



**WEST MIDLANDS**  
COMBINED AUTHORITY

## Board Meeting

<b>Date</b>	19 August 2016
<b>Report title</b>	Mental Health Commission – Progress Report
<b>Cabinet Member Portfolio Lead</b>	Councillor Pete Lowe – Health & Wellbeing
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<b>Report to be/has been considered by</b>	Programme Board 5 August

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

The Combined Authority Board is recommended to:

1. Note the progress made by West Midlands Mental Health Commission and plans for future work and actions.
2. Support the proposal for a Mental Health Director for two years to lead and coordinate the implementation of the Commission's recommendations.
3. Approve that the Combined Authority contribute a third to the post of Mental Health Director at the cost of £50,659 for 2 years.

## **1.0 Introduction**

- 1.1 Poor mental health and wellbeing is a significant driver of demand for public services and reduced productivity and has therefore been identified as a potential area for which the Combined Authority could deliver public sector reform.
- 1.2 A Mental Health Commission has been established to identify the contribution that devolution can make to addressing poor mental health and wellbeing. This is an important opportunity to transform mental health and wellbeing services to re-balance them to prevent demand for public services and critically to improve outcomes.

## **2.0 Aims of the Commission**

- 2.1 The Commission has the following aims
  - a) To assess the scale of poor mental health and wellbeing across the combined authority area and its cost and impact on public sector services, the economy and communities
  - b) To review national and international research and best practice to establish what works best in addressing the impact that poor mental health and wellbeing has on public services, the economy and local communities. Establish the relative costs and benefits of the application of this evidence to the West Midlands
  - c) To identify, and consider the outcome from, work currently under way and/ or being piloted in the West Midlands to improve mental health and wellbeing
  - d) To make recommendations to both Government and the West Midlands Combined Authority on:
    - How public services should be transformed to reduce the impact that poor mental health and wellbeing have on public services, the economy and communities in the West Midlands, within the current resource envelope.
    - How resources currently spent on managing and treating mental ill health can be re-directed to measures that keep people mentally well and enable recovery.
    - The potential for a devolution deal for mental health and wellbeing, and if appropriate specify the nature of a devolution deal.
    - The outcomes that can be delivered by public service reform, within existing resources, to address poor mental health and wellbeing and the impact on demand for public services and productivity.

### **3.0 Summary of activity**

3.1 The Commission has now met five times, firstly in November 2015 for an informal session, then formally in mid-December 2015, January 2016, March 2016, May 2016 and most recently on 14<sup>th</sup> July 2016. The Commission is scheduled to meet again formally in August 2016.

3.2 The steering group for the Commission meets monthly and will do so monthly for the period the Commission is in session. It met most recently on 11<sup>th</sup> July 2016. It is envisaged that this group will continue to exist after the Commission's work is complete in order to provide a forum for continuing implementation. Chief Inspector Sean Russell of West Midlands Police chairs the group.

### **3.3 Baseline assessment**

3.3.1 In the last update, provided in June 2016, the Board was updated on the work of the Health Services Management Centre (HSMC) of the University of Birmingham, who have been conducting a baseline assessment of the current position in the area covered by the West Midlands Combined Authority (the seven metropolitan borough councils) in relation to mental health and wellbeing, in particular in relation to the economic costs and demands on public services.

3.3.2 The final version of the report is now complete and has been shared with Commission members. It is a thorough and wide ranging report that identifies not only the costs of the impact of poor mental health and wellbeing across the WMCA area, but also demography, prevalence trends, how support and treatment is currently provided and emerging good practice in the area. The information presented will be used to inform the development of the Commission report and discussions are taking place about the wider circulation of the baseline assessment, perhaps as a companion document to the Commission report.

### **3.4 Engagement**

3.4.1 The Commission has placed particular importance on creating the opportunity for those other than the commission members to deliberate, have their voices heard and to influence the outcomes of the process.

3.4.2 As reported in June, listening events took place in April and early May in Birmingham, Coventry and Dudley. The report of these events, which outlines the key themes to emerge is now complete and again will be used in the development of the Commission report.

3.4.3 The report of the Citizen's Jury, including their recommendations about areas of focus for inclusion in the Commission report has now been finalised. Following their presentation in May, the Commission has supported the Citizen's Jury in

continuing to meet, most recently in early July. A space to meet has been facilitated by Deutsche Bank in Birmingham. The Citizen's Jury will be invited to attend a future meeting of the Commission where they will have the opportunity to hear about the contents of the report and provide further input. The Commission is also keen to facilitate opportunities for members of the Citizen's Jury to participate in the ongoing implementation of the actions arising from the Commission's recommendations.

