

Cabinet Meeting

20 February 2018

Report title	Scrutiny Review of the Adult Mental Health Commissioning	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Sandra Samuels OBE Adults	
Review Chair	Councillor Lynne Moran	
Review Members	Councillor Ian Claymore Councillor Paul Singh Councillor Anwen Muston Councillor Martin Waite	
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Report to be/has been considered by	People Leadership Team Strategic Executive Board Scrutiny Board Cabinet	12 December 2017 23 January 2018 6 March 2018 21 February 2018

Recommendations for decision:

To approve the recommendations as detailed in Appendix 1.

Introduction

This report provides a summary of the findings and recommendation to support the work being done across Wolverhampton to deliver effective mental health services at a time of growing demand for support and reduced budgets.

What is commissioning? – *this is the planned activity of assessing the needs of a population, allocating resources, a process that will involve the public and providers working to secure services to meet identified needs, and then monitoring and evaluating the services provided.*

Chair's Introduction

I want to firstly thank members of the Scrutiny Review Group (Councillors Ian Claymore, Anwen Musten, Paul Singh and Martin Waite), for their support and commitment to a service which directly impacts on the lives of so many people. I would also like to thank officers for their support during the review and the users of services for sharing their experiences of the mental health services.

A longstanding criticism of health and social care policy in England is that people with mental health problems often fail to receive the same access to services or quality of care as people with a physical illness. The review group want to see further progress towards achieving greater equality in the amount of money spent between physical and mental health services in Wolverhampton

Both the Prime Minister and leading members of the Royal family have drawn attention to the need to improve services with mental illness. The early identification and access to support services in the community or in primary care setting together with swift expert intervention, augers well for delivering positive and healthy outcomes in the future

It is important that we as local Councillors also play our part in helping to improve the situation for current and future users of mental health services and continue to raise public awareness about this important issue.

To scrutinise mental health services for adults was a huge task but it is important that it remains high on the agenda - we as local Councillors must continue to offer necessary challenge about how services are delivered and monitored. It is also important there is proper public consultation about any proposed changes to the provision of existing support services.

The review group have carefully reviewed evidence about the effectiveness of the commissioning process and the impact that it has on improving outcomes for people needing help.

The review group have heard some hard-hitting evidence from the public about their experiences of mental health service and specific concerns from groups with protected characteristics. The Council and partner organisations must continue to engage positively with these key groups when developing services and we as Councillors must seek reassurance that they are meeting their responsibilities under the Equality Act 2010 - to eliminate unlawful discrimination, harassment and victimisation.

The new commissioning strategy Shaping Futures-Changing Lives is a positive step in responding to the challenges outlined in this report and is welcomed as a way forward. The strategy will also provide an approach that will respond to the challenge set by Government to improve access to mental health services and improve the effectiveness of support and treatment available.

I commend the recommendations in this report which are aimed at delivering better mental health services to the people of Wolverhampton.

We encourage all responsible bodies to co-ordinate all their efforts and resources to achieve this aim.

Councillor Lynne Moran
Chair of Scrutiny Review

Definitions

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community - (World Health Organisation).

Mental wellbeing - The Department of Health define wellbeing as *'Individual's experience of their life' which is categorised into subjective wellbeing (how individuals think and feel about their own wellbeing) and objective wellbeing (assumptions about basic needs and rights).*

Mental health promotion - primarily concerned with the determinants of health. Mental health promotion activities involve the creation of individual, social and environmental conditions that involve individuals in the process of achieving positive mental health, enhancing quality of life and narrowing the gap in healthy life expectancy.

Mental illness prevention - mental illness prevention aims to reduce the incidence, prevalence and recurrence of mental disorders, the time spent with symptoms and the risk conditions for mental illness, preventing or delaying recurrences and decreasing the impact of the illness in the affected person, their family and society.

Executive Summary

- City of Wolverhampton Council (CWC) has a vital role to continue promote services that improve mental health and wellbeing and to check that its own resources and those of partner organisations are being used efficiently and delivering improved outcomes for users of mental health services.
- The review group welcomes the Council's approach to commissioning services that offer outreach support through a network of local self-help groups and community based services to mental health users.
- The review group support the view that the aim of local mental health services should be to prevent people entering statutory services where possible by providing the right type and level of intervention.
- **The Mental Wellbeing in Wolverhampton – an assessment of needs Mental Health Needs (2017)** report provide a comprehensive evidence base regarding mental wellbeing for adults in the city. The report highlighted that to achieve 'parity of esteem' – valuing mental and physical health equally - that commissioning the right services was critical to achieving this aim.
- The process of commissioning services presents both challenges and opportunities at each stage and professionals and review members recognise the difficult judgements to be made about how reduced resources should be used to deliver better outcomes.
- The commissioning process should not be seen as one action but many linked actions - ranging from the health-needs assessment for a population and the design of patient pathways of care.
- The commissioning of mental health services in Wolverhampton has been externally assessed as being good. However, there are concerns expressed about the growing demands on frontline practitioners working in mental health services.
- There is a wide range of good work being done at the local, regional and national levels to respond positively to increase in demand for access to mental health services and to improve the care and outcomes for mental users across Wolverhampton.

