



# Health and Wellbeing Board

## 6 November 2013

<b>Report Title</b>	Mental Health Strategy Update	
<b>Cabinet Member with Lead Responsibility</b>	Councillor Sandra Samuels Health and Wellbeing	
<b>Wards Affected</b>	All	
<b>Accountable Strategic Director</b>	Sarah Norman, Community	
<b>Originating service</b>	Health, Wellbeing and Disability	
<b>Accountable officer(s)</b>	Sarah Fellows Tel Email	Joint Head of Service Mental Health 01902 55(5304) Sarah.Fellows@wolverhampton.gov.uk

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### **Recommendation(s) for action or decision:**

The Health and Wellbeing Board is recommended to:

1. Receive a detailed report regarding the outcomes of the Mental Health Strategy review at its January 2014 meeting, including detail regarding proposed commissioning intentions and next steps.

### **Recommendation(s) for noting:**

The Health and Wellbeing Board is asked to note:

1. The action regarding the procurement and initiation of an independent review / stocktake of the Adult Mental Health Strategy.
2. The progress to date regarding the implementation of the Mental Health Strategy pending the outcome of the independent review.
3. The progress to date regarding the planned actions for the Health and Wellbeing Board Strategy Priority 4 Mental Health (early diagnosis and prevention).

## **1.0 Purpose**

- 1.1 The purpose of this report is to provide an update regarding the Health and Wellbeing Board Strategy Priority 4 Mental Health (early diagnosis and prevention) and to inform members of the Health and Wellbeing Board of the progress regarding the implementation and review of the Wolverhampton City Council and Wolverhampton Clinical Commissioning Group Adult Mental Health Strategy (CCG) 2010 – 2015.

## **2.0 Background**

- 2.1 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, with significant personal, social and economic costs attached. For this reason Mental Health (early diagnosis and prevention) is a key strategic priority within the Wolverhampton Joint Health and Wellbeing Strategy 2013-2018.
- 2.2 The refreshed Joint Mental Health Strategy will be pivotal in delivering one of the key priorities of the Health and Wellbeing Strategy – Mental Health Early Diagnosis and Prevention. It will specifically respond to the Department of Health (2011) report ‘No Health Without Mental Health’.
- 2.3 The Joint Mental Health Commissioning Strategy outlines the transformation of Mental Health Service delivery in Wolverhampton for the period 2010 – 2015. The strategy development was informed by local data collection and analysis – which included a population needs assessment, bench marked quantitative activity and qualitative data from stakeholder engagement (including service users, carers, referrers and providers).
- 2.4 The strategy implementation has involved the transition of service users into new secondary care services and out of secondary services into primary care and primary care facing services. The commissioned health service model - provided by the Black Country Partnership Foundation Trust (BCPFT) - is aligned with the Yorkshire Care Pathways ‘care cluster model’. The transition of service users into the appropriate service areas has been monitored by the Accelerated Transitions Group within BCPFT and via the quality, performance and contract monitoring mechanisms of the CCG.
- 2.5 New services initiated within the health elements of the model include the Wellbeing Service (incorporating Wolverhampton Healthy Minds), the Referral and Assessment Service and the Complex Care Team.
- 2.6 Following the end of the Section 75 agreement between Wolverhampton City Council and the Black Country Partnership Trust, mental health social care services have been re-modelled to include the Intake Team, the Complex Care Service and the Community Inclusion Team. Partnership working across health and social care and the independent sector is facilitated and co-ordinated by the Mental Health Partnership Meeting and the Mental Health Stakeholder Forum.

- 2.7 From the early stages of the strategy initiation commissioners and providers have worked together closely regarding the implementation of key service developments. Unanticipated levels of referrals into some secondary mental health services and feedback from service users and carers has suggested that some aspects of the service model require review. A 'stock take' of the strategy has been undertaken by the commissioner working closely with the provider. This included a 'whole systems' stakeholder event to focus upon pathways into and out of health services within social care and the independent sector to identify potential / actual gaps or pathway difficulties across the whole system.
- 2.8 As part of the CCG / BCPFT Local Delivery Plan process it has been agreed that an independent review of the implementation of the Mental Health Strategy will be jointly commissioned by BCPFT and the CCG. A revised Mental Health Strategy will be developed by the commissioner following completion of the independent review. This will be available in draft form in January 2014 and will respond to key strategic priorities for the City, and the local and national developments that have affected the health and social care landscape following the initiation of the Strategy such as the economic downturn, changing and emerging patterns regarding levels of need and demographics across the City and NHS and social care reform.
- 2.9 The revised Mental Health Strategy will be wholly aligned / co-terminus with the recently initiated Emotional and Psychological Health and Well-being Commissioning Strategy for Children and Young People 2013-16. This is to ensure a focus upon early diagnosis and prevention, families and to provide a 'life course' approach in keeping with the principles and priorities of 'No Health without Mental Health' (Department of Health 2011).
- 2.10 Overall the development of the revised strategy will provide an opportunity to re-focus commissioning upon a 'whole systems' model to deliver prevention, early diagnosis and intervention and recovery and target areas of in-equality, vulnerability and risk. There will be an emphasis upon commissioning to deliver integrated pathways across education, health and social care. This will include utilising new approaches and solutions including those regarding innovative technologies, and therefore be aligned with and support the delivery of Quality, Innovation, Productivity and Prevention (QIPP).

