

CITY OF
WOLVERHAMPTON
COUNCIL

Cabinet

Wednesday, 12 December 2018

Dear Councillor

CABINET - WEDNESDAY, 12TH DECEMBER, 2018

I am now able to enclose, for consideration at next Wednesday, 12th December, 2018 meeting of the Cabinet, the following reports that were unavailable when the agenda was printed.

Agenda No Item

6 **Joint Public Mental Health & Wellbeing Strategy (Pages 3 - 30)**

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CITY OF WOLVERHAMPTON COUNCIL	Cabinet 12 December 2018
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Report title	Joint Public Mental Health & Wellbeing Strategy for Wolverhampton	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Hazel Malcolm Public Health and Wellbeing	
Key decision	Yes	
In forward plan	Yes	
Wards affected	All Wards	
Accountable Director	John Denley, Director of Public Health David Watts, Director of Adult Services	
Originating service	Public Health, Commissioning	
Accountable employee	Lina Martino Tel Email	Consultant in Public Health 07973 715555 Lina.Martino@wolverhampton.gov.uk
Report to be/has been considered by	People Leadership Team Strategic Executive Board Health & Wellbeing Board Children's Trust Board Health Scrutiny Panel	25 June 2018 3 July 2018 11 July 2018 20 September 2018 20 September 2018

Recommendation for decision:

The Cabinet is recommended to:

1. Approve the Joint Public Mental Health & Wellbeing Strategy for Wolverhampton.

Recommendations for noting:

The Cabinet is recommended to note:

1. The Joint Public Mental Health & Wellbeing Strategy is an overarching document that incorporates City of Wolverhampton Council and NHS Wolverhampton Clinical Commissioning Group's Joint Mental Health Commissioning Strategy for 2018-2019 – 2020-2021. It includes not just commissioned services to support people with mental

health problems, but wider public services and workstreams to prevent mental ill health and promote population wellbeing.

2. The Joint Public Mental Health & Wellbeing Strategy and Joint Mental Health Commissioning Strategy were informed by an extensive consultation that was carried out as part of a Mental Wellbeing Needs Assessment completed in June 2017. Initial feedback was sought on the draft Strategy document from Council and NHS professionals, and members of the Wolverhampton Mental Health Stakeholder Forum and Suicide Prevention Forum. A process of further engagement was carried out between September and November 2018 to capture feedback from a broader range of stakeholders, including the Children's Trust Board, health services, and voluntary and community sector organisations.
3. An action plan and timeline are being developed to accompany the Strategy document, along with a formal governance structure. These will be living documents developed via the Mental Health Stakeholder Forum and related groups.

1.0 Purpose

- 1.1 This report describes the aims and scope of the Joint Public Mental Health and Wellbeing Strategy for Wolverhampton, produced by City of Wolverhampton Council and NHS Wolverhampton Clinical Commissioning Group.

2.0 Background

- 2.1 Mental health is integral to overall health, and recognised as being fundamental to growth, development, learning and resilience. Accordingly, the social, physical and economic environments in which people are born, grow, live, work and age have important implications for mental health.
- 2.2 The cross-Government strategy *No Health Without Mental Health* (2011) set out ambitions for mental health to be given equal importance to physical health ('parity of esteem'), and to become 'everyone's business' – that is, for health services, local authorities, education, employers, third sector organisations and communities to work in partnership to address the causes and consequences of poor mental health and promote mental wellbeing in populations.
- 2.3 The Mental Health Five Year Forward View (2016) emphasises the need for a shift towards prevention and better integration of care in order to improve outcomes and experiences for people with mental health problems and their carers and reduce health inequalities. This aligns with priorities outlined in the Wolverhampton Health & Wellbeing Board Strategy and NHS Wolverhampton Clinical Commissioning Group (CCG) Operational Plan.

3.0 National and local context

- 3.1 Half of all mental health problems emerge by age 14, rising to 75% by age 24. People with severe and prolonged mental illness die 15-20 years earlier on average than others – two thirds of these deaths are due to avoidable physical illness, including heart disease and cancer linked to smoking. At all ages traumatic experiences, poor housing or homelessness, being part of a marginalised group, or having multiple needs such as a learning disability or autism are all associated with increased risk of mental health problems, and may also limit access to support.¹
- 3.2 In Wolverhampton:²
- 66 people died by suicide between 2014 and 2016
 - There were 19,815 adults with depression known to their GP (2016-2017), and 2,683 adults with severe mental illness (2015-2016)
 - An estimated 3,906 children aged 5-16 had a diagnosable mental health disorder (2015)
 - Just 50.9% of adult social care users and 25.2% of adult carers report having as much social contact as they would like (2016-2017)

¹ Source: Five Year Forward View For Mental Health - <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

² Source: Public Health Profiles: Mental Health

- Among people in contact with secondary mental health services, only 27% live in stable and appropriate accommodation (2016-2017).

