

AGENDA

Meeting: HEALTH AND WELLBEING BOARD
Place: The Kennet Room - County Hall, Trowbridge BA14 8JN
Date: Thursday 15 December 2016
Time: 10.00 am

Please direct any enquiries on this Agenda to Will Oulton, of Democratic and Members' Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 713935 or email william.oulton@wiltshire.gov.uk

Press enquiries to Communications on direct line (01225) 713114/713115.

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Voting:

Cllr Jane Scott – (Leader of the Council) - **Chairman**
Dr Peter Jenkins – (CCG Chairman) - **Vice Chairman**
Dr Simon Burrell (CCG – Chair of NEW Group)
Dr Toby Davies (CCG – Chair of SARUM Group)
Nikki Luffingham (NHS England)
Christine Graves (Healthwatch)
Cllr Jerry Wickham (Cabinet Member for Health -including Public Health, and Adult Social Care)
Angus Macpherson (Police & Crime Commissioner)
Cllr Laura Mayes (Cabinet Member for Children's Services)
Dr Richard Sandford-Hill (CCG – Chair of WWYKD Group)
Cllr Ian Thorn (Opposition Group representative)

Non-Voting:

Dr Gareth Bryant (Wessex Local Medical Committee)

Mike Veale (Wiltshire Police Chief Constable)

Carolyn Godfrey (Wiltshire Council Corporate Director with statutory responsibility for Children's Services)

Chief Executive or Chairman representative Salisbury Hospital FT (Peter Hill)

Maggie Rae (Wiltshire Council Corporate Director with statutory responsibility for Adult and Public Health Services)

Cllr Sheila Parker (Portfolio Holder for Adult Care and Public Health)

Chief Executive or Chairman representative Bath RUH (James Scott)

Tracey Cox or Mark Harris (Chief Accountable Officer or Chief Operating Officer)

Iain Tully or Toby Sutcliffe (Avon and Wiltshire Mental Health Partnership (AWP))

Chief Executive or Chairman representative Great Western Hospital (Nerissa Vaughan)

Ken Wenman (South West Ambulance Service Trust)

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AGENDA

1 **Chairman's Welcome and Introduction**

2 **Apologies for Absence**

3 **Minutes** (*Pages 7 - 12*)

To confirm the minutes of the meeting held on 22 September 2016.

4 **Declarations of Interest**

To declare any personal or prejudicial interests or dispensations granted by the Standards Committee.

5 **Chairman's Announcements** (*Pages 13 - 26*)

- Letters from the Home Secretary and Secretary of State for Health regarding health and police collaboration.
- Letter from David Mowat MP, Department of Health on Primary Care
- Letter from DH/ DCLG regarding Winter Planning

6 **Public Participation**

The Council welcomes contributions from members of the public.

Statements:

If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named above for any further clarification.

Questions:

To receive any questions from members of the public or members of the Council received in accordance with the constitution. Those wishing to ask questions are required to give notice of any such questions in writing to the officer named above, no later than 5pm on Thursday 8 December 2016. Please contact the officer named on the first page of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Board members prior to the meeting and made available at the meeting and on the Council's website.

7 **Wiltshire Children Safeguarding Board Annual Report** (*Pages 27 - 68*)

To outline to commissioners and providers the annual report of the Wiltshire

Safeguarding Children Board; with emerging priorities for 2017.

Responsible Officers: Mark Gurrey, Independent Chair

8 **Sustainability and Transformation Plan and NHS Planning Guidance***(Pages 69 - 82)*

To update the Board on the Sustainability and Transformation Plan for Bath and NE Somerset, Swindon and Wiltshire and the implications for partners in Wiltshire in light of the latest NHS Planning Guidance.

Responsible Officers: James Scott, SRO for the STP.

Report author: David McClay, Programme Director for the STP

9 **GP Five Year Forward View and Primary Care in Wiltshire**

A presentation outlining the future opportunities for primary care in Wiltshire in light of NHS Planning Guidance and the potential for close working to address these, including preventative and proactive working.

Responsible Officers: Tracey Cox

Report Author: Jo Cullen

10 **Wiltshire Mental Health and Wellbeing Strategy***(Pages 83 - 142)*

To provide an update on the delivery of Wiltshire's Joint Mental Health Strategy in the context of the Mental Health Five Year Forward View and latest NHS Planning Guidance.

Responsible Officers: Tracey Cox, Carolyn Godfrey

Report Author: Frances Chinemana, Ted Wilson

11 **Child and Adolescent Mental Health Services***(Pages 143 - 164)*

An update on the the Child and Adolescent Mental Health Services Transformation Plan in the context of the latest NHS funding and procurement plans.

Responsible Officers: Tracey Cox, Carolyn Godfrey

Report Author: Julia Cramp

12 **Wiltshire Mental Health Crisis Care Concordat***(Pages 165 - 174)*

To ask the Board to approve the Year 2 Action Plan for the Concordat and receive an update on the latest performance information against key indicators.

Responsible Officers: Ted Wilson, MHCCC Action Group Chair

Report Author: Georgina Ruddle, Sgt Mike Hughes, David Bowater

13 **Public Health Annual Report***(Pages 175 - 204)*

A paper for information presenting the Public Health Annual Report

Responsible Officers: Carolyn Godfrey
Report author: Frances Chinemana

14 **Better Care Plan Update**

To receive a presentation updating the Board on the Better Care Plan for 2016/17 and emerging priorities for 2017/18.

Responsible Officers: Tracey Cox, Carolyn Godfrey
Report author: James Roach

15 **Date of Next Meeting**

The next meeting will be 9 February 2017.

16 **Urgent Items**

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HEALTH AND WELLBEING BOARD

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 22 SEPTEMBER 2016 AT THE KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN.

Present:

Cllr Baroness Scott of Bybrook OBE (Chairman), Dr Peter Jenkins (Vice Chairman), Dr Anna Collings, Dr Toby Davies, Dr Richard Sandford-Hill, Christine Graves, Cllr Jerry Wickham, Cllr Laura Mayes, Nikki Luffingham, Dr Gareth Bryant, Carolyn Godfrey, James Scott, Bath RUH, Roger Hill, GWH and Toby Sutcliffe, AWP, Angus Macpherson PCC

48 **Chairman's Welcome, Introduction and Announcements**

The Chair, Baroness Scott, introduced the members of the Board and expressed thanks to outgoing member Simon Truelove.

49 **Apologies for Absence**

Apologies were received from Ken Wenman.

50 **Minutes**

Resolved

To approve and sign the minutes of the previous meeting held on 16 June 2016.

51 **Declarations of Interest**

There were no declarations of interest.

52 **Public Participation**

There were no public questions under this item.

53 **Sustainability and Transformation Plan**

James Scott presented an update to the Board on the latest draft of the Sustainability and Transformation Plan (STP) for Bath and NE Somerset, Swindon and Wiltshire. This report outlined the progress made since the last update to the Board in June 2016, setting out the initial priorities within the

outline (draft) plan and how the content would be refined during Sept-Nov 2016 through wider stakeholder engagement.

Issues highlighted in the course of the presentation and discussion included: that there had been a request from central government that the STPs around the country were not made public so they can better manage the flow of contentious information; that the local STP should be less controversial, and the intention would be to make it available for wider debate after Xmas; the ongoing discussions with third sector, independent and the public stakeholders in framing the solutions for a configuration of services, prior to a wider consultation; the six workstreams that are in the plan such as emergency care; that partners were looking at sharing of back office functions; that partners were looking at the issues of recruitment and finding solutions for urgent and emergency care; and the importance of briefing local councillors as they would be receiving questions from constituents.

The Chair, Baroness Scott, thanked officers for the update, and emphasised that the issue of integrating health and social care was key to securing the success of the plan.

Resolved

To note the report, and to consider how best the Health and Wellbeing Board can further support the Sustainability and Transformation Plan (STP) development and priority workstreams.

54 **Better Care Plan**

The meeting received a presentation, by James Roach, circulated on the 21 September, regarding the Better Care Plan.

Issues highlighted in the course of the presentation and discussion included: The challenges and the positives with regard to the Better Care Plan; the actions required to improve the flow of patients throughout the system; the continuing issues with workforce across the county; the changes in performance in Q2, including reductions in avoidable admissions; the reduction in admissions from care homes; that a project was piloting single-view of the customer in health and social care; how strong connection across partners in the system can help drive continued improvement; the impact of care providers changes, and CQC restrictions; the high demand for specialist dementia placements; the cumulative impact of demographic changes on demand for services; the range of actions agreed with acute providers; how to meet the challenges for meeting the demand for domiciliary care; how the over-prescription of care can be identified and addressed; the process for integrating teams in specific pilots; how continuing the focus on prevention and early intervention; how existing workers and community pharmacists can be used better; and the need to maximise capacity within the system that exists without additional investment.

The Chair, Baroness Scott, thanked officers for the update, and hoped that efforts would be focused on improving performance.

Resolved

To note the joint communications plan agreed by Wiltshire Council and Wiltshire's Clinical Commissioning Group and supports the intention of the plan to prevent ill health and to reduce pressures on public services.

55 **Winter Communications Planning**

Tim Edmonds and Sarah Maclennan presented the report which outlined the joint communications plan agreed for winter between Wiltshire.

Issues highlighted in the course of the presentation and discussion included: that this was a joint plan and the work down to promote the issues of missed appointments across GPs; how best to use best practice from a range of setting; the specific promotion of Warm in Wiltshire project; that officers had started planning at an earlier date; that there is an implementation plan that outlines activities week by week; the range of materials and mediums being used to cover a range of ages in the area; and how the activity will be evaluated.

Resolved

To note the update.

56 **Mental Health Crisis Care Concordat Update**

Simon Truelove presented the report which outlined recent progress made by the Wiltshire Mental Health Crisis Care Concordat Action Group and the wider context of its ongoing work, together with the learning from recent incidents. The report was circulated on the 21 September.

Issues highlighted in the course of the presentation and discussion included: the challenges faced by the system as illustrated by some recent high profile cases; the importance of getting a timely response from staff; the demands placed by approaches taken by neighbouring areas, and how this had led to great challenges in accessing places of safety; the additional resources now being made available; and how preventative work can be utilised better.

The Chair, Baroness Scott, thanked the officers for putting together the report. She stated that she recognised the system under pressure but that improvements were being made. To keep the Health and Wellbeing Board informed of progress, she asked officers to present a further report to a future meeting.

Resolved

- a) To Note the range of work underway to improve the experience of those in mental health crisis;**
- b) To reaffirm its commitment that police custody should only be used as a place of safety in exceptional circumstances;**
- c) To agree to receive an updated Mental Health Crisis Care Concordat Action Plan, following a meeting of lead chief executives, together with an update on the delivery of the Mental Health and Wellbeing Strategy, at the next meeting;**
- d) To consider appropriate indicators for monitoring the implementation of the Action Plan at future meetings – noting the suggested indicators in paragraph 19 and 20.**

57 Healthwatch Wiltshire's Annual Report

Chris Graves and Emma Cooper presented the Annual Report for Healthwatch Wiltshire (HWW).

Issues highlighted in the course of the presentation and discussion included: that this was their third annual report, and that it was a statutory requirement to report on activities; that the four main functions of HWW are: engagement; monitoring quality; information; and influencing; how HWW can demonstrate the difference it makes; some specific engagement activities delivered through volunteers including young people and people with learning difficulties; the powers available to HWW to enter and view services; the contribution of HWW to the Wiltshire Health Select Committee; how monitoring of quality work links to the work of CQC; the specific reports made to the H&WB; the continuing work on the Your Care Your Support website, and how volunteers had been used to keep information up to date; and the different opportunities for HWW to influence the decision making structures.

Resolved

- 1. To note and comment on the content of the Annual Report**
- 2. To recognise the progress which has been made during 2015/16 in fulfilling the statutory duties of a local Healthwatch**
- 3. To take up the offer for Healthwatch Wiltshire to share the outcomes from its engagement work as appropriate in the future.**

58 **Wiltshire CCG Cancer Strategy**

Simon Truelove and Andy Jennings presented the report which provided an update to the Board on the Wiltshire CCG cancer strategy recently endorsed by the CCG's Governing Body.

Issues highlighted in the course of the presentation and discussion included: That local strategy was developed in response to national strategy; that the CCG, Public Health and Acute Hospitals would take the lead in different areas of the strategy; that the new NICE guidelines have had an impact; the increasing demand for services and increased rate of survival; the range of partners and organisation involved, including the third sector; that work had already been undertaken with Bath and Swindon colleagues ahead of the creation of the Sustainability and Transformation Plan; and the five areas of focus including patient experience.

Recommendation

- 1. To note the Wiltshire CCG cancer strategy; and**
- 2. To note that the CCG is now working to implement the individual tasks within the cancer strategy, either supported by the Public Health team and other organisations, or in support of the Public Health team and/or other organisations, as appropriate.**

59 **Wiltshire Obesity Strategy**

Amy McNaughton, consultant in the Public Health Team, introduced the report which presented the final Obesity Strategy.

Issues highlighted in the course of the presentation and discussion included: That the Board had seen the draft strategy earlier prior to consultation; that the strategy had been approved by the Cabinet and the Wiltshire CCG bodies; that the draft implementation plan had been updated following a summit with various partners; and that a range of activities and programmes were already underway.

Resolved

- 1. To note the formal sign-off of the obesity strategy;**
- 2. To note the request to report in 12 months regarding performance.**

60 **Community Area JSA and local action planning events**

Amy McNaughton, consultant in the Public Health Team, presented the report which outlined the outcomes from locally led action planning events and the plans for the launch of new community area Joint Strategic Assessments (JSA) in October.

Issues highlighted in the course of the presentation and discussion included: that community area boards are given information about what activities can be done in their area; that refreshed Community Area JSAs will work with local officers to attend meetings to refresh action plans; how feedback on this activity had increased focus on older people as well as younger people; the opportunities for cooperation between leisure and public health; the desire to make information more user-friendly for community use; and the difficulties in understanding the impact of transitional communities such as the military.

Resolved

- 1. To note the positive findings of this report and the impact the CAJSAs have made;**
- 2. To agree to support the work of Wiltshire Council to produce a new round of CAJSAs in 2016. These reports will continue to provide intelligence at a local community level to enable residents and public services to tackle local issues in order to build more resilient communities; and**
- 3. To examine where action at a strategic level might continue to encourage further action within each community area – toolkits, shared resources, etc.**

61 **Date of Next Meeting**

The date of the next meeting, 15 December 2016, was noted.

62 **Urgent Items**

There were no urgent items.

(Duration of meeting: 10.00 am - 12.00 pm)

The Officer who has produced these minutes is Will Oulton, of Democratic & Members' Services, direct line 01225 713935, e-mail william.oulton@wiltshire.gov.uk

Press enquiries to Communications, direct line (01225) 713114/713115

Chairman's Announcements

Letter from the Home Secretary and Secretary of State for Health

The Home Secretary and Secretary of State for Health have written to Health and Wellbeing Board Chairs and Police and Crime Commissioners urging close collaboration on Health and Justice matters. A copy of the letter and our response is attached.

Letter from David Mowat MP, Parliamentary Under Secretary of State for Community Health and Care

The critical role of primary care in ensuring that the Sustainability and Transformation Plan can be successfully delivered has been highlighted in a letter from David Mowat MP (attached). The Health and Wellbeing Board has had regular updates on primary care and held an informal session on this subject in September. This covered transforming care for older people, locality plans and the primary care offer. Discussion touched upon the options for future local commissioning arrangements and the potential for action to help with recruitment and retention, and the importance of preventative activities.

In light of this an additional item has been included on this agenda for an update on primary care. The presentation will outline the future opportunities for primary care in Wiltshire, in light of NHS Planning Guidance, and the potential for close working to deliver these, including preventative and proactive working. The presentation covers the GP Forward View and an update from public meetings on the primary care model.

Letter from the Department of Communities and Local Government and Department of Health regarding Winter Planning

Health and Wellbeing Board chairs have been written to regarding planning for winter and outlining a range of practical actions that can be taken (letter attached). Many of these are already underway – the last meeting received an update on the joint Winter Communications Plan – and a brief officer update will be provided at the meeting on the other actions underway.

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Home Office

Home Secretary
2 Marsham Street
London SW1P 4DF
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Department
of Health

Secretary of State for Health
Richmond House
79 Whitehall
SW1A 2NS
[Follow us on Twitter @DHgovuk](#)

TO:
Chairs of Health and Wellbeing Boards
Chief Constables
Police and Crime Commissioners

15 November 2016

Dear All

Police and Crime Commissioners and Health and Wellbeing Boards

We are writing to highlight and support some of the important benefits that can be realised through closer collaboration between policing and health partners.

The interface between crime and public health is well-documented – in the Department of Health’s public health outcomes framework, for example, which contains a number of indicators that recognise the links, including: entry to the youth justice system, people in prison with a mental illness, domestic abuse, violent crime, re-offending, drug treatment outcomes and perception of community safety.

In many areas of the country, police and health and care partners, in both the NHS and Local Government, are working collaboratively to deliver better outcomes for individuals, including the most vulnerable and local communities and there is potential for further joint working. For example, local authorities, the NHS and the police are required members of Safeguarding Adult Boards which help ensure a collaborative, inter-agency approach to the responses and prevention of abuse or neglect.

In addition, many health and wellbeing boards already include amongst their membership either their Police and Crime Commissioner (PCC) or representatives from their local police force or criminal justice agencies. This has enabled boards to take a broader strategic view of their area beyond health and social care, and through Joint Strategic Needs Assessments (JSNAs) provides boards with the opportunity to better understand the nature of public needs and demands on local services – which can in turn influence local commissioning strategies.

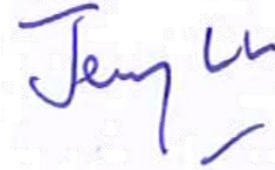
There are already a number of areas where greater collaboration has had positive outcomes including:

- Every area in England is now working to implement their local Mental Health Crisis Care Concordat action plans, involving NHS services, police forces and local authorities, and many of these local partnerships are using their Boards to ratify their plans and support progress. Local action plans and other helpful information on the Concordat can be found here: <http://www.crisiscareconcordat.org.uk/>
- In addition, around 30 police forces now have some form of street triage in operation. These models, often jointly commissioned by the PCC and Clinical Commissioning Groups, ensure mental health nurses staff support and advise police officers in their responses to people in mental health crisis. In some forces mental health workers and police officers provide joint responses in the community; in others mental health professionals work in emergency call centres in order to provide real time advice and support to frontline officers. The evaluation of nine initial pilot sites evidenced that the schemes contributed towards large reductions in the use of police custody as a place of safety for those vulnerable people detained under section 136 of the Mental Health Act.
- Around 25 police forces operate a drug intervention initiative which involves policing and health partners working together to identify, assess and refer users into appropriate treatment pathways. Investment in treatment is proven to reduce reoffending, with every £1 spent saving £2.50 for the Criminal Justice System, and with access to treatment reducing the impact of wider health harms including the spread of blood borne viruses and drug related mortality.
- A recent Home Office and Public Health England initiative in Middlesbrough brought together senior partners in policing, health and probation to consider the impact of heroin misusing offenders in their area and the wider implications this was having on individuals and the community. This has galvanised further collaborative working, including the development of a joint strategy to address their local needs and consider opportunities for developing a multi-agency commissioning approach for treatment services.
- The first phase of the local alcohol action areas programme, which ran until March 2015, saw police and health partners work closely together to reduce a range of alcohol-related harms. For example, Gravesham began a one-year pilot of a Make Every Adult Matter approach to street drinkers. An operational group is led by the area's alcohol and drug treatment provider with members including the police, third sector organisations, primary care providers, Jobcentre Plus and the Prison Service. Early indications are that the project is working well and that links between partner agencies are much improved and that better coordinated services for individuals with multiple needs are emerging. Invitations to apply to take part in the second phase of the programme were sent to PCCs, chief constables and all local authorities in England and Wales last month. The programme will begin in January and will again encourage active partnerships between local agencies to reduce alcohol harms.

Given the benefits outlined above, and the pressures on health and care services and police forces, we would like to ask Health and Wellbeing Boards and PCCs to consider how they can better work together by ensuring appropriate representation from both sectors on Health and Wellbeing Boards.

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The Rt Hon Amber Rudd MP

A handwritten signature in blue ink, appearing to read 'Jeremy Hunt'.

The Rt Hon Jeremy Hunt MP

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Baroness Scott of Bybrook OBE
Leader of the Council

2016

Cabinet Office
County Hall
Bythesea Road
Trowbridge
Wiltshire
BA14 8JN

Dear Amber and Jeremy

Police and Crime Commissioners and Health and Wellbeing Boards

Many thanks for your letter, dated 15 November 2016, regarding Police and Crime Commissioners and Health and Wellbeing Boards. We are pleased to report that Wiltshire's PCC and his chief constable are both full members of Wiltshire's Health and Wellbeing Board and have been regular participants since inception. For your interest, both Angus and the Police Chief also signed the mental health crisis care concordat for the OPCC and Constabulary respectively.

The Health and Wellbeing Board has considered a wide range of police related issues over the past couple of years – including the handling of serious case reviews, safeguarding matters, Police Custody Healthcare and sexual assault referrals, provision of safe places and support for troubled families. The Board was also an early signatory to the Mental Health Crisis Care Concordat (as was the Commissioner and Chief Constable), has developed an action plan for this, receives regular updates on progress, and recently successfully bid for capital funding for further health based places of safety. Regular discussion has also led partners to commit to fund control-room based mental health triage. Whilst on the subject, the Board would welcome the support of government in addressing the use of local health based places of safety in Wiltshire by out of area patients, driven by a shortage of commissioned capacity in Bristol, amongst other factors.

Our Joint Strategic Assessment includes data and commissioning information on a wide range of issues of interest to health and police partners, including substance misuse, mental illness, domestic abuse and community safety. Using locally tailored JSA information, the Police have worked closely with council and NHS colleagues in community-led action-planning events across Wiltshire's eighteen community areas, to instigate local action, backed by community grants, that is tailored to local needs.

Additionally, the Chair of the Community Safety Partnership for Wiltshire is a Consultant in Public Health, who leads on community safety and prevention of harm and holds the brief for justice health. The partnership brings together expertise from Wiltshire Council, the OPCC, Wiltshire Police - both tactical and strategic, Fire and Rescue and Wiltshire CCG, with close working links with NHS England as the lead commissioners for Justice Health for HMP Erlestoke. The Partnership provides

strategic oversight and direction to the delivery of a range of interventions on prevention; such as reducing alcohol and drug related harm, treatment and rehabilitation, reducing crime and reoffending, tackling the incidence and impact relating to domestic abuse and applying legislation through the Public Protection Tools and Powers, consumer protection and the Licensing Act (2003) to improve the safety of our local communities. The partnership has recently updated strategies on alcohol misuse and domestic abuse; launched a new protocol to ensure children are effectively safeguarded if they are living in households where there is adult domestic abuse or substance and alcohol misuse; and has commissioned in collaboration with the Office for Police and Crime Commissioner specialist support services for people at all levels of risk of domestic abuse across the county. Wiltshire also continues to be best in the South West for opiate based recovery rates.

We hope this reassures you of our ongoing commitment to partnership working on a range of issues.

Yours

A handwritten signature in black ink, appearing to read 'Angus Macpherson', with a long horizontal flourish underneath.

Baroness Scott of Bybrook OBE
Chair, Wiltshire Health and Wellbeing Board
Leader, Wiltshire Council

Angus Macpherson
Police & Crime Commissioner
Wiltshire



Dear Health and Wellbeing Board Chairs,

I am writing to you in your capacity as a Health and Wellbeing Board (HWB) Chair to highlight the General Practice Forward View, recognising the important relationship that primary care has with the delivery of local health and wellbeing strategies. This document is part of the future vision for the NHS being developed as part of NHS England's overarching Five Year Forward View.

The role of general practice is central to our health and care system, but we know that pressure on GPs and other general practice staff is increasing. The Government and NHS England have recognised the need for additional support and, on 21st April 2016, NHS England published the GP Forward View. This is a package of support to help get general practice back on its feet, improve patient care and access, and invest in new ways of providing primary care. It sets out that we are investing an extra £2.4 billion a year for general practice services by 2020/21, which represents a 14% increase in real terms. The overall investment includes a £500 million five year Sustainability and Transformation package to support GP practices, which contains measures to help boost the workforce, drive efficiencies in workload and modernise primary care infrastructure and technology.

However, as HWBs will be very well aware, general practice cannot work effectively in isolation, and the GP Forward View looks at general practice's role in relation to the wider system – both how improved integration can provide additional support to general practice and the contribution that general practice staff make on wider social issues. It also highlights the important role that primary care can play in supporting integration across local health and care systems.

We acknowledge that many HWBs are already promoting strong and effective relationships between general practice services and other health, social care, public health and wider local services; and that they recognise the centrality of primary care in integrating their local health and care systems and the need to ensure access to all relevant support services. These links are going to be even more important in the future, and so I am writing to ask all HWBs to review the GP Forward View document and consider what more Boards could do to build effective relationships between primary care and wider local services.

There are many examples of effective collaboration with primary care at a local level, including:

- *Just What the Dr Ordered* (published by the Local Government Association in April 2016) contains case studies on social prescribing from: East Riding of Yorkshire;

Blackburn with Darwen; Knowsley, Halton and St Helen's; Luton; Rotherham; Cotswold; Doncaster; Tower Hamlets; and Forest of Dean:
<http://www.local.gov.uk/documents/10180/7632544/L16-108+Just+what+the+doctor+ordered+-+social+prescribing+-+a+guide+to+local+authorities/f68612fc-0f86-4d25-aa23-56f4af33671d>.

- Northumberland's network of community hubs with strong voluntary, community and faith sector engagement and support planners working with GPs.
- Social prescribing in Gloucestershire:
<http://www.gloucestershire.gov.uk/extra/CHttpHandler.ashx?id=63219&p=0>.
- Wiltshire's community hubs where primary care services are being co-located with other services in buildings such as libraries:
<http://www.wiltshire.gov.uk/hwb-2015-annual-report.pdf>.

HWBs will additionally already be engaged in the Sustainability and Transformation Plan (STP) process. As set out in the NHS Shared Planning Guidance, published in December 2015, the success of STPs will depend on having an open, engaging, and iterative process that involves clinicians, patients, carers, citizens, clinicians, local community partners including the independent and voluntary sectors, and local government through, for example, health and wellbeing boards, building on existing plans such as Health and Wellbeing Strategies and Joint Strategic Needs Assessments.

The arm's length bodies responsible for the NHS Five Year Forward View – NHS England, NHS Improvement, the Care Quality Commission, Public Health England, Health Education England and the National Institute for Health and Care Excellence – have asked for local engagement plans as part of the Sustainability and Transformation Plan process, building where appropriate on existing engagement through health and wellbeing boards and other local arrangements, including GP services.

In summary, given the potential benefits outlined above, I am asking HWBs to consider how, through their work and specifically through Joint Health and Wellbeing Strategies, they can encourage action to develop and strengthen relationships with general practice services in local areas, in order to generate benefits for the whole system and better outcomes for patients.

Yours faithfully,



DAVID MOWAT



Department
of Health



Department for
Communities and
Local Government

To:
Chief Executives
Directors of Adult Social Services
Local Authorities, England

Copy:
Health and Wellbeing Board Chairs
ADASS National Urgent Care Lead
ADASS Regional Urgent Care Leads
Local Government Association
NHS England Regional Directors
Emergency Care Improvement Cluster Leads

11 November 2016

Dear Colleague

Winter Planning for Adult Social Care and Supporting Delivery into 2017

We know that everyone in the adult social care system has been planning for the winter months alongside their NHS partners and, first of all, we would like to take this opportunity to thank you for all of your efforts.

We also appreciate that the coming months may be challenging, particularly with a long bank holiday weekend over Christmas, and with January and February usually being difficult months as systems manage the impact of high seasonal demand. Given this, we wanted to write to you to outline some practical actions and avenues of support that local authorities could consider to foster resilience over the period.

A&E Delivery Board Plans

Local Authority Chief Executives will have received a copy of a letter sent to Local A&E Delivery Board Chairs on 21st October by NHS England and NHS Improvement about priorities and the assurance of winter plans to manage performance. The letter emphasises the importance of ensuring that social services are fully embedded in on-going discussions and implementation of the five improvement initiatives of the 2016/17 A&E Improvement Plan arrangements. This is extremely welcome and we would ask you to continue to do all you can to support implementation, particularly in relation to reducing delayed transfers of care.

Lessons from 2015/16

Since last winter, we have listened to the views of local government and taken on board some important lessons. We understand that we need to take a proportionate approach and allow local organisations to work together to develop solutions, and that we need to mirror this joint working at national level. That is why we set up the Discharge Board with our partners to co-ordinate a coherent, cross-system approach to improvement. Through the Board, we are working with local government, the NHS and system partners to oversee, coordinate and deliver meaningful approaches to address delays in hospital discharge.

Market Shaping

The Care Act 2015 introduced new duties on local authorities to shape their local market and to ensure that there is a choice of quality providers for all people in their areas, taking account of ensuring sufficient capacity to support safe, prompt hospital discharge. The Department of Health (DH) has worked with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) to produce a wide range of practical approaches to help local authorities to discharge these duties, including work delivered by the Institute of Public Care on best practice in market shaping, and *Commissioning for Better Outcomes: a route map*, a practical tool for self-assessment and peer-review developed with the LGA and sector-led improvement:

<http://ipc.brookes.ac.uk/what-we-do/market-shaping.html>

<http://www.local.gov.uk/search?q=commissioning%20for%20better%20outcomes>

DH is consolidating all of the advice and guidance on market shaping, commissioning and contingency planning onto a Markets Hub as an on-line resource available on GOV.UK, which should be available later in November.

Sector-Led Improvement

DH has also worked with the LGA and ADASS to put an enhanced sector-led improvement programme in place. We have seen the positive impact of this programme and are very pleased with the support that it is providing – both in individual areas that may be facing significant pressures and in sharing the very best practice. Your Director of Social Care will be aware of the *High Impact Change Model*. It provides practical support options, particularly around patient flow and discharge, and helps to assess how effectively current systems are working:

<http://www.local.gov.uk/documents/10180/7058797/Impact+change+model+managin+g+transfers+of+care/3213644f-f382-4143-94c7-2dc5cd6e3c1a>

Since the *High Impact Change Model* was developed, the LGA and ADASS have also worked with the NHS and system partners to produce a range of tools to help local systems, including a series of *Quick Guides* containing practical approaches, case studies and links to useful documents that identify solutions to commonly experienced issues:

<http://www.nhs.uk/NHSEngland/keogh-review/Pages/quick-guides.aspx>

If your local hospital is part of the Emergency Care Improvement Programme support to address seasonal demand is available through that programme.

Graeme Betts (graemebetts@yahoo.co.uk or 07789 205 201) leads for the LGA on sector-led improvement support for winter pressures. He is supported by regional Care and Health Improvement Advisors and Regional ADASS Urgent Care Leads who are available to provide specific support to local areas.

Region	Local Government Care and Health Improvement Advisors	ADASS Regional Urgent Care Leads
<i>North</i>	<p>Terry Dafter (North West) terrydafter@me.com 07427 223 383</p> <p>Sandie Keene (North East) sandiekeene@me.com 07824 512 908</p> <p>Moira Wilson (Yorkshire and Humberside) moiral.wilson@ntlworld.com 07824 512 908</p>	<p>Dwayne Johnson dwayne.johnson@sefton.gov.uk</p>
<i>London</i>	<p>Adi Cooper dradicooper@gmail.com 07468 511 404</p>	<p>Grainne Siggins grainne.siggins@newham.gov.uk</p>
<i>Midlands and East</i>	<p>Rachel Holynska r.holynska@btinternet.com 07585 328 458</p> <p>Ian James (West Midlands) jamesian03@btinternet.com 07 817 542 255.</p>	<p>David Stevens david_stevens@sandwell.gov.uk</p>
<i>South East and West</i>	<p>Oliver Mills oasmills@btinternet.com 07881 820 895</p>	<p>Keith Hinkley keith.hinkley@eastsussex.gov.uk</p>

Seasonal Influenza

As we are approaching winter, we would also ask you to consider what steps, including with the independent care sector, you need to take to make sure that all front-line staff are vaccinated against seasonal flu. This will protect them and the vulnerable individuals they care for.

The flu fighter campaign delivered by NHS Employers has resources available on-line to help you plan, deliver and evaluate a flu vaccination campaign targeted at increasing the uptake of the vaccine among health and care workers. You can access and download resources, including posters, screensavers and promotional artwork for free at:

www.nhsemployers.org/flu

Emergency Preparedness

Your local authority should be briefed via your local resilience forum (LRFs) on the wider civil emergency risks you should be planning for this winter. DCLG officials are discussing with LRFs their readiness to respond to severe winter weather and flooding; you may find it helpful to review your own authority's readiness against the check list in the DCLG / Solace Local Authority Preparedness for Civil Emergencies: [A Good Practice Guide](#).

The annual Met Office *Get Ready for Winter* campaign was launched on 7th November, and this year's theme is informal carers: looking out for neighbours, family and those vulnerable to the effects of winter weather. The [2016/17 webpages](#) are available now and can be linked to your emergency planning advice for local businesses and residents, along with details of how your communities can contact you in an emergency.

Conclusion

We appreciate all of the effort going into preparing for winter and the work you are doing with partners on plans and look forward to continuing to work with you.

Yours Sincerely



Tamara Finkelstein
Director General,
Community Care
Department of Health



Jo Farrar
Director General
Local Government and Public Services
Department for Communities and Local
Government

Wiltshire Council

Health and Wellbeing Board

December 15th

Subject: Wiltshire Safeguarding Children Board (WSCB) Annual report 2015-2016

Executive Summary

I. During 2015-2016 WSCB has progressed key areas of work identified in last year's annual report:

- Established a Neglect Strategy to improve our response to this form of abuse.
- Early Help has remained firmly on the safeguarding agenda with continued improvements in practice.
- Identified revision needed within our quality assurance framework to provide robust data and context on safeguarding across partner agencies in Wiltshire.
- Continued to drive activity and improvements in relation to Child Sexual Exploitation (CSE) and missing children through the local action plan and in particular have improved our safeguarding and protection of children missing and those at risk of exploitation.

