

Board Meeting

Date 18 November 2016

Report title West Midlands Mental Health Commission

Update

Cabinet Member Portfolio

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Report to be/has been

considered by

Programme Board – 28 October 2016

Recommendation(s) for action or decision:

The Combined Authority Board is recommended to:

- 1. To note the progress made by West Midlands Mental Health Commission
- 2. Endorse the concordat approach that the Commission is taking
- 3. Consider and give support to the proposed actions and future work to implement them

1.0 Purpose

1.1 This report provides an update on the work of the West Midlands Mental Health Commission. It outlines the proposed actions that the Commission has developed and which it is seeking agreement to take forward from the WMCA and other partner organisations.

2.0 Background

- 2.1 The West Midlands Mental Health Commission was established in October 2015 to identify the contribution that devolution and working across the Combined Authority can make to addressing poor mental health and wellbeing. Under the chairmanship of Rt. Hon. Norman Lamb MP it has worked 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.
- 2.2 Through a set of key lines of enquiry it has examined a number of issues that have an impact on poor mental health and wellbeing, the use of public services as a result of poor mental health and ways in which 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 can be improved.
- 2.3 In addition to taking expert evidence, 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. Public listening events took place in April and May and a Citizen's Jury process was held which culminated in them making a series of suggested actions and recommendations to the Commission which assisted in its work.
- 2.4 As part of the Commission's work a baseline assessment of mental health within the WMCA area was undertaken by the Health Services Management Centre at the University of Birmingham. It included an economic analysis in relation to the financial impact of poor mental health in the region which was validated by a senior health economist from the Centre for Mental Health. Among its key findings were the following:
 - Poor mental health costs the region £12.5 billion pounds per year this breaks down to £3,100 per person per year.
 - 23.8% of adults in the region have a mental health problem
 - The costs of crime related to mental health are £1 billion pounds per year
 - 70,000 people are economically inactive due to mental health problems, this costs £2.2 billion per year
 - 475 deaths were recorded as suicide in 2013
 - 4.1 million working days per year are lost as result of mental health problems

3.0 Emerging actions from the Commission

3.1 The Commission has been concerned to ensure that its work leads to practical action that makes a difference to mental health and wellbeing in the West Midlands. It is therefore seeking to get agreement from relevant partners to actions published in the form of a Concordat, rather than publishing a set of recommendations.

- 3.2 Drawing on the evidence received the Commission has now developed a series of proposed actions relating to its key lines of enquiry. It is expected that before the document is published, all the key organisations and stakeholders in the region including the NHS (commissioner and providers), WMCA and the Police will have signed up to support the actions and their implementation. The proposed actions are grouped under five themes:
 - Supporting people into work
 - · Providing safe and stable places to live
 - Mental health and criminal justice
 - Developing approaches to healthcare
 - Getting the community involved Working with other cities and regions

3.3 Supporting people into work

We will:

- Launch a three-year programme to help 5,000 more people with mental health needs gain and stay in employment. This has never before been attempted on this scale.
- Launch a 'West Midlands Workplace Wellbeing Commitment' in Spring 2017, where public and private sector employers sign up to demonstrate their commitment to the mental health and wellbeing of their staff.
- Encourage companies bidding for public sector contracts to show this commitment by including it in relevant procurement criteria
- Work with the Government to trial an innovative 'Wellbeing Premium' a tax incentive for employers demonstrating their commitment to staff wellbeing - that will reduce staff sickness absence, improve productivity and prevent people leaving work due to mental ill health
- 3.4 Providing safe and stable places to live

We will:

 Help to develop an innovative scheme based on the principles of Housing First to support those with complex needs or who are homeless to move into good quality housing and where possible, into work. We will bid for funding from the Government to roll out this scheme.

3.5 Mental health and criminal justice

We will:

 Implement a programme to make more regular and widespread use of the Mental Health Treatment Requirement in the Magistrates and Crown Courts, which offers offenders with mental health problems the option of a treatment plan that addresses the underlying causes of offending. Working with the Ministry of Justice, this programme will help recovery, reduce reoffending, and reduce the cost and impact of crime on the local community. Develop a programme that more effectively supports people with mental ill health as they prepare to leave prison and settle back in the community. We will pilot this scheme at HMP Winson Green.

