A Framework Mental Health Commissioning Plan for Adults of Working Age and Older People 2007 - 2012

Author: Dan Lyus, Social Care Planning Officer, Wiltshire County Council

Wiltshire
COUNTY COUNCIL

in partnership with

Wiltshire **NHS**
Primary Care Trust

This document has been jointly created by Wiltshire County Council and the Wiltshire Primary Care Trust.

It represents a Framework Commissioning Plan for Mental Health Services in Wiltshire 2007 - 2012 and signifies an undertaking of the two organisations to work in partnership to deliver the commissioning intentions outlined within the document.

Jeff James
Chief Executive
Wiltshire Primary
Care Trust

Sue Redmond
Director
Department of Community
Services, Wiltshire County
Council

The consultation period runs until the 31st December 2007 please feed your comments on the documents and the intentions to Daniel Lyus, Wiltshire County Council, 3rd Floor Mech, County Hall, Trowbridge, BA14 8LE or e-mail daniellyus@wiltshire.gov.uk

Alternatively to access the consultation online and take part in discussion forums you can use ACKnowledge, our e-consultation tool, via www.intelligencenetwork.org.uk and click on the consultation button and follow the steps for registration.

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1 Introduction

This framework mental health commissioning plan outlines the priorities and associated commissioning intentions of Wiltshire County Council (WCC) and Wiltshire Primary Care Trust (WPCT) in addressing the needs of adults of working age and older adults with mental health problems. In so doing, it sits below the Draft Strategic Framework for Mental Health Services in Wiltshire[1] which sets out the broad vision for the development of Mental Health services for adults of working age and older adults within Wiltshire. It would therefore be appropriate to read this document alongside the Draft Strategic Framework for Mental Health Services in Wiltshire.

It is the intention of WCC and WPCT that, through the development of robust partnerships, other partner organisations both statutory and voluntary will have the opportunity to contribute to this commissioning plan. This document provides a framework on which to develop and will be reviewed at regular intervals as the partnerships develop. It is intended as a journey towards providing better services for those with mental health problems, and will respond to the changing needs of the partners, service users and carers.

The partners, through this commissioning plan are aiming to ensure that priority services are funded. This may involve the re-shaping of existing service provision and the de-commissioning of services, as well as developing and commissioning new services

The contents of each section of this document are explained below:

- This section (Section 1) provides an overview of the commissioning process that this plan will follow, it also explains the scope of this commissioning plan, the areas that it aims to influence and how the people that use mental health services and their cares will be involved.
- Section 2 examines the strategic context in commissioning mental health services.
- Section 3 explores the current and future needs of the citizens of Wiltshire for mental health services.
- Section 4 provides a detailed picture of current service provision and describes the commissioning intentions aimed at ensuring future services are consistent with policy drivers and demand indicators.
- Section 5 is a glossary.

Grey boxes have been used throughout the document to highlight commissioning intentions.

1.1   Definition of Commissioning

In the 2006 Commission for Social Care Inspection (CSCI) report 'Relentless Optimism – Creative Commissioning for Personalised Care'[2] commissioning is defined in the following way:

> "Commissioning is the process of translating aspirations and need into timely and quality services for users which meet their needs, promote their independence, provide choice, are cost-effective, and support the whole community."

The report goes on to state that:

> "Commissioning is distinct from contracting, which refers to the formal agreements between commissioners and service providers, that determine the service specification, service volumes, costs and how services will be procured. It is also separate from purchasing, which refers to arrangements for the procurement of services to meet the needs of individual people identified in their care plans."

1.2   The Commissioning Cycle

Figure 1 (below) is a version of the strategic commissioning cycle that summarises the stages involved in meeting all the points in the CSCI definition of commissioning.

This mental health commissioning plan in association with the Draft Strategic Framework for Mental Health Services in Wiltshire will aim to cover parts one to five of the cycle. The remaining parts of the cycle will be covered by:

- Extensive public engagement
- The development of detailed mental health purchasing intentions that go a step further than the commissioning intentions set out in this document to:
  - Establish how services benchmark regionally and nationally
  - Specify budgets for service areas
  - Explain any planned service investment, disinvestment and de-commissioning
- Draft service specifications
- Formal agreements with service providers
- Monitoring and reviewing procedures

Figure 1: Strategic Commissioning Cycle

Justification and Set Up

1. Justify the review, set up the team, create the terms of reference, establish the shared vision, aims and agendas of partners

8. Contract monitoring and review

2. Map supply - by type, function, location, and provider

Service Delivery and Design

Research and Analysis

7. Decide the procurement route set the draft service specification and set up formal agreements with service providers.

Strategic Commissioning Cycle

3. Benchmark supply – by unit cost, support provided and quality

6. Extensive public engagement to determine aspiration for service changes to inform/develop purchasing intentions

4. Establish need – by current/future demographics and user views/preferences

5. Gap analysis, compare 2 & 3 with 4, consider the demands and resources of all partners, revisit shared visions, aims and agendas – set commissioning intentions

Setting Commissioning Intentions

1.3 Scope

This commissioning plan outlines the commissioning intentions of WCC and WPCT in addressing the mental health needs of adults of working age (18 - 65 year olds) and older people (65+ year olds), when relevant specific reference or distinction is given to services for these two groups. However, it should be noted that in some cases people below the age of 65 who have organic mental health problems (such as early onset dementia) will receive treatment in older adult's services because of the nature of the treatment/support that they require. The reverse will also occur in some instances when people over 65 with functional mental health problems will be treated in services that are predominately for adults of working age.

When addressing the care and support needs of older people with mental health problems this commissioning plan will concentrate on services for people who have moderate or severe mental health problems because we aspire to meet the needs of older people in generic services.

The mental health needs of children and young people are not covered by this commissioning plan. However, specific attention is given in this document to period when children transition into adult services.

1.4 Aims

Underpinned by what has been said above and by the values and principles outlined in the Draft Strategic Framework for Mental Health Services in Wiltshire (see section 1.4) the specific aims of this commissioning plan are to ensure that:

Services are only commissioned after robust analysis of:

- o The relevant national and local strategic context
- o The current and future levels of demand for services
- o What users and carers want from mental health services
- o The current levels of service provision in, and where relevant, around Wiltshire
- o The quality and cost effectiveness of existing services
- o Best practice

1.5 Involving Carers and People Who Use Mental Health Services

The White Paper Our Care, Our Health, Our Say[3] states that:

> "Systematically and rigorously finding out what people want and need from their services is a fundamental duty of both the commissioners and the providers of services. It is particularly important to reach out

> to those whose needs are greatest but whose voices are often least heard."

To ensure that t mental health service users and their cares are involved in the development of this commissioning plan and in any future service change and evaluation there is an Involvement and Consultation Strategy. This accompanying strategy sets out a systematic approach to ensuring that we find out what people want and need from their services.
The Draft Strategic Framework for Mental Health Services in Wiltshire gives further explanation of our user and carer involvement (section 2.1).

1.6   Equality Impact Assessment (EIA)

We will complete an Equality Impact Assessment to determine whether the actions set out in the Draft Strategic Framework for Mental Health Services in Wiltshire and in this Framework Mental Health Commissioning Plan might have a negative impact on certain groups of people. This EIA will be carried out against all equality dimensions (e.g. race, gender, disability, religion/belief, age, sexual orientation) to enable us to identify and reduce the potential for discrimination of all kinds.

A copy of the EIA is in appendix 5 and is also available on the Wiltshire County Council website www.wiltshire.gov.uk.

1.7   Key Issues and Commissioning Intentions

Commissioning

High quality commissioning involves specifying, securing and monitoring services to meet people's needs at a strategic level.

> **Commissioning Intention 1:** To promote high quality commissioning practices in mental health we will develop, with our partners, a 'Joint Commissioning Group' whose role would be to
> - Gather information about need
> - Develop strategies, polices and action plans to meet those needs
> - Explore different models for service provision
> - Evaluate good practice
> - Review and evaluate current service provision against good practice models
> - Identify a joint process for allocating resources to meet assessed needs
>
> **Commissioning Intention 1a:** When planning service investment /disinvestment or to commission/decommission services we will do so within the spirit of the Compact.

Involving Carers and People Who Use Mental Health Services

In order for service users and carers to be truly involved in commissioning they need to share power and control with service providers and commissioners.

Commissioning Intention 2: To allow service users and carers to share power and control with service providers and commissioners all partners will:
- Develop policies to promote service user and carer empowerment and involvement
- Facilitate joint training initiatives to promote user empowerment
- Extend the support currently offered through voluntary sector partners to enable more service users to become involved

In order for service users and carers to feel confident their views will be positively responded to there needs to be appropriate structures to facilitate involvement.

Commissioning Intention 3: To ensure appropriate structures to facilitate user and carer involvement all partners will:
- Developing the existing carer and service user involvement mechanisms to ensure that the experiences, needs and insights of carers and users are central to future developments in Wiltshire mental health services.
- Develop policies, projects and groups that ensure users and carers are involved in the planning, monitoring and evaluation of services
- Develop policies which identify a clear route for user and carer views to be fed into the planning process
- Identify funding to meet the cost of service users and carers to be involved in planning, monitoring and evaluation
- Undertake a project to determine how self directed support, individual budgets and direct payments can be used in mental health services to promote choice and control.

2 Strategic Context and Policy Drivers

In addition to the summary of the national and local context that is outlined in the Draft Strategic Framework for Mental Health Services in Wiltshire this commissioning plan will be informed by the recent Draft Commissioning Framework for Health and Well-being[4].

2.1 Draft Commissioning Framework for Health and Well-being

The Draft Commissioning Framework for Health and Well-being is part of the White Paper "Our Health Our Care Our Say" implementation. It is relevant to the future commissioning of mental health services as it sets out a vision, framework and practical proposals for the commissioning of all areas of adult care from 2008-09.

2.1.1 Drivers for Change

The Commissioning Framework for Health and Well-being identifies that in adult care at the present there is too much of a focus on; commissioning services in institutional settings, treating illness and not preventing it and purchasing services based on volume and price rather than quality and outcomes. It also highlights that there are limited services that encourage choice and voice for people.

2.1.2 Content

The Commissioning Framework for Health and Well-being is based on eight steps to more effective commissioning, with proposals for both national and local actions to be taken. Some key points relevant to commissioning in mental health are identified below:

- Putting people at the centre of commissioning by increasing user involvement in service development.
- Improving commissioners' understanding of individuals' needs by placing a duty on health and social care organisations to undertake joint strategic needs assessments of their populations.
- Improving use of information at an individual level – e.g. by clarifying what information can be shared by joining up IT systems.
- Assuring high quality providers for all services by; engaging in earlier discussions with provider communities about needs and priorities; involving service users in assessing need and designing services; developing outcome based commissioning and market intelligence.
- Recognising the interdependence between work, health and well-being by using the power of commissioning to improve health and well-being and so support people to remain in, or get back to, work.

- Developing incentives for commissioning for health and wellbeing by; delivering services integrated around needs of individual – e.g. individual budgets, direct payments, joint PCT/local authority procurement and pooled resources and by using contracts that encourage providers to incorporate a health and well-being element in all that they do.

2.2   Key Issues and Commissioning Intentions

The Strategic Context and Policy Drivers

The Draft Strategic Framework for Mental Health Services in Wiltshire (see part 1 of that document) and the summary above of the Draft Commissioning Framework for Health and Well-being demonstrate that the current agenda in mental health is to:

- Reduce stigma around mental illness and improve quality of life
- Assess and treat people in their local communities
- Develop strong partnerships with statutory and voluntary organisations
- Involve service users and carers in the decision making process
- Provide more choice and access to services
- Make information about services accessible and widely available
- Use robust data on the demand and supply of services to inform decision making
- Make better use of outcome monitoring techniques in service delivery
- Promote equality by recognising and responding to the diversity of needs of people who use mental health services in terms of race, gender, disability, religious belief or sexuality
- Tackle health inequalities to increase access to services to all who need them and to focus greatest efforts where they can have most effect.
- Recognise the central importance of advocacy to mental health service users, ensuring that advocacy services are available across the mental health system.

Commissioning Intention 4: When commissioning and reviewing service provision it will be essential that the service provider and commissioner evidence how the service contributes to delivering national and local policy objectives. To ensure that this occurs the partners will:
- Introduce a commissioning checklist into the tendering and contract review process.

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3   Demand for Mental Health Services

3.1   The Wiltshire Picture

Covering an area of 325,533 hectares* and with a population of 454,250**
Wiltshire is a predominantly rural county that has a lower proportion of people per
hectare than that of the South West as a whole. However there are populations
in excess of 10,000 in the following urban centres, Wootton Bassett,
Chippenham, Calne, Devizes, Melksham, Trowbridge, Westbury, Warminster
and Salisbury.

In 2006, the mid year population estimates calculated that:

- 268,262 of the Wiltshire Population are aged 18 – 64 years, representing
  59% of the total population and 77% of the adult population.
- 76,565 of the Wiltshire Population are aged 65 years or over,
  representing 17% of the total population and 22% of the adult population.

Wiltshire is made up of four districts; Kennet in the east, North Wiltshire,
Salisbury in the south and West Wiltshire; the population in unevenly distributed
across these districts. The table below shows how the 2006 population in
Wiltshire is spread across the 4 districts of the county and how the districts vary
in terms of the density of people per hectare.

Table 1: 2006 Population and Density in Wiltshire by District

District	Area in hectares* (%)	Density (people/ hectare*)	Total Population (%)	18-64 Population (%)	65+ Population (%)
Kennet	96,662 (29.5)	0.8	78,550 (17)	45,954 (17)	12,667 (17)
North Wiltshire	76,766 (23.5)	1.7	130,450 (29)	79,966 (30)	19,949 (26)
Salisbury	100,413 (31)	1.2	118,450 (26)	69,176 (26)	21,699 (28)
West Wiltshire	51,692 (16)	2.4	126,800 (28)	73,166 (27)	22,250 (29)
Wiltshire	325,533	1.4	454,250	268,262	76,565
South West		2.1			
England		3.8			

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* A hectare is equal to 10,000 square metres or 2.5 acres.   12
**Population Projections from ONS Mid Year Estimate base in 2001 using dwellings built to 2004,
and a balanced mix of dwelling and migration trends for all subsequent years, incorporating 5
year land assessments to 2009; with Health Authority migration propensities.