In addition we have:

- Improved the skills and knowledge of over 3,000 staff working with Wiltshire's children and young people through the delivery of our training programme and learning events.
- Increased our understanding and oversight of domestic abuse and its impact on children by establishing a Domestic Abuse Sub Group.
- Received an inspection from Ofsted which judged both the Council services for children and the work of the WSCB as 'Requiring Improvement'.

WSCB now needs to:

- Assess the impact of the implementation of the new Neglect Strategy across the partnership.
- Embed our new Quality Assurance Framework to deliver an improved understanding and scrutiny of safeguarding and child protection across partner agencies.
- Finalise the delivery of our responses to the recommendations from Ofsted and to monitor the responses from the Council to their recommendations.

- Ensure that the voice of children, young people and their families informs our learning from audits.
- Work with partners to build our local response to the Wood Review.

Proposal(s)

It is recommended that the Board:

- i) Note the report and give the content consideration when commissioning or providing services for children and young people across the partnership

Reason for Proposal

It is the requirement of all Safeguarding Children Boards to produce an Annual Report on the effectiveness of safeguarding in their local area. The Board will submit a copy of this report to the Health and Wellbeing Board, who will be expected to respond by giving consideration when commissioning or providing services for children and young people across the partnership.

Mark Gurrey
Independent Chair
WSCB



**Wiltshire Safeguarding
Children Board**

Annual Report

2015-2016

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1. Chair's Foreword

I am pleased to be able to introduce the Wiltshire Local Safeguarding Board Annual Report. I assumed the role of Independent Chair in February 2016 so this report describes safeguarding arrangements and the work of the WSCB under its previous chair, Cliff Turner.

The report sets out the detail of the work undertaken during 2015-2016 and is able to describe some considerable progress made. The Ofsted inspection provided a useful benchmark for both the progress of the local authority and its partners and the work of the WSCB. Much of their recommendation is now either completed or nearly so.

That said, there remains much to do, of course, and it is in the nature of safeguarding children work that it can never be said to be 'finished'. The 2016-2017 Business Plan sets out our intentions and commitments for the coming year. These developments will of course now take place under the umbrella of [Alan Wood's Review of LSCBs](#). This review has been welcomed by [Government](#) and clearly it is seeking to move quickly to implement its key findings in relation to serious case reviews, to the child death review process and to the statutory framework within which future safeguarding arrangements will take place.

WSCB has also welcomed the review and we are keen to move forward proactively with its implementation. In doing so, we will want to ensure that we retain the good work currently underway in all our sub groups and two recently commissioned – one on child sexual abuse and one on the involvement of children and young people, with a particular focus on internet safety – but also that we look to rationalise work within the Children's Trust and across other key partnerships. This is likely to be a year of significant change.

Mark Gurrey
WSCB Independent Chair

2. Executive Summary

During 2015-2016 WSCB has progressed key areas of work identified in last year's annual report:

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- Ensure that the voice of children, young people and their families informs our learning from audits.
- Work with partners to build our local response to the Wood Review.

3. Introduction

It is the requirement of all Safeguarding Children Boards to produce an Annual Report on the effectiveness of safeguarding in their local area. The Board will submit a copy of this Report to the Children's Trust Commissioning Executive, the Health and Wellbeing Board, Leader of Wiltshire Council and Wiltshire's Police and Crime Commissioner, who will be expected to respond by giving consideration when commissioning all services for children and young people across the partnership. This report outlines the activity of the Wiltshire Safeguarding Children Board (WSCB) over the year 2015-2016.

How this Annual Report should be used:

- Organisations working with children and young people can use this report to develop their understanding of safeguarding in Wiltshire and the work WSCB is doing to support them and to be aware of the critical safeguarding issues relevant to their organisation.
- The public can use this document to develop their understanding and see how there can be wider community engagement in safeguarding issues.

The report also includes information about how WSCB has addressed its Strategic Priorities during 2015-2016, in Sections 7 to 12.

4. Local Area Context

Wiltshire is a large, predominantly rural and generally prosperous county. The county does however contain 12 areas ranked amongst the most deprived 20% nationally, sitting within the Community Areas of Trowbridge, Salisbury, Chippenham and Melksham; **11% of children and young people are deemed to live in poverty, with a proportion living in rural areas and 5,000 children have free school meals.**

There are approximately **110,000 children and young people in Wiltshire** making up 23% of the population. At any one time approximately 15-20% of these will require support for an additional need of some kind and 7% will have a more complex need or disability.

Wiltshire has one of the highest military populations in the country and this is set to increase significantly over the next few years with the national army re-basing programme. It is estimated that by 2020 approximately 20% of Wiltshire's population will be associated with the military. WSCB has developed good links with Army Welfare to ensure we are sighted on key safeguarding issues for this population.

Although approximately **89% of Wiltshire's children and young people are white British**, the minority ethnic population is growing in the county with the most increase being within the Eastern European, Middle Eastern and Asian populations, some of whom form part of the military population. As minorities within the population increase it is even more important for the Board to ensure it has oversight of, and appropriate policies, processes and multi-agency practice in place to ensure effective, proportionate prevention and response to such issues as female genital mutilation and the risk to all young people of radicalisation, both domestic and abroad. Such issues have been considered by the Board this year and further work is being undertaken across these and other emerging areas by the Board and sub groups.

There were 2,442 children with special educational needs (a statement or an Education, Health and Care Plan or EHCP) and a further 8,300 who receive a level of SEN support within schools. It is estimated that 7% of the population has a disability.

5. Effectiveness of Safeguarding in Wiltshire

Inspection Feedback

There were two key external inspections of core services as well as the continuing inspection of schools in the County. In addition there was a substantial audit of school based provision completed during 2015-16.

Ofsted Single Inspection Framework

Ofsted inspected Wiltshire Council Children's Services in July 2015 under their Single Inspection Framework. The [report](#) was published in September 2015 and found the services 'Requiring Improvement' with some good elements. There were 11 recommendations and the requirement for an action plan to be in place by December 2015.

Positively, the inspection found no children were being left at risk of harm, that the trajectory for improvement is good and highlighted a strong culture of learning. A number of strengths were noted, including child protection enquiries being 'timely and robust', effective information sharing, and 'outcomes for the majority of children in care improving through good quality education and leisure provision'.

Inspectors found 'Decisions taken in the Multi-Agency Safeguarding Hub (MASH) are appropriate. Immediate risk to children receives a prompt and effective response. The way in which child protection strategy meetings are organised is an area of real strength'. They also noted the re-referral rate had reduced.

Areas for continued improvement include ensuring all families and children who need early help are supported; social care practice is at a consistently good standard and takes account of diversity; targeting the recruitment of adopters for children with complex needs and ensuring care leavers are provided with a copy of their health histories.

One area highlighted was children having access to a permanent social worker to ensure a consistent service – the council has already recruited a high numbers of permanent social workers, committing to lower caseloads and clear career pathways to help them remain at the authority. In May 2016, the numbers of agency workers has reduced to 29.

HMIC Inspection of Vulnerabilities

In October 2015, Her Majesty's Inspectorate of Constabularies conducted a nationwide inspection in relation to vulnerability, visiting all police forces. The vulnerability inspection looked at how forces respond to vulnerability across a wide range of themes. There was a focus on Missing and Absent, Domestic Abuse and Child Sexual Exploitation.

Along with the majority of the 43 police forces of England and Wales, Wiltshire Police was given a 'Requires Improvement' grading in relation to Vulnerability, although the response to Domestic Abuse and Child Sexual Exploitation was deemed as good. The key areas for improvement related to the response to Missing and Absent, namely the risk assessment process and the administration of investigations. Significant work has been conducted since the review to address the areas for concern, with additional training, additional resources and a new IT system to administer incidents and investigations. The Police will be re-inspected in the autumn of 2016 and hope to demonstrate the significant improvements that have been made.

Schools Safeguarding and Child Protection Audit and Inspections

This year 93% of schools submitted an audit return to the local authority and those returns indicated that Wiltshire schools are operating at a high standard in a number of areas, such as having a Designated Safeguarding Lead (DSL) and Deputy DSL in place; the Single Central Record being kept up to date; and complying with Early Years Foundation Stage requirements (Paediatric First Aid and disqualification requirements). The large majority of schools and academies reported to be in line with the statutory requirements in terms of safer recruitment training and whole-school child protection training. It is crucial that all staff and volunteers working with children and young people possess a robust and current understanding of safeguarding. This aspect of safeguarding remains an important focus for Ofsted.

During the 2014-2015 academic year, 48 schools were inspected. No schools were judged to have inadequate (grade 4) safeguarding practice at the time of the visit. 16% of schools' Behaviour and Safety were judged to be 'Requires Improvement'. 69% of the schools inspected received a 'Good' judgement whilst 15% of schools were rating as 'Outstanding'.

Children's Social Care

Referrals accepted into Children's Social Care have remained relatively stable over the last three years; approximately 4,300, which benchmarks well with comparator areas in 2015-2016. The re-referral rate at the end of March 2016 was 19% which compares well to a national average of 24% and a statistical neighbours average of 23%. At any one time around 3,000 cases are open to Children's Social Care covering children in need, children on child protection plans, children in care and care leavers.

There were **385 children with a Child Protection Plan**, as at March 2016 (392 at the same time last year); this number aligns well to comparator areas. The **main category for children being on a plan is neglect** partly due to children living in households which feature domestic abuse, often combined with parental substance misuse and parental mental illness. The proportion of children becoming subject to a child protection plan for a second time within two years was 8%, which equates to 40 children.

At the end of March 2016 there were **419 children in Local Authority care**. This figure has remained relatively stable over the 12 month period and within the expected range. In the last year there has been a continued focus on the timeliness of initial health reviews which had been relatively low. Performance, though showing some improvement, is still variable and this continues to be a priority. The multi-agency Looked After Children (LAC) and Care Leavers' Improvement Group, led by Wiltshire Council, continues to drive forward improvements across the partnership in terms of service delivery and outcomes for children and young people.

At the end of March 2016, there were 30 children with a disability who were looked after by the council and there were fewer than ten disabled children subject to a child protection plan. The numbers are broadly similar to recent years. An increased focus on disabled children is part of Board business for the coming year to ensure the risks to this vulnerable group are being identified and effective early help and safeguarding practice are in place at the earliest stage, particularly in relation to such issues as child sexual exploitation.

Serious Case Reviews (SCRs)

One serious case review was published in 2015-2016 to which WSCB had contributed, Child O Haringey LSCB ([link](#)). There were no specific recommendations for Wiltshire agencies however WSCB has requested assurance in relation to the safeguarding arrangements at the provider where Child O was living when she died.

The Serious Case Review Sub Group considered four cases this year and took one on to full review which will be published in the summer 2016. The work of the SCR Sub Group is discussed more fully on page 20.

Child Death Reviews

During 2015-2016 the Child Death Review Panel (CDOP) identified modifiable factors in eight of the 25 cases that it reviewed across the year. This is in line with the national average of 24% (over a five year period). Further information about the work of CDOP can be found on page 23.

Domestic Abuse

There were **2,638** cases of domestic abuse reported to the police in 2015-2016, of which **78** involved children and young people. The new WSCB Domestic Abuse Sub Group is working to improve our understanding, identification of and response to children and young people impacted by domestic abuse in Wiltshire and to safeguard and ensure good outcomes for them.

MARACs are multi-agency meetings, which have the safety of high risk victims of domestic abuse as its focus. They provide a forum for sharing information and taking action to reduce harm. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will make links to other forums to safeguard children, as well as manage the behaviour of the perpetrator. In 2015-2016, 496 cases were considered at MARACs (up from 424 in 2014-2015). 624 children were in those households.

Troubled Families

This programme has successfully 'turned around' 100% of the families engaged with the programme in Phase 1 meaning these children, young people and families are achieving better outcomes. By March 2015, 510 families were effectively supported through the troubled families programme to achieve positive and sustained outcomes.

Wiltshire joined Phase 2 and has been working with 466 families under the new criteria:

- Parents and children involved in crime or antisocial behaviour
- Children who have not been attending school regularly
- Children who need help
- Adults out of work or at risk of financial exclusion or young people at risk of worklessness
- Families affected by domestic violence and abuse
- Parents and children with a range of health problems

These families are all engaged with the programme, have a Lead worker and receive whole family focussed support.

Private Fostering

Private fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer for 28 days or more. There is a duty on the part of parents and prospective carers entering into private fostering arrangements to notify their local authority and for the local authority to check arrangements.

The number of children being identified as privately fostered continues to be relatively low with 47 being notified during 2015-2016. A number of these come from language students visiting Wiltshire. The WSCB and partners have undertaken significant development work to raise awareness of these arrangements through multi-agency training, publication and dissemination of a Private Fostering Factsheet and scrutiny of the arrangements in place to support private fostering within the local authority. There has been direct contact made with host families and schools (including language schools) to raise awareness of and set out expectations regarding private fostering arrangements. The WSCB will continue in its work to raise awareness of private fostering and ensure that partner agencies are also doing all they can to ensure visibility of these children.

Elective Home Education

350 children are registered as receiving elective home education and Ofsted confirmed that the local authority works effectively with the families.

Missing

In relation to children who go missing, Ofsted highlighted that improvement in completion of return interviews was needed to help reduce the likelihood that a child would go missing again.

There has been an improved focus on Missing Children through the availability of robust and regular data; a clear reporting structure is now established and comes to the CSE and Missing Children Sub Group for scrutiny and challenge. Improvements have started to be seen in relation to the number of return home interviews (RHIs) offered and completed, although more work needs to be done.

- During January to November 2015 there were 1,056 missing/absent episodes involving 454 children under 18 in Wiltshire.
- 242 (53%) of the children who went missing were female.
- 101 (22%) of the 454 children who went missing were in care.
- Cared for children were accountable for a disproportionately high volume of missing episodes (43%).
- Thirteen children went missing/absent on at least 12 occasions (ie on average once a month) and 25 (5.5%) of the children's profiles had a Wiltshire Police CSE Flag, identifying them as being at risk of CSE; the Missing Co-ordinator is embedded with the specialist Emerald CSE Team therefore information sharing to protect these children is well embedded.

Child Sexual Exploitation

Ofsted recognised the well-co-ordinated, multi-agency response to dealing with CSE and states: “Young people now receive a timely and effective response to their need for protection from sexual exploitation”.

The second Partnership Profile (covering January to December 2015) has been completed and has helped us describe to all agencies what sort of CSE problem we are trying to contend with across Wiltshire. This is further discussed on page 27 of this report. The profile tells us that:

- There were 63 criminal offences that qualify under the CSE definition.
- Within Wiltshire there is currently no evidence of gang exploitation.
- The most prevalent model of exploitation is lone offender.
- Average age of offender is 17.
- Average age of victim is 14-16.

Allegations

All LSCBs have responsibility for ensuring that there are effective procedures in place for investigating allegations against people who work with children. During 2015-2016 there were 431 consultations resulting in 150 investigations, an increase on the previous year for both consultations and allegations.

There have been significant improvements during 2015-2016 and a permanent Designated Officer (DOFA) is now in post. An Improvement Plan has been developed to ensure arrangements are fully compliant with the revised guidance issued in Working Together 2015 and this has been further supported by the publication of revised allegations management operational guidance.

Multi-agency Safer Recruitment Training supports practice across the county and awareness raising on the role of the DOFA is threaded through all other WSCB multi-agency courses. In addition Section 11 evidenced ongoing improvements in safer recruitment practice across key partner agencies and additional awareness raising has taken place with schools, including special schools with care provision.

Continued improvement work continues including putting in place robust reporting structures.

MAPPA

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory measures for managing sexual and violent offenders. The Police, Prison and Probation Services (Responsible Authority) have the duty and responsibility to ensure MAPPA are established in their area and for the assessment and management of risk of all identified MAPPA offenders. The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public from serious harm, by ensuring all agencies work together effectively. The MAPPA partnership framework also oversees the management within the community of a further 152 offenders who have either a violent or other 'dangerous' offending history some of whom may present a high risk of harm to children. Ofsted noted in their July inspection that MAPPA arrangements work well in Wiltshire.

As at 2 June 2016 there are 568 registered sexual offenders residing in the community within Wiltshire.

See also the Quality Assurance and Audit Activity section later in this report.

6. Governance and Accountability

The WSCB is the key body overseeing multi-agency child safeguarding arrangements in Wiltshire. Its statutory duties are set out in Section 14 of the Children Act 2004 and Working Together 2015; its main objective is to co-ordinate **the activity and ensure the effectiveness of** what is done by each agency for the purposes of safeguarding and promoting the welfare of children in Wiltshire. Although not able to direct organisations, WSCB's role is to influence and hold agencies to account.

The Board is led by an Independent Chair, whose independence is key to being able to effectively provide challenge to local partners. The Chair is supported by a Board Manager and a Business Support Unit.

The past 12 months have seen further embedding of the Board structure including the work of sub groups as was recognised by Ofsted during their inspection in summer 2015. WSCB has continued to hold partners to account and more information about the Ofsted Inspection can be found on page 7.

The Board and its Structure

The WSCB met six times in the past year and membership has been consistent from statutory partners and other relevant organisations that have a role in safeguarding Wiltshire's children. Attendance at Board Meetings is set out in detail in **Appendix a**. Board members also benefitted from a presentation by the Army Welfare Service.

The main Board is supported by a range of sub groups as illustrated in the structure chart on page 15. Membership of these groups has been rigorously reviewed to ensure that there is the relevant expertise and knowledge to deliver the WSCB Business Plan. Each sub group has Terms of Reference and there are meetings of the sub group chairs with the Independent Chair.

There is a clear expectation that LSCBs are highly influential strategic arrangements that directly influence and improve performance in the care and protection of children. There is also a clear expectation that this is achieved through robust arrangements with key strategic bodies across the partnership. During 2015-2016, engagement continued with Wiltshire Children's Trust and the Health and Wellbeing Board (HWB). Links with the Community Safety Partnership (CSP) have also strengthened through the development of a joint sub group on Domestic Abuse. There were also additional opportunities for WSCB to interface with elected members through the scrutiny functions operating in Wiltshire Council. Working directly and in conjunction with Wiltshire Adult Safeguarding Board remains an area for development to enable a more focussed 'think family' approach.

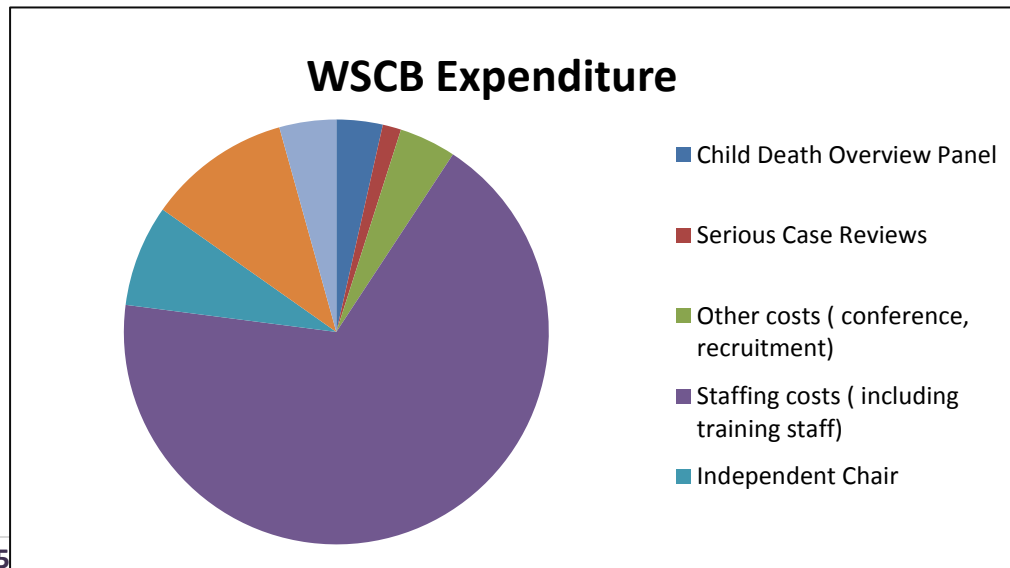
In February 2016 a new Independent Chair was appointed; this has provided an opportunity for WSCB to reflect on its current governance arrangements. There was recognition that whilst there has been a clear improvement trajectory and high levels of commitment and participation, the WSCB needs to become sharper in delivering its business and ensure that its work and scrutiny of the work of others impacts on practice. Therefore, there will be changes to the WSCB governance arrangements and structure during 2016-2017 with a new Executive Board, a more substantial role for the sub group chairs and a clear focus on impact, practice and challenge.

Priorities for the Future:

- Respond positively to the findings of the Wood Review of LSCBs.
- Embed new governance arrangements.
- Close the gap between WSCB and practitioners on the ground.
- Develop a more effective relationship with WSAB.

Financial Arrangements

Partner agencies have continued to contribute to the WSCB’s budget which supports the running of the Board, in addition to providing resources ‘in kind’, for example, through the provision of staff to support the multi-agency training programme. Contributions of £254,550 and income from training of £55,000 have ensured that the overall cost of running the WSCB was met.



WSCB was faced with in year reductions in contributions from some agencies this year. This reduction was managed by an under spend on the role of WSCB Quality Assurance Manager as this post has not been recruited to. This role is crucial to the ability of WSCB to develop its quality assurance function and discussions are ongoing to identify funding for this and ensure a sustainable budget is agreed going forward.

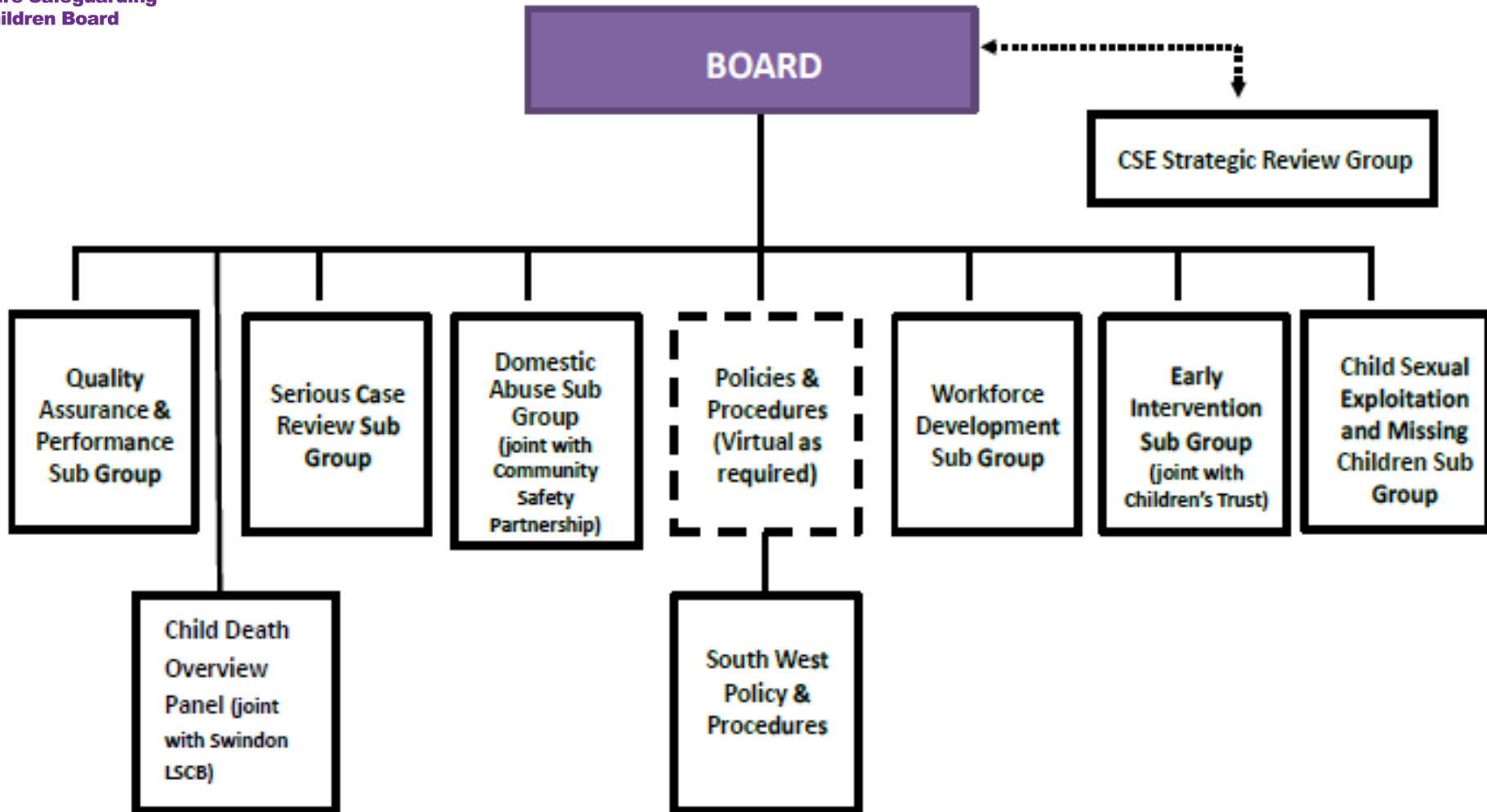
Priorities for the Future:

- To agree a sustainable budget for future multi-agency arrangements.



Wiltshire Safeguarding
Children Board

Wiltshire Safeguarding Children Board Structure



7. Ensuring the effectiveness of the WSCB with regards to evaluating impact of the work programme

Wiltshire Safeguarding Children Board was inspected as part of the local authority inspection in summer 2015, with the final report published in September 2015. The overall judgement was 'Requires Improvement', however, Ofsted identified a number of areas of strength:

They said that...

"WSCB has played a key role in engaging partners in the safeguarding agenda.
WSCB has effective governance and accountability arrangements in place.
WSCB has improved consistency of representation at board meetings.
WSCB promotes the voice of children.
WSCB has developed a comprehensive audit framework and audits have contributed to improved safeguarding in Wiltshire."

We still need to...

Improve our evaluative oversight of the performance and impact of all services on outcomes for children.
Assure ourselves that training needs across the partnership are being met.
Provide a rigorous assessment of local performance and effectiveness of services.

In addition Ofsted made four recommendations, as set out below with WSCB's response:

1. ***Revise and refresh the Board's dataset to ensure a wider focus on performance with improved partner agencies' data***
The dataset is under review and an improved format will enable a clear focus on key issues.
2. ***Ensure that the development of child sexual exploitation and missing procedures create a joined up partnership approach, scrutinising the timeliness and quality of missing return interviews to analyse intelligence and develop a better understanding of missing behaviour and wider child sexual exploitation profiling***
Robust reporting mechanisms are now in place with regular reports received for scrutiny by the CSE and Missing Children Sub Group.
3. ***Ensure that a neglect strategy is developed and, once finalised, integrated into clear multi-agency procedures that are widely***

disseminated and implemented across the partnership

A Neglect Strategy has been developed and is now being implemented. We would expect to see its impact over the next 12 months.

4. ***Create a formal means of recording challenges made to partners and their responses, to review progress, evaluate impact on practice, analyse themes and share wider learning***

Scrutiny and challenges continue to be embedded within WSCB governance arrangements and discussions and these will be tracked and recorded as appropriate going forward.

In response, the WSCB Business Plan 2015-2016 was updated and action to progress this work will be reflected in WSCB Business Plan 2016-2017.

8. WSCB continues to develop its scrutiny of safeguarding arrangements to better understand the journey of the child

Section 11

The Section 11 Audit is WSCB's primary audit to examine the safeguarding arrangements within agencies and provides the Board with reassurance that agencies are doing what they can to ensure the safety and welfare of children and young people. Section 11 (S11) of the Children Act 2004 places a statutory duty on key agencies and bodies to make arrangements to safeguard and promote the welfare of children. Currently, on an annual basis, the WSCB undertakes an audit of statutory, commissioned and voluntary sector organisations to establish reassurance that they are compliant with these expected safeguarding standards.

26 agencies submitted an audit and 21 participated in a peer review

Findings: The audit demonstrated a consistent improvement from the previous year's audit for many agencies. In addition a number of agencies participated for the first time providing WSCB with further assurance in relation to compliance with Section 11 statutory responsibilities. The information reported by partners identified that a number of actions had been completed since the last audit and there were additional areas of further progress. In depth scrutiny showed that safer recruitment is generally being well supported and that partner agencies are further developing their activity and response to this.

Actions: Individual agency action plans have been completed to respond to any self-assessed areas requiring further attention. These will be subject to ongoing monitoring and further compliance work will be undertaken in 2016-2017.

In 2016-2017 a review of the current Section 11 process will be undertaken to embed it within a broader quality assurance framework.

Reviews of Cases

Serious Case Reviews (SCRs) are undertaken to learn lessons and improve the way in which local professionals and organisations work together to safeguard and promote the welfare of children. The WSCB must always undertake a SCR when the following criteria are met under Regulation 5 of the 2006 LSCB Regulations:

A abuse or neglect of a child is known or suspected; and

B either (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

Where the SCR criteria have not been met, the WSCB can also undertake smaller scale multi-agency case reviews or request an agency to undertake a single agency review. Whatever the type of review, the principles are still the same with the aim being to share information, identify good practice and establish the key lessons that will help to improve safeguarding arrangements.

SCR Sub Group Activity 2015-2016

- The SCR Sub Group met on six occasions with four cases being formally considered for a SCR.
- The Chair decided to initiate one SCR during 2015-2016 and the report will be published in summer 2016; details of key learning follow below.
- The Chair decided not to initiate a SCR or multi-agency case review in three cases however two agencies were requested to review specific areas of practice on two separate cases.
- One SCR was published in 2015-2016 to which WSCB had contributed, Child O Haringey LSCB. There were no specific recommendations for Wiltshire agencies however WSCB has requested assurance in relation to the safeguarding arrangements at the provider where Child O was living when she died.
- All decisions made by the Chair were communicated with and agreed by the National Panel of Experts this year, however there has been a challenge to a decision made to not conduct a SCR on a case considered during 2014-2015.
- Ten senior managers from partner agencies attended the three day SCIE Foundation Training.

Wiltshire LSCB is committed to ensuring that the learning from SCRs and Partnership Reviews is disseminated as widely as possible to professionals from partner agencies. This will in turn influence and improve practice through shared learning from SCRs and partnership reviews.

To achieve this, a series of multi-agency Area Practice Forums have taken place across the county to present lessons learnt and key themes from serious case reviews undertaken by WSCB, as well as the latest messages from national reviews, research and Ofsted findings.

“Excellent forum for sharing practice with other agencies.” (delegate)

These workshops enable the dissemination of learning to improve practice of professionals and have been attended by 345 delegates in the past year including staff from Army Welfare, Probation and Adult Services:

- 86% of delegates said that they had increased their understanding of the risk of harm to children from violent adults.
- Over 77% of delegates said that they had increased their ability to identify, their understanding of and response to injuries to unborn babies.
- 81% of delegates increased their understanding of the significance of injuries in non-mobile babies and children.
- 87% of delegates said that the session had increased their understanding of Fabricated and Induced Illness and how to respond.
- 90% said that they had provided information to their team or discussed with colleagues as a result.
- 81% said that they had increased confidence in when and how to use the Escalation Policy.

Learning is also shared through the WSCB multi-agency training programme and other formal and informal teaching sessions, both single agency and multi-agency; for example a GP Safeguarding Review will be used for all GP practices and Children's Social Care has revised its practice on supervision of agency staff.

Priorities for the Future:

- The current national review of LSCBs is considering their role in commissioning SCRs and recommendations will need to be responded to once published,
- Take forward the learning from SCR Baby J.
- Improve timeliness of decision making in relation to cases referred to SCR Sub Group for consideration.

SCR Baby J

This case involved injury to a six week old baby whilst in the care of his parents, which were considered to be non-accidental.

It was conducted using the Partnership Review Model and involved practitioners and managers. Practitioners stated that they found being involved in the process a positive experience highlighted in the statements below:

Opportunity to evaluate my practice in light of what happened

Hearing the difficulties and challenges from other agencies

Everyone who attended helped to make up the puzzle, no blame, good discussion between all and an understanding of each other's workload/abilities and resources

A summary of the learning has highlighted the following:

Children under one year old are especially vulnerable, managers should be especially **alert to these cases** and, where appropriate, challenge what might be fixed thinking.

Building relationships is essential and those relationships can only be built if there is **continuity of input**.

Retaining a child focus is important and it may be necessary to re-consider whether or not to refer to Children's Social Care.

At times when systems are stressed or likely to be overloaded, it is important that **managers are vigilant and provide additional support**.

Communication is only effective if information is **shared, received** and **understood** by the recipient.

Child Death Review in Wiltshire

The **Child Death Overview Panel (CDOP)** enables the WSCB to carry out its statutory function in relation to reviewing all child deaths to understand why children die. This process can help us to identify factors relating to the safety and welfare of children and this can then be used to inform local strategic planning and interventions to prevent future deaths on a local and national level. This is a joint panel with Swindon LSCB.

CDOP facts and figures 2015-2016

- There were 17 deaths of Wiltshire children in 2015-2016.
- Five were unexpected deaths and 12 were expected deaths.
- Children under one continue to represent the highest proportion of those who have died, at 47%, which is in line with national data.

As part of its functions, the CDOP is required to categorise the preventability of a death by considering whether any factors may have contributed to the death of the child and if so, whether these could be 'modified' to reduce the risk of future child deaths. During 2015-2016 the CDOP identified modifiable factors in eight of the 25 cases that it reviewed across the year. This is in line with the national average of 24% (over a five year period).

Wiltshire has an agreed and approved Child Death Protocol in place. This agreed protocol ensures that in respect of an unexpected death of any child under 18 years of age there is the ability to provide a rapid joint police and health response 24 hours a day seven days a week.

