

# Health Scrutiny Panel Meeting

Thursday, 12 January 2017

Dear Councillor

## HEALTH SCRUTINY PANEL - THURSDAY, 12TH JANUARY, 2017

I am now able to enclose, for consideration at next Thursday, 12th January, 2017 meeting of the Health Scrutiny Panel, the following reports that were unavailable when the agenda was printed.

<b>Agenda No</b>	<b>Item</b>
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7	<b><u>Update on Adult Mental Health Strategy</u> (Pages 3 - 18)</b>
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8	<b><u>Work Plan</u> (Pages 19 - 22)</b>
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If you have any queries about this meeting, please contact the democratic support team:

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# Mental Health Strategy 2013-2016

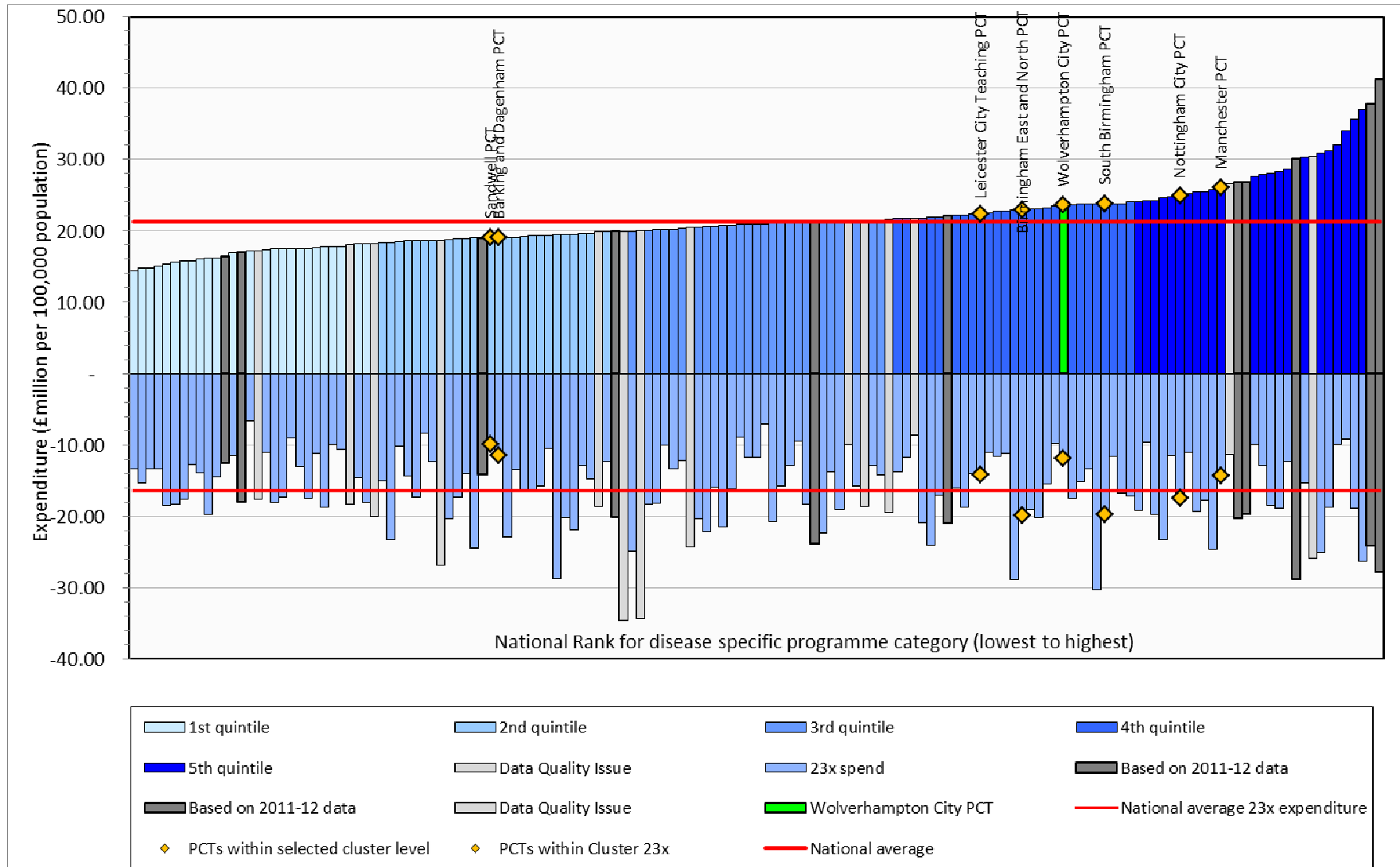
Sarah Fellows  
Commissioning Manager- WCCG



