



Health and Wellbeing Board

7 January 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	Noreen Dowd, Interim Director, Strategy and Solutions, Wolverhampton Clinical Commissioning Group.	
Originating service	Commissioning – Wolverhampton CCG	
Accountable employee(s)	Sarah Fellows Tel Email	Mental Health Commissioning Manager 01902 442573 sarahfellows2@nhs.net
Report to be/has been considered by	Adult Delivery Board - 10 th September 2014	

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 Wellbeing Board with an overview of the Mental Health Strategy, including key next steps.

Recommendations for noting:

The Health and Wellbeing Board is asked to note:

1. The development and implementation of the Mental Health Strategy, including submission of the Wolverhampton Crisis Concordat Declaration.

1.0 Purpose

- 1.1 The purpose of this report is to provide members of the Governing Body with an update regarding the implementation of the Mental Health Strategy, including key next steps.

2.0 Background

- 2.1 The Wolverhampton Clinical Commissioning Group and Wolverhampton City Council Adult Mental Health Commissioning Strategy which covers the period 2014 – 2016 is attached as Appendix 1. The strategy has been developed following a period of review and has been presented to the CCG Governing Body.
- 2.2 Development of the Mental Health Strategy responds to the recommendations of the Mental Health Strategy review and key national and local drivers including the CCG's Operational and Strategic Plans, the Wolverhampton City Council and Wolverhampton Clinical Commissioning Group Emotional and Psychological Health and Well-Being Strategy (2013-2016) the Suicide Prevention Strategy for England (2013) and Closing the Gap (2013).

3.0 Progress, options, discussion, etc.

- 3.1 A number of key priorities are outlined in the Mental Health Strategy. The priorities are aligned with the revised stepped care model and are outlined as follows:

STEPS 0-5 - Develop an all age approach across the whole service model that incorporates the needs of people under 18 years and over 65 years.

STEP 0 – Develop a local Resilience Plan (Mental Health Promotion, Early Intervention and Prevention).

STEP 1 – Develop a local Suicide Prevention Strategy.

STEP 1 – Develop Primary Care Pathways.

STEP 2 – Review Commissioning Model of Integrated Access to Psychological Therapies (IAPT).

STEP 3 – Commission the Young Person's Service for young people aged up to 25 years.

STEP 3 – Review the Commissioning Model of the Community Well-Being Service.

STEP 3 – Commission an integrated urgent mental health care pathway.

STEP 4 – Review the commissioning model of the complex care service.

STEP 4 – Commission and implement an integrated re-ablement and recovery care pathway.

STEP 4 – Review the commissioning model of local specialist care pathways.

STEP 5 – Review the commissioning model of Female PIC and out of area admissions for urgent and planned mental health care.

STEP 5 - Review the commissioning model of Pond Lane and other Learning Disability In-patient Services.

- 3.2 The Strategy outlines the vision to develop integrated health and social care pathways care pathways as part of the Better Care Fund. The mental health Better Care Fund Care Pathways that are in development are urgent and planned mental health care.
- 3.3 A key national driver regarding the strategy development and implementation and the development of the urgent mental health care pathway is delivery of the local Crisis Concordat Declaration and Action Plan. This supports national and local initiatives to prevent people with mental health difficulties developing or entering crisis and moving to recovery in a timely manner if this cannot be avoided. The Wolverhampton Crisis Concordat has been submitted to the National Programme website. A copy of the declaration is attached as Appendix 1. A Wolverhampton Crisis Concordat Action Plan is in development with local key stakeholders and partners. This must be submitted to the National Programme by end March 2015. This is aligned with the draft Wolverhampton Suicide Prevention Plan, a copy of this is attached as Appendix 3.
- 3.4 Negotiations and discussions with Sandwell and West Birmingham CCG regarding an aligned health model and jointly developed service specifications continue. To date this has focussed potentially joint / aligned models in terms of:
- Eating Disorder Services / Care Pathways.
 - Early Intervention in Psychosis Services.
 - Children and Young People's Services.

There are however many other opportunities for collaborative commissioning and these are being explored with Sandwell and West Birmingham CCG and will be developed as appropriate via the Mental Health Strategy Core Group. Collaborative commissioning approaches provide an opportunity for improved patient experience, improved and increased productivity and value for money cost efficiencies by increasing the capacity and capability of services through improved economies of scale.

4.0 Financial implications

- 4.1 The Strategy outline financial plan utilises some non-recurrent funds to pump prime service model changes and transformation to transition to the new service/s. Starter schemes under the Better Care Fund include Liaison Psychiatry Service and Street Triage. Other non recurrent funds have been used to increase capacity and capability develop the CAMHS Crisis and Early Intervention in Psychosis Services.

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 The Mental Health Strategy is attached as Appendix 1. This has previously been presented to Adult Delivery Board.