

WOLVERHAMPTON CCG

**Governing Body Meeting
July 10th 2018**

Agenda item 10

TITLE OF REPORT:	Joint Public Mental Health & Wellbeing Strategy for Wolverhampton
AUTHOR(S) OF REPORT:	Lina Martino - Consultant in Public Health City of Wolverhampton Council
MANAGEMENT LEAD:	John Denley, Director of Public Health - City of Wolverhampton Council
PURPOSE OF REPORT:	The purpose of this report is to provide an update for the Governing Body regarding the Public Mental Health & Wellbeing Strategy 2018/19 – 2020/21.
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • The Joint Public Mental Health & Wellbeing Strategy is an overarching document that incorporates City of Wolverhampton Council and NHS Wolverhampton CCG's Joint Mental Health Commissioning Strategy for 2018/19 – 2020/21. • 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. • 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.



<p>RECOMMENDATION:</p>	<p>It is recommended that the Governing Body note the development of the Joint Public Mental Health & Wellbeing Strategy for Wolverhampton and the proposed next steps.</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 overarching Joint Public Mental Health & Wellbeing Strategy incorporates City of Wolverhampton Council and NHS Wolverhampton CCG's Joint Mental Health Commissioning Strategy for 2018/19 – 2020/21. Quality Impact Assessments (QIAs) have been conducted as part of the Joint Mental Health Commissioning Strategy.</p>
<p>2. Reducing Health Inequalities in Wolverhampton</p>	<p>A reduction in health inequalities is an overarching aim of the Strategy. Commissioning mental health services that are mental health blue print compliant and are also compliant with NICE Clinical Guidance and Quality Standards will support this aim. Equality Impact Assessments (EIAs) have been conducted as part of the Joint Mental Health Commissioning Strategy.</p>
<p>3. System effectiveness delivered within our financial envelope</p>	<p>Maximising system effectiveness through partnership working and better integration of services across the health, social care and the wider system is a key aim of the Joint Public Mental Health & Wellbeing Strategy.</p>

1. BACKGROUND AND CURRENT SITUATION

Overview

- 1.1. 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.
- 1.2. 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.



- 1.3. 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.
- 1.4. The Joint Public Mental Health & Wellbeing Strategy is an overarching document that incorporates City of Wolverhampton Council and NHS Wolverhampton CCG's Joint Mental Health Commissioning Strategy for 2018/19 – 2020/21. 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. The Joint Public Mental Health & Wellbeing Strategy is attached as Appendix 1.
- 1.5. 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.

National and local context

- 1.6. 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.
- 1.7. In Wolverhampton:
 - 66 people died by suicide between 2014 and 2016
 - There were 19,815 adults with depression known to their GP (2016/17), and 2,683 adults with severe mental illness (2015/16)
 - 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 (2016/17)
 - Among people in contact with secondary mental health services, only 27% live in stable and appropriate accommodation (2016/17)



- 1.8. 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.

2. JOINT PUBLIC MENTAL HEALTH AND WELLBEING STRATEGY

- 2.1. 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.
- 2.2. 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.
- 2.3. The Joint Public Mental Health & Wellbeing Strategy provides a high-level summary of current and planned workstreams across the Council 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
- 2.4. 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.

3. CLINICAL VIEW

- 3.1. Clinical views will be established during the consultation process.



4. PATIENT AND PUBLIC VIEW

- 4.1. The report Mental Wellbeing in Wolverhampton – an assessment of needs (2017) reported evidence from responses to a survey of users about their experiences of mental health services, with the following key findings:
- **Groups at higher risk of poor mental wellbeing:** unemployed, LGBT+, homeless, BME groups, refugee and migrants, students, ex-offenders, carers
 - **Key issues highlighted:** isolation, access to support groups, housing, employment, financial stability, physical health
 - **Stigma:** lack of understanding from front line services, lack of support for coming back into work.
- 4.2. 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.

5. KEY RISKS AND MITIGATIONS

- 5.1. The attainment of good mental health and wellbeing is a key objective for our City, addressing the wider determinants of mental health and well-being is a key deliverable and part of the risk mitigation process.

6. IMPACT ASSESSMENT

Financial and Resource Implications

- 6.1. The Joint Public Mental Health & Wellbeing Strategy and Joint Mental Health Commissioning Strategy will be delivered within the existing financial envelope of the Council and the CCG. Resources – including key elements of the workforce - will be used to best effect at each part of the ‘whole system’. NHS England planning guidance for 2018/19 outlines that the CCG is required to continue to focus on investment in mental health services to ensure parity with other areas of investment by complying with the mental health investment standard previously known as ‘parity of esteem’.
- 6.2. In addition the CCG also has opportunities to apply for transformation and new models of care funding to achieve compliance with the Mental Health Five Year Forward View (2016) in partnership with commissioners and providers that form part of the Black Country and West Birmingham Sustainability and Transformation Partnership (BC&WB STP). The CCG has successfully applied for and received



£1.4M transformation funds for perinatal mental health – as the STP lead agency (June 2018) for example.

Quality and Safety Implications

- 6.3 The Joint Mental Health Commissioning Strategy ensures that commissioned mental health services are compliant with NICE Clinical Guidance and Quality Standards. Quality Impact Assessments (QIAs) have been conducted as part of the Joint Mental Health Commissioning Strategy.

Equality Implications

- 6.4 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.
- 6.5 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 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.

Legal and Policy Implications

- 6.6 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.
- 6.7 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.
- 6.8 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.



6.9. 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.

Other Implications

6.10. None identified.

ATTACHED:

Joint Public Mental Health & Wellbeing Strategy for Wolverhampton 2018 – 2021 (draft)
Joint Mental Health Commissioning Strategy 2018/19 – 2020/21 (draft)

RELEVANT BACKGROUND PAPERS

Mental Health Five Year Forward View (2016)
Wolverhampton Health & Wellbeing Board Strategy
NHS Wolverhampton CCG Operational Plan.

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)		

