

NHS WOLVERHAMPTON CCG

Governing Body
10th July 2018

Agenda item 9

TITLE OF REPORT:	An update regarding the Joint NHS Wolverhampton Clinical Commissioning Group and the City Of Wolverhampton Council Joint Mental Health Strategy 2018/19 – 2020/21.
AUTHOR(s) OF REPORT:	Sarah Fellows
MANAGEMENT LEAD:	Steven Marshall
PURPOSE OF REPORT:	<p>The purpose of this report is to provide an update for the NHS WOLVERHAMPTON CCG Governing Body regarding the Joint Mental Health Strategy 2018/19 – 2020/21.</p> <p>This follows previous verbal and written updates regarding the Mental Health Strategy development generally and specific pieces or programmes of work that describe the mental health transformation programme in line with the Five Year Forward View for Mental Health (2016) and the General Practice Forward View (2016).</p>
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain



<p>KEY POINTS:</p>	<ul style="list-style-type: none"> • The development of the Joint Mental Health Strategy 2018/19 – 2020/21 follows extensive and on-going transformation work on the part of CCG colleagues in terms of assessment of need, appraisal of current service models and re-design and re-commissioning of service models and models of care to achieve and compliance with the NHS England mandated requirements of the Five year Forward View for Mental Health (2016) and Future in Mind (2015) and the CCG Improvement and Assurance Framework (2017/18) • The Joint Mental Health Strategy 2018/19-2020/21 will deliver transformation to agreed local, regional and national priorities that include the ‘mental health improvement blue print’ of the Five Year Forward View for Mental Health and the CCG Improvement and Assurance Framework and key drivers in terms of the Wolverhampton Better Care Fund Programme, the Black Country and West Birmingham Sustainability and Transformation Plan (2016) and the West Midlands Combined Authority THRIVE Action Plan (2016). • A draft Joint Mental Health Strategy 2018/19 – 2020/21 has been developed by the CCG and this is currently out to consultation with partners across health and social care. A wider consultation process with stakeholders and service users and carers is planned – supported by the CCGs partners across health, social care and the voluntary and community sector and building on the CCGs commissioning intentions events. The wider consultation and engagement includes work
---------------------------	---



with KIC FM and BCPFT on the 'Lamp, Lifeboat and Ladder' theme and also clinician to clinician engagement i.e. commissioners with GPs and Consultant Psychiatrists. A visualisation of this is attached as Appendix 2 following an engagement session at the Mental Health Stakeholder Forum

- The draft Mental Health Strategy 2018/19-2020/21 builds upon the deliverables of the Five Year Forward View for Mental Health, the Better Care Fund, the General Practice Forward View and our knowledge of local gaps and inequalities which have been identified as part of an extensive needs analysis, listening process and learning from pressure points and 'hot spots' in the system such as our approach to Out of Area Treatments, our need to improve transition from CAMHS to AMHS and from AMHS to Older Adult Mental Health Services, our ambition to deliver the aspirations of our WOLVERHAMPTON CRISIS CONCORDAT and our need to refocus the Care Programme Approach across the whole system.
- The CCGs aspirational Joint Mental Health Strategy 2018/19-2020/21 which aims to cohesively describe and articulate the vision, values and deliverables of our Mental Health Integrated Care System as a blueprint for transformation and change.
- The Draft Mental Health Strategy 2018/19-2020/21 describes a Mental Health Integrated Care System which will 'Be a lifeboat and a lamp and a ladder' (Rumi)



	<p>- 1207-1273 AD). The CCG's partners BCPFT and Kic FM have agreed to work with service users and carers to explore this theme as part of the Strategy development.</p> <ul style="list-style-type: none"> • The re-launched Wolverhampton Mental Health Stakeholder Forum will deliver engagement and consultation across all stakeholders and will form a key part of the governance structure in terms of monitoring the delivery of the Joint Mental Health Strategy 2018/19-2020/21 Implementation Plan. • A revised draft Joint Mental Health Strategy 2018/19-2020/21 is included as Appendix 1 addressing comments from CWC. • A Financial Plan is under development – coordinated via the Joint Efficiency Review Group which is a BCPFT and CCG Forum. • An EIA, QIA and DPIA have been conducted and are with respective leads for comment.
<p>RECOMMENDATION:</p>	<ul style="list-style-type: none"> • It is recommended that the Governing Body approve next steps in terms of the Draft Joint Mental Health Strategy 2018/19-2020/2 development and implementation including the commissioning plan for the services in scope as part of the CCG's on-going transformation and development working with local partners such as GPs, Care Groups and the Vertical