- While the focus of this review was to understand the effectiveness of commissioning of adult mental health services it was also important to assess the impact of the process in meeting the needs of the intended beneficiaries and their families.
- We have heard evidence from the former service users themselves and their carers who report that their needs are often overlooked after their discharge or have difficulties in accessing appropriate support and services when they have a mental health crisis.
- There is a recognition of the key role that family members and the wider community play in helping an individual to sustain their recovery after a period of mental illness. It is important also to acknowledge the impact on families and friends when caring for a person with a mental illness and the support they may need to continue doing so when commissioning services.
- The over representation and under representation of groups with protected characteristics in the mental health system was highlighted as a concern and more work is needed to develop appropriate and effective treatment pathways. The issue of difficulties experienced by people with dual diagnosis such as drugs and/or alcohol in accessing appropriate support services has been highlighted as a major concern and it is important that the commissioning strategy is responsive to this issue.
- There are clear financial and health benefits to offering intervention support at the early stages of a mental illness or the onset of a mental health crisis. There are also real benefits to offering opportunities to improve feelings of wellbeing among the wider population.
- There is evidence of closer joint working between the commissioners and providers of services and positive changes being made in how services are organised to deliver better outcomes for people wanting help with a mental health illness.
- The review group support the vision as detailed in '**Shaping Futures – Changing Lives**' and how the new approach to commissioning of services will help promote independence, improved physical health and optimise recovery at all stages of the care cycle.
- It is important that key agencies with lead responsibility for improving mental health outcomes are challenged appropriately about how funds are being used.

- The review group concluded that it is important to give users the opportunity to share their experiences of mental health services and to make suggestions about how services need to improve to better meet their needs. Survey evidence from users of their views of local services and support for mental health in Wolverhampton should be used to inform the commissioning and design of mental health services. The review group also note that throughout the commissioning stages that the following questions should be asked of those involved in the process - what does this service feel like from a user perspective? What do providers think of the service on offer?
- However, the review group acknowledge the concerns in evidence from community self-help groups that individuals leading these groups may need ongoing support to help them to deliver safe and effective services to the intended beneficiaries.

Introduction

Poor mental ill health can have severe and lifelong effects on people, affecting virtually every aspect of their lives - people can lose confidence, jobs, homes, prospects and social contact and it is important that providers of mental services are able to respond to the full range of needs that people have so that they can fully participate in their community.

A longstanding criticism of health and social care in England is that people with mental health problems often fail to receive the same access to services or quality of care as people with a physical illness or disability. It is important therefore to review the effectiveness of the commissioning process and for providers to evidence that funding priorities and planning are contributing to achieving greater parity.

The review group visited providers of mental health services and met with users of mental health services to get a range of views about scale of the problem and their experiences. The review group has considered evidence about the range of initiatives – local and regional levels – to reduce current gaps in provision and deliver high quality services to the residents of Wolverhampton in a timely way.

The information provided during the review has given members a valuable insight into the commissioning process and the hard work being done by different partner agencies to deliver improved co-ordination of services – particularly for people with severe mental health needs.

We believe that as local councillors we must actively support and promote the commissioning of excellent quality mental services and in particular, further resources to deliver the improvements to the quality of local mental health as detailed in the Governments Five Year Forward View for Mental Health. The provision of better access to appropriate community and outreach services that support people with mental health issues to become more independent, is a key part of achieving the stated goals.

The review group look forward to the publication of an updated mental health strategy for Wolverhampton that will detail plans to deliver the vision for improving local services.

This report provides a summary of the main findings and recommendations from a review of the commissioning of adult mental health services.

1.0 Purpose

- 1.1. This report has been written to make Cabinet aware of the key findings and recommendations of the Scrutiny Review of Adult Mental Health Commissioning.
- 1.2. The review is timely as the current mental health commissioning strategy 2014-2016 is being updated and will be replaced by the new strategy. The draft **Shaping Futures - Changing Lives - People Directorate Commissioning Strategy 2018-2021 document**.
- 1.3. The proposals in the document are currently being consulted on and is timetabled to be introduced for April 2018, subject to the agreement of Cabinet.
- 1.4. The findings of the review will contribute to the final draft of the document.

What is commissioning?

- 1.5. In basic terms, commissioning is the process of planning, agreeing and monitoring services. The majority of the NHS commissioning budget is managed by clinical commissioning groups (CCGs).
- 1.6. The stages of the commissioning cycle are outlined briefly below:
 - **Analyse** – this will involve establishing the current and future needs of the population, using information from a range of sources – for example, Joint Strategic Needs Assessment, service and provider feedback.
 - **Plan** – this will involve planning services that will meet the local populations needs within available resources.
 - **Do** – this will involve ensuring that the services needed are delivered as planned, which efficiently and effectively deliver the priorities and targets detailed in the commissioning strategy.
 - **Review** – this will involve monitoring the impact of services and analyzing the extent to which they have achieved the intended purpose.

Reference: Shaping Futures - Changing Lives - People Directorate Commissioning Strategy 2018-2021

- 1.7. Effective commissioning plays a significant role in driving up quality, enabling people to meaningfully direct their own care, facilitating integrated service delivery, and making the most effective use of the available resources. However, effective commissioning cannot

be achieved in isolation and should be a result of considering the views of service providers, the people who are likely to use the services and close working with other key partners in the statutory, community and voluntary sectors.

