

**TELFORD & WREKIN COUNCIL****HEALTH AND ADULT CARE SCRUTINY COMMITTEE – 13 FEBRUARY 2017****TELFORD & WREKIN MENTAL HEALTH COMMISSIONING UPDATE****REPORT OF ASSISTANT DIRECTOR: GOVERNANCE, PROCUREMENT & COMMISSIONING,  
TELFORD & WREKIN COUNCIL, AND THE DEPUTY EXECUTIVE, TELFORD & WREKIN CCG****1.0 PURPOSE**

This paper intends to provide an update on the progress of the Telford and Wrekin mental health action plan.

**2.0 RECOMMENDATION**

To note the update

**3.0 BACKGROUND INFORMATION**

The local authority and CCG developed a mental health strategy and action plan which was presented to HOSC in March 2016. This paper provides an update on progress.

The action plan has now been developed into 5 work streams to ensure the vision is delivered

- i. Reducing stigma of mental health
- ii. Promoting good mental health
- iii. Improving access to secondary mental health services
- iv. Development of an Effective Crisis pathway
- v. Improving the life chances for those with mental illness issues

The following describes some of the key pieces of work that are currently being addressed by Commissioners for mental health.

**3.1 Mental Health Hub**

During engagement for the strategy, people who access mental health support very clearly told commissioners that support outside normal working hours is lacking Telford and Wrekin. In response commissioners have developed a specification for a jointly funded Hub to include:

- Listening services including 24/7 telephone support
- Support and recovery support – to include: one off interventions, peer support, support for those experiencing mental anguish, and skill building (courses to be delivered to increase skills either as part of meaningful activity or to enable them to better manage their mental health)
- A Safe Place (between at least 8pm and 2am)

Additional funds were secured by the Clinical Commissioning Group to pump prime the services, on the expectation that the service is self sufficient at the end of the 2 year term.

The contract has been tendered, with the final recommendation being progressed as the time of writing. As part of the tendering exercise bidders were asked to submit their plans for raising funds

to enable self sufficiency. This was considered as part of the evaluation. Further updates may be available by the time of the meeting.

It is anticipated that the Safe Place will reduce inappropriate use of the Mental Health Act (Section 136, Safe Place) and whilst improving the outcome and experience for the person it will also reduce demands on the Police, Ambulance, Approved Mental Health Practitioner and Doctors.

The service will commence on the 1st April 2017.

### **3.2 Support to live independently**

Increasing independence is a key priority of the strategy. People told us they want to be supported in their own homes. As a result the Council is seeking to reduce the number of people being supported in residential care settings. As part of the process Ellen Court (residential care home providing rehab) is being de-commissioned. It will close in February 2017.

People leaving Ellen Court have sourced accommodation in a variety of settings. Whilst some are moving on with a level of independence that they no longer have ongoing support needs others will be supported via the skills development team.

The team is a jointly commissioned pilot redeploying the staff who had previously worked in Ellen Court to work in the community. They will work creatively to support people to support themselves, to build skills and better manage their mental health and identify key triggers for relapse and to promote recovery. The team will promote meaningful activities and will develop opportunities for volunteering to ensure the service is delivered by people with lived experience of mental health.

As part of longer term planning, commissioners have been working with a Housing Association. As a result a unit comprising 14 self contained flats are being built (completion expected May 2017). The 14 flats will be occupied by people who are currently in residential care. This will provide an opportunity for them to regain some of their lost independence in a supportive environment.

### **3.3 Inpatient Beds & Discharge Processes**

There have been concerns about patients being admitted to acute mental health beds out of area. In 2015/16 there were 5 people admitted to acute beds out of area and 8 to Psychiatric Intensive Care Unit (PICU) beds out of area. In the first 9 months of 2016/ only 1 patient has been admitted to an acute mental health bed ( the patient was taken ill when out of area) and 2 into PICU beds out of area. This has been achieved by robust bed management by the trust and by the appointment of the dedicated social worker at Redwoods. This has improved the numbers of discharge so ensuring more beds are available. In addition it has had a notable impact on reducing delayed discharges from the unit. (From 1.4% in December 15 to zero in June 16)It has also improved relationships between nursing staff and local authority.

