



# Sheffield All-Age Emotional and Mental Health and Wellbeing Strategy 2023-2026

*“Good emotional and mental health and wellbeing, for all, at every stage of life”*



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# Introduction: Why do we need an All- Age Emotional and Mental Health and Wellbeing Strategy for Sheffield?

- **Sheffield needs it:** Good mental health is key for everything, and poor mental health is impacting on the life chances of children, young people and adults in the city. We are seeing a significant increase in emotional and mental health problems associated with Covid-19, and some services have long waiting lists. But more than this, the city has been impacted by many years of structural inequalities across our communities and underinvestment in our services, not helped by cost of living crises.
- **Our children and young people need it:** Many of those who have severe and enduring mental illness in adulthood are diagnosed when they are children or young people. If we want to act preventatively, we need to act now to support our children, young people and their families – and we know that many are struggling and need targeted help and support.
- **Professionals need it:** Improving and protecting the mental health of Sheffield is something no single person or organisation can do alone – we want to provide a framework for professionals to work together.

**This strategy sets out an ambitious vision for the city's emotional recovery and the wellbeing of Sheffield people. We need our services to be excellent, joined up, and to support people in the right way. Working in partnership, we know we can begin to make the changes we need.**

# 1. What's our vision for emotional and mental health in Sheffield?

*“Good emotional and mental health and wellbeing, for all, at every stage of life”*

1. Mental and emotional health and wellbeing are at the heart of all we do as a city
2. Mental and emotional health and wellbeing is valued the same as physical health
3. Mental wellness, resilience and the prevention of illness are promoted at the earliest opportunity
4. Discrimination and inequalities that lead to poor health and mortality are tackled
5. Children and young people's emotional health and wellbeing is a top priority
6. The right care and support is provided at the right time and as close to home as possible
7. People are recovering from mental illness and are able to live healthy and fulfilled lives

# *How did we develop this strategy?*

We co-produced the approach to developing the strategy

We hosted consultation events with a range of service users, groups and partners, including with children and young people, and looked at what the numbers tell us about people's mental and emotional health and wellbeing in Sheffield

We made sure we aligned our strategy with other organisation's strategies and the things they had learned from their consultation events

We invited and received comments on the final draft from a range of partners, including Experts by Experience

# *What have people told us is important to them?*

*“What will we see that’s different?”* – public bodies need to communicate what they are doing and how it’s making a difference

Less of a focus on ‘treatment’ and medicine; more of a focus on and investment in resilience, community, education and employment, support for carers and early intervention and prevention

Integrated services and funding that are high quality, local where possible, are culturally appropriate, easy to access, put people first and connect up physical and mental health

Campaigns and education; that the city is comfortable and professionals trained to talk about mental health

Greater response to the increasing complexity of need and demand for support – especially with cost of living crises

That services recognise the trauma people may have experienced and support those who have experienced disadvantage

Commissioning approaches must change to enable innovation and creativity

# *What do we know about local need?*

Mental ill health represents 28% of ill health that the NHS deals with and is the largest single cause of disability. However, only 13% of England's health budget is spent on mental health

138,000 children, young people and adults in Sheffield will experience a mental health problem each year. Half of all mental health problems are established by the age of 14, rising to 75 per cent by age 24

One in four 17-19-year-olds in England had a probable mental disorder in 2022 (up from one in six in 2021). Positively, uptake from BAME communities using the Kooth service increased from 17% in 2020 to over 23% in 2022 due to targeted local engagement work

It is estimated that up to 20% of women will experience mental health problems during the perinatal period

It is estimated that 15,000 Sheffield children and young people live with a parent who lives with a mental health disorder. Many will be young carers

An estimated 1.25 million people have an eating disorder in the UK, and they can be complex and life-threatening mental illnesses

The proportion of homeless people in Sheffield with a diagnosed mental health condition (63%) is over double that of the general population (around 25%)

