

Health and Wellbeing Board

29 July 2015

Report title	Wolverhampton City Council and Wolverhampton Clinical Commissioning Group Mental Health Strategy 2014-2016	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards affected	All	
Accountable director	Steven Marshall, Director of Strategy & Transformation, Wolverhampton Clinical Commissioning Group	
Originating service	Commissioning – Wolverhampton CCG	
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Report to be/has been considered by	Wolverhampton Health and Well-Being Board - Wednesday 29 th July 2015	

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. The purpose of this report is to provide members of the Health and Well-Being Board with recommendations regarding a proposal to increase capacity within CAMHS COMMISSIONING across NHS Wolverhampton Clinical Commissioning Group and Wolverhampton City Council. This is to deliver a dedicated whole systems project across CAMHS TIERS 1-4 that will deliver a sustainable model into 2020/21, deliver QIPP in the short, medium and longer term, deliver to the key strategic drivers and ambitions of Future in Mind and transform the lives of the children and young people of our city.

Recommendations for noting:

The Health and Wellbeing Board is asked to note the following key points:

- The development and implementation of the Mental Health Strategy, including amendments made to address the needs and requirements of key vulnerable groups. HEADSTART: WOLVERHAMPTON pilots are delivering a range of resilience and self-efficacy building initiatives for children and young people aged 10-14 years to prevent common mental health conditions.
- Future in mind Promoting, protecting and improving our children and young people's mental health and well-being (HM GOVT 2015) outlines the NHS England Children and Young People's Task Force vision for CAMHS TIERS 1-4. Funding will follow the report which CCGs will utilize as agreed with local partners and to address the gaps / priorities outlined in Future in mind and in line with local levels and patterns of need.
- Wolverhampton Clinical Commissioning Group are leading the Black Country wide NHS England funded pilot regarding alternative models for CAMHS TIER 3 PLUS, CAMHS TIER 4 and Tri-partite funded placements.
- Wolverhampton Clinical Commissioning Group and Wolverhampton City Council are currently reviewing all children placed tri-partite funded placements including looked after children to inform commissioning intentions and support plans to reduce numbers of looked after children.
- All of the above provide an opportunity to develop and deliver a transformational plan with an aligned financial model into 2020/21 that will recurrent and non-recurrent funds to deliver a service model across TIERS 1-4 realise sustainable benefits across the whole system, reduce numbers and levels of complex and enduring difficulties with regard to CAMHS presentations, deliver early intervention and prevention and deliver QIPP on a Wolverhampton and Black Country footprint.

1.0 Purpose

- 1.1 The purpose of this report is to provide members of the Health and Well-Being Board with recommendations regarding a proposal to increase capacity within CAMHS COMMISSIONING across NHS Wolverhampton Clinical Commissioning Group and Wolverhampton City Council. This is to deliver a dedicated whole systems project across CAMHS TIERS 1-4 that will deliver a sustainable model into 2020/21, deliver QIPP in the short, medium and longer term, deliver to the key strategic drivers and ambitions of Future in Mind and transform the lives of the children and young people of our city. This is to deliver the following key outputs:
- Delivery of an integrated whole systems transformation programme across CAMHS TIERS 1-4 that will deliver a sustainable model into 2020/21 with an aligned financial plan.
 - Delivery of an aligned programme of QIPP in the short, medium and longer term.

- Delivery of the key strategic drivers and ambitions of Future in Mind across CAMHS TIERS 1-4 and therein transform the lives of the children and young people of our city by covering areas of recognised provision weakness, increase numbers of children and young people in early treatment and support and therein reduce levels of need and complexity.
- Re-design and delivery of a model of prevention, resilience, early intervention and personalisation at local level, employing the resilience and self-efficacy building facets of HEADSTART across the whole system.
- Re-design and delivery of improved care pathways and services across CAMHS Tiers 1-4 on a Black Country wide footprint in collaborative and / or consortium commissioning arrangements which will potentially include co-procurement with Black Country wide health and social care commissioning partners. This will involve asset mapping across CAMHS TIERS 1-4 including financial, human and other resources such as buildings and location of services etc. with the core purpose of increasing local provision, providing care close to home and increasing access to early intervention and prevention services at scale.
- Collaboration with specialised commissioning at the Birmingham, Solihull and Black Country NHS England Local Area Team regarding collaborative approaches to CAMHS TIER 4 commissioning and care pathways into and out of the local system into CAMHS TIER 4.
- Liaison with colleagues in Public Health to deliver a focused Joint Strategic Needs Assessment for children and young people resident in Wolverhampton.