## Key Drivers etc.

- Rubicon Review.
- Operational and Strategic plans, programme budgeting.
- Better Care Fund, Closing the Gap, Suicide Prevention Strategy for England, Choice in Mental Health Care, Wolverhampton Health and Well-Being Strategy, Wolverhampton Mental Health and Psychological Wellbeing Services Strategy for Children and Young People 2013-2016.
- **Parity of esteem.**
- Revised Service Model/s, revision of the 'Stepped Care' Model.
- Priorities for implementation (working with BCPFT and CWC closely).





# MH Strategy (2010-2015)

- Cluster Model (does not lend itself to all conditions, Royal College Psychiatry report 2014 highlights role of diagnosis etc. Not applicable to LD or CAMHS.)
- Stepped Care Model, service users transitioning into, through and out of service/s, impact on activity and re-referrals back into the service.
- Created a Single Point of Access (RAS).
- Non-recurrent funds to 'pump prime change' while service transformation delivered cost efficiencies (reduced admissions to specialised commissioning and local service BUT THEN ALLOCATION / COMMISSIONING MODEL CHANGED).
- Delivery of National IAPT programme.
- NSF service/s re-allocated across complex care etc. (Assertive Outreach, EIS in Children's division).
- Some services nurse led services – questions re access to Consultant Psychiatrists.
- Creation of Primary Care facing services.
- End of Section 75 agreement with Local Authority.
- Application of Care Programme Approach required review.



## Future Model / re-fresh – direction of travel to 2016

- Progress toward all age approach and choice agenda.
- Stepped Care Model – focus on keeping people well especially long term conditions.
- Integrated care pathways with social care under BCF. **(Planned and Urgent Care Pathways).**
- Re-focus CPA (allow care co-ordination Well-being, for example).
- **Crisis Concordat and Suicide Prevention Strategy.**
- Focus on Clinical Effectiveness (A-typicals, IAPT, psycho-social interventions, NICE Guidance and care pathways and specialist care pathways and services).
- Use of digital technology, social media etc.
- Promoting and enabling independence and self-management across the care pathway.
- VFM – aligned approaches / collaboration with other commissioners – especially SWB CCG.
- **Resilience Plan ( Wolverhampton Health and Well-being Strategy).**



# Vision

- 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.
- 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)**.
- 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.





**Proposed Model of care**

Longer term care

Collaborative Approach  
across Primary Care  
Secondary Care, Tertiary  
Services and Third Sector.

Local Primary  
Care service

**Step 5**

Specialist and Acute  
Inpatient care and  
Nursing Care,  
Recovery House.

**Step 4:** Community interventions,  
including specialist services (Complex Care  
Team including Assertive Outreach  
Young Peoples Service Early Intervention,  
Re-ablement and Recovery Care Pathway),  
specialist supported housing.

**Step 3:** Evidence based interventions as at Step 2 but with multi-  
disciplinary support. (Well-Being Service) and care co-ordination,  
support from community services, ACCI, Women's Well-Being, Shaan  
Project, Community Hub, Re-think, Crisis Concordat supports urgent  
care pathway, Specialist care pathways ED, PD, ADD Peri-Natal, Dual  
Diagnosis and Autism.

**Step 2:** Reassurance, information, self-help, physical intervention (exercise, nutrition) and physical  
health treatment. Talking therapies tools: work-books computerised CBT IAPT (Healthy Minds)  
signposting, Co-ordination of other support services.

**Step 1:** Expectations of core primary care in mental health in context of FROGP competencies defined. Sufficient flexibility in  
time and length of appointment. Consider onward referral. Develop Primary Care Champions. Develop care pathways  
between primary care and mental health providers. Develop physical health care pathway for those with SMI.

**Step 0:** Public Health/Mental Health Promotion: Engage local community organisations in mapping and communication exercises to promote information  
about existing resources. Draw on stakeholder data to inform cross cutting public health initiatives. Raise profile of mental health in existing initiatives.  
Seek opportunities for promotion of mental health through existing partnership e.g. through Wolverhampton Safer Partnership, work in schools. Evidence  
based interventions using NICE guidance and Resilience Plan, Suicide Prevention Strategy, Time To Change and Beat Bullying.