### **3.0 Progress to date**

- 3.1 The commissioner has developed a Delivery Plan for the period July 2013 – January 2014 which is described in Appendices 1 and 2, as well as a Project Plan regarding the key mental health (early diagnosis and prevention) outputs of the Joint Health and Wellbeing Strategy, which is described in Appendix 3. In addition to the high level information provided within Appendices 1, 2 and 3 it is requested that the following developments are noted.
- 3.2 The commissioner is liaising with public health colleagues in WCC regarding the re-refresh of the mental health data intelligence within the Joint Strategic Needs Assessment (JNSA), to ensure that this exercise will provide the detail required to provide a comprehensive current and future picture of the mental health needs of the population

and an analysis of local risk and protective factors to inform 'whole systems' commissioning, including a comprehensive and targeted package of mental health promotion initiatives across the lifespan. The commissioner is working with public health colleagues in WCC regarding an application for Local Authority transformation funds to support delivery to this initiative.

- 3.3 The procurement processes regarding the strategy independent review has commenced. It is anticipated that the review will commence by the end of October. In the interim outline commissioning intentions have been communicated with BCPFT pending the outcomes of the strategy independent review.
- 3.4 The commissioner has provided additional non-recurrent financial resource ('winter pressures money') and substantive uncommitted strategy money to the provider to support the care pathway of people presenting with mental health needs in the Accident and Emergency Department of the Royal Wolverhampton Trust (RWT). This pilot remains on-going and the outcomes of this initiative are being jointly evaluated currently by both providers to ensure optimal benefit for the urgent and unplanned care pathway, and to inform the development of a Rapid, Assessment, Interface and Discharge (RAID) style model pilot at RWT. In addition substantive uncommitted strategy funds have been allocated to the provider to increase capacity within the Referral and Assessment Service (RAS) pending review of commissioning intentions post the Mental Health Strategy review. .
- 3.5 Further uncommitted strategy funds have been allocated to the provider to increase capacity within the Complex Care Service to maintain the care and treatment of people who are moving to recovery but require longer term care and support as an alternative model to discharge to Primary Care. The Well-Being Service model has also been reviewed to increase the capacity of the service to meet the needs of people requiring intensive support. Strategy funds have been provided to support the capacity of this service, to improve waiting times for those receiving psychological therapies and to increase the numbers of those service users moving to recovery within the service. On-line Cognitive Behaviour Therapy (CBT) is also available for people referred to the service and up take of this initiative is being closely monitored by commissioner and provider.
- 3.6 Commissioner and provider are working with the Birmingham, Black Country and Solihull NHS England Area Team to deliver a Simple Tele-health pilot project within BCPFT. Pilot areas have been identified as CAMHS and Well-Being. Potentially this initiative may be extended to other Mental Health Service Providers in Wolverhampton in 2014/15.
- 3.7 Commissioner and provider mental health leads within the Local Authority are jointly reviewing the current social care elements of the mental health service model. A bid is in preparation for Local Authority Public Health transformation funds to support re-commissioning of elements of the day service model, following feedback from service users and carers and Health Watch regarding components of the pathway and to support delivery of the key priorities of the Reablement Plan.

- 3.8 Some mental health community support services are currently in a tender process; this includes two community/day services and the service user empowerment service, and some supported accommodation services, which form part of the accommodation Reablement Pathway.
- 3.9 Commissioner and provider/s are working together to deliver the Emotional and Psychological Health and Well-being Commissioning Strategy for Children and Young People 2013-16, and to develop pathways with Adult Mental Health services and initiate the services changes within Adult Mental Health services within BCPFT to deliver the Young Persons' Service for those aged 14-25 years.
- 3.10 The Commissioner continues to explore opportunities to collaboratively commission some service components with Black Country commissioning colleagues, including Sandwell and West Birmingham CCG.