1.8. **What does good commissioning look like?**

- It is important to understand what good commissioning looks like in order to make an informed judgement about the approach adopted by Wolverhampton to the commissioning of adult mental health services.
- The National Audit Office referred to a report published by the [Office of the Third Sector](#) which outlined detailed eight principles of good commissioning which provide a benchmark against which the approach to the commissioning of services in Wolverhampton can be assessed see **Appendix 1** for details.

Review aims and objectives

- 1.9. **The overall aim of the review was to scrutinise the effectiveness of the commissioning process in supporting the stated vision for improving mental health and wellbeing in Wolverhampton.** The review group also considered the provision of services for adults aimed supporting them during the earliest symptoms of mental illness and their effectiveness of existing support services in helping individuals avoid acute illness or prevent its recurrence or admission into hospital.
- 1.10. The review group wanted to look at how patients experienced the services offered to them to assess how well Wolverhampton is responding to demand for help from people with a mental illness, and also the work being done to promote wellbeing at a population level.
- 1.11. The review group considered evidence from witnesses with knowledge and experience of the issues being investigated to help inform their findings and recommendations.

2.0 Background

- 2.1. At the Annual Scrutiny Planning Session in May 2016 Councillors agreed that a scrutiny review of the adult mental health commissioning met the agreed selection criteria – for example, priority should be given to topics that are relevant to a large part of the Council.
- 2.2. The scrutiny review group met on 6 occasions to gather evidence from key witnesses with knowledge and understanding of the issues under investigation. Evidence sessions were arranged around agreed themes and questions sent in advance to witnesses to help focus discussion and encourage an informed debate. In addition, a press release

was issued to ask residents to complete a short online survey. The members of the review wanted to hear views about how well commissioned services were meeting the needs of mental health users. A summary of the evidence is attached at **Appendix 2**.

3.0 Mental Health – national policy and budget context

- 3.1. In 2010-2011, £12 billion was spent on NHS services to treat mental disorder, equivalent to 11% of the NHS budget. National statistics show that mental illness is the largest disease burden upon the NHS, up to 23% of the total burden of ill health and the largest cause of disability within the United Kingdom. Furthermore, poor mental health is associated with obesity, alcohol and substance misuse and smoking, and with diseases such as cardio-vascular diseases and cancer (HM Government, 2011).
- 3.2. Analysis commissioned by NHS England found that the national cost of dedicated mental health support and services across government departments in England totals £34 billion each year, excluding dementia and substance use.
- 3.3. In evidence to the review it was reported that only a small minority of people (13%) report living with high levels of good mental health.
- 3.4. Mental health problems have very high rates of prevalence. They are often of long duration, even lifelong in some cases and have adverse effects on many aspects of people's lives. The various costs of mental ill health can be grouped together under three main headings:
 - The costs of health and social care for people with mental health problems, including services paid for by the NHS, local authorities and informal care provided by family and friends.
 - The costs of output losses to the economy that result from the adverse effects of mental health problems on people's ability to work; and
 - A monetary estimate of the less tangible but crucially important human costs of mental health problems, representing their impact on the quality of life.
- 3.5. At a national level the Government has set out clear areas for improving and transforming mental health services in the [Five Year Forward View for Mental Health](#) 2016 document. The document provides a benchmark against which performance locally can be assessed – for example, the provision of intensive home treatment to be made available in every part of England, as an alternative to hospital.

- 3.6. The report made the following assessment about the quality of local mental health commissioning.

“Commissioning of services is fragmented between CCGs, local authorities and the NHS. More needs to be done on prevention to reduce inequalities and there needs to be a greater focus on preventing suicide.”

- 3.7. The report acknowledged the progress made nationally to achieving this, but concluded that:

“However, there is a long way to go to achieve integrated, population-based commissioning that is crucial for improving mental health outcomes, and incorporates specialised commissioning.”

- 3.8. In evidence, to the review it was reported that while mental health is 25% of the economic ‘burden’ in terms of cost it receives only 11% of the spend/investment of the health budget. Achieving ‘parity of esteem’ is a priority for NHS England. Many national campaigns have argued for fairer allocation of funding which recognises the connection between mental and physical health. The Government have announced NHS expansion plan for mental health services supported by extra funding.
- 3.9. NHS England planning guidance for 2017-2018 – 2018-2019 states the significant role of the CCG in improving mental health provision and makes specific reference to the requirement for all CCGs to continue to focus their investment in mental health services to ensure parity with other areas of investment.
- 3.10. In evidence to the review it was stated that figures show that the experience of poor mental health, while touching every age and demographic, is not evenly distributed. If you are female, a young adult, on low income or unemployed, living alone or in a large household, your risks of facing mental ill health are higher.

4.0 Mental Health – local policy and budget context

- 4.1. The previous Adult Mental Health Commissioning Strategy for the City of Wolverhampton 2013 -2016 was replaced following a peer review of Wolverhampton Adult Services in March 2016.
- 4.2. The report recommended the Council adopting a thematic whole life approach to the commissioning services rather than having separate children and adult’s strategies to better respond to the challenges facing the city. The stated overall aim of the strategy is to work as a ‘whole council’ towards having a more sustainable service and using the commissioning process to promote wellbeing and better meet the needs of local people.