2.0 Background

- 2.1 Mental health problems which begin in childhood and adolescence are common and can have multiple, wide-ranging and long-lasting effects. The economic case for investment is strong. Recent studies have estimated that mental illness costs the United Kingdom economy as much as £100 billion per year. In addition mental health problems can also have a terrible impact on people's physical health. People with schizophrenia are almost twice as likely to die from heart disease as the general population and four times more likely to die from respiratory diseases.
- 2.2 75% of mental health problems in adult life (excluding dementia) start by the age of 18. For young people, mental illness is strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour. Mental health problems in children and young people are common and account for a significant proportion of the burden of ill health in this age range Failure to support children and young people with mental health needs costs lives and money. Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions in adulthood.

- 2.3 Most mental health difficulties can be effectively treated. Many people can recover completely, whilst for others the severity and impact of the condition, and the lifetime cost can be significantly reduced. In general terms, the treatments for mental health problems can be as effective as those for physical illness.
- 2.4 Despite the high costs to individuals and society and the range of NICE approved interventions however, it is estimated that only a quarter of children and young people with mental health difficulties receive treatment. Nationally a history of underinvestment in CAMHS means that services are not currently able to offer all of the timely evidenced-based interventions that should be delivered across CAMHS TIERS 1-4.
- 2.5 There is a compelling moral, social and economic case for change and a growing evidence-base in terms of clinically effective and cost effective interventions. There is also growing evidence regarding rising levels of need - for example referral rates to Tier 3 CAMHS have increased greatly in recent years, with the number of cases rising by more than 40% between 2003 and 2009/10.
- 2.6 There are clear opportunities for a multi-agency / collaborative and integrated approach to commissioning CAMHS. This involves risks and interdependencies, but also opportunities to better meet the needs of the populations that we serve, reduce the impact of mental health difficulties upon statutory services in the longer term both CAMHS and AMHS and achieve wider system efficiencies, including upon the criminal justice system.
- 2.7 The wide ranging mental health difficulties addressed by CAMHS include:
- Conduct disorder
 - Anxiety and depression
 - ADD
 - Psychosis
 - Co-morbid substance misuse
 - Eating Disorders
 - Self-harm and suicidal behaviour
 - Bullying
 - Challenging Behaviour
- 2.8 The national programme to transform the outcomes and experience for service users and carers in receipt of CAMHS has been led by the NHS England Children and Young People's Task Force based within the Department of Health which was established in September 2014. This follows the Child and Adolescent Mental Health Services Tier 4 Report, July 2014 which highlighted the Chief Medical Officer's concerns regarding difficulties gaining access to appropriate treatment for mental health difficulties, and the Parliamentary Health Select Committee report regarding CAMHS of November 2014, which also highlighted difficulties in terms of access to appropriate community and hospital treatment care pathways. Improving access to and quality of patient experience and outcomes within CAMHS, to deliver parity of esteem with Adult Mental Health Services is therefore a key national driver.