Table 1 shows clear differences in the density and distribution of the population across the districts of Wiltshire:

- Kennet covers a large geographical area and has the lowest population it therefore has a below average population density.
- North Wiltshire has the highest proportion of the total population and the 18 – 64 population.
- Salisbury covers the largest geographical area and has a large proportion of the over 65 population.
- West Wiltshire is the most densely populated due to its large population and relatively small geographical area, it also has the majority of the 65+ population.

3.2   Demographic Change in Wiltshire

3.2.1   Future 18 – 64 Population

Table 2 shows how the 18 - 64 population is expected to change over the next 15 years; by district and the overall percentage increase.

Table 2: Current and Future 18-64 Population by District

District	18 - 64 Population 2006 (%)	18 - 64 Population 2011 (%)	18 - 64 Population 2021 (%)	Change in 18 - 64 Population: 2006-2021 (%)
Kennet	45,954 (17)	46,042 (17)	46,603 (17)	649 (1)
North	79,966 (30)	81,960 (30)	83,102 (29)	3,136 (4)
Salisbury	69,176 (26)	70,319 (25)	71,173 (25)	1,997 (3)
West	73,166 (27)	77,335 (28)	82,689 (29)	9,523 (13)
Wiltshire	268,262	275,656	283,567	15,305 (6)

From Table 2 it is possible to see that the greatest increase in the 18 – 64 population over the next 15 years is expected in West Wiltshire (13%). Indeed by 2026 West Wiltshire will have nearly an equal share of this age group with North Wiltshire. Overall the 18 – 64 population is expected to rise by approximately 3% (7,394) over the next 5 years and 6% (15,305) over the next 15 years.

3.2.2   Future 65+ Population

Table 3 and Figure 2 show how the 65+ population is expected to change over the next 15 years; by district and the overall percentage increase.

Table 3: Current and Future 65+ Population by District

District	65+ Population 2006 (%)	65+ Population 2011 (%)	65+ Population 2021 (%)	Change in 65+ Population: 2006-2021 (%)
Kennet	12,667 (17)	14,247 (17)	18,140 (17)	5, 473 (43)
North	19,949 (26)	22,444 (26)	28,719 (26)	8,770 (44)
Salisbury	21,699 (28)	23,585 (27)	28,725 (26)	7,026 (32)
West	22,250 (29)	25,355 (30)	33,214 (31)	10,964 (49)
Wiltshire	76,565	85,631	108,798	32,233 (42)

Figure 2: Current and Future 65+ Population by District
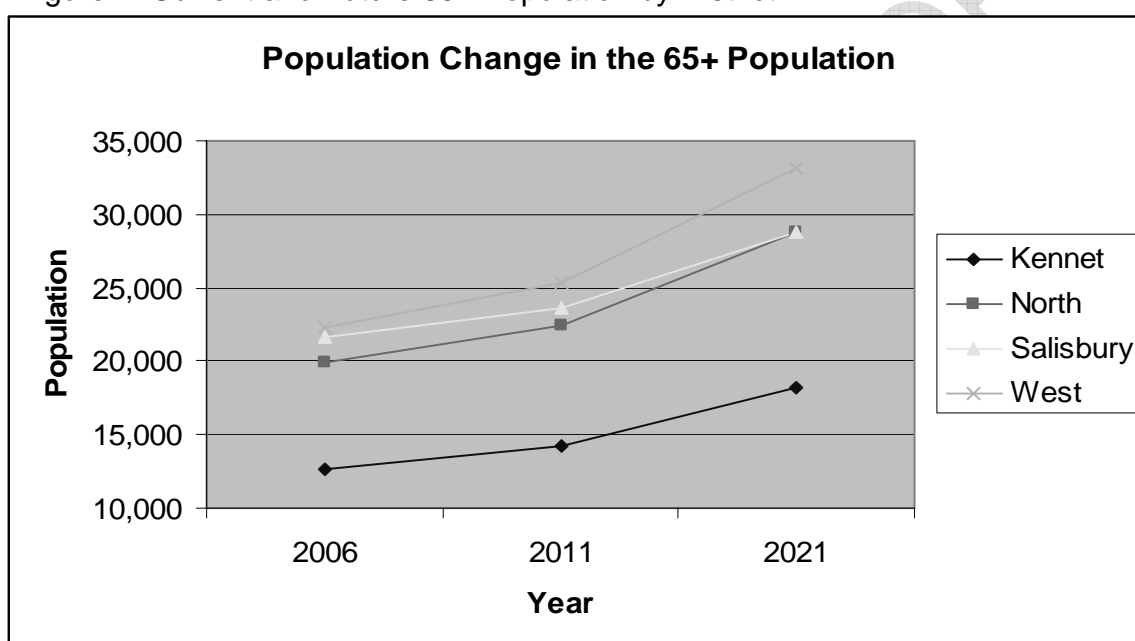
From Table 3 and Figure 2 it is possible to see that the steepest increase in the 65+ population over the next 15 years is expected in West Wiltshire (49%). The proportion of the over 65 population based in Salisbury is expected to decrease. Overall the population is expected to rise by 12% (9,066) approximately over the next 5 years and 42% (32,233) over the next 15 years.

3.3 Black, Minority and Ethnic (BME) Populations

When planning services it is important to consider whether the target population have any characteristics that might mean they have particular needs, therefore data about the BME populations from the 2001 Census was analysed to determine that:

- 6,995 or 1.54% of the Wiltshire population are comprised of people that are categorised by the census as 'non-white'. This means that in 2001 Wiltshire had a below average number of 'non-white' citizens when compared to the South West (2.41%) and to England (9.17%).
- 6,894 or 1.52% of the Wiltshire population are categorised by the census as 'white other'. This means that in 2001 Wiltshire had a below average number of 'white other' citizens when compared to the South West (1.66%) and to England (2.66%).

Source: Office for National Statistics

The growth in the European Union that has occurred since the census might have led to increased inward migration to Wiltshire by people from BME populations. However, there is a lack of research to either reinforce or challenge this hypothesis.

Despite the fact that in 2001 Wiltshire had a below average number of people from BME populations it is important to understand whether people from BME populations are over represented in the mental health services in Wiltshire. Table 4 gives a breakdown of how different ethnic groups were represented in both the inpatient mental health service and social care in 2006/07.

Table 4: Comparing the Ethnicity of People Using Mental Health Services

Ethnicity Description	Mental Health Inpatient Service	Adult Social Care	Wiltshire	South West	England
White British	90.45%	94.89%	96.94%	95.94%	88.17%
White Other	7.01%	3.92%	1.52%	1.66%	2.66%
Non White	2.55%	1.19%	1.54%	2.40%	9.17%

Source: AWP Data set for the 2007 Count Me In Census and Wiltshire County Council 2005/06 RAP return.
* The Social Care data is from 2005/06 but will be updated soon with 2006/07 data.

From Table 4 it is possible to see that there are more non British white people (white other) in inpatient and social care services in Wiltshire than in the Wiltshire population and the population of the South West and England. It is also clear that there are more people who are not white in inpatient services than in the Wiltshire population or in the population of the South West.

3.4 Measuring Demand for Mental Health Services

This section uses information from the following sources to try to anticipate future demand for mental health services:
- National Quantitative demand data from people and carers of people that use mental health services.
- Prevalence rates of mental illness with population projections

- Trends in the numbers of people receiving funding from WCC, WPCT, AWP and Service Providers for mental health services
- National trends into the numbers of people using mental health services
- Data on the numbers of people sectioned under the mental health act that go on to receive services
- Analysis of the likely impact of future service, policy and political change.

In addition to the above this section also details a specific piece of work undertaken to assess the future accommodation needs of the adults of working age.

3.4.1 National Data

In this section research findings from two national studies are presented:

Just one per cent[5]
This study took place in 2003 with a sample size of 2,998 people who reported having a wide range of both neurosis and psychosis and who had been in contact with the mental health system for an average of 17 years.

In one part of the study respondents ranked a series of desired mental health care "improvements" in order of priority and also added new priorities to the list. The following service improvements were ranked as the top priorities:

- Greater access to talking and alternative therapies (n=662)
- Having regular physical health check-up's (n=409)
- Having access to an advocate (n=378)
- Having more user-led services (n=375)
- Provision of more independent accommodation (n=334)
- More (and better quality) day services, out of hours services and befriending schemes (n=211)
- Improve access to crisis, psychiatric and counselling services (n=176)
- More support in the community (e.g. more support workers) (n=98)

Right from the Start[6]
This study took place in 2003 with a sample size of 2,812 people who reported having a wide range of both neurosis and psychosis and who had been in contact with the mental health system for an average of 16 years. It also involved the views of 1,451 carers who had been carers of someone with a mental health problem for an average of 14 years.

This study focused on questions related to the barriers that users and carers felt to accessing the support and care they need.

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Barrier 1: Getting Appropriate Help from the Beginning:

- One in four service users reported being denied access to the help they sought from mental health services when their problems were developing, irrespective of diagnosis or length of illness.
- 16% of people living with psychosis reported that they did not seek any advice or support when their mental health problems were developing because they did not understand what was happening to them or stigma made it difficult to seek help.

Barrier 2: Poor Public Understanding of Mental Illness and Mental Health

- 15% of carers called for more public education about mental health problems and for stigma to be reduced.
- Less discrimination in the workplace was identified by service users as the most important change needed to improve services for people with mental health problems.

Barrier 3: Lack of Choice when Experiencing Crisis:

- Only 18% of people with psychosis specifically asked for admission to hospital, the majority stated preferences for a range of supports within the community.
- A large number of requests were made for access to refuges or safe havens, help with child care pressures and longer appointments with professionals.
- 48% of people said having immediate access to a health professional was very important.

3.4.2   Prevalence of Mental Illness within Wiltshire*

Data from national research[7,8] has been adapted to estimate how many people within the districts of Wiltshire might suffer from a mental health problem. This data estimates:

- 174 adults of working age (18-64) in a population of 1000 will suffer from neurosis, such as depression, anxiety and phobias, compared to 98 older people (65+) per 1000.
- 6 adults of working age (18-64) in a population of 1000 will suffer from psychosis, such as schizophrenia or bipolar disorder, compared to 3 older people (65+) per 1000.
- 1 adult aged 40 – 65 years in a population of 1000 will suffer from dementia compared to 50 older people (65+) per 1000.

For Wiltshire this would mean that in an adult population of 344,827 there would currently be an estimated 49,000 individuals of working age and 12,000 older

people with neurosis such as depression or anxiety, psychosis, such as schizophrenia or bipolar disorder or dementias.

Using population projections it is possible to predict future rates of mental illness, Table 5 shows the anticipated rates in 5 years time.

Table 5: Anticipated Rates of Mental Illness in 2011.

District	Neurosis		Psychosis		Dementia	
	AOWA	OP	AOWA	OP	AOWA	OP
Kennet	8,011	1,396	276	43	46	700
North	14,261	2,199	492	67	82	1100
Salisbury	12,235	2,311	422	71	70	1200
West	13,456	2,485	464	76	77	1250
Wiltshire	47,963	8,391	1,654	257	275	4,250

A five year projection predicts that over that period the amount of individuals of working age with a neurosis such as depression or anxiety, a psychosis such as schizophrenia or bipolar disorder or dementias will increase by 1,336 (3%). For older people the increase is likely to be 1,314 (11%).

*Please see appendix 1 for a description of the methodology used to obtain the prevalence data.

3.4.3 WCC Trends

Analysis of the number of mental health packages that WCC funded in 2005/06 and 2006/07 shows that there was:
- A 6% increase in the overall number being delivered.
- An 8% increase in the number of Domiciliary Care packages

A further indicator of the increased demand for mental health social care is that this increase occurred despite a tightening of the WCC eligibility criteria.

3.4.4 National Trends

People in receipt of services:

- Between 2001/02 and 2004/05 the number of individuals in England receiving support from specialist mental health services rose by 26%[9]
- Since 2002 the number of people with mental health problems in independent residential homes has increased by 4% to 8,900 in 2006[10].

Expenditure on mental health services:

- Gross national expenditure on mental health services for adults of working age rose by 47% between 2001/02 and 2005/06[11]. See Figure 3 for details.

Figure 3: Gross National Expenditure on Mental Health Services
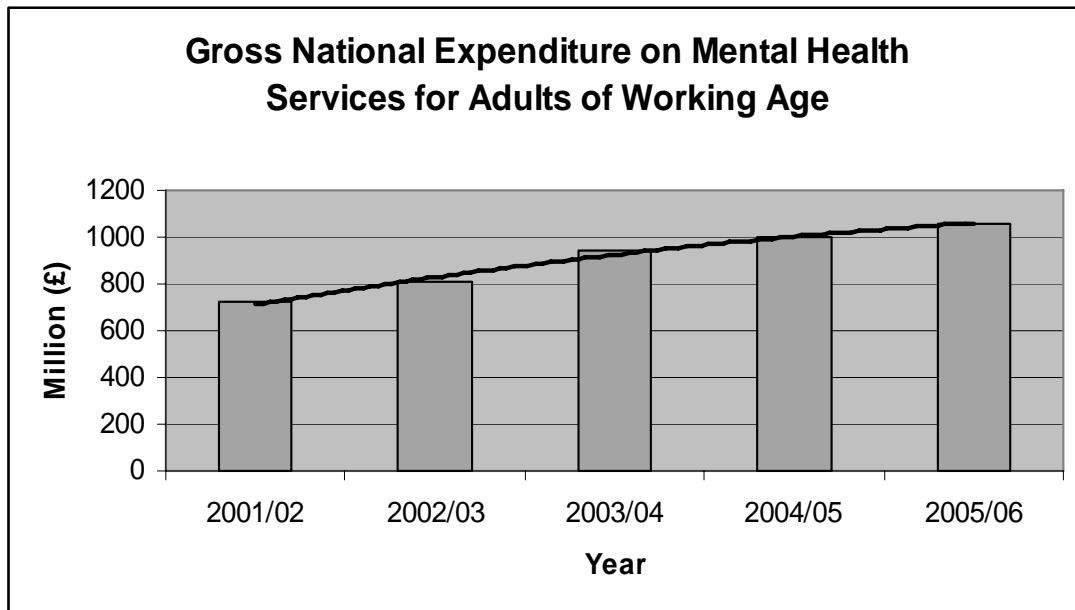
Source: The Information Centre (2006). Personal Social Services Expenditure and Unit Costs England, 2005-06.