4.3. Evidence was presented from providers and commissioners about the range of policy work being done locally to improve access and to comply with national and local targets for improving outcomes for mental health users.

The following is a sample of the activities aimed at improving mental health access, outcomes and the co-ordination of existing strategic plans for adults

Theme	Lead partner(s)	Indicators/outcomes/issues
Population needs analysis concerning mental health	CWC and WCCG	Wolverhampton Joint Needs Strategic Analysis
Mental health and the local economy	West Midlands Combined Authority	<ul style="list-style-type: none"> • Supporting people into work and whilst in work • Providing safe and stable places to live • Mental health and criminal justice
Health and Employability	<ul style="list-style-type: none"> • Mind@work programme • Individual Placement Support Service • Jumpstart 	
Health	<ul style="list-style-type: none"> • Wolverhampton Crisis Concordant – declaration statement and action plan 	<ul style="list-style-type: none"> • Preventing crisis and helping people to stay well • Value based care and support • Improved care pathways across health and social care
Suicide Prevention	Samaritans and CWC	
Workforce Social Work	Think Ahead programme	

- 4.4. Evidence was presented about the publication of the report **Mental Health in the City of Wolverhampton – Directions and Priorities (2017)**. The document is intended to build on developments to date and initiatives such as the Five Year Forward View for Mental Health. There is no additional funding to deliver the strategy. However, there is an expectation in the strategy that using existing resources better will achieve the stated aims of improving mental health services. The report refers to Wolverhampton Clinical Commissioning Group (WCCG) working with partners in Black Country Sustainability and Transformation Plan (STP) to develop a collaborative approach to the commissioning of key mental health services to achieve this.
- 4.5. The review group welcome the focus in the document to working with WCCG to deliver clinically and financially efficient services and improving services to people experiencing relapses or with alcohol and substances misuses. The issue of people with dual diagnosis struggling to access services or whose needs are below the threshold is an area of concern for the review group.
- 4.6. **Wolverhampton CCG stated vision for future of mental health services is detailed below:**
- a. Our vision for mental health services in Wolverhampton is an integrated ‘whole system’ of care pathways and services that will deliver early intervention and prevention, assessment, treatment and intervention and re-ablement and recovery across the life course.
 - b. Our aim is to prevent people entering statutory services where possible and to provide care pathways into and through services to provide the right type and level of intervention, when this is required, including within primary care and non-statutory services and with a focus upon public mental health (resilience strategy).
 - c. Our commissioned model will support the delivery of aligned health and social care outcomes to promote independence, improve physical health, optimise recovery and increase social inclusion at all stages of the care pathway and across the ‘whole system’ of care.
- 4.7. The review group supports the approach of the Council to challenge the progress of the WCCG in meeting its statutory responsibilities to commission safe, effective services that meet the needs of services users and their carers and which also complies with published guidance issued by NHS England.
- 4.8. All these strategies and plans are intended to give local people a more positive experience of the mental health services, offer more effective support and treatment where required and prevent mental health issues. The review group accept the difficulties

in achieving the aims detailed in the mental health strategy given the current levels of funding and therefore want to ensure that the local commissioning process is effective and makes a positive difference to the lives of mental health users and their families in Wolverhampton.

- 4.9. The review group support the view that there is concern for people wanting support but not meeting the threshold for accessing services. This issue of the difficulty some people experience in getting timely access appropriate services has been highlighted in survey responses and it is important the commissioning process considers how needs of former mental health users can be met.
- 4.10. The draft **Shaping Futures - Changing Lives - People Directorate Commissioning Strategy 2018-2021** document sets out a new approach to commissioning and is timetabled to be introduced in April 2018.
- 4.11. In evidence to the review it was reported that benchmarking data suggests that in Wolverhampton investment in mental health services is comparable with average amount in England.
- 4.12. The table below shows the annual spend on mental health services of CWC and WCCG for 2016 - 2017 in Wolverhampton respectively. The figures for 2014 - 2015 have been included as a comparison.

Summary of Spending on Mental Health Services in Wolverhampton

Organisation	2014-2015 £000	2015-2016 £000	2016-2017 £000
City of Wolverhampton Council	3,923	3,823	3,909
Wolverhampton Clinical Commissioning Group*	31,834	34,199	35,256
Total Expenditure	35,757	38,022	39,165

*Reference: WCCG Annual Reports and Accounts

- 4.13. The current budget situation presents both a challenge and opportunity for CWC in how to influence spending priorities of the CCG to support a shift to the social rather than medical model of care for supporting and treating people with a mental illness. The CCG has stated in evidence that they want to move funding away from acute services to preventative services.
- 4.14. Wolverhampton CCG presented evidence about the work being done to improve collaboration between providers and commissioners as part of efforts to improve care and outcomes for mental health learning disability service across the Black Country and West Birmingham. The presentation listed the following work streams to deliver the improvements: -
- Transforming Care Together – a consolidation of back office economies of scale and new clinical models to drive quality and fill gaps in service
 - Consolidation of commissioning functions – including collaboration across mental health transformation
 - Improving bed utilisation and reducing out of area placements
 - Working with the West Midlands Combined Authority to deliver Thrive programme
 - Ensuring the right support is provided for people with learning disabilities
- 4.15. The review group would clearly welcome any extra funding to support the delivery of mental health service to meet the predicted increase in demand for services and respond to local needs in a timely manner using evidence based interventions. A key measure of success for the review group is evidence of an improved patient experience and a reduction in relapse rates and hospital re-admissions for people with a mental health illness.
- 4.16. Wolverhampton hosted a seminar event, Black Country Mental Health Focus, that was attended by Claire Murdoch, National Director NHS England, on 9 August 2017. The event outlined the range of work being done across the region to deliver improved mental health outcomes. The event also reported on progress made by different agencies to meeting the priorities in the Five Year Forward View for Mental Health 2016. In evidence to the review it was reported that there were very positive comments made about the quality of the local approach to commissioning of mental health services.
- 4.17. There are seven Quality Assurance employees working proactively to check providers are meeting the performance targets for contracts delivering services on behalf of the Council. It is important that the Council audits the services they commission to provide reassurance that they are delivering to the required quality and performance standards.