- 2.9 Future in mind Promoting, protecting and improving our children and young people's mental health and well-being (HM GOVT 2015) is the report of the Children and Young People's Task Force. A copy of the report is provided as Appendix 1. The report outlines the NHS England Children and Young People's Task Force vision for CAMHS TIERS 1-4. In June guidance is expected regarding the funding that CCGs will utilise as agreed via Health and Well-Being Boards with local partners to address the gaps / priorities outlined in Future in Mind and in line with local levels and patterns of need. Each CCG will submit funding plans in a CAMHS TRANSFORMATIONAL PLAN. Key priorities for investment are likely to include:
- Children and young people's Improving Access to Psychological Therapies programme (CYPT IAPT), wherein it is estimated that talking therapy services can save £1.75 for the public sector for every £1 spent.
 - Improved crisis services and home treatment services, in line with the national and local Crisis Concordat/s, bridging the gap between hospital and community services and reducing the need for high cost CAMHS Tier 4 Services.
 - Early Intervention in Psychosis Services, wherein it is estimated that if everyone who required Early Intervention in Psychosis services received a service the NHS could save £44 million annually.
 - Local community Eating Disorder Services with better liaison with Acute, Paediatric and Primary Care services and again bridging the gap between hospital and community services and reducing the need for high cost Tier 4 Services.
- 2.10 Wolverhampton CCG is one of 8 areas across the Country that has been awarded a project grant by the Children and Young People's Task Force to scope potential to re-design / improve current CAMHS commissioning models, following an invitation to submit EOIs. The Wolverhampton project focuses upon CAMHS Tier 4 and TIER 3 plus model/s across the Black Country and this includes a focus on tri-partite funded placements for children and young people that are 'out of area'. This work is being lead by Wolverhampton CCG on behalf of all of the four CCGs (Dudley, Walsall, Sandwell and Wolverhampton) across the Black Country covering a population of 1,152,500 (ONS 2013 mid-year population estimates). Details of the eight successful EOIs including the Wolverhampton submission are included as Appendix 2.
- 2.11 A Black Country wide key stakeholder event was held in March. An initial high level findings event was hosted by NHS E in March for all 8 CYP Task Force Funded Projects. Many commonalities in terms of care pathways and outcomes regarding CAMHS TIER 4 and tri-partite funded placements are apparent with a number of areas of potential opportunity to develop local service models and improve patient experience and deliver QIPP.
- 2.12 From initial stakeholder findings there are initial clear messages regarding the need for whole systems change and this will feature in the Black Country recommendations

element of the NHS England EOs Report. It is the expectation of NHS England that the Black Country co-commissioning pilot continue via the four Black Country CCGs Future in Mind transformation plans. A meeting is in the planning stage for end June with all strategic commissioning health and social care leads to agree and plan next steps.

- 2.13 HEADSTART WOLVERHAMPTON is well established and currently funding pilots to deliver a range of resilience and self-efficacy building initiatives for children and young people aged 10-14 years to prevent common mental health conditions. The pilots include development and use of digital technology and social media apps and resources, resilience and self-efficacy training in schools and communities for parents, teachers and peer mentors and a variety of initiatives as part of 'a place to go', such as out of schools clubs and community groups with a focus on supporting children and young people to develop self-efficacy skills and attributes and receive support from strong and positive role models and peers whilst having fun.
- 2.14 Wolverhampton Clinical Commissioning Group and Wolverhampton City Council are currently reviewing all children placed tri-partite funded placements including looked after children to inform commissioning intentions, the local CAMHS transformation Plan and support plans to reduce numbers of looked after children.
- 2.15 There is a clear opportunity to use the impetus behind all of the above projects to redesign and re model local services to deliver a model for sustainable future provision across CAMHS TIERS 1-4 and to use programme funds from both HEADSTART and Future in Mind to employ a transformation director to align and deliver the whole systems transformation with an aligned financial plan and QIPP for 2015/16 – 2020/21.

3.0 Progress, options, discussion, etc.

- 3.1 Stakeholder consultation and engagement from all of the above initiatives have identified a number of key themes. These can be described as follows:
- Are the current commissioning and provider model/s for CAMHS TIER 3 PLUS LEVEL and TIER 4 and regarding Tri-partite funded placements fit for purpose?
 - All areas are experiencing levels of chronicity and complexity in terms of CAMHS referrals and levels of need which are concerning.
 - Across the Black Country the impact on Accident and Emergency Departments, Paediatric Wards and Departments and the police and West Midlands Ambulance Services (Section 136 / place of safety) is significant and at times profound. This includes / also applies to Learning Disability CAMHS. Street Triage is picking up a significant number of CAMHS cases across Wolverhampton and all areas of the Black Country (in some cases very young children, e.g. as young as 9 years).
 - CCGs and Local Authority partners are funding significant numbers of high cost tri-partite funded placements which have poor connectivity with CAMHS local to the placement and CAMHS close to home / within home authority. In some cases the

placements are understood to have direct correlation with capacity and capability within and absence of the correct local provision of Tier 2, TIER 3 PLUS and TIER 4 CAMHS, including regarding CAMHS LD and targeted interventions for looked after children and children on the edge of care.