	<p>Integration and Colleagues in Primary Care, the City of Wolverhampton Council (CWC), The Black Country Partnership NHS Foundation Trust (BCPFT) and the Voluntary Sector Council (VSC) as part of the Better Care Fund work programme, and partners across the Black Country and West Birmingham Sustainability and Transformation Partnership (BC&WB STP) involving collaborative commissioning approaches with NHS Dudley Clinical Commissioning Group, NHS Sandwell and West Birmingham Clinical Commissioning Group and NHS Walsall Clinical Commissioning Group.</p>
<p>LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:</p>	
<p>1. Improving the quality and safety of the services we commission</p>	<p>The draft Joint Mental Health Strategy 2018/19-2020/21 will ensure that the health needs of people with mental health difficulties will be met in a timely and holistic manner as per relevant NICE guidance and the Five Year Forward View for Mental Health ensuring accessible, responsive and cohesive care pathways across mental health promotion, early intervention and prevention, assessment and diagnosis to intervention and care, treatment and support, improving quality of life, adding years to life, improving clinical outcomes and ensuring and promoting self-efficacy and recovery.</p>
<p>2. Reducing Health Inequalities in Wolverhampton</p>	<p>The draft Joint Mental Health Strategy 2018/19-2020/21 will ensure that the health needs of people with mental health difficulties will be met in a timely and holistic manner as per relevant NICE guidance and the Five Year Forward View for Mental Health ensuring accessible, responsive and cohesive</p>



	<p>care pathways across mental health promotion, early intervention and prevention, assessment and diagnosis to intervention and care, treatment and support, improving quality of life, adding years to life, improving clinical outcomes and ensuring and promoting self-efficacy and recovery and , reducing variation in delivery and health inequalities.</p>
<p>3. System effectiveness delivered within our financial envelope</p>	<p>The draft Joint Mental Health Strategy 2018/19-2020/21 describes and articulates the vision, values and deliverables of our cohesive Mental Health Integrated Care System as a blueprint for transformation and change working within our financial envelope to:</p> <ul style="list-style-type: none"> • Eliminate duplication and gaps and ensure compliance with the 'mental health blue print' as outlined in Implementing the Five Year Forward View for Mental Health (2017) and the local needs and gap analysis that has informed development of the strategic plan • Provide for gaps in service from within in the current financial envelope and while meeting the Mental Health Investment Standard (MHIS) Better utilise the mental health budget across local and STP partners to ensure value for money • Grow and develop capacity and capability in our system as we do so allowing our health and social care economy to share and develop expertise, develop workforce training and recruitment plans and pool resources where possible to optimise impact / effect.

1. BACKGROUND AND CURRENT SITUATION



1.1. The NHS England mandated mental health transformation programme presents challenges but also great opportunities for NHS Wolverhampton Clinical Commissioning Group (the CCG) and partners to deliver transformational change with key improvements and benefits for our registered population/s as discussed at the BIC PROGRAMME BOARD in May 2018.

1.2. Building our strategy from the Five Year Forward View for Mental Health (2016) and Future in Mind (2015) the key five priorities for the Joint Commissioning Strategy are as follows:

- **Integration of mental and physical health - closing the mortality gap** - having a mental health problem increases the risk of physical ill health. Depression increases the risk of mortality by 50% and doubles the risk of coronary heart disease in adults. People with mental health problems such as schizophrenia or bipolar disorder die on average 16–25 years sooner than the general population (Future in Mind 2015). Five Year Forward View For Mental Health highlights that people with long term physical illnesses suffer more complications if they also develop mental health problems, increasing the cost of care by an average of 45 % whereas providing dedicated mental health provision can improve outcomes, such as in the case of Type 2 diabetes, £1.8 billion of additional costs can be attributed to poor mental health. Pilot schemes show providing such support improves health and cuts costs by 25%.
- **Improving access to the quality and evidence base and improving access to and responsiveness of services, referral to treatment and waiting times - closing the treatment gap** - a UK epidemiological study suggests that less than



