



## Report to Policy Committee

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**Report to:** Education, Children & Families Policy Committee

**Date of Decision:** 8th March 2023

**Subject:** Sheffield All-Age Mental and Emotional Health and  
Wellbeing Strategy

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 560				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

**Purpose of Report:**

The Sheffield All-Age Mental and Emotional Health and Wellbeing Strategy sets the scene for supporting Sheffield people – from young to old – with their emotional health and mental wellbeing. It is positive, ambitious, and focussed on delivering change in partnership and collaboration across Sheffield.

The strategy will be underpinned by an annually updated delivery plan which will have clear objectives and outcomes anticipated. This will be a partnership document, and a range of organisations will continue together to the delivery of the strategy's objectives.

**Recommendations:**

It is recommended that the Education, Children & Families Policy Committee:

- Endorse the All-Age Mental and Emotional Health and Wellbeing Strategy and note that approval will be sought through the Strategy and Resources Committee in April 2023.
- Request that an accompanying delivery plan is brought to the committee in six months' time, along with an update of progress made.

**Background Papers:**

None

**Appendices:**

Appendix 1 – Sheffield All-Age Mental and Emotional Health and Wellbeing Strategy

Appendix 2 – Equality Impact Assessment

Lead Officer to complete:-	
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.
	Finance: <i>Liz Gough</i>
	Legal: <i>Patrick Chisholm</i>
	Equalities & Consultation: <i>Ed Sexton</i>
	Climate: <i>Jessica Rick</i>
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	

2	<b>SLB member who approved submission:</b>	<i>Alexis Chappell</i>
3	<b>Committee Chair consulted:</b>	<i>Councillors Dawn Dale and Mick Rooney</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> <i>Tim Gollins,</i>  <i>Louisa King</i>	<b>Job Title:</b> <i>Assistant Director Access, Mental Health and Wellbeing</i>  <i>Head of Commissioning</i>
	<b>Date: 16<sup>th</sup> January 2023.</b>	

## 1. PROPOSAL

- 1.1 In line with our City wide strategies it's our collective vision that citizens of Sheffield experience "*Good emotional and mental health and wellbeing, for all, at every stage of life.*"
- 1.2 The Sheffield All-Age Emotional Health and Mental Wellbeing Strategy (set out in full at Appendix 1) sets the scene for supporting Sheffield people – from young to old – with their emotional and mental health and wellbeing. It promotes and enables partnership working across Sheffield, regionally and nationally to create the foundations and conditions for delivering upon our vision.
- 1.3 The scale of mental and emotional health and wellbeing need in Sheffield is great. We know that 138,000 children, young people and adults in Sheffield will experience a health problem each year and it is estimated that 15,000 children and young people live with a parent who lives with a mental health disorder. Many will be young carers.
- 1.4 The proportion of homeless people in Sheffield with a diagnosed mental health condition (63%) is over double that of the general population (around 25%). In addition, there are approximately 7,000 people living with dementia in Sheffield – just over 1% of the whole city's population
- 1.5 Nationally, Mental ill health represents 28% of ill health that the NHS deals with and is the largest single cause of disability. Half of all mental health problems are established by the age of 14, rising to 75 per cent by age 24 and one in four 17- to 19-year-olds in England had a probable mental disorder in 2022 - up from one in six in 2021.
- 1.6 Many of those who have severe and enduring mental illness in adulthood are diagnosed when they are children or young people. We know that we need to act now to provide early support from young to old with their emotional and mental health otherwise we risk the following: -
- Risk of suicide - Yorkshire and Bassetlaw has a higher suicide rate than the England average.
  - Inequality - Rates of detention under the Mental Health Act were over four times higher for Black/Black British ethnicity than White British ethnicity.
  - Job Loss - 300,000 people in work with a long-term mental health condition lose their jobs every year.
  - Higher Mortality - 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).
  - Impact of Covid 19 - To respond to the significant increase in emotional and mental health concerns associated with Covid-19, but also, more broadly, by many years of structural inequalities across our communities, not helped by cost-of-living crises.

1.7 There are no easy solutions to these difficulties – but this strategy presents a real opportunity to work together to deliver new ways of working. It is positive, ambitious, and focussed on delivering real change for the benefit of individuals and family members across Sheffield around the following seven outcomes:

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

1.8 Improving and protecting the mental health of Sheffield is something no single person or organisation can do alone, and in this strategy, we want to provide a framework for professionals to work together. 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.

1.9 To that end, the Strategy is focused around 4 main delivery areas:

- Addressing the wider determinants of health
- Supporting the mental and emotional health and wellbeing of our children and young people
- Provide earlier help to people who need it.
- Provide effective and good quality care and treatment services.

1.10 Enablers such as workforce planning, technology enabled care and our focus on equalities and inclusion will underpin each of the delivery areas.

1.11 To ensure delivery upon the Strategy, an annually updated delivery plan will be maintained with clear objectives and outcomes anticipated. This will be a partnership document, and a range of organisations will continue together to the delivery of the strategy’s objectives.

