

# Health Scrutiny Panel

20 September 2018

<b>Report title</b>	Joint Public Mental Health & Wellbeing Strategy for Wolverhampton	
<b>Cabinet member with lead responsibility</b>	Councillor Hazel Malcolm Health and Wellbeing	
<b>Accountable director</b>	All  John Denley, Director of Public Health  David Watt, Director for Adult Services  Steven Marshall, Director of Strategy and Transformation and Deputy Chief Operating Officer, NHS Wolverhampton Clinical Commissioning Group (CCG)	
<b>Originating service</b>	Public Health; Commissioning	
<b>Accountable employee(s)</b>	Lina Martino Tel Email	Consultant in Public Health 07973 715 555 <a href="mailto:Lina.Martino@wolverhampton.gov.uk">Lina.Martino@wolverhampton.gov.uk</a>
	Sarah Fellows	Mental Health Commissioning Manager NHS Wolverhampton CCG
<b>Report to be/has been considered by</b>	People Leadership Team Strategic Executive Board Health & Wellbeing Board NHS Wolverhampton CCG Governing Body Children's Trust Board Health Scrutiny Panel	25 June 2018 3 July 2018 11 July 2018  July 2018 20 Sept 2018 20 Sept 2018

## Recommendation(s) for action or decision:

The Health Scrutiny Panel is recommended to:

1. Review the Joint Public Mental Health & Wellbeing Strategy for Wolverhampton.

## Recommendations for noting:

The Health Scrutiny Panel is asked to note:

1. The Joint Public Mental Health & Wellbeing Strategy is an overarching document that incorporates City of Wolverhampton Council (CWC) and NHS Wolverhampton CCG's Joint Mental Health Commissioning Strategy for 2018-2019–2020-2021. It includes not just commissioned services to support people with mental health problems, but wider public services and workstreams to prevent mental ill health and promote population wellbeing.
2. The Joint Public Mental Health & Wellbeing Strategy and Joint Mental Health Commissioning Strategy were informed by an extensive consultation that was carried out as part of a Mental Wellbeing Needs Assessment completed in June 2017. This included:
  - a. The Wolverhampton Healthy Lifestyle Survey conducted in March 2016, which included specific questions related to mental wellbeing and elicited responses from 9,048 individuals across the city;
  - b. 24 focus groups with the community such as younger adults, older working age adults, and older people; and
  - c. 34 interviews with professional stakeholders including voluntary sector representatives, health professionals such as GPs and Pharmacists, and Council officers from a variety of teams.

Initial feedback was sought on the draft Strategy document from Council and NHS professionals, and members of the Wolverhampton Mental Health Stakeholder Forum and Suicide Prevention Forum. A process of further engagement is currently underway to capture feedback from a broader range of stakeholders.

### 1.0 Purpose

- 1.1 This report describes the aims and scope of the Joint Public Mental Health and Wellbeing Strategy for Wolverhampton, produced by City of Wolverhampton Council and NHS Wolverhampton CCG.

### 2.0 Background

- 2.1 Mental health is integral to overall health, and recognised as being fundamental to growth, development, learning and resilience. Accordingly, the social, physical and economic environments in which people are born, grow, live, work and age have important implications for mental health.
- 2.2 The cross-Government strategy *No Health Without Mental Health* (2011) set out ambitions for mental health to be given equal importance to physical health ('parity of esteem'), and to become 'everyone's business' – that is, for health services, local authorities, education, employers, third sector organisations and communities to work in partnership to address the causes and consequences of poor mental health and promote mental wellbeing in populations.

2.3 The Mental Health Five Year Forward View (2016) emphasises the need for a shift towards prevention and better integration of care in order to improve outcomes and experiences for people with mental health problems and their carers, and reduce health inequalities. This aligns with priorities outlined in the Wolverhampton Health & Wellbeing Board Strategy and NHS Wolverhampton Clinical Commissioning Group (CCG) Operational Plan.

### **3.0 National and local context**

3.1 Half of all mental health problems emerge by age 14, rising to 75% by age 24. People with severe and prolonged mental illness die 15-20 years earlier on average than others – two thirds of these deaths are due to avoidable physical illness, including heart disease and cancer linked to smoking. At all ages traumatic experiences, poor housing or homelessness, being part of a marginalised group, or having multiple needs such as a learning disability or autism are all associated with increased risk of mental health problems, and may also limit access to support.<sup>1</sup>

3.2 In Wolverhampton:<sup>2</sup>

- 66 people died by suicide between 2014 and 2016
- There were 19,815 adults with depression known to their GP (2016-2017), and 2,683 adults with severe mental illness (2015-2016)
- An estimated 3,906 children aged 5-16 had a diagnosable mental health disorder (2015)
- Just 50.9% of adult social care users and 25.2% of adult carers report having as much social contact as they would like (2016-2017)
- Among people in contact with secondary mental health services, only 27% live in stable and appropriate accommodation (2016-2017)

3.3 A recent report by the Mental Health Foundation (2017) found that that only 13% of people in England consider themselves to have good mental health. This highlights the importance of improving mental health and wellbeing at population level, beyond the prevention of diagnosable or definable conditions.