25% – 35% of individuals with a diagnosable mental health condition accessed appropriate help (Future in Mind 2015). In addition there is a strong link between parental (especially maternal) mental health and children’s mental health. Future in Mind highlights that according to a recent study, maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK, equivalent to a long-term cost of just under £10,000 for every single birth in the country and that almost three-quarters of this cost (72%) relates to the impact on the child / infant. £1.2 billion of the long-term cost is borne by the NHS (Future in Mind, 2015). There is a requirement for access to evidence based interventions across the **lifespan and that access to services in a NICE concordant evidence based care pathway is measured and reported along with measurement of outcomes.**

- **Improving Data Quality – closing the data quality gap** - there is a need for good, transparent, regular data and information that is collected in line with national requirements reporting recording new KPIs / measurements etc. including use of the APRIL 17 New MH SDS and the monitoring new access and waiting times and referral to treatment standards such as within IAPT, Early Intervention In Psychosis and Eating Disorders Services.
- **CCGs commitment to Mental Health Investment Standard - closing the parity of esteem / funding gap** (in addition to the Mental Health Investment Standard our commitment to parity of esteem includes submitting applications for NHS E Transformation funding and funding for New Models of Care that meet our local needs and needs on a BC&WB footprint).



- **Improving the Wider Determinants of Mental Health – closing the early intervention and prevention gap** The Five Year Forward View for Mental Health highlights that between 60–70 % of people with common mental health problems are in work, yet few employees have access to specialist occupational health services and that for people being supported by secondary mental health services, there is a 65 % employment gap compared with the general population. People with mental health problems are also often overrepresented in high-turnover, low-pay and often part-time or temporary work. Common mental health problems are over twice as high among people who are homeless compared with the general population, and psychosis is up to 15 times as high. Children living in poor housing have increased chances of experiencing stress, anxiety and depression. People in marginalised groups are at greater risk, including people from BAME and LGBT+ groups, disabled people, care leavers, people who have had contact with the criminal justice system, amongst others. BAME households are more likely to live in poorer or over-crowded conditions, increasing the risks of developing mental health problems. People of all ages who have experienced traumatic events, poor housing or homelessness, or who have multiple needs such as a Learning Disability and /or Autism are also at higher risk. As many as nine out of ten people in prison have a mental health, drug or alcohol problem. **These statistics emphasise the requirement for a focus upon the wider determinants of mental health and targetted mental health promotion across the lifespan and across universal services and primary secondary and tertiary care delivered as part of our local Prevention Concordat.**

1.8 The key deliverables are as follows:

- Mental Health Liaison / Core 24 – including dementia – Adult and Older Adult
- Adult - Community Recovery Service with rapid response dual diagnosis and personality disorder focus
- Older Adult Community Mental Health Team with rapid response and Nursing Home In-reach



- Criminal Justice Mental Health – DAPA and Court Diversion
- Mental Health Therapists embedded in Primary Care
- Crisis Resolution Home Treatment – fidelity with national guidelines
- Early Intervention in Psychosis 14-65 years fidelity with national guidelines
- Eating Disorders - fidelity with national guidelines
- IAPT with focus on BAMEs Older People Perinatal IAPT and LTCs
- Perinatal Mental Health
- Reduced OATS
- Improved care pathways for Section 117 MHA Aftercare Packages
- Supported Housing and Accommodation Care Pathway – with increased join up with general needs housing
- In-reach support into Nursing and Residential Care
- Focus upon personalisation and home based support including bespoke domiciliary care packages
- IPS
- Prevention Concordat
- Suicide Prevention Plan
- Crisis Concordat

2. Details of the Current Situation

- 2.1. A draft Joint Mental Health Strategy 2018/19 – 2020/21 has been developed by the CCG and this is currently out to consultation with partners across health and social care including the Clinical Directors and Executive and Senior Managers in BCPFT and commissioning Colleagues in the City of Wolverhampton Council. A revised strategy document is attached as Appendix 1. An EIA, QIA and DPIA have been prepared and are with respective leads for sign off.