3.3 A recent report by the Mental Health Foundation (2017) found that that only 13% of people in England consider themselves to have good mental health. This highlights the importance of improving mental health and wellbeing at population level, beyond the prevention of diagnosable or definable conditions.

4.0 Joint Public Mental Health & Wellbeing Strategy

4.1 While it is essential to provide high quality services for people experiencing mental health problems, and to ensure timely and equitable access to these services, it is equally important to prevent the onset of mental health problems and to support vulnerable people before referral to specialist services becomes necessary.

4.2 However, it is also important that available support and pathways are clear to individuals and professionals, and that work is joined up across the wider system. This helps to avoid unnecessary duplication and allows the identification of any gaps or unmet need.

4.3 The Joint Public Mental Health & Wellbeing Strategy and Joint Mental Health Commissioning Strategy were informed by an extensive consultation that was carried out as part of a Mental Wellbeing Needs Assessment completed in June 2017. This included:

- a. The Wolverhampton Healthy Lifestyle Survey conducted in March 2016, which included specific questions related to mental wellbeing and elicited responses from 9,048 individuals across the city;
- b. 24 focus groups with the community such as younger adults, older working age adults, and older people; and
- c. 34 interviews with professional stakeholders including voluntary sector representatives, health professionals such as GPs and Pharmacists, and Council officers from a variety of teams.

4.4 The Joint Public Mental Health & Wellbeing Strategy provides a high-level summary of current and planned workstreams across the City of Wolverhampton Council and CCG to promote population wellbeing and improve mental health. It follows a life course approach, covering all levels of support from universal prevention through to tier 5+ specialist services. This includes but is not limited to:

- Joint Mental Health Commissioning Strategy and Stakeholder Forum
- Child & Adolescent Mental Health Services (CAMHS)
- Social, emotional and mental health needs in schools
- Suicide Prevention Stakeholder Forum and action plan
- Workplace wellbeing and mental health & work
- Dementia Strategy and Autism Strategy
- Reducing social isolation among carers

- Improving the built environment and access to green spaces.

4.5 The aim is to not only meet the specific needs of different age groups, but also to reduce cumulative disadvantage associated with poor mental health and wellbeing and related risk factors.

5.0 Evaluation of alternative options

5.1 An alternative option would be to continue without a joint, overarching Strategy in place. Given the wide range of provision and workstreams that have an impact on mental health and wellbeing, which extend beyond health and social care settings, this would make it difficult to identify gaps and opportunities for joint and system-wide working in developing the action plan, which having a cohesive overarching document allows us to do.

6.0 Reasons for decision

6.1 As stated above, developing the Strategy has provided us with a framework for developing an action plan based on systematic identification of where support may be lacking, and opportunities for working across teams, sectors and organisations. This is especially important given the policy emphasis on person-centred care and improving integration of health and social care, as well as increasing demands on budgets.

6.2 Not having a Strategy in place would make it very difficult to coherently describe the public mental health and wellbeing landscape and would therefore compromise our conversations with stakeholders and partners, as well as risking omission and duplication. There would also be a risk of actions becoming focused solely on the treatment and crisis end of the spectrum, when evidence and policy demonstrates the importance of incorporating mental health improvement and mental illness prevention.

7.0 Financial implications

7.1 The new Joint Public Mental Health and Wellbeing Strategy will be delivered within existing budgets of City of Wolverhampton Council and the CCG.

[MI/05122018/X]

8.0 Legal implications

8.1 The CCG has statutory obligations to commission safe, effective services that deliver value for money in partnership with key stakeholders and in response to levels of need and service user and carer views. This is in keeping with the seven key principles of the NHS Constitution (2015) and also with operational and planning guidance as laid out in the mandate to NHS England by the Department of Health.

8.2 The Health and Wellbeing Board is a statutory board established under the Health and Social Care Act 2012. It has a statutory duty to promote the integration of commissioning.

8.3 The Health and Social Care Act 2012 led to the transfer of public health services to local authorities in order to strengthen links to the wider determinants of mental and physical health which encompass the approach taken in this strategy.

8.4 The Mental Health Acts 1983 and 2007 and the Care Act 2014 are the main laws relating to assessment and meeting need of individuals with mental health needs.

[TS/05122018/Q]

9.0 Equalities implications

9.1 A reduction in health inequalities is an overarching aim of the Strategy. Equalities impact assessments will be carried out as appropriate within the work programmes that make up the overarching Strategy.

9.2 Commissioning mental health services that are mental health blue print compliant and are also compliant with NICE Clinical Guidance and Quality Standards will reduce health inequalities. Equality Impact Assessments (EIAs) and Quality Impact Assessments (QIAs) have been conducted as part of the Joint Mental Health Commissioning Strategy. These focus upon the requirements of the needs of protected groups and groups who require targeted engagement and interventions. CCGs are working with NHS England and colleagues in Public Health to utilise refreshed Right Care benchmarking to support the needs analysis and service specification development process and the further production of EIAs and QIAs.