This year on year national increase in the spend on mental services has also occurred in Wiltshire.

3.4.5 Mental Health Act Trends

One way to understand the demand for health and social care to fund mental health services is to look at the number of people detained under section 3 & 37 (admission for treatment), 47 & 48 (transfers from prison to hospital) and 41 & 49 (restriction orders) of the Mental Health Act, 1983. This is because the act requires health authorities & local social service authorities, in conjunction with voluntary organisations, to provide aftercare (include Social Work, support in helping the ex-patient with problems of employment, accommodation or family relationships, the provision of domiciliary services and the use of day centres and residential facilities) for people detained under these sections. The aftercare to be provided is detailed in what is known as a section 117 plan.

Figures 4 and 5 show the number of detentions in Wiltshire and England under the act.

Figure 4: Inpatients Detained in Wiltshire

Inpatients Formally Detained in Wiltshire Under the Mental Health Act 1983
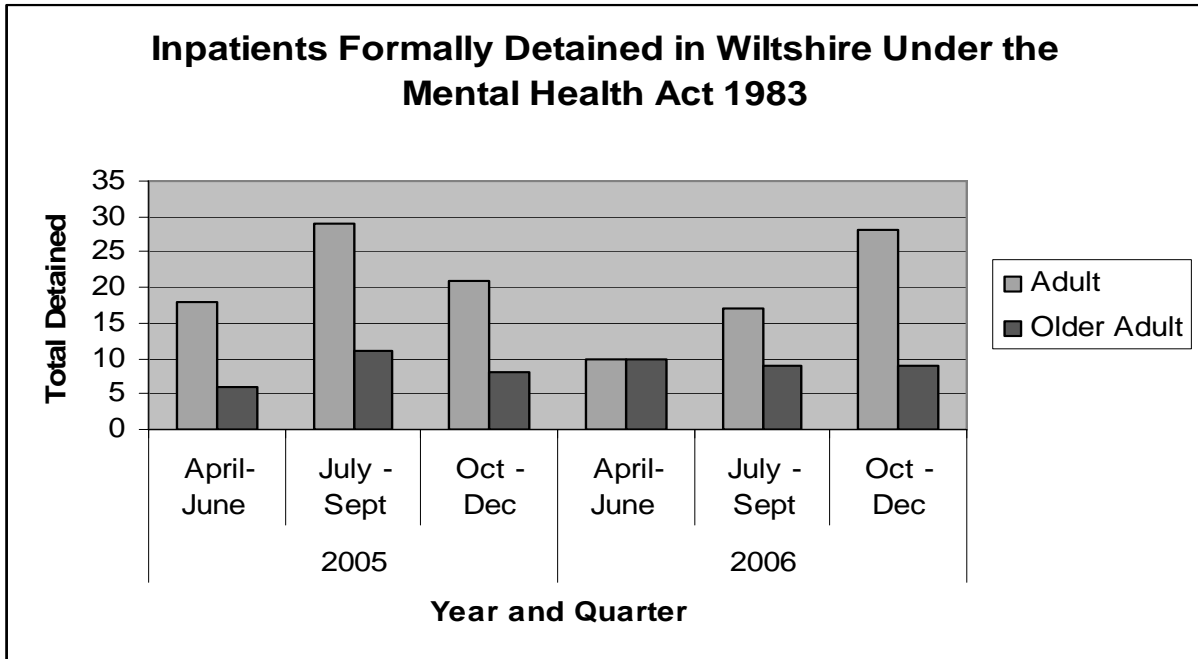
Source: AWP Data Set Qry_A3021_3 (ad hoc db)

Figure 5: Inpatients Detained in England
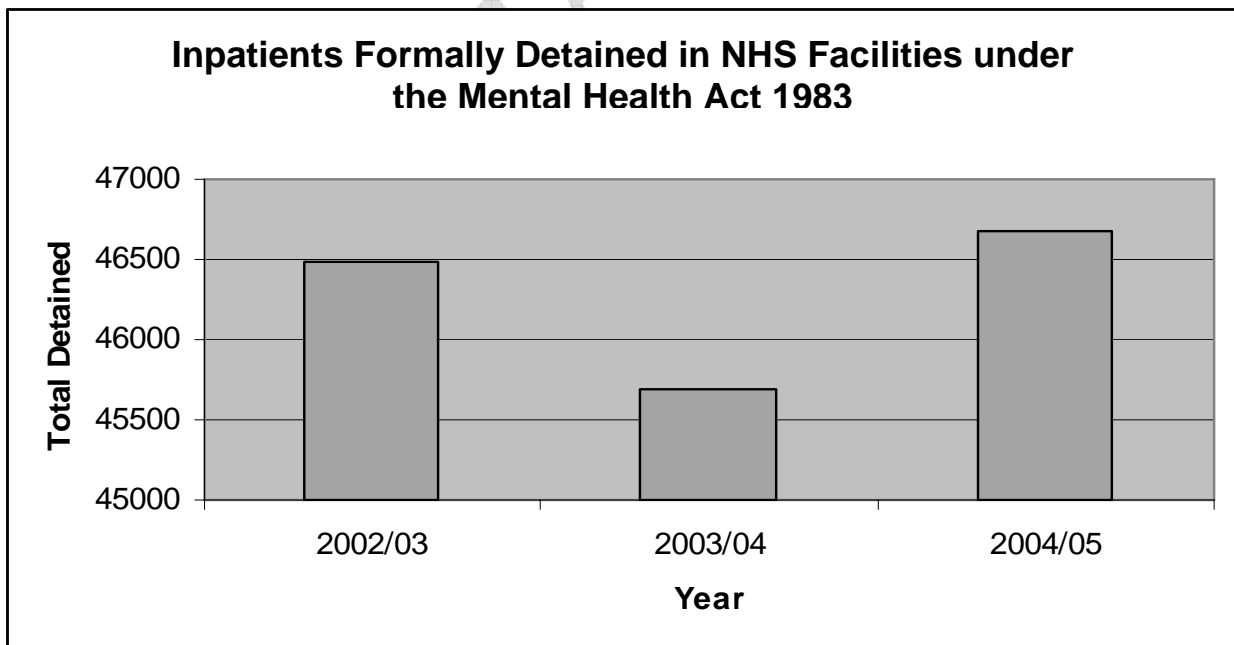
Inpatients Formally Detained in NHS Facilities under the Mental Health Act 1983

Source: The Information Centre (2006). Inpatients Formally Detained in Hospital under the Mental Health Act 1983, England: 1994-95 to 2004-05.

Figures 4 and 5 show no fixed trend in the numbers of people detained over time, this finding is reinforced by the following quote from Louise Appleby in the national service framework for mental health - five years on (2004)[13]:

> "The use of the Mental Health Act has remained constant in recent years. The number of admissions under the Act was 26,909 in 1998–99 and 26,665 in 2002–03. The number of people detained following admission shows a similarly stable pattern."

3.4.6 Policy Trends

Current mental health policy in Wiltshire is to treat more people in community settings and reduce reliance upon inpatient acute services.

In 2006 a consultation "Mainstreaming Mental Health"[14] was undertaken, this period of consultation highlighted the need for more services for people with mental health problems to be treated in their local communities. The consultation made a commitment to:

- Increase the emphasis on community services
- Decrease the emphasis on inpatient services for older adults
- Decrease the emphasis on inpatient services for adults of working age

In Wiltshire at the moment four acute adult beds have closed under Mainstreaming Mental Health and 12 older adult beds are due to close, however this is happening alongside a significant investment in crisis services.

3.4.7 Research into the Accommodation Needs of Adults of Working Age in Care Homes

In October 2006 WCC undertook research to discover the present and future needs of the people that use mental health residential and nursing services that receive funding from WCC. In so doing this research set out to compliment the existing mental health accommodation strategy. The research involved semi-structured interviews with the key workers (mainly Approved Social Workers and Community Psychiatric Nurses) and resulted in the completion of client portfolios. These portfolios have since been assessed in the light of best practice guidance and the existing mental accommodation strategy in order that a refreshed strategy with a greater level of demand information can be developed (3).

The research found that of the 85 people in nursing and residential placements for whom portfolios were produced:

- 6 would benefit from a move into supported living or the community with floating support.
- 4 would benefit from a move into community without support.

- 25 would possibly be able to move into supported living or the community with floating support if they undertook a time limited and outcome focused package of residential support to improve mental well-being and independence.
- 25 would benefit from long term residential care that offered a model of care and suitable to their individual needs and consistent with best practice.
- 25 would require specialist ongoing residential or nursing care because of the severity or complex nature of the mental illness.

3.5 Key Issues and Commissioning Intentions

Population Density and Distribution and Demographic Change in Wiltshire

The analysis of Wiltshire in terms of population density and distribution both now and in the future show a rural county with wide variations between its districts terms of the amount, density and age of their respective populations. For example over the next 15 years the 18 – 64 population is expected to rise by an average of 6% (15,305) across Wiltshire, but West Wiltshire will experience a 13% increase in this period whilst Kennet will only increase its 18-64 population by 1%.

> **Commissioning Intention 5**: When reviewing service provision efforts will be made to ensure, where appropriate, that people across the county experience equitable levels of service provision that overcome the challenges of rural areas or differential changes in population growth. To ensure that this occurs the partners will:
> - Use the tendering and contract review process (as well as partnership working) to develop equitable levels of service provision where appropriate.

Black Minority Ethnic Populations

Although it is possible to state that in 2001 Wiltshire had BME populations that were below the average for the South West and England, we cannot be sure that this remains the case.

> **Commissioning Intention 6**: To discover current and future BME populations WCC and WPCT will look to undertake joint research with the Wiltshire Racial Equality Council (WREC).

Analysis of how BME populations are represented within mental health services has shown that there are higher proportions of non British white people (white

other) in both inpatient and social care in Wiltshire than in the Wiltshire population and the population of the South West and England. It was also shown that there are higher proportions of people who are not white in inpatient services than in the Wiltshire population or in the population of the South West.

> **Commissioning Intention 7a:** Ensure that newly commissioned and existing service providers operate policies and procedures that meet the needs of BME populations and meet national best practice.
> **Commissioning Intention 7b:** Develop through the Wiltshire Local Implementation Team (LIT) anti discriminatory policies for all mental health services, to ensure that BME groups are not inappropriately over represented.
> **Commissioning Intention 7c:** Provide joint awareness training for staff working with mental health service users.
> **Commissioning Intention 7d:** Provide information in different languages to meet the needs of service users and carers.

National Quantitative Demand Data from People and Carers of People that use Mental Health Services

The two national studies presented in section 3.4.1 showed that for service users and carers the following service components are priorities:

Effective Access to:
- Low level intervention services
- Talking and alternative therapies
- Regular physical health check-ups
- Advocacy
- Services that prevent hospital admission e.g. crisis houses
- Psychiatric services
- Health professionals
- Counselling services

More and Better Quality:
- User-led services
- Independent accommodation
- Day services
- Out of hours services
- Befriending schemes
- Community support e.g. help with child care pressures
- Public and employer education of mental health problems

> **Commissioning Intention 8:** Focusing on the service components on page 24 of the commissioning plan we will engage with service providers and users and carers to establish whether the above are working effectively in Wiltshire and what opportunities can be created to develop/improve them.

Prevalence of Mental Illness within Wiltshire

By using nationally recognised prevalence rates to predict the present and future rates of mental illness in Wiltshire it is possible to predict that:

- In 2006 there were:
    - 49,000 individuals of working age and 12,000 older people with neurosis such as depression or anxiety, psychosis, such as schizophrenia or bipolar disorder or dementias.
- In 2011 there will be an extra:
    - 1,336 (3%) individuals of working age and 1,314 (11%) older people with neurosis such as depression or anxiety, psychosis, such as schizophrenia or bipolar disorder or dementias.

> **Commissioning Intention 9:** In the absence of a more robust predictive model that is able to take account of mitigating factors such as relative poverty commissioning plans should anticipate overall service growth for adult services of 3% and older people of 11% by 2011.

National Trends

Between 2001/02 and 2004/05 the number of individuals in England receiving support from specialist mental health services rose by 26% and the gross expenditure on mental health services for adults of working age between 2001/02 and 2005/06 rose by 47%.

Mental Health Act Trends

The available information on the number of people detained under the Mental Health Act does not show any either significant decreases or increases in numbers over time in Wiltshire or nationally.

Policy Trends

Current mental health policy in Wiltshire is to treat more people in community settings and reduce reliance upon inpatient acute services, indeed some inpatient mental health beds have recently closed.

Commissioning Intention 10: WCC and WPCT will conduct a detailed impact assessment to forecast how the movement to more primary care led services will affect the demand for social care services.

Research into the Accommodation Needs of Adults of Working Age in Care Homes

Specialist research of nursing and residential placements for adults in Wiltshire discovered that with sufficient planning and support 41% (35 individuals) would be able to move to more independent living.

Commissioning Intention 11: We will enhance our existing accommodation strategy to take account of the research on page 22 and 23 of the commissioning plan.

3.5.1 Supplementary Research

Research Intention 1a: To understand more about the demand from mental health services in Wiltshire we will ensure that we undertake supplementary research over the coming years to establish:
- The views of people using mental health services and people who are or have cared for people that use mental health services.
    - This will include efforts to learn from cases where referrals were unsuccessful.
- Key Risk factors that are associated with needing mental health services, for example relative deprivation, age, living alone. We will also investigate how the geography of Wiltshire impacts upon mental well-being and service delivery.
- Trends in the numbers of people receiving funding from WCC, WPCT, NHS providers and service providers of other mental health services.

Research Intention 1b: To ensure that young people who have mental illness are appropriately supported through the transition from children's to adult services we will on an annual basis:
- Establish the number of children who will transition into adult care.

Research Intention 1c: We are committed to ensuring that this strategy is updated at regular intervals to ensure that it remains consistent with trends in data, legislation, policy and demand.

4   Current Service Provision

In line with national policy Wiltshire is committed to providing flexible, relevant and responsive services which promote individuals' control and independence. Currently Health and Social Care Services provide Wiltshire communities with the following services for people with mental health problems:

- A range of primary care mental health services
- Specialist community mental health services
- Day and vocational services
- Specialist accommodation services
- Supported and independent housing
- Services to support carers
- Crisis Services
- Specialist inpatient services

This section includes information about the mental health service areas that WCC and Wiltshire PCT manage and throughout it presents commissioning intentions in relation to them. Financial information is given when relevant, however an overview of mental health finance information is provided in Appendix 4.