- Across all areas of the Black Country and post the ending of TaMHS (Targeted Mental Health Service for Schools) CAMHS TIER 2 provision has gaps, is under resourced and lacks connectivity across education, health and social care. There are some examples of good practice across all areas such as HeadStart: Wolverhampton and Kooth Dudley, however there is an urgent and pressing need to develop this level of service provision to prevent escalation of difficulties and release economic, social and personal benefits of solution focussed and self-efficacy building initiatives across TIERS 1 and 2 and with clear care pathways into TIER 3 CAMHS.
- Parents are described as 'not coping', absent or 'on their knees', within education schools are providing pastoral care and other services to manage many types of mental health difficulties that are fuelled by issues such as bullying and gangs. Cyber-bullying, texting, sexting and use of many forms of social media provides an additional dimension to bullying and negative peer behaviour / influences.
- The traditional approach to describing, commissioning and delivering CAMHS TIERS are described as being not always helpful, particularly as specialist health skills are required are often required in targeted prevention work in TIERS 1 and 2. In addition the Health and Social Care interface provides challenges in terms of connectivity and / or whole systems working. This also applies to links with education and the youth offending / criminal justice system. Commissioning Tiers appears to be unhelpful as different organisations commission different tiers / services. This approach does not always lend itself well to early intervention and prevention or provide financial incentives to develop a whole systems approach to mental health and well-being.
- There are co-morbidities regarding substance misuse including alcohol and potent forms of cannabis including skunk which carry high risk in terms of psychosis and this is evident in terms of Early Intervention in Psychosis Services. Care pathways need strengthening across these services to reduce admissions and improve clinical outcomes and life chances.
- There are questions concerning whether or not we have the right capacity and / or capabilities, interventions and resources i.e. at the right places in the care pathway. This includes across health and social care and specifically regarding high end interventions. This includes the current service specifications, including at CAMHS TIER 4. Some encouraging evidence is emerging in the West Midlands area regarding DBT within CAMHS which needs exploration in terms of a Black Country wide model.
- There are many difficulties in terms of knowledge of services and care pathways, communication and information across the whole system. It appears that sometimes

staff with limited knowledge of care pathways and services are trying to access appropriate levels of support and intervention with difficulty.

- Local providers report many difficulties in terms of serious delays regarding gate keeping assessments for and admissions to CAMHS TIER 4 and the impact of this apparent upon social care, paediatric services, local specialist CAMHS and patient and carer experience and outcomes. This impacts upon local delivery of the Crisis Concordat and Local Resilience Plans in terms of delays causing avoidable breeches and difficulties with patient flow in Acute Services and inappropriate use of police custody as highlighted nationally.
- In addition there are concerns regarding maintaining integrity of care pathways across the distance of CAMHS TIER 4 provision, and the lack of parity of esteem with Adult Mental Health (AMHS) in terms of local provision, connectivity with local crisis services, day services and assertive outreach provision and the need for a dynamic care pathway across these services which allows timely admission and discharge and avoids lengthy admissions.
- Critically it should also be noted that some Acute and Paediatric services have reported direct admissions to paediatric beds in the absence of an appropriate Tier 4 bed. Impact on paediatric wards generally includes safeguarding and safety issues in terms of other children on the ward and their vulnerabilities and disruption to and impact upon their care, lack of beds for physically sick children, delays due to lack of appropriate social care placements, and delays for appropriate TIER 4 beds or placements of up to 3 months. Delays for access to appropriate services appear worse for children with a learning disability in some cases.
- Current commissioning is complex, fragmented and money doesn't flow from placements to the community. When children are placed out of area either in CAMHS Tier 4 beds or Tri-partite funded placements the locality of the service can cause connectivity and care pathway issues with local CAMHS, impacting on discharge plans and fluidity across interventions.
- The current CAMHS TIER 4 Service Specification requires review, to address issues such as parity of esteem with AMHS, changing levels and types of need and to improve access, experience, efficacy of interventions and outcomes.
- Re-admission rate to CAMHS TIER 4 across the Black Country is in excess of 40% currently.
- The impact of difficulties accessing care pathways into CAMHS TIER 4 have an impact on paediatric wards and funding of tri-partite funded placements that is not wholly visible across the commissioning and policy making landscape.