10.0 Environmental implications

10.1 There are no environmental implications directly associated with this report.

11.0 Human resources implications

11.1 There are no human resources implications directly associated with this report.

12.0 Corporate landlord implications

12.1 There are no Corporate Landlord implications directly associated with this report.

13.0 Health and Wellbeing Implications

13.1 As outlined in sections 5.0 and 6.0 of this report, having the Strategy in place will have a beneficial impact on population mental health and wellbeing through facilitating discussions between partner organisations and key stakeholders; providing a framework for action planning that allows gaps and overlaps in provision and support to be addressed, and opportunities for joint working to be identified; and promoting a person-centred approach through broadening the conversation around mental health to include wellbeing and its wider determinants.

14.0 Schedule of background papers

14.1 [Joint Mental Health Commissioning Strategy 2018-2019 – 2020-2021](#) (draft)

15.0 Appendices

Appendix 1 - Joint Public Mental Health & Wellbeing Strategy for Wolverhampton

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Joint Public Mental Health and Wellbeing Strategy 2018 – 2021

City of Wolverhampton Council
NHS Wolverhampton CCG

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Foreword

Mental health is integral to overall health, and recognised as being fundamental to growth, development, learning and resilience. Accordingly the social, physical and economic environments in which people are born, grow, live, work and age have important implications for mental health. The support needs of people experiencing mental health difficulties therefore extend beyond health service provision and into wider public services.

This Joint Public Mental Health & Wellbeing Strategy for Wolverhampton follows a life course approach, covering all tiers of service provision and support for all ages. In addition, it sets out key programmes and strategies acting on the wider social, environmental and economic determinants of health to create mentally healthy places and keep people well.

The aim is to not only meet the specific needs of different age groups, but also to reduce cumulative disadvantage associated with poor mental health and wellbeing and related risk factors.

The Strategy brings out key strategic and delivery themes across Council and CCG workstreams to articulate a cohesive, population-based approach to promote wellbeing and improve mental health in the city.



**Councillor
Hazel Malcolm**
**Cabinet Member for
Health & Wellbeing**
City of Wolverhampton
Council



John Denley
Director of Public Health
City of Wolverhampton
Council



Helen Hibbs
Chief Officer
NHS Wolverhampton
CCG

Vision and values

Our vision is for every resident in the City of Wolverhampton to have the best mental health that they can at every stage of their life.

We will promote an approach that prevents and treats mental health problems with the same drive, passion and commitment as for physical health problems, embedding mental health and wellbeing across the health, care and wider system. This approach recognises the importance of enabling everyone to feel good and function well throughout their everyday lives.

This will be achieved through the following key objectives, drawing upon the wealth of skills and expertise across the Council, NHS and partner organisations:

- Focus on mental health promotion, mental illness prevention and recovery throughout the life course
- Promote resilience in individuals, families and communities through asset-based working and the wider social determinants of health
- Deliver timely, person-centred, effective services that align health and social care outcomes to provide integrated, responsive services and care
- Improve people's experiences of mental health and social care services
- Reduce inequalities in mental health and wellbeing and in access to care and support
- Challenge stigma and discrimination related to mental health problems

Key strategic and policy drivers

- **Five Year Forward View for Mental Health (2016)** emphasises the need for a shift towards prevention and better integration of care in order to improve outcomes and experiences for people with mental health problems and their carers, and reduce health inequalities.
- **Prevention Concordat for Better Mental Health (2016)** advocates a prevention-focused approach to mental health improvement in populations through evidence-based planning and commissioning. It also acknowledges the active role played by people with lived experience of mental health problems.
- **Care Act 2014** places statutory duties on Local Authorities to promote wellbeing, ensuring personal dignity; physical and mental health and emotional wellbeing; protection from abuse and neglect; control by the individual over their day-to-day life; participation in work, education, training or recreation; social and economic wellbeing; domestic, family and personal domains; suitability of the individual's living accommodation; and the individual's contribution to society.
- **No Health Without Mental Health:** a cross-government outcomes strategy (2011) that sets out ambitions for mental health to be given equal priority to physical health ('parity of esteem'), and to become 'everyone's business' – that is, for health services, local authorities, education, employers, third sector organisations and communities to work in partnership to address the causes and consequences of poor mental health and promote mental wellbeing in populations.
- **Better Care Fund (BCF)** is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
- **Transforming children and young people's mental health provision: a green paper (2017)** sets out the ambition that children and young people who need help for their mental health are able to get it when they need it.
- **Suicide Prevention Strategy for England (2012)** sets out plans for reducing suicide rates and supporting people affected by suicide.
- **Being mindful of mental health – the role of local government in mental health and being (2017)** of the Local Government Association aspires to the creation of "mentally healthy" places for people of all ages across their whole life-course.
- **Distinctive, Valued, Personal (ADASS, 2015): Why Social Care matters – the next five years** describes the distinctive role and value of social care in taking a whole-person approach to supporting people with complex needs.
- **Thrive Mental Health Commission (WMCA, 2017): An Action Plan to drive better mental health and wellbeing in the West Midlands** sets out key actions for working in partnership to reduce the impact of mental ill health across the region.