4.1   Mental Health Promotion (NSF-MH Standard 1)

Standard 1 of the National Service Framework for Mental Health (NSF-MH)[14] states that:

"Health and social services should:
- Promote mental health for all, working with individuals and communities
- Combat discrimination against individuals and groups with mental health problems, and promote their social inclusion"

4.1.1   Service Profile

Mental Health Promotion and Well-Being Strategy

There is a range of mental health promotion activity taking place across the county. The last mental health promotion strategy for Wiltshire was written for 2004-7 so work is currently underway to produce a revised strategy and action plan. This work is led by the mental health promotion lead for the PCT who co-ordinates a small sub-group of the LIT.

Mental Health First Aid

A key component of our mental health strategy will be the implementation of Mental Health First Aid Training. This teaches how to recognise the symptoms of mental health problems, how to provide initial help and how to go about guiding a person towards appropriate professional help.   It is a training program for members of the public in how to support someone in a mental health crisis situation or who is developing a mental disorder.   The program has solid evidence for its effectiveness from randomised controlled trials and qualitative studies. It increases knowledge, reduces stigma and most importantly, increases supportive actions.

WCC and WPCT are keen to see whether we can through our employment procedures and policies significantly contribute to health and well being of our workforces and the workforces of the organisations we contract with through the use of Mental Health First Aid. We are also keen to investigate whether Mental Health First Aid Training can form a part of our Mental Health Promotion and Well-Being Action Plan (see above).

Social Inclusion Strategy

Our work on social inclusion aims to ensure that people who have experienced mental health problems are not prevented from participating fully in society. Significant progress has been made in Wiltshire to:
- Enable people with mental health problems to access accommodation, through the mental health housing officer posts.
- Support people with mental health problems to return to education, voluntary work or paid employment through the provision of a range of vocational services.
- Refocus day service provision to ensure that is delivered in socially inclusive community settings
- Promote the provision of direct payments to mental health service users

4.1.2 Key Issues and Commissioning Intentions

Mental Health Promotion and Well-Being Strategy

Commissioning Intention 12a: In order to further promote mental health awareness, the Mental Health Promotion and Well Being sub-group of the LIT (with additional representation from children and education services) will continue to commission and influence a range of mental health promotion activities and will ensure that these are linked in to the Local Area Agreement for Wiltshire.

Commissioning Intention 12b: The Wiltshire Mental Health Promotion and Well Being strategy and action plan will:
- Promote the health of individuals and communities in Wiltshire
- Reduce the inequalities experienced by people with mental health problems
- Combat stigma and discrimination associated with mental health problems resulting in social exclusion
- Reflect the areas identified in the NSF-MH 'Five Years On' report

Mental Health First Aid

In 2005/06 18.4% (9,453 days) of the days that employees of WCC were absent from work were due to mental, psychological or emotional reasons, making it the organisations largest single cause of absence. WPCT is likely to also experience similar levels of absence in its workforce due to mental, psychological or emotional reasons.

Commissioning Intention 13: WCC and WPCT will investigate through their Corporate Leadership Teams the ability of mental health first aid courses to improve the well-being of staff and how it might encourage the organisations with which it contracts to undertake similar initiatives.

Social Inclusion Strategy

Commissioning Intention 14a: We will continue to build on the progress we have made in developing social inclusion for people with mental health problems and will develop and deliver an annual social inclusion action plan for Wiltshire that interfaces with the LAA.

Commissioning Intention 14b: In order to develop a comprehensive community support structure we will:
- Examine and assess the quality, provision and availability of time limited crisis day support and therapeutic interventions
- Build on our existing relationship with Job Centre Plus, the Department of Work and Pensions (DWP) and voluntary sector organisations and education providers to determine how they can work more closely in partnership with mental health services.
- Actively engage with employers in public, private and voluntary sector organisations to determine how we can work together to:
  - Develop new employment opportunities
  - Increase job retention
  - Make time limited training and employment support an integral part of mental health services (for those who need it)
- Ensure that an individuals employment status is recorded on entry to mental health services and support is available (where appropriate) to maintain their employment.
- Establish a agreement with mainstream leisure providers and Supporting People floating support that encourages access to mainstream social and leisure activities for service users

4.2   Primary Health Care (NSF-MH Standard 2)

Standard 2 of the National Service Framework for Mental Health (NSF-MH) states that:

"Any service user who contacts the primary health care team with a common mental health problem should:
- Have their mental health needs identified and assessed
- Be offered effective treatments, including referral to specialist services for further assessment, treatment and care if they require it"

4.2.1 Service Profile

Psychological Therapies

In recent years there has been an expansion of the availability of psychological therapies within primary care. Primary care psychology services are provided by the Avon and Wiltshire Partnership Trust in all practices in South Wiltshire and the majority of practices in Kennet and North Wiltshire. The remaining practices offer practice based counselling, either through counselling agencies such as Relate and Wessex counselling or through independently employed counsellors. One West Wiltshire practice employs a psychologist instead of a counsellor and another employs a CPN as well as a counsellor. The remaining West Wilts practices employ practice counsellors but there are often long waiting times for these services. During the past year, Computerised Cognitive behaviour Therapy (CCBT) has been provided through the Beating the Blues programme which is available in libraries, colleges and other community settings across the county. This provides an alternative means for accessing psychological therapy and encourages self-management.

Self-management

Primary care psychology services aim to treat people with a wide range of mental health problems and to teach self-management strategies. Evidence from local services suggests that people benefit significantly from the stepped care approach and that the availability of comprehensive primary care based services reduces referrals to secondary care services.

GP's

The majority of West Wilts practices are currently involved in a primary care collaborative which runs until April 08 and aims to improve services for people suffering from common mental health problems, such as depression and anxiety through the provision of stepped care. The Collaborative has placed great emphasis on training to increase the ability of GPs, practice nurses and support staff to meet the needs of people suffering from common mental health problems.

Primary Care Graduate Mental Health Workers (PCGMH Workers)

PCGMH Workers are in the forefront of a diverse group of new workers appointed to complement and expand existing mental health service provision. Investment in PCGMH Workers aims to reduce pressure on Mental Health and Social Care services by providing an additional workforce trained in guided self-help to provide greater treatment choice to people with common mental health problems.

There are 7 graduate mental health workers operating across Wiltshire. All 7 are employed within the Avon and Wiltshire Partnership Trust Primary Care Psychology services and offer psychological therapies within primary care settings. The majority of their work is delivered through Cognitive Behaviour Therapy (CBT) based psycho-educational groups/courses covering areas such as stress management, anger management, self-esteem, coping with panic etc. The graduate workers also provide simple behaviour therapy on an individual basis. Psycho educational groups/courses are run in a range of community settings, 1,428 individuals from Wiltshire benefited from these courses during 06/7, pre and post course symptom measures consistently demonstrate statistically significant improvements in course attendees.

4.2.2 Key Issues and Commissioning Intentions

A significant proportion of GP's time is taken up seeing patients with mental health problems and many mental health needs can be met appropriately within primary care. However, within Wiltshire, primary care based mental health services are not distributed equitably and GPs and other primary care staff are not uniformly skilled in responding to mental health needs.

Commissioning Intention 15a: in order to develop early access to relevant services, commissioners will:
- Review the range of primary care services provided across Wiltshire and develop an accessible, consistent and equitably resourced model for the county.
  - o We will ensure that this review covers the issues raised in the strategy (section 3.2) and that it examines the interface between GP's, A&E and other mental health services. The review will also examine the need for the workforce to receive mental health training.
- Continue to increase the availability of psychological therapies within primary care
- Evaluate the current provision of Computerised Cognitive Behaviour Therapy with a view to informing future commissioning intentions.

Commissioning Intention 15b: The partners will review the current policy of commissioning all our older people mental health assessment and treatment services from one secondary provider. Furthermore we will evaluate the benefits of moving towards a primary care focused model for older peoples services. E.g. by making memory clinics directly available in primary care.

4.3 Access to Services (NSF-MH Standard 3)

Standard 3 of the NSF-MH states that:

"Any individual with a common mental health problem should:
- Be able to make contact round the clock with the local services necessary to meet their needs and receive adequate care;
- Be able to use NHS Direct, as it develops, for first-level advice and referral on to specialist help lines or to local services."

4.3.1 Service Profile

Gateway Workers

Department of Health guidance states that "Gateway Workers" will be employed to work with GP's and primary care teams, with NHS Direct and in each A&E department, to respond to people who need immediate help. Their role is "to strengthen access and provide community triage for people who may need urgent contact with specialist mental health services". Mental health liaison staff fulfil the gateway function in A&E departments at the Royal United Hospital in Bath and at Great Western Hospital in Swindon. There are no equivalent posts at Salisbury District Hospital although there is some cover for self harm assessments from the local crisis team. The gateway function in primary care is covered by the primary care mental health services in the majority of Wiltshire practices.

Round the Clock Access

Mental health services within Wiltshire can be accessed 24 hours per day. Outside of normal office hours, access is via the mental health crisis and home treatment services based in Devizes and Salisbury. The crisis service are contacted between the hours of 11pm to 8.30 am (10pm and 9am in S Wilts) via the night co-ordinators based at Green Lane hospital in Devizes and Fountain Way hospital in Salisbury. Currently service users in Salisbury can only be seen by the night co-ordinator at Fountain Way hospital. In the rest of Wiltshire, the night co-ordinator is backed up by two staff on call for the crisis team, so service users can also be seen in their own homes or in community settings. The County Council's Emergency Duty Service is also available out of hours for service users who require assessment under the Mental Health Act.

NHS Direct

NHS Direct is available to Wiltshire residents via the national telephone number. The local branch of NHS Direct has information on local mental health services and is able to advise callers on what services are available. NHS Direct will also liaise with local mental health services when necessary.

Choice

Choice is one of the cornerstones of current health policy and aims to ensure that service users can exercise choice in who provides services and how they are provided. This can be more difficult to achieve within mental health services because the need for integrated care can mitigate against accessing services away from the local area and choice is also limited within the provisions of the Mental Health Act. However, the fundamental value of "choice" is an essential component of modern, recovery focused mental health services and should be evidenced by;

- A philosophy of partnership and the promotion of person centred recovery plans
- Genuine service user involvement in the design and development of services
- The availability of a broad range of treatment options including greater access to psychological therapies
- Ensuring that service users are offered a choice of appointment times and treatment options
- Plurality of providers
- The availability of Direct Payments for those who want them

Access to Information

Information on local and national mental health services is included in the Mental Health Directory web site which is hosted by Wiltshire MIND. In addition to this a wide range of information relating to mental health needs can be accessed through local voluntary organisations such as MIND and the Alzheimer's organisations. All local mental health providers are required to publicise their services and the mental health trust are also expected to provide easily accessible information on conditions and treatments, including medication.

Access in a Crisis

If a service user is in crisis, mental health services can be accessed via the Community mental health services during office hours and the crisis services outside of office hours. Work is currently underway to develop a common care pathway for access to crisis services across Wiltshire.

4.3.2 Commissioning Intentions

Commissioning Intention 16a: To enable service users and carers to access services appropriately, commissioners will:

- Make information on services available in appropriate formats
- Ensure service users and carers are made aware of their rights in choosing different treatment options.
- Make links with the Transport Strategy for Wiltshire to ensure that the needs of mental health service users are recognised and lobby for these to be addressed
- Commit to developing mental health services that, where appropriate, are based in local communities
- Guarantee that mental health liaison services will be available in all local district general hospitals
- Specify best practice for when young people transitioning from children's to adult services.

Commissioning Intention 16b: To ensure that crisis services are able to meet need, we will:

- Develop a common care pathway for accessing crisis services across Wiltshire with clear information to support this
- Monitor the effectiveness of the Crisis service model currently provided in Wiltshire, including its links to other services
- Review the provision of discrete out of hour's services in mental health

Commissioning intention 16c: We will continue to develop choice and involvement within mental health services, for specific intentions please see commissioning intention 2 and 3.

Commissioning Intention 17a: To ensure that crisis services are able to meet need, we will:

- Research the most appropriate models for the provision of time limited crisis accommodation within Wiltshire

Commissioning Intention 17b: To understand more about the demand from service users for greater control over their care we will undertake supplementary research over the coming year to establish:

- The attitudes of service users for a greater use of advance directives in personal care plans.

4.4   Specialist Care (NSF-MH Standard 4)

Standard 4 of the NSF-MH states that:

"All mental health service users on CPA should:
- Receive care which optimises engagement, anticipates or prevents a crisis and reduces risk;
- Have a copy of a written care plan which:
  - includes the action to be taken in a crisis by the service user, their carer and their care co-ordinator;
  - advises their GP how they should respond if the service user needs additional help;
  - is regularly reviewed by their care coordinator;
- Be able to access services 24 hours a day, 365 days a year."

4.4.1   Service Profile

Assertive Outreach

Assertive outreach is a way of working with people who have severe mental health problems but do not engage readily with traditional mental health services. Assertive outreach practitioners will work flexibly and intensively with service users in their own environment. The long term aim being to develop trusting relationships between service users and mental health services, thereby ensuring that appropriate support and treatment is provided. There are two Assertive Outreach teams within Wiltshire. One is based in Devizes and covers Kennet, North and West Wiltshire and the other is based in Salisbury and covers South Wiltshire. Because of the intense nature of this work, each worker carries a maximum caseload of 10; there are often waiting lists to access the service.

Crisis Resolution

A crisis is often defined as the breakdown of an individual's normal coping mechanisms. Crisis resolution services aim to support people whose crisis is associated with severe mental illness. There are two crisis teams operating in Wiltshire, one covers Kennet, North and West Wiltshire and relates to the Green Lane Hospital catchment area. The other covers South Wiltshire and relates to Fountain Way Hospital. The South Wiltshire team is not 24 hours at present but AWP is working out a plan to provide this by the beginning of April 2008. The crisis teams work with people over the age of 16 who have functional mental health problems, are a risk to themselves or others and who may require in-patient treatment. The teams will work intensively with service users, maintaining them in the community whenever possible and if hospitalisation is required, ensuring that this is for as short a time as possible. As well as working with

service users, the crisis teams also provide, support, information and education for relatives and carers.