3.6 Developing approaches to healthcare

We will:

- Launch a 'Zero Suicide Ambition' approach which aims to prevent and reduce suicides across the region. Involving NHS organisations, local authorities, the police, community organisations and the wider community, it will aspire to save lives, challenging the assumption that for some people, suicide is inevitable
- Establish a group of local and national experts to recommend a primary mental health care model for the region that ensures people's mental health needs are more effectively supported. We want mental health to be embedded into primary care by the end of 2018.
- Help to ensure the region meets national access and waiting time standards for early intervention in psychosis services. Our region is falling behind other areas where this is very successful – for example in Cornwall around half of people receiving early intervention return to education and employment.
- Establish a group of local and national experts to examine if the principle of early intervention should be applied to other areas of mental health care, so we could support people much earlier, whatever their age.
- End out of area placements where mental health patients are placed outside the area of the four NHS Trusts in the region by the end of 2017.
- Help to explore effective alternatives to inpatient care that meet the individual needs of people with mental ill health, and test which work best before implementing them.
 Working with housing associations, the NHS and local authorities, we'll establish a network of crisis houses, and explore the case for host families in the region
- Apply for a grant for a major project to substantially reduce the use of restraint in inpatient settings.
- Help to trial 'Integrated Personal Commissioning' in the region for those with mental ill
 health, where health and social care funds available for an individual are pooled, giving
 power to that person to spend resources as they wish. We'll work with NHS England
- Establish a group to develop better specialist 'perinatal' mental health services across the region for women during pregnancy and after they give birth to their babies
- Examine why detentions under the Mental Health Act are rising in the region, particularly numbers of repeat detentions, and if there are inequalities.

3.7 Getting the community involved

We will:

- Launch a programme of community initiatives to raise awareness of mental health and wellbeing, guided by people with experience of mental ill health and driven by the community. This includes:
- an annual 'Walk out of Darkness' a 10k sponsored walk through the region to raise funds for organisations supporting people with mental ill health awareness of mental health (This will take place on 10 May 2017)
- an annual awards ceremony to recognise people in local communities who do amazing work supporting others
- Launch a large public health programme to train up to 500,000 people across the region in Mental Health First Aid over the next ten years, that will improve people's knowledge of mental health and how they can support each other. We'll campaign for Government to amend First Aid legislation for employers, to include mental health first aid.

3.8 Working with other cities and regions

Working with the International Institute for Mental Health Leadership (IIMHL) the region will participate in the development a global network of city regions, all of which have chosen to pursue major city-wide initiatives on mental health and wellbeing. The region will join cities such as London, New York, Philadelphia, Vancouver, Stockholm and Melbourne in this initiative to build links between key leaders in these cities, to share learning, ideas and programmes of work.

4.0 Wider WMCA Implications

4.1 The delivery of the actions will be subject to the agreement of the WMCA as well as other partner organisations and stakeholders. The process of seeking that agreement is now underway, including the establishment of a Task & Finish Group involving the Constituent Councils, the LEPs, NHS and other relevant partners which is working through the proposed actions from the Commission, identifying any obstacles to implementation and agreeing how these can be overcome, and identifying how commitments to the actions can be secured.

5.0 Progress

5.1 Work has already commenced on a number of the actions in order to provide a platform for ongoing implementation. The work will be led and overseen by an Implementation Director. Following positive discussions with the Police & Crime Commissioner and the Chief Constable, agreement has been reached to second Detective Chief Inspector Sean Russell to the role of Implementation Director for a period of two years, starting at the end of November 2016. DCI Russell will report to Sarah Norman.

6.0 Financial implications

- 6.1 The costs of the Implementation Director post are split three ways, with the WMCA, the Police and Crime Commissioner and NHS England (national mental health policy department) each contributing a third of the costs.
- 6.2 The Commission has been successful in securing funding from the Work and Health Unit within the Department of Work and Pensions and the Department of Health to support to actions relating to the programme to help people with mental health needs into employment. This programme of work forms part of the recent Green paper on Disability and Employment published on the 31st October.
- 6.3 A bid is being made the Department for Communities and Local Government as part of its homelessness prevention programme announced in October 2016 to support the action relating to Housing First.
- 6.4 The Commission is working with an organisation called Social Finance to explore and potentially secure social investment to aid the further funding of the actions relating to employment and housing including the development of the well being premium, which is also being discussed with the Treasury as part of fiscal devolution discussions.
- 6.5 The Commission is exploring funding for the proposed mental health and criminal justice programmes with the Ministry of Justice, NHS and the Police & Crime Commissioners Office.
- 6.6 There may be other modest resources required to support implementation which are still being quantified.

7.0 Legal implications

7.1 Matters relating the procurement criteria and the wellbeing commitment outlined in section 3.0 are being examined to ensure compliance with current procurement legislation to ensure fidelity and flexibility.