



## WMCA Board

<b>Date</b>	13 October 2017
<b>Report title</b>	West Midlands Mental Health Commission Update
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<b>Report to be/has been considered by</b>	WMCA Programme Board - 29 September 2017

### Recommendation(s) for decision:

#### The Combined Authority Board is recommended to:

1. Note progress and update on the current position of the West Midlands Mental Health Commission Action Plan and the work undertaken since the launch of the programme on 31 January 2017.

## **1.0 Background**

- 1.1. The implementation of the Action Plan has focused on a number of key strands of work which have enabled the delivery model to develop into formal activity. This report will describe the first 6 months of activity and the plan to move the programme forward.

## **2.0 Wider WMCA Implications**

- 1.1 It is proposed that a number of the programmes will be developed with partners across the West Midlands Combined Authority footprint. The WMCA will actively seek to engage non constituent members to support the Treasury approach for effective evaluation of national scalability.
- 1.2 The WMCA were allocated a further £7m in the budget of May 2017 to be available for two years from 2018/19 and 2019/20. This funding was ring fenced to support mental health wellbeing in the workplace across the Midlands Engine footprint and was to be used to translate the learning from the Mental Health Commission. Work is now ongoing with the Midlands Engine team and central Government Departments to ensure that the delivery model and approach is agreed in principle to enable to wider roll out of the Mental Health Commissions learning.

## **2.0 Progress**

- 2.1 **Employment and Employer - Thrive into Work – Individual Placement Support (IPS) Trial** – The Thrive into Work programme, which aims to test whether IPS works in primary and community settings, continues to move on at a pace towards its formal implementation launch on 20 October 2017. The total funding obtained from the Work and Health Unit Innovation fund for the pilot has been finalised as £8.335m over three year programme. Over this period, the programme aims to deliver services to approximately 3,346 people who are out of work with a health condition across the four sites. It aims to engage a further 3,313 to be part of a control group. The providers will refer these individuals to existing employment services in their local areas.
- 2.2 Significant progress has been made in the following areas over the last six months: The trial has been submitted to the Health Research Authority (HRA) for ethical approval which received approval on 19 September.
- 2.3 An extensive procurement process to appoint employment providers has taken place during August with the scoring, evaluation and moderation of high quality tender submissions. The final bidders will be notified on Monday 25 September following formal sign off from the WMCA Board on 8<sup>th</sup> September 2017.
- 2.4 In readiness for the launch and the implementation phase of the programme two interim managers (programme manager and delivery manager) have been engaged to advance clinical engagement and manage the provider contracts which will be in place. Recruitment is about to commence for a small permanent team of staff to manage the programme.
- 2.5 The programme has concluded a formal legal agreement between WMCA and Wolverhampton CCG to host and provide back office support to the programme. This was finalised on 22 September 2017.

- 2.6 **Employment and Employer - Fiscal incentive** – This is the development of a model to test the tipping point at which an employer would initiate wellbeing programmes into the workforce. It seeks to work with 100 small and medium enterprises across the WMCA footprint and works on the premises of a Randomised Control Trial. The programme will focus on key enablers in the company as well as developing wellbeing across mental health, musculoskeletal and obesity linking it to the wider WMCA wellbeing and physical activity strategies. The pilot will take place over two years.
- 2.7 Key partners at local and national level have assisted in the design of the incentive programme which will be submitted to the Work and Health Unit Innovation Fund in mid-September. The original funding proposal was for approximately £2m however, reshaping of the programme has occurred which will be seeking approximately £1.4m.
- 2.8 It is anticipated that recruitment of the business for the pilot will occur in late November / early December and seek to commence in January 2018. These will need to be from across the wider WMCA footprint to support the approach of scalability and also ensure we test across a host of different business sectors.
- 2.9 The programme will be formally evaluated by an academic partner and will seek to support wider discussion with Government Departments in 2019/2020. Procurement for the delivery agent for the evaluation of the programme will commence in early October.
- 2.10 **Employment and Employer- Wellbeing Charter** – Developing support for this programme with existing provision occurring within the local landscape has commenced. Local Authority employer engagement leads and Directors of Public Health have supported the continued promotion of the approach. A number of public and private sector bodies have commenced the approach with a Coventry City Council taking a leading role in the recruitment of business and organisations. All Chambers of Commerce and LEPs have also supported the promotion of this approach. A further strong commitment has been shown by West Midlands Fire Service and Jaguar Land Rover to this agenda by both completing the Wellbeing Charter accreditation.
- 2.11 On Friday 15 September Liverpool City Council issued a termination notice for Local Authorities to cease using the Work Place Wellbeing Charter. Work is ongoing with other bodies to challenge this approach, whilst developing a contingency position.
- 2.12 It is anticipated that the Midland Engine work stream funding will support the wider roll out of a wellbeing programme. It is expected that this will create some additional resource to enable delivery and scalability.
- 2.13 **Employment and Employer - Social Value Procurement** approach for wellbeing – As part of the Action Plan a concept to create a ripple effect of improved employer/ employee wellbeing was proposed. The WMCA have taken this forward to develop the principles and process for delivery. It is hoped that once this process has been developed it can be shared more widely across the WMCA and Midlands Engine Footprint to support the cultural shift in increased employee wellbeing as a means to improving productivity.
- 2.14 **Housing First work stream**
- 2.15 The WMCA mental health commission action plan identified housing as a key area in the promotion of improved mental health. The development of Housing First, an emerging model of housing and support provision, was one of its recommendations.