### **4.0 Joint Public Mental Health & Wellbeing Strategy**

4.1 While it is essential to provide high quality services for people experiencing mental health problems, and to ensure timely and equitable access to these services, it is equally important to prevent the onset of mental health problems and to support vulnerable people before referral to specialist services becomes necessary.

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<sup>1</sup> Source: Five Year Forward View For Mental Health - <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

<sup>2</sup> Source: Public Health Profiles: Mental Health

- 4.2 However, it is also important that available support and pathways are clear to individuals and professionals, and that work is joined up across the wider system. This helps to avoid unnecessary duplication and allows the identification of any gaps or unmet need.
- 4.2 The Joint Public Mental Health & Wellbeing Strategy provides a high-level summary of current and planned workstreams across the CWC and CCG to promote population wellbeing and improve mental health. It follows a life course approach, covering all levels of support from universal prevention through to tier 5+ specialist services. This includes but is not limited to:
- Joint Mental Health Commissioning Strategy and Stakeholder Forum
  - Child & Adolescent Mental Health Services (CAMHS)
  - Social, emotional and mental health needs in schools
  - Suicide Prevention Stakeholder Forum and action plan
  - Workplace wellbeing and mental health & work
  - Dementia Strategy and Autism Strategy
  - Reducing social isolation among carers
  - Improving the built environment and access to green spaces
- 4.3 The aim is to not only meet the specific needs of different age groups, but also to reduce cumulative disadvantage associated with poor mental health and wellbeing and related risk factors.

## **5.0 Financial implications**

- 5.1 The Strategy brings together existing workstreams and strategies across the CWC and CCG to show links across the life course, and what provision and support there is at all levels. It includes commissioned services (by CWC and CCG) but also wider workstreams across Public Health and other departments. The new Joint Public Mental Health and Wellbeing Strategy will therefore be delivered within the existing budgets of the CWC and the CCG.  
[MI/29062018/Z]

## **6.0 Legal implications**

- 6.1 The CCG has statutory obligations to commission safe, effective services that deliver value for money in partnership with key stakeholders and in response to levels of need and service user and carer views. This is in keeping with the seven key principles of the NHS Constitution (2015) and also with operational and planning guidance as laid out in the mandate to NHS England by the Department of Health.
- 6.2 The Health and Wellbeing Board is a statutory board established under the Health and Social Care Act 2012. It has a statutory duty to promote the integration of commissioning.

6.3 The Health and Social Care Act 2012 led to the transfer of public health services to local authorities in order to strengthen links to the wider determinants of mental and physical health which encompass the approach taken in this strategy.

6.4 The Mental Health Acts 1983 and 2007 and the Care Act 2014 are the main laws relating to assessment and meeting need of individuals with mental health needs.

[Legal Code: TS/28062018/Q]

## **7.0 Equalities implications**

7.1 A reduction in health inequalities is an overarching aim of the Strategy. Equalities impact assessments will be carried out as appropriate within the work programmes that make up the overarching Strategy.

7.2 Commissioning mental health services that are mental health blue print compliant and are also compliant with NICE Clinical Guidance and Quality Standards will reduce health inequalities. Equality Impact Assessments (EIAs) and Quality Impact Assessments (QIAs) have been conducted as part of the Joint Mental Health Commissioning Strategy. These focus upon the requirements of the needs of protected groups and groups who require targeted engagement and interventions. CCGs are working with NHS England and colleagues in Public Health to utilise refreshed Right Care benchmarking to support the needs analysis and service specification development process and the further production of EIAs and QIAs.

## **8.0 Environmental implications**

8.1 There are no environmental implications directly associated with this report.

## **9.0 Human resources implications**

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

## **10.0 Corporate landlord implications**

10.1 There are no Corporate Landlord implications associated with this report.

## **11.0 Schedule of background papers**

11.1 Joint Public Mental Health & Wellbeing Strategy for Wolverhampton 2018 – 2021 (draft)

11.2` Joint Mental Health Commissioning Strategy 2018-2019 – 2020-2021 (draft)