- 2.2. BCPFT have developed a draft Equality and Diversity Strategy which is being used to address inequalities across the lifespan of mental health service provision and will be used as an addendum to the Mental Health Strategy to ensure focus upon improve care pathways for Black and Asian men and LGBT+ groups for example and to support targeted interventions across parts of our City affected by issues such as deprivation poverty unemployment poor housing and substance misuse.
- 2.3. Coproduction with all service users and carers and staff across our Mental Health Integrated Care System is a key and important focus of our vision and values. We will all work together to establish the self-efficacy and recovery of our system, remove the stigma associated with mental health and support each other to thrive and grow. This work is being supported by KIC FM and BCPFT AHP leads who are running engagement events together.
- 2.4. BCPFT have developed a revised draft CPA policy which will be used as an addendum to the Mental Health Strategy to support compliance with national guidance for out of hospital care packages within and outside the Care Programme Approach.
- 2.5. A summary of needs analysis information is described in Section 2 of the Draft Joint Mental Health Strategy. A detailed needs analysis is provided as Appendix 1 to the Draft Joint Mental Health Strategy.
- 2.6. Our WOLVERHAMPTON MENTAL HEALTH STAKEHOLDER FORUM will deliver engagement across partners, agencies and service users and their carers and co-ordinate delivery of our implementation plan and engagement across partners, stakeholders, service user and carer groups and the wider general public. For the purposes of delivery of a Mental Health Integrated Care System the implementation plan will be structured across the 14 Key Goals described below:



2.13 Our WOLVERHAMPTON MENTAL HEALTH STAKEHOLDER FORUM will deliver engagement across partners, agencies and service users and their carers and co-ordinate delivery of our implementation plan and engagement across partners, stakeholders, service user and carer groups and the wider general public. For the purposes of delivery of a Mental Health Integrated Care System the implementation plan will be structured across the **14 Key Goals** described below:

1. DEVELOP AN ALL AGE APPROACH ACROSS OUR SERVICE MODEL THAT INCORPORATES THE NEEDS OF PEOPLE UNDER 18 YEARS WHO REQUIRE TRANSITION TO ADULT MENTAL HEALTH SERVICES.

We will develop a commissioning plan / care pathway/s that align all initiatives within the MENTAL HEALTH STRATEGY IMPLEMENTATION PLAN with existing and future plans regarding CAMHS as described in the WOLVERHAMPTON CAMHS PLAN ensuring that there is safe sound support transition to Adult Services that are consistent, seamless, age appropriate and inclusive and support the needs of Children and Young People at transition and preparing for transition to ADULT SERVICES in line with good practice as outlined in NICE GUIDANCE the CPA, CONTINUING CARE and CONTINUING HEALTHCARE GUIDANCE.



LEAD MULTI-AGENCY FORUM/S – CAMHS TRANSFORMATION BOARD AND WOLVERHAMPTON MENTAL HEALTH STAKEHOLDER FORUM

2. DEVELOP AN ALL AGE APPROACH ACROSS OUR ADULT AND OLDER ADULT SERVICE MODEL THAT INCORPORATES AND ADDRESSES THE NEEDS OF PEOPLE OVER 65 YEARS WHO REQUIRE TRANSITION TO OR ACCESS / ENTRY TO OLDER ADULT MENTAL HEALTH SERVICES.

We will develop care pathway/s and services that align all initiatives within the implementation plan across Adult and Older Adults Mental Health Services so that services are consistent, seamless, age related and inclusive. Service re-design and delivery across the BETTER CARE FUND URGENT AND PLANNED AND DEMENTIA CARE PATHWAYS will be joined up and coterminous. Our refreshed Dementia Strategy will sit aside our Mental Health Strategy and will respond to relevant NICE GUIDANCE and CARE PATHWAYS and we will ensure older people and/ or people with dementia have equity of access to mental and physical health services and that care plans in both primary and secondary meet the requirements of the CPA for service users and carers.

LEAD MULTI-AGENCY FORUM – WOLVERHAMPTON MENTAL HEALTH STAKEHOLDER FORUM

3. DEVELOP A LOCAL PREVENTION CONCORDAT

We will develop a local PREVENTION CONCORDAT with key stakeholders via the MENTAL HEALTH STAKEHOLDER FORUM. This will help us to deliver targeted mental health promotion and early intervention and prevention interventions cross our commissioned services, and to work with partners across universal primary secondary and tertiary care and partners and stakeholders in education, employment, leisure and housing and voluntary and community sector services, for example to focus initiatives upon the wider determinants of health and mental and physical health promotion. Our information revolution will provide signposting navigation advice and guidance and self-management self-care and peer support. This approach will include initiatives to address the broader determinants of mental ill-health including issues pertaining to:



- Parental mental health
- Mental Health Promotion
- Physical health and disability
- Leisure and physical activity
- Bullying
- Mental Health in the work place
- Self-harm
- Substance misuse
- Improved information and communication
- Targeted Interventions for carers
- Targeted interventions for at risk groups (BAME, LGBT+)
- Debt Advice
- Un-employment
- Educational attainment
- Ending stigma attached to mental health