- 4.18. The review group were advised that work is being undertaken to update the mental health strategy document. A work group has been established and it is expected that this process will revitalise partnership working arrangements. The document will focus on improving the health of the whole of the population and cover themes such as prevention, early intervention and pathways to recovery from a mental health episode. The document will address issues of commissioning across the health and social care sector in specific areas for people and will be included as part of the updated strategy.

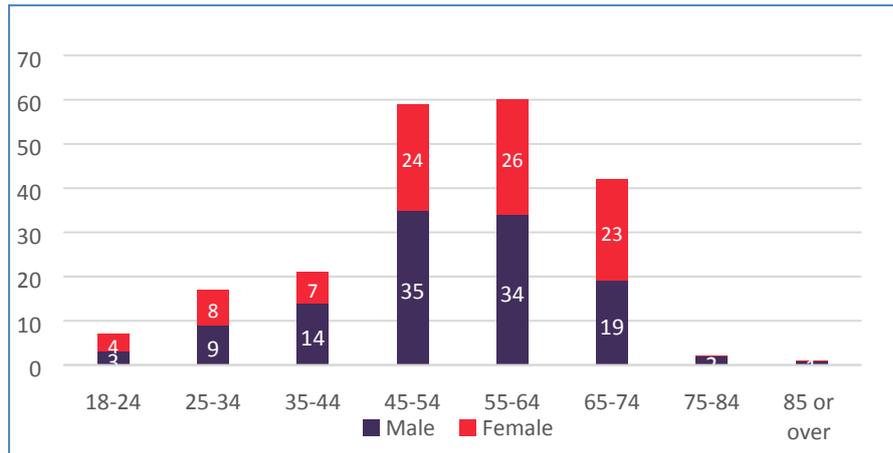
Mental Health – Regional Developments

- 4.19. Evidence was presented about the work of the [Mental Health Clinical Network](#) – mental health, dementia and neurological conditions theme. The aim of the network is to ensure that unwarranted variation in service provision in the West Midlands is reduced and that all patients with mental health problems, dementia, and neurological conditions can access high quality care and services that support independence and reduce the need for interventions unless necessary.
- 4.20. The table in **Appendix 3** shows the range of work being done at the regional level to improve mental health services
- 4.21. The West Midlands Combined Authority (WMCA) is leading on a number of initiatives to improve mental health and wellbeing in the West Midlands – for example, [Thrive West Midlands](#) which details an action plan aimed at reducing the impact of mental ill health and offering better support to people who experience mental ill health. The WMCA have accepted a recommendation following a review of mental health to train 500,000 ‘mental health first aiders’ across the region over the next ten years.
- 4.22. Evidence was presented about The Black Country and West Birmingham Sustainability and Transformation Plan (BC&WB STP) Children's and Maternity Work Stream and the Mental Health Work Stream – this is a collaboration of providers and commissioners working together to transform services, outcomes and patient/carer experience.
- 4.23. Transforming Care Together is the name of the partnership between Birmingham Community Healthcare NHS Foundation Trust, Black Country Partnership Foundation Trust and Dudley and Walsall Mental Health Partnership NHS Trust. The three trusts combined to form one organisation on 1 October 2017 and is the single provider of mental health and learning disabilities services for this region.
- 4.24. The change is expected to deliver many benefits – for example, improving access, choice, pathways and outcome for patients and service users, influence and deliver new models of care, specifically how physical and mental health are considered together.

5.0 Mental Health – Wolverhampton population profile

Details relating to clients with eligible care needs are recorded within the CWC's Carefirst system. The data from Carefirst system forms the basis of much of the information given below, see **Appendix 4** for details of the profile of mental health service users in Wolverhampton 2016-2017 (as at 15 January 2017). The use of services is currently dominated by individuals of White British, Black African/Caribbean and Asian origins.

- 5.1. The Mental Health Social Work Team comprises of: 1 Senior Social Work Manager; 2 Social Work Unit Managers; 1 Social Work Unit Manager/AMHP Lead; 10.5 Experienced Social Workers; 1 Welfare Rights Officer; 1 Business Support Manager; 1 Data Quality Officer.
- 5.2. The Mental Health Team report that more people present to the service at weekends than during the week. The team is supporting 399 service users – 145 are receiving care and support packages.
- 5.3. The Government in October 2017 announced an independent review led by Professor Sir Simon Wessley into the [Mental Health Act 1983](#) legislation, (as amended by the Mental Health Act 2007). A key focus of the review will be to investigate the high level of detention rates. Detentions under the Act have risen year-on-year since 2010-2011 and are disproportionately used with members of the Black, Asian and Minority Ethnic (BAME) communities. The review group consider that it is important that any recommendations from this work are carefully considered when review when commissioning of mental health services.
- 5.4. The review group note the evidence presented about levels of mental illness among protected groups and the need for appropriately targeted engagement and interventions to be considered when commissioning services.
- 5.5. The chart below details the age ranges and genders of individuals using mental health services during 2016-2017.