- 2.16 In June 2017 a small project group was established, comprised of representatives of the WMCA PSR team, local housing association providers, the local branch of the National Housing Federation and the community and voluntary sector. The group has met twice, once in June and again in August.
- 2.17 The focus of its work thus far has been to gather evidence on existing models of Housing First and a review of the evidence and literature is being prepared and will be completed by mid-September. The group also developed a set of key questions for local commissioners and providers in councils and housing associations across the region. These questions formed a 'call for information' and were designed to establish the likely level and type of need. Initial response rates were poor, in part due to the summer holiday period. Follow-up contact has been made and the information should be complete by mid-September.
- 2.18 From this data and the evidence, the group will shortly develop a proposed model of Housing First, and in an effort to test the concept, seek willing partners to pilot it. In developing the model, the group is mindful of current work taking place in various councils, notably in the Black Country and in Birmingham. Discussions have taken place between the project lead and the Implementation Director with those areas and where opportunities exist to partner or join up our work, this will be taken forward. The group is also linked in to the work of the Mayor's Homelessness Taskforce to ensure there is connectedness with their work, and to avoid duplication.
- 2.19 The group is also liaising with the national body with expertise in this field, Housing First England and with the Centre for Mental Health. Work is also in train to establish the viability of funding sources, with particular focus upon the potential for the use of Social Impact Bonds and the appetite for that type of approach as well as exploring other potential sources of funding from outside the public sector.
- 2.20 **Criminal Justice - Engager Programme** - The WMCA Mental Health Commission Action Plan identified criminal justice as a key area in the promotion of improved mental health. The development of Engager Intervention model, a psychological intervention to support prisoner leaving prison, was one of its recommendations. The programme is moving along steadily.
- 2.21 HMP Featherstone has been identified as the host prison with the cohort of detainees to be engaged with the programme will be located from within the Wolverhampton City Council area.
- 2.22 Funding has been agreed from the Police and Crime Commissioner (£80k), with an agreement for funding to be released at the start of the programme (giving the WMCA 12 months to run the programme).
- 2.23 All core stakeholders have now been engaged and are contributing to the designing of outcome measures for the programme to ensure that the programme complements local priorities.
- 2.24 Moving forward, the legal and procurement teams at the West Midlands Combined Authority are supporting the design the service specification and identify the procurement options. The team are currently adapting the academic test pilot Engager model protocols and practitioner manuals for use in the West Midlands pilot.
- 2.25 It is anticipated that the programme will commence in January and to start see the first interventions in early 2018.

2.26 **Criminal Justice - Mental Health Treatment Requirements** – The West Midlands has now been identified as one of five national Test Bed sites. Work is ongoing in Birmingham with key stakeholders to develop the model of delivery which will give courts a sentencing option of a Mental Health Treatment Requirement.