In addressing those issues highlighted above the Resilience Plan will incorporate the Suicide Prevention Plan and will assess, map and scope the needs of the City's key vulnerable groups people affected by vulnerabilities related to and including:

- 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



(LGBT+)

- 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

4. MAINTAIN OUR WOLVERHAMPTON SUICIDE PREVENTION STRATEGY

We will maintain our local multi-agency Suicide Prevention Strategy with key stakeholders. This will be aligned with the WOLVERHAMPTON CRISIS CONCORDAT and will respond to local needs across each of the National Suicide Prevention Strategy areas for action:

- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

This will incorporate learning from the Preventing Suicide in England: One year on First Annual Report (2014), and local data regarding current trends and new messages from research, including the use of social media, learning regarding 7 day follow up, health and social care assessments, treatment and clinical interventions for people with depression and people at risk of self-harm, and specific vulnerabilities related to age, gender and ethnicity and the specific needs of the LGBT+ community and people who misuse substances.

LEAD MULTI-AGENCY FORUM – WOLVERHAMPTON SUICIDE PREVENTION STAKEHOLDER FORUM

5. DEVELOP PRIMARY CARE MENTAL HEALTH

To ensure best practice in terms of early intervention and prevention, improving the physical health of people with mental health difficulties and improving care pathways into and out of



secondary services for people of all ages, we will commission mental health care pathways in primary care supported by primary care champions and workers in primary care facing and secondary services. This will include pathways of care for people with specialised mental health needs such as autism, attention deficit disorder, eating disorders, perinatal mental health, depression and personality disorder, dual diagnosis and the primary care support needs of people taking anti-psychotic medication. This will include review of all of our well-being and support services commissioned from community and voluntary sector organisations and third sector organisations to strengthen early intervention and prevention initiatives. This includes delivery of IAPT, LTC IAPT, increasing IPAT access for BAMES and PERINATAL IAPT and delivering SMI PHYSICAL HEALTH Checks and social prescribing pilot. This will also include delivery of e referrals and e discharge and advice and guidance across primary and secondary care.

**LEAD MULTI-AGENCY FORUM – WOLVERHAMPTON MENTAL HEALTH
STAKEHOLDER FORUM**

**6. DELIVER THE BETTER CARE FUND URGENT MENTAL HEALTH CARE
PATHWAY**

As part of our Better Care Fund development plans to implement the Integrated Mental Health Urgent Care Pathway we will review the current model. We will re-commission MENTAL HEALTH LIAISON ENHANCED CORE 24 and CRISIS RESOLUTION HOME TREATMENT fidelity with NHS E CORE. We will review the capacity and capability of the health and social care urgent mental health care pathways to increase the capacity and capability of the service to meet the needs of people of all ages outside normal working hours and respond to requests for assessment under the Mental Health Act. We will commission a service model and care pathway that provides an integrated collocated and aligned approach to mental health urgent care within a multi-disciplinary context, including access in an emergency to specialist medical and Consultant Psychiatry support that is consistent with Royal College guidelines and the Care Programme Approach. We will deliver our WOLVERHAMPTON CRISIS CONCORDAT DECLARATION AND ACTION



PLAN through this work stream.

**LEAD MULTI-AGENCY FORUM – WOLVERHAMPTON MENTAL HEALTH
STAKEHOLDER FORUM**

7. DELIVER THE BETTER CARE FUND PLANNED MENTAL HEALTH CARE
PATHWAY

We will re-commission and implement an integrated planned care pathway promoting independence, self-efficacy and recovery as part of our Better Care Fund plans. This will promote independence, facilitate recovery and allow service users to progress along the care pathway and prevent relapse and re-admission. The integrated pathway will also allow pooled and effective deployment of and efficient use of resources across the ‘whole system’ that responds to local need and demand management. This will facilitate step-down from in-patient, specialised and secure care, allow repatriation to local services from ‘out of area placements’ and consolidate commissioning approaches for people requiring continued support in supported housing, nursing and residential care and hospital placements into an aligned care pathway of continued support. Our commissioned integrated care pathway will provide capacity and capability locally to support people with the highest levels of need, promoting independence and recovery, and will allow the re-allocation of resources from acute, specialised, ‘out of area’ placements to local community based services maintaining recovery and promoting independence, self-efficacy autonomy and recovery in the mid to long term. We will review our current commissioning model of the Complex Care Service and Well-Being Service. This will include reviewing the capacity and capability of the service to offer support and interventions of an assertive outreach model, the function of the personality disorder hub and the forensic team. This is to increase the capacity and capability of local services to support people with the highest levels of need, and provide step-down from secure care and specialised services locally and ‘out of area’ and reduce relapse and re-admission/s. The model will also be reviewed to allow patients to receive on-going support from the service and for services users in the service to receive care planning



support and interventions that are compliant with the national guidance regarding the Care Programme Approach.

