type: none"> • 10 bedded property. • Mental Health supported housing, staff on site during



		day time hours. Max stay 2 years.
Specialist Community Support Services		
Touchstone	Community Support Team	<ul style="list-style-type: none"> Provides an assertive outreach service to people with complex and severe mental health problems. Will work with those who have difficulty engaging with statutory services for whatever reason.
Support services for Refugees and Asylum Seekers		
Solace Psychotherapy and support services for refugees and asylum seekers (RAS) who have survived exile and persecution	Mental Health Support Worker	<ul style="list-style-type: none"> Provision of psychotherapy support to individual clients and group work for anxiety. Sleep difficulties, etc. Provision of training and consultancy to statutory services practitioners in working with RAS to better understand issues unique to this cohort of needs.
PAFRAS (Positive Action For Refugees and Asylum Seekers)	Mental Health Assessment Worker	<ul style="list-style-type: none"> Mental health assessment and referral service for refugees and asylum seekers being supported by PAFRAS.
Service User Involvement		
Leeds Involving People	Mental Health Involvement Development Officer	<ul style="list-style-type: none"> Works to develop a pool of people with lived experience of using local mental health services, who are trained and supported to participate in city-wide development work to improve and enhance the mental health offer in Leeds.



Specialist Employment Support services		
Leeds Mind	WorkPlace Leeds	<ul style="list-style-type: none"> • Employment support for people with severe mental illness. • Three elements: support to obtain paid work; support to retain existing employment; support to undergo training or voluntary work to help individuals develop skills needed to find paid work. • Also delivers Leeds Individual Placement and Support (IPS) service.