2.27 The programme in Birmingham has been developed with NHS Offender Health, Birmingham Cross City CCG and the Health Exchange to enable delivery of primary care interventions for low level offending behaviour. Birmingham will be a wave one site seeking to go live in October with Wave two sites (Black Country and Coventry) seeking to be developed in the next financial year.

2.28 Funding for this project has come from NHS England and the Police and Crime Commissioner. It is hoped that further discussions with partners will unlock additional funding for the wave two sites.

### 2.29 **Improving Care - Primary Care Mental Health**

2.30 The aim is to provide a blueprint for the development of the compassionate and effective management of people with mental and emotional health difficulties in primary care. The lead GPs are working with a range of clinical, commissioning and academic partners including STPs, Universities, Academic Health Sciences Network, Public Health and NHS England.

2.31 There are many interesting examples of approaches around the country which aim to deal with various parts of this rich and complex area of care, and an emerging collaboration between public and personal health as well as the social and medical models of health care and support. Colleagues across the country are actively developing ways of working to address a range of issues, using creative methods and inter-disciplinary working to achieve improvements in some of the following:

- prevention of mental illness particularly in people who have suffered significant adversity in childhood;
- managing crisis in ways which allow a range of coordinated alternatives and to reduce the harm caused by mistreatment of people in acute distress;
- more efficient and holistic navigation for primary mental distress;
- better management of people with long term conditions compounded by mental health problems;
- the management of people with complex difficulties who often fall between services;
- the unnecessary attendance at A&E of many people with mental distress;
- people with medically unexplained persistent symptoms;
- the life-expectancy discrepancy between people with severe and enduring mental illness and the rest of the population.

2.32 The operational group are actively involved in sifting through literature regarding primary care mental health, looking at local, national and international examples of good care, and aim to provide a series of suggestions within the next month, with the intention that exemplar sites will be found around the region to take these ideas forward, in conjunction with STP and the Five Year Forward View (FYFV), in order to demonstrate tangible ways in which parity of esteem and value can be achieved for people with mental health problems.

- 2.33 This will involve something of a sea change in approaches for some people, changes in how people manage, communicate and share risk and the involvement of service users, people with lived experience in the development and evolution of systems of care. This represents a significant social challenge for us- underpinning all health with good mental health is a brilliant strapline but we need to make it an increasing reality rather than a pipedream.
- 2.34 As part of the above specific thought is being given to the following: Peer support, Social prescribing, the development of an emotional Trauma network around the region-fostering trauma-awareness and good practice, Complexity work with public health- work on an understanding of how some of the people whose care (or lack of care) often costs our society vast sums of money but who are often not recognised or offered help which actually meets their needs.
- 2.35 Links with clinical STP developments for general practice as well as the WMCA work streams of criminal justice, housing, employment and schemes/aspirations like zero suicide are fundamental to trying to ensure that we don't end up with a system full of gaps.
- 2.36 The backdrop of uncertainty in the future of general practice (projected vastly reducing numbers of GPs over the coming years), the push-me-pull-you of STPs trying to bring their budgets in line, the role of accountable care organisations and Federations, and the alignment of health and social care are all factors which will inevitably influence this work, and stiffen the challenge of making universally acceptable proposals.
- 2.37 To develop further the team are planning separate workshops with the West Midlands Mental Health Commissioning network, NHS England and Health Services Management centre in October to look at the clinical, commissioning and academic ramifications of our proposals.
- 2.38 **Improving Care - Merit Vanguard (Mental Health Provider approach)** – Collaboration is ongoing with the five Mental Health providers in the WMCA metropolitan areas and wider connectivity through the NHS England Mental Health Alliance across the four regional STPs. Out of area placements, restraint in Mental Health units and work on early access for psychosis is in development. It is anticipated that by winter 2017 out of area placements will only be undertaken in exceptional circumstances when specialist care is not available locally. This particular work stream will be a focus of activity over the next quarter.
- 2.39 Further work on the equality agenda is being developed with specialist support from Dr Karen Newbigging (University of Birmingham) and Jacqui Dyer who sat on the national Mental Health Task Force. The focus is seeking to understand equality of access and equality of outcomes and will seek to support the wider development of service redesign across the region.
- 2.40 **Community Engagement - Zero Suicide ambition** – In May 2017, the “Walking out of Darkness” event took place in Birmingham with approximately 550 people taking part in an 8 mile walk along the canal network of Birmingham. Led by “CLASP” Suicide prevention charity and supported by many regional stakeholders including WMCA, Public Health England, Kaleidoscope plus and Birmingham Mind. The event was launched for year one and is seeking to grow year on year.
- 2.41 The Second year event is planned for Sunday 6<sup>th</sup> May 2018. A planning event is due to take place in late October or early November. The event will seek to start and finish in Birmingham City Centre with an ambition to recruit at least 1500 participants. To support this it is requested that this event is promoted wherever possible.