**LEAD MULTI-AGENCY FORUM – WOLVERHAMPTON MENTAL HEALTH
STAKEHOLDER FORUM**

8. MAINTAIN OUR WOLVERHAMPTON CRISIS CONCORDAT

We will maintain our local multi-agency WOLVERHAMPTON CRISIS CONCORDAT ensuring connectivity with this initiative and the Suicide Prevention Strategy and the Better Care Fund Mental Health Urgent and Planned Care and Dementia Strategies and the WOLVERHAMPTON Local CAMHS Plan. We will ensure minimum 6 monthly reviews of the WOLVERHAMPTON CRISIS CONCORDAT DECLARATION and ACTION PLAN with all service user and carer groups.

**LEAD MULTI-AGENCY FORUM – WOLVERHAMPTON MENTAL HEALTH
STAKEHOLDER FORUM**

9. DELIVER SOME MORE SPECIALIST MENTAL HEALTH CARE PATHWAYS AND SERVICES ACROSS A BC&WB STP FOOTING

Collaborative commissioning as per the outputs of the BC&WB STP Mental Health Work Stream will ensure that the health needs of people with mental health difficulties will be met in a timely and holistic manner as per NICE guidance and from diagnosis to early intervention and care, treatment and support, improving quality of life. We will pool resources and expertise to deliver a critical mass of specialist services that are locally delivered and financially sustainable across our BC&WB footprint. We work with providers of health and social care services to commission and implement specialist care pathways for the following:

- Eating Disorders
- Early Intervention in Psychosis
- Personality Disorder
- Perinatal Mental Health



- Attention Deficit Disorder and Autism
- Psychiatric Intensive Care
- Street Triage
- Criminal Justice Mental Health (including Court Diversion and Liaison and the Forensic Liaison Scheme)
- Veteran Mental Health
- Alignment with the West Midlands Combined Authority THRIVE Action Plan

This will increase capacity and capability, providing specialist assessment and intervention within mainstream mental health services within the local system and facilitating effective liaison with specialist services commissioned by NHS England. This will include review of our current commissioning of all out of area mental health admissions to identify opportunities to maximise the resources available within local services as alternatives to out of area admissions and to identify 'preferred providers' for Female Psychiatric Intensive Care (PIC) in the short term, whilst liaising with local providers and commissioners regarding a medium to longer term solution. We will optimise the available capacity and capability within community recovery and promoting independence services within our local health and social care economy both with the public sector and independent sector services as an integral part of the local 'whole system' as required. We will realise cost efficiency savings by reducing the numbers of all types of out of area placements and reducing lengths of stay. We will work with local providers to develop capacity and capability of locally commissioned services to meet the needs of people who are discharged and / or transferred from secure and specialised services, so that we can optimise deployment of and efficient use of resources across the 'whole system' that is consistent with local need, allow repatriation to local services from 'out of area placements' and consolidate commissioning approaches sub –specialisms including hospital placements for rehabilitation. Our commissioned integrated care pathway will provide capacity and capability locally to support people with the highest levels of need, promoting independence and recovery.



**LEAD MULTI-AGENCY FORUM – WOLVERHAMPTON MENTAL HEALTH
STAKEHOLDER FORUM and BC&WB STP MENTAL HEALTH WORKSTREAM**

10. DELIVER ROBUST CARE PATHWAYS ACROSS PRIMARY, SECONDARY AND TERTIARY CARE TO ENSURE THAT PEOPLE WITH A LEARNING DISABILITY / AND OR AUTISM AND CO-OCCURRING MENTAL HEALTH DIFFICULTIES CAN ACCESS APPROPRIATE AND SEAMLESS HELP, CARE, TREATMENT AND SUPPORT

In line with Transforming care: A National response to Winterbourne View Hospital (2012), Building the right support - A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition (2015) we will develop robust care pathways across Learning Disability and Mental Health Services to support the specific needs of people with a learning disability / and or autism and co-occurring mental health difficulties to ensure equal access to assessment and diagnosis and post diagnosis care treatment and support and this will be delivered in line with the requirements of the Care Programme Approach (CPA) as appropriate / required.