Early Intervention in Psychosis

Recent research has shown that the early years of psychosis are critical and that appropriate early treatment can have a significant impact on the course of the illness and on an individual's long term prognosis. Specialist Early Intervention in Psychosis services have therefore been set up to ensure that treatment begins as soon as possible, that the care provided is effective and evidence based and that support is maintained for the critical three year period after the initial onset of symptoms. There has been a small Early Intervention team operating in Kennet, North and West Wiltshire for the past two years. Funding has recently been made available to extend coverage across the whole of the county. The team operates a "hub and spoke model" whereby specialist early intervention workers co-work with colleagues in community teams to provide specialist services for people with newly emerging psychosis.

Integrated Care Planning

People with complex mental health needs require co-ordinated, multi-professional and often multi-agency services. Within specialist, secondary care mental health services, care is planned and co-ordinated via the Integrated Care Programme Approach (ICPA) process. People with less complex mental health needs do not require ICPA and should be treated within primary care and supported through social care workforce.

Physical and Sensory Impairment

Individuals who experience mental health problems alongside physical or sensory impairment or learning disability need to be able to receive treatment and support that assists with recovery and is flexible to their needs

WCC operate a Hearing and Vision Team to assist and support those who are deaf, hard of hearing, blind, partially sighted or have a dual sensory loss and live in the county of Wiltshire. The PCT commission's specialist services on an individual basis for the small number of service users who are profoundly deaf and also suffer from severe and enduring mental health problems.

Mental Health and Learning Disability

WCC in partnership with other commissioning organisations such as the Wiltshire Primary Care Trust provides and commissions services to meet the eligible social care needs of people with learning disabilities and their carers.

Mental Health and Substance Misuse

In May 2002, the DH published a dual diagnosis good practice guide[14] aimed at all those who commission and provide mental health, drug and alcohol services. The main messages of the guide were that services needed:
- o Joint planning between mental health and substance misuse services;
- o A local strategy recognising the importance of substance misuse in mainstream mental health care, with provision of a lead clinician and training for staff.

Borderline Personality Disorder

People with borderline personality disorder are often vulnerable to a higher risk of self harm and traditional mental health services can be ineffective in treating people with this condition. In recent years progress has been made in improving services through staff training and development but further work is required to develop services for this client group.

Peri-natal Mental Health Services

There are no specialist peri-natal mental health services within Wiltshire. Women with peri-natal mental health needs are treated within generic community services in conjunction with relevant child care services. The small numbers requiring specialist admission are admitted to out of area mother and baby beds.

Eating Disorders

People suffering from eating disorders are also treated within generic community services and a small number are referred for specialist assessment and treatment via the mental health placements panel. The PCT has recently commissioned (with Swindon PCT) a specialist eating disorders bed at the STEPS unit in Bristol and is working with the Avon and Wiltshire Partnership Trust to identify the specialist community resource required to support this.

4.4.2   Key Issues and Commissioning Intentions

Commissioning Intention 18a: In order to move proactively towards increasing the number of people with mental health needs achieving recovery, we will:
* Increase investment in flexible community services.

Commissioning Intention 18b: To facilitate the movement to community based services we will:
* Secure a range of primary care mental health services that people with mild to moderate mental health problems can access through their G.P.
* Develop specialist community mental health teams in each of the four district areas
* Review the interface between the CMHT and primary care, hospital provision and other services
* Review the pathway of care in all mental health services (including duty systems and specialist services) and provide both generic and specialist advocacy services to support service users and carers to effectively engage with all elements of the pathway.
* Continue to improve access to psychological therapies and counselling

Commissioning Intention 18c: In commissioning services for people with multiple needs we will endeavour to make the interface between services flexible and innovative so that all their needs are provided for.

Physical and Sensory Impairment

Although there is a mental health service and a hearing and vision service it is apparent people who experience both sensory impairment and mental health problems do not necessarily receive the same quality of services to meet all their needs.

Commissioning Intention 19: Appropriate physical access to services will be provided as well as communication support for those with hearing difficulties and mental health problems including joint training opportunities to ensure that staff gain the insight, knowledge and skills required to work with people who have sensory impairment in addition to mental health needs.

Mental Health and Learning Disability

Although there is a mental health service and a learning disabilities service it is apparent people who experience both learning difficulties and mental health problems don't necessarily receive the same quality of services to meet all their needs.

Commissioning Intention 20: In order to ensure that people with a learning disability have the same access to mental health services as other people, we will:

- Develop a joint strategy for the commissioning of mental health services and learning disability services to ensure timely and appropriate access to services (this will include an analysis if the needs of people with Autistic Spectrum Conditions.
- Promote effective joint working between mental health services and learning disability services
- Monitor the standard of services to people with learning disabilities to ensure they are:
  - o Equivalent to the mental health services provided to people without learning disability

Mental Health and Substance Misuse

Mental health service users who significantly abuse drugs or alcohol should receive assessment and treatment to address their dependency alongside services to address their mental health problems.

Commissioning Intention 21: In order to 'mainstream' services for individuals who have a dual diagnosis of substance misuse, we will:

- Ensure that mental health service users will receive support from staff who are informed and skilled in the assessment, treatment and support of people who have a diagnosis of substance misuse
- Develop joint ongoing and comprehensive training around substance misuse for all staff working with this group of service users
- Work in partnership to ensure we have a joined up approach between our mental health and drugs and alcohol services.
- Commission specialist mental health housing services that have staff and procedures that allow them to care and support people with mental health problems who also abuse drugs or alcohol.

Borderline Personality Disorder

Commissioning Intention 22:
- Further training will be developed to ensure that staff working within mental health services will have appropriate skills for working with people with borderline personality disorder (BPD)
- Access to cognitive behaviour therapy (CBT) and Dialectical behaviour therapy (DBT) services will be increased
- Alternatives to hospital admission will be commissioned for BPD clients in crisis
- The partners will work together to ensure a full range of mental health services are available for this group.

Peri-natal Mental Health Services

Commissioning Intention 23:
- Peri-natal mental health networks will be developed in line with National Institute for Clinical Excellence (NICE) guidance.

Eating Disorders

Commissioning Intention 24:
- Further work will be undertaken to ensure that eating disorders services are available to meet local needs and that treatment is compliant with NICE guidance

4.5 Hospital and Crisis Accommodation (NSF-MH Standard 5)

Standard 5 of the NSF-MH states that:

"Each service user who is assessed as requiring a period of care away from their home should have:
- Timely access to an appropriate hospital bed or alternative bed or place, which is:
  - in the least restrictive environment consistent with the need to protect them and the public;
  - as close to home as possible;
- A copy of a written after-care plan agreed on discharge, which sets out the care and rehabilitation to be provided, identifies the care coordinator, and specifies the action to be taken in a crisis."

4.5.1   Service Profile

Acute in-patient initiatives

Acute in patient beds for adults of working age are located in Devizes at Green Lane hospital and Salisbury at Fountain Way hospital. Acute Assessment and treatment beds for older adults are currently provided at Fountain Way in Salisbury, Charter House in Trowbridge and Savernake Hospital in Marlborough. The beds at Marlborough are due to close as part of a modernisation programme "Mainstreaming Mental health" which aims to reduce the level of investment in in-patient services and increase investment in community provision.

Alternatives to acute admission

In recent years a number of models have developed as alternatives to acute mental health admission. Crisis accommodation is the favoured model for adults of working age and intermediate care services have been developed for older adults. There are currently no crisis beds in Wiltshire nor are there mental health intermediate care beds.

Investment in secure places

Wiltshire PCT currently commissions medium secure services from Ravenswood Hospital, run by the Hampshire Partnership Trust, for South Wiltshire residents and from Fromeside Hospital, run by the Avon and Wiltshire Partnership (AWP) Trust, for Kennet, North and West Wiltshire residents. The PCT has recently started to commission low secure beds at the new Wickham Unit, run by AWP. A number of other medium and low secure beds are commissioned on an individual basis within independent sector hospitals.

Out of area treatments

The majority of mental health needs are met by services that are commissioned and provided within the local area. There are however a small number of needs that cannot be met locally, often because they require very specialist high cost, low volume services that are not widely available. Where this is the case, requests for funding are made to the mental health placements panel which oversees out of area treatments.

4.5.2   Key Issues and Commissioning Intentions

Acute in-patient initiatives

The development of crisis and home treatment and other community services has had an impact on in-patient beds. As more people are treated at home, those who are admitted are often more seriously ill and lengths of admission can be reduced as intensive treatment can continue in the community.

Commissioning Intention 25a: The model of in-patient care will be reviewed and action taken to ensure that in-patient services identify quality outcomes and provide the maximum therapeutic benefit.

Commissioning Intention 25b: In relation to inpatient services for older people the partners are committed to conducting a strategic review of services to determine:
- The appropriate number and location of inpatient sites for older people with mental health problems
    - It will be our aim to achieve an equitable provision of older adult inpatient beds across the county
- The effect closure of inpatient beds will have on the whole system
- The available provision and resources to meet the needs of individuals within a community setting

Commissioning Intention 25c: In order to promote effective discharge from hospital for people with mental health problems we will evaluate existing discharge methods to ensure they:
- Include a comprehensive risk assessment
- Meet the persons health and social care and housing needs
- Introduce community services prior to discharge
- Link with carers, relatives and the wider support network
- Fully involve the individuals and includes liaison between the care coordinator and the community team responsible for continuity of care
- Use protocols to ensure effective communication between all services
- View discharge planning as an ongoing process which is reviewed periodically with the service user

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The lack of crisis accommodation and intermediate care services for older people is a problem locally and these gaps in service have an impact on the overall mental health system within Wiltshire.

Commissioning Intention 26a: We will develop models of intermediate care services that will address the needs of people with organic (dementia type) illnesses.
Commissioning Intention 26b: We will develop crisis accommodation services for people with organic (dementia type) and functional illnesses. Furthermore we will ensure that these services cover health and social care functions.

Investment in secure places

In recent years the PCT has invested significant resources in newly commissioned medium and low secure services. These new services have substantially reduced the requirement for out of area placements in the independent sector and have improved throughput. Responsibility for secure services commissioning is transferring to the new Specialist Commissioning Group (SCG) which operates across the South West of England.

Commissioning Intention 27: The PCT will work with the Specialist Commissioning Group (SCG) to continue to develop services for this group of patients and to review the commissioned care pathway for patients from South Wiltshire.

Out of area treatments

Commissioning Intention 28: Commissioners will continue to develop local services to reduce the need for out of area admission – where appropriate.

4.6   Carers (NSF-MH Standard 6)

Standard 6 of the NSF-MH states that:

"All individuals who provide regular and substantial care for a person on Care Programme Approach (CPA) should:
- Have an assessment of their caring, physical and mental health needs, repeated on at least an annual basis
- Have their own written care plan, which is given to them and implemented in discussion with them"

4.7.1 Service Profile

Carers Support Groups and Agencies

WCC and WPCT currently provide funding for a dedicated carers support service for carers of individuals with mental health issues in North Wiltshire, West Wiltshire and Kennet (at present there is no equivalent service operating in the south of the county). All three of these services are run by dedicated carers support organisations who aim to support carers by providing them with advice, information, practical and emotional support.

The funding for the service in West Wiltshire is provided solely by the WPCT, whilst in North Wiltshire and Kennet it is split 50:50 between the two organisations.

Carers Assessments

Current legislation gives carers who provide (or intend to provide) a substantial amount of care on a regular basis the right to have their needs assessed. This provides carers with an opportunity to reflect on their own needs as a carer, to have their role as a carer recognized, to receive information and advice, identify and discuss any difficulties and to make contingency plans if they are ill or cannot continue in their caring role.

Carer Involvement

Please see section 1.5 and the associated commissioning intentions

Community Information for Carers website

Wiltshire County Council in partnership with Avon and Wiltshire Mental Health Partnership operate a website dedicated to the needs of carers of people with mental health problems. The Community Information for Carers website aims to provide carers with quick and easy access to information and support.

Key features of the website include:

- Information about carers support groups and mental health services in Wiltshire
- Specific sections that provide carers with information about many issues e.g. employment, welfare benefits and financial information
- Information about services that help to improve the health and well-being of carers
- Quick access to fact sheets and information that can be printed

Since its inception the site has been used by more than 250 different individuals.

Carers Breaks

Through the carers grant WCC provides carers with a short break away from caring, this can be a few hours, an over night stay, a weekend, or a longer period of care, or a holiday. They may be regular or occasional and enable the carer to go out, go shopping, have a bath in peace, visit other family members or sleep, knowing that the cared for person is well supported.

The Community Mental Health Teams have budgets that they can use specifically to help carers, who are eligible for services, to have a short break away from caring.

4.7.2   Key Issues and Commissioning Intentions

Carers Support Groups and Agencies

Both WCC and WPCT value the dedicated carers support service for carers of individuals with mental health issues and would like to see the service expanded to cover Salisbury District.

> **Commissioning Intention 29:** WCC and WPCT will work together to ensure that from April 2008 funding is in place for a carers support service for carers of individuals with mental health issues in Salisbury District.

Framework Mental Health Commissioning Plan 2007-2012

Carers Assessments

It is recognised that at present carers assessments are not being utilised by commissioners to inform service commissioning and that the process of conducting and reviewing assessments could be improved.

> **Commissioning Intention 30:** In order to meet Standard 6 of the NSF-MH the partners in the strategy will:
> - Review the system for monitoring and collecting data of carers assessments and reviews
> - Work with professionals including care managers to promote the accurate recording of data
> - Commission a range of options to provide carers of people with mental health problems with more flexibility and choice around support for assessments when necessary.
> - Ensure that the information collected in carers assessments is used to inform service commissioning

Carer Involvement

Please see section 1.5 and the associated commissioning intentions

Community Information for Carers website

The website is currently part of the Wiltshire County Council website and is managed by WCC, but carers or users of mental health services could have more input on the content of the site.

> **Commissioning Statement 31a:** WCC will ensure that the website continues to provide carers of individuals with mental health problems with quality information about mental health problems and about supportive services that they could access.
> **Commissioning Statement 31b:** WCC will seek to commission an organisation from April 2008 to take over the management of the Community Information for Carers website.

Carers Breaks

There is evidence to show that the current system is not working efficiently and that it could be improved to enable greater choice, flexibility and control for users and carers.