Local and national context

Mental health problems have very high rates of prevalence, estimated to affect around **1 in 4 people every year**. They are often of long duration, even lifelong in some cases and have adverse effects on many aspects of people's lives.

Nationally, poor mental health is estimated to cost the economy approximately **£105 billion per year**, including **£34 billion on dedicated mental health support and services**.

Prevalence of diagnosable mental health problems across the life course²

In Wolverhampton in 2015/16, up to 510 women had mild to moderate perinatal anxiety and/or depression

An estimated 105 women had severe perinatal depression



Perinatal and early years

Anxiety and depression affect 10-15% of women having a baby



Childhood and adolescence

In 2015 an estimated 3,906 children in Wolverhampton aged 5-16 had a diagnosable mental health disorder

1 in 150 females and 1 in 2000 males will develop an eating disorder such as anorexia nervosa

1 in 10 children will be affected by depression, anxiety or a conduct disorder (aggression, destructive behaviour, consistent breaking of rules, deceitful behaviour)

50% of diagnosed mental health problems emerge by age 14, and 75% by age 24

¹ NHS England internal analysis – Five Year Forward View for Mental Health (2016).

² Sources: Public Health Profiles: Mental Health, Dementia & Neurology; Mental Health Foundation.

Approximately 1 in 4 people in the UK will experience a mental health problem each year

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In Wolverhampton in 2016/17 there were 19,815 adults with depression known to their GP, and 2,780 people with severe mental illness (all ages)

At least 15% of the population will experience an episode of depression

Anxiety disorders affect 16% of the population

64 people died by suicide in 2012-2014 - 57 of the reported cases were in men, with peak deaths occurring in the ages 30-34 and 50-54 (in line with national trends)

1 in 5 older people living in the community and 40% of older people living in care homes are affected by depression³

Older age

Dementia risk doubles every 5 years after age 65
1 in 6 people aged 80 – 89 have dementia

In Wolverhampton in 2017 there were 2,253 people aged 65+ with dementia known to their GP

Adults

1% of the population will experience a psychotic episode during their lifetime

Bipolar disorder affects up to 1% of the population

1% of the population will have schizophrenia

³ 5 Year Forward View for Mental Health (2016)



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Wellbeing

Wellbeing encompasses social, emotional and mental wellbeing. It can be best summarised as **feeling good and functioning well**.

A recent report by the Mental Health Foundation (2017) found that that only 13% of people in England consider themselves to have good mental health. This highlights the importance of improving mental health and wellbeing at population level, beyond the prevention of diagnosable or definable conditions.



Creating the conditions for mental health and wellbeing

Poor mental health is both a cause and consequence of overall health inequalities due to its associations with physical health, employment, housing and lifestyle factors. People with severe and prolonged mental illness die 15-20 years earlier on average than others – two thirds of these deaths are due to avoidable physical illness, including heart disease and cancer linked to smoking.

At all ages **traumatic experiences, poor housing or homelessness**, being **part of a marginalised group**, or having **multiple needs** such as a learning disability or autism are all associated with increased risk of mental health problems, and may also limit access to support.⁴

⁴Prevention Concordat for Better Mental Health (2016)



Best start in life

- Adverse Childhood Experiences (ACEs) describe childhood trauma through abuse, neglect and difficulties in the home environment. ACEs are linked to poorer health and social outcomes, including smoking, substance use and incarceration.
- Children in care are 4 times more likely than their peers to have a mental health difficulty, which may be exacerbated with placement breakdown.
- Resilience factors such as feeling loved and having good social support network can help protect against the effects of childhood trauma.
 - We are developing ways to systematically capture information on ACEs, and intervene early to reduce the occurrence and impact of ACEs and prevent intergenerational problems as part of the **Early Years Strategy** and Healthy Child Programme.