South Yorkshire and Bassetlaw has a higher suicide rate than the England average

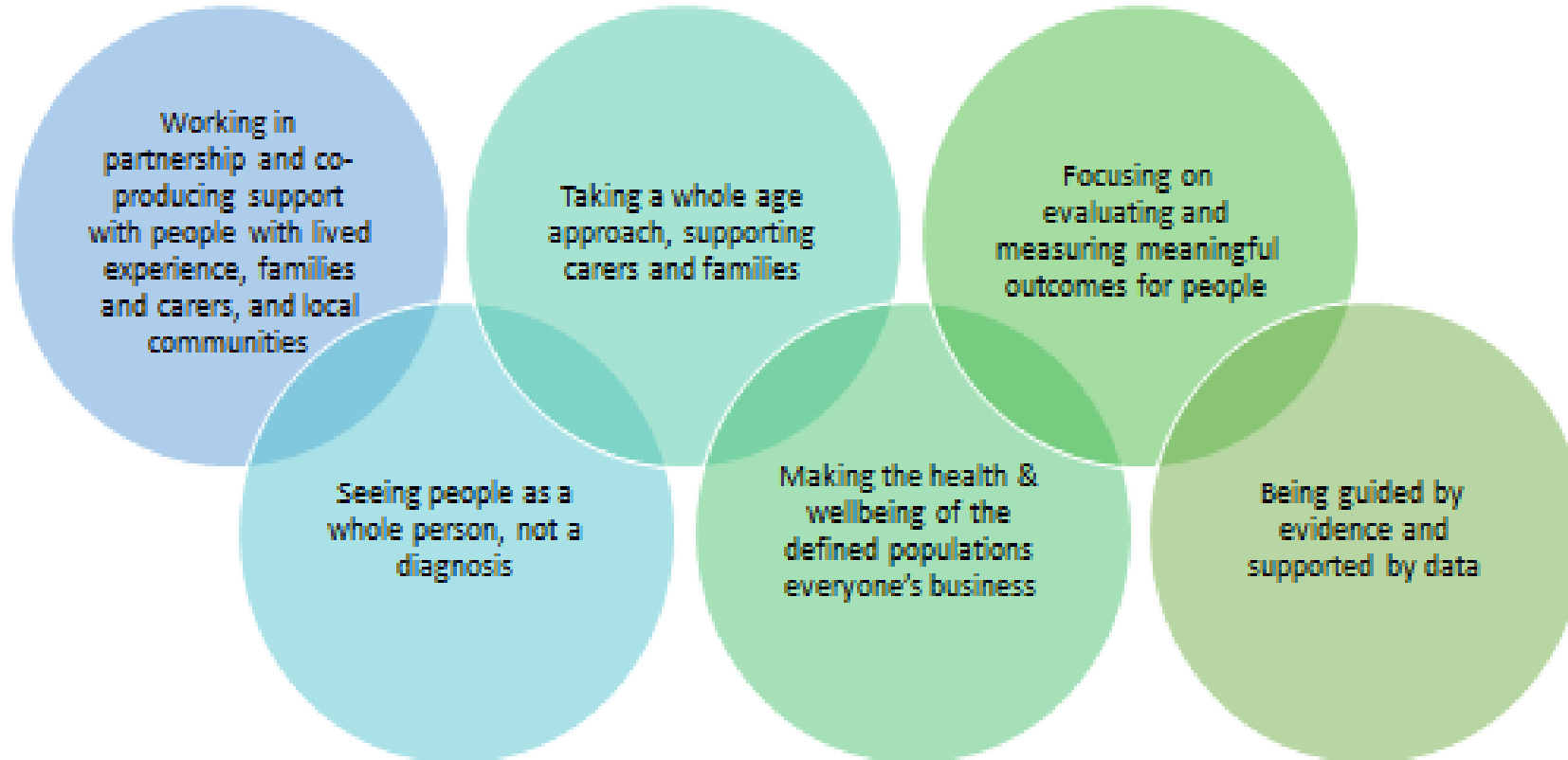
In England in 2017/18, rates of detention under the Mental Health Act were over four times higher for Black/Black British ethnicity than White British ethnicity

300,000 people in work with a long term mental health condition lose their jobs every year

The average life expectancy for someone with a long-term mental health illness is at least 15-20 years shorter than for someone without (from preventable causation)

There are approximately 7,000 people living with dementia in Sheffield – just over 1% of the whole city's population

## 2. What principles are important for us?



*“Good emotional and mental health and wellbeing, for all, at every stage of life”*



# 3. What are our four key strategic priorities in this strategy?

1

Address the wider determinants of health

*Links to Joint Health and Wellbeing Strategy theme: Live Well and Age Well  
Links to Adult Social Care Strategy theme: Safe and Well, Connected and Engaged  
Links to ICB Mental Health and Employment Workstream*

2

Support the emotional and mental health and wellbeing of our children and young people

*Links to Joint Health and Wellbeing Strategy theme: Start Well and Live Well  
Links to ICB CYP MH Strategic Plan and Crisis Pathways*

3

Provide earlier help to people who need it

*Links to Joint Health and Wellbeing Strategy theme: Live Well and Age Well  
Links to Adult Social Care Strategy theme: Safe and Well, Active and Independent  
Links to ICB Suicide Prevention Workstream*

