

# Health Scrutiny Panel

7 April 2016

<b>Report title</b>	Mental Health Strategy	
<b>Cabinet member with lead responsibility</b>	Councillor Elias Mattu Adults	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Linda Sanders, People	
<b>Originating service</b>	Commissioning (Disabilities & Mental Health)	
<b>Accountable employee(s)</b>	Kathy Roper Tel Email	Commissioning Team Manager 01902 5550975 Kathy.roper@wolverhampton.gov.uk
<b>Report to be/has been considered by</b>	List any meetings at which the report has been or will be considered, e.g. PLT Strategic Executive Board	14 March 2016 22 March 2016

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## Recommendation(s) for action or decision:

The Panel is recommended to:

1. Receive the report and note the progress made in the implementation of the Joint Mental Health Strategy.

## **1.0 Purpose**

1.1 The purpose of this report is to outline the progress made in the implementation of the Joint Mental Health Strategy.

## **2.0 Background**

2.1 The Joint Mental Health Strategy was refreshed in 2013 and includes a wider all age mental health approach to improve outcomes for all people requiring support from mental health services. This is in keeping with the cross government mental health outcomes strategic guidance for people of all ages detailed in 'No Health without Mental Health' (2011), 'Preventing suicide in England' (HM Government, 2012), 'Closing the Gap' (HM Government 2014), which adopts a life course approach.

2.2 Our strategy prioritises the delivery of the six key outcomes of 'No Health without Mental Health' (2011) as overarching themes. These are:

- More people will have good mental health.
- More people with mental health problems will recover.
- More people with mental health problems will have good physical health.
- More people will have a positive experience of care and support.
- Fewer people will suffer avoidable harm.
- Fewer people will experience stigma and discrimination.

2.3 Our vision for mental health services in Wolverhampton is an integrated 'whole system' of health and social care pathways and services that will deliver early intervention and prevention, assessment, treatment and intervention and re-ablement and recovery across the life course.

2.4 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 as part of our Resilience Strategy.

2.5 The West Midlands Combined Authority has commissioned research in to mental health and its impact on the public sector. It is believed this commission is the first of its type in the country. The Commission is in the process of considering evidence from around the West Midlands region and beyond and it is considering the experiences of real people with real mental health experiences, as well as the knowledge of professional mental health practitioners and mental health organisations.

2.6 Our commissioning model is aligned to the work of the West Midlands Combined Authority and supports the delivery of integrated 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 integrated care.

### 3.0 Better Care Fund

3.1 Mental Health is one of the work streams within the Wolverhampton Better Care Fund. The Better Care Fund provides an opportunity to develop a single pooled budget to allow health and social care services to work together more closely. Wolverhampton's Better Care Fund is an integral and important component of our vision for mental health services in Wolverhampton. Wolverhampton's Better Care Fund includes two integrated care pathways in mental health services, the Planned Care Pathway and the Urgent Mental Health Care Pathway. The focus of work in year one (2015/16) of the BCF programme was around the Urgent Care Pathway and the second year (2016/17) will be on the Planned care Pathway.

3.2 The Urgent Care Pathway is now well established and many of the elements within it are now operational including:

- A highly effective Rapid Response (triage) car that supports people in an emergency and was set up to deliver the targets set out below. The service has met all of its targets in the last year.
  - (i) reduce s136 detentions by 10%.
  - (ii) increase the sole response MH mental illness ambulance emergency from the current 12% by 10% year on year.
  - (iii) reduce attendance at Accident and Emergency by 20%.
- The psychiatric liaison team are now based at the urgent care centre, New Cross Hospital and the services are delivered by Black Country Partnership Foundation Trust (BCPFT). This enables people who attend A&E as a result of their deteriorating mental health to be treated in a more individual and specialist way by staff with the appropriate clinical skills.
- A revised service model for people with emergency and urgent mental health needs delivered by BCPFT that includes: a psychiatric liaison team, community psychiatric nurse in a rapid response car, referral and assessment team as part of the team in the Lavender Suite. The Crisis and Home treatment will continue to be situated at Penn Hospital.
- The development of a new integrated funding panel to support people in a timely way when they are ready for discharge.
- The delivery of a new service provided by a third sector provider that works closely with Royal Wolverhampton Trust (RWT) and BCPFT to support people who are homeless and need accommodation to facilitate discharge.