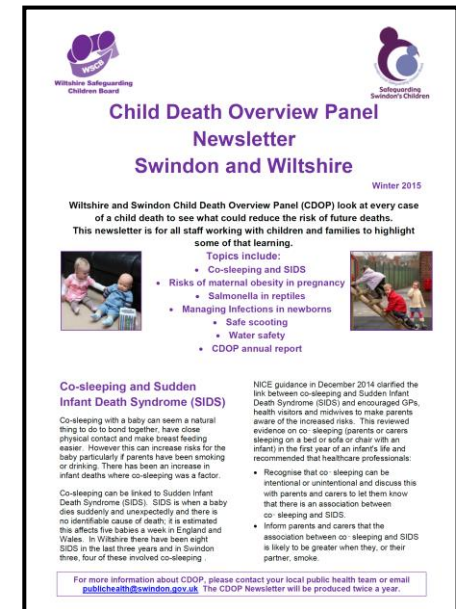
"The child death overview panel (CDOP) has made improvements to CDOP processes and practice across the partnership, for example updated rapid response procedures are in place. The stability of the partners and chair on the sub group has led to sustained development, with regular comprehensive analysis of cases to understand incidents of child death, themes and patterns."
(Ofsted 2015)

The CDOP is confident that all cases are reviewed comprehensively, and that professional challenge remains a central part of the review process.

CDOP Impact 2015–2016

- Influencing practice through the shared learning from the CDOP case reviews and the follow up from the CDOP discussions.
- Effective communication with respective agencies or providers regarding policies and protocols to influence and reduce future likelihood of increased vulnerability of children.
- Launch of the CDOP newsletter raising awareness amongst health and social care staff of learning from cases.
- Raising awareness with parents and carers through a co-ordinated media campaign on safe sleeping and water safety.
- Water safety continues to be a public health concern and CDOP recommended to the Home Office that a law be passed to ensure private pools are required to be fenced.
- Acknowledgement of the difficulties in helping families who go abroad for experimental treatment and then return to the UK, where professionals here are left to support the family when treatment has failed.
- Importance of communication to receptionists regarding availability of appointments to families of children with complex health needs. This has been achieved through the GP bulletins in Swindon and Wiltshire.
- Highlighted the national shortage of paediatric pathologists leading to extended timescales for post-mortem reports causing additional distress to families.
- Highlighted the importance of good communication with both mothers and fathers who are unable to visit the Neo Natal Unit in the earlier, critical period following birth to ensure that whatever discussions have taken place with the baby's father are repeated to the mother to ensure that she is kept clearly in the picture of events.
- Highlighted the importance of early planning for effective delivery of good palliative care.

The CDOP is confident that all cases are reviewed comprehensively, and that professional challenge remains a central part of the review process.



Quality Assurance and Audit Activity

The work of the Quality Assurance and Performance Sub Group promotes discussion and investigation and is the catalyst for sharpening processes and procedures. The sub group has continued to provide the WSCB with assurance regarding front line safeguarding practice and services delivery, through a range of activities:

- **The Wiltshire Performance Web** is a framework to assist in scrutinising key areas of multi-agency front line practice (see **Appendix b**) and this year we have followed up on action plans from previous questions reviewed and considered the following question; “Are we proactive in identifying children at risk of sexual exploitation and satisfied we are doing all we can to protect children and young people so identified?”

Review of this question told us that the process for conducting return home interviews is improving however the completion rate remained low. The CSE Strategic Review Group has provided good strategic oversight and the CSE Local Action Plan is focussed in the right areas. Improvements in our collection of data on CSE cases are also needed. Further detail about how we have progressed our work on CSE can be found in the next section of the report.

- **Impact of Audit Activity**

Private Fostering Audit told us that knowledge and awareness of agencies is variable. As a result WSCB reissued its [Private Fostering Factsheet](#) as part of a more in depth communication strategy.

Pre-Birth Protocol to Safeguard Unborn Babies was updated following audits which indicated that professionals needed clearer guidance on timescales for assessment of unborn babies.

Strategy and Section 47 Audit was repeated and this evidenced further improvements in many areas since the previous audit.

- **A range of single agency audits were considered including** Child Protection Referrals to Children’s Social Care from Public Health Teams, GWH, CAMHS Safeguarding Review, Social Care Quarterly Audit Report and Audit of Juvenile Detentions, Police.
- **Escalation Policy Workforce Survey** told us that the majority who responded had not used the policy to date, had good awareness of the policy but poor understanding of the requirement to notify the WSCB. Awareness and understanding of this key policy continues to be raised throughout the multi-agency training programme.

However WSCB recognises that there are also areas where progress has been limited during 2015-2016. The Dataset is too large and not shaped in line with WSCB priorities. Analysis of the Dataset has been limited and not well understood and therefore the reporting to the WSCB has not been as comprehensive or productive as required. A new quality assurance framework is being developed, taking account of data, audit and other impact measures. This will be more closely aligned to WSCB priorities.

The WSCB Quality Assurance Manager left at the end of September 2015 and despite recruitment starting before she left, no suitable applicants have applied to date. Therefore capacity to undertake quality assurance activity has been very limited. A part-time agency post has been agreed until permanent recruitment is achieved.

To be most efficient, clarity is required regarding the working boundaries and agendas of the WSCB sub groups and flow of information between them. A more regular meeting of sub group chairs is being introduced with new terms of reference to ensure business is well managed and each group knows how it needs to contribute to the quality assurance framework.

Priorities for the Future:

- To redevelop the quality assurance framework to ensure that data, audit and other information can be collated and analysed to assure the WSCB that children are safeguarded. This needs to dovetail with the WSCB priority areas and is an Ofsted recommendation.
- To identify areas for more intensive multi-agency quality assurance work to either check the robustness of arrangements/processes or to investigate a problem area.

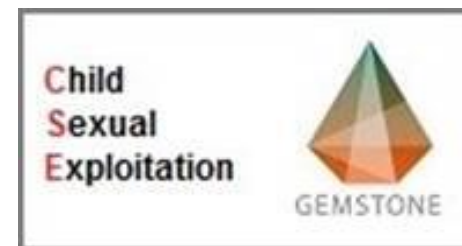
9. WSCB is effectively discharging the Child Sexual Exploitation Strategy and Action Plan

Further progress and improvements in our ability to identify, support and protect young people at risk of sexual exploitation have been made during 2015-2016. The CSE and Missing Children sub group has continued to drive this agenda.

The key development has been the launch of Project Gemstone by Wiltshire Police with its Wiltshire based Emerald Team. This is a specialist team dedicated to working with and supporting victims and those at risk of sexual exploitation. The Team is staffed by Police and Social Care with additional support from health professionals, including CAMHS. The next 12 months will provide us with the opportunity to evidence the impact of this new service.

In addition a Missing and Child Sexual Exploitation meeting (MACSE) has been established to focus on CSE perpetrators; previously the CSE business was victim focussed and therefore missed opportunities to disrupt offenders.

*“The recent targeted focus from the board has contributed to strengthened arrangements to identify and support children at risk of sexual exploitation.”
(Ofsted 2015)*



The second Partnership Profile (covering January to December 2015) has been published and has helped us describe to all agencies what sort of CSE problem we are trying to contend with across Wiltshire. This has enabled us to focus our strategy and target resources at the problems that exist locally. There has also been a notable difference in the way that agencies have contributed with data to inform the profile, which is a significant improvement on last year. Tactical information contained within the report was immediately used by Police and Local Authority to target prevention and enforcement activity at locations in Wiltshire. We now feel reassured that we have a stronger understanding of the scale and type of CSE taking place across Wiltshire.

The profile tells us that...

- There were 63 CSE offences during 2015.
- Within Wiltshire there is currently no evidence of gang exploitation.
- The most prevalent model of exploitation is lone offender.
- Average age of offender is 17.
- Average age of victim is 14-16.

WSCB is developing a good understanding to the response to CSE by partner agencies through the completion of Section 11 CSE standard by partners. This has provided us with a baseline from which to measure progress during 2015-2016. In addition the Quality Assurance and Performance Sub Group considered the following question – “Are we proactive in identifying children at risk of sexual exploitation and satisfied we are doing all we can to protect children and young people so identified?” – and reported the findings as indicating there was evidence of substantial good practice however a number of areas continue to require improvement.

Furthermore a new Initial Screening Tool has been provided for practitioners. This user friendly tool should encourage greater use and ultimately this should improve assessment of risk and result in more young people being identified at an earlier stage. The multi-agency guidance has also been improved with specific information about CSE and child protection being provided for the first time so that practitioners are clear about how to respond.

Impact:

- Increased awareness and understanding of CSE in young people through the delivery of Chelsea’s Choice to Year 9 pupils in 27 secondary schools in Wiltshire; there has been an agreement to fund this for 2016-2017.
- 2015 has seen a shift towards identifying more offenders and targeting and disrupting them.
- Improved CSE flagging systems within both Police and Social Care, ensuring that both victims and offenders are recognised and recorded at the earliest stages.
- Increased awareness across the workforce evidenced by increase in intelligence reports from the police and referrals to MASH.
- Increased awareness across workforce and community (including private leisure clubs and sports coaches) through co-ordinated activity of agencies for the National CSE Day of Awareness with particular emphasis on the NWG ‘say something’ campaign targeted at young people.
- Increased knowledge and understanding through the provision of WSCB one day CSE course and e-learning and specialist training delivered by Barnardo’s.

Priorities for the Future:

- To understand if awareness raising and training has made a difference to practice.
- Measure the use and impact of the initial screening tool on the earlier identification of young people at risk.

ARE YOU AWARE?

It is not ok for someone to expect you or your friends to do things you don't want to. Listen to your instinct; if it doesn't feel right - tell someone.

24/7, FREE, ANONYMOUS, CALL OR TXT
116 000

#SaySomething

www.stop-cse.org/saysomething

The StopCSEng website is owned by StopCSEng (Registered Charity No. 1129002) and Young People's Health, Registered Charity No. 1050419.

10. Prevention of abuse and neglect particularly through 'hidden harm'

A new sub group focussed on domestic abuse was established in September 2015 and is a joint sub group with the Community Safety Partnership. This innovative partnership working enables a focus on how to prevent domestic abuse and its impact in Wiltshire through a timely and appropriate response. Key activity will be focussed on ensuring a co-ordinated, streamlined and multi-agency approach to service delivery; to understand and identify the numbers of children and young people living with the impact of domestic abuse in Wiltshire and to safeguard and ensure good outcomes for them.

A Neglect Strategy is now in place and has been developed in recognition of the fact that across Wiltshire we need to raise awareness of the impact of neglect and its prevalence. There is a large number of children affected by neglect and it is vital that everyone is playing their key role. Identified by Ofsted as a recommendation the implementation of the strategy is developing.

In addition WSCB has provided practice guidance in relation to key practice areas this year, including:

Pre-Birth Protocol – to ensure we consider risks and take appropriate action to protect unborn babies.

Bruising to Non Mobile Children – to ensure practitioners know how to respond to bruising in babies and children who are not independently mobile.

WSCB also continues to support the online **South West Child Protection Procedures** which was re-launched in February 2016. The new format provides all professionals with easy access to advice and guidance on core practice and procedures in relation to safeguarding and child protection.


Click on the logo below to take you to the procedures:





11. WSCB has promoted and strengthened the engagement with Early Help and Early Intervention Services and processes


Early help means providing support as soon as a problem emerges at any point in a child's life. For this to work well a range of services needs to be available so support can be put in place before problems get worse and professionals need to understand why 'getting in early' is so important.


This year WSCB Early Intervention Sub Group has ensured, through dual reporting to the WSCB and Children's Trust Executive, that early intervention remains firmly on the safeguarding agenda and maintains its profile with partner agencies.

 A joint conference was held in September 2015 and was attended by 111 multi-agency delegates. The event focussed on what makes good early help practice, promoting greater understanding of early interventions, services and thresholds in Wiltshire and supporting the development of local relationships and integrated working.


 The re-commissioning of Children's Centre Services means that it will be targeted in areas where children and families are in greatest need.

 Re-commissioning of Children's Community Health Services replaced five providers with one to integrate and strengthen services to deliver best outcomes.

 Understanding and developing the role of early intervention in connection with emotional wellbeing and mental health - through the delivery of the CAMHS Transformation Plan.

 CIN Step Down to CAF Audit repeated in April 2016 has evidenced an improvement in practice overall – showing that good practice leads to children and families needing less subsequent social care support. Further work has been identified to continue to improve the child's and family's experience of transitioning to early help.

 Family Nurse Partnership is now in place providing intensive and targeted support for young mothers.

 The creation of the Children Missing from Education Group in response to this being recognised as an area in need of a more co-ordinated and targeted response (especially linked to the risk of CSE) has meant that the most vulnerable children and young people are promptly identified and receive appropriate support.



Multi-agency training has further developed the skills and knowledge of the workforce; 363 delegates attended and 85% rated the courses as good or excellent.



684 children and young people have benefited from having a CAF opened for them (April 2015 – March 2016) and in the same period 397 had their CAFs closed as outcomes were achieved.

Priorities for the Future:

- Identify the impact of the reduced number of CAFs for the 12+ age group as a result of this being identified as a risk.
- Improving integrated working to ensure children and young people’s transitions across thresholds and between services are as smooth and effective as possible.
- To make sure we are working with the most vulnerable children and their families.
- To further develop mechanisms for assuring the quality of early intervention practice.

12. WSCB continues to provide a comprehensive multi-agency training programme to support front line staff in their work with children and young people who are vulnerable, at risk and suffering significant harm

The WSCB has provided 106 learning events to over 2,000 staff working with children, young people and their families as part of a comprehensive multi-agency training programme. This has increased their skills and knowledge in relation to...

- Child Sexual Exploitation
- Conference and Core Groups: Roles and Responsibilities
- Early Help and Safeguarding
- Domestic Abuse and its Impact on Children
- CAF in Practice
- Child Protection
- Safer Recruitment
- Neglect

The table below illustrates the courses run over the year and number of delegates.

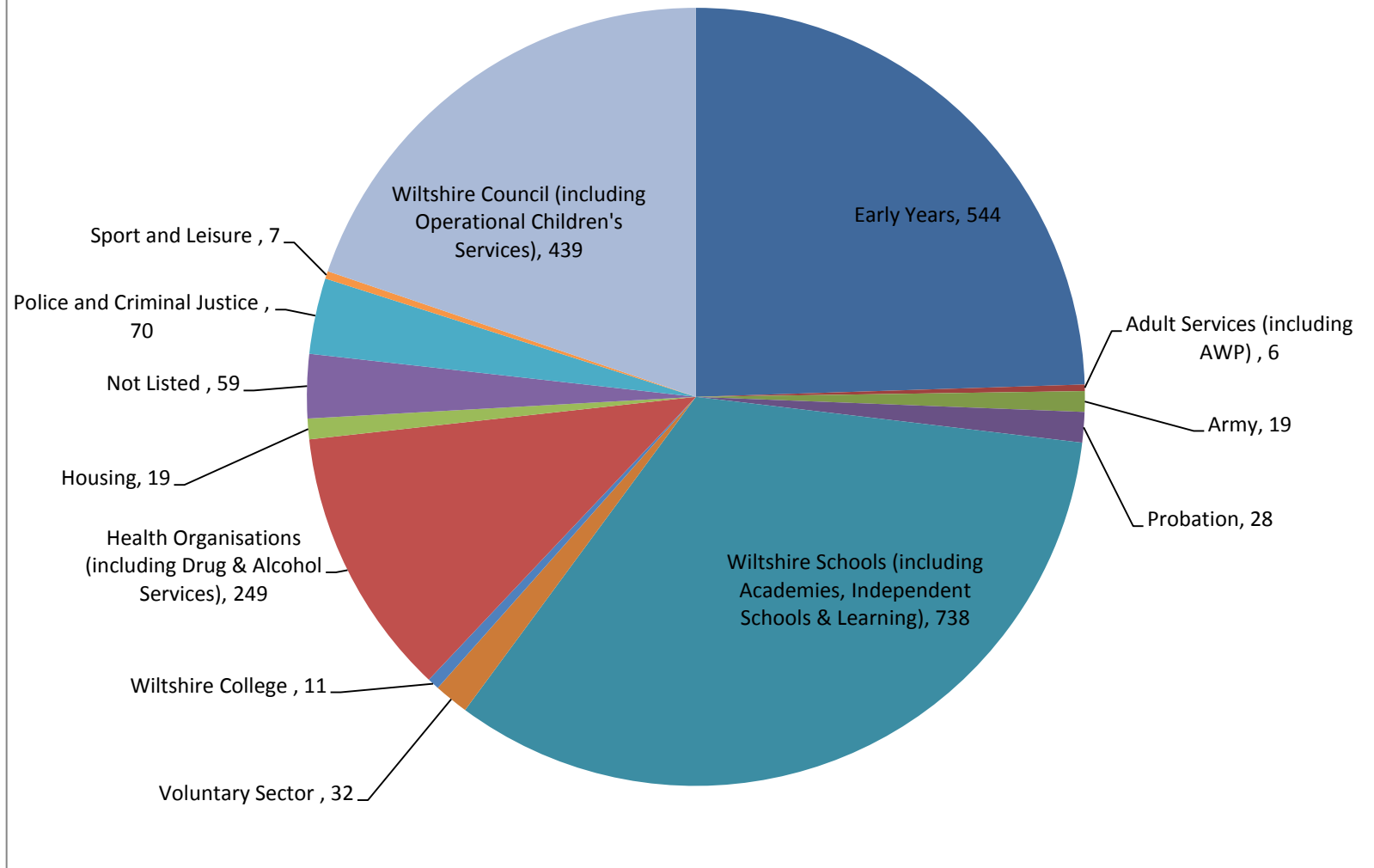
Course	Number of Sessions (2015-2016)	Number Of Attendees	Capacity
Foundation Child Protection	25	527	550
Advanced Child Protection	17	319	374
Child Sexual Exploitation	8	145	172
Conferences and Core Groups	4	64	80
Domestic Abuse	4	66	88
Early Help and Safeguarding	10	218	240
Early Help CAF in Practice	9	165	180
Neglect	5	89	106
Safer Recruitment	10	211	240
Safer Recruitment Refresher	4	72	100
WSCB Area Practice Fora	10	345	400
Total	106	2,221	2,530

The pattern of attendance remains consistent with the previous year with most delegates coming from early years, health, schools and Operational Children’s Services, as set out in the pie chart below. There has been increased engagement from some agencies, for example the National Probation Service, however attendance from other partners remains low.

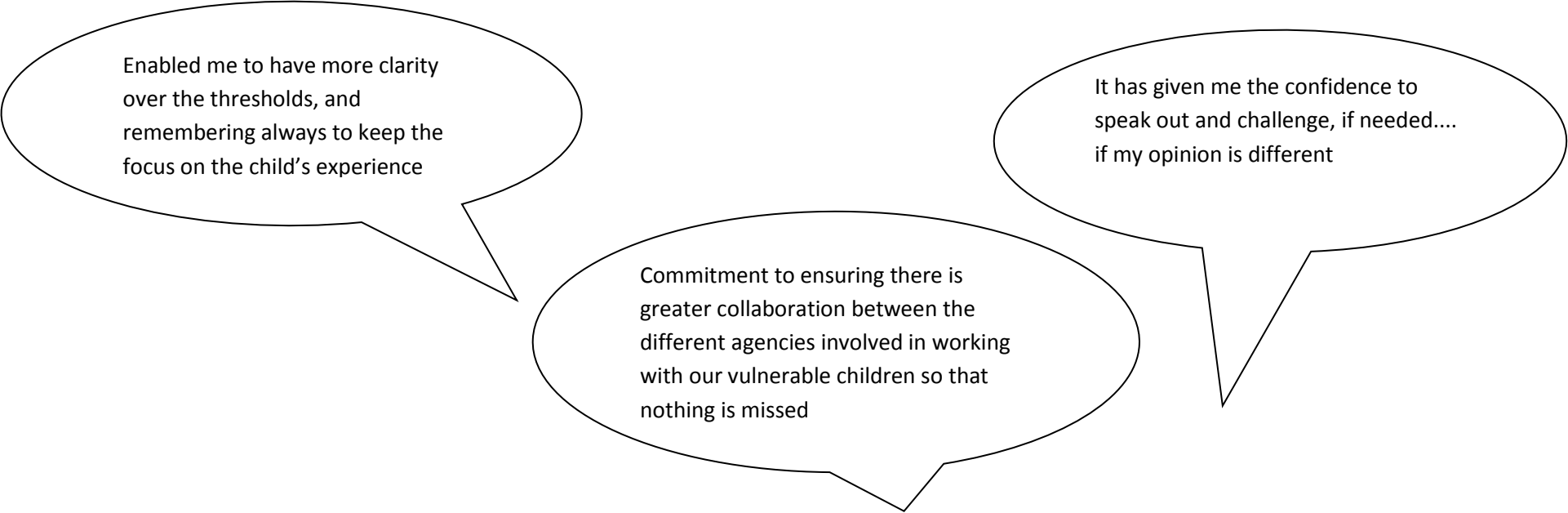
Additional capacity within the training team has enabled WSCB to extend its courses on offer however the programme remains demand led and the demand is particularly high from early years and school staff. As a result, at times during the last year delegates have not been able to access courses as quickly as we would like. A Training Needs Analysis will be completed by agencies in the forthcoming year and this will enable better planning of the training programme to meet the needs of the workforce. This ongoing demand continues to suggest over reliance on WSCB training and WSCB will be working with partner agencies to ensure sufficient and effective single agency training is in place.

WSCB is developing a number of ways to measure impact on practice and will be able to better report on these in the future.

Whole Year Report 2015-2016 (Total Trained)



95% of all courses have been rated as good or excellent by delegates. In addition free e-learning on child sexual exploitation, safeguarding basic awareness has been available to all and 1,750 courses have been completed by members of the children's workforce.



Enabled me to have more clarity over the thresholds, and remembering always to keep the focus on the child's experience

Commitment to ensuring there is greater collaboration between the different agencies involved in working with our vulnerable children so that nothing is missed

It has given me the confidence to speak out and challenge, if needed.... if my opinion is different

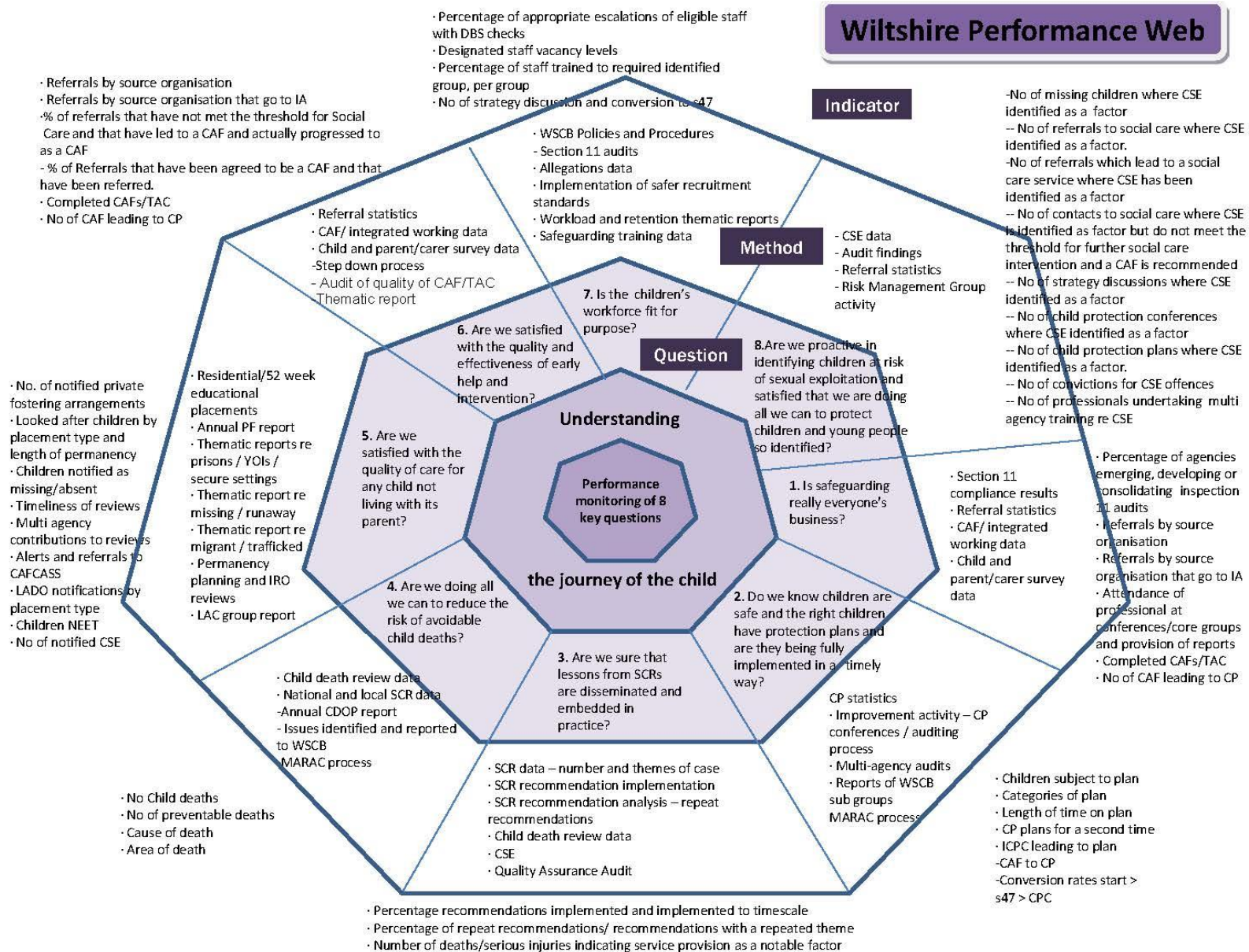
Priorities for the Future:

- To strengthen training evaluation to be able to evidence impact on practice.
- Strengthen oversight of single agency training.

13. Appendices

a) Board Members and Attendance 2015-2016

Agency	% Attendance (six board meetings during 2015-2016)	Agency	% Attendance (six board meetings during 2015-2016)
South Western Ambulance Services NHS Foundation Trust	33%	Lead Member for Children's Services, Wiltshire Council	83%
Public Health	100%	National Probation Service	50%
Primary Head teacher's Forum (PHF)	83%	Oxford Health NHS Foundation Trust (CAMHS)	100%
Wiltshire Council	100%	Army Welfare	83%
Young Person Representative	66%	Lay Representative	50%
Wiltshire Association of Secondary School Head teachers (WASSH)	83%	Operational Children's Services, Wiltshire Council	100%
Wiltshire Children and Families Voluntary Sector Forum	50%	Salisbury NHS Foundation Trust	100%
Children and Family Court Advisory and Support Service (CAFCASS)	33%	Wiltshire College	100%
Designated Doctor	100%	Health Watch Wiltshire	66%
Early Years, Wiltshire Council	100%	Youth Offending Team	66%
Great Western Hospital NHS Foundation Trust	100%	Community Rehabilitation Company	50%
NHS Wiltshire Clinical Commissioning Group (CCG)	66%	Wiltshire Police	100%
Adult Care and Housing, Wiltshire	50%	Portfolio Holder for Safeguarding, Wiltshire Council	83%
Avon and Wiltshire Partnership	100%	RUH NHS Foundation Trust, Bath	66%



c) WSCB Contacts

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Please contact lscb@wiltshire.gov.uk if you have comments or questions about the content of this report.

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Wiltshire Council

Health and Wellbeing Board

15 December 2016

Subject: Sustainability & Transformation Plan Update

Executive Summary

The enclosed presentation provides an overview of the key elements within the emerging STP for Bath & North East Somerset, Swindon and Wiltshire areas. The full plan will be published and circulated to Board members on the 14th December. It will set out the key early priorities within the STP but also identify that significant public and workforce engagement will take place over the next 5 months to finalise the future design of our health and social care services.

Proposal(s)

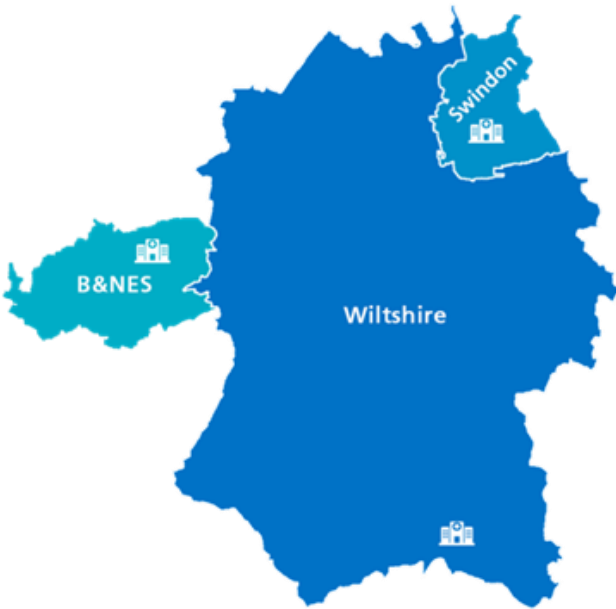
It is recommended that the Board notes the update on the emerging STP.

Reason for Proposal

To allow Health & Wellbeing stakeholders the opportunity to comment on the emerging plan and for members to identify gaps and overlaps with the Board's H&WB programme.

James Scott
Senior Responsible Officer
B&NES, Swindon and Wiltshire STP

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Time to change Sustainability and Transformation Plan

James Scott
Senior Responsible Officer

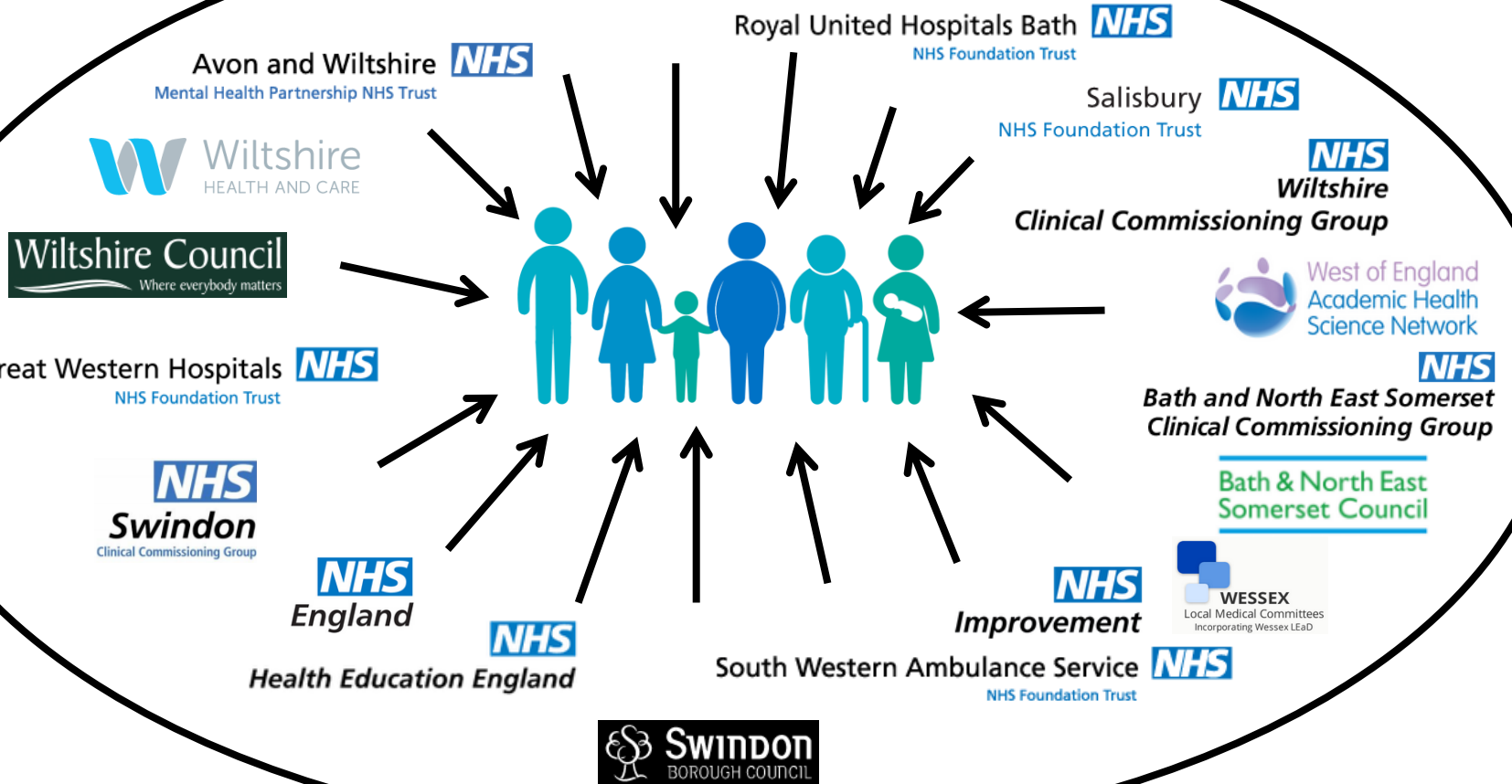
Policy Context within Healthcare



Single plan

'Design once – implement locally'

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BSW Case for Change

Population and demographic pressures



- Older than the England average and the number of over 65s is growing at a faster rate than England
- Significant housing growth in B&NES and Swindon, and army repatriation in Wiltshire
- Recruitment and retention of GPs – young doctors don't want to be GPs, older GPs retiring earlier than expected due to workload

Older people are at greater risk of diseases and over 65s consume the highest proportion of our care resource. This places pressure on all healthcare services:

- Greater demand for GP appointments
- Growth in long-term and chronic conditions
- Increased social care needs
- Rising complexity and case mix changes
- Balancing emergency and elective capacity
- Increased ED attendances and outpatient referrals



Percentage of total population over 65 years old

England: 17.10%
BSW footprint: 18.06%



Percentage of diabetes prevalence

England: 6.40%
BSW footprint: 5.73%



Percentage of adults classed as overweight or obese

England: 64.60%
BSW footprint: 64.13%



Percentage with a long term illness, disability or medical condition diagnosed by a doctor

England: 14.10%
BSW footprint: 13.66%

BSW Case for Change

Performance and financial pressures



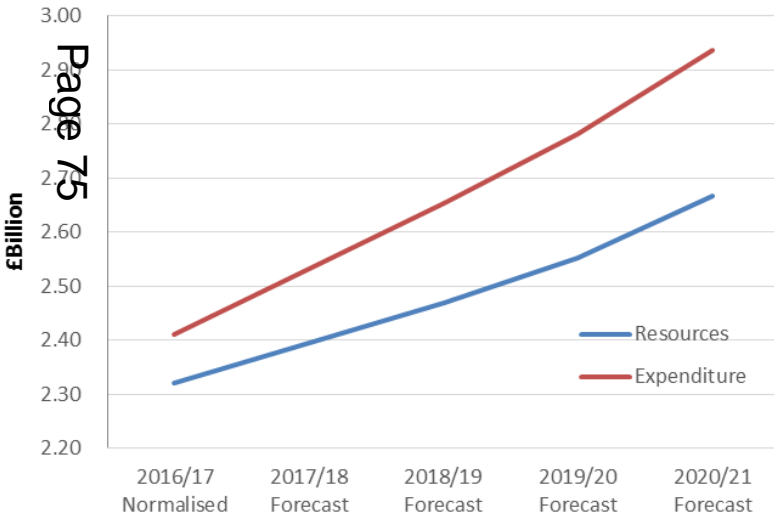
87.00%
A&E 4 hours
2015/16
(RUH, GWH and SFT
combined)