- 5.6. The use of services in relation to gender shows a slightly higher presentation of males (56%), however male usage decreases post 65 years whilst female usage increases within this older age range. The use of mental health services peak between the ages of 45 – 64 years and considerably decrease post 65 years.
- 5.7. The report **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. The key findings from focus groups and interviews are summarised below:
- **Groups at higher risk of poor mental wellbeing** - unemployed, LGBT, Homelessness, BME 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.
- 5.8. In evidence provided to the review it was reported that there was a need to raise awareness of where the public can get help whether sign posts or more information on mental health issues. The important role of Councillors in raising awareness of the sources of help was highlighted during evidence sessions.
- 5.9. Depression and anxiety are 4 to 10 times more prevalent among people who have been unemployed for more than 12 weeks. Men and migrants are reported to be least well served by mental health services. The care of veterans is overlooked in the mental health service and there was concern among of the review group in the reported problems in getting timely and appropriate treatment.

Suicide Prevention

- 5.10. The issue of suicide numbers is an important measure of the effectiveness of support and mental health services and helps to inform the commissioning of services. In evidence to the review it was reported that nationally in England and Wales only 28% of suicides occur in people who are in contact with services.
- 5.11. It was reported that between 2012-2014 there were 64 suicides – 57 of the reported cases were in men in Wolverhampton. An analysis of deaths concluded that peak deaths occur in the ages 30-34 and 50-54. A key recommendation from Public Health was the need to develop a stronger mechanism for the surveillance of suicides and self-harm. The collection of data such as self-harm admissions to hospital, mental health triage data and suicide information from the coroner would support this.
- 5.12. The review group were given a presentation of the findings of the suicide prevention needs assessment – this is a joint project between Public Health and the Samaritans which began in 2015. The basis of this work led to the formation of the Suicide Prevention Stakeholder Forum whose members have published an action plan which will be used to benchmark Wolverhampton performance against the standards published in Public Health England's Local Suicide Prevention Planning (October 2016).
- 5.13. The review group look forward to seeing evidence of progress against current priorities in the action plan – for example, working with the coroner to get more accurate data on suicides, GP suicide prevention training and the promotion of good mental wellbeing and reducing stigma.

6.0 Commissioning of mental health services

- 6.1. The publication of the City of Wolverhampton's Council's Shaping Futures - Changing Lives commissioning thematic strategy is very much welcomed. The document sets out a clear plan for future commissioning of social care and public health services in Wolverhampton and importantly developing strategies to removing the stigma attached to mental illness and the approach by the Council and other key partners working to improve mental health outcomes.
- 6.2. The Shaping Futures - Changing Lives document outlines a positive vision for how services will be delivered in the future and the key role that all partner organisations have a role in contributing to efforts to support and strengthen families, promote wellbeing, managing resources effectively and responding to the changing needs and expectations of local people.

- 6.3. Wolverhampton's vision for mental health services is based on national and local prevalence and risk issues as well as local and national policy and strategic priorities. The evidence has informed the drafting of the commissioning mental health strategy for Wolverhampton.
- 6.4. In March 2016, City of Wolverhampton Council approved the Wolverhampton Charter which confirmed the joint approach to commissioning and procurement to achieve a range of strategic priorities aimed at increasing jobs, levels of economic activity, reduce child poverty and health inequalities – which all contribute to improving mental health and wellbeing.
- 6.5. During the review it was argued that findings from Public Health Mental Health Needs Assessment need to be integrated into the commissioning process – the review group support this view and would like to see evidence that this has been done.

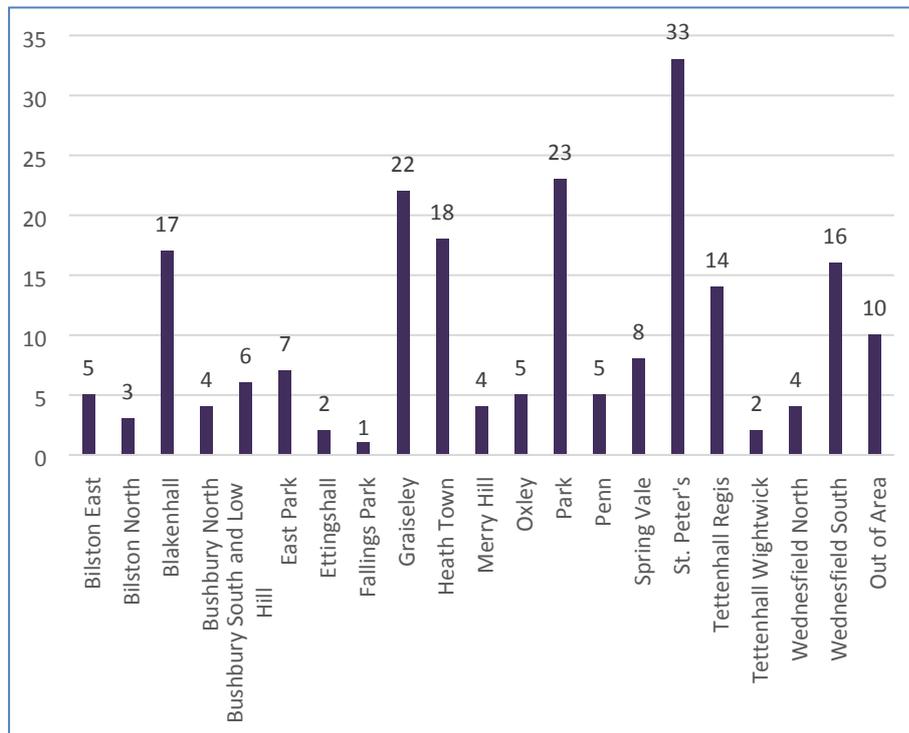
7.0 Current approach to the provision of mental health services