#### **4.0 Financial implications**

- 4.1 The Mental Health Strategy will be delivered within the existing financial contract quantum with QIPP / cost efficiency savings applied as per CCG and WCC plans. New initiatives / service models will be funded by remodelling / re-commissioning of existing services and collaborative commissioning arrangements e.g. with Sandwell and West Birmingham CCG colleagues where / if possible. Applications are in progress for Local Authority transformation funds and non-recurrent funds from the CCG as discussed, to support early diagnosis and prevention initiatives and to increase capacity within the Referral and Assessment Service to support the urgent and unplanned care pathway at RWT. This is pending any re-commissioning / re-modelling of any aspects of the current service model post the development of the revised Mental Health Strategy.

**[NM/28102013/U]**

#### **5.0 Legal implications**

- 5.1 There will be a statutory duty to engage in a formal consultation process regarding any proposed service changes in the revised / refreshed Mental Health Strategy.

**[RB/18102013/B]**

#### **6.0 Equalities implications**

- 6.1 An Equality Impact Assessment will be conducted on the revised / refreshed Mental Health Strategy.

#### **7.0 Environmental implications**

- 7.1 No environmental implications regarding the implementation and review of the Mental Health Strategy have been identified to date.

## **8.0 Human resources implications**

8.1 No environmental implications regarding the implementation and review of the Mental Health Strategy has been identified to date.

## **9.0 Schedule of background papers**

- 9.1 Appendix 1 Mental Health Commissioning Delivery Plan – July '13 – January '14
- Appendix 2 Dashboard Report - Reviewed: October 2013
- Appendix 3 Mental Health (Early Diagnosis and Prevention) Project Plan

Service Area / Care Pathway or Initiative	Action Required	Lead/s	Action Required	Finance	Key Service User Outcomes / Activity /Outputs
	<b>Overview of service model change / development or initiative to be delivered.</b>		<b>Process and Key Milestones Completion date</b>		<b>KPIs, Vital Signs, NICE, MHPbR Outcomes, Project Plans etc.</b>
1. All- Age Mental Health Strategy Delivery	Deliver CAMHS Strategy and re-freshed Adult Mental Health Strategy. Ensure focus on: <ul style="list-style-type: none"> <li>• MHPbR</li> <li>• QIPP</li> <li>• Gap analysis from stakeholder event</li> <li>• CAMHS Consultation</li> <li>• Collaborative Commissioning</li> <li>• Resilience Strategy</li> <li>• Early diagnosis and prevention</li> <li>• Care pathways</li> <li>• Care Programme Approach</li> </ul>	SF, MG and SE.	Complete Commissioning Intentions. <b>September 2013.</b>  Appoint to Independent Review re AMH Strategy. <b>September 2013.</b>  Develop / Deliver Draft Strategy. <b>January 2014.</b>	Within contract quantum/s with QIPP target/s.	No Health Without Mental Health  NICE CGs  Five Ways to Well-Being  Children's Act Outcomes

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<p>2. Engagement with Universal Services, Schools, Colleges, Universities, Community and Faith Groups, Places of Employment Primary Care</p>	<p>Programme of targeted MH Promotion initiatives to be delivered across Universal Services, Schools, Colleges, Universities, Community and Faith Groups, Places of Employment Primary Care, etc to include:</p> <ul style="list-style-type: none"> <li>• Self-harm and suicide prevention tool kit for Schools, Colleges, and Universities.</li> <li>• Beat Bullying / Cyber bullying</li> <li>• Time to Change</li> <li>• Focus on Looked After Children.</li> <li>• Parenting Programme.</li> <li>• Substance Misuse.</li> <li>• Simple Tele-Health.</li> <li>• Resilience Strategy</li> <li>• Early diagnosis and prevention</li> <li>• Care pathways</li> </ul>	<p>MG and CDWs working with Public Health.</p>	<p>MH Strategy Task and Finish Group to agree programme of deliverables / initiatives and timescales for delivery by <b>December 2013</b>.</p> <p>Bid to Public Health Funds to initiate key deliverables <b>September 2013</b>.</p> <p>Work with Mending Minds re bid to Lottery Funding – <b>October 2013</b>.</p> <p>Re-fresh attendance at and engage Stakeholder Forum by <b>October 2013</b>.</p>	<p>Bid applications <b>September &amp; October 2013</b>.</p>	<p>No Health Without Public Mental Health</p> <p>Five Ways to Well-Being</p> <p>Children’s Act Outcomes</p>