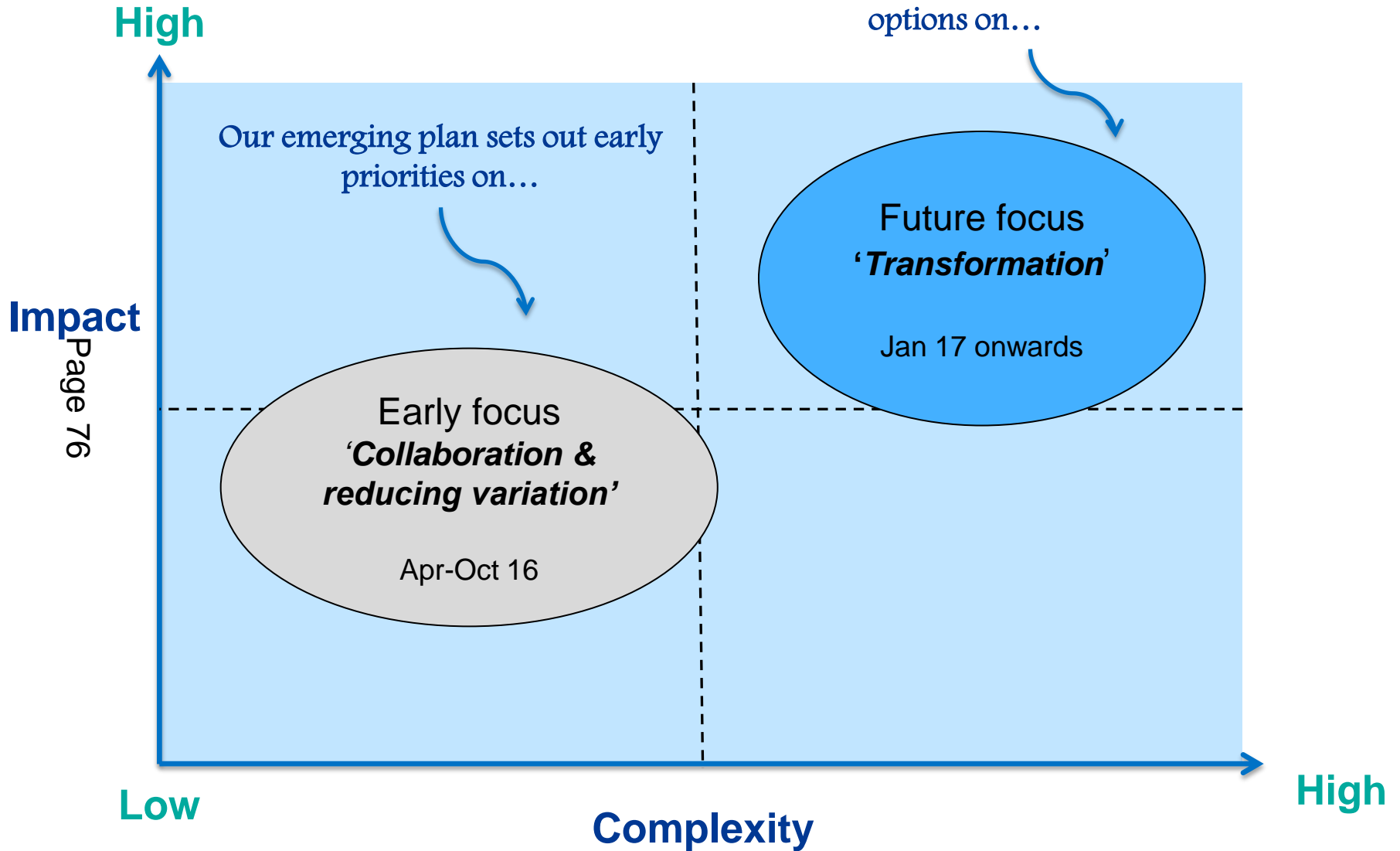
90.80%
RTT 18 weeks
incompletes
2015/16
(RUH, GWH and SFT
combined)



8.30%
<7.5% mental
health bed days
lost due to
delayed transfer
(AWP)



- Our current models of care are unaffordable due to the demographic challenges and rising costs of care delivery.
- The 2015/16 financial outturn position for all health organisations within B&NES, Swindon & Wiltshire was a deficit of c£6m.
- The graph shows the financial position across the STP, if no actions are taken to deliver cost savings over the next five years.
- If we do nothing to change how we deliver our services, the gap between available income and cost of services will rise to c£300m per year by 2020/21



Early focus
'Collaboration & reducing variation'
Apr-Oct 16

List of 40+ projects across 7 workstreams

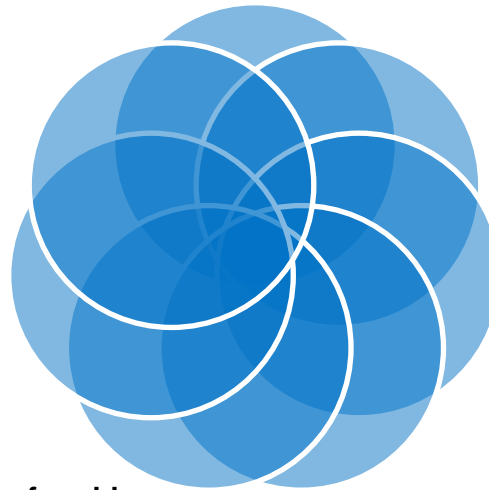
12 examples of what is currently in the plan...

Page 77

6. Taking a combined approach to improving our workforce health and wellbeing

5. A workforce programme to reduce agency use – potentially through shared bank

4. Joint focus on care for older people and collaboration between providers on workforce planning for community models



1. Enrolment in the national diabetes prevention programme to reduce / delay the onset of type 2 diabetes

2. Strengthening the operational models for mental health liaison support to emergency depts

3. A combined approach to increasing uptake of the winter flu vaccine

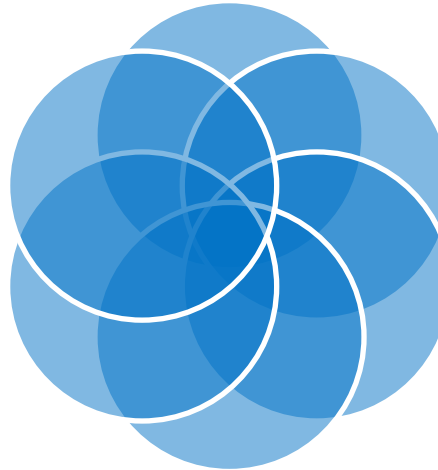
Early focus
'Collaboration & reducing variation'
 Apr-Oct 16

List of 40+ projects across 7 workstreams

12 examples of what is currently in the plan...

7. Using the STP process to share models for the future of primary care – acknowledging each model will look different in each CCG area

8. Identifying the root causes of challenges within urgent care – practical steps include the re-procurement of NHS 111, identifying how we can support domiciliary care providers with workforce shortages



12. Improved sign-posting to support services through partner agencies such as the fire service

9. Mapping our Estate across the footprint and planning the future estate need based on future clinical models

11. Developing a digital strategy that delivers paperless working and enables health and care professionals to work together

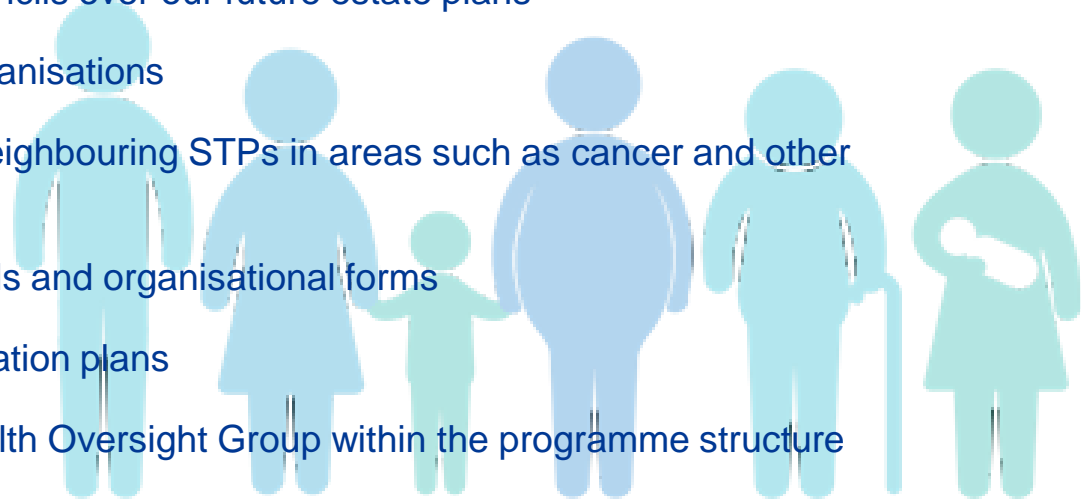
10. Three acute Trusts working collaboratively on those services identified as potentially 'unsustainable'

Future focus
'Transformation'

Jan 17 onwards

Opportunities in the next phase...

- 1) Improve our communication to our workforce and the public through on-line presence
- 2) Greater time and freedom for workforce and public engagement to co-design services
- 3) Stretch our ambition with regards to clinical models of care – particularly the development of the prevention agenda
- 4) Opportunity to collaborate further with councils over our future estate plans
- 5) Grow the working relationships across organisations
- 6) Consider more widely the interface with neighbouring STPs in areas such as cancer and other specialised services
- 7) Develop our thinking on formal care models and organisational forms
- 8) Use analytical tools to steer our transformation plans
- 9) Embed our Clinical Board and Mental Health Oversight Group within the programme structure
- 10) Evidence improvement as a result of the early priority projects



Our current response

1. Reconciling the STP with organisational statutory responsibilities
2. The overall financial position of most organisations – relatively good in 15/16 but under increasing pressure
3. The speed at which we can innovate to meet these challenges
4. The challenge of balancing 'systems working' and organisational interests
5. Engaging the public in considering the potential implications of new care models
6. How we encourage new ideas and engage people in the debate who don't usually engage



Ongoing review of programme governance



Finance Directors Group established as part of the programme



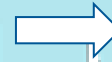
Use of 30 day and 60 day action planning to speed progress and review of roles within orgs



Masterclasses currently being funded through Health Education England



Full engagement plan being developed for implementation in January.



Charities and Independent sector event already held and contact list established.



Key Dates – next 6 months



GOAL

May – Publish updated Plan

April – Update Plan – approval process

24th March – 60 day checkpoint workshop

10th February – 30 day checkpoint

2nd January '17 – development of the plan through workforce and public engagement

14th December 16 – Publication of the Full Emerging Plan

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Wiltshire Council

Health and Wellbeing Board

15 December 2016

Mental Health and Wellbeing Strategy – Annual report on progress

Executive summary

Following approval of the Wiltshire Mental Health and Wellbeing Strategy in 2015 and its implementation plan in 2016, it was agreed at the Health and Wellbeing Board that an annual report on progress would be provided to highlight some of the achievements across the priority areas for the first year.

Proposal

That the Board:

- a) Notes the information and recommendations within the annual report.

Reason for proposal

The Wiltshire Mental Health and Wellbeing Strategy and implementation plan aims to create environments and communities by 2021 that will keep people well across their lifetime. This annual report on progress gives an update on action towards this aim.

Author: Frances Chinemana, Associate Director Public Health

Contact details: frances.chinemana@wiltshire.gov.uk 01225 716799

Mental Health and Wellbeing Strategy – Annual Report on Progress

Purpose of report

1. This report provides an update on progress against the six overarching outcomes of the Mental Health and Wellbeing Strategy by highlighting some of the achievements against the priority areas of activity in the strategy's implementation plan.

Background

2. The overarching aim of the Joint Mental Health and Wellbeing Strategy is to create environments and communities by 2021 that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all.
3. The Wiltshire Joint Mental Health and Wellbeing Strategy was developed by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) and was presented as a draft to the Wiltshire Health and Wellbeing Board, CCG Governing Body and Cabinet in July 2014. Approval for the draft strategy to be published for a three month consultation period to run from September 2014 until December 2014 was agreed and in May 2015 an update on the consultation process, the updated strategy and a draft implementation plan was taken to the Health and Wellbeing Board, CCG Governing Body and Cabinet.
4. Approval was granted at these meetings to form a Wiltshire Mental Health and Wellbeing Partnership Board to ensure delivery of the outcomes within the strategy and to return to the Health and Wellbeing Board with a finalised implementation plan and an update on progress.
5. In April 2016 the final implementation plan for delivery of the strategy was approved by the Health and Wellbeing Board, CCG Governing Body and Cabinet, to be published and sit alongside the Mental Health and Wellbeing Strategy, and it was agreed that an annual report on progress would be provided to the Health and Wellbeing Board with the first report scheduled for November 2016.
6. This report sets out some of our achievements against the priority areas for the strategy from commencement until September 2016.

Main considerations for the Health and Wellbeing Board

7. To note the progress of the Mental Health and Wellbeing Strategy to date and to agree the recommendations for future development of the annual report on progress.

Environmental impact of the proposal

8. None

Equality and diversity impact of the proposal

9. None

Risk assessment

10. This report is to update the Board on progress to date and highlight recommendations for future reporting. There is a risk that if recommendations to continue to report annually on progress are not agreed the work to improve Mental Health and Wellbeing may not be given due and appropriate oversight.

Financial implications

11. None

Legal implications

12. None

Conclusion

13. That it should be recommended that the Wiltshire Mental Health and Wellbeing Partnership Board continue to report on progress annually and that a separate review of the strategic measures for the strategy be produced annually to sit alongside the report from 2017.
-

Background papers

Appendices

List any appendices referred to in your report.

Appendix 1: Mental Health and Wellbeing Strategy

Appendix 2: Mental Health and Wellbeing Summary Implementation Plan

Appendix 3: Mental Health and Wellbeing Strategy detailed Implementation Plan

Appendix 4: Annual Report on progress

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Welcome

Welcome to the Wiltshire Mental Health and Wellbeing Strategy 2014 - 2021. Here we set out our ambition over the next seven years to improve the mental health and emotional wellbeing of Wiltshire residents and meet the aims of the national mental health strategy.

We are already rising to the challenge of improving mental health and wellbeing and have achieved some key successes in recent years - but we know we need to go further to achieve our ambitions and improve outcomes.

Mental health is **'everybody's business'**. Change on this scale cannot be delivered by organisations working alone. We are committed to working together with individuals, families, employers, educators, communities and the public, private and voluntary sectors to promote better mental health and to drive transformation.



Maggie Rae
Corporate Director,
Wiltshire Council



Keith Humphries
Cabinet Member,
Public Health,
Protection Services,
Adult Care and
Housing



Sheila Parker
Portfolio Holder,
Learning
Disability and
Mental Health



Deborah Fielding
Chief Accountable
Officer
Wiltshire CCG



Celia Grummitt
GP Mental
Health Lead



Debbie Beale
GP Mental
Health Lead

Our aim for Wiltshire is to create environments and communities that will keep people well across their lifetime.

Acknowledgements:

This strategy is led by Frances Chinemana, Associate Director for Public Health and Public Protection and thanks is extended to all those involved in the development of the strategy including: Alex Thompson-Moore, Victoria Hamilton, Mike Naji, Dugald Millar, Annie Paddock, Karen Spence, Wiltshire and Swindon Users Network and all the service users and professionals who shared their views and experiences.

Richard Hook
GP Mental
Health Lead

This seven year joint strategy sets out our strategic priorities for adult mental health and wellbeing provision in Wiltshire and our focus for delivering services, facilities and opportunities that empower people and enable independence. The strategy has been developed in consultation with key stakeholders and is in line with the national strategy “No Health without Mental Health” and with the Wiltshire Health and Wellbeing Strategy.

Our aim for Wiltshire is to create environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all. We will do this through six areas of activity (numbering is for ease of reference and does not indicate order of priority):

1. Prevention and early intervention
2. Promoting emotional wellbeing and improving understanding about mental ill health
3. Personalised recovery based services
4. Effective and efficient use of resources
5. Closer engagement with service users, families and carers in the development of services
6. Integrated working between statutory services with wider community and voluntary sector involvement.

Poor mental health can have a devastating impact on the quality of life for individuals their families and carers as well as a significant impact on the national economy. It has links to poverty and exclusion, unemployment, crime, chronic illness and anti social behaviour. People with a mental health issue are more likely to die prematurely and to develop physical health issues.

This strategy is primarily concerned with tackling mental ill health and promoting wellbeing in adults. Separate strategies exist or are being developed that are interdependent with the Mental Health and Wellbeing strategy including the Dementia Strategy and the Children and Young People’s Emotional Wellbeing and Mental Health Strategy. These and other strategies have been considered during the development of the Mental Health Strategy to ensure consistency (a list of the strategies which link most closely is included in the section on page 13). It will be essential to ensure that these links are further explored during the development of commissioning and delivery plans for the strategy in order to maintain the focus on good Mental Health and Wellbeing across the whole life cycle and a whole person approach. Of particular importance is the approach to transitional care to ensure that our systems enable the individual to continue to have the best possible outcomes regardless of the stage they are at in their life cycle.





'Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential'.

Outcomes - How will the strategy improve things for people?

Mental health is everyone's business, the national mental health strategy states, 'good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential'. There has been a fundamental change to the way public services are structured, and commissioned with an ethos to deliver identified outcomes which address the needs of the local population. Our local outcomes are underpinned by the National mental health strategy objectives which are:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.

We will measure how successful our strategy is by developing measures and information that will help us to understand whether we are achieving these outcomes for people in Wiltshire.

Who Contributed to this Strategy?

In addition to ensuring we have taken into account key messages from international and national organisations such as the World Health Organisation, Department of Health, Royal Colleges, national reports including those from national mental health charities and our own strategic direction over the next five years, stakeholder engagement has taken place with a wide variety of local professionals and partners who work within the field mental health, and with our service users via the Wiltshire Service User Network (WSUN).

Key messages for the strategy from service users were:

- Essential to put the needs of the person first. Services should be person centred and wholly inclusive. The service user should be thought of in terms of the whole person and not just medically.
- There needs to be a greater effort to promote self-esteem and sense of worth. People need to be made aware that they can live well with mental health issues.
- Professionals, more particularly health and council services, should really embrace the third sector, understand the value of the work they do and recognise their worth.
- It is necessary to understand that different things work for different people at different times.
- Listen to the service users' they are the experts of experience. Treat them as you would wish to be treated.
- Improve community knowledge for professionals.

Key messages for the strategy from professionals were:

- Early access, not a threshold that one has to reach a crisis and ease of access countywide.
- Continuity across the system and a holistic approach to include things like housing, employment, finances, wide ranging interventions e.g. wildlife, LIFT, art, pets, farm.
- Crisis does not occur only in office hours, people should be able to access the information or assistance they need regardless of when it is needed.
- Better joining up – intra-service, across services, across ages.
- Gaps in service provision e.g. PTSD, autism, dual diagnosis, alcohol and drugs, veterans, personality disorder, parenting.
- Community education and reducing the stigma. Prevention, promotion and the community including primary care, improving social capital.



- Community care where appropriate.
- Improved, accessible signposting of services available/where to go for help.
- Service user centred, service user choice, service user involvement.
- Develop peer support and carer support.
- Accommodation.
- Transport.
- Use of IT effectively.



Why is Mental Health and Wellbeing a Priority?

What do we mean by mental health and wellbeing?

It is where you have a sense of happiness and wellbeing arising from self empowerment, security, good relationships and healthy lifestyle choices.

The World Health Organisation defines mental health as:

“a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

Needs Assessment Summary

The national strategy for mental health, No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages (DH 2011), shows why tackling mental illness and promoting mental wellbeing is essential not only for individuals and their families but to society as a whole:

- At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time.
- Almost half of all adults will experience at least one episode of depression during their lifetime.
- One in ten new mothers experiences postnatal depression.
- Mental ill health represents up to 23% of ill health in the UK and is the largest single cause of disability.
- People with severe mental illnesses die on average 20 years earlier than the general population.
- The NHS spends around 11% of its budget on Mental Health, almost double that spent on cancer.



Mental ill-health

The definition of ‘mental ill health’ or ‘mental health problems’ covers a very wide spectrum, from the worries and grief we all experience as part of everyday life to the most bleak, suicidal depression or complete loss of touch with everyday reality.

Stress and pressure

Anxiety
(panic attacks/obsession)

Depression

Psychoses
e.g. Bi-polar disorder
and Schizophrenia



The Local Picture - Level of need in Wiltshire

The Wiltshire Joint Strategic Assessment (JSA) provides information on the current and future health and wellbeing needs of people in Wiltshire. The current JSNA can be found here:

www.intelligentnetwork.org.uk/joint-strategic-assessment

In addition to the JSA there is also a Joint Strategic Assessment for Health and Wellbeing. The assessment for 2012/13 provides a summary of the current and future health and wellbeing needs of people in Wiltshire. Section 5 of the JSA for Health and Wellbeing focuses on the burden of ill health in relation to mental health and neurological disorders. It estimates that (based on the study Adult Psychiatric Morbidity in England 2007) approximately 60,000 adults in Wiltshire have a common mental disorder (CMD).

Some specific areas for consideration are additionally highlighted:

- Serious mental illness; psychosis and affective psychosis: Psychoses can be serious and debilitating conditions, associated with high rates of suicide. The Quality Outcome Framework 2010/11 mental health register which includes people with schizophrenia, bipolar affective disorder and other psychoses included 3,090 people in Wiltshire (0.7% of registered population).
- Suicide rates in the South West rose by 24% between 2007 and 2009. In England overall there was a rise of 10% over the same period. Between 2006 and 2009, there were 205 deaths in Wiltshire that were given a verdict of suicide or injury undetermined.
- Between 2002 and 2009 the South West saw a rise of 73% admission for self-harm, particularly in women aged 15-24, against a national rise of 49% over the same period. Wiltshire has a statistically significantly higher directly standardised rate for emergency hospital admissions for self-harm compared to England. 'Self-harm' includes a range of behaviours including self-cutting and poisoning. Self-harm is often thought to be a way of managing distress and involves differing degrees of risk to life and suicidal intent.

Further information about mental health diagnoses, at risk groups and Wiltshire statistics can be found in the Wiltshire JSA for Health and Wellbeing, Section 4: burden of ill-health: mental health and neurological disorders.

The Wiltshire Health and Wellbeing Board Strategy 2014-15 highlights the importance of access to emotional support and to mental health awareness training within two of its key theme's on Prevention and Independence. The Wiltshire Council Business Plan and the CCG 5 Year plan also reflect the importance of mental wellbeing in delivering better overall health and resilience within communities and among individuals.

Further information about mental health diagnoses, at risk groups and Wiltshire statistics can be found in the Wiltshire JSA for Health and Wellbeing, Section 4: burden of ill-health: mental health and neurological disorders.



How we will work together

Joint Commissioning

To realise its vision of stronger communities in which everyone is able to achieve their potential Wiltshire Council and the Clinical Commissioning Group are committed to joint commissioning for mental health. This will build on existing arrangements which will enable a co-ordinated, efficient and therefore responsive and cost-effective service that allows for enhancing quality of life for all.

In line with our Joint Health and Wellbeing Strategy 2014-2015, and Wiltshire CCG's Five Year Plan 2014-2019, we seek to design and deliver mental health and wellbeing in the county to improve the service user experience and ensure that people can be confident that:

- I will be supported to live healthily
- I will be listened to and involved
- I will be supported to live independently
- I will be kept safe from avoidable harm.

For those with long-term enduring health issues we will work to enable the recovery journey and optimise independence and quality of life.

A concept has been developed for a future health and care Model for mental health which is in line with the CCG overall model for health and care as represented in their 5 year plan. This model identifies the different layers and levels of care and support required to manage ill health and establish and sustain wellness and independence; pictorial representation of this can be seen at Appendix 1. This model will be progressed during the lifetime of the strategy by further development of our joint commissioning arrangements.

Tackling unhealthy lifestyles, helping those at risk from ill health and dealing with the increase in illnesses associated with living longer is something public services, other agencies and communities need to do together. The model we propose for mental health and wellbeing is community based (in line with our approach across all health and wellbeing) and will focus on:

- strengthening social capital with our local partners and organisations, optimising the opportunities offered by community campuses, area boards and other community

resources such as voluntary and support groups. We will utilise community facilities where appropriate.

- enhanced seven day primary care and community based solutions with improved multidisciplinary services wrapped around general practice reducing reliance on acute care. We will optimise the opportunities offered by the development of integrated community teams.
- a simple point of access for health and social care and for these multidisciplinary teams to share data and information with increasing use of shared technology to avoid duplication in assessments.
- encouraging personal responsibility.
- addressing the wider determinants of poor mental health and wellbeing especially in vulnerable individuals, groups and communities.



What difference have we made so far?

What difference have we made so far?

The previous Mental Health Strategy for Wiltshire ran from 2011 and led to a variety of activity to improve the approach to mental health and wellbeing services in the County. There is no room for complacency, but there have been significant enhancements to services in the intervening period. Some of the more recent improvements are outlined in the following paragraphs and an itemised list of services currently commissioned in relation to mental health and wellbeing is provided at Appendix 2.

We now have two places of safety, available 24/7, for all ages, spread across the county for those needing urgent assessment under section 136 of the mental health act. There is an additional place of safety in the Swindon area which can be utilised. This has seen the number of people held in police custody under section 136 of the mental health act halve since 2011/12 in both adults and children and adolescents. This means that people are being assessed and looked after in appropriate places – those suspected of a crime and a mental health condition in police custody, those with a mental health condition only in a mental health place of safety. We also have a service where a mental health professional can be present in police custody suites to help with identification of people who may be experiencing a mental illness.

We have significantly increased investment in liaison psychiatry in all three of our acute hospitals serving Wiltshire in recognition that 30-45% of patients cared for in this setting have a psychiatric component to their morbidity, especially unplanned emergency presentations. Psychiatric input improves the quality and safety of care, and enhances effective discharge and ongoing community care.

Our self referral community psychology service Least Intervention First Time ('LIFT') is consistently in the top ten Improving Access to Psychological Therapies (IAPT) services in the country. We have a growing range of other initiatives that foster mental health and wellbeing such as Wiltshire Wildlife, Artlift, Greenspaces, Health Trainers, free swimming for school children in the holidays, Wiltshire school bullying video, mental health first aid training, day centre and employment support and we are committed to continue to invest in and support these and similar activities.

Where possible, individuals with mental health problems are treated in the community as this supports long term recovery, is more cost effective, preferred by patients and allows for building of community resilience and reduction of stigma and discrimination. The scope for improving decision making on whether to treat using an inpatient mental health service or within the community will be further explored. We are consistently achieving the NHS target for the proportion of people who are promptly followed up after discharge that were treated using a Care Programme Approach.

We currently commission a range of specialist mental health community services which include:

- Vocational
- Social inclusion
- Statutory and generic advocacy
- Community support
- Supported housing schemes.

Residential care placements are purchased from a variety of providers, and provide accommodation with care and support for the most vulnerable service users, many of whom have long term and enduring mental health issues. Except in a few cases

Psychiatric input improves the quality and safety of care, and enhances effective discharge and ongoing community care.

it is always our intention to enable people to move onto less supported options and living independently in the community.

The development of these services to meet the future needs of the people of Wiltshire will be examined and set out in a Joint commissioning strategy.

In 2014 Avon and Wiltshire mental health partnership Trust (AWP) is commissioned by Wiltshire Clinical commissioning group to provide secondary clinical services and the mental health social work service is provided by Wiltshire Council. Additionally there are projects commissioned by public health to promote wellbeing and to deliver on the prevention agenda. A full list of these can be seen in the table at Appendix 1. Wiltshire CCG and AWP have agreed a local Commissioning for Quality and Innovation (CQUIN) for 2014/15 which is a set of actions and targets for improving service delivery.

The success of our approach so far is illustrated by the results of the national subjective wellbeing annual population survey 81.2% of respondents said they were satisfied with life, 72.8% had been happy yesterday, with 34.5% experiencing anxiety the previous day. These statistics show an improving trend and compared well against the national average.

What will we seek to improve?

What will we seek to improve?

To achieve the outcomes described on page 4 will require a holistic approach which touches on all aspects of a person's life not just their medical needs and a recognition of the benefits of good quality housing, employment and supportive relationships.

There is a growing body of evidence about the things that can help maintain or improve mental wellbeing. The benefits of nature and access to the environment, arts and culture, physical exercise, continued learning and contact with other people are recognised as contributing factors to our emotional wellbeing and to assisting in recovery from mental ill health. We will work with partners and communities to provide or signpost to a range of 'social prescribing' options utilising our local assets (parks and green spaces, theatres and museums, libraries etc) and resources (volunteers, organisations).

It is important to identify and fill any gaps between public health and prevention and the primary and secondary mental health services in order to ensure the ongoing care of people with severe and ongoing mental health issues but who are not ill enough to meet current eligibility criteria for secondary care. There is a national drive to improve the number of people with mental ill health who are in employment (national figures indicate that only 1 in 10 are currently in employment) and it is important to determine what support can be provided to assist people in achieving their potential.

In order to deliver on our aim for Wiltshire, we will focus on some key areas for development. These priorities have been informed by the outcomes of the stakeholder and service user focus groups, local and national policy development and the evidence of need in the Joint Strategic Needs Assessment.

The Five Ways to Wellbeing are a set of evidence-based actions which promote people's wellbeing.

- **Connect** - Social relationships are really important for your wellbeing and people who take time to connect with other people have a buffer against mental ill health
- **Be Active** - Regular physical activity at any level is known to be connected to lower levels of anxiety and depression
- **Take Notice** - taking notice of the things around you at this moment can increase self-awareness and help you to focus on the things that are important in your life.
- **Keep Learning** - Continued learning through life improves self-esteem, encourages social interaction and a more active life
- **Give** - People who have a greater propensity towards helping others are more likely to report themselves as being 'happy'



1. Prevention and early intervention

- Ongoing support and education in acquiring life skills such as parenting, employment, aspiration, self-direction, participation, engagement and healthy lifestyle choices around eating, exercising and smoking.
- Recognise and innovate around known rising triggers to poor mental health, especially loneliness, unemployment, boredom, alcohol and drug use and self-harm.
- Create better signposting to resources and education that promote and support mental health and wellbeing, including volunteering, leisure and physical activity opportunities. This will include an information and advice portal currently being commissioned.
- Improve pathways for expectant and new mothers.
- Further develop the evidence base around mental health in Wiltshire to improve our understanding and inform service development (for example to gain a better understanding of excess mortality for people aged under 65 with psychosis).

2. Promoting emotional wellbeing

- Together with our partners, we will work with communities to ensure community life in Wiltshire supports mental health and wellbeing by promoting better understanding and awareness of mental health issues to reduce stigma.

3. Personalised recovery based services

- Jointly commission a range of flexible services to enable patients to create their personalised recovery plan.
- Educate service users to understand their own health issues and aid themselves in a journey of health and wellbeing.
- Explore the provision of increasingly diverse prevention, support, education and treatment pathways to maximise inclusivity for every type of mental health disorder (Wellbeing College).
- Ensure that clinical pathways are robust and support patients in transition between care.

4. Effective and efficient use of resources

- Multi-Agency working, training and care between mental health, emergency, prison and probation services.
- Review mental health provision in the out of hours period to ensure that people can access to the right type of care or advice whenever the need
- Continue to work closely with our partners to ensure that care at times of crisis is appropriate and that the government Crisis Care Concordat (Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis) is implemented as appropriate across the county.
- Design and deliver mental health and wellbeing within the county through Joint Commissioning.
- Ensure that there is a fit for purpose protocol and process in place to enable continued healthcare placements and aftercare packages following hospital discharge.

5. Closer engagement with service users, families and carers

- Undertake analysis of gaps in service for specific areas of need and explore options for further development of services where

gaps exist. Areas might include: ADHD, personality disorder, provision of whole person services where a dual diagnosis exists, post-traumatic stress disorder, autism, veterans, perinatal/parent-child health, prison/probation mental health.

- Evaluate the ease of access and spread across the county of our services both acute and preventative, especially as many vulnerable individuals do not have independent transport, and respond accordingly.
- A commitment to assess and respond as appropriate to unexpected but significant new need and demand.
- Ensure user involvement and participation in development of services.

6. Integrated working between statutory services with wider community and voluntary sector involvement

- Wider multi-disciplinary teams who work together to achieve positive outcomes for those with mental health issues and their families. Increased access to and utilisation of specialist knowledge including non-health professionals and carers/family members, clear pathways to access mental health assessment and advice.

- Effective use of information technology, including data collection and sharing of information.
- Widen the use of multi-agency mental health first aid training for staff with public facing roles to provide greater awareness of how to identify and deal with mental health issues without causing escalation.
- A clear and robust interface with learning disability services.
- Ensure information is shared between agencies as appropriate to reduce the need for multiple assessments where possible.
- Share and keep up to date good practice, skills, knowledge and relationships across teams, across disciplines, across employers, across the county, including modern technology, nationally delivered applications and assisted technology with professionals skilled in how to promote and use them.
- Ensure clear pathways through mental health services (primary and secondary) to help service users and professionals understand what is available and how to access.
- Continue to build robust safeguarding mechanisms, but also to promote safeguarding for internet and social media use, especially with more vulnerable groups.
- Ensure that services and resources are provided in such a way they are accessible to our urban and rural communities across the county.



Other priority Areas

Other Priority Areas

Suicide and self-harm

Our primary objectives will be to:

- save lives
- interrupt the cycle of self-harm and suicide.