- 7.1. Adult Social Care provides 'planned' provision which incorporates the following models of service delivery:
 - Residential & Nursing (one Residential only establishment within the City)
 - Very Sheltered (24 hour)
 - Sheltered
 - Shared Lives (Placements with families)
 - Supported Living
 - Housing Related Support
 - Prevention
- 7.2. In evidence to the review it was reported that on the ground services will be integrated, offering 'whole system' of health and social care pathways and services. The services will deliver early intervention and prevention, assessment, treatment and intervention and rehabilitation and recovery across the life course.
- 7.3. The aim of the current approach is to prevent people entering statutory services where possible and to provide care pathways into and through services to provide the right type and level of intervention, when this is required. In evidence to the review the WCCG commented on the importance of raising the profile of the voluntary and third sectors.
- 7.4. In evidence to the review WCCG detailed a range of projects and key deliverables aimed at improving access to and the effectiveness of mental health services – for example, developing the capacity and capability in the workforce, the GP primary counselling

service pilot. This scheme is aimed at increasing access, reducing waiting times and recovery rates and will include investment in community psychiatric services to refugees and migrants.

- 7.5. The review group welcome the progress made by the CCG in delivering better mental health support services and the introduction of new key performance indicators from April 2017 and work being planned to map what services exist in the community to better support mental health users.
- 7.6. The review group acknowledge the important work of front line workers in supporting people with health needs and share the view of the importance of listening to the expertise and knowledge when commissioning services – particularly understanding the factors that may have contributed to the person committing suicide. The group also acknowledge the pressures on outreach and other key staff working with mental health users. A recent [report](#) from Unison reported that mental health services have been hit hard by cuts to NHS funding, which has a damaging effect on service users and staff.
- 7.7. The review group welcome the evidence presented to take forward the role of social workers in the adult mental health services in helping the service and leading positive changes within the mental health system. The publication of a national [document](#) promoting the role of social workers is welcomed.
- 7.8. In addition to the statutory services the voluntary sector also delivers a range of community and mental health outreach support services to the residents of Wolverhampton. The review group value the work of the voluntary groups but also the challenges they face in continuing to offer services with limited resources and the loss of a key worker provided by WVSC. The review group are concerned about the future for small self-help community groups without the support of the WVSC and difficulties they are experiencing in meeting the needs of mental health service users.
- 7.9. In evidence to the review it was reported that CAB see up to 400 people a year with mental stress such as anxiety and depression and the numbers are increasing annually.

8.0 The chart below outlines the use of services across ward areas.



- 8.1. The highest usage of services is by individuals from around the centre of the City – St Peter's; Graiseley and Park Wards, with individuals from Heath Town, Wednesfield (South) and Tettenhall Regis also showing high levels of usage. There is generally low usage from individuals across the remaining ward areas.
- 8.2. The review was advised of changes to the management of mental health services in the region. **Transforming Care Together** is the name for a new partnership agreement between three NHS Trusts in the Birmingham and Black Country area: Birmingham Community Healthcare NHS Foundation Trust (BCHC), Black Country Partnership NHS Foundation Trust (BCPFT), and Dudley and Walsall Mental Health Partnership NHS Trust (DWMH). Further details about the changes and the vision for future of mental health services are available [here](#).

9.0 Examples of local schemes aimed at improving mental health outcomes

- 9.1. Wolverhampton Social Hub were awarded a contract in April 2017 to deliver low level preventative services at different venues across Wolverhampton. Wolverhampton Social Hub is the new community based mental health preventative service for the City of Wolverhampton being delivered by 'Starfish Health and Wellbeing'. A sample of the current monthly programme of activities is detailed in **Appendix 5**.

9.2. Starfish Health and Wellbeing works on the principle of volunteers becoming mentors – volunteers attend a six-week training course. In evidence presented to the review it was reported that the initial response has been positive to a request for volunteers. The service does not offer home visits.

The members of the review visited staff managing the programme get evidence of their experiences to date. Starfish as part of its contract is required to submit quarterly performance reports and progress towards meeting set targets. The review group were advised that there were no concerns with the performance indicators set out in the contract.

9.3. However, there was concern from the provider about the requirement to start delivering the contract within six days, in the past they would be given a period of 2-3 months before they would be required to deliver services.