### **3.4 Other developments**

**Stakeholder Group** is in place and includes broad representation. This group oversees the implementation of the strategy.

**Mental Health First Aid Lite (MHFAL)** Training: 10 members of Council Staff attended training in March 2016, and a further 15 staff and volunteers from partners attended the training as part of Making Every Contact Count Network on 11<sup>th</sup> Nov 2016.

There are an additional 25 people booked to attend two further sessions scheduled for 27<sup>th</sup> Feb 2017.

**Support for Employees:** Both the CCG and Council are developing programmes of support relating to the emotional health and wellbeing of employees. This is part of the Mental Health Challenge set to Local Authorities. The CCG has signed the Time to Change pledge and has an action plan to support employees and raise awareness of mental health in the workplace.

**Neighbourhood working;** The local mental health trust is working with the CCG and Local authority on this programme. The trust supports the development and sustainability of community resilience by providing awareness raising in schools; the Recovery college; development of volunteers and peer support; support to third sector organisations and the employment and retention of the local workforce. As part of the health and social care integration element of the programme the trust are working towards the Improving access to psychological services being embedded into neighbourhood workforce. This will ensure psychological support is available for those with long term conditions as well as offering support to the primary care team. The development of care pathways for mental health illness, rather than a team approach will ensure support and treatment is seamless rather than internal referrals and people falling through the gaps in service. Clinicians will have named neighbourhoods to link with, and this will ensure robust communication with primary care staff. The trust is working to ensure people have a variety of options for where they receive their care in the own home, in the community or in a central town location. To support this work the trust is undergoing a management of change and has developed a single point of access so there is a clear access to services. The development of an admin hub will support this. The admin Hub and some clinical services will be delivered from the new premises at Hall Court in the centre of Telford. This premises has good transport links and has had positive feedback from service users. It is anticipated that the move will be completed early in April.

**Autism services:** The Autism Hub run by listen not label is now the 'front door' for the diagnosis pathway. From October to December the HUB had seen 31 new referrals and pre-screened 22 people before referring on to a medical service in Dudley for diagnosis. Work has begun to develop a more local approach to the diagnosis element

**ADHD diagnosis service:** There is now a local diagnosis service which also supports prescribing for people with ADHD. This commenced in October and there is no data for this at present.

**Listening service-** a short term service for those in mental health anguish. This service is run by MIND and has been in place for 6 months. During that time 228 people have accessed the service and satisfaction has been high with 100% of people saying they found the service helpful.

“Great help, suggestions. Do not feel alone and feel that the people respect me at Mind”.

“Excellent service, helpful 100%, changed a lot in my life very, very grateful”.

#### **4.0 EQUAL OPPORTUNITIES IMPLICATIONS**

4.1 The action plan is 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.

#### **5.0 FINANCIAL IMPLICATIONS**

5.1 The scope of the following comment is restricted to the implications for the Council's budget only. The actions within this report are being delivered from within identified and approved resources. There is currently no requirement for additional funding streams to deliver the strategy. Should the requirement for additional resources arise this will be considered and brought back to the LA in line with Governance processes.

- 5.2 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 important to consider this context as this may impact the scope of the actions going forward.
- 5.3 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 CCG have committed that the funding in mental health will not be reduced, although need to ensure better 'value for money' is achieved

## **6.0 LEGAL IMPLICATIONS**

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.

## **7.0 ENVIRONMENTAL IMPLICATIONS**

- 7.1 None

## **8.0 WARD IMPLICATIONS**

- 8.1 The plan will have a Borough wide impact.

### **Report prepared by:**

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