- 2.42 **Community Engagement -Supporting the drive to prevent suicide.** A paper is being presented to the Directors of Public Health in the region in September 2017 which seeks to develop the wider narrative around zero suicide. The position should be that suicide is not inevitable, it is preventable. Within the WMCA, our approach should be to make suicide prevention everybody's business as well as developing a personal asset based approach which gives people hope. This approach will build on the existing work in the region and support by creating a regional strategic approach with oversight to embed this cultural shift.
- 2.43 **Community Engagement - Mental health literacy programme** – work is ongoing to develop a mental health literacy programme which would be delivered across four levels. The approach would seek to deliver a digital universal programme to 300,000 people with focus on students and employees and communities. This model would be similar to the dementia friends approach. The second tier would be to support line managers and champions and seek to develop wider awareness and navigation to support with the next two tiers targeting key individuals and groups across the region. Work is ongoing with Mental Health First Aid England to support the programme with a programme development manager. This approach would also fit into the wider Midlands Engine agenda and support the overarching ambition to train 500,000 people in mental health awareness in ten years.
- 2.44 **Community Engagement - Citizen Jury THRIVE MH Cafes** – The original citizen jury group have developed into a cooperative and are now starting to develop a crisis café model (THRIVE CAFÉ) in two localities in the region. Birmingham Wellbeing Board have agreed to test a district model of this approach and the Black Country Mental Health Partnership are supporting this in the Black County.
- 2.45 The approach will seek to learn from national best practice and will work alongside provider Recovery College models. For sustainability support will be garnered from the Third Sector and peer support networks. The WMCA MH Commission are designing the pilot programmes to devise a sustainable model.
- 2.46 It is anticipated that within 12 months the initial model will be tested and a scalable model will be ready to share across the wider WMCA. To support the resource element, the programme will seek to recruit volunteers from the mental health literacy programme to develop a volunteer network building on the community asset based approach.
- 2.47 **Community Engagement - Global City Network** – As part of the THRIVE West Midlands approach there is an opportunity to develop the global cities network. A conference took place in Philadelphia and New York in September to align the THRIVE Cities and create a learning event for wider development. Sarah Norman (Chief Exec. DMBC) represented the Commission and will develop an approach to ensure learning from the event can be translated into activity in the Commission.

### **3.0 Financial implications**

- 3.1 There are no new financial implications.

Confirmation of Government funding for the IPS programme of £8.3m has been received. The first payment of £0.479m has now been made to WMCA and will fund implementation costs. The remainder will be paid to WCCG in quarterly instalments to fund delivery in each area and the cost of management, administration, monitoring and reporting and include ring-fence of funds for any emerging financial liabilities and exit payments.

Spend against the WMCA Mental Health Commission for 2017/18 is behind budget for the first half of the year but is expected to be on track by the end of the financial year.

## **5.0 Legal implications**

- 5.1 The current THRIVE into Work programme is in the final stage of design. The WMCA have received confirmation of the required funding and have received Ministerial approval for the Programme. The WMCA are currently waiting on the final Memorandum of Understanding from the Department of Work and Health to complete the due diligence on behalf of the WMCA. The legal agreement between WMCA and Wolverhampton CCG to host and provide back office support to the programme has been finalised.
- 5.2 The Programme has been initiated by the West Midlands Mental Health Commission under the authority of the West Midlands Combined Authority.

## **6.0 Other implications**

- 6.1 Nil

## **7.0 Schedule of background papers**

- 7.1 Nil

## **8.0 Appendices**

- 8.1 Nil