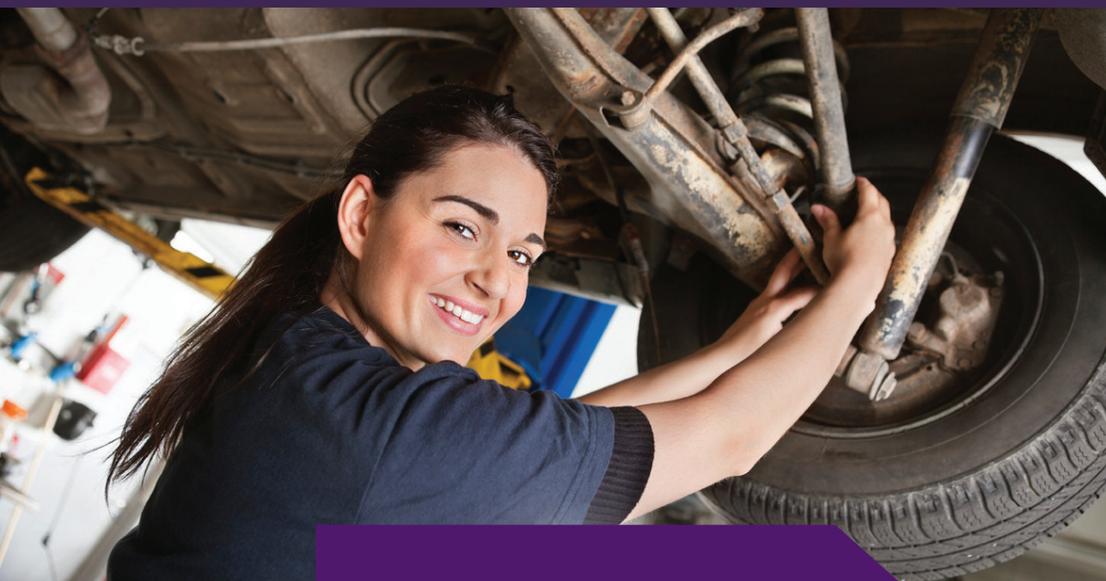


Education

- School ethos, bullying and teacher wellbeing all have an influence on children's mental health. In an average classroom of 30 15-year-old pupils, 3 could have a mental health problem, 7 are likely to have been bullied, and 6 may be self-harming.⁵
- Exclusions from school are increasing, and have a detrimental impact on mental wellbeing and educational outcomes, including longer term.⁶
- The **Social, Emotional & Mental Health (SEMH) Plan** for schools sets out actions for identifying and responding to SEMH needs. This includes workforce development and training, and off-site and on-site enhanced or alternative provision for pupils with identified SEMH needs.

⁵Lavis P (2015). Promoting children and young people's emotional health and wellbeing: A whole school and college approach. London: Public Health England.

⁶Ford T, Parker C, Salim J, et al. (2018). The relationship between exclusion from school and mental health: a secondary analysis of the British Child and Adolescent Mental Health Surveys 2004 and 2007. *Psychol Med.* 2018 Mar;48(4):629-641.



Employment

- As of November 2017, there were 12,010 Employment Support Allowance (ESA) claimants living in Wolverhampton.
- It is estimated that approximately 5,525 of these are due to mental health problems.⁷
- We are strengthening pathways across health and employment services to improve access to employment for people with mental health problems.



Housing

- Among people in contact with secondary mental health services, only 27% in Wolverhampton live in stable and appropriate accommodation (2016/17).
- This is lower than both the regional average (45%) and national average (54%).
- We are actively working to improve the quality of rented accommodation, and to reduce homelessness - working in partnership with mental health services – as part of the **Housing Strategy**.

⁷Data from 2016 identified 46% of ESA claimants cited mental illness as the reason for being unable to work.



Community

- Just 50.9% of adult social care users and 25.2% of adult carers in Wolverhampton report having as much social contact as they would like (2016/17).
- We are developing a system to measure social isolation locally, and mobilise the community to meet these needs (e.g. through social prescribing).
- Young offenders are known to be a key group at increased risk of mental health issues. Our Reducing Gangs & Youth Violence Strategy will be incorporated into a wider **Exploitation Strategy** in 2019.



Environment

- Access to green spaces has a lasting positive effect on mental wellbeing for all ages and socioeconomic groups. However, these spaces are not equally distributed and are not always safe or accessible within deprived areas.⁸
- We are working to improve access to green spaces for wellbeing and physical activity through the **Open Spaces Strategy and Action Plan**.

⁸ Better Mental Health For All: A Public Health Approach to Mental Health Improvement (2016). London: Faculty of Public Health and Mental Health Foundation.



Physical health problems

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Physical and mental health are inextricably linked. Mental wellbeing and resilience are protective factors for physical health as they reduce the prevalence of risky behaviours such as smoking, substance misuse and unhealthy eating, which are often used as coping mechanisms in the absence of other support. Conversely, people with cancer, diabetes, asthma and high blood pressure are at greater risk of a range of mental health problems such as depression, anxiety and PTSD.

People with long term physical health conditions are more likely to have poor mental health compared with the general population, indicating a need to ensure approaches

to improve mental wellbeing are integrated into physical care pathways.

- 30% of the UK population live with one or more long-term health conditions. Of these, approximately 27% will also have a mental health problem.⁹
- This means that approximately 20,664 people in Wolverhampton with a long-term health condition also have a mental health problem.¹⁰
- In Wolverhampton smoking prevalence in people with severe mental illness is 46.5%, compared with 16.5% in the general population. This is similar to the national average.