9.4. Further details about the work of Social Hub is available at this [link](#).

9.5. The aim of the contract is to improve and maintain the mental wellbeing of adults which helps to prevent them from (re)entering higher level/statutory services wherever possible by promoting: independence; empowerment (choice and control) and personal resilience skills for those who have/have had or who are at risk of mental ill-health.

9.6. The target group for the service is adults residing in Wolverhampton with mental ill-health and/or those at risk of developing mental ill-health. The service will be delivered in line with:

- [Wolverhampton's Mental Health Joint Commissioning Strategy \(2014-2016\)](#)
- [No Health without Mental Health](#)
- [Wolverhampton's Crisis Care Concordat](#)

9.7. The following information was provided in response to query about the work that Starfish is doing to pro-actively target marginalised and 'hard to reach groups and communities in Wolverhampton – the following are examples of the groups that the organisation has established:

- Transgender support group
- LGBT referral pathway
- Asian Ladies Support service
- Health and wellbeing support activities with the Salaam Centre
- Autistic Support Group

10.0 Evaluation of alternative options

10.1. The review group were presented with a range of options for consideration. The options listed were those agreed by the review group at their final meeting. The minutes of the evidence sessions are available on request.

11.0 Reasons for Decisions

11.1. The review group are seeking reassurance about the effectiveness of the commissioning process and how services are responding to the growing demand for support. There is a concern from a small survey about people's poor experiences of the mental health services and difficulties of former service users, about the difficulties in accessing specialist during a crisis.

12.0 Financial implications

12.1. There are no financial implications arising from undertaking the Scrutiny Review of Adult Mental Health Commissioning. The 2017-2018 CWC budget for Adult Mental Health Commissioning is £3.9 million. The financial implications would need to be reviewed once the outcome of the Scrutiny Review has been determined.
[TC/12022018/R]

13.0 Legal implications

13.1. There are no legal implications arising from the recommendations in this report.
[TS/09022018/Q]

14.0 Equalities implications

14.1. There are no direct equalities implications arising from the findings or recommendations in this report other than those in Recommendation D (**Mapping of service provision - current services and future intentions**) which will be addressed by the report in June 2018 to the Health and Wellbeing Board. The review group has considered evidence about gaps in provision of mental health services to groups with protected characteristics who are either underrepresented or overrepresented in the mental health system and the challenges they face in getting access to appropriate support services.

14.2. The review group recommendations are intended to respond to the findings of the report; [Mental Illness and Suicide Prevention](#) (2015). A key finding from the report was globally, suicide rates are highest in Eastern Europe, and many Wolverhampton migrants originate from this area. Non-heterosexual sexual orientation was also identified as a risk factor for suicide, with the greatest risk being in homosexual men.

- 14.3. The report also concluded, amongst other equality issues, that the stigma around mental health in some migrant communities coupled with perceptions of mental ill health has created barriers to people seeking access or getting the help needed in a timely manner.
- 14.4. The report also concluded that the risk of suicide risk increases with depression severity, and in Wolverhampton the incidence and prevalence of depression is higher than nationally. The report added that Wolverhampton has a higher alcohol related hospital admission rate than nationally, and heavy drinking confers a three-fold increase in suicide risk.
- 14.5. The review group consider that it is important that those responsible for commissioning mental health services considered how current treatment care pathways can be improved to better support people with protected characteristics in these circumstances and ensure that they receive timely access.
- 14.6. The review group acknowledge the demand on providers of mental health services and the pressures on frontline staff working in difficult conditions to deliver a professional service and the need for additional resources to achieve national NHS targets. It is important that the views of service users and their carers continue to be sought to assess the effectiveness of the commissioning process in meeting local needs.

15.0 Environmental implications

- 15.1. There are no environmental implications arising from the recommendations in this report.

16.0 Human resources implications

- 16.1. There are no human resource implications arising from the recommendations in this report.

17.0 Corporate Landlord implications

- 17.1 There are no Corporate Landlord resource implications arising from the recommendations in this report.

18.0 Schedule of background papers

- Mental Illness and Suicide Prevention: Wolverhampton Needs Assessment 2015
- Mental Wellbeing in Wolverhampton – an assessment of needs (2017)
- Wolverhampton’s Mental Health Joint Commissioning Strategy (2014-2016)
- Shaping Futures - Changing Lives - People Directorate Commissioning Strategy 2018-2021

References

A range of policy documents were submitted as evidence to the review:

- Making Wolverhampton a Suicide Safer Community – Wolverhampton Suicide Prevention Strategy 2016-2020
- Think Ahead (part of a Five Year Forward View for mental health to increase the number of people joining the mental health workforce.)
- Mental Wellbeing in Wolverhampton – an assessment of needs (March 2017)
- Mental wellbeing needs assessment (2016)
- Wolverhampton Clinical Commissioning Group Annual Report 2016-2017 - Developing mental health services
- Better Care Plan 2017-2018
- Shaping Futures - Changing Lives - People Directorate Commissioning Strategy 2018-2021, City of Wolverhampton Council
- Wolverhampton Health and Care Economy Better Care Fund Narrative Plan 2017-2019
- Being mindful of mental health - The role of local government in mental health and wellbeing (Local Government Association)