> **Commissioning Intention 32:** WCC will review the carers breaks services that exist for carers to establish how the system can be adapted to reflect the national agenda of greater choice, flexibility and control.

4.7 Preventing Suicides (NSF-MH Standard 7)

Standard 7 of the NSF-MH states that:

"Local health and social care communities should prevent suicides by implementing Standards 1 to 6 and in addition:
- Support local prison staff in preventing suicides among prisoners;
- Ensure that staff are competent to assess the risk of suicide among individuals at greatest risk;
- Develop local systems for suicide audit to learn lessons and take any necessary action."

4.7.1   Service Profile

The last suicide audit for Wiltshire and Swindon was carried out in 2003. The Health Promotion Specialist for Wiltshire and Swindon PCTs have decided to carry out another audit using the CSIP audit tool (Care Services Improvement Partnership).The audit process will involve setting up a process for reviewing ALL suicides within Swindon and Wiltshire's boundaries. This will include:

- Residents of the PCT
- People of no fixed abode who die in the area
- People who die in Erlestoke Prison (Wiltshire's only prison)

The audit should help the PCTs and other bodies to:

- Establish a system for suicide audit which fits our local context
- Develop local suicide prevention strategies that are evidence-based
- Produce data which could potentially be merged at regional and national levels to identify trends.

4.7.2   Key Issues and Commissioning Intentions

Suicide affects all age groups and communities, the repercussions of suicide are felt by families, friends, neighbours and colleagues. Taking action to prevent suicide involves a combination of effort from all the partners in the strategy, and needs to be recognised as a long term challenge.

Commissioning Intention 33: In order to improve suicide prevention we will provide accessible, sensitive, appropriate and where required, intensive support by:

- Offering intervention to prevent problems which might lead to suicide
- Responding to the crisis, in a timely and appropriate manner
- Providing support to individuals which aids their recovery
- Offering support to people affected by suicidal behaviour
- Improving the availability and quality of information around suicide and suicidal behaviour
- Studying evidence and good practice in prevention of suicide

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4.8   Day Services/Employment and Vocational Opportunities

In February 2006, the Department of Health produced two key documents *'From segregation to inclusion: Commissioning guidance on day services for people with mental health problems'* [16] and *'Vocational services for people with severe mental health problems: Commissioning guidance'* [17].

In *'From segregation to inclusion'* key principles are outlined to refocus day services these include:

- Promoting recovery;
- Focusing on community participation;
- Reducing social isolation;
- Offering opportunities for people with mental health problems to provide support to each other and to run their own services;
- Maximising choice and self-determination;
- Meeting the needs of diverse groups;
- Ensuring that services are accessible to people who are more seriously disabled by their mental health problems;
- Involving users and carers;
- Increasing diversity of provision;
- Improving cross-sector working;

The focus of the guidance in relation to vocational services is to support people who want to and are able to get back to work. In order to assist the process it is suggested that services:

- Implement evidence based practice within vocational services, in particular, the individual Placement and Support approach.
- Work towards access to an employment adviser for everyone with severe mental health problems.
- Aim for the provision of vocational and social support to be embedded in CPA.
- Base provision around the needs of the individual irrespective of whether care is received from secondary or primary care.

4.8.1 Service Profile

Day and Vocational Services in Wiltshire

Day and vocational services in Wiltshire are valued by people with mental health problems, as they provide a place to go, a chance to meet other people, and educational and vocational opportunities that aid recovery. However, across the county there is wide variation in the standards of these services. There are some traditional services that offer little or no contact with people outside mental health services, and only limited opportunities for people to develop the skills to progress to using mainstream provision. There are also some very good examples of best practice in the provision of day and vocational services that manage to match locally defined needs with many of the key points outlined in the "From segregation to inclusion" report. See Appendix 2 for a detailed list of the current provision.

4.8.2 Key Issues and Commissioning Intentions

The Wiltshire market in relation to day and vocational services is not stable, we have too many short term contracts (most of which will end on 31 March 2008) and a general issue of inequity whereby users and carers across the county experience very different levels of provision. It is also evident that in a few cases predominantly health orientated services are being funded through social care and vice versa.

The instability of the market in relation to both day and vocational services and the opportune fact that nearly all of the current contracts are due to come to an end in March 2008 means that we have to act now to secure future high quality provision.

Commissioning Intention 34a: WCC and WPCT will initiate with immediate effect a review of all mental health day and vocational service provision for adults of working age to ensure that from April 2008 both organisations fund services that meet the standards set out in the Draft Strategic Framework for Mental Health Services in Wiltshire *'From segregation to inclusion: Commissioning guidance on day services for people with mental health problems'* and '*Vocational services for people with severe mental health problems: Commissioning guidance'.* This review will consider all procurement options (service investment /disinvestment or to commission/decommission services) A progress report of this review of day and vocational services is in Appendix 2.

Commissioning Intention 34b: For people with organic dementia type illnesses (including early onset dementia) who need the support of specialist staff to access day services we will:
- Commission extra support and training (e.g. use of CMHT staff) to allow people to remain in generic day services.
- Commission appropriate day services, day interventions and support for people whose mental health needs are high.

4.9   Accommodation

Where people live has an impact on their mental health needs. The Social Exclusion Unit Report "Mental Health and Social Exclusion"[17] states:

> "Stable, appropriate housing is critical for people to work and take part in community life. A lack of stability or unsatisfactory housing can lead to worsening mental health. People with mental health problems are particularly likely to have vulnerable housing:"

4.9.1   Service Profile

This section provides a summary of the different accommodation provision, quantity and cost that is funded by WCC. Please see Appendix 3 for more information of the mental health accommodation commissioned by WCC.

Care Homes

Care in residential and nursing settings provides people who are no longer able to cope with independent or community living a place to be supported and cared for. Care homes that provide residential care placements have people who live on site and receive both personal care and/or nursing care. Care homes that provide nursing care have people who live on site and receive both personal care and nursing care where qualified nurses are on duty twenty-four hours a day to carry out nursing tasks.

Table 6: Funded Care Home Provision for 18-64 Year Olds

Accommodation Services	Wiltshire		Other Counties	
	Number of People	Unit Cost/wk*	Number of People	Unit Cost/wk*
Residential Care	82	£484.94	13	£620.93
Nursing Care	7	£478.99	3	£591.61

Source: DCS Performance Team Output – This data was derived from three separate spreadsheets – OSJ, CIC and AWP Consolidated
* Weekly Gross cost to WCC

At present there are 11 adults of working age in care homes that were former residents of old long stay accommodation, who receive to varying degrees funding from both WCC and WPCT.

Table 7: Funded Care Home Provision for 65+ Year Olds

Accommodation Services	Wiltshire		Other Counties	
	Number of People	Unit Cost/wk*	Number of People	Unit Cost/wk*
Residential Care	162	£415.19	12	£435.5
Nursing Care	91	£553.62	16	£489.68

Source: DCS Performance Team Output – This data was derived from three separate spreadsheets – OSJ, CIC and AWP Consolidated
* Weekly Gross cost to WCC

Adult Placements

Adult Placements are defined by their association with adult placement schemes, which are subject to regulation under the Care Standards Act 2000. Adult placements provide highly flexible, short or long-term accommodation and/or support for up to three adults in the family home of an adult placement carer.

Table 8: Funded Adult Placements for 18-64 Year Olds

Accommodation Services	Wiltshire		Other Counties	
	Number of People	Unit Cost/wk*	Number of People	Unit Cost/wk*
Adult Placements	7	£66.28	1	£220.63

Source: DCS Performance Team Output – This data was derived from three separate spreadsheets – OSJ, CIC and AWP Consolidated
* Weekly Gross cost to WCC

Table 9: Funded Adult Placements for 65+ Year Olds

Accommodation Services	Wiltshire		Other Counties	
	Number of People	Unit Cost/wk*	Number of People	Unit Cost/wk*
Adult Placements	4	£348.5	0	n/a

Source: DCS Performance Team Output – This data was derived from three separate
spreadsheets – OSJ, CIC and AWP Consolidated
* Weekly Gross cost to WCC

Domiciliary Care

Domiciliary care (help in the home) is provided to people with mental health
problems to help with getting up and going to bed, dressing, preparing drinks and
meals, and maintaining basic hygiene standards. Care managers provide
appropriate levels of support, working towards keeping people as independent as
possible and thus able to remain in their own home and with family or friends for
as long as they wish.

Table 10: Domiciliary Care Provision

Age	Wiltshire		Other Counties	
	Number of People	Unit Cost/wk*	Number of People	Unit Cost/wk*
18-64	83	£49	0	n/a
65+	254	£124	0	n/a

Source: DCS Performance Team Output – This data was derived from three separate
spreadsheets – OSJ, CIC and AWP Consolidated
* Weekly Gross cost to WCC

Supported Housing and Housing Related Support

The Wiltshire Supporting People Team commissions a range of support
providers to operate housing related support and floating support services. These
services offer support for an individual to:
- Set up and maintain a home (this can involve close links with home
  improvement agencies)
- Develop domestic and practical skills
- Help with claiming benefits and managing finances
- Advice, advocacy and liaison
- Help in accessing services
- Emotional support and advice
- Help in establishing or maintaining social contacts and activities
- Peer support and befriending
- Help in establishing personal safety and security

Short term supported housing offers temporary accommodation for up to two years, and can provide:
- Intensive support to people facing crisis
- Transitional accommodation for people leaving hospital or other institutional environments
- Resettlement support for homeless people with mental health problems

The costs of the 'support' element of supported housing provision vary widely depending on the amount of staff input to help tenants to organise their lives – this ranges from a few hours per tenant per week to schemes where at least one member of staff is on the premises from 9 – 5 every weekday with a small amount of weekend cover or even to schemes that have staff available on call 24/7. The costs within Wiltshire at the present time vary from around £8 per week per tenant at the low end to nearly £285 per week where staff are available during normal office hours; however the average is £76, this is obviously considerably cheaper than a residential care place. Table 11 shows how the Supporting People grant for mental health is spent in Wiltshire.

Table 11: Supported Housing Services that receive of SP Funding by District

	Providers	%	Tenants	%	Total Spend	%	Average Weekly Cost
Kennet	3	15%	6	8%	£22,989	6%	£31.58
North	3	15%	14	19%	£40,075	11%	£51.38
Salisbury	12	60%	42	57%	£280,579	75%	£117.30
West	2	10%	12	16%	£28,984	8%	£39.81
Total/Average	20	100%	74	100%	£372,627	100%	£80.52

Three of the 74 tenants that receive funding from Supporting People WCC also receive domiciliary services funded by WCC.

The Specialist Mental Health and Housing Team

The Specialist Mental Health and Housing Team currently has 3 posts located across Wiltshire whose role is to work across health, social care, housing and employment schemes. These are managed through a mental health Supported Housing Co-ordinator and the whole team is hosted by Kennet District Council. The service is valued by all of the partner organisations because it provides a strong link between statutory organisations and facilitates appropriate and prompt housing for people with mental health needs. However, the co-ordinator post and two of the support posts are currently vacant and there are concerns about whether Kennet District Council can continue to host the service.

Respite Services for Older People

WCC block purchases respite beds for older people with dementia with the Order of St John. Under this contract, the Council purchases 27 respite beds across Wiltshire. A proportion of these are located in each of the 18 homes. The respite beds under the block contract are booked, managed, paid for and monitored centrally.

- From June 2006 – May 2007 310 Mental Health Clients accessed respite beds for a total of 3,020 nights.

Specialist Mental Health Respite

WCC currently block purchases 5 respite beds in specialist mental health residential care. These respite beds under the block contract are booked, managed, paid for and monitored centrally.

- From June 2006 – May 2007 151 Mental Health Clients accessed respite beds for a total of 1,498 nights.

In excess to the respite beds that are purchased under block arrangements the adult care and community mental health teams spot purchase additional beds when necessary.

We recognise our responsibility to support self funders to access block booked respite services.

Respite Services for Adults of Working Age

Please refer to the carer's breaks section (4.7.1 and 4.7.2) and to the crisis support section (4.3.1 and 4.3.2).

4.9.2   Key Issues and Commissioning Intentions

Adults of Working Age

In November 2005 the former Joint Commissioning Board for Mental Health agreed a Mental Health Accommodation Strategy. This strategy set out to initially meet the needs of 45 individuals that were placed in block contracted residential and nursing placements. However the strategy was not implemented because of financial recovery programmes in both WCC and the Wiltshire PCT's and the breakdown in the relationship between the two authorities that occurred in 2006.

The situation now is that:

- At the beginning of November 2006 (week 44) WCC were directly funding 116 people of working age in care homes (104), adult placements (9) and supported accommodation (3).
- All of the 104 placements in care homes are being purchased by the county council on individual spot arrangements.
- Specialist research of nursing and residential placements for adults in Wiltshire (see section 3.4.7) has discovered that with sufficient planning and support 41% of people currently receiving that type of support would be able to move to more independent living.
- All of the contracts that the Wiltshire Supporting People Team has with supported housing providers are due to come to an end in March 2008.

Commissioning Intention 35a: WCC and WPCT will work together to undertake an accommodation review. This will ensure that the strategy is informed, in as much detail as possible, by levels of current and future demand and recent policy developments and able to deliver appropriate, cost effective and equitable levels of provision.

Commissioning Intention 35b: WCC and WPCT will work with our partners in the Supporting People Partnership to ensure that the supported housing and housing related support (including floating support) for people for mental health problems is integral to the accommodation review.

Commissioning Intention 35c: From September 2007 a procurement process will be initiated to provide services that meet the future accommodation needs of people with mental health problems from April 2008 onwards.

Commissioning Intention 35d: WCC and WPCT will work with the Wiltshire Supported Housing Advisory Board and Supporting People to find a new host for the specialist mental health and housing team service and to recruit to the vacant posts. We will also look at how the role of the service can be enhanced to assist the movement to more community based services. This will also evaluate how this service can interface with the Support Time Recovery workers.

Commissioning Intention 35e: To facilitate the movement to flexible and responsive community based services that deliver care and support to people in general needs housing we will assess the merits of enhancing existing floating support services.

Older People

This commissioning plan focuses on the needs of older people who require specialist mental health support; this is because it is the policy of WCC to support older people through our generic services where possible.