- 1.12 Governance and oversight of delivery upon the Strategy will be undertaken by the Mental Health Learning Disability Autism Board with proposed six-monthly reporting to assure the public, citizens, and members that the strategy is achieving its intended outcomes.

## **2. HOW DOES THIS DECISION CONTRIBUTE?**

- 2.1 The strategy aligns with several other strategies and advice, 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 Race Equality Commission](#)
- [Sheffield's Domestic and Sexual Abuse Strategy](#)
- [Sheffield Suicide Prevention Action Plan](#)
- [South Yorkshire and Bassetlaw Integrated Care System Mental Health Plan](#)
- [NHS England's Five Year Forward View for Mental Health](#)
- [LGA - Must know: Is your council doing all it can to improve mental health?](#)
- Sheffield City Council Youth Services Strategy 2022 to 2025

## **3. HAS THERE BEEN ANY CONSULTATION?**

- 3.1 A significant amount of consultation and engagement has gone into developing this strategy since 2019.

- We co-produced the approach to developing the strategy.
- We hosted consultation events with a range of individuals, groups, and partners, including with children and young people,
- We 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.
- We talked to Elected Members at a joint briefing on 11<sup>th</sup> January 2023 to gain members views about the Strategy.

3.2 The MHLDDA Board has voluntary sector organisations sitting on its membership, with clear connections to Experts by Experience.

3.3 It is a priority of the Board to see strong consultation and engagement carried out in all commissioning exercises, and for co-production to be an increasing feature of this commissioning landscape.

#### **4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

##### 4.1 Equality Implications

4.1.1 An Equalities Impact Assessment (EIA) has been completed (Appendix 2), but the impact on Sheffield people of setting out our aims in this way can only be a positive one. There continues to be significant areas of improvement needed in this area. The Commission for Equality in Mental Health report 2020 stated that:

- People within black and African-Caribbean communities may be more likely to experience post-traumatic stress disorder, schizophrenia, and suicide risk, and to be sectioned under the Mental Health Act.
- Women are significantly more likely to experience physical or sexual abuse and associated mental health problems.
- LGBTQ+ people are more likely to face mental ill health but have lower IAPT recovery rates.
- People with autism and deaf people are much more likely to experience poor mental health.
- There are strong associations between mental ill health and children and adults living in higher deprivation areas (and similar lower IAPT recovery rates).
- People over the age of 65 may be less likely to be recognized as needing therapy support.

##### 4.2 Financial and Commercial Implications

4.2.1 There are no short term financial and commercial implications associated with approving this strategy. All individual projects will be assessed for their affordability and viability, and financial and commercial implications will be reported and recorded as part of the approval process.

##### 4.3 Legal Implications

4.3.1 There are no direct legal implications associated with endorsing this strategy. Clearly, partner organisations when making decisions in this field will need to give due consideration of legal implications, and these will be reported and recorded as part of the approval process by partner organisations.

4.3.2 The Care Act 2014 sets the Council’s statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support
- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration
- provides information and advice
- promotes diversity and quality.

4.3.2 The Care Act Statutory Guidance requires at para 4.52 that “... Local authorities should have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps.

#### 4.4 Climate Implications

4.4.1 There are no direct climate implications associated with approving this report. However, Sheffield City Council – and its [10 Point Plan for Climate Action](#) – is a partner on the MHLDDA Board which oversees this strategy.

4.4.2 Many other partner organisations on the board will also have their own climate strategies. The role of large organisations – who form a big plank of the delivery of this strategy – is important in Sheffield tackling the effects of climate change. The commitments of the 10 Point Plan will have a significant impact on people’s mental and emotional health and wellbeing.

4.4.3 It’s important to recognise climate anxiety is an increasing problem amongst young people: Survey reveals scale of climate anxiety among British children (savethechildren.org.uk). For example:

- **“Increased numbers of people to travel by walking and cycling increases fitness and health”** – we know that 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) – improvements in climate and air quality will increase health and wellbeing for all.
- **“We can reduce biodiversity loss and help mitigate the**



***consequences of food shortages and the impacts this will have on our health and food security***” – we know that the current cost of living crisis will be having a significant impact on people’s emotional health and wellbeing.

4.4.4

By taking action to mitigate and adapt to climate change we will improve outcomes for people and the climate. Specific projects delivered under this plan will conduct project specific CIA's to ensure the climate impacts of delivery are minimised as far as possible.

## **5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 **Do nothing:** It would be possible not to produce a strategy for this area – but it would mean any plans would lack focus, coherence, and public accountability.

## **6. REASONS FOR RECOMMENDATIONS**

6.1 The strategy is a positive development for the city and will enable partner organisations to work together to improve mental and emotional health and wellbeing of individuals and carers across the City.

6.2 Approving the strategy demonstrates the Committee’s commitment to partnership working for the benefit of citizens of Sheffield.

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