Urgent Mental Health  
Care Pathway  
Emergency referral  
(within 4 hours)

Urgent Mental  
Health Care  
Pathway Urgent  
referral (within  
24 hours)

Routine  
Referral  
(within 14  
days)

First point  
of Contact



# Priorities

- STEP 0 - DEVELOP A LOCAL RESILIENCE PLAN (MENTAL HEALTH PROMOTION, EARLY INTERVENTION AND PREVENTION)
- STEP 1 DEVELOP A LOCAL SUICIDE PREVENTION STRATEGY
- STEP 1 - DEVELOP PRIMARY CARE PATHWAYS
- STEP 2 - REVIEW COMMISSIONING MODEL OF INTEGRATED ACCESS TO PSYCHOLOGICAL THERAPIES
- STEP 3 – COMMISSION THE YOUNG PERSONS SERVICE MODEL
- STEP 3 – REVIEW COMMISSIONING MODEL OF THE COMMUNITY WELLBEING SERVICE
- STEP 3 – COMMISSION AN INTEGRATED MENTAL HEALTH URGENT CARE PATHWAY
- STEP 4 – REVIEW COMMISSIONING MODEL OF THE COMPLEX CARE SERVICE
- STEP 4 – COMMISSION AND IMPLEMENT AN INTEGRATED RE-ABLEMENT AND RECOVERY CARE PATHWAY
- STEP 4 – REVIEW COMMISSIONING MODEL OF LOCAL SPECIALIST CARE PATHWAYS
- STEP 5 – REVIEW COMMISSIONING MODEL OF FEMALE PIC AND OUT OF AREA ADMISSIONS FOR URGENT AND PLANNED MENTAL HEALTH CARE



# Implementation Plan

- Develop primary care pathways (SMI etc), develop primary care champions within BCPFT.
- Re-fresh / continue with tele-health project (and FLO).
- Explore opportunities choose and book.
- Align medical in-put across the BCPFT model.
- Re-model Liaison Psychiatry (All-Age) as part of BCF Urgent Care Pathway. Re-align RAS, Crisis Resolution function goes into Home Treatment (All Age). Embedded LPS at RWT. This includes Street Triage.
- Re-align investment across BCPFT model CYPs and Adults. Increase capacity in CAMHS Crisis Resolution and Home Treatment services, implement Young Person's model ( focus upon transitions especially around Neurodevelopmental Conditions).



# Implementation plan con'td

- Re-model Complex Care to release funding for Young Person's Service and re-focus Assertive Outreach function (reduce admissions and entry to urgent care pathway, reduce out of area placements and improve repatriation of people placed out of area, demonstrate compliance with NICE Guidance and CPA).
- Re-model Well-Being within contract quantum. Move to psycho-social-medical model, align with community Hub in development (day support). See bullet point 4.
- Develop integrated re-ablement and recovery pathway with pooled budget as part of BCF. Improve service user care pathways, provide stable housing and community support, reduce re-admissions and relapse, accommodate discharges from secure and specialised care locally.
- Commission female PIC locally, increase capacity and capability within the local system for personality disorder, reduce NCA costs.
- Within contract quantum/s develop local 'specialised' care pathways and services from primary, secondary and into 'specialised' services (ED, Peri-Natal, Autism, ADD).
- Re model IAPT Service (Wolverhampton Healthy Minds)



# Key Headlines

- Increased investment in Early Intervention in Psychosis to increase capacity and capability and meet new targets
- Creation of new all age Eating Disorder Service
- Creation of new **Urgent Care Pathway** (includes remodelled Single Point of Access and Adult Mental Health Liaison, and Adult Crisis Resolution and Home Treatment services, and new services of Street Triage and Hospital Discharge). Fundamental to delivery of Crisis Concordat.



# Key Headlines

- Re-modelling Well-Being Service and Complex Care continues – additional investment has gone into Well Being Service (forms part of **Planned Care Pathway**).
- Have continued pro-active programme of repatriation of out of area placements.
- Re commissioned new diagnostic care pathways for adults for Autism and Attention Deficit Disorder – now have joint Autism Strategy with CWC.



## Key Headlines – must be aligned with.

- Delivery of our Local CAMHS Transformation Plan with Future in Mind Funds.
- Delivery of Transforming Care Plan for people with Learning Disability on a Black Country wide foot print.



