

TELFORD & WREKIN COUNCIL

HEALTH AND WELLBEING BOARD - 9 DECEMBER 2015

MENTAL HEALTH COMMISSIONING STRATEGY 2016 - 2019

REPORT OF ANNA HAMMOND, DEPUTY EXECUTIVE INTEGRATED CARE, TELFORD & WREKIN CLINICAL COMMISSIONING GROUP AND CLIVE JONES, ASSISTANT DIRECTOR, FAMILY, COHESION AND COMMISSIONING, TELFORD & WREKIN COUNCIL

LEAD CABINET MEMBER: CLLR ARNOLD ENGLAND, ADULT SOCIAL CARE

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

To introduce the first draft of the Mental Health Strategy for Telford & Wrekin.

2. RECOMMENDATIONS

For Board Members to comment on the first draft of the mental health strategy.

3. IMPACT OF ACTION

The revised Commissioning Strategy will be Borough wide, and will impact on those who experience poor mental health, or those at risk of it. It will contribute to the Health and Wellbeing Board priority around Emotional Health and Wellbeing, as well as the majority of the Co-operative Council Objectives.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	Emotional Health and Wellbeing
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<p>Telford & Wrekin Council's Medium Term Plan for 2013/14 to 2015/16:-</p> <ul style="list-style-type: none"> • Protect and support our vulnerable children and adults • Improve the health and wellbeing of our communities and address health inequalities. <p>This supports the delivery of the Health and Wellbeing Board priority of Emotional Health and Wellbeing</p>
	Will the proposals impact on specific groups of people?	
Yes	The proposals within the strategy will impact on people within the Borough of Telford & Wrekin who have mental health issues or at risk of developing mental health issues.	
TARGET COMPLETION/DELIVERY DATE	<p>Strategy Approval – January 2016</p> <p>Action Plan Development – February 2016</p>	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>At this stage in the process, development of a strategy, the requirement for additional resources is not evident and therefore the planning assumption is that the strategy will be delivered from within existing resources. Once the detailed action plan (Stage 3) is clearly established the requirement for resources and the funding streams to deliver the strategy will be considered and brought back to the LA and CCG in the New Year 2016.</p> <p>The pressure on Local Government funding and the consequent delivery of savings within the Council is being addressed within Social Care through a process of transformation. This will impact the Commissioning and delivery of Care going forward. It is</p>

		<p>important to consider this context at this stage as this may impact the scope of the action plan going forward.</p> <p>It is anticipated that by aligning the commissioning portfolios of the Council and the CCG improved value for money can be achieved from a combined expenditure. The current joint expenditure on Mental Health services is £17.9m with £15.1m coming from the CCG. The CCG have committed that the funding in mental health will not be reduced, although need to ensure better 'value for money' is achieved.</p>
LEGAL ISSUES	Yes	The strategy will assist the Council and NHS in fulfilling their duties under the: Mental Health Act; NHS, Public Health and Social Care Outcomes Framework; Care Act. Further details are contained within Section 2.
EQUALITY & DIVERSITY	Yes	The strategy will aim to reduce inequalities for those experiencing mental health issues.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	<p>Commissioners have engaged a wide range of partners (service users, carers, volunteers and professionals including Nurses, Social Workers, Clinicians, Nurses from maternity services) to ensure their views are included in the development of the strategy.</p> <p>The strategy development has also considered feedback from previous engagement activities including the consultation around Castle Lodge.</p> <p>Commissioners intend to work co-productively with such a range of partners to develop the action plan.</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	The development and implementation of the Mental Health Strategy will have interdependencies with the overarching 'Wellbeing and Prevention Strategy' and other Commissioning Strategies. The aim is

	that CCG and Telford & Wrekin Council will work together to ensure that opportunities are maximised to promote emotional health and wellbeing.
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PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 Background

Since the last Health and Wellbeing Board there has been a range of activities across the health economy relating to mental health. The CCG and Local Authority have been progressing a three stage review to improve mental health services in the area, taking a much more robust commissioning approach to mental health. The Health and Wellbeing Board received a proposal around this review in March 2015. The three stage review includes:-

- Stage One: Review of current investment
- Stage Two: Defining a model of care
- Stage three: Action planning

1.2 This report is updating on Stage two of the process- the Mental Health Strategy.

There are a number of principles on which the model of care are based which are as follows: -

- The model of care will consider the promotion of wellbeing through to acute provision (including a consideration of the required 'bed base')
- The work will include needs analysis and projected demographic changes
- Best practice will be considered to ensure the newly commissioned model is cutting edge
- The model of care will be defined following engagement activities and co-produced with people with lived experience

During the past few months commissioners from Health and Social Care have engaged with service users, carers, volunteers and professionals to develop a high level commissioning strategy. The feedback was obtained via group / one to one meetings, as well as written responses. Commissioners have also used the findings of other consultations, such as the Castle Lodge consultation. During the period there was also a national documentation produced following consultation with 20,000 people. This had a number of themes which have been very helpful in considering options.

With this in mind the draft strategy has been developed, and is based on three key ambitions: (Draft strategy attached in Appendix 1)

- To develop Supportive Communities **“a place I am proud to call home”**.
- To ensure Early Intervention – **“I know where to go for advice”**.
- To commission Quality Services -**“I need to understand my condition and to have help to live my life to the best of my ability without my condition taking over my life”**

1.3 **Next Steps**

The initial draft of the Mental Health Strategy will be shared with stakeholders, including service users and carers, for further comments. These will be incorporated into the draft which is presented for final approval from the Local Authority and Clinical Commissioning Group in January 2016.

1.4 **Stage Three: Action planning**

Following approval, the action plan will be produced by February 2016. It will include immediate actions through to longer term plans. The action plans will be co-produced with service users, carers, professionals, voluntary sector and commissioners following ratification of this strategy by the two organisations. Whilst it has been described as a third stage, necessary actions have already emerged. Initial thoughts cover:

- Clinical ‘bed base’ workshop set for December 1st 2015
- Consideration of joint commissioning arrangements
- Development service specifications for inclusion in the main NHS contract from March 2016
- Improved access to psychological therapies (redesign of a holistic service)

2. **IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

The strategy will assist the Council and NHS in fulfilling their duties under the: Mental Health Act; NHS, Public Health and Social Care Outcomes Framework; Care Act.

The Council and NHS bodies are required to meet their statutory responsibilities under the Mental Health Act 1983 (MHA 1983).

On 15 January 2015, the Department of Health (DH) published a revised version of its statutory code of practice on the MHA 1983, under Section 118 of the MHA 1983. The revised code must be followed by local authorities, managers and health professionals. An easy read version was added on 26 March 2015 and the revised code came into force on 1 April 2015.

The Council and NHS bodies also need to meet the current requirements of the Public Health, NHS and Adult Social Care Outcomes Frameworks in respect of the mental health and wellbeing of adults and children.

The Council must have due regard to the Public Sector Equality Duty as imposed by s149 (1) of the Equality Act 2010, which states:-

- (1) A public authority must, in the exercise of its functions, have due regard to the need to: -
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Consideration needs to be given to an Equality Impact Assessment in respect of the potential impact on people with mental health issues, which may result from the review of the mental health commissioning strategy, in order to assist the Council in meeting its Public Sector Equality Duty.

3. PREVIOUS MINUTES

Health & Wellbeing Board – March & September 2015

4. BACKGROUND PAPERS

None

Report prepared by:

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