11. DELIVER TARGETED INTERVENTIONS TO SUPPORT THE NEEDS OF MARGINALISED AND / OR SELDOM HEARD GROUPS INCLUDING SPECIFIC ACTIONS TO REDUCE THE NUMBERS OF BAME PEOPLE DETAINED UNDER THE MENTAL HEALTH ACT

In line with the Mental Health Five Year Forward View and the WOLVERHAMPTON CRISIS CONCORDAT we will include work across partners and with local community groups to provide a dedicated focus upon people who are marginalised, people who have particular vulnerabilities, and people who have difficulties accessing right care in the right place at the right time including people for example with Autism / and or ADHD, people with a Learning Disability, people with Dual Diagnosis and / or a Personality Disorder and people from BAME and LGBT+ groups and Veterans, refugees new arrivals and asylum seekers and Serving Members of Her Majesty's Armed Forces and their families for example to ensure improved access to and support and treatment from mental health services providing right care at the right time in the right place . This will include specific actions to substantially



reduce Mental Health Act detentions and also include targeted work to reduce the current significant overrepresentation of BAME and any other disadvantaged groups within detention rates.

**LEAD MULTI-AGENCY FORUM – WOLVERHAMPTON MENTAL HEALTH
STAKEHOLDER FORUM**

12. DELIVER A WORK FORCE PLAN & ALIGN ACROSS BC&WB STP FOOTING

We will develop a work force plan in line with Stepping Forward to 2020 and align with developments and initiatives across our STP to allow development of recruitment and retention and training, supervision and mentorship of all staff across our **Mental Health Integrated Care System** to develop capacity and capability to support and deliver new service models and facilitate delivery of local priorities and the priorities of the Five Year Forward View for Mental Health. As we do this we will develop and demonstrate sound processes to support and recruit staff with lived experience of mental difficulties and support the mental health and emotional well-being of all our staff.

**LEAD MULTI-AGENCY FORUM – WOLVERHAMPTON MENTAL HEALTH
STAKEHOLDER FORUM and BC&WB STP MENTAL HEALTH WORKSTREAM**

13. DELIVER A FINANCIAL PLAN & ALIGN ACROSS BC&WB STP FOOTING

We will develop a Mental Health Strategy Financial Plan and align with developments and initiatives across our STP to deliver financially sustainable services and deliver value for money whilst covering critical gaps and meeting the mental health investment standard. New or revised services and service specifications will be delivered within the financial envelope our commissioning authorities i.e. NHS W CCG and CWC. Resources – including key elements of our workforce - will be used to best effect with strong clinical and medical leadership evident at each part of the Mental Health Integrated Care System. This is in addition to any transformation funds applied for and received from NHS England for example including ‘Winter Pressures’ and A&E Delivery Board funding used to ‘pump prime’



change. Compliance with the Mental Health Investment Standard will be supported across all CCG commissioned activity. LGBT+

**LEAD MULTI-AGENCY FORUM – WOLVERHAMPTON MENTAL HEALTH
STAKEHOLDER FORUM**

14. DELIVER A GOVERNANCE, COMMUNICATION AND ENGAGEMENT PLAN AND
ALIGN WITH WORK ACROSS AN BC&WB STP FOOTING

We will develop a governance, communication and engagement plan and align with developments and initiatives across our STP to ensure co-production with and continuing engagement with all relevant forums and service users and carers and the general public to support delivery of our strategy including the anti-stigma, mental health promotion and advice and guidance elements to achieve parity of esteem with physical health and improve our City’s mental health.

**LEAD MULTI-AGENCY FORUM – WOLVERHAMPTON MENTAL HEALTH
STAKEHOLDER FORUM and BC&WB STP MENTAL HEALTH WORKSTREAM**

2. CLINICAL VIEW

3.1. The views of clinicians across primary, secondary and tertiary care have been utilised during the development of the Strategy, following workshop event held at Penn Hospital in February 2018. The draft strategy document has been shared with Clinical Directors in BCPFT and further workshops and clinical engagement events are planned. Multi-agency approaches to engagement and consultation across health and social care and are partners are planned.