> **Commissioning Intention 36a:** In line with the national and local policy agenda we will ensure that where appropriate older people are supported to remain independent for as long as possible. We will therefore link to the specialist services and work with the neighbourhood teams and our partners in Wiltshire Supporting People and the voluntary sector to:
>   - Increase the use of assistive technology in dementia care
>   - Support viable mental health extra-care initiatives
>   - Work with the district councils and RSL's to make more support from retirement services coordinators available to people living within general needs and owner occupied housing
>
> **Commissioning Intention 36b:** To facilitate the movement to flexible and responsive community based services that deliver care to people in general needs housing we will review the most appropriate ways to increase the use of domiciliary care. This will involve assessing the validity of a specialist mental health domiciliary service.
>
> **Commissioning Intention 36c:** We will work with and lobby the people responsible for the LAA and the Older Peoples Strategy to ensure that the accommodation needs of older people with mental health problems are accounted for.

Respite Services

There is evidence to show that the current system of older peoples respite is not working efficiently.

> **Commissioning Intention 37:** WCC will review respite services to establish how the system can be adapted to reflect the national agenda of greater choice, flexibility and control.

5   Glossary

Adult Placements
Adult placement services are defined by their association with adult placement schemes, which are subject to regulation under the Care Standards Act 2000. Adult placements provide highly flexible, short- or long-term accommodation and/or support for up to three adults in the family home of an adult placement carer.

Advocacy
Support provided by someone else to enable a service user or carer to say what they want to say and to be heard.

Assessment of Carers' Needs
A formal way of agreeing with carers what they need, to help them to continue in their role as a carer, if that is their choice; also to help them maintain their health and wellbeing.

Assistive Technology
The term is used to describe the many different technological systems and devices that can assist people who have difficulties due to age or disability in carrying out everyday activities.

Best Practice
Among various practices/methods there is often one which is judged to be better than any of the rest it therefore represents best practice.

Black and Minority Ethnic (BME)
The term used to describe people who are also part of the Black or Minority Ethnic communities within Wiltshire.

Care Home
A care home is a residential setting where people live and can receive both personal care and nursing care. A home registered for nursing will provide qualified nursing staff on duty twenty four hours a day to carry out nursing tasks.

Care Package
A combination of services and support designed to meet the needs of a person requiring care in the community.

Care Plan
The plan agreed, following assessment, which describes the services and support the carer or person cared for will receive.

Carers Assessment
See: Assessment of Carers' Needs

Carers' Grant
A grant paid to the Department of Community Services (previously
known as Social Services) to provide breaks and services for carers.
The grant will continue until 2008.

Commissioning
Commissioning is the process of translating aspirations and need into
timely and quality services for users which; meet their needs; promote
their independence; provide choice; are cost effective and support the
whole community.

Common Mental Health Problems
Common mental health problems include depression, anxiety and other stress-
related problems. The problems described are ones that many people may
recognise the symptoms of and are often triggered by life events. Their
symptoms are commonly treated by GPs or through the support of self-help
groups and social support.

Community Care
The provision of services and support for people who are unable to
cope unaided, in order that they may live as independently as possible
in their own homes, or in homely settings in the community.

Community Services
Services provided to citizens by a local government that may include police, fire,
hospital, schools, trash removal, water treatment, recycling, etc. These services
are paid for by local taxes and user fees.

Day Care/Services
Support usually away from the cared for persons' home, provided by
paid or voluntary workers. It can cover a very wide range of services.

Direct Payment
Monetary payment to the service user or carer, following assessment, so
that they can buy services of their choice to meet their agreed needs.

Eligibility Criteria
Unlike the NHS Local Authorities use eligibility criteria to decide who can receive
services. The eligibility criteria can be used to decide whether a person should
receive free social care or have to pay towards the cost. Eligibility criteria can
also be used to determine whether someone should receive a service or whether
their need is not substantial enough. People who are not eligible for a service
will be given information and advice about alternative services.

Equality Impact Assessment (EIA)
An equality impact assessment (EIA) is a systematic and thorough way of finding out whether a policy, function or service affects different groups of people in different ways. All public authorities have a statutory duty to conduct and publish the outcomes of race, disability and gender EIAs for all its functions, policies and services. Good practice indicates that we review all equality dimensions (race, gender, disability, religion/belief, age, sexual orientation) at the same time.

Extra Care Housing
Extra care housing provides an alternative to traditional sheltered accommodation and to a more intensive residential care setting which can meet both the accommodation and care needs of an individual in their own community.

Floating support
Floating support is defined as a service that is delivered to a family or individual that is not tied to accommodation. A support worker will visit the service user/s and provide support for a specified number of hours per week. There must be an expectation that the support for some or all of the residents will 'float off' as residents cease to require the support. In this instance the individual will be a homeowner or private tenant and their home will be designated as general needs housing.

Health Care
Medical and nursing care that is provided by the National Health Service.

Individual Budgets
An Individual Budget is designed to provide individuals currently receiving services with greater choice and control over their support arrangements. The idea behind individual budgets is to enable people needing social care and associated services to design that support and to give them the power to decide the nature of the services they need. Key features are:
- A transparent allocation of resources, giving individuals the option of a clear cash or notional sum for them to use on their care or support package
- A streamlined assessment process across agencies, meaning less time spent giving information
- Bringing together a variety of streams of support and/or funding, from more than one agency.
- Giving individuals the ability to use the budget in a way that best suits their own particular requirements
- Support from a broker or advocate, family or friends, as the individual desires.

Local Implementation Group (LIT)
A multi-agency group responsible for delivering on the National Service Framework for Mental Health.

Local Area Agreements (LAA)
The Local Area Agreement is an agreement between Wiltshire and the Government on the delivery of partnership working arrangements between statutory and voluntary organisations in the County. It sets targets to improve services to the public.

Mental Health
Mental health is a concept that refers to a human individual's emotional and psychological well-being. According to the World Health Organization (WHO), there is no one official definition of mental health because cultural differences, subjective assessments, and competing professional theories all affect how it is defined. For the purposes of this commissioning strategy mental health will relate to:

> "feeling capable and competent; being able to handle normal levels of stress, maintain satisfying relationships, and lead an independent life; and being able to "bounce back" or recover from difficult situations."

For further information from the WHO readers might like to look at chapter V of the International Classification of Diseases (ICD):
http://www.who.int/classifications/apps/icd/icd10online/

Mental Illness
The term that refers collectively to all mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood or behaviour (or some combination thereof) associated with distress and/or impaired functioning.

Primary Care Trust
The Primary Care Trust is a statutory body that has responsibility for identifying the health needs of the local population. It has responsibility for commissioning and sometimes providing services to meet those needs and managing the performance of those services. It is accountable directly to the Department of Health through the Local Strategic Health Authority.

Procurement
Procurement is the acquisition of goods and/or services at the best possible total cost of ownership, in the right quantity and quality, at the right time, in the right place for the direct benefit or use of governments, corporations, or individuals, generally via a contract.

Recovery
For the purpose of this document 'Recovery' is defined as having hope and leading a satisfying life that is not limited by the presence of symptoms and disabilities nor the ongoing use of services. Recovery in this context will vary from individual to individual and be enabled by attention to life goals and

ambitions as well as by clinical treatments and formal/informal systems of support.

A thorough review of professional, social and personal definitions of recovery is provided in: A Common Purpose: Recovery in future mental health services, 2007 (Care Services Improvement Partnership, Royal College of Psychiatrists and Social Care Institute for Excellence.
http://www.scie.org.uk/publications/positionpapers/pp08.asp

Residential Care
Care, which in Wiltshire, is provided in a home run by either private or voluntary organisations. Homes are subject to inspection and registration. Care may be provided long term, short term or intermittently.

Residential Care with Nursing
Care provided in a registered care home where a registered nurse is on the premises at all times and medical care is provided by a GP.

Respite Care
Respite care is the temporary residential care for a person with the intention of providing a break for the primary care givers.

Service User
A citizen who is presently receiving services from a statutory agency.

Social Care
Non medical and non nursing care provided, or arranged by the Wiltshire Department of Community Services.

Social Inclusion
This ensures that all citizens have a chance to play a full part in all the community activities open to the general public

Stakeholder
Those Individuals or organisations who have an interest in the activity to be delivered/undertaken

Supported housing
The term 'supported housing' will apply where an individual holds an Registered Social Landlord (RSL) tenancy at the same time as receiving support, however this does not apply in the case of floating or move-on support within general needs stock. Three conditions must be met before housing is determined to be supported rather than general needs:

> a) An RSL must have a landlord/tenant relationship with the individual receiving support.

b) A housing support service must be provided

c) The need for support must be a condition of allocation to the property and can be a condition of the tenancy or be set out in a separate support agreement. All housing in receipt of additional Social Housing Grant should be categorised as supported housing.

Supporting People (SP)

A government legislation which brings together all the funding streams for housing-related assistance and ensures that vulnerable people have the opportunity to live more independently.

Telecare

A range of service provision, from community alarm services that provide an emergency response and sensors that monitor and support daily living, through to more sophisticated solutions capable of monitoring vital signs.

Tenancy with Floating Support

Floating support is defined as a service that is delivered to a family or individual that is not tied to accommodation. A support worker will visit the service user/s and provide support for a specified number of hours per week. There must be an expectation that the support for some or all of the residents will 'float off' as residents cease to require the support. Even if a resident living in general needs stock receives 'floating' support paid for by Supporting People grant, their home continues to be designated as general needs housing. In this instance the resident must live in council or housing association housing.

Voluntary Sector

Organisations that are not usually set up by law or organisational statute. Can include paid staff or volunteers, but usually managed by unpaid committee members and registered as charities. Funded by donations, grants, fund raising etc.

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7 Supporting Documents

- Wiltshire Mental Health Involvement and Consultation Strategy (Draft)
- The Strategy for Older Peoples Services in Wiltshire (Draft), Strategic Group for Older Peoples Issues.01/072007
- Wiltshire Carers Policy & Strategy (Draft) 2007 – 2009
- Mental Health Promotion Action Plan and Strategy (in progress).
- Social Exclusion Action Plan (in progress)
- A Strategy for the Prevention of Suicide for Kennet and North and West Wilts PCTs 2004 – 2006 (Draft)
- Services for People with a Personality: Disorder Building Capacity in Avon, Gloucestershire & Wiltshire and the West of England Lsscg (June 2005)

Appendix 1: Prevalence Data Methodology

Prevalence Data - General

Prevalence data for each condition has been taken from nationally accepted and verified sources and represents the most accurate data the profile authors could obtain at the time. This is an area where resource is likely to be needed in phase two of the profiles project.

Prevalence rates for age groups must be used at their most detailed level and then aggregated to make totals. The total prevalence rate varies depending on the ratios of the population between age groups, and is a 'best fit' figure with the age groups used by WCC.

Prevalence Data – Mental Health

The mental health disorder prevalence rates were taken from an Office for National Statistics (ONS) report "Psychiatric Morbidity Among Adults Living in Private Households" which provides figures from 2000.

Rates have been provided separately for psychosis and neurosis. It is likely that the majority of WCC clients have psychotic disorders but the department also works in the community and provides a general service to many members of the public with neurotic disorders. The rates for neurosis and psychosis have simply been added together to present overall mental health disorder prevalence rates.

The prevalence data from the ONS is the most accurate and up to date that could be found at present, however there are several drawbacks to using this type of data:

- Once produced it quickly goes out of date.
- Not all age groups are studied.
- The age groups used do not exactly correspond to other data used in this profile.
- This survey relates only to those living in private households and is therefore highly likely to underestimate prevalence in the entire population.

More detail about the methodology is available in the ONS report itself.

Because of the different age groups used in different studies the prevalence figures for 16-64 year olds have been applied to the 18-64 age group and the prevalence figures for 65-74 have been applied to the 75 plus age group.

Appendix 2: Day and Vocational Services Review

Aims

To undertake a comprehensive review of day opportunities and vocational services and make recommendations on how to redesign service provision to meet current and future demands.

Objectives
1. To assess whether current provision matches the requirements of a modernised mental health service, in terms of:
   - Choice
   - Avoiding unnecessary contact for service users
   - Providing necessary contact in the right setting
   - Designing care around what is known to work
   - Enabling the recovery of people with long term conditions
   - Treating home based care as the norm for the delivery of mental health services
   - Promoting social inclusion
2. To review the capability and capacity of current providers
3. To review commissioning arrangements, assessing budgetary efficiency, cost pressures and promoting responsible commissioning.
4. To identify options and models to meet present and long-term needs.
5. To establish an agreed model or models of provision based on recovery principles that can be applied and adapted across Wiltshire.
6. To establish current demand for day and employment services.
7. To identify unmet need for day and employment services.
8. To establish finance and sources of funding for existing services.
9. To examine how best use of Direct Payments could be made, in order to improve client access to services.
10. To devise and implement service specifications and procurement proposals, following on from the review, which will support implementation of the review findings and recommendations.
11. Following the review, to standardise and improve the contracting and evaluation processes, to include measurement of outcomes, within agreed specifications.
12. To ensure stakeholders are involved in the review process.
13. To ensure existing providers, who are the subject of review, receive timely and appropriate information and support throughout the review process.

Process
1. Literature Review (identifying best evidenced based practice, national policy and strategy, local strategy etc)
2. Local needs analysis (demographic information, public health data, CPA data, inpatient admissions, discharges, availability of mainstream community services etc)

3. Secondary analysis of data (referral patterns, pathways, budgetary, unit costs, contracts, surveys, service configuration)
4. Analysis of policies, procedures within provider organisations.
5. Semi structured interviews with key stakeholders (commissioners, providers, care coordinators)
6. Workshops/Focus Groups with provider organizations
7. Workshops/Focus Groups with service users and carers, concentrating on
    a. How the service meet service user needs.
    b. Accessibility and availability of service.
    c. Adequacy and content of care planning and support.
    d. Attitudes/barriers to engagement and involvement.
    e. Suggestions for improvements.
8. Structured questionnaire to all providers, covering :
    a. Numbers registered.
    b. Gender.
    c. Ethnicity.
    d. Length of time attending the service.
    e. Frequency of attending the service.
    f. Referral routes.
    g. Levels and types of support provided.
    h. Model of service provision.
    i. Opening times.
    j. Sources of income and funding.
    k. Staffing issues.
    l. Service user involvement.
    m. Contract monitoring.
    n. Helping people gain access to voluntary/paid work.
    o. Helping people gain access to college and other training.
    p. Helping people gain access to leisure facilities.
    q. Provision of in-house activities.
    r. Links with community organisations.
    s. Relationships with local statutory mental health services.
    t. Service user involvement in management planning and delivery.
    u. Areas of concern.
    v. Potential developments.