We will work to enhance protective factors and to reduce risk factors for suicide as outlined in the Suicide and Self Harm Prevention Strategy. We will provide people with support and encouragement to look after their mental health and wellbeing, one of the main risk factors for suicide. We will aim to provide evidence-based care for those affected by self-harm and suicide.

Military and Veterans

The Wiltshire Council Business plan has an action to build on the work of the Military Civilian Integration Partnership and work closely with other partners to ensure that the right services and infrastructure are in place to support the forthcoming rebasing programme.

We will ensure that the mental health and wellbeing needs of the military and their dependent population as well as veterans are considered in the development of the commissioning and delivery plans which support this strategy.

Accommodation and transport

- Complete implementation of any remaining relevant recommendations from the supported housing review
- continue to work with partners to assess and address accommodation needs and provision
- work with partners to explore ways of addressing the barrier lack of transport presents to people getting jobs and thus sustaining their mental wellbeing, and respond accordingly.



Safeguarding

Helping to keep service users, their families and local communities safe from violence, abuse or neglect is essential when providing care for people with mental health problems.

We will work to help people recognise and deal with risks to themselves or others as confidentially as possible. We will listen to the safety concerns of service users and carers, families and communities.

We will ensure that our safeguarding arrangements are underpinned by:

- Up to date policies and processes to safeguard children and adults at risk and to protect the public
- Staff trained in local safeguarding procedures
- Board level leadership and a specialist team that provides advice and support for practitioners in safeguarding people within their practice
- Active membership of local safeguarding and public protection multi agency partnerships working together with other agencies.

What resources will we make available to deliver this strategy?

In 2013, across all agencies we spent around £66.3m on services relating to mental health and wellbeing. This strategy focusses on doing things differently and improving the way we work together to improve outcomes for people. We will continue to work together to find ways of using the money we spend to have the greatest impact on our aims for Wiltshire.

How will we know we have made a difference?

We will use a variety of quantitative and qualitative methods to assess the success of this Strategy, and these will focus on achieving positive outcomes for service users, patients and communities. This will include utilising established performance and outcomes frameworks and service user and patient feedback. Success will be regularly monitored through a multi-agency partnership board and the Mental Health Joint Commissioning Group with escalation via the Health and Wellbeing Board where appropriate.

References

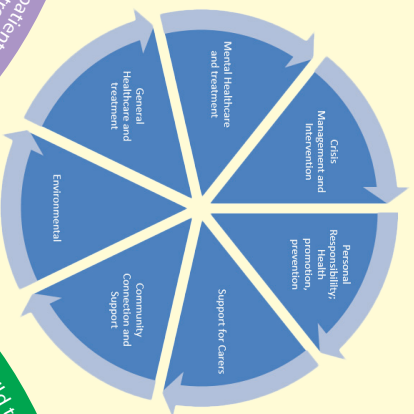
The following documents have informed the development of this service specification:

- Wiltshire Joint Health and Wellbeing Strategy 2013-2014.
- Wiltshire JSA for Health and Wellbeing 2012.
- NHS Wiltshire CCG five year strategic plan 2014-2019.
- Wiltshire Council Joint Strategic Needs Assessment. Mental Health. 2013-2014.
- National Service Framework for Mental Health, 1999 and 2002. Much progress has been made since then to transform the experience of many people affected by severe mental health problems.
- Liaison Psychiatry for every Acute Hospital: integrated mental and physical care. 2013. Royal College of Psychiatrists.
- Whole-person care: from rhetoric to reality. Achieving parity between mental and physical health. 2013. Royal College of Psychiatrists.
- HM Government Mental Health Crisis Care Concordat. Improving outcomes for people experiencing mental health crisis 2014.
- No Health Without Mental Health: Delivering Better Mental Health for All Ages. 2011.
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- Think Autism: Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update. 2013.
- NICE: Mental wellbeing and older people overview. 2013.
- New Horizons: towards a shared vision for mental health, 2009.
- DH Strategic Commissioning Framework for Mental Health 2009-2014.
- High Quality Care for All - NHS Next Stage Review Final Report 2008.
- NICE. Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services.
- ONS: Estimates of subjective well-being from the first annual experimental Annual Population Survey (APS) 2013.
- Modernising Mental Health Services in Bristol.
- Guidance for commissioners of acute care – inpatient and crisis home treatment 2013.
- Behind Closed Doors, Acute Mental Health Care in the UK. The current state and future vision of acute mental health care in the UK, Rethink.
- Mind. Listening to experience. An independent inquiry into acute and crisis mental healthcare. 2011.
- Refocusing the Care Programme Approach. 2008.
- Time-to-Change: Inspiring people to work together to end the discrimination surrounding mental health.
- Equality Act 2010: What do I need to know as a carer? 2010.
- Wellbeing benefits from natural environments rich in wildlife: A literature review for The Wildlife Trusts.
- The Mental Health Capacity Act.
- Care Quality Commission. Essential standards of quality and safety. What providers should do to comply with the section 20 regulations of the Health and Social Care Act 2008. 2010.
- Carers and Confidentiality in Mental Health 2004.
- DH. Mental Health Promotion and Mental Illness Prevention, the economic case. 2011.
- HM Government. Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis. Feb 2014.
- NHS England Parity of Esteem Programme.

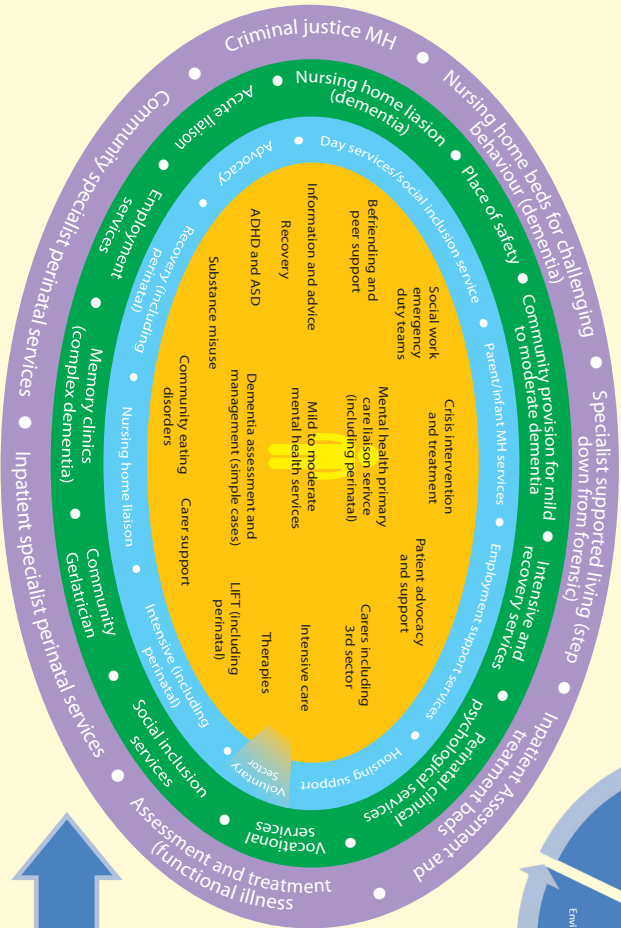
Links will be made with the following strategies

- Wiltshire Dementia Strategy.
- Wiltshire Children and Young People's Emotional Wellbeing and Mental Health Strategy.
- Wiltshire Suicide and Self Harm Prevention Strategy.
- Domestic Abuse Reduction Strategy.
- Alcohol Strategy.
- Older People's Strategy (in development).

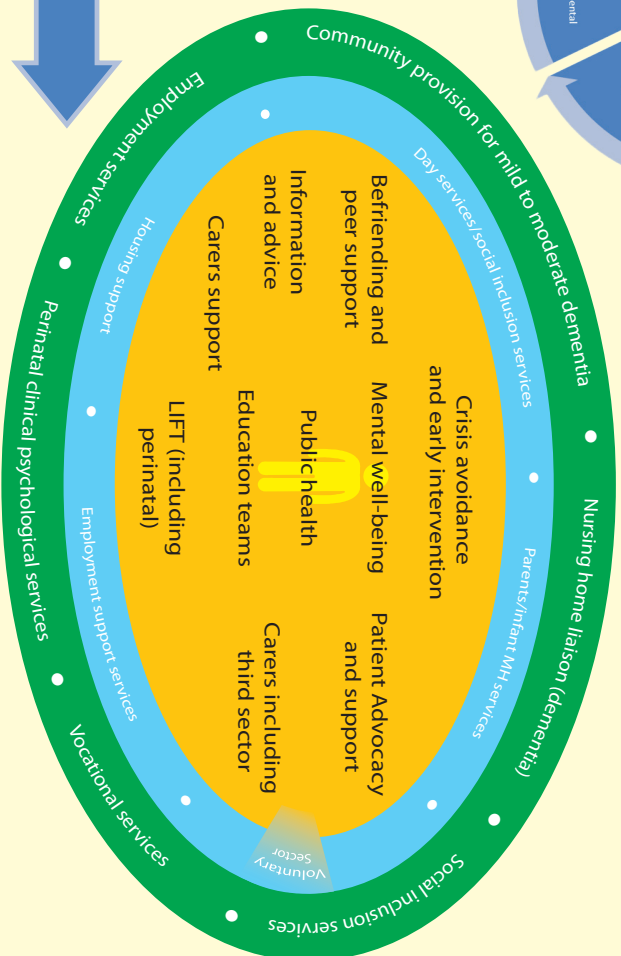
Future health and care model Mental Health



Managing ill-health



Establishing and sustaining wellness and independence



Maps to the following areas of activity in the Strategy

- Personalised recovery based services
- Effective and efficient use of resources
- Closer collaboration with services users, families, carers
- Integrated working between public services with wider community involvement

Statutory responsibilities - e.g. Deprivation of liberty (DOL) and safeguarding

- ### Maps to the following areas of activity in the Strategy
- Prevention and early intervention
 - Promoting emotional wellbeing and improving understanding

Appendix 2 - Current services commissioned in Wiltshire

This section outlines the current commissioned services for Adult Mental Health service users in Wiltshire. Commissioning is a way of planning, agreeing and monitoring services.

Wiltshire Clinical Commissioning Group

Service	Provider	Jointly Commissioned	Description	Comments
Improving Access to Psychological Services (IAPT)	AWP	No	Primary Care Psychology delivered in the community, anyone can self-refer into the service.	The service is delivering all the national targets. There could be more scope in the future to further develop the service and mainstream it to reduce demand on secondary, specialist mental health and acute care services.
Specialist Mental health Services	AWP	No	Services include adult mental health services and dementia services	Historically there have been concerns about the quality and performance of the services provided. As a result AWP have undertaken significant change and the CCG are working hard to ensure that the improvements delivered continue and are built on
Dementia Diagnosis and Prescribing in Primary Care	GPs	No	The diagnosis and prescribing and on-going care for patients with 'simple' dementia within primary care.	This is a new service which is being commissioned with GPs via a Service Level Agreement managed by the local NHS England Area team. The aim is to ensure that dementia is diagnosed and treated more quickly going forward.
Autistic Spectrum Disorder (ASD)	Three providers via AQP	No	Assessment and diagnosis of ASD	The three providers are AWP, ADRC, (Autism Diagnostic research Centre) and SEQUOL. Of the three providers AWP delivers the majority of work. Commissioning arrangements are being reviewed in 13/14.
ADHD	AWP	No	Service for assessment, diagnosis and care based on a shared care protocol with Wiltshire GPs	The service is currently spot purchased with AWP. Work is progressing to develop a local service based on a shared care protocol with GPs.
AWP CHC / Specialist placements	Various including AWP	S117 is jointly funded	These services comprise of numerous individual contracts to meet the needs of individual patients	These services are commissioned by the CHC team, not the Mental Health Commissioning team.
Two nursing home liaison nurses Two STAR liaison nurses	AWP	No	Community Liaison services to aid with community transformation and to modernise services prior to the Older people's MH service redesign work being taken forward.	The funding is for 12 months only as it is envisaged that when older people's MH services are redesigned more capacity will be made available in the community.
Eating Disorder services, (Tier 3)	Oxford Health	No	Community Eating Disorder services.	Tier 4 services are now commissioned by Specialist commissioning, hosted by NHS England

Appendix 2 - Current services commissioned in Wiltshire

This section outlines the current commissioned services for Adult Mental Health service users in Wiltshire.

Wiltshire Clinical Commissioning Group - continued

Service	Provider	Jointly Commissioned	Description	Comments
Eating Disorder services, (Tier 3)	Oxford Health	No	Community Eating Disorder services.	Tier 4 services are now commissioned by Specialist commissioning, hosted by NHS England
CAMHS Tier 3	Oxford Health	Yes	Community support for more complex mental health difficulties. Model of provision includes an outreach service (OSCA), CAMHS for children and young people with a learning disability and a specialist Family Assessment and Safeguarding Service (FASS) to support LA decision-making on whether children can safely remain with their parents.	Tier 4 adolescent inpatient facility at Marlborough House in Swindon is now commissioned by Specialist Commissioning, hosted by NHS England
Rape and sexual abuse support for adult women and men	Revival	No	Providing a non-judgemental, confidential, safe and supportive atmosphere in which you will be given the time and space to explore your present in relation to your past	
Community-based music therapy service working in the field of adult mental health	Soundwell	No	All sessions are participatory and user friendly - people have a wide selection of accessible, multicultural instruments to use. People do not need to have had any previous musical experience to participate in sessions	



Wiltshire Council - Mental Health

Service	Provider	Jointly Commissioned	Description	Comments
Mental Health Social Work service	Wiltshire Council	No	Providing AMHP duties to all residents and social work to service users known to AWP. Two teams -46.93 FTE staff.	Setup in 2013 following disaggregation from AWP. Sits within Adult Care & Housing Operations Service area.
Specialist Mental Health Housing Team	Wiltshire Council	Yes (agreement for one post)	Providing a bridge between housing and mental health services. 2 FTE's	Staff are based within housing team but line managed by the Specialist Commissioning and Safeguarding Team/
Statutory Advocacy services provided	SWAN	No	Provision of a statutory service - independent mental capacity advocates IMCA and IMCA DOLs and Independent mental health advocates IMHA.	
Generic Advocacy services	SWAN	Yes	Provision of generic advocacy service aimed at vulnerable people which have a particular focus on safeguarding issues.	The NHS complaints service came to Wiltshire Council on 1st April 2013

Community based services

Vocational Services (DCS0153)	Richmond Fellowship	Yes	A countywide service to improve the confidence, training and skills of service users to achieve work ambitions.	Extension agreed to 31st March 2015
Day Service (DCS0381)	Alabare Include	Yes	Mental Health day services to improve mental wellbeing. The services support personal recovery, increasing social inclusion and support to access mainstream services.	This contract runs from 1st August to 31st July 2013. An 18 month extension to 31st March 2015 has been agreed.
Intensive Community Support Service (DCS0500)	Together	No	A service for adults that require support of a 3-24 month period before transitioning to less supported services.	
Mental Health information and advice service (DCS0440)	Alabare Include	No	Management of a website and directory of resources, delivery of mental health first aid training and number of awareness events.	This contract runs from 1st August to 31st July 2013.
User engagement	WSUN – our time to talk	No	A service user group for people who use mental health services in Wiltshire.	

Appendix 2 - Current services commissioned in Wiltshire

Accommodation based services

Service	Provider	Jointly Commissioned	Description	Comments
Supported Housing	Various providers (DCS01810 Rethink)	No	14 Supported Accommodation schemes spread across the county. All deliver a low level of housing related support to prepare people for independent living in the community.	Mental Health Supported Housing Review was completed in February 2013.
Residential/ Nursing Care for Adults of Working Age / Older People	Various providers	No	Many placements are spot purchased due to the complexity of needs AOWA Placements funded by Wiltshire Council are managed through a weekly panel. OA Placements are funded by locality panels to block contracted beds or spot purchased beds in complex cases	Accreditation Scheme - Eight providers have been accredited. The scheme has been developed to ensure quality standards and build relationships.
Care and support at home	Various providers	No	Some packages are spot purchased due to the complexity of needs. There are commissioned providers covering a geographic area in Wiltshire under the H2LaH scheme.	



Wiltshire Public Health

Service	Provider	Jointly Commissioned	Description	Comments
CAB Debt management Project	CAB		Since September 2011, Wiltshire Citizens Advice has provided a one day per week dedicated debt advice service for the service users of Red Gables in Trowbridge. The aim of the project was to improve the mental wellbeing of individuals and to help them to manage their financial affairs themselves.	For 2013/14, CAB will deliver the service across Wiltshire, taking referrals from AWP Recovery Teams
Mental Health First Aid Training	MHFA accredited trainers		Public Health has commissioned Mental Health First Aid (MHFA) training courses which are made available to frontline staff that are most likely to come across people at high risk of developing mental health problems, such as Citizens Advice Bureau debt advisors, housing association staff and those working with older people living in very rural communities. MHFA provides a basic understanding of common mental health problems to enable those who are being trained to identify symptoms and to support someone who is having difficulties in seeking professional help.	
Books on Prescription	Wiltshire Libraries		A scheme provided through libraries to make available a range of books about mental ill health which can be accessed on prescription by anyone referred by their GP	
The Wellbeing Programme	Wiltshire Wildlife Trust		A nature based intervention offering activity outdoors in nature for a range of mental health, physical and wellbeing issues. Participants referred by clinicians (GPs, CMHTs etc) or self-refer (with sign off from a clinician). Effective for prevention, early intervention or support in recovery or as an alternative to clinical treatment.	Originally commissioned by NHS Wiltshire in April 2008. Group based activity, with peer to peer support. Evidenced outcomes for clinical improvements in Mental Health, increased physical activity and progression to training, further volunteering or employment. Delivers against objectives of National mental health strategy and the 6 priority areas in this strategy as well as objectives to improve user experience within the Joint Health and Wellbeing Strategy and Wiltshire CCGs 5 year plan.

Wiltshire Mental Health and Wellbeing Strategy

ENABLE PEOPLE TO LOOK AFTER THEMSELVES
ENSURE CHILDREN CAN LIVE, STUDY AND PLAY SAFELY
LIVING LONGER
GOOD NEIGHBOUR SCHEMES
LIVING HEALTHILY
PEOPLE FEEL SAFE
LESS TIME IN HOSPITAL
CUTTING WINTER DEATHS
ACTIVE ADULTS AND CHILDREN
KEEP PEOPLE WARM AND WELL IN THEIR HOMES
BEING SAFE FROM AVOIDABLE HARM
STOPPING SMOKING
LIVING FAIRLY
HEALTHY EATING
LIVING INDEPENDENTLY
REDUCE FALLS AND INJURIES FOR OVER 65s



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Mental Health and Wellbeing Strategy

Aim: To create environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all.

Delivering six overarching outcomes...

More people with mental health problems will have good physical health

More people with mental health problems will recover

More people will have a positive experience of care and support

Fewer people will experience stigma and discrimination

Fewer people will suffer avoidable harm

More people will have good mental health

...measured by

Strategic measures and targets by 2021:

- Increase by 10% (to an average of 70%) the number of people with mental illness or disability in settled accommodation (PHOF/ASCOF).
- Maintain at an average of 12% of people with mental illness in employment (NHS OF)
- Decrease the overall variation in excess mortality for adults with severe mental illness by 1%
- Increase overall satisfaction of people (who use services) with their care and support (ASCOF) by 5%
- Increase the proportion of people who use services who say that those services have made them feel safe and secure (ASCOF) by 5%
- Increase the percentage of people with positive attitudes to mental health by 5% (local measure to be developed and baselined)

We will additionally measure and seek to maintain or improve:

- the percentage of people reporting good overall wellbeing (Annual Population Survey ONS)
- the number Hospital admissions as a result of self-harm (PHOF)
- the proportion of people (who use services) who feel they have control over their daily life (ASCOF).

The quality of individual services and the satisfaction of people with those services will additionally be measured by providers and monitored by commissioners.

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Key

PHOF Public Health Outcomes Framework
 ASCOF Adult Social Care Outcomes Framework
 NHS OF NHS Outcomes Framework



...and implemented through action in six key areas

Prevention and early intervention

Developing projects, initiatives and contracts that help people maintain a healthy level of emotional wellbeing, and reduce the impact of mental ill health at all stages of their life

Promoting emotional wellbeing and improving understanding of mental health

Raising awareness of mental health and how to improve emotional wellbeing using information and education

Personalised services based around helping people recover

Working with a variety to services to help people understand and plan their own recovery

Making effective and efficient use of resources

Seeking to continuously improve systems and processes and sharing knowledge and good practice

Improving engagement with service users, carers and families

Ensuring that customer/patient needs are at the centre of all that we do

Improving integrated working between statutory services with wider community involvement

Ensuring an approach that treats the whole person and helping to enable them to remain independent in their communities

Lead agencies and action

Prevention and early intervention

Wiltshire Council Public Health will:

- arrange for training in behaviour change techniques to be delivered to staff in GP practices through the integrated community teams
- pilot and evaluate a range of social/alternative prescribing options, starting with arts on prescription, in a variety of GP practices.
- scope the options for a full social prescribing* service to be tailored to suit the different GP 'clusters' in Wiltshire
- work with HealthWatch to ensure that the web portal 'Your Care Your Support' has good quality information on mental wellbeing with a view to developing a virtual Wellbeing College* in the longer term.

* The term 'social prescribing' is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sectors.

* Wellbeing College: aims to provide people with the knowledge, skills and confidence to manage your health and wellbeing or that of the person they care for.

Wiltshire Council and Wiltshire CCG Joint Commissioning team will:

- continue to monitor performance of contracts and views of those who use services to ensure that they are meeting needs
- improve the analysis and understanding of comparative information about other CCG areas to help identify good practice.

Promoting emotional well-being and improving understanding of mental ill health

Wiltshire Council Public Health will:

- develop a programme of mental health awareness raising with supporting information pack to be delivered in communities and workplaces
- promote the emotional wellbeing elements of the health trainers role
- explore the options for establishment of a mindful employers network in Wiltshire
- work with colleagues to implement the mental health and wellbeing categories of the Wiltshire Council Workplace Charter action plan.

Wiltshire Council Adult Social Care will:

- work with partners to develop resources that will teach people living with mental ill health and their families, carers and employers about:
 - what their rights are
 - what they can/cannot expect from services
 - how they can avoid discrimination.

Wiltshire CCG will:

- work to promote the Parity of Esteem programme which aims to ensure that mental health is valued equally with physical health.
 - Includes the development of a new service to provide early access to treatment and support for people with psychosis.

Personalised Services based around helping people to recover

Wiltshire Council and Wiltshire CCG Joint Commissioning team will:

- undertake a contract review and re-tender for revised services to deliver vocational and social inclusion provision and advocacy services
- hold service user focus groups to inform any contract revision or new service
- map services currently being delivered by known providers
- undertake contract reviews for all services on a rolling basis as they come up for renewal to include developing outcome based service specifications
- explore the implementation of integrated Personal Health Budgets in mental health
 - including roll out of staff training.

Wiltshire CCG will:

- establish a steering group to investigate options to improve systems for managing people with personality disorders in the community
- undertake a review of discharge pathways and procedures for people moving from specialist beds into long term residential and nursing care
- undertake a service review to develop improvements in liaison between primary care and Mental Health Provider (AWP).

Wiltshire Council Public Health will:

- continue to utilise self-harm registers at the three NHS hospitals in the area in order to better understand self-harm incidents and explore provision of appropriate support.

Making effective and efficient use of resources

Wiltshire CCG will:

- work with other agencies towards a multi-agency approach to all training by mapping current availability for agencies and providers and conducting a needs assessment for mental health training
- review mental health provision in the out of hours period and develop an approach to fill any gaps (linking in with work being undertaken by the Crisis Care Concordat)
- evaluate the street triage pilot currently in operation in the Police control room
- continue to develop and promote 'mutual expectations' documentation between providers and services to assist with preventing avoidable harm.

Wiltshire Council and Wiltshire CCG Joint Commissioning team will:

- produce an annual Joint Commissioning Intentions Statement to include commissioning of services which include prevention and early intervention options
- develop a Mental Health Market Position Statement to provide strategic overview and identify future direction of mental health services
- ensure appropriate and timely commissioning of services as contracts expire
- ensure that there is a fit for purpose protocol and process in place to enable continued healthcare placements and aftercare packages following hospital discharge.

Wiltshire Public Health will:

- assist with promotion of existing 'Safe Places' across the county to ensure people who are living with a mental health condition are aware of these.

Improving engagement with service users, carers and families

Wiltshire Council Public Health will:

- set up a partnership board for mental health and wellbeing, ensuring that service users, carers and families are an integral part of the work of this board
- promote existing Mental Health First Aid training and ensure it is appropriately targeted at priority groups
- implement and promote regionally funded ASIST suicide reduction training ensuring it is appropriately targeted.

Wiltshire Council and Wiltshire CCG Joint Commissioning team will:

- invite a group of service users to be involved at an early stage whenever new policy or services are being developed
- develop a closer relationship with existing service user involvement groups.

Wiltshire CCG will:

- evaluate the ease of access and spread across the county of our services
- undertake analysis of gaps or duplications in service for specific areas of need and explore options for further development where gaps exist.

Improving integrated working between statutory services with wider community and voluntary sector involvement

Wiltshire CCG will:

- work with AWP and Wiltshire Council towards alignment of mental health social work teams with secondary care providers
- work with integrated community teams to ensure that community based models are achieving positive outcomes for people with mental ill health and their families
- continue the process of 'system wide' reviews of service provision including ensuring there are clear and comprehensive care pathways which also cover prevention and early intervention.

Wiltshire Council and Wiltshire CCG Joint Commissioning team will:

- work with AWP and other providers to facilitate appropriate data sharing across all organisations
- scope the adoption of a consistent assessment format for all agencies, working towards a 'Single View of the Customer' approach and enabling people to say things once
- ensure that mechanisms are in place to identify and disseminate to all agencies emerging policy and legislative developments.

Wiltshire Council Public Health will:

- share information regularly on what works well both nationally and locally.

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**Mental Health and Wellbeing Strategy
Detailed Implementation Plan**

NOTE

Please note that this document is a living document and will change during the lifetime of the Mental Health and Wellbeing Strategy. This version contains action up to March 2017, the Mental Health and Wellbeing Partnership Board will develop further action during the life Strategy to deliver on the remaining objectives and priority areas.

This implementation plan should be read in conjunction with the Wiltshire Mental Health and Wellbeing Strategy. It outlines the objectives and priority areas of activity for the period of the strategy, the priority areas for the initial two years of the strategy for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group and the detailed actions for delivery in 2014-2015.

There are 6 over-arching outcomes for the strategy which we have aligned to the objectives of the National Mental Health strategy:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

Success Measures:

For each of these outcomes, we have selected a small number of key measures (outcomes measures and numerical indicators) which will help us to understand whether we are being successful. Most of these measures form part of an existing national 'outcomes framework' (either NHS, Public Health or Adult Social Care). Each key area of activity in the strategy will additionally have milestones against which progress will be measured. The key measures for each of the 6 outcomes above are shown in the table below:

Outcome	Key Measures	Frequency	Brief Definition of measure
More people will have good mental health	1. Self-reported wellbeing (PHOF)	Annual (FY)	1. % of respondents scoring 0-4 to the question "Overall, how satisfied are you with your life nowadays?" (Annual Population Survey (APS); Office for National Statistics (ONS).)
More people with mental health problems will recover	2. Employment of people with mental illness (NHS OF) 3. People with mental illness or disability in settled accommodation (PHOF). 4. The proportion of people who use services who have control over their daily life (ASCOF) 5. Number of clients treated (utilising additional funding) by the Early Interventions in Psychosis team (local measure)	All Annual	2. The percentage point gap between the percentage of working age adults who are receiving secondary mental health services and who are on the Care Programme Approach recorded as being employed (aged 18 to 69) and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64) 3. % of adults (age 18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support 4. Adult Social Care Survey Question 3a: 'Which of the following statements best describes how much control you have over your daily life?' - percentage of people responding either 'as much as I want' or 'adequate' 5. Local numerical measure
More people with mental health problems will have good physical health	6. Excess under 75 mortality rate in adults with severe mental illness (NHS OF & PHOF, Placeholder)	Annual (FY)	6. The ratio (expressed as a percentage) of the observed number of deaths in adults in contact with secondary mental health services to the expected number of deaths in that population based on age-specific mortality rates in the general population of England.
More people will have a positive experience of care and support	7. Patient experience of community mental health services (NHS OF) 8. Overall satisfaction of people who use services with their care and support (ASCOF) 9. The proportion of people who use services who say that those services have made them feel safe and secure (ASCOF)	All Annual	7. National patient survey programme. Figures will be based on the community mental health survey, which is completed by a sample of patients aged 16 and over who received care or treatment for a mental health condition, including services provided under the Care Programme Approach (CPA) 8. Adult Social Care Survey Question 1: "Overall, how satisfied or dissatisfied are you with the care and support services you

**Mental Health and Wellbeing Strategy
Detailed Implementation Plan**

			receive?" – percentage of people responding 'extremely' or 'very' 9. Adult Social Care Survey Question 7a: "Which of the following statements best describes how safe you feel?" – percentage of people responding "I feel as safe as I want"
Fewer people will suffer avoidable harm	10. Safety incidents reported. (NHS OF) 11. Safety incidents involving severe harm or death (NHS OF) 12. Hospital admissions as a result of self harm (PHOF) 13. Suicide (PHOF)	1.TBC 2.TBC 3. Annual (FY) 4. Annual (FY)	Number of incidents recorded Number of incidents recorded Currently not being recorded. Local measure for number of self-harm presentations at hospital can be utilised as a proxy Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population
Fewer people will experience stigma and discrimination	14. National Attitudes to Mental Health survey (Time to Change)	Annual	Results for this only available by region? Need to work with WSUN/HealthWatch to look at local ways of measuring attitudes.

1. Prevention and early intervention

2014 – 2021 Objectives

- To promote emotional wellbeing and deliver appropriate education and information programmes
- To keep up to date with the latest knowledge and research regarding prevention and early intervention for mental ill health and ensure that this informs the development of services.
- To pilot and evaluate new approaches to wellbeing and mental wellbeing and consider for further roll out as appropriate
- To deliver action that will improve prevention and early intervention
- To ensure that the strategy is linked to other relevant strategies involved in optimising people's mental health and wellbeing, emphasise the prevention aspects of their activities and that their outcomes are being achieved.

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Key Area of Activity - Prevention and early intervention						Comments	Status
	Action	Milestones	Lead Agency	Partners	Outcomes		
Provide support and education in acquiring life skills e.g. parenting, employment, healthy lifestyle choices.	Ensure appropriate links with the Childrens' Strategy. Invite Childrens' representative to sit on the adult Mental Health and Wellbeing Board Work with colleagues to complete Children and Young People's Emotional Wellbeing and Mental Health Needs Assessment (HNA) Utilise data children's HNA to inform the adult version particularly around transition, ensure transition data included. Identify any additional actions which may be required through the adult strategy	By August 2016 End 2016 End 2016	Wiltshire Council	Oxford Health CAHMS, CCG, AWP, Other Providers,	More people will have good mental health Fewer people will experience stigma and discrimination	October 2016 Update: Children's' Emotional Health and Wellbeing representative invited to MH & W Partnership Board and are already represented on the suicide reduction steering group. The draft of the Children and Young People's Emotional Wellbeing and Mental Health Needs Assessment has been completed and presented to the EWMH subgroup. The Assessment included some information about transitions to adult services and recommends that further data about this be sought for the adult needs assessment. Additionally information about parental mental health was included which has highlighted a need to better understand this area. The Needs Assessment will be used to feed into CAHMS recommissioning process from September 2016 onwards	On schedule

**Mental Health and Wellbeing Strategy
Detailed Implementation Plan**

Key Area of Activity - Prevention and early intervention						Comments	Status
	Action	Milestones	Lead Agency	Partners	Outcomes		
Respond to known rising triggers to poor mental health e.g. loneliness, unemployment, boredom, alcohol and drug use and self-harm	Evaluate and extend Arts on Prescription service with GP Practices	Summer 2016	Wiltshire Council	Integrated teams, GP's, Artlift	More people will have good mental health More people with mental health problems will recover	October 2016 Update Evaluation of the first year of the programme has been received and indicates very positive outcomes. The scheme has continued at a slightly reduced level for 2016/17. Final evaluation will be completed this year and ArtLift will be engaging locally to see if there are other options for future funding (funded by CCG in Gloucestershire). The early adopter GP practice has decided to continue funding ArtLift using its own CCG funding. There are now several move on groups in operation which are operated by the participants themselves	On schedule
	Consider options to consolidate and extend the current provision for reading/poetry groups in libraries. <ul style="list-style-type: none"> Existing Dementia memory groups to be brought in house 	End 2016 options paper to MH & W PB July 2016 for existing group transfer	Wiltshire Council	Adult Social Care Libraries team	More people will have good mental health More people with mental health problems will recover	October 2016 Update: Funding for The Reader Organisation provision of dementia memory/reading groups in libraries ceased in June 2016. The existing volunteers will continue to run the groups and will be co-ordinated by Public Health. Alternative options are being currently being considered for reading groups in libraries including with the potential to extend to other population groups.	On schedule
	Define and explore the potential for a Social Prescribing Service tailored to the appropriate patient cluster groups.	Dec 2015 for scoping October 2016 options paper to MH & W PB	Wiltshire Council	CCG, GPs,	More people will have good mental health More people with mental health problems will recover	October 2016 Update: A review of social prescribing options including a literature review to explore things that work has been completed. Salisbury Medical Practice was presented with a range of options some of which they are in the process of putting into place. The October meeting of the MH & W Partnership Board will receive a presentation on Social Prescribing for discussion and the JCB will be discussing in November	First stage complete 2 nd stage on schedule
	Start to plan for future population change e.g. military personnel. (Links to action 3.1 Needs Assessment will inform this planning)	April 2017	Wiltshire CCG & Wiltshire Council	GP's, AWP,	More people will have good mental health More people with mental health problems will recover	October 2016 Update: The Mental Health Needs Assessment which will inform planning and future service provision has been scoped and that scope has been approved. Data collection to include military personnel has started.	On schedule
Signpost to resources and education that promote and support mental health and wellbeing	Work with HealthWatch to ensure that the web portal 'Your Care Your Support' has good quality information on mental wellbeing with a view to developing a virtual Wellbeing College* in the longer term	Meet with HealthWatch by October 2016	Wiltshire Council	CCG, Providers	More people will have good mental health More people with mental health problems will recover	October 2016 Update: An initial 'Plan on a page' for a virtual Wellbeing College' was considered by the mental health JCB in Spring 2015. It was agreed that development of this needed to link in with the 2 nd phase of the Health and Social Care portal as some of the Wellbeing College function will be delivered by this. HealthWatch are part of a project connected to a Dementia Roadmap which will map community assets. The information gathered from this can inform content for the 'wellbeing' elements of a future virtual college. The PH specialist will link into this work.	In progress

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Key Area of Activity - Prevention and early intervention						Comments	Status
	Action	Milestones	Lead Agency	Partners	Outcomes		
Improved evidence base around mental health to improve understanding and inform service development. This should include evidence on what a good mental health system should look like for Wiltshire to inform the system wide review	Conduct a Mental Health Needs Assessment for adult mental health in Wiltshire improving understanding of the epidemiology of mental ill health and mapping current services	Scope August 2016 Complete January 2017 -	Wiltshire Council Council and CCG	CCG, Providers	More people with mental health problems will recover More people with mental health problems will have good physical health More people will have a positive experience of care and support	October 2016 Update: The scoping for this project has been completed and approved and data collection is underway..	On schedule
Improved pathways and provision for perinatal and infant mental health	Design and Implement perinatal and infant mental health training for midwives and health visitors to support the implementation of a multi-agency pathway.	Design by March 2015 Implement Jan 2016	Perinatal and Infant Mental Health Group	Wiltshire Council, NHSE, AWP, CCG, Acute Trusts	More people will have good mental health Fewer people will suffer avoidable harm	October 2016 Update: PIMH Pathway for HVs and MWs signed off Sept 15. Full implementation – Jan 16. PIMH training to support implementation of pathway; piloted Sept 15 and rolled out from Oct 15. Over 80% of Health Visitors and Midwives across Wiltshire have accessed local training on the new pathway and screening tool and increased their knowledge and skills around perinatal and infant mental health.	On schedule
	Improve advice, support and treatment available to women with peri natal and infant mental health (PIMH) problems within existing provision						NHSE, AWP, CCG, Acute Trusts
	Identify gaps in peri-natal mental health provision and explore an appropriate response to address these	2016/17	NHSE, Wiltshire Council, AWP, CCG, Acute Trusts	October 2016 Update: Proposal drafted to enhance IAPT provision for PMH in anticipation of national transformation funding for PMH. Awaiting detailed guidance.	On schedule		

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2. Promoting emotional well-being & improving understanding of mental ill health

2014 – 2021 Objectives

- To raise awareness about emotional wellbeing and mental ill health across Wiltshire help reduce stigma and discrimination
- To ensure that there are awareness raising resources within the community to support and encourage people to seek advice when they have concerns about their mental health or wellbeing
- To work with local communities and employers so that they are inclusive and supportive of people with mental ill health and their carers' and family.