4. PATIENT AND PUBLIC VIEW



- 4.1. The views of service users and carers and the general public have been sought and utilised during commissioning intentions events and during BC&WB STP stakeholder consultation and engagement processes. Further events will be delivered as part of a communications and engagement plan during the consultation process.

5. KEY RISKS AND MITIGATIONS

- 5.1. There are current risks that patients of all ages can experience delays in terms of waiting times and access standards and 'fall through gaps' due to insufficient connectivity, cohesion and co-ordination across mental health, universal, primary care secondary care and tertiary care services including social care and housing and employment services and that this leads to absent or sub optimal care of insufficient quality and efficacy leading to the requirement for longer periods of care with higher intensity of treatment and / or support.
- 5.2. There are current risks regarding delivery against the mental health improvement blue print and also some other gaps in service provision across our STP footprint such as Personality Disorder Services, Neurodevelopmental Services, Assertive Outreach Services (in Adult Community Mental Health Teams), and Dual Diagnosis (Substance Misuse and Mental Illness). Areas of cross over and duplication of some service models are also present and should be further explored. Medical staffing across some services requires some review to ensure an appropriate distribution of senior clinicians across the primary, secondary and tertiary care i.e. community and in-patient services to deliver fidelity with the evidence base and deliver admission avoidance for example.
- 5.3. There are some current clinical, financial and reputational risks therefore. Insufficient intervention at primary and secondary care level can lead to higher levels of secondary and tertiary care including out of area services. This approach is both clinically and financially inefficient with poor outcomes for patients and their carers - such as delays accessing services and longer recovery periods - and higher financial costs.



Commissioning to the evidence base across the mental health improvement blue print will better support areas of critical need with re-calibration and re-specification of some services including their financial profiles allowing opportunities for re-investment where there are gaps or QIPP (including those services to be commissioned on a BC&WB STP footprint).

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. The implementation plan will be delivered within the financial envelope of the CCG, CWC and where applicable the BC&WB STP Mental Health Plan. We will develop a Mental Health Strategy Financial Plan and align with developments and initiatives across our STP to deliver financially sustainable services and deliver value for money whilst covering critical gaps and meeting the mental health investment standard. New or revised services and service specifications will be delivered within the financial envelope our commissioning authorities i.e. NHS W CCG and CWC. Resources – including key elements of our workforce - will be used to best effect with strong clinical and medical leadership evident at each part of the Mental Health Integrated Care System. This is in addition to any transformation funds applied for and received from NHS England for example including ‘Winter Pressures’ and A&E Delivery Board funding used to ‘pump prime’ change. Compliance with the Mental Health Investment Standard will be supported across all CCG commissioned activity.

6.2. A draft Financial Plan is in development and will be coordinated via the Joint Efficiency Review Group with BCPFT.

Quality and Safety Implications



6.3. Commissioning a NICE compliant service model across our Mental Health Integrated Care System is part of risk mitigation processes for the CCG. A Quality Impact Assessment will be conducted.

Equality Implications

6.4. Commissioning a NICE compliant pathway across our Mental Health Integrated Care System will reduce health inequalities. An Equality Impact Assessment will be conducted.

Legal and Policy Implications

6.5. 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 operational and planning guidance as laid out in mandate to NHS England by the Department of Health. Policy implications have been described in earlier sections of this report.

Other Implications

6.5 The timeline for the presentation of the Draft Joint Mental Health Strategy 2018/19-2020/21 at City of Wolverhampton Council Committees is detailed below:

Mental Health Strategy:

Health and Well Being Board	11 July 2018
Health Scrutiny	20 September 2018
Health and Well Being Board (final sign-off)	17 October 2018



Cabinet Resource Panel (Final - DW to present)

06 November 2018

6.6 The Joint Efficiency Review Group has recommenced. This is the forum that will deliver the transformational change that pertains to the BCPFT commissioned and contracted services in line with the contract quantum / available finance. This forum will deliver all requirements utilising the DQIP and SDIP as contractual levers / frameworks.

Name Sarah Fellows
Job Title Mental Health Commissioner
Date: 11th June 2018

ATTACHED:

Appendix 1 Draft Joint Mental Health Strategy 2018/19-2020/21

RELEVANT BACKGROUND PAPERS

(Including national/CCG policies and frameworks)

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details / Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		



Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)		

