



Health Scrutiny Panel

12 March 2015

Report title	Wolverhampton City Council and NHS Wolverhampton Clinical Commissioning Group Mental Health Strategy 2014-2016	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Well-Being	
Wards affected	All	
Accountable director	Noreen Dowd, Interim Director, Strategy and Solutions, NHS Wolverhampton Clinical Commissioning Group.	
Originating service	Commissioning – Wolverhampton CCG	
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Report to be/has been considered by	N/A	

Recommendation(s) for noting:

The Panel is recommended to:

1. Note the development and implementation of the Wolverhampton City Council and NHS Wolverhampton Clinical Commissioning Group Mental Health Strategy 2014-2016, and Wolverhampton Crisis Concordat - including amendments made to address the needs and requirements of key vulnerable groups and the Children and Young People's Task Force CAMHS Tier 3 / 4 Project Pilot.

1.0 Purpose

- 1.1 The purpose of this report is to provide the Health Scrutiny Panel with an overview of Wolverhampton City Council and NHS Wolverhampton Clinical Commissioning Group Mental Health Strategy 2014-2016 and associated key next steps. This includes amendments made to address the needs and requirements of key vulnerable groups and the development of Better Care Fund Care Pathways, the submission(s) of the Wolverhampton Crisis Concordat Declaration and action plan, and recent amendments to the strategy to address the specific needs and requirements of key vulnerable groups.

2.0 Background

- 2.1 The NHS Wolverhampton Clinical Commissioning Group and Wolverhampton City Council Adult Mental Health Commissioning Strategy, which covers the period 2014 – 2016 is attached as appendix 1.
- 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 for Children and Young People (2013-2016), the Suicide Prevention Strategy for England (2013) and Closing the Gap (2013), the National Crisis Concordat (2014), and our health and social care economy's Better Care Fund plans.
- 2.3 Following discussion at Health and Wellbeing Board on 7 January 2015, the Strategy has been amended to specify how our health and social care economy will work with all stakeholders to address the needs of vulnerable groups and difficulties that arise from the wider determinants of mental ill-health.

3.0 Progress

- 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 of age and over 65 years of age.
 - Step 0 – Develop a local Resilience Plan (mental health promotion, early intervention and prevention) and include within in this actions regarding the assessment and mapping and scoping of people with key vulnerabilities, actions required to address the broader determinants of mental ill-health and, improved information, marketing and communication to support parity of esteem and end stigma.
 - 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 of age.
- Step 3 – Review the commissioning model of the Community Wellbeing 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 as part of the Better Care Fund. The mental health Better Care Fund care pathways that are in development include 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 2. 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 outline Wolverhampton Resilience Plan, which is included within the document attached as appendix 1.

3.4 As outlined in appendix 1 the Wolverhampton 2011 census outlines the following points:

- Wolverhampton city’s resident population is 248,470.
- The average age in Wolverhampton is 39 years.
- Wolverhampton has a slightly higher proportion of children aged under 16.
- In terms of ethnicity, 68% of Wolverhampton’s residents are from a white ethnic background, with the remaining 32% of residents belonging to black minority ethnic backgrounds (BME).
- Wolverhampton has high numbers of new arrivals arriving into the city each year including traveller families (estimated 2700 families in 2012).

- In terms of levels of deprivation in the city, Wolverhampton is the 21st most deprived Local Authority in the country, with 51.1% of its population falling amongst the most deprived 20% nationally.
- Deprivation is disproportionate across the city, with the more affluent wards in the west of the city.

3.5 As outlined in appendix 1, several sources of evidence suggest that a number of inequalities and demographic factors can have a significant effect on the local need and uptake of mental health services. This information has been validated by local data capture which includes the experiences of the city's stakeholders including service users and carers and providers. As highlighted in appendix 1 key vulnerabilities include matters arising as a result of:

- Age and gender
- Black and minority ethnic communities
- Persons in prison or in contact with the criminal justice system
- Service and ex-service personnel
- Deprivation
- Unemployment
- Housing and homelessness
- Refugees and asylum seekers (new arrivals)
- People with long term conditions or physical and or learning disabilities including autism
- Lesbian, gay, bisexual and transgender people (LGBT) and / or children and young people who are questioning their sexual orientation and / or gender (LGBTQ)
- Substance misuse
- Victims of violence, abuse and crime including domestic violence and bullying
- Victims of sexual abuse, violence and exploitation
- Victims of school, higher education and work place bullying

3.6 On 7 January 2015 the Health and Wellbeing Board members requested that the Mental Health Strategy be amended to specifically outline how the needs and requirements of key groups will be addressed moving forward. The strategy has been amended to include within the document the outline Resilience Plan and to propose how a community development work model will deliver the associated required actions.