3.3 The Planned Care Pathway will provide specialist re-ablement and recovery focussed assessment, interventions and support for adults with severe and enduring mental illness (SMI). This will include:

- A revised recovery service that will include a recovery outreach service from September 2016.

- An increase of 50 new supported housing options over two years including two new purpose built schemes. The new buildings will be developed in Wednesfield by Bromford Housing Group and on the Tap Works site as part of a bigger council development.
- A revised floating support service that will support people with lower needs to be supported in their own home from April 2017.
- A suite of preventative services focused around the new Community Hub funded by Public Health and provided by Creative support from January 2017.
- Step-down services.
- Individualised packages of care for people with high levels of need.

3.4 Additional monies have been secured by the CCG from the Area Team's systems resilience fund in 2016. There was in total £170,000 of which £120,000 funded step down placements to improve the delayed transfers of care (DTOCS) and £50,000 funded additional adult mental health probationers (AMHP) resources. These funds are held by the CCG.

#### **4.0 Key Areas**

4.1 Alongside the work being undertaken as part of the Better Care Fund the Joint Mental Health strategy also responds to key national drivers, one of which is the Crisis Concordat. There is a requirement for all areas to publish a Crisis Concordat Plan. This is an action plan of shared goals by all stakeholders in Wolverhampton to support people in a timely way, to prevent crisis and to support people appropriately when they require it. It outlines a number of key principles and care values including: This was published on the national Crisis Concordat website in December 2015.

1. Early intervention – protecting people whose circumstances make them vulnerable early.
2. People in crisis are vulnerable and must be kept safe, have their needs met appropriately, be helped to achieve recovery and have equality of access.
3. People in crisis should expect an appropriate response and support when they need it.
4. When people in crisis are seen by health or social care professionals, or by the police and need urgent assessment, the process should be prompt, efficiently organised, and carried out with respect.
5. People in crisis who present in emergency departments should expect a safe place for their immediate care, and effective liaison with mental health services to ensure they get the right on-going support.

4.2 The Urgent Care pathway responds to the values and principles set out in Wolverhampton's Crisis Concordat plan.

## **5.0 Financial Implications**

- 5.1 Mental Health is a workstream within the Better Care Pooled Budget with Wolverhampton Clinical Commissioning Group (CCG). The Mental Health workstream has a pooled budget of £9.4 million of which £2.8 million are budgets held by the council and £6.6 million from the CCG.
- 5.2 There are no direct financial implications arising directly from this strategy. Any costs as a result of implementation of any part of the strategy will be met from existing budgets within the Mental Health service. [AS/30032016/Y].

## **6.0 Legal implications**

- 6.1 There are no legal implications associated with this report

[Legal Code: TS/23032016/H]

## **7.0 Equalities Implications**

- 7.1 An equalities analysis was undertaken when the strategy was developed, and identified that the over representation of people from Black and Minority Ethnic (BME) groups has locally and nationally focussed upon the need to commission culturally sensitive services, particularly for particular groups of men and women including new arrivals. In Wolverhampton we need to continue to address over representation of key groups specifically in relating to formal admission under the Mental Health Act 1983. The relatively low prevalence of numbers of children from BME groups referred to Tier 2 and Tier 3 Child and Adolescent Mental Health Services (CAMHS) (less than 20% of referrals, compared with 41% of the population of children and young people in our City) suggests that prevention and early intervention should include a focus upon targeted interventions for children and young people, and their parents and carers from BME groups and communities of new arrivals.

## **8.0 Environmental implications**

- 8.1 There are environmental implications associated with this report.

## **9.0 Human Resources Implications**

- 9.1 There are no human resources implications associated with this report.

## **10.0 Corporate landlord implications**

- 10.1 There are no corporate landlord implications associated with this report.

This report is PUBLIC  
[NOT PROTECTIVELY MARKED]