

<b>HEALTH AND WELLBEING BOARD</b>		AGENDA ITEM No. 6
<b>22 SEPTEMBER 2016</b>		<b>PUBLIC REPORT</b>
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**SUSTAINABILITY AND TRANSFORMATION PROGRAMME MENTAL HEALTH STRATEGY:  
“WORKING TOGETHER FOR MENTAL HEALTH IN CAMBRIDGESHIRE AND  
PETERBOROUGH – A FRAMEWORK FOR THE NEXT FIVE YEARS”**

<b>R E C O M M E N D A T I O N S</b>	
<b>FROM :</b> Cambridgeshire and Peterborough Sustainability and Transformation Programme (STP)	<b>Deadline date :</b> N/A
<p>The Health and Wellbeing Board is asked to endorse the Mental Health Strategy, subject to any comments the Health and Wellbeing Board have.</p>	

**1. ORIGIN OF REPORT**

- 1.1 This report is submitted to the Board from the Cambridgeshire and Peterborough Sustainability and Transformation Programme (STP). It describes the STP Mental Health Strategy document “Working together for Mental Health in Cambridgeshire and Peterborough”, which has been discussed and endorsed by the STP Clinical Advisory Group (CAG) and is scheduled for discussion by the STP Health and Care Executive on 12 September 2016.

**2. PURPOSE AND REASON FOR REPORT**

- 2.1 The purpose of this report is to bring to the Board’s attention the Mental Health Strategy document “Working Together for Mental Health in Cambridgeshire and Peterborough – a framework for the next five years” which has been prepared by the Cambridgeshire and Peterborough Sustainability and Transformation Programme.
- 2.2 The need for such a document was identified by, among others, Councillor Tony Orgee, Chair of the Cambridgeshire Health and Wellbeing Board, who wrote in February 2015 that “there appeared to be no overall joint strategy for Mental Health” and questioned how a number of separate mental health strategies either existing or in development were to be brought together and progress made towards a joint strategic approach to adult mental health.
- 2.3 The Sustainability and Transformation Programme has prioritised the development of a coherent joint strategic document for Mental Health, and this has been underpinned by a number of national developments including the publication of the recommendations of the National Taskforce for Mental Health (“The Five Year Forward View for Mental Health”).
- 2.4 Delivery of the strategy will be monitored through a MH Strategy Group as part of the STP Delivery programme.
- 2.5 This report is for Board to consider under its Terms of Reference No. 3.3.

**3. BACKGROUND**

- 3.1 The full report is appended as an Appendix to this paper.

3.2 Our strategic approach will focus on three areas:

- Prevention: promoting mental health and preventing mental illness.
- Community based care: developing an integrated approach to community based person centred care, focused on intervening early.
- Specialist care: timely acute, crisis and inpatient care when it's needed. Paying particular attention to admission and discharge processes, the management of interfaces between services and social services support.

3.3 The changes set out in the Five Year Forward View for Mental Health are being resourced through an anticipated £1bn additional national investment for mental health by 2020/21. We expect to receive a proportion of this investment locally. We estimate that our share of this additional investment should equate to approximately £12.8m by 2020/21 (based on the funding formula in use in June 2016) but it is important to note that our high level costing work suggests that this level of additional investment is unlikely to be sufficient by itself to achieve full implementation of the Five Year Forward View or all of the priorities set out in this strategy.

3.4 The national priorities for 2015/16 investment, IAPT, CAMH community eating disorder services, and early intervention in psychosis, have already received additional investment. We have also invested Vanguard funding in a community based first response service for mental health. Whilst we know there will continue to be national priorities for this investment, we also have local priorities which are key to ensuring that we create and maintain sustainable and effective mental health services in Cambridgeshire and Peterborough. There is work underway in the vast majority of these priority areas but often not at the scale needed.

3.5 Key local and national priorities for investment and further work are set out in the Report (see in particular Table 1 for priorities over the next two years).

3.6 This document does not currently encompass Learning Disabilities or Dual Diagnosis. However there is a clear recognition that these are areas of priority for further work, and Dual Diagnosis (ie concurrent substance misuse/mental health problems) in particular will be integral to the development of plans for enhanced primary care and crisis services and will be developed as a strand of the strategy. Work on dementia is being developed separately through a dementia strategy, and once available will also be incorporated.

## **4. CONSULTATION**

4.1 Although this strategy document has been produced by a small working group, we have drawn on work which has been carried out by many people and organisations over the past few years, including a large number of discussions with service users, carers and representatives of partner organisations, as well as existing mental health strategies.

## **5. ANTICIPATED OUTCOMES**

5.1 A joint outcomes framework for mental health across the health and social care system will be developed alongside specific, prioritised and fully costed investment cases for new developments.

## **6. REASONS FOR RECOMMENDATIONS**

6.1 Mental Health problems represent the largest single case of disability in the UK. The cost to the economy is estimated at £105bn a year. Despite policy and strategic initiatives at national level to improve outcomes for people with mental health problems, challenges with system wide implementation and increases in demand have led to inadequate provision and worsening outcomes in recent years. Achieving parity of esteem for mental health,

improving outcomes, delivering national priorities and defining and prioritising local ones requires a coherent strategy implemented at local system level

## **7. ALTERNATIVE OPTIONS CONSIDERED**

- 7.1 Continuing the separate development of mental health strategies, with the associated risk of a lack of coordination and integration between them.

## **8. IMPLICATIONS**

- 8.1 A joint mental health strategy is now in existence. This will require further and detailed development, including the development of an outcomes framework and specific, prioritised and fully costed investment cases. A Mental Health Strategy Board, under the auspices of the STP, will be established.

## **9. BACKGROUND DOCUMENTS**

- 9.1 The draft report, as submitted to the STP Health and Care Executive on 12 September 2016, is attached as an Annex and contains references to other relevant background documents.

## **10. APPENDICES**

- 10.1 Appendix 1 – Working Together for Mental Health in Cambridgeshire and Peterborough – A Framework for the Next Five Years

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