⁹ Naylor C et al (2012). Long-term conditions and mental health – The cost of co-morbidities. London: The King's Fund & Centre for Mental Health.

¹⁰ Based on mid-year population estimate of 255,106 (ONS)



Access to and experience of services

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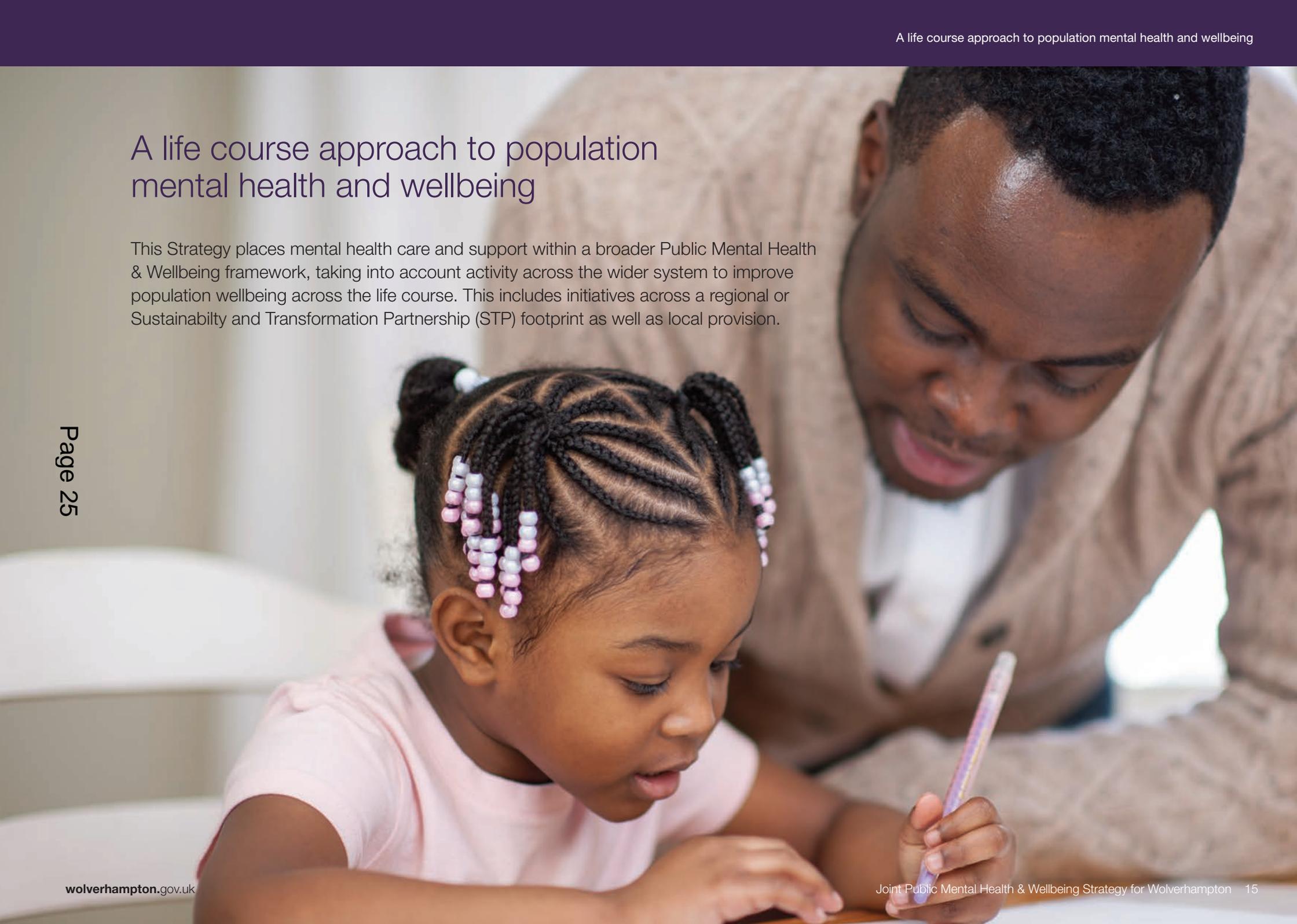
Mental Wellbeing in Wolverhampton – an assessment of needs (2017) reported evidence from responses to a survey of users about their experiences of mental health service highlighted the following:

- **Groups at higher risk of poor mental wellbeing** - unemployed, lesbian, gay, bisexual and transgender (LGBT+), homeless, Black and Minority Ethnic (BAME) groups, refugee and migrants, students, ex-offenders, carers
- **Key issues highlighted:** isolation, access to support groups, housing employment, financial stability, physical health
- **Stigma:** lack of understanding from front line services, lack of support for coming back into work.

