



# Health and Wellbeing Board

## 18 October 2017

<b>Report title</b>	Mental Health Strategy 2017-19	
<b>Cabinet member with lead responsibility</b>	Councillor Paul Sweet Health and Wellbeing	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Susan Milner, Service Director – Public Health and Wellbeing	
<b>Originating service</b>	Commissioning	
<b>Accountable employee(s)</b>	Sarah Fellows	Mental Health Commissioning Manager NHS WOLVERHAMPTON Clinical Commissioning Group
	Neeraj Malhotra	Public Health Consultant
	June Pickersgill	Head of Service – Mental Health
<b>Report to be/has been considered by</b>	N/A	

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### Recommendations for noting:

The Health and Wellbeing Board is asked to note the actions being taken regarding the development of a joint Mental Health Strategy including the next steps.

## **1.0 Purpose**

- 1.1 The purpose of this report is to provide an update for the Health and Wellbeing Board regarding the collaborative development of a new Joint Mental Health Strategy for the period 2017-2019.

## **2.0 Background**

- 2.1 The NHS Wolverhampton Clinical Commissioning Group (CCG) and City of Wolverhampton Council Mental Health Joint Commissioning Strategy 2014-2016 detailed the required actions and outcomes to develop mental health services and initiatives for the people of our City in response to local need and national guidance. Partners in the CCG and the Council have agreed to work together to jointly develop a strategy and direction of travel for the period 2017-2019 building on the developments to date and initiatives such as the Five Year Forward View for Mental Health (2016).

## **3.0 Progress, options, discussion, etc.**

- 3.1 A Steering Group has been formed to ensure multi-agency stakeholder and engagement in terms of development of the new Mental Health Strategy and to develop both a communications and engagement plan and a Mental Health Strategy Implementation Plan. A draft 'direction of travel' paper is attached as Appendix 1 which describes the actions to date and required next steps. This information describes the mental health elements of the CCGs operational and strategic plans.

## **4.0 Financial implications**

- 4.1 The new joint Mental Health Strategy will be delivered within the existing financial envelope of the Council and the CCG. Resources – including key elements of the workforce - will be used to best effect at each part of the 'whole system'. NHS England planning guidance for 2017-18 and 2018-19 outlines that the CCG is required to continue to focus on investment in mental health services to ensure parity with other areas of investment by complying with the mental health investment standard previously known as 'parity of esteem' (POE). In addition, the CCG also has opportunities to apply for transformation and new models of care funding to achieve compliance with the Mental Health Five Year Forward View (2016) in partnership with commissioners and providers that form part of the Black Country and West Birmingham Sustainability and Transformation Partnership (BC&WB STP).
- 4.2 The CCG is working with partners in the BC&WB STP to optimise delivery of the NHS England mental transformation blue print by a collaborative approach to the commissioning of key services ensuring timely and evidence based intervention at primary, secondary and tertiary care level to deliver a clinically and financially efficient whole system improving patient experience and outcomes and driving down costs associated with sub-optimal delivery. This includes a focus upon improving services associated with frequent relapse rates and re-admissions, lengths of stay and discharge delays and inefficient mental / physical health care pathways including those for people

with long term conditions, people taking psycho-tropic medication, people with co-occurring alcohol and substance misuse and /or people who self-harm for example (including high volume service users). The financial implications detailed are for Wolverhampton Clinical Commissioning Group.

## **5.0 Legal implications**

- 5.1 Statutory and policy implications have been described in earlier sections of this report. 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.
- 5.2 Local Authorities and CCGs have equal and joint statutory duties to prepare a Health and Wellbeing Strategy under powers outlined in the Local Government and Public Involvement in Health Act 2007 section 116 (as amended by the Health and Social Care Act 2012 section 193).  
[RB/09102017/E]

## **6.0 Equalities implications**

- 6.1 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. EIAs and QIAs will include 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 the Right Care benchmarking to support the needs analysis and service specification development process and the production of EIAs and QIAs.
- 6.2 Discussion is underway to clarify consultation and engagement to support the strategy development.

## **7.0 Environmental implications**

- 7.1 There are currently no environmental implications to report.

## **8.0 Human resources implications**

- 8.1 Developing capacity and capability in our work force is a key deliverable in line with Stepping forward to 2020/21: The mental health workforce plan for England (July 2017).

## **9.0 Corporate landlord implications**

- 9.1 Any accommodation matters are being dealt with through the one public estate programme

## **10.0 Schedule of background papers**

10.1 None