

Strategic Policing and Crime Board

19 June 2018

Annex – Mental Health Commission

1.0 Background

- 1.1. The West Midlands Mental Health Commission has been a significant programme within the Combined Authority since its inception, following the development of the Commission and the leadership from Rt. Hon. Norman Lamb MP, who chaired the Commission and Sarah Norman as the Chief Executive lead sponsor. As is noted above under the financial contributions section, this work has been strongly supported by the Police & Crime Commissioner and West Midlands Police both in direct action and through funding. The focus on health and wealth, providing two sides of the same coin creates a strong health improvement narrative and an influential economic case for engagement. The story within the West Midlands is no different to other areas within the country but the engagement of the Police & Crime Commissioner, the Mayor and the wider opportunities that the West Midlands Combined Authority brings creates a suitable platform to initiate an innovative approach and the Mental Health Commission provides the bedrock to support this approach.
- 1.2. The Combined Authority is mandated to develop the wider region's infrastructure, creating better opportunities for employment and skills and developing opportunities for adding value at a regional level on key determinant issues. These are all areas which assist the drive to support the Mental Health Commission Action Plan. The Programme has worked in collaboration with West Midlands Police and each area of the Combined Authority to develop connectivity and increase engagement with the programme.
- 1.3. The Mental Health Commission focused on key areas; Employment and skills, Housing First, mental health in the Justice System, mental health in a care system and wider collaboration to build capacity. With 1 in 4 people experiencing poor mental health during their lifetime and nearly half of all illness for the under 65's is poor mental health, the impact to our economy is significant. In the West Midlands alone, 4.159 Million working days are lost to mental health reasons at a cost of just over £2 Billion pounds of mental health related inactivity. The Link therefore is clear for the programme to support the national industrial strategy and the alignment of the local industrial strategy moving forward.

- 1.4. The West Midlands Combined Authority has supported this programme as a priority programme during the last eighteen months and moving forward is committed with partners to address the wider causes of poor mental health and wellbeing which incubate poorer economic outcomes. The energy post this review will build on the existing work and create a framework of radical prevention with inclusive growth and strong collaboration being the additional pillars of work to create a stronger more sustainable approach as well as a strategic alignment to the reforming public service agenda.
- 1.5. 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 18 months of activity and the plan to move the programme forward.

2.0 Wider WMCA Implications

- 2.1 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.
- 2.2 The West Midlands Engine 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. It is anticipated that the call out for application across the Midlands Engine will commence in September 2018 and work is ongoing with the commissioners to ensure that the approach directly links to the learning from the WMCA MH Commission and the recent report from Lord Stevenson and Paul Farmer.

3.0 Resources – The Mental Health Commission has operated in the first year with a minimal resource level to create the bedrock for turning ‘words into action’. The Implementation Director has been supported by a graduate trainee for 6 month and a Public Health Registrar to aid the development of the THRIVE at work scheme. Additional support in the guise of consultants has been used to help shape the commissioning and framework for future delivery.

- 3.1 Moving forward through the agreement of the WMCA budget the shape of the programme team is developing to support the delivery of programmes. Three new programme lead posts will be created to oversee the delivery of the key areas of business. A graduate position will be available for a six month rotation to support the operationalisation of work streams and a programme management resource will be created to assist with programme design.
- 3.2 From external partners, Mental Health First Aid England has funded a two year secondment for a regional coordinator post to assist in the development of the mental health literacy programme. Discussions are currently taking place to identify further opportunities for a Public Health Registrar to support a number of key programmes which includes a Public Health registrar to focus on Mental Health in the Justice System

4.0 Progress

- 4.1 **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, was formally Launched on 1st June 2018. 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.
- 4.2 Since the trail has commenced the three providers have worked in partnership to develop the referral routes of individuals who have been out of work for at least 28 days and are currently seeing a primary care clinician. Work is ongoing to develop the pathways for access that will include inclusion from the Custody Liaison and Diversion service where appropriate. As a positive outcome we have our first person into full time employment from the programme.
- 4.3 **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 132 small and medium enterprises across the WMCA footprint and works on the premise 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 12 months.
- 4.4 Key partners at local and national level have assisted in the design of the incentive programme and has now been formally agreed. A funding grant of £1.4M has been approved to test and evaluate the programme. The approach will focus on the fidelity of the model and the engagement with businesses to satisfy the board that the approach will be delivered.
- 4.5 It is anticipated that recruitment of the business for the pilot will occur from July to September 2018. The timeline for delivery has shifted due to building the effective research and pilot programme using strong local academic partnerships (Warwick Business School and Centre for Health Leadership at Warwick University) and RAND Europe who are all specialist in the field. The recruitment of businesses will need to reach across the wider WMCA footprint to support the approach of scalability and also ensure we test across a host of different business sectors within the pilot.
- 4.6 **Employment and Employer- Wellbeing Charter** – Following the cessation of the Work Place Wellbeing Charter the West Midlands Combined Authority have been working with partners in Local Authorities and Public Health to create a new THRIVE at Work programme. This programme will build on the existing evidence base and create model for improving wellbeing in work place. The development broadens the focus of the wellbeing agenda to create a set of enablers within an organisation, developing a social value contract within the organisation. The programme will also focus on mental health, muscular skeletal health, improving physical activity and a number of risk factors including poor diet, smoking and poor financial health.