3.2 In addition to the above challenges there are a number of opportunities for improving provider and commissioning arrangements including:

- Improved care pathways regarding Earlier Intervention in Psychosis including substance misuse, as highlighted in recent national guidance.
- Developing enhanced community services across the Black Country including Crisis Resolution Home Treatment, Assertive Outreach, Day Services and the potential to develop a hybrid – bridging model between Tier 3 PLUS and TIER 4 with for example crisis beds and Section 136 MHA / Place of Safety, to develop parity of esteem with Adult Mental Health Services and comply with NICE Clinical Guidance, regarding self-harm for example and re-using local estate.
- Opportunities for some collaborative commissioning and procurement opportunities regarding the above with value for money opportunities regarding for example economies of scale.
- Opportunities regarding pooled budgets, specifically regarding cost efficiencies in terms of tri-partite funded placements which could deliver QIPP and allow for investment in TIER 2 and 3 services – supporting early intervention and prevention and improving waiting times and connectivity of pathways across and with education, and criminal justice.
- Opportunities to bring children and young people back into the Black Country by co-commissioning specialist residential placements locally using available estate.
- Opportunities for improved, focussed and targeted case management of all types of services with regular scheduled reviews and improved connectivity with local CAMHS and CAMHS close to home.
- Opportunities to pump prime change at TIERS 1 and 2 to reduce levels of need at TIERS 3 and 4 and Tri-partite funded arrangements and deliver QIPP. This includes use of and learning from the HEADSTART 'Ordinary Magic' at TIERS 1-2 can provide alternative and innovative solutions and prevent escalation into TIERS 3 and 4. CYP IAPT and use of social media and digital technology could play key roles here, as could resilience and self-efficacy training and building interventions in schools and communities providing early help and innovative and stigma reducing solutions wherever possible.
- Schools are key players regarding all of the above, both in terms of delivery of initiatives and child and family support and referral into services and there is therefore enormous potential to transform care pathways and services and initiatives across education, health and social care and opportunities to explore and develop a more strategic and partnership role for schools and establishments for children alternatively engaged or disengaged should be explored.
- There are opportunities to align system change with Adult Services to support parents either in terms of coping with their child's mental health difficulties and / or their own individual needs, including troubled families and mental health and substance misuse services for adults.

- Across the Black Country there are significant co-commissioning opportunities, including regarding CAMHS TIER 4, improved co-commissioning and procurement of tri-partite funded placements, aligned and integrated local service models, better use of existing assets and pooled budgets, potentially across the whole system.

3.3 In addition to the above local priorities and next steps Future in Mind identifies the following key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

3.4 In addition to the above key themes Future in Mind identifies the following key priorities:

- Place the emphasis on building resilience, promoting good mental health, prevention and early intervention.
- Simplify structures and improve access: by dismantling artificial barriers between services by making sure that those bodies that plan and pay for services work together, and ensuring that children and young people have easy access to the right support from the right service.
- Deliver a clear joined up approach: linking services so care pathways are easier to navigate for all children and young people, including those who are most vulnerable so people do not fall between gaps.
- Harness the power of information: to drive improvements in the delivery of care, and standards of performance, and ensure we have a much better understanding of how to get the best outcomes for children, young people and families/ carers and value from investment.
- Sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience.
- Make the right investments: to be clear about how resources are being used in each area, what is being spent, and to equip all those who plan and pay for services for their local population with the evidence they need to make good investment decisions in partnerships with children and young people, their families and professionals.

3.5 In addition to the above key themes Future in Mind identifies the following key priorities for investment:

- Mental health awareness / resilience training in schools and support for schools.
- Support for parents.
- Harnessing digital technology.

- Reducing the impact of bullying.
- Improving the mental health and physical health interface.
- Getting more numbers of children and young people into treatment,
- Responding early to self-harm.
- Improving Crisis support.
- Developing CYP Integrated Access to Psychological Therapies.

3.6 The above challenges, opportunities and key local and national drivers should be formatted into a **Wolverhampton CAMHS Transformation Plan 2015-2020** which presents an opportunity for whole system transformation and change, with aligned QIPP and Financial Plan. Financial and resource implications within the Wolverhampton Plan will include:

- Use of HEADSTART funds to further develop and evaluate pilot initiatives and to align HeadStart Stage Two and Three developments and service model delivery with sustainable system efficiencies achieved via the local and wider Black Country transformation plans.
- Wolverhampton and potentially wider Black Country use of recurrent NHS England CAMHS Transformation funds. Guidance regarding allocation of this is expected imminently and will include release of some very early funds for programme management and infrastructure costs to deliver transformation of resources. (This will also include a specified sum for Eating Disorder Services).
- Re-alignment of existing resources across CAMHS TIERS 1-4 as described above from 2015-2020, with a potentially strong Black Country wide case to locally commission CAMHS TIER 4 with NHS England funds, and commission local services that reduce the need for tri-partite funded placements out of the Black Country.
- Some potential re-alignment of budgets and resources locally and across the Black Country where service model and re-procurement opportunities indicate that this is viable and sustainable and will improve patient outcomes and offer value for money.