4

Provide effective and good quality care and treatment services

*Links to Joint Health and Wellbeing Strategy theme: Live Well and Age Well  
Links to Adult Social Care Strategy theme: Safe and Well, Active and Independent, Aspire and Achieve, Efficient and Effective  
Links to ICB Perinatal Mental Health Workstream*

# 1. Address the wider determinants of health

## We will:

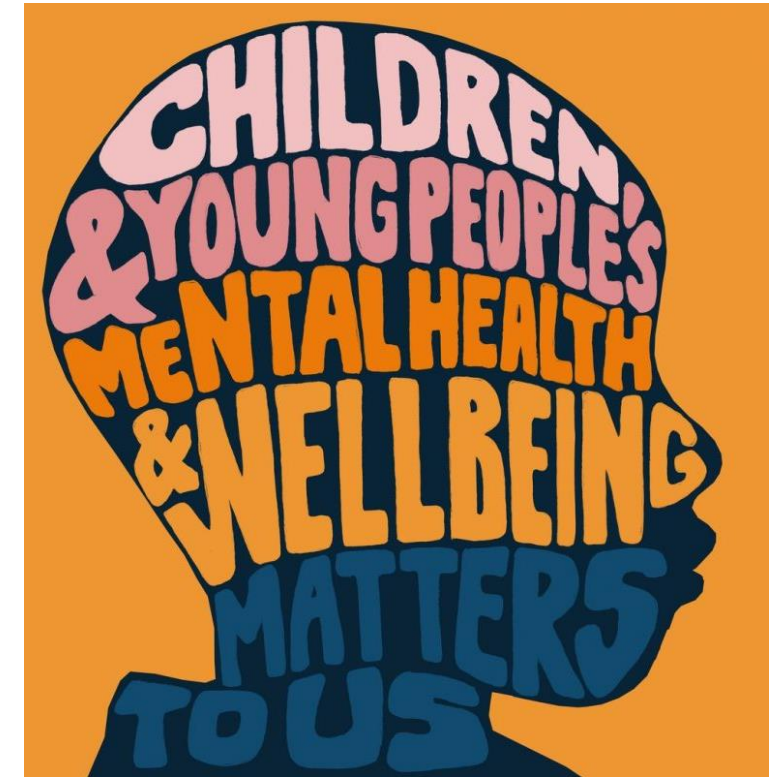
- Improve awareness in the wider population and workforce to support good emotional health and wellbeing and reduce stigma, including through compassionate approaches which recognise the trauma some people have experienced
- Enable employment and training opportunities for people with mental health conditions and help employers look after the wellbeing people who are in work
- Connect to wider programmes and public policy which tackle poverty and inequality, such as housing, education and skills
- See the value of the contribution made by the voluntary, community, social enterprise sector and faith and community groups and recognising the support of community-based support which combats isolation and supports connection and recovery



## *2. Support the emotional and mental health and wellbeing of our children and young people*

### **We will:**

- Develop support for infant mental health and peri/prenatal services to give children a great start in life and support their and their family's attachment, attunement and attainment
- Increase early intervention and targeted support for school-age children, and give schools and other professionals the tools they need to support to children's emotional health, wellbeing and resilience
- Provide intensive outreach and home treatment services, and better, earlier crisis care including safe space alternatives to A&E and approaches to support suicide prevention and awareness
- Work in partnership with the provider collaborative to reduce avoidable admission to inpatient care
- Support young people to receive developmentally appropriate care as they grow into young adults and ensure clear service pathways are in place that work for them especially for those aged 16-25
- Protect and safeguard children and young people from exploitation and abuse



### *3. Provide earlier help to people who need it*



#### **We will:**

- Transform community based and primary care mental health provision to make it easier to get help
- Expand access to talking therapies and increase the range of different therapies available
- Provide better, more joined up, whole-family support to carers and families at the earliest point
- Intervene and promote resilience for our children, young people and adults at an early stage