### **3.5 Linking with other organisations and stakeholders**

- 3.5.1 Work continues in respect of liaison with organisations and stakeholders, both regionally and nationally. The Chair and the CEO of Dudley Council presented the work of the Commission at the LGA Conference last month. There will also be a presentation to the National Housing Federation mental health conference in September.
- 3.5.2 NHS England both nationally and regionally has been well engaged with the Commission's work. Building on this, a meeting of NHS system leaders being hosted by NHSE in June heard about the Commission's work and this provided an opportunity to consider the role of the NHS locally in supporting implementation. In particular this focused on the desire to align recommendations with the priorities and ideas being developed within Sustainability and Transformation Plan (STPs). This liaison continues and further meetings with NHSE have taken place during July and will do so in August and September.
- 3.5.3 The Public Sector Reform Group of the West Midlands Combined Authority, as well as other West Midlands forums are being regularly briefed. In addition a communications plan is in development, a more significant web presence has been established and further engagement with local media, social media etc. will be taking place in the coming weeks, along with plans to increase the communications resource. There are also plans developing to hold 'roadshow' events to publicise the Commission's work. It is hoped these will include local MPs, councillors and local authority mental health champions from across the region.

#### **4.0 Gathering evidence**

- 4.1 The Commission issued a call for written evidence relating to the key lines of enquiry (KLOE). These requests were sent to a range of experts and organisations both local, nationally and internationally.
- 4.2 Now that submissions have been received the task of collating and scrutinising that evidence is underway. That scrutiny process is being lead by the project lead in conjunction with the Deputy Chief Executive of the Centre for Mental Health (CfMH). The CfMH are an independent charitable organisation with particular expertise in research and policy development, review and evaluation. A report of the scrutiny of evidence is complete and has been shared with Commission members. It provides details of where the evidence might best contribute to the Commission report to support its recommendations and the approaches being trailed.

#### **5.0 Work on the Key Lines of Enquiry and emerging thinking**

- 5.1 In the updated provided for the Board in June, the work on Key Lines of Enquiry, and in particular, the specific areas of project work were outlined in some detail. This work has been continuing with each Commissioner on the panel is taking a lead role in progressing proposals to trial particular approaches relating to each KLOE.

#### **5.2 Specific areas of KLOE work**

- **The Role of Employers: A West Midlands Commitment -**

The Commission is considering the development of an Employer's Coalition to bring employers together. This will be underpinned by them 'signing up' to an Employer's Charter in relation to be being 'mentally healthy' employers. Public Health England have already developed a workplace charter and this could be built upon. Work is also being undertaken to explore the degree to which fiscal incentives might be used to encourage employers to engage in work to support improved mental health and wellbeing and links have been made between this and the WMCA's broader work on potential fiscal devolution. A Commission member, Paul Anderson of Deutsche Bank in Birmingham is leading this work.

- **Mental Health First Aid -**

Mental Health First Aid (MHFA) is an established model in the promotion of good mental health. The Commission has agreed that the delivery of MHFA, both with employers (both private and public sector) and the public is an initiative that would be of benefit. A nationally recognised organisation, Mental Health First Aid England have produced a proposal to deliver MHF across the WMCA area. Commission panel members are reviewing the proposal and will discuss it in detail at their meeting in August.

- **Region wide programme of Individual Placement Support (IPS) -**

IPS is an evidence based model that enables people with mental health problems to seek, gain and maintain employment. Commission member Craig Dearden-Philips has been developing these plans, along with Adam Swersky from Social Finance and Viv Griffin from Wolverhampton Council with other local partners. The proposal is based around the desire to scale up the provision of IPS across the West Midlands, building on the centres of excellence that already exist locally. The Commission and members of the steering group are continuing to work to attract resource via HM Treasury, DWP and social finance options.

- **Role of housing -**

The role of housing is recognised by all Commission members. There are various options to consider, but at present the focus is on how Housing First, a model used in Canada and Finland might be a route to ensuring more rapid access to stable housing for those with mental health needs. Following a meeting in June of local authority housing leads to discuss ongoing pilot work in relation to Housing First, a paper has been developed. The paper has set out the evidence on Housing First and the ways in which the current pilot might be expanded and evaluated.

Further discussions are taking place with Housing Association representatives locally and with Housing First England about the approach and how it might be used in relation to mental health.

- **Criminal Justice – Mental Health Treatment Orders (MHTO's) and support in prisons -**

MHTOs, an alternative to custody, have been underused across the country but evidence suggests they can be effective in reducing re-offending, reducing public expenditure and improving recovery. Commission member Steve Gilbert and Steering Group Chair Chief Inspector Sean Russell have been working with the Chair, NHS England both locally and nationally and the Ministry of Justice on whether the West Midlands could become a 'pathfinder' site for the use of MHTO's.

A positive meeting was held with the then Minister of State for Justice on 8<sup>th</sup> June to discuss this further. Although there have been changes to ministerial leads in government this work is continuing. In particular there are discussions with the judiciary and the magistrates about how MHTOs could be used across the WMCA area.

Work is also taking place to consider what can be done to provide improved support for those people with mental health problems leaving prison. Meetings are taking place with local Community Rehabilitation Company representatives to explore what might be done in this area.