3.7 It is recommended that HEADSTART and Future in Mind infrastructure and programme management funds are used to fund a fixed term transformation director post for a minimum period of one year to realise the benefits for our health and social care economy described above and initiate and deliver the required commissioning changes and developments across the whole system. Salary scale is indicative of the required skills, experience, responsibilities and deliverables over the post which will be complex and challenging and require considerable experience of transformation and track record of delivery across providers and to national drivers. CAMHS experience will be essential. Key facets of the role will be to deliver the outputs described in section 1.1.

3.8 Very recent contact with the CAMHS National Programme Lead at NHS England confirms that some funds will be available very shortly for CCGs. Very strong support was given to the Wolverhampton proposal to align HeadStart with CAMHS Transformation Plans and Black Country co-commissioning EOI outputs moving forward.

3.9 Recommended Next steps are as follows:

- Swift recruitment to Transformation Associate Director to develop Wolverhampton wide CAMHS commissioning capacity across CAMHS TIERS 1-4 and to commence delivery of next steps as described below. Wolverhampton CCG to develop local CAMHS Transformation Plan utilising release of early summer and then later autumn funds as per NHS England guidance working with all local partners and the Area Team.
- Black Country commissioning strategic workshop is planned for end July 2015 as described in the body of this report following local commissioning meetings to agree next steps and plan any collaborative options regarding wider system change and collaborative commissioning arrangements for CAMHS TIER 4 and tri-partite funded placements especially.
- Review of commissioning intentions following release of the NHS England Co-commissioning pilot report will be received shortly including details out puts and recommendations of the Black Country Pilot.
- Analysis of HEADSTART Pilots learning to inform commissioning intentions and transformation plan and prepare for Stage 3 Bid writing and submission demonstrating sustainability beyond 2021 on withdrawal of HeadStart funding via local whole system model.
- Review of commissioning intentions following completion of reviews of Wolverhampton tri-partite funded placements to inform commissioning intentions and plan.
- Delivery of model regarding CAMHS Whole System Re-design and Sustainable Change 2015-2020 with financial plan, QIPP Plan and implementation plan to be delivered to Commissioning Committee, HEADSTART PROGRAMME BOARD and Health and Well-Being Board.
- Align all of the above with targeted JNSA refresh.
- Continued feedback to and monitoring by the above key forums is essential.

3.10 The above next steps are essential in terms of developing a WOLVERHAMPTON model that will re-align resources to provide:

- resilience and self-efficacy building
- prevention and early intervention and early help
- improved clinical outcomes
- prevent crisis and relapse
- provide care closer to home
- reduce numbers of Looked After Children

- delivery of QIPP
- delivery of appropriate local response to current and future levels and types of complexity and need and changing types and pattern of need

4.0 Financial implications

4.1 A financial plan will be developed as part of the proposed next steps and service model options. Pump priming and infrastructure and programme support funds are available from HEADSTART and Future in Mind and it is proposed that these are utilised to employ a camhs transformation programme director on a fixed term basis to deliver whole systems change.

5.0 Legal implications

5.1 There are currently no outstanding legal implications that should be highlighted in relation to this report.

6.0 Equalities implications

6.1 Section 149 of the Equality Act 2010 outlines the Public Sector Equality Duty to engage with relevant individuals regarding key decisions. A period of consultation will be required regarding any proposed changes to mental health services locally, with a requirement to take the revised Strategy to Health Scrutiny Panel.

7.0 Environmental implications

7.1 There are currently no outstanding environmental implications that should be highlighted in relation to this report.

8.0 Human resources implications

8.1 There are currently no outstanding environmental implications that should be highlighted in relation to this report.

9.0 Corporate landlord implications

9.1 There are currently no corporate landlord implications that should be highlighted in relation to this report.

10.0 Schedule of background papers

10.1 Appendices 1-2 are attached.