There was concern around people wanting support but not meeting the threshold for accessing services, and accessing difficulty in getting timely access to appropriate services. The report also indicated a need to raise awareness of where the public can get help, whether signposts or more information on mental health issues.

A life course approach to population mental health and wellbeing

This Strategy places mental health care and support within a broader Public Mental Health & Wellbeing framework, taking into account activity across the wider system to improve population wellbeing across the life course. This includes initiatives across a regional or Sustainability and Transformation Partnership (STP) footprint as well as local provision.



		Early years (0-5)			Children & young people (6-19/24)					
Major life changes & milestones		Acquiring language skills	Developing impulse control	Entering school	Learning to read & write	Developing social skills	Entering puberty	Forming friendships & relationships	Further/ higher education	Developing independence
Health & care system	Tier 5+ Specialist & Acute services					Children's Social Care				Support young people under 18 years who require transition to adult mental health services
	Tier 4: Tertiary Mental Health Services					Child and Mental Health Service (CAMHS) Crisis and CAMHS Inpatient				
	Tier 3: Secondary Community Mental Health Services					Children's Social Care				
	Tier 2: Primary Care / Primary Care facing Services	Specialist Perinatal Team (Black Country and West Birmingham STP)				CAMHS: Core CAMHS – Children and Young People in Care, Inspire (Learning Disability), Eating Disorder service (14+), CAMHS Crisis Develop an all age approach across the service model that incorporates the needs of young people under 18 years who require transition to adult mental health services				
Prevention	Develop a local Prevention Concordat	Indicated (Tier 1) For people with early detectable signs of mental health stress or distress; targeting people at the highest risk of mental health problems		Special educational needs support if in nursery or school		Children's Social Care Educational Psychologists				
		Selective / Early Help For people in groups, demographics or communities with higher prevalence of mental health problems; targeting individuals or subgroups of the population based on vulnerability and exposure to adversity.		Voluntary organisations – mental health specific and wider support		Headstart, GPs/Health Visitors/School Nurses, Substance Misuse/ 'The Way' Base 25, Believe 2 Achieve, Strengthening Families, Pupil Referral Units, Counselling in schools, Pastoral support provided in schools, Family Support Workers, EWO/Special Educational Needs Co-ordinator, 10-12 Universal plus offer from Headstart, A&E, Paediatric Assessment Units, Community Paediatrics, Family Nurse Partnership, Substance Misuse, COT (Disability), Youth Offending Team/YOT Nurse/Worker, CAMHS link workers (Headstart), Intensive Therapeutic Family Support (Barnado's) BEAM: Emotional Health and Wellbeing Service				
		Universal For everyone; targeting the whole population, groups or settings where there is an opportunity to improve mental health such as schools or workplaces.		Healthy Child Programme 0-5: Improving the mental health & wellbeing of young children through promoting positive parenting and strong attachments Developing ways to systematically capture information on Adverse Childhood Experiences (ACEs), and intervene early to reduce the occurrence and impact of ACEs and prevent intergenerational problems		Headstart, GPs/Health Visitors/School Nurses, Substance Misuse/ 'The Way' Pastoral support in schools/Teachers/Education Welfare Officers (EWO)				
				Strengthening Families Hub Submit bid for funding to identify and support children of parents with alcohol dependence, in partnership with Commissioning, Children's services and Strengthening Families team		Develop a Substance Misuse Strategy and resurrect the Substance Misuse Alliance				
						Wolverhampton Social Hub (Starfish Health & Wellbeing): Support provided by Citizens Advice and Refugee & Migrant Centre				
						Actively working to reduce homelessness, working in partnership with mental health services Syrian Vulnerable Person Resettlement Programme No Recourse to Public Funds policy and protocols				
						Healthy Child Programme 6-19: Health & wellbeing reviews HeadStart (10-16 year olds – universal offer)				
						Developing the 'Community Offer' and asset-based approaches to promoting and supporting wellbeing in local communities, including asset mapping of community and voluntary sector support Develop a City-wide evaluation plan to monitor and assess the impact of the Strategy on population mental health and wellbeing				
						Autism Strategy (CWC) Shaping Futures – Changing Lives - People Directorate Commissioning Strategy 2018-2021 (CWC) Open Spaces Strategy & Action Plan (CWC) Housing Strategy (CWC)				
						Child & Adolescent Emotional Health & Wellbeing Refresh (NHS Wolverhampton CCG) Early Help Strategy Thresholds of Need and Support in Wolverhampton				
				Wolverhampton Suicide Prevention Strategy 2016-2020 (CWC) Wolverhampton Crisis Care Concordat						
				Violence Against Women & Girls Strategy (CWC)						
		Early Years Strategy (CWC)		Social, Emotional & Mental Health Needs in Schools Plan (CWC) Reducing Gangs and Youth Violence Strategy(CWC) – to be replaced by wider Exploitation Strategy April 2019						

Adults (25-64)