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	<b>Overview of service model change / development or initiative to be delivered.</b>		<b>Process and Key Milestones Completion date</b>		<b>KPIs, Vital Signs, NICE, MHPbR Outcomes, Project Plans etc.</b>
3. Early Intervention (14- 35 years).	Review service specification to ensure alignment with new CAMHS model. Ensure focus upon: <ul style="list-style-type: none"> <li>• Pathway to HTT</li> <li>• Looked After Children.</li> <li>• Pathway to Substance Misuse</li> <li>• Consultant Psychiatry sessions</li> <li>• Pathways to Tier 4 (Children and Adult).</li> <li>• Collaborative Commissioning / cross Trust model</li> </ul>	MG working with Provider	Liaise with West B'ham and Sandwell CCG re Trust wide model. <b>September 2013</b> .  Reviewed service specification to be agreed by <b>January 2014</b> .	Baseline and MH Grant.	NICE Guidance  Vital Signs  Five Ways to Well-Being  Children's Act Outcomes

Service Area / Care Pathway or Initiative	Action Required	Lead/s	Action Required	Finance	Key Service User Outcomes / Activity /Outputs
	<p><b>Overview of service model change / development or initiative to be delivered.</b></p>		<p><b>Process and Key Milestones</b> <b>Completion date</b></p>		<p><b>KPIs, Vital Signs, NICE, MHPbR Outcomes, Project Plans etc.</b></p>
<p>4. RAS / Home Treatment (Adults)</p>	<p>Re-model Crisis / RAS and review HTT service specification. Ensure alignment with draft service specification for RAID Model. Ensure focus upon:</p> <ul style="list-style-type: none"> <li>• Crisis Contacts</li> <li>• Gate keeping Function</li> <li>• All age function out of hours</li> <li>• Section 136 MHA 1983</li> <li>• Consultant Psychiatry sessions</li> <li>• Pathways to Tier 4 (Children and Adult).</li> <li>• Out of hours</li> </ul>	<p>SE working with Provider</p>	<p>Review Service Specification <b>January 2014.</b></p> <p>Detail of non-recurrent outputs reviewed BCPFT / RWT <b>October 2013.</b></p>	<p>Contract Baseline. Strategy monies. Non-recurrent funds 2012/13. Bid to CCG for Reablement Funds to pump prime service change (Interim Model). September 2013 Additional Non-recurrent funds 2012/13 (transition)</p>	<p>NICE Guidance Vital Signs Five Ways to Well-Being Children’s Act Outcomes</p>

Service Area / Care Pathway or Initiative	Action Required	Lead/s	Action Required	Finance	Key Service User Outcomes / Activity /Outputs
	<p><b>Overview of service model change / development or initiative to be delivered.</b></p>		<p><b>Process and Key Milestones</b> <b>Completion date</b></p>		<p><b>KPIs, Vital Signs, NICE, MHPbR Outcomes, Project Plans etc.</b></p>
<p>5. Psychiatric Liaison</p>	<p>Re-model RAS and Older Adults Liaison Psychiatry. Develop revised service specification for new psychiatric liaison model. Ensure focus upon:</p> <ul style="list-style-type: none"> <li>• Response times</li> <li>• Gate keeping Function</li> <li>• All age function</li> <li>• CAMHS function out of hours</li> <li>• Section 136 MHA 1983</li> <li>• Consultant Psychiatry sessions</li> <li>• Substance Misuse Pathways</li> <li>• Pathways to Tier 4 (Children and Adult).</li> <li>• Collaborative Commissioning</li> </ul>	<p>SF working with Provider</p>	<p>Review good practice model/s and NICE CG. <b>September 2013</b></p> <p>Review of Dr Hardy activity and MH Breeches. <b>October 2013.</b></p> <p>Develop RAID Type Model via Urgent Care Sub-group. <b>October 2013.</b></p> <p>Liase with West B'ham and Sandwell CCG re Trust wide model. <b>September 2013.</b></p> <p>Service Specification to CCG finance by <b>October 2013.</b></p>	<p>Contract Baseline.</p> <p>Bid to CCG for Reablement Funds to pump prime service change (Interim Model) September 2013.</p>	<p>NICE Guidance</p> <p>Vital Signs</p> <p>Five Ways to Well-Being</p> <p>Children's Act Outcomes</p>