These objectives will, in turn, help to reduce stigma and discrimination

Key Area of Activity - Promoting emotional well-being & tackling stigma & discrimination						Comments	Status
	Action	Milestone	Lead	Partners	Outcomes		
Work with communities to ensure community life in Wiltshire supports mental health and wellbeing by promoting better understanding and awareness – Links in with Demonstrator Sites at 6.2	Develop a programme of mental health awareness raising and supporting information pack to be delivered in communities and work places.	Development of programme by March 2016	Wiltshire Council	Area Boards	More people will have good mental health	October 2016 Update: Mental Health Awareness Raising session developed and piloted with staff/councillors and delivered to some area boards with further sessions scheduled. Info Pack/Toolkit in progress. This has received a really positive response. We have identified a set of potential volunteers to receive training to deliver the awareness raising session and this will be progressed over the winter period.	On schedule
	Explore the possibility of establishing a Mindful Employers network	Options document to be produced for October 2016	Wiltshire Council	Chamber of Commerce Mind	More people will have good mental health	October 2016 Update: Strong links have been made with the Swindon Mindful Employer network and interest has been expressed by a number of local employers. Funding is not available at present but we are seeking other ways of delivering this. We have now received permission from the provider of the Wiltshire Council online e-learning package for Mental Health awareness to offer this to employers and communities for their own use and this offer will be made as part of the roll out of the awareness raising programme above	On schedule

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3. Personalised recovery based services

2014 – 2021 Objectives

- To work with integrated teams and specialist health services to ensure optimisation of independence and quality of life

Key Area of Activity -Personalised recovery based services						Comments	Status
	Action	Milestone	Lead	Partners	Outcomes		
To jointly commission a range of flexible services to enable patients to create their personalised recovery plan	Investigate models to improve the management of those with Personality Disorders in the community, particularly within the accommodation pathway Utilise recommendations from the Needs Assessment to establish priorities for a business case in relation to the Personality Disorder care pathway.	Setting up of Steering Group by Dec 2015 April 2017	Wiltshire CCG		More people with mental health problems will recover More people will have a positive experience of care and support	October 2016 update: Personality Disorders Integrated Care Pathways Steering Group established. The group is completing gap analysis and pathway mapping of provision for those with a personality disorder and shaping a business case for personality disorder therapeutic intervention. Key stakeholders such as Housing Providers will be engaged in the development of provision and any additional services. An update was provided to the November Housing Provider Forum.	On schedule
Educate service users to understand their own health issues and aid themselves in a journey of health and wellbeing	Explore the implementation of integrated Personal Health budgets (PHB) in Mental Health Provision of technical advice on the on PHB included in the PHB workstream Care for people close to home or their place of choice ensuring continuity of care where possible and appropriate	PID for PHB been approved and will go back to JCB	Wiltshire CCG	Providers	More people with mental health problems will recover More people with mental health problems will have good physical health More people will have a positive experience of care and support	October 2016 update: Personal budget local offer for people with MH issues published on CCG website	On schedule
Ensure that clinical pathways are robust and support patients in transition between care	Undertake a service review to develop improvements in liaison between Primary Care and AWP	Q2 2016/17	Wiltshire CCG	Primary Care Liaison	More people will have a positive experience of care and support	PCLS review commenced December 2015, due to complete during 2 nd Quarter 2016.	On schedule

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4. Effective and efficient use of resources

2014 – 2021 Objectives

- To ensure that systems and processes are effective
- To share knowledge and good practice.

Key Area of Activity - Effective and efficient use of resources						Comments	Status
	Action	Milestone	Lead	Partners	Outcomes		
Multi-agency working, training and care between mental health, emergency, prison and probation services. (where appropriate, all training should be provided with multi-agency attendance to promote sharing of experience as part of	Ensure that mapping of current training available for agencies and providers is included in the MH Needs Assessment. Explore how to meet any unmet need	Scoping of Needs Assessment August 2016	Wiltshire Council	AWP Wiltshire CCG	More people will have a positive experience of care and support Fewer people will suffer avoidable harm		In progress

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Key Area of Activity - Effective and efficient use of resources						Comments	Status
	Action	Milestone	Lead	Partners	Outcomes		
learning)	Ensure the provision of Section 12 Doctors and a Wiltshire rota to support the robust implementation of the Section 136 pathway and Mental Health Act assessments	Initial collation of information and discussion paper to be completed by mid-June 2016	Wiltshire CCG	AWP Wiltshire Council	More people will have a positive experience of care and support Fewer people will suffer avoidable harm	October 2016 update: Review of this service is now underway	In progress - Priority
Review mental health provision in the out of hours period to ensure that people can access to the right type of care or advice whenever the need arises	Ensure that out of hours provision is included in the MH Needs Assessment. Make appropriate links with Dementia Strategy action plan and with out of hours provision for physical health	Scoping of Needs Assessment August 2016	Wiltshire Council	CCG, AWP GP's	More people will have a positive experience of care and support	.October 2016 update: Scoping approved and gathering of data now underway. Completion due by February 2017	In progress
Continue to work closely with our partners to ensure that care at times of crisis is appropriate (Crisis Care Concordat)	Evaluate Street Triage project	Sept 2016	CCG	Swindon CCG, Police	Fewer people will suffer avoidable harm	October 2016 Update: Further funding now secured and evaluation is being revisited to ensure it meets the purpose and informs any future re-commissioning.	On schedule
	Promote Safe Places across the County	October 2016	Wiltshire Council Public Health	Safe Places, Mental Health and Wellbeing Partnership Board		Oct 2016 Update: Safe Places are being promoted widely particularly through Dementia Aware Wiltshire. A report will be presented to the January meeting of the Partnership Board to facilitate a decision regarding wider learning and promotion to MH service users.	In Progress
Design and deliver mental health and wellbeing within the county through Joint Commissioning	Produce Joint Commissioning Intentions statement	2016/17 Statement finalised July 2016	Wiltshire Council and Wiltshire CCG	AWP and other providers	More people will have a positive experience of care and support	October 2016 Update: Outline 2016/17 commissioning priorities statement which includes Public Health information has been produced. For 2017/18 there will be a move towards commissioning intentions for the whole system/care pathway.	On schedule
Ensure that there is a fit for purpose protocol and process in place to enable continued healthcare placements and aftercare packages following hospital discharge: N.B these placements may require referrals to funding panels. This will include ensuring that the applications made are of high quality to avoid time wasting and that subsequent placement reviews are undertaken in a timely fashion.	Review of existing protocol to be undertaken with a view to improving processes overall and reducing delayed transfers of care	March 2017	Wiltshire Council	Wiltshire CCG	More people will have a positive experience of care and support	October 2016: No update currently	In progress
	Consider options/benefits of re-commissioning of Herbert House as part of the approach to step down care	March 2017	Wiltshire Council	Wiltshire CCG	More people will have a positive experience of care and support	October 2016 Update: Agreed between Housing, Commissioning and CCG that this is a task that will be considered when capacity allows. Herbert House is a Council-accredited residential service and will remain so currently. Work needs to be undertaken around what could replace the service.	In progress

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5. Closer engagement with service users, families and carers

2014 – 2021 Objectives

- To ensure that the customer is at the centre of the services we develop.
- To ensure that there are good quality services in place that are able to appropriately support people with mental ill health and their carers' at more difficult times in their lives.

2014 – 2016 Commissioning priorities

- Continue to work to promote and improve services and information for carers, including carers breaks
- Develop community therapeutic activities.
- Support to make improve the quality of care in different settings including care homes.

Key Area of Activity - Closer collaboration with service users, families and carers in the development of services						Comments	Status
	Action	Milestone	Lead	Partners	Outcomes		
Undertake analysis of gaps or duplications in service for specific areas of need and explore options for further development of services where gaps exist.	Ensure that Mental Health Needs Assessment maps services across all specific areas of need to enable gaps to be identified.	Jan 2017 For completion	Wiltshire Council	CCG,AWP, Other providers, service users & carers	More people with mental health problems will recover Fewer people will suffer avoidable harm	October 2016 Update: Work on scoping of Needs Assessment is complete and data collection is underway.	On schedule
Evaluate the ease of access and spread across the county of our services	Ensure that Mental Health Needs Assessment maps ease of access to services county wide. Engage with service users and carers as part of this process	Jan 2017 for completion	Wiltshire Council	CCG,AWP, Other providers, service users & carers	More people will have a positive experience of care and support	October 2016 Update: Work on scoping of Needs Assessment is complete and data collection is underway.	
User Involvement and participation in development of services and Develop relationships with HealthWatch	Set up a partnership board/steering group for mental health to include opportunity for service users to be involved	Dec 2015 for formulation of Board	Wiltshire Council	CCG		October 2016 Update: Partnership Board meeting in April 2017 received a presentation from Louise Rendle about the options for service user involvement and agreed a format. Call for service users was sent out in September 2016 and service user involvement should be in place and this should be in effect by January 2017	In progress

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6. Integrated working between statutory services with wider community and voluntary sector involvement

2014 – 2021 Objectives

- More people will be managed in the community through increased access through integrated teams.

Key Area of Activity - Joint working with a wider group of statutory services						Comments	Status
	Action	Milestone	Lead	Partners	Outcomes		
Work towards wider multi-disciplinary teams who work together to achieve positive outcomes for those with mental health issues and their families	Alignment of mental health social work teams with secondary care providers	Agreed Project Plan – by end April 2017	AWP/CCG	Wiltshire Council	More people will have a positive experience of care and support	Oct 2016 Update: At an operational service level AWP and WC management staff meet monthly to review services, issues etc. and have keen to move forward on this issue. For example moving WC teams into three to reflect the CCG areas (NEW, WWKYD and Sarum).	In progress
Widen multi-agency mental health first aid training for staff with public facing roles to provide greater awareness	Wider promote existing Mental Health First Aid training and ensure targeted at priority groups including the integrated community teams Review current provision to look at alternative delivery models	2015/16	Wiltshire Council	All partners, MHFA England, learning and development teams	More people will have a positive experience of care and support	October 2016 Update: During 2015/16 10 MHFA courses were delivered successfully, each course had a wide range of participants from across public and VC sector organisations. The funding for this course has now ceased, We are part of a regional initiative to deliver Applied Suicide Intervention skills training and 1 course has been delivered. This was well attended by a variety of agencies and VCS organisations and feedback was generally positive. A further 5 courses will be delivered in Wiltshire by March 2018 and are booking to capacity.	On schedule
Share and keep up to date good practice, skills, knowledge and relationships across teams, across disciplines, across employers, across the county	Sharing Good news – better communication Through the Public Health offer, determine what Area Boards/Health and Wellbeing groups can do to assist with knowledge sharing and facilitate moving on to the next step.	End 2016	Wiltshire Council	CCG and all partners	More people with mental health problems will recover. More people will have a positive experience of care and support Fewer people will suffer avoidable harm		In progress
Ensure clear pathways through mental health services (primary and secondary) to help service users and professionals understand what is available and how to access	Ensure partners are aware developments (through updates to the Mental Health and wellbeing Partnership Board) of progress on the overarching Mental Health and Learning Disability JCB workplan. Standing item to be introduced onto the Mental Health and Wellbeing Board agenda.	Standing agenda item to be introduced by October 2016	CCG		More people with mental health problems will recover. More people will have a positive experience of care and support Fewer people will suffer avoidable harm	October 2016 Update: Crisis Care Concordat group have completed a process mapping exercise of pathways. Personality Disorders Integrated Care Pathways Steering Group established. This group meets on a bimonthly basis. AWP Perinatal and Infant Mental Health Working group has been set up, scheduled to meet quarterly.	On schedule

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Key Area of Activity - Joint working with a wider group of statutory services						Comments	Status
	Action	Milestone	Lead	Partners	Outcomes		
	Build on existing protocols (AWP and Turning Point) to ensure that links between referrers and Turning substance misuse treatment providers are robust and that there is seamless service provision		Wiltshire Council	CCG, AWP, Turning Point, other providers		<p>October 2016 update: Dual Diagnosis steering group has continued to meet quarterly throughout 2016, involving AWP, Wiltshire Substance Misuse Service (WSMS) and Wiltshire Addiction Support Project. An early action of the group has been to summarise the joint working protocol document to ensure better alignment of services. Additionally, Link Workers have been meeting quarterly, sharing examples of good practice and practice that could have gone better. Link Workers have also started attending each other's team meetings, and are communicating on at least a monthly basis to improve client care. Consent processes are improving for sharing information between the services, and this has led to clear escalation processes being established for when there are differences of opinions. The dual diagnosis group has also audited clients working with both AWP and WSMS. There has also been a service user survey of what clients think of dual diagnosis treatment within WSMS, we await the results which will inform future delivery. Finally there has been a recovery festival, promoting all types of recovery.</p>	In progress
	Continue to develop and promote mutual expectations documentation between providers and secondary mental health services to assist with preventing avoidable crisis. Mutual expectation documents identify what providers can expect of each other. It helps to clarify what is and what isn't appropriate for the interface between providers to reduce the possibility of confusion or inappropriate referral.	Work with Swan Advocacy during 2014/15	CCG	AWP, Providers		<p>October 2016 Update: Work in 2014/15 concentrated on the interface between Swan Advocacy and AWP inpatient wards, The advocacy contract has now changed to another provider. This has not been progressed further.</p>	In Progress
	Develop a Mental Health Market Position Statement for Wiltshire to provide a strategic overview of the provider market for mental health services and identify the future direction of those services	April 2017	Wiltshire Council	Wiltshire CCG		<p>October 2016 update: This is currently underway</p>	In Progress

Additional Priority Areas						Comments	Status	
Ref.	Action	Milestones	Lead Agency	Partners	Outcomes			
Accommodation								
	Work with partners to explore ways of addressing the barriers presented by lack of suitable accommodation. Including: <ul style="list-style-type: none"> - Gaining or maintaining employment - Engaging with services or community events - Sustaining wellbeing 	Continue to work with internal and external partners to better identify current and future accommodation needs and provision ensuring a proactive not reactive approach	March 2017	Wilts council	Housing providers	<p>More people with mental health problems will recover</p> <p>More people with mental health problems will have good physical health</p>	<p>October 2016 Update: Large scale review of MH supported housing services underway (alongside wider supported housing work lead by Housing Team – who also manage a large number of services) Current contracts will be extended to 31/03/18 to allow for work to be undertaken. We currently commission blocks of units and hours within building-based services. Initial thoughts are to commission short term (approx 2 years) move-on services alongside floating support services for people in their own tenancies in the community. Customers will have individually tailored service.</p>	In progress

Mental Health and Wellbeing Strategy – Annual Report on Progress to August 2016

Introduction

The Wiltshire Joint Mental Health and Wellbeing Strategy was developed by Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) and was presented as a draft to the Wiltshire Health and Wellbeing Board, CCG Governing Body and Cabinet in July 2014. Approval for the draft strategy to be published for a three month consultation period to run from September 2014 until December 2014 was agreed and in May 2015 an update on the consultation process, the updated strategy and a draft implementation plan was taken to the Health and Wellbeing Board, CCG Governing Body and Cabinet.

Approval was granted at these meetings to form a Wiltshire Mental Health and Wellbeing Partnership Board to ensure delivery of the outcomes within the strategy and to return to the Health and Wellbeing Board with a finalised implementation plan and an update on progress. In April 2016 the final implementation plan for delivery was approved by the Health and Wellbeing Board, CCG Governing Body and Cabinet, to be published and sit alongside the Mental Health and Wellbeing Strategy, and it was agreed that an annual report on progress would be provided to the Health and Wellbeing Board with the first report scheduled for November 2016.

The overarching aim of the Joint Mental Health and Wellbeing Strategy is to create environments and communities by 2021 that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all. This report sets out some of our achievements against the priority areas for the strategy from commencement until September 2016.

The six priority areas within the Wiltshire strategy reflect and work towards the three main priority actions within the NHS Five Year Forward View for Mental Health. Wiltshire's strategy and implementation plan sets out how all partners must develop, collaborate and take forward actions in order to deliver real change across the Five Year Forward View priority areas of:

1. A 7 day NHS – right care, right time, right quality
2. An integrated mental and physical health approach
3. Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens.

Mental health is ‘everybody’s business’, and to ensure that the mental health and emotional wellbeing of Wiltshire residents are met we are committed to working together with individuals, families, employers, educators, communities and the public, private and voluntary sectors. In order to ensure that services commissioned and delivered in Wiltshire meet the needs of the population, anticipate future demand and are accessible to all the Wiltshire Mental Health and Wellbeing Partnership Board was formed. The Board is responsible for monitoring delivery of the aims and outcomes within the mental health and wellbeing strategy and will provide new opportunities for service users and carers to be involved in the design and development of services.

Progress on delivery against outcomes

The Wiltshire strategy will deliver on six overarching outcomes through six key areas of activity which are consistent with the outcomes outlined in the national strategy No Health Without Mental Health. The six overarching outcomes in the Wiltshire strategy are:

- **More people with mental health problems will have good physical health**
- **More people with mental health problems will recover**
- **More people will have a positive experience of care and support**
- **Fewer people will experience stigma and discrimination**
- **Fewer people will suffer avoidable harm**
- **More people will have good mental health**

The following sections in this annual report detail some of the progress to date within the six key areas of activity identified within the implementation plan to work towards delivery of these six overarching outcomes.

Key Area of Activity 1: Prevention and early intervention

Education in acquiring life skills

The strategy identifies the importance of providing an education in acquiring life skills to improve resilience and help people to achieve their full potential; individuals with a range of better outcomes in life such as education, employment, housing and social relationships, are less at risk of experiencing mental ill health and are more able to manage their own recovery if they do become unwell. In order to deliver this aim across the life of the strategy a focus on education and life skills in children and young adults was identified, in addition to the development of a robust evidence base on current need and service provision across Wiltshire.

In 2015 strong links between the Children and Young People's Emotional Wellbeing and Mental Health (EWMH) Strategy and the Wiltshire Mental Health and Wellbeing Strategy were developed which has enabled both groups to identify synergies across the two strategies and highlight additional actions relating to education which are required at key points within the life course. A representative of the Children and Young People's EWMH board became a member of the adult mental health partnership board and in 2016 a Health Needs Assessment and Evidence Review for Children and Young People's EWMH was developed and produced jointly by these two boards.

The needs assessment provides information to ensure the continuity of a safe and effective Child and Adolescent Mental Health Service to meet the needs of Wiltshire's children and young people, and also provides valuable information on the transition to adult services and the mental health of new and expectant mothers. This evidence will help to inform future service development in 2017 for provision of life skills education in line with the aims of the Mental Health and Wellbeing Strategy. An adult mental health needs assessment is currently under development following the completion of the Children and Young People's Needs Assessment and these two information resources will dovetail to ensure support, interventions and prevention activities are clearly assessed across the life course.

Respond to known rising triggers to poor mental health

With a focus on developing a diverse range of opportunities and interventions to prevent poor mental health a number of schemes have been set up and run across Wiltshire such as arts on prescriptions, community reading groups, peer support groups and men's groups. These schemes encourage prevention and early intervention and respond to known rising triggers to poor mental health.

As an example Public Health have been funding an arts on referral scheme since 2014 to evaluate its value and impact on better mental health outcomes for participants. This is a primary health intervention where care providers and professionals refer patients to an eight week art programme, usually delivered in a community or primary care setting. Patients are referred for a range of reasons: to reduce stress, anxiety or depression; to improve self-esteem or confidence; to increase social networks; alleviate symptoms of chronic pain or illness; distract from behaviour related health issues; and improve overall wellbeing.

Using a model called Artlift an intervention was piloted in South East Wiltshire and hosted at Whiteparish Surgery. After the successful pilot programme in April 2015, Artlift was able to offer additional courses at Whiteparish Surgery and Salisbury Medical Practice, and in September 2015 at Malmesbury Primary Care Centre and Corsham. In January 2016, sessions began in Tidworth allowing Artlift to deliver the programme in five diverse locations across Wiltshire. Patients who have completed Artlift programmes have been encouraged to continue with their art activities using a 'Move On Group' approach. Some former attendees have created their own art 'Move On' Groups or have joined other existing local art programmes. This innovative approach encourages sustainability and helps the participants to maintain the improved outcomes achieved during the programme.

The funding for the pilot phase of the programme will finish at the end of 2016/17 and the trailblazer practice in Whiteparish has already completed its quota of funded sessions. We are delighted to report that the practice has been so pleased with the results generated by the pilot programme that they have decided to continue provision of future courses using their own core funding.

Early intervention and prevention of mental ill health

Shared community reading groups have a focus on early intervention and prevention of mental ill health and began as memory reading groups for people with dementia and their carers. These sessions now provide shared facilitated reading groups across a variety of audiences and explore literature in terms of the participants own experience. Called 'feel better with a book', these groups take place in some of the counties' libraries with certain groups located in places that enable us to target populations that are considered to be at higher risk of experiencing mental ill health. During 2016 the project has become self-sustaining with the volunteers who run the groups now being managed within Wiltshire Council; these existing volunteers will share their knowledge and expertise gained during training, which was funded during the initial stages, with aspiring volunteers in the future.

Peer support groups provide an opportunity for individuals to share their thoughts and experience, and across Wiltshire six peer support groups are run by Wiltshire MIND on a weekly basis which provide a safe environment for discussion, run activities for participants, signpost to other services and host speakers on lifestyle topics such as money management, healthy eating and home safety. In addition the wellbeing of carers of individuals with mental ill health is a focus within the strategy and Wiltshire MIND also provide two groups in partnership with Carers Support Wiltshire to support individuals and provide a forum to share experiences with other carers and provide key information specific to the role of a carer on topics such as the Care Act to improve wellbeing and promote resilience.

Maintenance of wellbeing

To improve prevention of mental ill health, it is important for people to understand how to maintain their wellbeing and to promote their own recovery when they have experienced mental ill health. We have been looking at options for a virtual Wellbeing College provided as a web-portal to signpost people to local resources and educational materials that promote and support mental health and wellbeing. The concept of a Virtual Wellbeing College was developed using national evidence from Public Health England and evaluation data on accessibility and outcomes from other areas where Virtual Wellbeing Colleges have been run was assessed. This was reviewed in 2015 by the Mental Health

Joint Commissioning Board where it was agreed that the development of this virtual college will link with the future development of the health and social care portal Your Care Your Support Wiltshire which already has a section for mental health and wellbeing and this work will progress with the support of HealthWatch Wiltshire throughout 2017. The data gathered within the Children and Young People's Needs Assessment and the Adult Mental Health Needs Assessment will help to map community assets and gaps to ensure that the content of the virtual college is based upon local evidence and need.

Effective evidence base

High quality data is vital to ensure an understanding of the local population need, enabling robust plans and services to be commissioned and delivered effectively. The scoping stage for a Mental Health and Wellbeing Needs Assessment for adults in Wiltshire has been completed and will include the following to be available by February 2017:

- describe the epidemiology of emotional wellbeing and mental health of adults in Wiltshire
- determine the evidence of effective intervention, using national and local policies and guidance
- identify current universal, targeted and specialist mental health services available and identify gaps in provision
- determine priorities for planning and commissioning to improve mental health and well-being in people living in Wiltshire aged 18 years and over.
- understand needs and demands based on an understanding of the epidemiology and through eliciting Wiltshire service users and provider's views (including reviewing existing reports and information in relation to this)
- identify existing provision and determine evidence based commissioning priorities based on GAP analysis, national guidance, demographic/epidemiological data, and consultation with service users
- provide recommendations based on the gaps, priorities and changes to meet the needs and demands of the population

Early identification and timely support

Perinatal mental illness (during pregnancy and the first year after pregnancy or birth) has the potential to negatively impact both the mother and her developing child. Babies born to mothers experiencing perinatal mental illness are at increased risk of prematurity, low birth weight, infant mortality, suboptimal growth, illnesses, neurodevelopmental problems and behavioural, social or learning difficulties. To improve early identification of perinatal mental illness a multi-agency group of professionals (from public health, adult mental health, children and adolescent mental health, children's centres, maternity and health visiting services) came together to develop the first phase of a perinatal and infant mental health pathway for Wiltshire. All women are now routinely screened in pregnancy and in the first year after birth to ensure early identification of perinatal mental illness; brief interventions are delivered to those with mild concerns; and there are clear pathways and improved access to primary and secondary care services for women with concerns ranging from mild to severe. Health visitors also routinely assess parent-infant attachment and deliver a relationship based intervention where appropriate.

In addition the Wiltshire Improving Access to Psychological Therapy service deliver a 'Wellbeing After Baby' psycho-educational group course, this has continued and has been enhanced throughout 2016/17, and can be accessed by women and men during the perinatal period. The IAPT service provide a range of additional group courses and one to one sessions depending on the identified level of need. The service has continued to improve the accuracy of PMH data collection and is able to demonstrate the outcomes of the courses which can now be used to inform commissioning intentions across the wider mental health service.

Addictive Behaviours Pathway

Within the consultation period of the strategy development, a key message from professionals was the need to have better joined up services which would help to avoid gaps in provision for individuals with specific health conditions such as a dual diagnosis of a mental health issue and a substance misuse issue. To improve the links between these two service areas Avon & Wiltshire Mental Health Partnership Trust and Turning point now have regular interface meetings to ensure there is good communication between the staff who have dual diagnosis lead roles in AWP services and the Turning point link workers who link into the AWP teams.

There is also an interface meeting between the local delivery unit senior management, the AWP Consultant Nurse for Dual Diagnosis and Senior staff in Turning point. This interface has resulted in a jointly developed and ratified protocol which sets the standards for how the services will work together. A joint audit was undertaken to assess implementation of the protocol which showed that this is, in the main, working well to support people who may have connections with both services. The audit did highlight that the number of individuals where both agencies were involved were low and therefore has prompted a further level of interface to be developed which is in the process of being set up between operational managers of both organisations.

Transition arrangements

The point at which young people who need help and support from mental health services transfer from services provided for children to those which are provided for adults is known as transition and can be a very difficult time. Adolescence is a period of intense change for young people and in order to improve the transition care for Wiltshire's young people a 'Transition Panel' has been set up and now meets on a monthly basis to ensure that young people at the point of transition are reviewed, assessed and supported. The panel has been set up between Child and Adolescent Mental Health Services (CAMHS) and Avon and Wiltshire Mental Health Partnership Trust (AWP) and is now fully embedded into the pathways of care as part of business as usual for both organisations.

Key Area of Activity 2: Promoting emotional well-being and improving understanding of mental ill health**Raise awareness within communities of mental ill health**

In order that less people will experience stigma and discrimination relating to mental ill health, it is important to raise awareness within communities, workplaces and amongst individuals of the prevalence of mental ill health and the impact it can have on people's life. Providing education to improve skills and make tools available that can help people to understand how they can help someone they may come across who is living with mental ill health is a focus for creating communities and environments that will support our population to stay well.

An interactive mental health awareness raising session was developed in 2016 which has been run for Wiltshire Council staff and councillors. The awareness raising session has been offered for delivery at Area Boards and health and wellbeing groups across the county. An information pack is being co-produced to run alongside and enhance this session for delivery across communities. In order to roll this out more widely across different areas in Wiltshire a number of volunteers are being identified for training who will be able to deliver the session in communities and workplaces throughout 2017.

Improving the emotional wellbeing of staff

Nationally, mental ill health is a major reason for sickness absence in the workplace and for this reason it is important to help local employers consider ways in which they can improve the emotional wellbeing of their staff. One way to do this is through sharing good practice and this has been done successfully in other areas by establishing a Mindful Employers Network. Interest has been expressed in developing this approach by local employers in Wiltshire and through existing links with a network already running in Swindon a sustainable approach for a similar scheme in Wiltshire is being reviewed. In addition, we have recently gained permission to offer our partners and other local employers a mental health e-learning package which was originally developed for Wiltshire Council staff in 2016. The e-learning package covers general information about the different types of mental ill health and provides tips on how to spot mental ill health in others and the help that can be accessed. The roll out of this learning package will be promoted widely across the county and at present the most appropriate on line platform for dissemination is being established.

In addition Wiltshire MIND offers Mental Health awareness training to local businesses across Wiltshire to enable businesses to prevent poor mental health amongst their staff and identify those who would benefit from help and support.

This year we have also run an awareness raising stand in the Atrium and County Hall for World Mental Health Day on 10th October 2016 and

the Wiltshire Mental Health Forum provided information for libraries across the county during this week.

Perinatal and infant mental health

Perinatal and infant mental health (PIMH) training was developed locally in late 2015 and delivered to over 80% of all health visitors and midwives across Wiltshire to support the implementation of the aforementioned perinatal and infant mental health pathway and to increase their knowledge and skills.

In April 2016 a Wiltshire PIMH Network, jointly chaired by the CCG and Local Authority, was established to work across organisational and professional boundaries to improve perinatal and infant mental health and wellbeing. The network brings together organisations, commissioning and provider services that prevent, identify, support and/or treat perinatal and infant mental health problems experienced by women and their families in Wiltshire.

Key Area of Activity 3: Personalised Services based around helping people to recover

Investigation of models to improve the management of those with personality disorders in the community

Borderline personality disorder is characterised by significant instability of interpersonal relationships, self-image and mood, and impulsive behaviour. With formal psychiatric assessment and appropriate treatment, symptoms improve sufficiently so that at least 50% of people no longer meet the criteria for borderline personality disorders 5-10 years after diagnosis. However, personality disorders are associated with significant morbidity and increased mortality, sometimes individuals are excluded from health and social care services because of their diagnosis or their behaviour. Wiltshire CCG have established a Personality Disorders Integrated Care Pathways Steering Group which will utilise NICE quality standard [QS88, 2015] to consider the options and opportunities for future service development to improve the management of those with personality disorders in the community. The steering group is completing a gap analysis and pathway mapping, and will be developing an options appraisal seeking to further develop provision of therapeutic intervention; this will be informed by the updated data from the Wiltshire Joint Strategic Assessment. Key stakeholders will be engaged in the development of this service provision.

Specialist Community Perinatal Mental Health Service Proposal

A bid from the CCG was developed jointly with the local authority and submitted in September 2016 to NHS England for the new perinatal and mental health community services development fund which aims to:

Support quality improvement

Support service development

Demonstrate the impact of access to specialist clinicians, quality care and interventions for women and their babies and families.

The proposal that was submitted identified a service that would realise the NHS five year forward views objectives for perinatal mental health, with a key objective to increase the number of women able to access a specialist service. The proposal submitted presented a service model spanning Banes, Swindon and Wiltshire, with a need to support approximately 300-600 women per year identified. At the time of writing this annual report the outcomes of the submitted bid are as yet unknown.

Personal Health Budgets

To help with educating service users to understand their own recovery the CCG are looking into the implementation of personal health budgets in mental health. We have produced a Local Offer for personal health budgets which is a statement that explains to members of the public what we are offering and which groups of people it will be available for. Initially personal budgets will be available only for a very small and defined group of mental health service users. The Local Offer has been published on the CCG website and explains that we are currently in the early stages and signposts to when and where people will be able to access additional information.

Older Adults Mental Health and Dementia Services and Pathway Audit

While most older adults have good mental health, many are at risk of developing mental disorders, neurological disorders or substance misuse problems. Furthermore, older people face special physical and mental health challenges which need to be recognised, for example as people age they are more likely to experience several conditions at the same time. Wiltshire CCG are undertaking an Audit for service provisions for older adults experiencing mental ill health or dementia. Through the outcome of this audit service provision, quality and effectiveness of service delivery in primary and secondary care service will be improved for older adults experiencing mental ill health and/or Dementia.