- 4.7 The approach will create a formal offer for businesses and create a toolkit which is free for businesses as well as creating strong links to local services and voluntary sector networks. This programme is due for formal launch across the Midlands in September 2018.
- 4.8 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.
- 4.9 **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. This work if adopted formally could be a market leader. The programme is seeking to set the pace nationally on this agenda and the link to employee wellbeing could be an interesting testbed. Working with the Office of Civil Society the Public Service work stream is seeking to formulate an offer and approach for a social economic strategy in support of the Public Services (Social Value) Act 2012.
- 4.10 **Housing First work stream** - 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.
- 4.11 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 met a number of times and prepared a final report to support the Local Authority Housing First bid.
- 4.12 From this data and the evidence, the group have 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 Homelessness Taskforce (discussed above) to ensure there is connectedness with their work, and to avoid duplication. It is expected that the wider Housing First model being developed within the region will support the small pilot for people living with poor mental health who are not quite at the entrenched rough sleeper position.
- 4.13 **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 slower than anticipated. The originating engager programme team have been supportive but the model had to be re designed for use locally. Clinical arrangements for staff inside the prison and supervision has proved extremely challenging with only 3 specialist trained staff nationally able to provide the model. A variance of the model has now been designed to enable the programme to

be commissioned locally and to support the flow from prison custody into the community with strong support post release.

- 4.14 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.
- 4.15 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). This will be carried over from year 2017-18 to enable the programme to develop.
- 4.16 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.
- 4.17 A delivery partner is still being sought. Work is ongoing to build an internal team to manage the programme and ongoing delivery. It is anticipated that this programme will recommence in September 2018 with re-procurement in October.
- 4.18 **Criminal Justice - Mental Health Treatment Requirements** – The West Midlands has now been identified as one of five national Test Bed sites. Birmingham is now live with the model running in both Magistrate’s and Crown Court. The programme has now been running since December 2017 and has made over 45 recommendations for Orders. This will give courts a sentencing option of a Mental Health Treatment Requirement. The model is seeking to widen out the Community Sentence Offer and is linking with Drug and Alcohol services and both National Offender Management Service and the local Community Rehabilitation Company to ensure that alignment is made to promote the best outcomes for the individual.
- 4.19 The programme has created a governance board that now sits across the three Treatment orders which has seen over 120 orders now confirmed since October 2017.
- 4.20 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. Secondary care services have been supported to ensure that existing open patients can have a new care plan offer to support a Treatment Order. Moving forward Wave two sites (Black Country and Coventry) are seeking to be developed in the May 2018.
- 4.21 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.
- 4.22 **Street Triage and police use of S136 Mental Health Act 1983** – Significant work has been undertaken over the last few years to ensure that the Street Triage Team has a business as usual approach. The teams migrated to Force Response as part of the redesign of the force with ownership now sitting under Chief Inspector Sally Seeley. A formal review is now underway to review the operating model and create a consistent model across the force. As such it is expected that Coventry will move to a three service model in the autumn.