Service Area / Care Pathway or Initiative	Action Required	Lead/s	Action Required	Finance	Key Service User Outcomes / Activity /Outputs
	<b>Overview of service model change / development or initiative to be delivered.</b>		<b>Process and Key Milestones Completion date</b>		<b>KPIs, Vital Signs, NICE, MHPbR Outcomes, Project Plans etc.</b>
6. Well-Being	<p>Review current model and develop revised service specification. Ensure focus upon:</p> <ul style="list-style-type: none"> <li>• Response times</li> <li>• Waiting times</li> <li>• Numbers moving to recovery</li> <li>• Numbers moving to employment / off sick pay</li> <li>• CPA / Case Management</li> <li>• Consultant Psychiatry sessions</li> <li>• Clusters 0-3</li> <li>• Clusters 4-7</li> <li>• Pathways into Big White Wall</li> <li>• Ticket to Recovery</li> </ul>	SE working with Provider	<p>Review good practice model/s and NICE CG. <b>October 2013.</b></p> <p>Review of waiting list initiative. <b>September 2013.</b></p> <p>Review of BCPFT action plan. <b>September 2013.</b></p> <p>Review of Big White Wall activity. <b>September 2013.</b></p> <p>Review of Consultant Psychiatry in-put. <b>December 2013.</b></p> <p>Reviewed service specification to be agreed by <b>January 2014.</b></p>	<p>Contract Baseline.</p> <p>Waiting List initiative 2012/13.</p> <p>Bid to CCG for Reablement Funds to continue waiting list initiative. September 2013</p> <p>Additional Non-recurrent funds 2012/13 (transition)</p>	<p>NICE Guidance</p> <p>Vital Signs</p> <p>IAPT KPIs</p> <p>Five Ways to Well-Being</p>

Service Area / Care Pathway or Initiative	Action Required	Lead/s	Action Required	Finance	Key Service User Outcomes / Activity /Outputs
	Overview of service model change / development or initiative to be delivered.		Process and Key Milestones Completion date		KPIs, Vital Signs, NICE, MHPbR Outcomes, Project Plans etc.
7. Recovery (Complex Care)	Review service specification to ensure alignment with revised Adult MH pathways (end of single point of access). Ensure focus upon: <ul style="list-style-type: none"> <li>• Pathway to HTT</li> <li>• Dual Diagnosis Pathway</li> <li>• PD Hub</li> <li>• Pathway to EIS</li> <li>• Assertive Outreach contacts</li> <li>• Criminal Justice Pathway (see below)</li> <li>• Consultant Psychiatry sessions</li> <li>• Transition of patients Cluster 0-7 into other services.</li> </ul>	SF working with Provider	Reviewed service specification to be agreed by <b>January 2014</b> .	BCPFT Contract Baseline.  Additional Non-recurrent funds 2012/13 (transition)	NICE Guidance  Vital Signs  Five Ways to Well-Being

Service Area / Care Pathway or Initiative	Action Required	Lead/s	Action Required	Finance	Key Service User Outcomes / Activity /Outputs
	Overview of service model change / development or initiative to be delivered.		Process and Key Milestones Completion date		KPIs, Vital Signs, NICE, MHPbR Outcomes, Project Plans etc.
8. Day Support	Re-model and re-commission Day Support model. Ensure focus upon: <ul style="list-style-type: none"> <li>• Outcomes Framework</li> <li>• Recovery Model</li> <li>• CPA</li> <li>• Alignment with BCPFT service model</li> <li>• Clusters 0-3</li> <li>• Clusters 4-7</li> <li>• Clusters 8 - 17</li> <li>• People aged 18-25</li> <li>• Culturally sensitive services</li> </ul>	SE working with Providers	Report outcome of Day Service review to DDG. <b>September 2013.</b>  Plan and design new service model. <b>October 2013.</b>  Report new service model to DDG with financial plan. <b>October 2013.</b>  Instigate procurement of interim transition model. <b>November 2013.</b>  Plan procurement of new service model <b>December 2013.</b>	Bid to CCG for Reablement Funds to pump prime service change. September 2013.  Existing Community contracts baselines.	NICE Guidance  Five Ways to Well-Being