Outcomes
A description and analysis of service provision, with recommendations for future models of provision which will :-
1. Increase the amount of people entering employment
2. Increase the numbers of people entering further and higher education
3. Increase the uptake of Direct Payments
4. Increase the amount of people helped to live at home
5. Enable more effective use of existing resources: cost savings and redistribution
6. Enable access to services closer to home

7. Increase the amount of service user run projects
8. Increase assistance to enable people to retain existing work.
9. Increase access to other services within local communities
10. Maximise peoples income
11. Provide better information on where to get help.

Services Included in the Review
- Richmond Fellowship Employment Services (Wiltshire wide)
- Moonrakers Industrial Unit (Devizes)
- Greenacres Gardening Project (Devizes)
- Tom Metcalfe Centre (Chippenham)
- Mill Race Centre (Calne)
- Kennett Friends (Lugdershall)
- Elisabeth House (Salisbury)
- Alabare (South Wilts)
- Rethink (South Wilts)
- Wiltshire MIND (North Wilts and Kennett)

Update
Focus Groups held with:
- 7 groups of service users
- 2 groups of carers
- 1 group of Avon & Wilshire NHS Trust staff

Semi structured interviews have taken place with:
- Commissioners
- Providers of services
- Key Avon & Wiltshire Partnership senior management and occupational therapy professional leads.

Questionnaires completed by:
- Approximately 200 service users
- 40 care coordinators

Provider Profiles completed on all providers

Literature review completed
On site visits have been undertaken to all services included in the review.
Local Needs Analysis partially completed.
Secondary Data Analysis:
- Analysis of commissioning and contracting processes.
- Analysis of unit costs and activity levels.

Next Steps
The findings from each area of the review will now be collated and further analysed. The final draft report is due to be completed by 23rd August 2007.

Appendix 3: Mental Health Accommodation Review

This summary sets out the scope of the Mental Health Accommodation Review

Target Audience

The Mental Health Accommodation Review will address the accommodation needs of adults of working age (18 - 65 years) with mental health problems who are eligible for funded accommodation. In so doing it will cover:

- Care Homes
- Adult Placements
- Domiciliary Care
- Supported Housing and Housing Related Support
- The Specialist Mental Health and Housing Team
- Respite Services

It might also be expanded through partnership working to include crisis accommodation and specially commissioned domiciliary support. However, it will not cover specialist residential services for substance misuse.

Aims

The aims of the Mental Health Accommodation Review will be to ensure that accommodation services:

- Promote better Mental Health and well-being
- Achieve better outcomes
- Are flexible, relevant and appropriate
- Improve the quality of life and care experience for users and carers living with mental illness and support their aspirations
- Contribute to the prevention of mental health problems

Objectives

The objectives of the Mental Health Accommodation Review will be to:

- Examine the strategic context in commissioning mental health accommodation services.
- Explore the current and future needs of the citizens of Wiltshire for mental health accommodation services.
- Provide a detailed picture of current service provision.
- Result in a Framework Mental Health Accommodation Commissioning Plan that will outline the priorities and associated commissioning

intentions of Wiltshire County Council (WCC) in addressing the accommodation needs of adults of working age with mental health problems. In so doing, it will be part of the implementation of the Draft Strategic Framework for Mental Health Services in Wiltshire 2007 - 2012 and the Draft Framework Mental Health Commissioning Plan for Adults of Working Age and Older People 2007- 2012.

Work Completed

The Mental Health Accommodation Review has not been formally initiated, however in preparation for consultation WCC has produced the following position statement:

Wiltshire County Council will make every effort to ensure that when we are commissioning mental health accommodation services we:

- Recognise the important role of people's accommodation as part of wider partnerships that contribute to health, well-being and social inclusion.
- Work with people to achieve appropriate, responsive and flexible support (including housing support) that promotes individuals' independence and reduces the focus on institutional care.
- Increase the emphasis on outcome focused services and assessments of service quality.
- Engage with partners at the sub-regional and regional level when planning certain types of services (e.g. highly expensive services or services of high importance but with low levels of local demand).
- Enhance choice and control across the relevant service and funding streams
- Integrate accommodation policies within Local Area Agreement frameworks.
- Look to invest in housing support from across a wide range of local funds.
- Increase service user involvement in strategy setting, service design and performance management.
- Engage in earlier discussions with provider communities about needs and priorities to ensure high quality providers
- Require providers to incorporate health and well-being elements in all that they do.
- Recognise the need some individuals will have to remain in a stable and consistent environment until such time as they are ready to move on.
- Ensure, where appropriate, that people across the county experience equitable levels of available services that overcome the challenges of rural areas or differential changes in population growth.
- Require newly commissioned and existing service providers to operate policies and procedures that meet the needs of BME populations and meet national best practice.

Appendix 4: Financial Analysis

Below is a breakdown of the projected 2007/08 expenditure for both the Wiltshire Primary care Trust and Wiltshire County Council.

Wiltshire Primary Care Trust 2007/08 Mental Health Expenditure	
AWP SLA	£31,963,000
Secure Services and Specialist Placements (including CHC)	£8,760,630
Partnership Funds including OLS Placements	£1,675,193
Total	**£42,398,823**

Wiltshire County Council 2007/08 Mental Health Expenditure	
AWP SLA	£2,489,183
Residential/Nursing Care	£11,263,000
Domiciliary	£2,496,000
Grants/Payments to Voluntary Organisations	£469,666
Other	£1,202,229
Total	**£17,920,078**

Total	**£60,318,901**

Appendix 5: Equality Impact Assessment

An equality impact assessment (EIA) is a systematic and thorough way of finding out whether a policy, function or service affects different groups of people in different ways. All public authorities have a statutory duty to conduct and publish the outcomes of race, disability and gender equality impact assessments for all its functions, policies and services. Good practice indicates that we review all equality dimensions (race, gender, disability, religion/belief, age, sexual orientation) at the same time.

Institutional racism (as highlighted in the Macpherson report into the police handling of the death of Stephen Lawrence) refers to the systemic, pervasive and habitual policies and practices that have the effect of disadvantaging certain racial or ethnic groups. Carrying out an equality impact assessment – preferably before a new service or policy is introduced – should enable us to identify and reduce the potential for institutional discrimination.

1. What is the name of the function, policy or service that is being assessed?

    Both of the following documents are being assessed by this EIA:

    -   The Strategic Framework for Mental Health Services in Wiltshire (2007-2012)
    -   The Framework Mental Health Commissioning Plan for Adults of Working Age and Older People (2007-2012)

    Wiltshire County Council and Wiltshire Primary care Trust are responsible for the content of both of these documents.

2. What are the aims of the function, policy or service? Whose needs it is designed to meet? What are the current priorities?

    The strategic framework describes a vision for the direction and development of Mental Health services for adults of working age and older adults within Wiltshire. It is based on a whole system approach to addressing mental health need and promoting well-being. This document seeks to describe an overarching vision for the future; taking into consideration the current position and priorities of existing local services.

    The priorities of this Strategy are:
    -   To promote better Mental Health and well-being
    -   To achieve better outcomes for those who use Mental Health services
    -   Ensure that services are flexible, relevant and appropriate

- To improve the quality of life and care experience for users and carers living with mental illness

The framework commissioning plan outlines the commissioning intentions of WCC and WPCT in addressing the mental health needs of adults of working age (18 - 65 year olds) and older people (65+ year olds) in Wiltshire. In so doing it sits below the strategic framework and delivers the vision that it sets out.

The specific aims of this commissioning plan are to ensure that services are only commissioned after robust analysis of:
  o The relevant national and local strategic context
  o The current and future levels of demand for services
  o What users and carers want from mental health services
  o The current levels of service provision in, and where relevant, around Wiltshire
  o The quality and cost effectiveness of existing services
  o Best practice

3. In what ways might this function, policy or service affect some groups of people differently? Might some groups find it harder to access the service? Do some groups have particular needs that are not well met by the current policy or service? *Please ensure that you comment against **each** of the dimensions listed below and where no issues are identified that you state this clearly against the relevant dimension.*

Age

The needs of people who experience mental health problems may be affected by their age, not least because some particular mental health problems may be age related. The attitude of the general population and the media towards people with mental health problems is different for different age groups, for example; dementia in older age is perceived as being more acceptable than schizophrenia or depression in younger adults.

Because people from different age groups have different needs; the framework strategy and commissioning plan set out different patterns of service provision for adults of working age and older people. Where appropriate service provision for people who experience functional or organic (dementia type) mental illness is dealt with separately, this is because these forms of mental illness have strong associations to age.

Allowances have been made in both documents to ensure that age related mental health provision is appropriate and does not prevent a person from accessing the full range of services. An example of this is the statement in both documents that older people will have access to generic older people's

services until such time as their mental health needs become the primary need.

The mental health needs of children and young people will not be directly met through the policies and commissioning intentions outlined in the two documents. However, both the strategy and the commissioning plan highlight good practice at the transition stage from children to adults' services..

Disability

Both the strategy and commissioning plan accept mental health problems can be experienced by anyone at any time. The content of both documents is relevant to all the adult citizens of Wiltshire including those with disabilities.

In section 3.4 of the strategy and section 4.4 of the commissioning plan specific attention is given to services for people who experience disability alongside their mental health problems. These specific sections are included because we know that at present people who experience both disability and mental health problems do not necessarily receive the same quality of services to meet their needs. In order to improve this; we have committed ourselves in the commissioning plan to making the interface between services; flexible and innovative so that peoples needs are provided for. Both documents commit to providing both generic and specialist advocacy services which allow people with dual and multiple needs to engage with all parts of the mental health system.

Gender

No issues identified

Race

The strategy and commissioning plan accept that mental health problems can be experienced by anyone at any time. Therefore both documents are relevant to adult citizens of Wiltshire irrespective of race.

In section 3.3 of the commissioning plan includes the following specific commissioning intentions:

Commissioning Intention 7a: Ensure that newly commissioned and existing service providers operate policies and procedures that meet the needs of BME populations and meet national best practice.
Commissioning Intention 7b: Develop through the Wiltshire Local Implementation Team (LIT) anti discriminatory policies for all mental health services, to ensure that BME groups are not inappropriately over represented.

Commissioning Intention 7c: Provide joint awareness training for staff working with mental health service users.
Commissioning Intention 7d: Provide information in different languages to meet the needs of service users and carers.

Religion/belief

There can be variations between religions as to how mental illness is viewed, accepted or hidden away.

Sexual orientation

No issues identified

4. What evidence do you have for your judgement? Is there evidence of public concern (e.g. complaints)? Have staff raised concerns? Is there local or national research to suggest that there could be a problem?

Age:

There is national research to show that clear links between age and the prevalence on certain mental health problems. See:

Singleton N, Bumpstead R, O'Brien M et al. Psychiatric Morbidity Among Adults Living in Private Households, 2000. Office for National Statistics. London: The Stationary Office, 2001. URL: http://www.statistics.gov.uk/downloads/theme_health/psychmorb.pdf). Alzheimer's Society policy position paper on demography: URL: http://www.alzheimers.org.uk/News_and_Campaigns/Policy_Watch/demography.htm

Disability:

Staff in Community Mental Health, Hearing and Vision, and Learning Disability teams have raised concerns about the interface between the teams. This has been raised in meetings and discussions.

Gender:

There is national research to show that clear links between gender and the prevalence on certain mental health problems. See:

Singleton N, Bumpstead R, O'Brien M et al. Psychiatric Morbidity Among Adults Living in Private Households, 2000. Office for National Statistics. London: The Stationary Office, 2001. URL: http://www.statistics.gov.uk/downloads/theme_health/psychmorb.pdf).

Race:

There is clear evidence presented in section 3.3 of the commissioning plan to show that people from BME groups are disproportionately represented within Wiltshire's mental health services. Furthermore there is a wealth of national evidence showing variations in the representation of minority groups in mental health services.

A useful summary ids provided by the mental health charity MIND: http://www.mind.org.uk/Information/Factsheets/Statistics/Statistics+3.htm

Religion/belief:

A literature review has not discovered any research to identify any particular issues related to this group. However because it is suspected that there are variations between religions as to how mental illness is viewed - accepted or hidden away we will target different religious groups during consultation.

Sexual orientation:

A literature review has not discovered any research to identify any particular issues related to this group.

All documents that will be published will have an explanation in 4 of the most commonly used languages in Wiltshire to explain how copies in different formats can be obtained.

5. How and with whom have you consulted with as part of your assessment? What were the results? Have you published the results of that consultation? If so, where?

Whilst developing the two documents extensive discussion and scrutiny form key stakeholders in mental health services in Wiltshire has taken place, this includes presentations to service users, carers and third sector groups as well as statutory partners. We have modified our work in relation to feedback from these events and our now about to engage in a three month formal consultation. This consultation will be broad and far reaching including feedback from groups that have a particular interest in equality and diversity issues. We will be using an electronic as well as a paper based consultation process via the ACKnowledge website.

All documents to be published will have an explanation in 4 of the most commonly used languages in Wiltshire to explain how copies in different formats can be obtained.

6. If you have found that the function, policy or service might have an adverse impact on a particular group of people, can you justify this?

    No adverse impact has been detected.

7. If the impact cannot be justified, what do you intend to do about this? Are there changes that you could introduce which would make the function, policy or service work better for this group of people? Is further research or consultation required?

    N/A

8. How will you monitor the take-up or impact of the function, policy or service in future?

    We have included a commitment to update the strategy and commissioning plan at regular intervals to ensure that they remain consistent with trends in data, legislation, policy and demand. This is likely to occur on an annual basis. However, if there are significant changes in resource allocation, legislation or policy both documents will be updated.

9. What actions do you plan to take as a result of this EIA? *Please include target dates for completion of actions and resource implications where possible.*

    We will include this EIA in our consultation documents. Following the consultation period we will review the content and appropriateness of the EIA.

10. If no actions have been identified in section 9 above, please state when a further review of this assessment is planned:
    N/A

11. Name of person completing form: DANIEL LYUS

    Date assessment completed: 03/08/07

12. Name of senior manager approving assessment:

    Date assessment approved by senior manager: 03/08/07

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