AWP Primary Care Liaison Service Review

Wiltshire CCG are currently undertaking a review of the Primary Care Liaison Service to which GP's can refer adults with mental ill health. The service acts as a gateway/point of entry service for GP's, both for consultation and for screening/assessment for transfer to a secondary service. The service review will look at current and historical service provision, and will make recommendations for improvements to the service into the future to ensure that it is meeting the needs identified effectively.

Social Inclusion and Advocacy

Social exclusion refers to the extent to which individuals are unable to participate in key areas of economic, social and cultural life which lead to disadvantages in both mental and physical health. Social inclusion for people with mental health problems is vital and this year contracts for Social Inclusion and Independent Advocacy services were retendered with new agreements commencing 1 April 2016. Richmond Fellowship is the new provider of social inclusion services, with Rethink providing independent advocacy services across the county. These contracts are jointly commissioned and funded by Wiltshire Council and Wiltshire CCG who have worked, and continue to work, closely to monitor the implementation of each service and the quality and effectiveness of what is provided.

Key Area of Activity 4: Making effective and efficient use of resources

Working together to improve the system of care

The 2014 Mental Health Crisis Care Concordat commits to “working together to improve the system of care and support so that people in crisis because of a mental health condition are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first”. This important national policy initiative proposes a range of countrywide NHS England/DoH/ Home Office/CQC/Public Health England and Royal College initiatives together with a desire for local organisations to sign up to the commitment to work together to address these issues.

The Crisis Care concordat for Wiltshire brings together the Police, AWP, CCG, Wiltshire Council and Public health who are currently refreshing the action plan to enable closer working with colleagues in Swindon so that the full care pathway for Wiltshire residents who are in crisis can be mapped, assessed and improved in line with the national commitment.

Places of calm and AWP intensive teams

Places of calm provide alternative locations within the county for individuals who are at risk of a mental health crisis or who need support to recover where an admission is not the most appropriate option. To improve the provision of places of calm across Wiltshire a suite of bids were submitted to the Department of Health jointly by the CCG, local authority and lead provider Alabare Christian Care and Support in September 2016. If successful these capital funds bids will provide ‘Places of Calm’ in the form of crisis café’s and overnight accommodation as alternatives to admission. In addition there will also be provision of an out of hour’s venue for safe assessments to take place in the community which is not something currently available in Wiltshire. At the time of writing this report the outcome of these bids is unknown, it is anticipated that successful bids will be notified by November 2016.

Intensive Teams commissioned by the CCG provide a 24/7 service to support adults with severe mental health presentations. A review of the Intensive Teams is scheduled for Q3/Q4 2016/17 by the CCG to assess the effectiveness and efficiency of the service and to inform future commissioning of the service to meet the needs of the Wiltshire population.

The CCG are working collaboratively as appropriate with Swindon CCG to ensure the timely provision of Section 12 Doctors is adequate and a robust system is implemented ensuring the Section 136 and Mental Health Act assessment pathways are efficient and effective. The update report on progress towards this service provision will be presented to Health and Wellbeing Board in December 2016.

The Street Triage project

The Wiltshire Street Triage project is a service where mental health professionals work in partnership with Wiltshire police to provide appropriate support for individuals that come to the attention of the police where mental health is a point of concern. The project aims to reduce the number of individuals who are removed to a place of safety under section 136 of the mental health act when a more appropriate alternative to support these individuals could be determined. A phase 2 evaluation of the Street Triage project is currently underway and initial figures

highlight that there has been a 23% decrease in the number of Section 136s during the second quarter of 2016 compared to the same quarter the year before. This is at a time when nationally the use of Section 136 is actually increasing. September 2016 also saw the first ever month where no Section 136s went to police custody.

Key Area of Activity 5: Improving engagement with service users, carers and families.

The Partnership Board

A key focus in the first year of delivering the Wiltshire Mental Health and Wellbeing Strategy's aims was to set up a Wiltshire Mental Health and Wellbeing Partnership Board bringing together representation from a wide range of both statutory and voluntary sector agencies for the first time in Wiltshire with a focus on mental health and wellbeing. The first meeting of the board was held in December 2015. Terms of reference for the group have been agreed and confirm that the Mental Health & Wellbeing Partnership Board is responsible for monitoring the delivery of the implementation plan which supports the Wiltshire Mental Health and Wellbeing Strategy. The board agree to ensure that services commissioned and delivered in Wiltshire meet the needs of the local population, anticipate future demand where possible and are accessible to all. All changes to existing services will recognise the aspirations of Wiltshire's Mental Health and Wellbeing Strategy underpinned by Department of Health guidelines.

The Partnership Board meet on a quarterly basis and at each meeting two designated areas of action from the implementation plan are reviewed in detail whilst a comprehensive electronic update on the full detailed action plan is shared prior to each meeting to highlight any key actions requiring exceptions reporting to the board.

Service Users

The importance of including service users in the work to improve mental health and wellbeing is well researched and documented. Users are experts in their own illness and need for care, they are able to develop alternative approaches to mental health and illness and some user involvement may encourage greater social inclusion. Service User representation at the Mental Health and Wellbeing Partnership Board is a key priority and there is currently a call for interested service users being circulated across appropriate networks and organisations. Wiltshire & Swindon Users' Network (WSUN) will facilitate service user involvement and the two service users who will act as representatives will receive comprehensive induction training and briefing in order that they can feel they have an effective voice at the board.

A regular partnership board newsletter is being started in order that wider service user involvement can be explored and encouraged and can enable and support the inclusion of people who may not feel able to attend a regular meeting. Consideration will also be given to facilitation of service user engagement events during the life of the strategy. Service User representation will also be sought for the engagement events to be held as part of the development of the Adult Mental Health and Wellbeing Needs Assessment. This needs assessment will map services across all areas of need to enable gaps to be identified and to assess ease of access across the county. A priority going forward will be to seek carer representation for the Mental Health and Wellbeing Partnership Board.

Key Area of Activity 6: Improving integrated working between statutory services with wider community and voluntary sector involvement

Development of a Mental Health Market Position Statement for Wiltshire

A market position statement sets out the vision of organisations for the care and support that their population should receive as well as their commissioning intentions. By setting out priorities and intentions in this way it is our aim that providers can plan ahead confident that they are delivering a service that is required by the people we represent. To this end a market position statement, relating specifically to mental health in Wiltshire, is currently being written jointly between Wiltshire Council and Wiltshire CCG. This is the first time both organisations will have a mental health focussed document, having previously completed one in the areas of learning disabilities and autism. Service provider and customer feedback will very much be incorporated into the development of the document, to ensure that it is of use to as wide a range of stakeholders as possible and gives the full picture of mental health need in the county, the services available, where the gaps are and how these can be addressed.

Supporting liaison and issue resolution

When a number of organisations are involved in the care of individuals the working relationships and liaison across agencies is vital to support recovery and resolve issues. In Wiltshire work has been done to improve the alignment of mental health social work teams with secondary care providers to support this type of liaison and resolution of any issues and there are now regular interface meetings between the social care and AWP managers. There is alignment of the three sectors for services across Sarum, WWYKD and NEW. In Sarum the Social Care team is now based in the same building as the AWP teams and this co-location is really helping to improve the interagency working across the two services.

Alignment of Substance Misuse and Mental Health Services

Support and treatment for individuals who have co-existing mental health and alcohol and drug difficulties can require a range of solutions to help and support their complex needs, and to add further complexity these solutions and support services are delivered by different agencies. To facilitate alignment of substance misuse and mental health services in Wiltshire the Dual Diagnosis steering group has continued to meet quarterly throughout 2016, involving AWP, Wiltshire Substance Misuse Service (WSMS) and Wiltshire Addiction Support Project. An early action of the group has been to summarise the joint working protocol document to ensure better alignment of services.

Additionally, the Link Workers have been meeting quarterly, where examples of good practice and practice that could have gone better is discussed. The Link Workers have also started attending each other's team meetings, and are communicating on at least a monthly basis to improve client care.

Consent processes are improving for sharing information between the services, and this has led to clear escalation processes being established for when there are differences of opinions. The dual diagnosis group has also audited clients working with both AWP and WSMS. There has also been a service user survey of what clients think of dual diagnosis treatment within WSMS, we await the results which will inform future delivery. Finally there has been a recovery festival, promoting all types of recovery.

Preventing Avoidable crisis

Some of the difficult and challenging behaviour that can be exhibited by individuals suffering with poor mental health can be due to a lack of clarity or consistency relating to service provision. Work to develop a mutual expectations document to overcome some of these difficulties in Wiltshire was started with SWAN advocacy, and this single page document sets out, in simple terms, what the providers and secondary mental health services would provide and how they would support each other. Such as ensuring language used was understood by both parties and actions that would be taken are clear to ensure safety of all on AWP inpatient wards. This work will be progressed to other partner organisations across Wiltshire where there has been agreement from agencies to get involved in this work.

Current and future accommodation needs

A large scale review of all mental health supported housing services, and the processes for accessing these, is currently underway. This is part of a Council-wide review of existing supported housing services. We will be assessing what works and what doesn't with existing models of housing and support, very much taking into account customer and provider views. We are aware of the limitations of the current services and will be, during 2017, re-commissioning mental health supported housing to ensure what we fund meets customer needs, ensures appropriate move-on processes are in place and provides value for money.

Mental Health and Suicide Intervention Training Courses

Teaching people how to identify, understand and help a person who may be developing a mental health issue has been provided across Wiltshire during 2015/16 through ten Mental Health First Aid training courses which were delivered to a wide range of participants from across the public and voluntary sector. The benefits of this two day nationally accredited course are promoted across the county to ensure that organisations are aware of the training and how it can help to recognise those crucial warning signs of mental ill health across our communities and environments.

In England, one person dies every two hours as a result of suicide. When someone takes their own life, the effect on their family and friends is devastating. Many others involved in providing support and care will feel the impact. Wiltshire is now part of a regional initiative to deliver

Applied Suicide Intervention Skills training in Wiltshire. This is an internationally recognised and accredited course operated by Living Works and the regional funding allowed two Wiltshire representatives to undertake a 5 day training for trainers course to enable them to deliver the course for people who live or work in the county. The first course was delivered in May 2016 and was well attended by a variety of organisations with positive feedback. A further 5 courses will be delivered by March 2018 and are currently booked to capacity. Raising awareness of the risks factors for suicide and providing support and training to individuals on suicide intervention will help to build suicide prevention networks within communities.

Progress against the strategic measures and targets

Delivery of the six overarching outcomes of the Mental Health and Wellbeing Strategy will be measured by a suite of strategic measures and targets which were agreed as part of the implementation plan for the strategy. The six overarching outcomes include:

- More people with mental health problems will have good physical health
-
- More people with mental health problems will recover
-
- More people will have a positive experience of care and support
-
- Fewer people will experience stigma and discrimination
-
- Fewer people will suffer avoidable harm
-
- More people will have good mental health

And these outcomes will be delivered through action in the six key areas for action detailed above.

The measures include a range of nationally validated and recognised indicators and these will be monitored for trends in improvements towards 2021.

Strategic Measures and targets by 2021:

1. Increase by 10% (to an average of 70%) the number of people with mental illness or disability in settled accommodation by 2021 (Public Health Outcomes Framework (PHOF)/Adult Social Care Outcomes Framework (ASCOF)).

Year	Percentage of people with MI in stable accommodation. (Wiltshire)	South West	England
2011/12	43.6	44.8	54.6
2012/13	62.9	50.1	58.5
2013/14	61.5	50.5	60.8
2014/15	51.3	53.8	59.7
2015/16	54.8	55.8	58.6

The calculation of this measure was changed in 2013/14. Previously outcome scores were calculated from annual totals from the Mental Health Minimum Dataset, whereas now the outcome is calculated each month and the ASCOF measure for the year is derived as an average of these monthly scores. Therefore, comparisons with figures prior to 2014/15 are not appropriate and should be interpreted carefully. This indicator will be monitored by the Partnership Board for trend data with a new baseline year of 2015/16.

2. Maintain at an average of 12% of people with mental illness in employment to 2021 (NHS Outcomes Framework)

Indicator Name	Area	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
% with MI in Employment	Wiltshire	18.4	10	13.4	9.7	10.7	12.1
% with MI in Employment	ENGLAND	9.5	8.9	8.8	7	6.8	6.7
% with MI in Employment	South West	12.3	9.3	10.1	7.3	8.4	9.4

This measure is currently on target for delivery and is above the England and regional average.

3. Decrease the variation in excess mortality for adults with severe mental illness by 1%

Dataset currently in development.

4. Increase overall satisfaction of people (who use services) with their care and support (ASCOF) by 1% by 2021

Indicator Name	Area	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Overall satisfaction of people who use services with their care and support	Wiltshire	71.9	68	61.3	64.6	72	64.7
Overall satisfaction of people who use services with their care and support	ENGLAND	62.1	62.8	64.1	64.8	64.7	64.4
Overall satisfaction of people who use services with their care and support	South West	63.7	64.4	65.2	66.4	67.4	66.3

Whilst this indicator remains higher than the England average a level of variation can be seen between years. This will be reviewed by the partnership board on an ongoing basis when annual figures are released.

5. Increase the proportion of people who use services who say that those services have made them feel safe and secure (ASCOF) by 1% by 2021

Indicator Name	Area	2011-12	2012-13	2013-14	2014-15	2015-16
The proportion of people who use services who say that those services have made them feel safe and secure	Wiltshire	72.4	83.8	75.9	87.4	85.3
The proportion of people who use services who say that those services have made them feel safe and secure	ENGLAND	75.5	78.1	79.1	84.5	85.4
The proportion of people who use services who say that those services have made them feel safe and secure	South West	73.4	82.5	80	86.9	87.1

This indicator shows a consistently high proportion of people who say that services have made them feel safe and secure and will continue to be monitored by the partnership board.

6. Increase the percentage of people with positive attitudes to mental health by 5% (local measure to be developed and baselined)

Dataset in development.

We will additionally measure and seek to maintain or improve:

7. The percentage of people reporting good overall wellbeing (Annual Population Survey ONS)

Life Satisfaction: Overall, how satisfied are you with your life nowadays? Where 0 is 'not at all satisfied' and 10 is 'completely satisfied'.

	2011/12	2012/13	2013/14	2014/15	2015/16
Area Names					
UNITED KINGDOM	7.42	7.46	7.51	7.61	7.65
ENGLAND	7.41	7.44	7.5	7.6	7.64
SOUTH WEST	7.53	7.55	7.56	7.66	7.73
Wiltshire	7.59	7.65	7.67	7.72	7.83

Worthwhile: Overall, to what extent do you feel the things you do in your life are worthwhile? Where 0 is 'not at all worthwhile' and 10 is 'completely worthwhile'.

	2011/12	2012/13	2013/14	2014/15	2015/16
Area Names					
UNITED KINGDOM	7.67	7.7	7.74	7.82	7.84
ENGLAND	7.66	7.69	7.74	7.82	7.83
SOUTH WEST	7.78	7.76	7.78	7.86	7.89
Wiltshire	7.87	7.86	7.89	7.83	7.96

Happy: Overall, how happy did you feel yesterday? Where 0 is 'not at all happy' and 10 is 'completely happy'.

	2011/12	2012/13	2013/14	2014/15	2015/16
Area Names					
UNITED KINGDOM	7.29	7.3	7.39	7.46	7.48
ENGLAND	7.29	7.29	7.38	7.46	7.47
SOUTH WEST	7.39	7.36	7.43	7.5	7.54
Wiltshire	7.54	7.48	7.52	7.5	7.61

Anxiety: Overall, how anxious did you feel yesterday? Where 0 is 'not at all anxious' and 10 is 'completely anxious'.

	2011/12	2012/13	2013/14	2014/15	2015/16
Area Names					
UNITED KINGDOM	3.13	3.03	2.92	2.86	2.87
ENGLAND	3.14	3.04	2.93	2.86	2.87
SOUTH WEST	3	2.99	2.87	2.82	2.8
Wiltshire	2.92	2.8	3.01	2.86	2.74

Improvements in all of the indicators above relating to good wellbeing have been seen across the time period of assessment.

8. The number Hospital admissions as a result of self-harm (PHOF)

Hospital Stay for Self Harm				
	Count	Value	South West	England
2012/13	1093	237	240.1	188
2013/14	1135	245.3	254.8	204
2014/15	920	197.6	249.2	191.4

Whilst the number of hospital admissions for self-harm have reduced recently this still remains a key area of focus and the partnership board will retain close links to the Wiltshire Suicide Prevention steering group and the Wiltshire and B&NES self-harm reduction steering group.

9. The proportion of people (who use services) who feel they have control over their daily life (ASCOF).

Indicator Name	Area	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Ctrl over daily life	Wiltshire	82.7	79.2	76.4	80.4	84.7	79.2
Ctrl over daily life	ENGLAND	75	75.1	76.1	76.8	77.3	76.6

The proportion of people who feel they have control over their daily lives has remained relatively constant over the last six years and will continue to be monitored by the partnership board as the implementation plan progresses.

Conclusions

This first annual report has highlighted a number of the key action areas that have been developed and delivered across Wiltshire by the Wiltshire Mental Health and Wellbeing Partnership Board. The Mental Health and Wellbeing Strategy and associated implementation plan work towards delivery of the overarching aim that by 2021 we will have created environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all. Whilst a number of action areas within the implementation plan will remain, be updated or added to during the life course of the strategy to achieve this aim by 2021, this first annual report demonstrates that the core foundation work to improve the evidence base of mental health and wellbeing across Wiltshire, developing key relationships across the system and delivering improvements across a number of different service areas has begun.

The Partnership board will continue to monitor progress of the actions within the implementation plan and utilise the newly developing local research and evidence to inform future actions towards delivery of the 2021 aim.

Recommendations

It is recommended that an annual report be produced in November 2017 to enable the board to review progress against the implementation plan and approve developments and additions to deliver on the outcomes between now and 2021.

It is recommended that a separate review of the strategic measures and targets is produced in November 2017 when sufficient trend data is available across the indicator set to provide analysis and interpretation.

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Wiltshire Council

Health and Wellbeing Board

15 December 2016

Subject: Local Transformation Plan for Children and Young People's Mental Health and Wellbeing 2016-17 refresh

Executive Summary

The very welcome and big national focus on children and young people's mental health and wellbeing is continuing to provide a perhaps once in a lifetime opportunity to deliver large scale service transformation that should significantly improve outcomes for children, young people and their families.

By 2020/21, the national aspiration is that significant expansion in access to high quality mental health care will result in at least 70,000 additional children and young people receiving treatment each year – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those children and young people with a diagnosable mental health condition.

To realise the national ambition for improvement (Future in Mind and Mental Health Five Year Forward View) the Wiltshire CCG has expanded, refreshed and republished its Local Transformation Plan for Children and Young People's Mental Health and Wellbeing. The plan details how the CCG will use the extra funds committed to this agenda to support Wiltshire's goals for change across the whole child and adolescent mental health system.

Locally, a lot has been achieved during the first twelve months of transformation. This has been made possible through strong partnership working across the whole system, facilitated by the local multi-agency Children's Trust. In response to the views of children and young people, key accomplishments have included:

- Establishing Thrive Hubs in six secondary schools in areas of greatest need forging stronger partnership working between CAMHS and school staff;
- Enhanced the provision of face to face counselling within communities and commissioning an online counselling service for teenagers;
- Better use of digital services to provide improved information, advice and signposting to the right help, including a dedicated website for children and young people's emotional wellbeing and mental health called 'OnyourMind'.

Building on these developments alongside many others, and taking into account the very latest views and needs of the child and youth population, the Wiltshire CCG has updated local transformation plan priorities. Underpinned by the following strategic objectives, these guide how the CCG will make use of the

additional funding available to drive further improvements.

- **Promoting good mental health, building resilience and identifying and addressing emerging mental health problems early on;**
- **Providing children, young people and families with simple and timely access to high quality support and treatment;**
- **Improving the care and support for the most vulnerable and disadvantaged children by closing critical service gaps, improving support at key transition points and tailoring services to meet their needs.**

Key priorities for 2016/17 and beyond shall include building capacity and capability across the joint agency children's workforce; enhancing early intervention and prevention within universal services and primary care; making even better use of digital services; re-commissioning a modern child and adolescent mental health service in collaboration with Bath and North East Somerset and Swindon; enhancing mental health support within A&E departments; and improving pathways and provision for those children and young people who are the most vulnerable in our communities.

Proposal(s)

It is recommended that the Board:

- i) Notes the progress to date on the implementation of the CCG local transformation plan for children and young people's mental health and wellbeing;
- ii) Endorses the refreshed and expanded plan including its commissioning intentions, local priorities and updated budget proposals for 2016/17 and 2017/18.

Reason for Proposal

NHS England requires Wiltshire CCG to work with key partners (including schools, the voluntary and community sector and importantly children, young people and those who care for them) to review the local transformation plan and ensure it is reflective of local needs and is delivering improvements.

Tracey Cox
Acting Accountable Officer
Wiltshire CCG

Carolyn Godfrey
Corporate Director
Wiltshire Council

Subject: Local Transformation Plan for Children and Young People's Mental Health and Wellbeing 2016-17 Refresh

Purpose of Report

- 1.1 To meet national expectations set out by NHS England and the Department of Health, this report provides a summary of the expanded, refreshed and republished local transformation plan for children and young people's mental health and wellbeing. In doing so, it sets out the Wiltshire CCG's commissioning intentions, local priorities and budget proposals for 2016/17 and 2017/18 which aim to deliver tangible improvements to local child and adolescent mental health services.
- 1.2 A copy of the full transformation plan can be found by using the following link http://www.wiltshirepathways.org/UploadedFiles/322_Draft_Wiltshire_CCG_LTP_CYP_Mental_Health_and_Wellbeing_2016_2017cf_4.pdf A child and youth friendly version of the plan is included as Appendix 1 (this is currently in the process of being updated with young people's involvement).

Background

- 1.3 Nationally, there continues to be a high profile emphasis on the child and adolescent mental health agenda (Future in Mind Report and NHS Mental Health Five Year Forward View), with the Government committed to making substantial improvements in services by 2020. This commitment is supported by additional investment and focuses on driving improvement across the following key themes:
- Promoting resilience, prevention and early intervention
 - Improving access to effective support – a system without tiers
 - Care for the most vulnerable
 - Accountability and transparency
 - Developing the workforce
- 1.4 Last year (August 2015) NHS England asked all local areas to develop transformation plans for children and young people's mental health and wellbeing that clearly set out how improvements will be made. These plans were led by Clinical Commissioning Groups and supported with additional CCG funding. Working with the local authority and its partners (including children and young people), the Wiltshire CCG's plan set out a number of local priorities for change underpinned by three key strategic objectives.

- **Promoting good mental health, building resilience and identifying and addressing emerging mental health problems early on;**
- **Providing children, young people and families with simple and timely access to high quality support and treatment;**
- **Improving the care and support for the most vulnerable and disadvantaged children by closing critical service gaps, improving support at key transition points and tailoring services to meet their needs.**

1.5 The plan was fully endorsed by the Health and Wellbeing Board and assured by NHS England. Being a 'live' document, the ongoing development and implementation of the plan is overseen by the multi-agency Children's Trust Emotional Wellbeing and Mental Health Sub Group, with accountability to the Wiltshire CCG and Health and Wellbeing Board.

1.6 Good progress has been made in the first year of delivering the local transformation plan and priorities have focused on responding to the views of children, young people, parents/carers and professionals. During the development of our initial plan they told us there needed to be more support in schools; better help is needed for those children and young people who do not meet the threshold for CAMHS; and digital services should be used to help improve access to information and support.

1.7 In response we established Thrive Hubs in six secondary schools in areas of greatest need forging stronger partnership working between CAMHS and school staff; enhanced the provision of face to face counselling within communities and commissioned an online counselling service for teenagers; and made better use of digital services by developing a dedicated website for children and young people's mental health and wellbeing. Other key successes have included:

- Enhancing capacity and capability within Oxford Health NHS Foundation Trust CAMHS – 2,700 children and young people accessed the service in the last year. The latest performance data available shows considerable improvement in waiting times for both the primary and specialist service.
- Launched an enhanced community based eating disorder service which includes early intervention, self-referral and multi-family therapy - 79% of routine cases are receiving treatment within 4 weeks. 75% of urgent cases are receiving treatment within 1 week.
- Embedded CAMHS therapists within Wiltshire Council Children's Services with a focus on improving access to timely emotional wellbeing and mental health support - 100% of children and young people that do not meet the

threshold for CAMHS are now being provided with an offer of early help where appropriate.

- Updated and distributed the local 'What's worrying you?' leaflet and poster to all secondary schools, GP surgeries and hospitals. Developed by young people working with professionals, this signposts to free nationally available sources of support including self-help.
- 103 schools are now part of the Healthy Schools programme (up from 77 in 2015). This is all about developing school environments that support pupil health and wellbeing www.wiltshirehealthyschools.org
- The Ministry of Parenting are training multi-agency staff from across health, education and social care (including the voluntary and community sector) to provide evidence-based parenting courses for parents/carers of teenagers with emotional wellbeing and mental health problems.

Information on further accomplishments can be found at the front of the Local Transformation Plan.

1.8 By 2020/21, the national target for NHS England is to reach at least 70,000 additional children and young people each year who will receive evidence based mental health treatment. This is expected to deliver increased access from meeting around 25% of those with a diagnosable condition locally, based on current estimates, to at least 35%. These additional children and young people will be treated by NHS-funded community services. The expectation is that the implementation of local transformation plans will help deliver this objective.

1.9 Within the context of the progress made so far, the uplift in transformation funding to CCGs as well as the continued sustained focus on this important agenda, NHS England requires that transformation plans be expanded, refreshed and republished each year. Taking into account local challenges and importantly the latest needs and views of children, young people, parents/carers and professionals, Wiltshire's updated plan details how the CCG will use the extra funds committed to this agenda to support local ambitions for change across the whole system.

Transformation funding

1.10 Overall local expenditure on CAMHS has increased from £5.7m in 2014-15 to £6.5m in 2015-16 (this includes funding from the CCG, the local authority and NHS England Specialised Commissioning). It is projected to grow to at least £7m for 2016-17. This increased investment is the direct result of additional funding made available to CCGs from NHS England to support the delivery of local transformation plans.

1.11 Wiltshire CCG has been allocated the following funding from NHS England. The funding is recurrent, grows year on year until 2020/21 and is included within the overall CCG budget allocation. The table below provides a summary of this funding, its purpose and forecasted uplift (please note the figures from 2017/18 are draft and are subject to confirmation from NHS England).

	2015/16	2016/17	2017/18	2018/19	2019/20
Early Intervention	£ 610,565.00	£ 973,840.00 (59% uplift)	£ 1,149,131.20 (18% uplift)	£ 1,390,448.75 (21% uplift)	£ 1,557,302.60 (12% uplift)
Eating Disorders	£ 243,924.00	£ 245,000.00	£ 245,000.00	£ 245,000.00	£ 245,000.00

1.12 In 2015/16 the Wiltshire CCG and Health and Wellbeing Board agreed a number of recurrent funding proposals in line with the 2015/16 budget allocation. This included plans for the use of eating disorder funding which is ring-fenced for this purpose. Consequently, a significant proportion of the local transformation plan budget has already been deployed. A reminder of the early intervention priorities are given below.

Local priority	Budget
Better early intervention and prevention in secondary schools	£123,206.00
Mentoring for primary school age pupils	£40,000.00
Better use of digital services (including online counselling)	£78,451.00
A referral route which provides access to the right service	£141,099.00
Early Help Support for those CYP who don't meet CAMHS threshold (Early Help Mental Health Practitioners)	£142,809.00
Expand face to face counselling services	£85,000.00
Total	£610,565.00

1.13 Taking into account funding that has already been committed, the Wiltshire CCG has additional early intervention funding of £365,275 to deploy in 2016/17. For 2017/18, an additional £175,291 is projected to be available. Furthermore, the completion of some local priorities at the end of 2016/17 means that a further £275,089 of transformation money will be available for redeployment from 1 April 2017.

One-off funding to reduce waiting times

1.14 In September 2016, NHS England announced that it had identified an additional £25m of one-off funding to support CCG's with transformation. The purpose of the funding was to accelerate transformation plans and undertake additional activity within the financial year 2016/17 to drive down average waiting times for treatment, and reduce both backlogs of children and young people on waiting lists and length of stay in inpatient care.

1.15 It was expected the funding would support CCGs to continue to invest in the Children and Young People's Improving Access to Psychological Therapies Programme (CYP IAPT) as well as accelerate plans to pump-prime crisis, liaison and home treatment interventions suitable for under 18's

with the goal of minimising inappropriate admissions to inpatient, paediatric or adult mental health wards. Wiltshire is forecast to receive £205k of this funding and the refreshed transformation plan sets out how the CCG intends to use this to improve average waiting times for treatment by 31 March 2017.

Health and Justice funding

1.16 Following a review of health and justice pathways, the Health and Justice Commissioner wrote to CCG's in October 2016 inviting bids for recurrent spend to address gaps in service for children and young people in contact with directly commissioned health and justice services. These are Liaison and Diversion, Secure Children's Homes and Sexual Assault Referral Centres.

1.17 In November 2016, it was announced that Wiltshire and Bath & North East Somerset CCGs had been successful with their bid to improve psychological support from CAMHS for children and young people who display harmful and/or problematic sexual behaviours. The funding of £80k per year (shared equally between B&NES and Wiltshire) shall be used to enable CAMHS to provide an enhanced for these children and young people.

1.18 The outcome of another joint bid to improve CAMHS provision for children and young people who come into contact with the Swindon and Wiltshire Sexual Assault Referral Centre (SARC) is still awaiting decision. If successful this will provide additional resource of £40k per year for Wiltshire to help better meet the needs of these children and young people.

Assurance of funding

1.19 NHS England will assure CAMHS transformation funding through the CCG planning framework. Commissioning intentions, local priorities and budget proposals for 2016/17 and 2017/18 shall be reflected within the CCG Operational Plan as well as the Bath & North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan. The CCG will be required to submit regular returns to NHS England regarding progress and compliance with national expectations.

1.20 NHS England requires CCGs to clearly demonstrate how CAMHS transformation plans and funding are linked with other services and support that are being provided for children and young people locally. In short, they want to be assured that the CCG is working with the local authority and its partners across the whole system to progress change. Within this context, the CCG will continue to ensure that CAMHS funding is linked with other income streams, including Early Intervention in Psychosis, Parity of Esteem, enhanced 24/7 all age Mental Health Liaison as well as local authority and school funding.

1.21 In addition to funding for CCGs to improve local services, NHS England has invested significant monies nationally to:

- Fund expansion of the Children and Young People's Improving Access to Psychological Therapies (IAPT) programme;
- Deliver improvements to perinatal mental health care;
- Improve inpatient services for children and young people;
- Build workforce capacity;
- Support innovation and development of online support;
- Specifically support the mental health needs of children with learning disabilities and those in the youth justice system.

Main Considerations

1.22 The local transformation plan and its refreshed priorities have been developed in response to the needs and views of children, young people, parent's carers and professionals. A summary of key challenges from their perspective is given below.

Key challenges

- *Moving from an out of date fragmented system to a modern integrated model of coherent support that provides the right help at the right time in the right place, including a shift in culture where CAMHS is seen as a whole system that is made up of a variety of agencies and organisations working together.*
- *Improving outcomes for children and young people and achieving better value for money by directing more resources upstream on early intervention and prevention. To include providing better access to early help and support in schools and other community settings.*
- *Too many referrals to CAMHS do not meet the service criteria. Better information and training is therefore needed for professionals so that they are able to refer or signpost children and young people to right help they need.*
- *Demand for services is rising. Without additional investment and capacity in the system the right help for children, young people and their families cannot be provided when and where they need it. A key issue is providing the right help and support for teenagers who make up the bulk of demand in respect of CAMH services.*
- *As is the case across the country waiting times are continuing to increase – reducing waits for assessment and treatment is perhaps the biggest challenge locally.*
- *Improving transitions for young people to adult mental health services.*
- *Reducing the need for mental health related hospital attendances and admissions and length of stay. To include addressing the shortage in the local supply of the right Tier 4 CAMHS inpatient beds to stop children and young people having to be treated far from home.*

- *Ensuring appropriate emotional wellbeing and mental health support is available for the most vulnerable children and young people.*
- *Putting an end to children and young people in mental health crisis being detained in custody.*

Local priorities

1.23 The following local priorities have been developed to respond to the local challenges and align with the recommendations set out in the Mental Health Five Year Forward View and Future in Mind.

- **Develop a joint agency workforce plan** detailing how we will build capacity and capability across the whole CAMHS system.
- **Enhance early intervention and prevention within schools, early year's settings and primary care** by expanding the number of Thrive Hubs; developing a sustainable offer of parenting programmes; continuing investment in CAMHS Learning Disability Support; enhancing voluntary sector support for children and young people with autism as well as those who have experienced family breakdown or domestic abuse; and bring together a coherent offer of mentoring.
- **Further enhance the development of digital services** including the local OnYourMind website to provide improved information and access to right help.
- **Develop and implement an effective communication and stakeholder participation strategy** to ensure stakeholders are continually empowered in the development of the local transformation plan and the re-commissioning of CAMHS in a meaningful way.
- **Re-commissioning a new integrated CAMH Service** across the Bath & North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan geographical footprint. To include the removal of tiers, closer integration across Children's Services, more visible support within communities and a cultural shift from a medical/clinical based model to a psycho-social model.
- **Further enhance primary CAMH services** (including the provision of counselling) to provide improved access to the right support for those children and young people who do not require a specialist mental health intervention. To include better support and signposting for those who do not meet the criteria for CAMHS; enhanced provision of evidence based talking therapies from GP surgeries; growth in online counselling; and better support for Looked After Children and victims of Child Sexual Exploitation.
- **Roll out self and online referral to CAMHS** across the whole county.
- **Enhance 24/7 children and young people's mental health crisis resolution, liaison and home treatment** targeted at Salisbury Hospital and the Royal United Hospital.