Service Area / Care Pathway or Initiative	Action Required	Lead/s	Action Required	Finance	Key Service User Outcomes / Activity /Outputs
	Overview of service model change / development or initiative to be delivered.		Process and Key Milestones Completion date		KPIs, Vital Signs, NICE, MHPbR Outcomes, Project Plans etc.
<p>9. In-Patients including Older Adults &amp; PIC</p>	<p>Develop commissioning intentions re female PIC and review provision in placements / cost and volume contracts.</p> <p>Review service specifications to ensure alignment with revised MH pathways.</p> <p>Ensure focus upon:</p> <ul style="list-style-type: none"> <li>• Pathway to HTT / Intermediate Care</li> <li>• OBDYs</li> <li>• Dual Diagnosis Pathway</li> <li>• Consultant Psychiatry sessions</li> <li>• Delayed Discharges</li> <li>• Repatriations from placements</li> <li>• Step down to Recovery House</li> <li>• Step down to Victoria Court</li> </ul>	<p>SF and JVD working with Provider</p>	<p>Liase with Black Country commissioners re collaborative approach for male and female PIC <b>September 2013.</b></p> <p>Report to CCG Finance re QIPP update (Individual Cases). <b>August &amp; October 2013.</b></p> <p>Agree QIPP target BCPFT 2014/15. <b>January 2014.</b></p> <p>Reviewed service specifications to be agreed by <b>January 2014.</b></p>	<p>BCPFT contract service lines</p> <p>QIPP target/s 2013/14 and 2014/15</p>	<p>NICE Guidance</p> <p>Vital Signs</p> <p>Five Ways to Well-Being</p>

Service Area / Care Pathway or Initiative	Action Required	Lead/s	Action Required	Finance	Key Service User Outcomes / Activity /Outputs
	<b>Overview of service model change / development or initiative to be delivered.</b>		<b>Process and Key Milestones Completion date</b>		<b>KPIs, Vital Signs, NICE, MHPbR Outcomes, Project Plans etc.</b>
10. Social Care Model (Adult Mental Health)	Review model to ensure alignment with revised Adult and CAMHS MH pathways. Ensure focus upon: <ul style="list-style-type: none"> <li>• Integrated Pathways with BCPFT</li> <li>• EDT and In-take Team support to A&amp;E</li> <li>• Reablement</li> <li>• Revised Day Services model provision</li> <li>• Step-down from Penn and Nursing / Residential Care</li> <li>• Pathways to supported accommodation</li> <li>• Referral response times</li> </ul>	SF & MG working with Provider.	Reviewed service model to be agreed by <b>December 2013</b> .  Plan next steps accordingly.	Baseline	NICE Guidance  Five Ways to Well-Being



Service Area / Care Pathway or Initiative	Action Required	Lead/s	Action Required	Finance	Key Service User Outcomes / Activity /Outputs
	Overview of service model change / development or initiative to be delivered.		Process and Key Milestones Completion date		KPIs, Vital Signs, NICE, MHPbR Outcomes, Project Plans etc.
11. Older Adults MH Services	Review service specifications to ensure alignment with revised Adult MH pathways. Ensure focus upon: <ul style="list-style-type: none"> <li>• Pathway to In-patients</li> <li>• Dual Diagnosis Pathway</li> <li>• MHPbR Cluster outcomes</li> <li>• Pathway to in-patients</li> <li>• Assertive Outreach contacts</li> <li>• Consultant Psychiatry sessions</li> <li>• Psychiatric Liaison / RAID</li> </ul>	SF working with Provider and SB	Review good practice model/s and NICE CG. <b>October 2013.</b>  Agree delayed discharges policy health / social care. <b>October 2013.</b>  Reviewed service specification with reviewed KPIs to be agreed by <b>January 2014.</b>	Contract Baseline	NICE Guidance  Five Ways to Well-Being

## Mental Health Commissioning Delivery Plan July 2013 – January 2014 Dashboard Report - Reviewed: October 2013

Service area / pathway initiative	Red	Amber	Green	Comments / Risks / Corrective Action Plan	Lead	Updated (Date)
1. All-Age Mental Health Strategy Delivery		Y		Appoint to MH Strategy stocktake	SF	10/13
2. Engagement with Universal Services etc.		Y		Bid Application to Transformation Funds	MG	10/13
3. Referral and Assessment Service			Y	Service specification review in progress	SE	10/13
4. Psychiatric Liaison / RAID	Y			Service specification development in progress.	SF	10/13
5. Well-Being		Y		Review of Waiting List Initiative and Service specification in progress.	SE	10/13
6. Complex Care			Y	Service specification development in progress.	SF	10/13
7. Criminal Justice		Y		Meeting scheduled SWB CCG.	SF	10/13
8. Day Support		Y		Bid application in progress.	SE	10/13
9. In-patients		Y		Meeting scheduled SWB CCG / QIPP in progress	SF	10/13
10. Social Care Model			Y	Review in progress	SF	10/13
11. Older Adults				Service Specification reviews in progress	SF	10/13
<b>Total:</b>	<b>1</b>	<b>6</b>	<b>3</b>			