- **Zero Suicide Ambition -**

In the June update, the concept of Zero Suicide was outlined. Since then the Commission has worked with colleagues at Public Health England to develop and deliver a workshop session examining the opportunities that adopting such an approach might deliver. The Commission has been liaising with those working in Merseyside who have been using this approach.

Work is ongoing to develop the approach locally and to work with organisations to adopt the Zero Suicide ambition

- **Primary Care -**

There is a widely accepted view that properly embedding mental health into primary care must be part of the solution to improving outcomes and making better use of public resources. The review of evidence indicates that there is no single model for primary care mental health and as such it will be important to undertake a specific workstream to consider the approach required across the WMCA.

This work is being done by Commission members Steve Shrubbs, Dr. Geraldine Strathdee and Steering Group members Dr. Paul Turner, a Birmingham GP and clinical commissioning lead for mental health and Dr. Liz England, who is a GP in Sandwell and who is also the Royal College of General Practitioners lead for mental health.

- **Extending the Principle of Early Intervention -**

A small working group will be set up to consider further the opportunities to extend the principles of early intervention. This work is being led by Commission member Prof. Swaran Singh.

## **6.0 Producing the Commission report, governance and implementation**

- 6.1 Work to draft the Commission report is now underway. It is anticipated that a full draft will be produced by the end of August. The Chair will play a central role in the drafting process, working with the project lead to develop the report. The draft will be shared with Commission panel members, who will be expected to contribute to the text. The draft report will be shared with key stakeholders in order to consult on the contents and respond to any feedback received prior to being finalised.
- 6.2 The Commission is seeking to develop a 'concordat' approach, bringing together local organisations to 'sign-up' to the recommendations and their delivery. This concordat model has been successful in relation to crisis care across the country and is felt to be a good model to ensure system wide ownership across the region.
- 6.3 It is expected that publication will take place in early October, and plans for a launch event will shortly be developed. Discussions with the WMCA about communications support to assist in this and further publicising the work of the Commission are taking place. It is hoped that an individual and dedicated time will be identified to lead the communications work relating to the Commission.
- 6.4 The Commission has agreed that its work and final report, including the recommendations, should be the starting point for an ongoing process of change and improvement. It will be essential to ensure that the recommendations have impact and that they can be taken forward and with that in mind each recommendation will be supported by an implementation plan and business case for funding where required. At the same time discussions have been taking place about the future governance and implementation approach across the system.
- 6.5 Having taken advice, each area highlighted in the report (although not forming part of the recommendations) will be considered from legal/vires perspective before implementation.
- 6.6 In particular it has been proposed that a Mental Health Director post should be established for two years and that this role will have the lead responsibility for taking forward the implementation of the Commission's recommendations. The Police & Crime Commissioner has agreed to the secondment of Sean Russell from West Midlands Police to this role.

## **7.0 Financial implications**

- 7.1 The costs of funding the Mental Health Director post have been estimated at £75,988 per year, the overall cost being £151,976 for the two-year period of secondment. This includes on-costs relating to employers National Insurance contributions and employers pension contributions.

- 7.2 The calculation for the first year, commencing September 2016 are based on there being a 1% salary increase from 1<sup>st</sup> September and thus, figures may need to be adjusted to reflect any future pay awards, NI rate or pension contribution changes that may occur during the period of secondment. The figure relates only to salary costs and there may be additional costs relating to travel and accommodation etc. It is proposed that funding should be shared between the police, the Combined Authority and health partners, to reflect the benefits that implementation of its recommendations would bring. The Police & Crime Commissioner has agreed that West Midlands Police will contribute one third of these costs and NHSE have agreed in principle to find the second third, leaving the final third to be paid by the Combined Authority.
- 7.3 The Mental Health Director would report into the WMCA management arrangements while the governance for the implementation of the Mental Health Commission's recommendations will sit under the WMCA Health & Wellbeing Board which will be chaired by Councillor Pete Lowe, Leader of Dudley Council.
- 7.4 The one third contribution by the Combined Authority to fund this post will be £25,330 (£50,659 for the 2 years) plus travel and other expenses. This will need to be funded from the £150,000 for Mental Health Commission within the approved 2016/17 Combined Authority Governance Budget. The work of the Commission is also being funded from this budget, and any recommendations arising from this work and subsequent implementation plan will require a business case for funding where appropriate.

## **8.0 Legal Implications**

- 8.1 Appropriate agreements covering the post will be put in place upon approval of the recommendation.
- 8.2 Other organisations are also being asked to contribute to the implementation of the Commission's work in other ways. For example, the Commission is in the process of applying for £10m of funding from the Health & Work Unit (DWP) to roll out the Individual Placement and Support (IPS) model and will make similar applications to other national pots to address other issues including housing.

## **9.0 Conclusion**

- 9.1 A considerable amount of work has been undertaken and is continuing. The Commission is now focused on the continuing development of the approaches within the KLOE areas and on the production of the final report which will include practical recommendations that can be implemented sustainably.