- 4.23 Street triage teams have seen approximately 9000 people this year (April 2017 – March 2018) in crisis of which, 903 people were detained under s136 MHA 1983 (877 Adults and 26 under 18 year olds). This is a small increase from last year of 852. There were 4 people detained in custody under s136 this year compared to 0 last year. Two people have been arrested for crime matters and converted into s136 in police custody following the changes to the legislation in December 2017 which enabled custody to be a place where detention under s136 can occur. One person was detained outside the police station because of their behaviour and the last individual was detained for a crime matter and also detained under s136 and then removed to the health based place of safety.
- 4.24 The Approved Professional Practice for Mental Health was launched in October 2017 and has been delivered in a partnership approach to over 3500 frontline staff. It was recognised that having a partner to support the clinical element of the training was critical. In addition a number of lived experience consultants delivered and input at the end of the day to outline the approach that was taken by staff and how this linked to the wider intervention and prevention agenda. This approach is continuing throughout 2018 / 2019 with further continuous professional development days being delivered.
- 4.25 **Improving Care - Primary Care Mental Health** - 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.
- 4.26 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. This programme has now been embedded into the NHS E Regional Mental Health Alliance with a delivery plan being developed by Dr Paul Turner and seeking to develop pilot approaches across the wider STP footprints.
- 4.27 **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.
- 4.28 MERIT has developed a co-ordinated bed management function, providing a 24/7 bed management function and standard operating procedures. This allows bed managers in the partner Trusts to view the status of each other's inpatient beds, with an agreement between them that they could call on vacant beds for patients who might otherwise be sent out of the West Midlands. There was, from the beginning, anecdotal evidence that the Trusts were using beds outside the West Midlands when more local beds were, in fact, available. This was attributed to relatively poor collaborative relationships, an often proprietorial mind set in bed allocations, and the relative lack of communication between neighbouring organisations' bed managers.
- 4.29 Improved access to beds in the wider West Midlands area (and a consequent redefinition of 'out-of-area' to mean 'out-of-West Midlands') reducing demand for more distant placements, which might separate inpatients from the friends, family or

other support networks required for a successful early discharge, and could therefore prolong an admission. Out-of-area admissions also remain significantly more expensive for the local health economy, the travel involved can be traumatic for the service user, and repatriation arrangements can take longer once a local bed becomes available.

4.30 The Bed Finder is a web-based system, created in-house by one of the partner Trusts on behalf of the partnership which went live at the end of December 2017. Beds can be identified across the four partner Trusts, and searches can be undertaken according to the needs of the patient concerned, such as gender, age, forensic history, required ward type (PICU/acute/organic etc). Each Trust's internal system feeds the web-based viewer, to provide information which is as close to real-time as possible. A weekly conference call is in place between the bed managers from the MERIT Trusts to review bed status, capacity and demand. Evaluation is currently underway to review the impact of the current work.

4.31 **Early intervention for Psychosis** - The West Midlands Mental Health Clinical Network works with Clinical Commissioning Groups, the Mental Health (MH) Trust Providers of Early Intervention in Psychosis (EIP) Teams, and various other key stakeholders within the West Midlands footprint, which includes Shropshire and Staffordshire, across Midlands and East, and nationally in supporting the implementation of the Access and Waiting Time Standards (2016).

4.32 Over the past 18 months, the Clinical Network has:

- Commissioned various training provisions for EIP providers to support the delivery of the NICE concordant package of care which is offered to patients as part of the Access and Waiting Time Standards. This has included Physical Health, Carer Focused Education and Support, Behavioural Family Therapy, Comprehensive Assessment of at Risk Mental Health States, a Data and Quality Focused Workshop, and finally a "Supporting the Standards" two day Training and Information Sharing Event.
- Worked with the MH Commissioners, the MH Trust Providers of EIP, and the MH Trust Provider Data Analyst Teams to improve the reporting and quality of data on both Unify and the Mental Health Service Data Set (MHSDS). This has been in conjunction with NHSE, NHS Improvement and the Intensive Support Teams.
- Supported the MH Commissioners and MH Trust EIP Providers by building the awareness of First Episode Psychosis (FEP) with colleagues in Primary Care. Resources were distributed to GP Surgeries across the West Midlands, as well as attending either Multi-Disciplinary Team Meetings or One to One meetings to discuss this specialism further.
- Supported the EIP Providers by attending a bi-monthly forum to explore and discuss themes and challenges, and share best practice around the delivery of the standards.

4.33 Moving forwards into 2018/19 the Clinical Network and MH Commission will continue to provide quality improvement support in this work-stream and will engage accordingly with key partners both regionally and nationally

4.34 **Improving Equality** - 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. This work will be a formal work stream for summer 2018 and seek to develop as a community led programme.