3.7 As outlined in appendix 1 the necessary actions and interventions that are needed to deliver the Wolverhampton Mental Health Resilience Plan across the Stepped Care Model will require developing community development work approach which has previously focussed in Wolverhampton on initiatives such as those outlined in: '*Delivering race equality in mental health care: An action plan for reform inside and outside services and the Government's response to the Independent inquiry into the death of David Bennett*' (HM Govt. 2005).

3.8 The key building blocks of the CCG's refreshed approach will include:

- **More appropriate and responsive services** – achieved by improving services and upskilling the workforce across the stepped care model to better respond to the needs of key groups. This will enable all members of the population to access all of our services equally. It will also be achieved by working with all key stakeholders to that ensure that there is a joined up approach to challenging and addressing the broader determinants of mental ill-health, stigma and discrimination, whilst simultaneously promoting parity of esteem, compassion, equality and respect diversity and human rights.
- **Wider community engagement** – achieved by extending stakeholder engagement to capture agencies, voluntary groups and organisations that can have a strategic and day to day influence on the wider determinants of mental health. This will be assisted by embedding agreed key deliverables into the Resilience Plan and Implementation Plan supported by our Community Development Workers.

Better information, communication and marketing - achieved by improved data collation, capture and analysis of the city's vulnerable groups; mapping their needs and requirements; and monitoring agreed actions via the implementation plan. This will include a regular census of mental health patients and public mental health needs across the city and delivery of a pro-active marketing campaign aligned to parity of esteem and national campaigns such as Beat Bullying, Time to Change, Health Poverty Action, and Child Sexual Exploitation of the NSPCC.

3.9 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 on potentially joint / aligned models in terms of:

- Eating Disorder Services / Care Pathways
- Neurological Conditions Care Pathways
- Early Intervention in Psychosis Services
- Children and Young People's Services

3.10 The national programme to transform the outcomes and experience for service users and carers in receipt of CAMHS is being delivered by the NHS England Children and Young People's Task Force based within the Department of Health. Wolverhampton CCG is one of eight areas across the country that has been awarded a project grant to scope the potential to re-design and/or improve current CAMHS commissioning models, following an invitation to submit EOIs. The Wolverhampton project will focus on CAMHS Tier Four and Tier Three commissioning model(s) and this will include a focus on tri-partite funded placements for children and young people that are 'out of area'. NHS Wolverhampton CCG is the lead agency on behalf of all of the four CCGs across the Black Country. Details of the eight successful EOIs, including the Wolverhampton submission, are included as appendix 3.

3.11 Next Steps are proposed as follows:

- Continued work to develop Mental Health Urgent and Planned Care Better Care Fund Care Pathways.
- Development of Mental Health Strategy Implementation Plan with aligned timelines to Better Care Fund as above, with agreed timelines for implementation of revised service models and care pathways.
- Continued stakeholder engagement to develop and submit Wolverhampton Crisis Concordat action plan to the national programme by the end of March 2015.
- Stakeholder event supported by Health and Wellbeing Board members to develop key actions and associated timelines within the outline Resilience Plan. This can be embedded into the Strategy Implementation Plan and aligned with the Crisis Concordat declaration and action plan and other key initiatives, especially including HeadStart Wolverhampton.
- Review of the current integrated commissioning Community Development Work to scope how the bullet points identified in 3.5 will be developed within the existing model, including a gap analysis of the current programme of community development work.
- Scoping; following delivery of the above actions to explore the QIPP opportunities that could be delivered across mental health and the wider health, social care and criminal justice system on delivery of the Resilience Plan.
- Alignment of the above initiatives with mental health KPIs and dashboards to support monitoring and performance management of key outputs and collation, measurement and aggregation of benefits across the 'whole system'.
Delivery of Children and Young People's Task Force CAMHS TIER Three/Four Black Country pilot project.

4.0 Financial implications

- 4.1 The strategy outline financial plan utilises some non-recurrent funds to implement prime service model changes and transformation during the transition to the new service(s). Starter schemes under the Better Care Fund include Liaison Psychiatry Service, Street Triage and the Hospital Discharge Service. Other non-recurrent funds have been used to increase capacity and capability to develop the CAMHS Crisis and Home Treatment service elements, and to increase capacity within Early Intervention in Psychosis Services. Public Health Transformation Funds have been utilised to commission an alternative day service model. However non-withstanding, non-recurrent funds identified above the Mental Health Strategy will be delivered within the current financial envelope which includes cost efficiency requirements and current - and any future - QIPP plans and opportunities.

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 amended Mental Health Strategy is attached as appendix 1. The Wolverhampton Crisis Concordat declaration is attached as appendix 2. Details regarding the Children and Young People's Task Force successful project pilots are submitted as appendix 3.