



Health and Wellbeing Board

4 March 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	Wolverhampton Health and Well-Being Board - 7 January 2015	

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 a further update regarding the Commissioning Mental Health Strategy, specifically regarding the actions required to address the needs and requirements of key vulnerable groups.

Recommendations for noting:

The Health and Wellbeing Board is asked to note:

1. The development and implementation of the Mental Health Strategy, including amendments made to address the needs and requirements of key vulnerable groups.

1.0 Purpose

- 1.1 The purpose of this report is to provide members of the Health and Well-Being Board with an update regarding the implementation of the Mental Health Strategy, including amendments made to address the needs and requirements of key vulnerable groups and associated key next steps.

2.0 Background

- 2.1 Following discussion at Health and Well-Being Board on January 7 2015 the amended 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 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.
- 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.

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) 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.

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

- Our 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% Wolverhampton 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 our 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.

3.3 As outlined in Appendix 1 a number of 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 our 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 including victims of sexual abuse and violence and exploitation and school, higher education and work place bullying

3.3 On 7 January 2015 the Health and Well-Being 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.

3.4 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 described will require developing our 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)*.

3.5 The key building blocks of our refreshed approach will include:

- **More appropriate and responsive services** – achieved by improving services and up skilling the workforce across the stepped care model to better respond to the needs of key groups to enable all members of the population to access all of our services equally and by working with all key stakeholders to that ensure that together we have a joined up approach to challenging and addressing the broader determinants of mental ill-health and stigma and discrimination and promote 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 and 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.

3.6 Next Steps are proposed as follows:

- Stakeholder Event supported by Health and Well-Being Board members to develop key actions and associated timelines within the outline Resilience Plan that 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 integrated commissioning current 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'.

4.0 Financial implications

- 4.1 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. Delivering improved mental health early intervention and prevention across our City's resident population and targeting key vulnerable groups however provides opportunities to re-align spending from secondary and tertiary services to primary, community and voluntary services within the medium to longer term as key initiatives deliver and this should be further explored and under constant review as part of the Resilience Plan and the Strategy Implementation Plan and any associated commissioning intentions.

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. As previously identified a period of consultation will be required regarding any proposed changes to mental health services locally.

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.