Older people (65+)

Entering work Leaving home Career development Entering long-term relationships Parenting Caring for a parent or relative Bereavement Retirement Long term health conditions Caring for a spouse Coping with death of spouse or peers

Specialist & acute inpatient services (BCPFT)
 Adult Social Care Planned provision (incorporating Residential & Nursing, Very Sheltered (24 hour), Sheltered, Shared Lives (Placements with families), Supported Living, Housing Related Support and Prevention)
 Wolverhampton Complex Needs Mental Health Service (housing support – Midland Heart)

Support people over 65 years who require transition to or access/entry to older adult mental health services

Deliver the Better Care Fund Planned Mental Health Care Pathway

Early Intervention in Psychosis (14-65)

Dementia Care Pathway

Rethink Mental Illness | Wolverhampton Healthy Minds IAPT Service (BCPFT)
 Wellbeing service (nurse led – BCPFT) | Wolverhampton Substance Misuse Service
 Recovery Near You

Develop Primary Care mental health pathways

Thrive Into Work programme West Midlands Combined Authority (WMCA) and Recovery College Partnership: Working with city employers and the Department for Work and Pensions (DWP) to improve access to employment for those with mental health problems and prevent loss of employment due to MH problems
 Mind At Work – Supporting unemployed Wolverhampton residents to prevent mental health problems and manage early signs

Suicide Prevention Forum led by CWC and Samaritans: Continue to develop action plan; Work with Coroner to develop stronger mechanisms for surveillance of suicide and self-harm
 Establish joined-up pathways for people with coexisting mental health problems and substance misuse

Deliver targeted interventions to support the needs of marginalised and/or seldom heard groups, including specific actions to reduce the numbers of Black and Minority Ethnic (BAME) people detained under the Mental Health Act

Includes Asian Ladies Support service, with plans to restart LGBT+ group

Development of Modern Slavery Action Plan
 Safer Homes scheme – home safety surveys and support for victims of domestic violence by Neighbourhood Safety Coordinators

Optimising systems to prevent, recognise and respond to financial exploitation

Workplace Wellbeing – Thrive @ Work
 Mental Health First Aid training
 City of Wolverhampton Council (CWC) to develop action plan for the Time to Change Employer Pledge

Reducing social isolation and loneliness

Reducing social isolation among carers

Develop communications plan to increase awareness of mental health and wellbeing among City residents, front line health and care professionals, and employers | Embed public mental health across universal health improvement programmes and strategies, including Making Every Contact Count | Consider the mental health and wellbeing impacts of local policy and practice relating to employment, housing, planning and licensing

Transforming Care Together: Birmingham Community Healthcare NHS Foundation Trust (BCHC), Black Country Partnership NHS Foundation Trust (BCPFT), and Dudley and Walsall Mental Health Partnership NHS Trust (DWMH)

Mental Health Commissioning Strategy 2018/19 – 2020/21 (NHS Wolverhampton CCG)

Wolverhampton Suicide Prevention Strategy 2016-2020 (CWC) | Wolverhampton Crisis Care Concordat

Reducing Reoffending Strategy (CWC)

Dementia Strategy (CWC & NHS Wolverhampton CCG)

Outcome measures

An overarching evaluation and monitoring framework will be developed as part of this Strategy. This will include indicators relating to wider determinants, vulnerable groups, service activity and outcomes.

Wider determinants

Reduce the number of 16-18 year olds not in employment, education or training

Increase use of green spaces for physical activity

Increase self-rated population wellbeing scores

Vulnerable groups

Reduce number of permanent exclusions from schools

Increase access to employment for people with mental health problems

Increase numbers of people with mental illness and/or disability in settled accommodation

Reduce episodes of violent crime

Reduce the number of first time entrants to the youth justice system

Increase carers' ratings of their own wellbeing

Reduction in foster care placement breakdowns

Service activity

Improve access to and satisfaction with mental health and support services

Increase rates of completed treatment and recovery, including drug and alcohol treatment

Reduce inequalities in access to treatment and support

Reduce emergency admissions due to mental health problems, including substance misuse

Reduce in-year bed days for mental health

Health and care outcomes

Reduce the incidence and prevalence of mental health problems, and inequalities in the population

Reduce inequalities in physical health outcomes between people with mental health problems and the general population

Reduce the number of suicides

Recommendations

1. Work in partnership across agencies, service users and their carers via the Wolverhampton Mental Health Stakeholder Forum to implement integrated approaches to mental health promotion, support, care and recovery.
2. Continue to co-ordinate activity to improve mental health and wellbeing outcomes through multi-agency partnerships, including the Suicide Prevention Forum, Better Care Fund (BCF) Mental Health Workstream, and Black Country & West Birmingham STP Mental Health Work Programme.
3. Develop a Prevention Concordat for Wolverhampton to facilitate local and action around preventing mental health problems and promoting good mental health.

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