# Next Steps

- Mental Health Five Year Forward View
- Sustainability and Transformation Plans – Mental Health Work Stream
- Primary Care and Mental Health
- All Age new Mental Health Strategy (will include Learning Disability Services and Dementia Services)
- Will incorporate CAMHS LTP
- Will meet requirements of the CCG IAF (**PARITY OF ESTEEM**) – **IAPT EXPANSION CORE 24/7 MENTAL HEALTH LIAISON**)





# Discussion / Questions



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## CITY OF WOLVERHAMPTON

### HEALTH SCRUTINY PANEL WORK PLAN

**Members:** Councillors Jasbir Jaspal (Chair), Peter O'Neill, Phil Page, Arun Photay, Judith Rowley, Stephen Simkins, Wendy Thompson (vice Chair).

**Portfolio Holder:** Cllr Paul Sweet – Cabinet Member for Health and Wellbeing.

Date of Meeting	Item	Reason for undertaking	Key Officer
<b>12 January 2017</b>	<ul style="list-style-type: none"> <li>Governance Review) (RWHT)</li> <li>Pond Lane</li> <li>Update on the Adult Mental Health Strategy</li> <li>Work Plan</li> </ul>		
<b>25 January 2017</b> (agenda dispatch 17 January 2017)	<ul style="list-style-type: none"> <li>Additional Meeting of the Panel to consider the Black Country STP.</li> </ul>	To consider the Black Country STP	
<b>13 February 2017</b> (agenda dispatch 3 January 2017)	<ul style="list-style-type: none"> <li>Joint meeting with the Staffordshire County Council Health Select Committee to consider issues in relation to Cannock and Newcross Hospitals.</li> </ul>	To consider issues and concerns relating to Cannock Hospital and Newcross Hospital.	
<b>2 March 2017</b> (agenda dispatch 22 February 2017)	<ul style="list-style-type: none"> <li>Arwyn Jones – Chief Executive, Beacon Centre for the Blind</li> </ul>	To receive a presentation in relation to the Beacon Centre for the Blind	Arwyn Jones
	<ul style="list-style-type: none"> <li>Closures of Pharmacies</li> </ul>		Ros Jervis
	<ul style="list-style-type: none"> <li>Open Spaces</li> <li>Access to GP Surgeries/A&amp;E/Urgent Care</li> </ul>		David Laughton
<b>27 April 2017</b> (agenda dispatch 19 April 2017)	<ul style="list-style-type: none"> <li>Smoking Policy</li> </ul>		
	<ul style="list-style-type: none"> <li>Dental Care and Oral Health Needs and</li> </ul>		

	inequalities		
	<ul style="list-style-type: none"> <li>Cleaning at the new hospital – monitor standards through the CCG complaints procedure.</li> </ul>		
	<ul style="list-style-type: none"> <li>Understanding issues arising from the use and control of New Psychoactive Substances (NPSs)</li> </ul>		Neeraj Malhotra Consultant in Public Health

<b>Scrutiny Review Groups</b>	
<b>Suggestions for Potential Future Items</b>	

**Remit:**

- The scrutiny of health provision in accordance with the Health and Social Care Act 2001 and subsequent relevant legislation and Government guidance.
- All health related issues, including liaison with NHS Trusts, Clinical Commissioning Groups, Health and Wellbeing Board and Health Watch.
- All functions of the Council contained in the National Health Service Act 2006, to all regulations and directions made under the Health and Social Care Act 2001, the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, the Health and Social Care Act 2012 and related regulations.
- Reports and recommendations to relevant NHS bodies, relevant health service providers, the Secretary of State or Regulators.
- Initiating the response to any formal consultation undertaken by relevant NHS Trusts and Clinical Commissioning Groups or other health providers or commissioners on any substantial development or variation in services.
- Participating with other relevant neighbouring local authorities in any joint scrutiny arrangements of NHS Trusts providing cross-border services.
- Decisions made by or actions of the Health and Wellbeing Board.
- Public Health – Intelligence and Evidence
- Public Health – Health Protection and NHS Facing
- Public Health - Transformation

- Public Health – Commissioning
- Healthier City
- Mental Health
- Commissioning Mental Health and Disability
- Headstart Programme

**Relevant Corporate priorities:**

- People live longer, healthier lives Promoting physical activity and healthier lifestyles
- Promoting Independence for older people
- Promoting independence for people with disabilities
- People and communities achieve their full potential
- Enabling communities to support themselves (Disability and Mental Health)

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