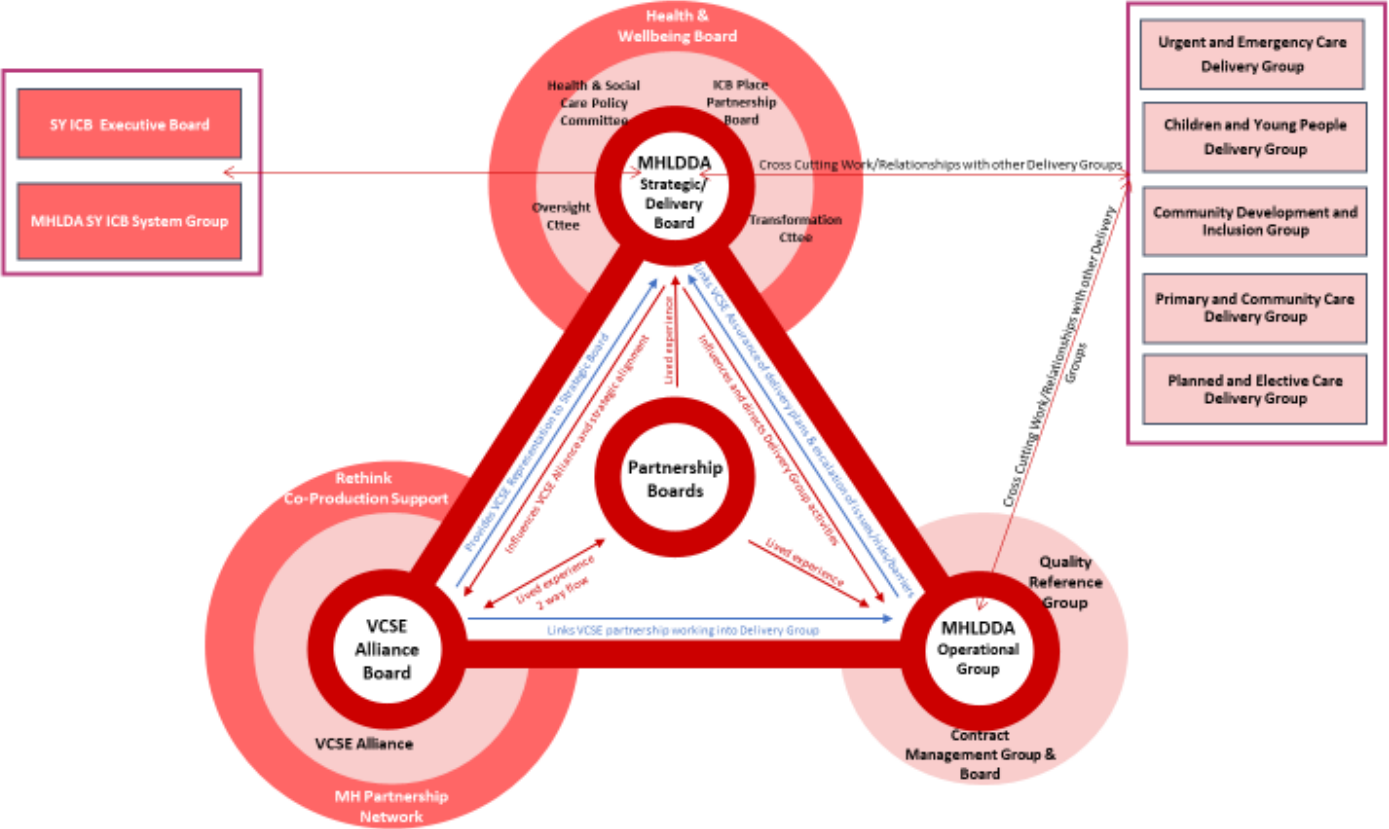


## *4. Provide effective and good quality care and treatment services*

### **We will:**

- Transform our crisis response services including home treatment, earlier support, access to crisis 'buddies', and alternatives to A&E such as crisis cafes and safe spaces
- Improve inpatient care and our inpatient facilities, and invest in training and workforce
- Provide effective and purposeful reviews of care to support people in their journey of recovery and independence
- Continue to review presenting priorities within the Sheffield population and invest to meet this need
- Work in concert with the provider collaboratives to ensure clear areas of responsibility and service pathways
- Ensure that the accommodation services we commission help people to live as independently as possible in the community

# 4. How will we will monitor our strategy?



- Working in partnership is really important to us. Each and every partner has a critical part to play in this system, and the latest NHS reforms have solidified the importance of **partnership in strategic commissioning**
- Over the last few years we have especially been developing our partnership with the **voluntary and community sector** who play a crucial role both helping people in their communities and in supporting people to have their voice in the decision-making process. The **Mental Health Partnership Network, Mental Health Alliance, and Mental Health Collaborative** provide opportunities for voluntary sector provider organisations and service users to feed into service planning, commissioning and delivery
- We will be developing a **delivery plan with outcomes for this strategy** which will be overseen by a **delivery group**, reporting to the **Mental Health, Learning Disabilities, Dementia and Autism (MHLDDA) Board**. These groups have a range of partners on them, working together to bring about change for Sheffield
- The MHLDDA Board feeds up to other city-wide boards, including the **Health and Care Partnership Board** and the **Health and Wellbeing Board** - as well as South-Yorkshire-wide boards, which the diagram to the left explains