- 4.35 **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.
- 4.36 The Second year event is planned for Sunday 7th October 2018. A planning event is due to take place in July 2018. The event will seek to start and finish in Birmingham City Centre with an ambition to recruit at least 3000 participants. To support this it is requested that this event is promoted wherever possible.
- 4.37 **Community Engagement -Supporting the drive to prevent suicide.** A paper was presented to the Directors of Public Health in the region in September 2017 which sought to develop the wider narrative around zero suicide. The position should be that suicide is not inevitable, it is preventable. The model was adopted and is now being developed with the Local Authority Suicide Reduction Partnerships. 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. The focus for this will approach will work on three key areas; Data improvement, Training and development for staff and communities and live time surveillance where we can work with the regions emergency services to capture live time information and respond to emerging trends or issues. This will be supported by West Midlands Police and West Midlands Ambulance service where approaches to suicide prevention will become work streams linking improved data collection to managing threat, risk and harm.
- 4.38 **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.
- 4.39 In the first 18 month, nearly 14,000 people have been trained in Mental Health First Aid. This does not include the work being undertaken in schools. With the two programmes becoming aligned in summer 2018, we are seeking to ensure that we will be pushing towards a total of 30,000 people trained in the next 12 months.
- 4.40 Working With Public Health England we are supporting the approach for a universal digital platform for mental health awareness. The programme will seek to provide access for 300,000 people in the region to a basic awareness programme. This forms part of the Prime Ministers one million campaign. The Programme is currently in testing phase across the midlands and is working in a number of workspaces to test. As such it is hoped that once the review has been completed that this will be released to the Midlands for general release.
- 4.41 This model will then be cascaded out across the wider Midlands Engine agenda and support the overarching ambition to train 500,000 people in mental health awareness in ten years.

- 4.42 **Community Engagement - Citizen Jury THRIVE mental health cafés** – 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
- 4.43 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.
- 4.44 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. The first site is currently operating in North Birmingham with Birmingham Mind as the delivery agent. Early indications are that this is an interesting new model for wider community engagement and supportive signposting.
- 4.45 **Community Engagement - Global City Network** – In May 2018 event took place in Stockholm where the Thrive work was showcased to a global audience. The Implementation Director co-hosted a two day programme looking at leadership in the mental health arena and how stronger collaborations could be built. Further discussions took place regarding stronger alignment of the Justice System into the programmes.
- 4.46 **New programmes of work moving forward** – following the launch of the Thrive Programme a number of area of business have been raised which will seek to add additional value to the current work streams
- 4.47 **Veterans support** – building on the Armed Forces Covenant a work stream is emerging involving veterans / armed forces leavers' access to health and work systems. Working with the existing Veterans network in the region the ambition will be to provide a coordinated response to this agenda. The proposal is to create a programme linked to the WMCA commitment that connects the wider wellbeing agenda and employment and skills commission. It is proposed that this work will commence in Summer 18.
- 4.48 **Wider Criminal Justice connectivity** – Through the Mental Health Commission a link has been created with the Local Criminal Justice Board chaired by the Police and Crime Commissioner. The link has created an opportunity to review the journey through the Criminal Justice system of people experiencing poor mental health. It is proposed that a group is established to create a Health and Justice programme for the Local Criminal Justice Board. This group will focus on the key transition points in the system where justice and health collide and seek to create a change in the service commissioned and provided. The date for the Mental Health is to be set but is likely to be in early July.
- 4.49 **Young people prevention** – perhaps the biggest opportunity in this arena is the radical prevention ambition which will seek to create a stronger position for building resilience and support for the young people in the region. Work has been ongoing to understand the evidence base in this arena and a link to the wider preventative approach. Although there may not be an appetite for a whole scale preventative

programme, two programmes stand out for further exploration; Positive parenting practice and school based resilience. Both programmes have existing footprints within the WMCA but a coordination at regional level may add additional value.

4.50 **Work place wellbeing** – linked to the Midlands engine the development of the learning from the Thrive programme has the potential to be extended across the region. Linking to the £7 million within the innovation and enterprise programme of the Midlands engine it creates a platform to build on the Lord Stevenson and Farmer review which focuses on improving mental health in the workplace. It's is expected that this will be a significant programme of work for the next two years to create a delivery model that focuses on linking improving individual mental health with the industrial strategy.

5.0 **Financial implications**

The Commission and Initiatives have been delivered during 2017/18 within the approved budget. Onward work will progress within the resources and funds approved in the Combined Authorities Operational Budget for 2018/19 and additional grant funding secured in year.

The 18/19 budget allocated for mental health is £435,000. This consists of £304,300 for resources, £100,000 for project delivery expenditure and £30,700 for commission and citizen jury expenses.

Further grant funding secured to date includes funding for the IPS programme which has been allocated £8.355m of funding from the Work and Health Unit over 3 years. £80k from the Police and Crime Commissioner for the Criminal Justice - Engager Programme was carried over from last year as well as a further £120k to support the extension of the MHTR programme subject to final agreement.