	Red	Amber	Green	Total
Projects	1	6	3	9
No. of completed projects	None			

**Mental Health (Early Diagnosis and Prevention) Project Plan**

This document is designed as a standardised project plan. The plan will be subject to monthly update and monitoring. This will be reported by exception to the relevant Committees etc. as requested.

<p><b>Project Key and name:</b></p>	<p><b>The Mental Health (Early Diagnosis and Prevention) Plan</b></p>	<p><b>Cross Cutting Initiatives (If applicable)</b></p>	<p><b>Joint Health and Well-being Strategy Emotional and Psychological Health and Well-Being Strategy Commissioning Strategy for Children and Young People 2013/16 Mental Health Strategy Mental Health Commissioning Delivery Plan Joint Strategic Needs Assessment CCG Integrated Commissioning Pan No Health without Mental Health No Health without Public Mental Health Five Ways to Wellbeing What about the Children? Quality, Innovation, Productivity and Prevention (QIPP)</b></p>
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<b>Project Description:</b>	<p><b>Project Description:</b></p> <ul style="list-style-type: none"> <li>• The purpose of the project is to deliver to each of the priority areas of the planned high level outputs of the Mental Health (Early Diagnosis and Prevention) Plan, which is a component of the Joint Health and Wellbeing Strategy.</li> <li>• This project is aligned with the Adult Mental Health Strategy re-fresh / review and the delivery of the CAMHS Strategy.</li> <li>• This project will deliver a series of initiatives that will provide a focus and emphasis upon mental health early diagnosis and prevention across health, education and social care.</li> <li>• This Project will deliver detailed needs analysis of the current and future mental health and wellbeing needs of the population of our City, including an analysis of local risk and protective factors.</li> <li>• This project will deliver a Resilience Strategy as an integral component of the re-freshed Mental Health Strategy.</li> </ul>	
<b>Scope of Project:</b>	The project will consider all universal, primary care and mental health services across the lifespan, promoting prevention, early diagnosis and recovery and targeting areas of inequality, vulnerability and risk.	
<b>Project Lead:</b>	Sarah Fellows– Joint Commissioning Mental Health	
<b>Project Members:</b>	1. Sarah Fellows – Joint Commissioning Mental Health	
	2. Mai Gibbons – Senior Commissioning Officer	
	3. Susan Eagle – Senior Commissioning Officer	
<b>Timescales:</b>	<b>Expected Start Date:</b>	September 2013
	<b>Expected lifespan:</b>	Review Monthly End: August 2014
<b>Planned Outputs:</b>	1. To re-fresh / revisit the mental health data within the Joint Strategic Needs Assessment (JNSA).	
	2. To promote good / positive mental health and wellbeing.	
	3. To address health risk behaviour in people with mental health difficulties and / or people at risk of developing mental health difficulties.	
	4. To describe early intervention care pathways from universal to primary and secondary care services for all care clusters in Adult Mental Health and all diagnostic groups in CAMHS.	
	5. To re-fresh / review the Care Programme Approach policy across all agencies to promote recovery and reablement across all care clusters / service areas, to prevent relapse / re-admissions where possible.	

	6. Within all of the above describe pathways for hard to reach groups.		
	7. To develop the utilisation of the Recovery Star as a set of outcome measures across all care clusters / service areas and as a mechanism to support the commissioning and delivery of a greater and more cohesive 'whole systems' approach to mental health.		
<b>Existing External Action:</b>	<b>The action below has been identified against your project within an existing external action plan:</b>		
	Joint Health and Wellbeing Strategy		
<b>Expected Milestones:</b>	<b>Describe milestone:</b>	<b>Due date</b>	<b>Achieved date</b>
	1. To provide strong data strong data intelligence which details the current and future mental and physical health needs of the local population, including levels of unmet need and both an assessment of the risk factors for mental disorder and the protective factors for well-being in the local population across the life span.	End January 2014	January 2014
	2. To develop programme of universal proportionality i.e. targeted wellbeing promotion to facilitate recovery of people at risk of developing mental difficulties and people with mental health difficulties. Sign up to 'Time to Change campaign to tackle stigma locally. Develop Resilience Strategy for Wolverhampton as part of CAMHS Strategy and Adult Strategy re-refresh, which will deliver targeted mental health promotion interventions within schools and the wider community and utilise simple telehealth options where possible. Align with 'Five Ways to Well-Being' and Stay Safe Keep Healthy outcomes of 'Every Child Matters'.	End January 2014	January 2014
	3. Work with Public Health England to co-ordinate approaches for identified target audiences regarding: <ul style="list-style-type: none"> <li>▪ Alcohol</li> <li>▪ Cannabis (skunk)</li> <li>▪ Tobacco</li> <li>▪ Obesity</li> </ul>	End January 2014	January 2014

