



# Health Scrutiny Panel

17th July 2014

<b>Report title</b>	Update on review of Wolverhampton's Mental Health Strategy	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels Health and Well Being	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Sarah Norman, Community	
<b>Originating service</b>		
<b>Accountable employee(s)</b>	Tessa Johnson	Scrutiny Officer
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<b>Report to be/has been considered by</b>	Black Country Partnership NHS FT Trust Board March 2014 BCPFT Assembly of Governors Meeting April 2014 Wolverhampton CCG Commissioning Committee – April 2014	

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## Recommendation(s) for action or decision:

The Panel is recommended to:

1. Note the recommendations of the review of the Adult Mental Health Strategy for Wolverhampton, which seek to make improvements to mental health services utilising existing resources
2. Note that the recommendations from the review do not constitute a substantial variation in service delivery and therefore statutory consultation is not required
3. Request the presentation of the new 0 to 25 care pathways and the commissioners' approach to funding these in the Autumn of 2014. These pathways present a very different way of providing services and therefore Scrutiny will want to consider the level of consultation.
4. At a later date (Winter 2014 / Spring 2015), consider whether commissioners' plans to reduce pressure on mental health bed occupancy are robust (as part of the Better Care Fund Mental Health Re-ablement Project).

## 1 Purpose of the Paper

This paper provides the health scrutiny panel with an overview of the review of the Adult Mental Health Strategy 2011 – 2015 which was developed by Wolverhampton City Council and Wolverhampton City PCT. Since taking over services in August 2011, the Black Country Partnership NHS Foundation Trust (BCPFT) was responsible for implementing significant elements of the Strategy. In the Autumn of 2013 it was agreed jointly by Wolverhampton City CCG and BCPFT to commission an independent review of implementation of the Strategy. This was carried out by Rubicon Consulting and the final report was produced in March 2014.

## 2 Mental Health Strategy Review

### 2.1 Scope

The purpose of the project was to review the implementation of the 2010 *Wolverhampton City PCT and City Council Adult Mental Health Commissioning Strategy* which covered the period 2011 - 2015.

The terms of reference for the review were to:

- Carry out a 'high level' review of the progress on the strategy;
- Undertake a critical analysis of work undertaken to date – testing whether care pathways are working and identifying gaps / bottlenecks and inefficiencies and whether the most efficient models have been adopted – evaluating for clinical effectiveness, value for money and delivery within timescales;
- Identify areas of improvement in service delivery and outcomes;
- Identify areas of little / no progress;
- Advise on potential solutions utilising national benchmarking comparisons or learning from nationally recognised good practice.

Services for people aged under 18, aged over 65 and/ or with learning disabilities were 'out of scope' (except in relation to transition to/ from adult services).

### 2.2 Approach

The review was carried out by triangulating information obtained through:

- Interviews with a large number of stakeholders including service users and carers, GPs, commissioners, the voluntary sector and BCPFT staff. In total almost 50 interviews were carried out.
- Assessment and analysis of background papers, and commissioner and trust data sets including benchmarking with national data where possible.

- A review of best practice and examples from elsewhere.

### **3 Headline Recommendations from the review**

The review concluded that funding should not be cut from mental health services but that existing funding could be utilised in better ways to maximise benefits to patients, carers and their families.

Headline recommendations from the review include:

- That the Referral Assessment Service (RAS) should be retained as a 'Single' Point Of Contact (SPOC) into mental health services but that this should be strengthened with medical input. In addition co-locating a Social Worker in the RAS from the Intake Team could lead to a more integrated response to referrals;
- Re-establishment of the crisis resolution / home treatment team to support more effective hospital admission / discharge and respond to urgent referrals.
- Establish a liaison psychiatry service at New Cross Hospital which will support people attending A&E with diagnoses relating to mental health and provide a more responsive service.
- Wolverhampton is in the lowest quartile (along with Sandwell) of mental health beds per population size and there have been significant pressures on beds both locally and also nationally.
- As part of the review it was identified that up to 40% of those patients in adult beds at Penn would be able to be cared for in different environments such as step down and rehabilitation type services. Addressing this issue needs to be a key part of Commissioner plans in relation to the Re-ablement Pathway Project as part of the Better Care Fund. To reduce reliance on hospital beds Scrutiny's oversight of Commissioner plans to tackle this gap in service would be welcome.
- Address service gaps that lead to people having to receive treatment out of area, which impacts on the quality of care they receive. For example, for female patients requiring psychiatric intensive care, they often have to travel significant distances to receive treatment out of area.
- In terms of transitions from children and young people's services (CAMHS) to adult services it is clear that few younger people make this transition. This is reflected nationally not just within Wolverhampton. The Trust is currently working on developing 0 to 25 age group pathways of care in collaboration with Commissioners. Subsequent to completion of these pathways Commissioners need to confirm the pathways they will continue to fund. The funding and implementation of these pathways may be subject to Scrutiny consideration when this is determined in the Autumn 2014.

#### 4 Progress to Date

The Trust and the CCG have separately been working on developing five year plans which were submitted at the end June 2014 to Monitor (FT regulator) and the Local Area Team respectively. The implementation of recommendations from the Rubicon review have been incorporated in the plans for both organisations.

In terms of progress with implementation:

- Initial discussions have taken place in relation to seconding Social Workers from the Intake Team into the RAS;
- A business case is being developed to establish the Liaison Psychiatry service at New Cross under the Better Care Fund initiatives. The aim is to get this service up and running by November 2014, subject to business case approval and suitable accommodation of the Team being available which needs to be adjacent to A&E.
- Re-ablement Project Initiation Document (PID) has been developed by Commissioners (again as part of the Better Care Fund initiatives). This aims to establish a more cohesive set of services within Wolverhampton for re-ablement both to reduce the number of people requiring hospital treatment at Penn but also to support the transfer of low and medium secure patients in their recovery journeys back to the local area.
- The Trust (BCPFT) is developing a business case for a female Psychiatric Intensive Care Unit (PICU) for the whole of the Black Country which would be similar to the male PICU which the Trust developed at the Macarthur Centre in West Bromwich.
- The Trust has undertaken significant work on the development of clinically-led pathways for 0 to 25 years and will be discussing with Commissioners the process by which these new pathways will be commissioned.

Whilst this is positive progress the Trust and Commissioners recognise that progress can be hampered by a lack of project management and implementation capacity to drive change more rapidly. Both parties are looking at ways to enhance capacity to ensure progress is timely.

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