# 5. What links are there to other strategies in Sheffield?

We have drawn upon a number of other strategies to build our plan, including:

- [Sheffield's Joint Health and Wellbeing Strategy](#)
- [Sheffield's Joint Strategic Needs Assessment](#) and [Covid Rapid Health Impact Assessment for Mental Health](#)
- [Sheffield's Adult Health and Social Care Strategy](#) and [Mental Health Market Position Statement](#)
- [Sheffield Children's Hospital's Clinical Strategy](#)
- [Sheffield Health and Social Care Trust's Clinical and Social Care Strategy](#)
- [Sheffield's Dementia Strategy Commitments](#)
- [Sheffield's Domestic and Sexual Abuse Strategy](#)
- [Sheffield's Race Equality Commission](#)
- [Sheffield Suicide Prevention Action Plan](#)
- [South Yorkshire and Bassetlaw Integrated Care System Mental Health Plan](#) and reports from consultation with children and young people
- [NHS England's Five Year Forward View for Mental Health](#)

We will make links to the city's Learning Disabilities Strategy, Autism Strategy, and regional strategies when these are complete



# Appendix: Mental Health, Learning Disabilities, Dementia and Autism Board members (December 2022)



Organisation	MHLDDA Membership	Role
SCC	Alexis Chappell	Director Adult Social Care
SCC	Joe Horobin	Director of Commissioning
SCC	Clr Angela Argenzio Clr George Lindars-Hammond	Co-Chairs Health & Social Care Policy Committee
SCC	Dr Eleanor Rutter	Consultant in Public Health
SCC	Sally Williams	Director Children & Families
SCC	Dawn Shaw	Director of Communities
Healthwatch	Lucy Davies	Chief Officer
VCF	TBC (Margaret Lewis CEO Mind interim)	Mental Health Partnership Network
VAS	Helen Steers	Director of Strategic Partnerships
LD Partnership Board	Andrew Wheawall	Chair
Autism Partnership Board	Alexis Chappell	Chair
Sheffield Psychology Board	Dr Johann Labuschagne	Chair of Sheffield Psychology Board & Head of Psychological Services STH
Student H&WB Partnership Board	Nicola Rawlins	Chair
SHSC	Dr Linda Wilkinson	Director of Psychological Services
SHSC	Beverley Murphy	Director of Nursing, Professions and Operations
SHSC	Pat Keeling	Director of Strategy
SHSC	Hassan Mahmood	Consultant Psychiatrist and Clinical Director for the Learning Disability Service
SHSC	Mike Hunter	Medical Director
SCH	Dr Jeff Perring	Medical Director SCH
SCH	Dr Shatha Shibib	Clinical Director CAMHS

STH	Prof Mark Cobb	Clinical Director
STH	Dr Avril Kuhrt	Associate Medical Director for Mental Health, Learning Disabilities and Autism
PCS	Nicky Doherty	Deputy Chief Executive
NHS Sheffield	Sandie Buchan	Director of Commissioning Development (Co- chair)
NHS Sheffield	Dr Steve Thomas	Clinical Director Mental Health, LD, Dementia & Autism Commissioning Portfolio (Chair)
NHS Sheffield	Dr Anthony Gore	Clinical Director CYP Portfolio
NHS Sheffield	Heather Burns	Deputy Director of Mental Health Transformation
NHS Sheffield	Chris Cotton	Management Accountant
HCP	Kathryn Robertshaw	Interim Director
<b>In Attendance</b>		
NHS Sheffield	Kate Gleave	Deputy Director Commissioning & CYP
SCC	Tim Gollins	Assistant Director (Mental Health)
SCC	Andrew Wheawall	Assistant Director (Learning Disabilities)
NHS Sheffield	Louisa King	Head of Commissioning MHLDDA
NHS Sheffield	Business Support	Business Support
LMC	LMC Chair/Secretary	Sheffield Local Medical Committee (Receive Documents)
SY ICB	Wendy <del>Lowder</del>	Executive Director (MHLDDA Responsibility)
SY MH Learning Disability Autism Alliance	Marie Purdue	Managing Director
SY Provider Collaborative	Michelle Fearon Dr Vinaya Bhagat	Director Clinical Director