	<p>4. As part of CAMHS and Adult Mental Health Strategy development re-fresh / develop early intervention care pathways for all care clusters / service areas.</p> <ul style="list-style-type: none"> <li>• Work with GPs and Provider Leads</li> <li>• Align with NICE Guidance</li> <li>• Identify pathways for key target groups</li> </ul>	Drafts by April 2014	April 2014
	<p>5. Re-fresh / review the Care Programme Approach policy across all agencies to promote recovery and reablement across all care clusters / service areas, to prevent relapse / re-admissions where possible.</p> <ul style="list-style-type: none"> <li>• Align with Strategy development and delivery</li> <li>• Work with GPs and Provider Leads</li> <li>• Align with NICE Guidance</li> </ul>	Drafts by April 2014	April 2014
	<p>6. As part of CAMHS Strategy and Adult Strategy development and delivery to include engagement initiatives for people from BME Groups, Looked After Children, People who are homeless, unemployed, are living with physical health difficulties and /or living in areas of socio-economic deprivation, who are at risk due to issues regarding their gender identity and / or sexuality and people who are Disabled and /or have a Learning Difficulty.</p>	End January 2014	January 2014

	<p>7. To develop the utilisation of the Recovery Star as a set of outcome measures across all care clusters / service areas and as a mechanism to support the commissioning and delivery of a greater and more cohesive 'whole systems' approach to mental health.</p> <ul style="list-style-type: none"> <li>• Align with Strategy development and delivery</li> <li>• Work with Provider Leads</li> <li>• Develop through Mental Health Strategy Steering Group and Stakeholder Forum</li> </ul>	End April 2014	April 2014
<b>Outcomes to give assurance that project is completed:</b>	<b>How will the progress against outcomes be measured?</b>	<b>Evidence</b>	<b>Sign off date</b>
	1. Re-fresh JNSA	Via MH Steering Group	
	2. Mental Health Promotion	As above	
	3. Health Risk Behaviour	As above	
	4. Early Intervention / Diagnosis Pathways	As above	
	5. Re-fresh CPA Policy	As above	
	6. Pathways for targeted / hard to reach groups	As above	
	7. Recovery Star	As above	
<b>Reporting Process:</b>	<b>Which group will the project report into?</b>	<b>How often?</b>	
	Mental Health Strategy Steering Group Joint Commissioning Development and Delivery Group Adult Delivery Board Health and Well-Being Board	Bi-Monthly / as required	

## **Risk Profile**

In this section describe any risks or barriers to the successful delivery of the project.

## **Risk Matrix**

	<b>Likelihood</b>	Unlikely to occur	May occur at some time	Is likely to occur
<b>Consequence</b>	<b>Score</b>	<b>1</b>	<b>2</b>	<b>3</b>
Minimal effect on project delivery	<b>1</b>	1	2	3
Will affect some parts of project delivery	<b>2</b>	2	4	6
Significant impact on the delivery of project	<b>3</b>	3	6	9



<b>Project Inter-dependencies</b>	<b>Is the success of this project dependent on any other project or process?</b> (describe below)	<b>Yes/No</b>
	[e.g. project cannot commence until another project concludes]  No, the project can commence / continue.	
<b>Risk Assessment:</b> Describe any risks that are likely to affect the delivery of the Project		
<b>Risk:</b>	<b>How is this risk likely to affect the project?:</b> (include any risk mitigation)	<b>Risk Score:</b> (see matrix below)
	All project outputs have cross cutting initiatives and will rely upon strong multi-disciplinary working with health colleagues and other stakeholders.	3x2= 6 Red

**Review Dates of this plan**

<b>Review Date</b>	<b>Reviewer</b>	<b>Comments/ Alterations etc</b>
October 2013	SF	