- **Embed the enhanced community based eating disorder service.**
- **Implement local initiatives as agreed with NHS England in order to reduce waiting times for CAMHS treatment** by 10% by 31 March 2017.
- **Improving transition** for young people through better joint working between CAMHS and adult mental health services; embedding an updated transition protocol as well as working with the Avon and Wiltshire Mental Health Partnership to explore new ways of working (staff roles focused on young people's transition).
- **Enhancing CAMHS to provide improved access to consultation, liaison and psychological interventions for children and young people who display risky and/or harmful behaviours and/or who are victims of child sexual exploitation and/or abuse.**
- **Explore alternative funding opportunities to establish a Wiltshire Place of Calm** at Salisbury Hospital to help prevent and reduce unnecessary hospital attendances and admissions.
- **Develop a collaborative commissioning plan with NHS England Specialised Commissioning to ensure the right supply of inpatient CAMHS Tier 4 beds,** enhance community based treatment services and reduce length of stay.

Proposed budget

1.24 Details of the use of transformation funding to support local priorities are given below. The increased annual spend shown brings Wiltshire CCG expenditure in line with the budget allocation for CAMHS transformation in 2016/17 and 2017/18. A full breakdown of costings for the local priorities (including detail on the one-off funding from NHS England for reducing waiting times for CAMHS treatment) can be found in Appendix 2.

Local priority budgeted expenditure	2016/17	2017/18
Joint agency workforce training and development fund	£11,250.00	£30,000.00
Early Intervention and Prevention within schools, early year's settings and primary care.	£455,474.00	£347,269.00
Digital services including OnyourMind website, social media and online CAMHS referrals.	£26,451.00	£16,051.00
24/7 CYP MH crisis resolution, liaison and home treatment	N/A	£153,000.00
Primary CAMH Services (including counselling)	£370,076.00	£538,886.00
Community based eating disorder service	£313,089.00	£306,425.00
Specialist CAMH support for CYP with harmful sexual behaviours (Health and Justice)	£40,000.00	£40,000.00
Stakeholder Communication and Participation	£2,500.00	£2,500.00
Project Management for reducing CYP hospital admissions for mental health conditions and self-harm	£40,000.00	£0.00
TOTAL EXPENDITURE	£1,258,840.00	£1,434,131.00

Recommendations

1.25 The Board is invited to approve the following recommendations:

- i) Note the progress to date on the implementation of the CCG local transformation plan for children and young people's mental health and wellbeing;
- ii) Endorse the refreshed and expanded plan including its commissioning intentions, local priorities and updated budget proposals for 2016/17 and 2017/18.

Tracey Cox
Acting Accountable Officer
Wiltshire CCG

Carolyn Godfrey
Corporate Director
Wiltshire Council

Report Authors:

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James Fortune, Lead Commissioner, Children's Services, Wiltshire Council

Date: 07 November 2016

Appendix 1 – CYP Version of Local Transformation Plan

Appendix 2 – LTP costings

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Healthy Mind Healthy Life

onyourmind.org.uk



A plan to support children and young people's emotional wellbeing and mental health in Wiltshire

Our Vision

This is a plan that identifies the emotional and mental health needs of children and young people in Wiltshire and explains what we will do to address them.

“For Wiltshire’s children & young people to have opportunities to thrive and enjoy good mental health now and throughout their lifetimes.

We want children & young people to be able to bounce back when life gets tough.

When they need more help with how they are feeling we want to be sure that they know where to go so that they get back to good mental health and wellbeing quickly.”

Wiltshire’s Children and Young People’s Trust Emotional Wellbeing and Mental Health Sub Group

(a partnership from across education, health, social care, the voluntary and community sectors, children, young people, parents and carers - working to understand mental health and deliver effective services for children and young people)

Achieving the vision

NHS England has awarded Wiltshire additional funding to develop better mental health services for children and young people. Some of this funding has been allocated by the Government to enhance our **local eating disorder service**. The rest will be spent on services that children, young people, parents, carers and our multi-agency partners have told us they need.

By delivering this plan, we want children and young people to be able to say...

- I am supported to live healthily
- I am respected, listened to and involved
- I am supported to live independently
- I receive care and support tailored to my individual needs
- I have an excellent experience from the services I receive
- I understand what support is available and services are accountable to me
- I am kept safe from avoidable harm

What have Wiltshire's young people told us?

- We should help them **earlier** by giving them good coping skills and support when they first need it
- They would like high quality support and treatment which is **simple** and easy to access
- Those who need help the most should be **supported when they move** between schools or years
- Services must be designed to **meet individual needs**

"Information about local support and services and how this can be accessed should be improved"

"Tackle stigma and discrimination"

"More help could be given to help children and young people build their self-esteem and confidence"

"Help and support should be easier to access, as close to home as possible"

"Better mental health awareness, education and support are needed in schools"

What will we actually do?

We will deliver a wide range of projects, services and actions that have been identified to meet the three main objectives of this plan. We are going to invest in a number of key priorities and will work hard to:

- improve waiting times
- stop children and young people having to re-tell their stories
- provide clarity on what services there are locally and who can access them
- make sure that problems are tackled earlier so that they do not reach crisis point
- put an end to children and families being 'bounced around' when a mental health service is not appropriate



Objective 1

Promote good mental health, build resilience and identify and address emerging mental health problems early on.

We will

- Provide training for staff working with children and young people in schools and health services, to include developing a network of GPs as locality mental health 'Champions'
- Establish 'Thrive Hubs' in six secondary schools to help build children and young people's resilience, support parents/carers, and promote mentally healthy schools
- Make better use of digital services to improve access to services and support including online counselling and a dedicated website for children and young people's emotional wellbeing and mental health
- Develop better understanding of the causes of mental health related Accident & Emergency attendances and admissions and use this to help improve early and community based support for children and young people, and reduce pressure on hospitals
- Provide additional mentoring to primary age children and a peer mentoring project for secondary pupils at risk of developing or experiencing social, emotional and/or mental health difficulties
- Encourage more children and young people to engage in local youth activities within their communities to help improve their health and wellbeing



Objective 2

Provide children, young people and families with simple and fast access to high quality support and treatment they need.

We will

- Develop a new Child and Adolescent Mental Health Service (CAMHS) which better meets the needs of children and young people
- Establish a clear pathway for children and young people with emotional wellbeing and mental health needs so that they get access to the right service at the right time
- Provide the option for children and young people to self-refer to CAMHS
- Invest more funding in community and school based counselling, to reach more children and young people
- Develop much closer partnership working between schools and specialist CAMHS
- Co-locate CAMHS mental health workers within Wiltshire Council Children's Services
- Enhance the community based eating disorder service so that it can provide a quicker response



Objective 3

Improve care and support for the most vulnerable and disadvantaged children by closing critical service gaps, improving support at key transitions and tailoring services to meet their needs.

We will

- Strengthen links between CAMHS and adult services to include an extended CAMHS service for care leavers where appropriate
- Enhance our CAMHS Outreach Service for Children and Adolescents (OSCA) which provides support and treatment in community settings
- Place mental health practitioners within teams working with vulnerable children and young people (Looked After Children and those who are victims of Child Sexual Exploitation and Abuse)



How will we know we are making a difference?

To make sure that we are getting it right for children, young people and their families, we will monitor progress regularly.

We will also:

- Publish this plan on local websites to include the Clinical Commissioning Group and Wiltshire Council
- Continue to improve the involvement of stakeholders (including children and young people) in the development, delivery and review of this plan
- Publish an annual report on child and youth mental health, setting out main achievements, areas for improvement and required action
- Ask all those organisations delivering mental health and wellbeing services to publish plans for improvement each year

For further information about this plan and the services that are being developed and delivered please email:

childrenstrust@wiltshire.gov.uk

Local Transformation Plan Funding Budgeted Proposals and Costings

Income	2016/17	2017/18
Transformation Funding for Early Intervention	£973,840.00	£1,149,131.00
Transformation Funding for Eating Disorders	£245,000.00	£245,000.00
Health and Justice Commissioner Funding	£40,000.00	£40,000.00
TOTAL INCOME	£1,258,840.00	£1,434,131.00
Expenditure		
Joint agency workforce training and development fund (CYP IAPT).	£11,250.00	£30,000.00
Early Intervention and Prevention within schools, early year's settings and primary care.		
<i>Thrive Hubs (CAMHS staffing and school grant support)</i>	£147,074.00	£208,412.00
<i>Parenting Programmes</i>	£20,000.00	£38,482.00
<i>Primary School Mentoring</i>	£40,000.00	£40,000.00
<i>Early Help Access Mgt</i>	£60,375.00	£60,375.00
<i>VCS provision for CYP with autism</i>	£61,000.00	-
<i>VCS provision for CYP experiencing domestic abuse and family breakdown</i>	£60,000.00	-
<i>CAMHS Learning Disability Support</i>	£67,025.00	-
Digital services including OnyourMind website, social media and online CAMHS referrals.		
<i>Website coordination and development</i>	£20,451.00	£16,051.00
<i>Online referral development</i>	£6,000.00	£0.00
24/7 CYP MH crisis resolution, liaison and home treatment	£0.00	£153,000.00
Primary CAMH Services (including counselling)		
Access Coordination	£84,267.00	£110,724.00
Early Help Service Senior Therapists	£142,809.00	£142,809.00
Evidence based talking therapy and interventions	£85,000.00	£140,000.00
Online counselling services	£58,000.00	£91,800.00
CSE/LAC Team Therapist	£0.00	£53,553.00
Community based eating disorder service	£313,089.00	£306,425.00
Specialist CAMH support for CYP with harmful sexual behaviours (Health and Justice)	£40,000.00	£40,000.00
Stakeholder Communication and Participation	£2,500.00	£2,500.00
Project Management for reducing CYP hospital admissions for mental health conditions and self-harm	£40,000.00	£0.00
TOTAL EXPENDITURE	£1,258,840.00	£1,434,131.00

Waiting Times Proposed Budget Breakdown

Initiative	Rationale	Estimated expenditure
<p>Accelerate plans to enhance 24/7 Children and Young People Mental Health Liaison within Salisbury Hospital and the Royal United Hospital.</p> <p>Transformation plan funding will be used to sustain these plans from 1 April 2017.</p>	<p>Currently, emergency assessments at Salisbury Hospital and the Royal United Hospital are covered by local CAMHS teams. Many routine assessments/appointments are cancelled by CAMHS to cover the emergency demands from acute hospitals which are having a detrimental impact on waiting times.</p>	<p>£38,250.00 (3 Full Time Equivalent Band 6 posts at £153,000 per year for Jan to Mar 2017)</p>
<p>Working with our CAMHS provider to secure an offer of online Cognitive Behavioural Therapy (CBT). To pilot online CBT across Oxford Health for young people aged 12-17 years. The focus is to offer online treatment to young people with mild/moderate anxiety and depression with low risk young people. Young people with a diagnosis of Autistic Spectrum Condition will also be considered if anxiety or depression is a feature of their needs.</p>	<p>All CAMHS teams across Swindon, Wiltshire and B&NES are experiencing increased demand and internal waits for CBT. Oxford Health NHS Foundation Trust has been working closely with IESO to pilot online CBT for under 18s (first Trust in England to do so). Over recent months, Oxford Health have refined a service specification and clarified governance issues.</p> <p>Online CBT will accelerate CBT provision for young people currently waiting for treatment and release clinical capacity in core CAMHS to see new referrals more quickly. Each package will be part of a care plan managed by CAMHS and will comprise 1x assessment and 8x follow up appointments.</p>	<p>£20,000.00 (20 treatment episodes).</p>
<p>Enhancing the provision of evidence based talking therapies and interventions (including online and face to face counselling) for Children and Young People.</p>	<p>A third of young people who are referred to CAMHS do not require a specialist mental health intervention. Many are in need of evidence based talking therapies and interventions. The bulk of demand for CAMHS comes from teenagers presenting with emotional and conduct disorders (both in respect of referrals and caseload).</p> <p>The enhanced provision of evidence based talking therapies and interventions (including online and face to face counselling) will result in increased capacity within community CAMHS to provide more timely interventions and treatments.</p>	<p>£75,750.00</p>
<p>Offering CAMHS staff additional hours to provide specialist interventions, group based therapies and clinics during evenings and weekends.</p>	<p>CAMHS have internal waits for neuro-developmental assessments and specialist therapies. CAMHS staff have offered Saturday clinics previously as part of waiting list initiatives to reduce wait times for families. Current staff have confirmed they are agreeable to offering these again. Families and young people have also fed back that they like the convenience of Saturday appointments.</p>	<p>£45,000.00 (£15k per site x 3 sites)</p>
<p>Undertaking a review of CAMHS ways of working to identify opportunities for improved efficiencies in relation to administration.</p>	<p>Electronic health records were introduced in CAMHS in 2011. Since then, there has been limited opportunity to review the role of admin support functions for clinicians. Clinical staff report that entry into clinical records and data requirements has significantly reduced their capacity to see patients face to face. Oxford Health would like to undertake a comprehensive review of admin functions across CAMHS and implement measures to increase clinical time for clinicians in order that they can see more patients. Following the review, new ways of working shall be trialled within Salisbury – an area of Wiltshire where waiting times are highest. This will provide a good opportunity to assess impact.</p>	<p>£26,000.00 (50% Project Manager covering Swindon, Wiltshire and B&NES).</p>

Wiltshire Council

Health and Wellbeing Board

15 December 2016

Subject: Mental Health Crisis Care Concordat Update

Executive Summary

The report provides an update on the quality of care for those experiencing mental health crisis and how well partners in the system are working together to provide this.

Proposal(s)

It is recommended that the Board:

- i) Notes the outcomes of the mental health summit in October
- ii) Receives an updated and combined action plan for the new Wiltshire and Swindon Mental Health Crisis Care Concordat Action Group in the new year.
- iii) Considers the latest available data against key indicators at Appendix 1; and agrees to a further update in the new year.

Reason for Proposal

At the last meeting the Board agreed to receive a further update on the delivery of the Mental Health Crisis Care Concordat Action Plan, following a meeting of lead chief executives, together with an update on the delivery of the Mental Health and Wellbeing Strategy.

It also considered appropriate indicators for monitoring the implementation of the Action Plan and an update is provided against these.

Ted Wilson

**Chair, Wiltshire Mental Health Crisis Care Concordat Action Group
NHS Wiltshire CCG**

Subject: Mental Health Crisis Care Concordat Update

Purpose of Report

1. This report presents an update following the September 2016 Mental Health Crisis Care concordat update and learning from incidents report, detailing progress in Wiltshire to improve Crisis Care Pathways.

Background

2. Following the last Board meeting, key stakeholders and partners (Wiltshire Police, Wiltshire Clinical Commissioning Group, Swindon Clinical Commissioning Group, Wiltshire Council, Swindon Borough Council and AWP) involved in managing crisis care for individuals experiencing mental health crisis in Swindon and Wiltshire attended a Mental Health Summit in October. Discussions of mental health crisis care pathways identified key areas requiring improvement. Corresponding actions were agreed (reflected in the key points below) and there will be a follow up meeting in early 2017 to share progress updates and ensure momentum towards improvement of the identified areas.
3. The Wiltshire Mental Health Crisis Care Concordat Action Group continues to meet on a bi-monthly basis, reviewing and proactively addressing crisis care pathways, and developing the action plan through the multi-agency forum.

Update on Key Areas

Mental Health Crisis Care Concordat Delivery

4. To further enhance the effectiveness of crisis care pathways the Wiltshire and Swindon Crisis Care Concordat will unite from January 2017 onwards; enabling crisis care pathways to be more holistically developed across provider footprints, many of which cover both CCG areas. Merger of the Wiltshire and Swindon CCCs will enable a unified focus on ensuring all providers supporting the 136 pathway are prepared and able to manage the expected changes to the Police and Crime Bill [expected April 2017], including the reduction of the maximum length of stay a Place of Safety from 72 to 24 hours. The updates presented in this report highlight some of the service developments being progressed to guarantee the changes to the Bill can be managed effectively.
5. Following the merger of the Wiltshire and Swindon CCC Action Groups the Year 2 action plan will be accordingly combined and updated; it is

recommended that the united Swindon and Wiltshire CCC Action Plan is presented to the board at the next meeting on 9 February 2017.

6. Several key areas were stated as the focus of the CCC action plan during the last Health and Wellbeing meeting, progress against the areas is as follows:
 - Development of an enhanced Access Service Model for secondary care mental health services: The AWP Primary Care Liaison Service has been reviewed by Commissioners, an options appraisal summarising options to reconfigure the service model to improve ease of access and timeliness of assessment will be considered through the CCG governance in December 2016. An update can subsequently be presented to this board.
 - Implementation of the Section 12 Doctor review: Wiltshire CCG is working in collaboration with Swindon CCF to complete a review of the s12 provision which will make recommendations to ensure the timely availability of s12 Drs, in line with the statutory responsibility of the CCGs. The review will be considered through CCG governance in December 2016; a brief summary of the review is provided in a section below.
 - Development of an emergency department liaison model; update provided later in this paper.
 - Ensuring availability of Approved Mental Health Professionals (AMHPs); additional AMHPs have been appointed.
7. The following aspects have already been identified as key requirements:
 - Provision of services to support individuals experiencing a mental health crisis; providing alternatives to admission to mental health wards.
 - Commissioning of 24/7 mental health services.
 - Provision of Places of Safety environment and clinical management which meet mandated standards (CQC, Mental Health Act, Commissioned specification).
 - Ensuring Health Based Place of Safety (HBPoS) availability to support Wiltshire and Swindon residents requiring a mental health act assessment following detainment under section 136 of the Mental Health Act.
 - Ensuring timely availability of Section 12 approved Doctors to complete Mental Health Act Assessments and clear routes of escalation.

CQC Inspection of AWP

8. As previously reported the Care Quality Commission undertook an inspection of Avon and Wiltshire Mental Health Partnership (AWP) in May. Overall AWP services were markedly improved across the trust and recognised as effective, caring and responsive. However, the Health Based Places of Safety the service was rated as inadequate. The inspection report for this service, which covered the whole AWP area, was published on 8 September 2016.
9. Wiltshire CCG continues to monitor AWP's progress against the CQC action plan as part of contract management and performance governance. The Trust has responded to the action plan by:
 - Addressing environment in the Places of Safety in the East to minimise potential sources of risk, improving the quality of suites layout and furnishings.
 - Policies and procedures including rapid tranquilisation have been updated.

- Governance and management of the provision is now robust.
- Levels of trained staff meet the required standard.

AWP Developments to the Places of Safety in the East

10. AWP, with the support of the Wiltshire CCC chair, acquired £320,000 capital funding from the Department of Health to improve health based places of safety in Wiltshire and Swindon by increasing the number of places available across the county from three to four. The motivation to change and improve the provision relates to the need to ensure facilities are fit for purpose, also to resolve the difficulties regarding provision of adequate staffing to; currently ward staff are heavily relied upon. If these services are not reprovided, there is a risk that some of the current facilities will need to be closed, which may result in out of area placements being required.
11. AWP are currently considering staff and public consultation and engagement regarding the proposed developments. A value engineering exercise has been completed and a contractor appointed to enable works to commence, if appropriate, following consultation. An update on this will be provided at the meeting.
12. Completion of this project would result in the re-provision of the two places of safety beds within Wiltshire into a fit for purpose two bedded unit at Green Lane Hospital site, with the potential to also amalgamate the suite in Swindon & create (up to) a 4 bed unit staffed by a dedicated multi-disciplinary team to serve the East side of the Trust. This option has been identified by AWP as the preferred option for development from a clinical, sustainability and economical perspective. The perceived benefits of the development are:
 - The unit will provide an environment that is fit for purpose and safe for both the service users and the staff managing their care during the period that they are held within the Place of Safety under section 136 & section 135.
 - The consolidation of the suites to one site will enable further options for service development of preventative care which include two Urgent Assessments Areas across the East of the Trust and STP footprint. One based in Fountain Way, Salisbury, and the other at Sandalwood Court, Swindon.
 - The proposal is aligned to the Five Year Forward planning, and would be a significant development within the BSW STP.
 - The unit would meet the proposed changes outlined by Government stating that no u18 (and in future possibly no adult) will be detained under section 136 into police custody.
 - The Unit would provide increased capacity across the East of the Trust and the consolidation of the suites will enable opportunity to develop cohesive cross boundary working arrangements between agencies.
13. It is recognised that there are a number of areas which will need to be addressed to enable a smooth implementation of the proposed changes and for the identified benefits to be fully realised:
 - Cross boundary agreements will be required between CCG and Local Authorities, particularly regarding AMPH cover.

- There are an insufficient number of Section 12 Approved Doctors within the area, potentially contributing to delays in assessment.
- The current initiative utilised by Avon and Somerset Police, and the regular saturation of the Mason Place of Safety may have significant detrimental effect on the East Place of Safety's increased capacity.

14. The number of referrals from other police force areas is set out in **Appendix 1**.

Alexander Group s136 Review

15. The Alexander Group have been commissioned to complete a system wide review of s136 pathway and experiences with the objective to improve the experience that people and organisations have of 136. The review was commissioned owing to the acknowledgement across AWP commissioners, AWP and local respective authorities that general experience of the s136 pathway is poor, and provision environmentally and from supporting services requires improvement to address quality and safety. Furthermore a system wide understanding and preparation to manage the imminent changes to the management of s136 through the Policing and Crime Bill is required. The review is in process and has entailed interviews and workshops with all partners and individuals with lived experience. The review will conclude at the end of December with a report summarising the findings and presented recommendations to address issues identified.

24/7 availability of Mental Health Services

16. **Mental Health Liaison.** In September, NHS England's National Clinical Director for Mental Health stated there will be new standards relevant to crisis care which are intended to help deliver the Five Year Forward View. In response to this:

- Wiltshire CCG has an ongoing commitment to commissioning of 24/7 Crisis resolution and home treatment teams, locally referred to as Intensive Teams. A Commissioner review of this provision is underway and will complete in Q4 2016/2017, where recommendations will be made to ensure the delivery of this provision is optimised to meet service user need and service efficacy and efficiency. The service continues to be monitored against their commissioned requirement to provide treatment within 4 hours of referral receipt through contract management and performance governance.
- Wiltshire CCG and respective co-Commissioning CCGs have extended the operational hours of the three Acute Hospital based mental health liaison services. All Mental Health Liaison services are currently commissioned to respond to A&E referrals within 4 hours; from December 2016 SFT will implement a 1 hour response time to all A&E Mental Health referrals. It is intended that this will be mirrored in other Mental Health Liaison services.
- A review of Mental Health activity in Salisbury FT is underway to inform whether further extension is required to improve parity of access to Mental Health services.
- The RUH Bath Mental Health Liaison extended their A&E operational hours to 8am-midnight in Q3, after 3 months of implementation there will

be a CCG led review to again determine whether further extension is required.

- From the 1st of November 2016 the Swindon Intensive Team has been based in the GWH A&E department, providing the OOH response for all A&E Mental Health presentations.

17. **Street Triage:** At the last Health and Wellbeing Board Wiltshire CCG updated that funding had been committed to mainstream the Street Triage Service, funded through a tripartite agreement with Swindon CCG and Wiltshire Police. Through the October 2016 Mental Health Summit the need to further extend the operational hours of Street Triage to 24/7 was identified and committed to by the tripartite commissioners. An AWP business case presenting the options to realise this expansion has been received by the commissioners and is in the process of being approved to enable the expansion to commence; anticipated start date of April 2017.

18. **Section 12 Doctors:** Section 12(2) of the Mental Health Act 1983 requires that, in those cases where two medical recommendations for the compulsory admission of a mentally disordered person to hospital, or for reception into guardianship, are required, one of the two must be made by a practitioner approved for the purposes of that section by the Secretary of State as having special experience in the diagnosis or treatment of mental disorder. Statutory responsibility for approving Section 12 Doctors is delegated to the Strategic Health Authorities; these authorities maintain a register and have mechanisms in place to authorize approval, re-approval and removal from the register. In respect of Wiltshire, the South of England SHA Register is maintained by Winterhead Ltd Mental Health Act Approvals Office England South. Within the geography (Wiltshire and Swindon) there is a concern of a serious lack of s12 Doctor availability when needed to carry out mental health assessment in-and-out of hours at the Places of Safety (PoS). Reasons for being: -

- No contract in place which ties the already meagre s12 Doctors to legally bind them to perform s12 duties
- Lack of funding to train a cohort of willing GPs to become s12 approved doctors
- The current locally agreed flat rate of £173 for the s12 does not attract s12 Dr to wake up in the middle of the night and go and do an assessment prior to report back to the GP Practice for a normal day duty

19. CCGs are responsible for ensuring that arrangements are in place for 24-hour on-call rotas of approved doctors (or equivalent arrangement) sufficient to cover each area for which they are responsible. Due to the shared PoS, mental health services and police provision, Wiltshire CCG and Swindon CCG are working together to deliver a local solution for the provision of Section 12 Doctors. Commissioners are considering options to establish a contract for a s12 Doctor provision on a dedicated rota, as opposed to the current non-contract authority basis. This will ensure there is timely availability of a dedicated Section 12 Doctor resource, which will contribute to reducing the length of stay in the places of safety. The review detailing proposed recommendations to improve Section 12 Doctor resource is being considered through CCG governance in December 2016.

Data

20. At its last meeting the Board considered appropriate system wide indicators, including:

- Time to assessment once in place of safety
- % of cases exceeding 3 hours till assessment as per Mental Health Act Code of Practice
- Reasons for any delay (e.g. intoxication or availability of AMHPs or s12 doctors)
- % of cases exceeding 72 hours in a place of safety
- Use of health based places of safety (HBPoS) by out of area patients

21. These indicators are to be augmented by additional indicators specific to Police use of s136 powers:

- Total s136 to custody and to Health Based Places of Safety
- Total s136 in custody when threat of harm to self or others; and % and number of times 'non-exceptional' patients are held in custody
- Age, gender and ethnicity of those detained under s136.
- Whether those detained are previously on medical caseloads.
- Average time s136 detainee held in custody (including average time till assessment and time to leave thereafter).
- How often Wiltshire police are able to consult mental health professionals before using Section 136 (availability of triage)
- how many detentions under s136 are appropriately conveyed for a full Mental Health Act assessment (usually s2), once assessed by medical authorities
- Number of times the Police are required to escort a mental health patient due to the non-availability of an ambulance

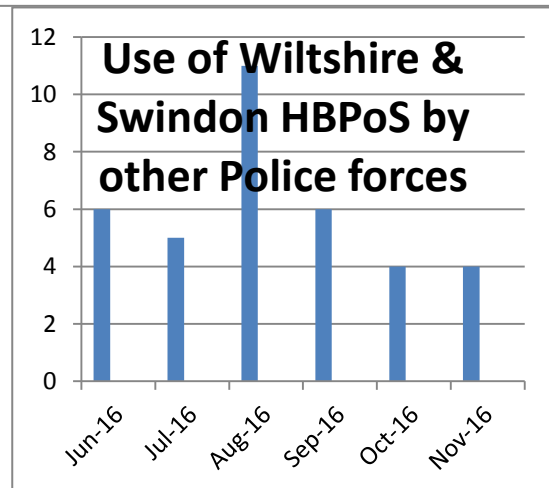
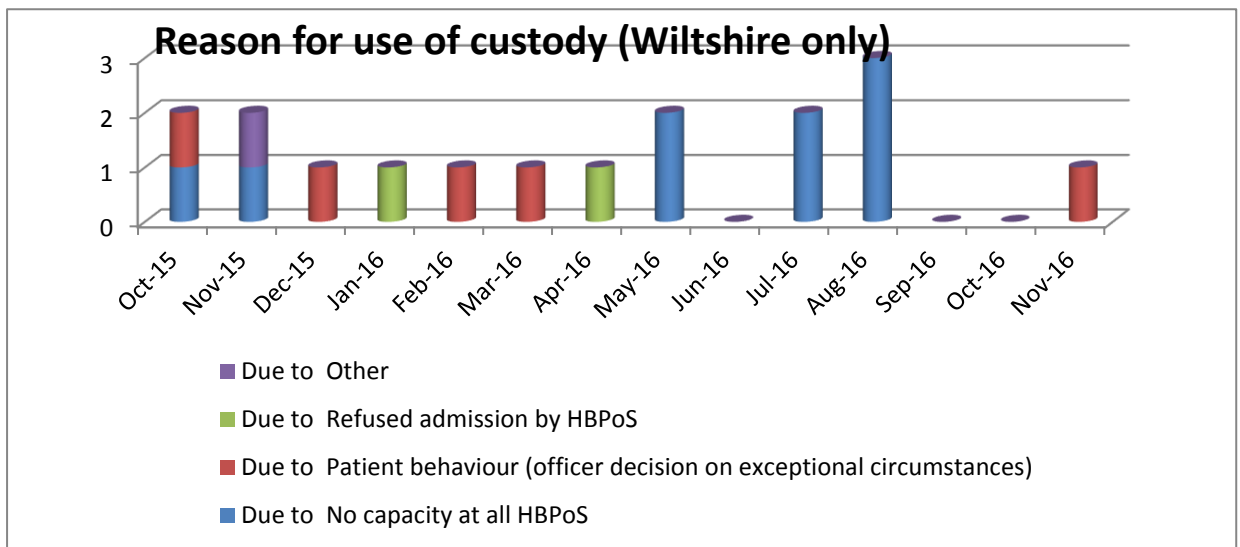
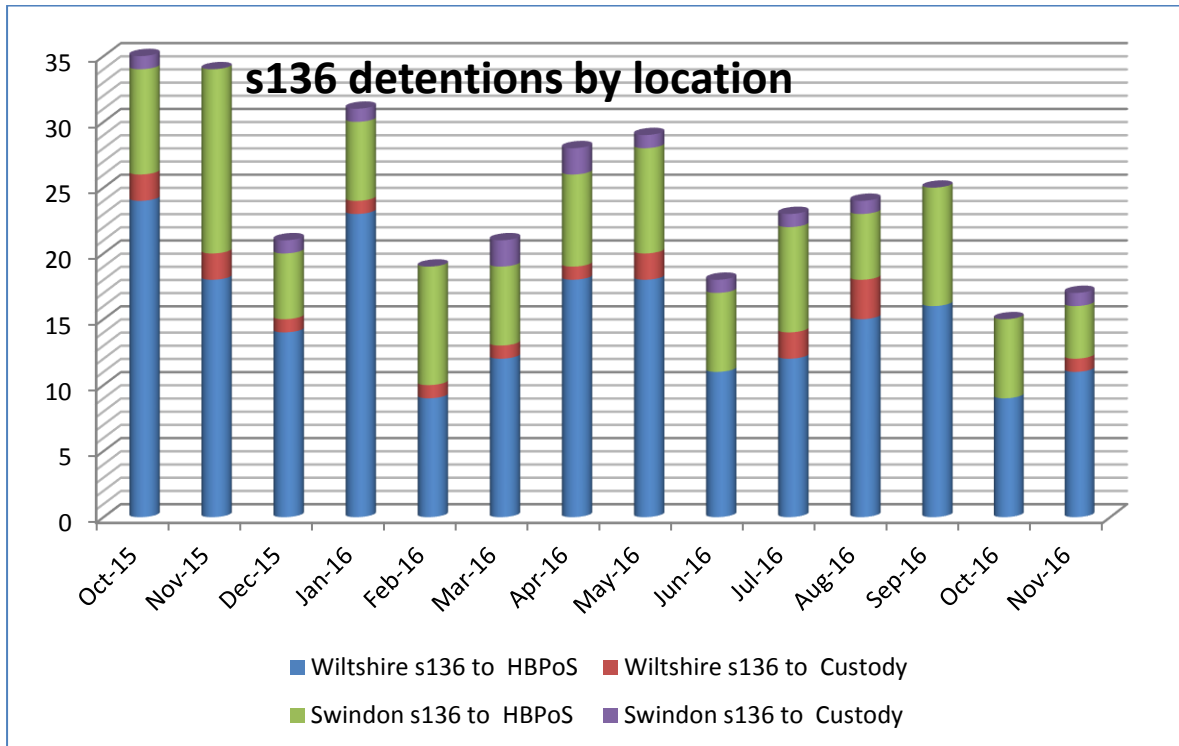
22. Work continues to collate and check the data for some of the indicators in para 20 (notably times to assessment, in detention and reasons for delay); however some of these are included together with the latest information for those indicators set out in para 21. The data is set out in **Appendix 1**.

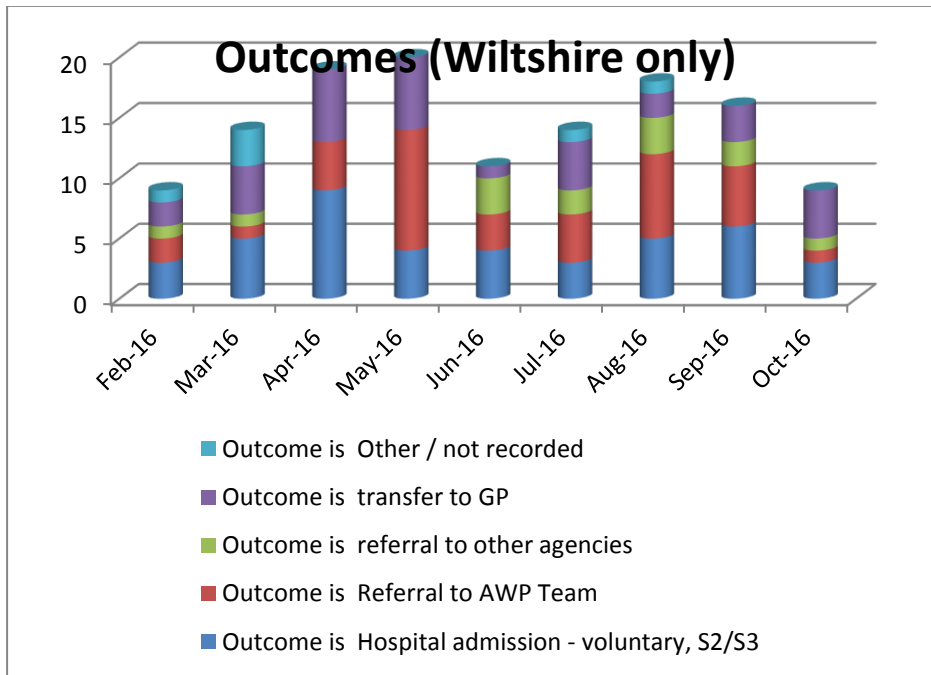
Ted Wilson

**Chair, Wiltshire Mental Health Crisis Care Concordat Action Group
NHS Wiltshire CCG**

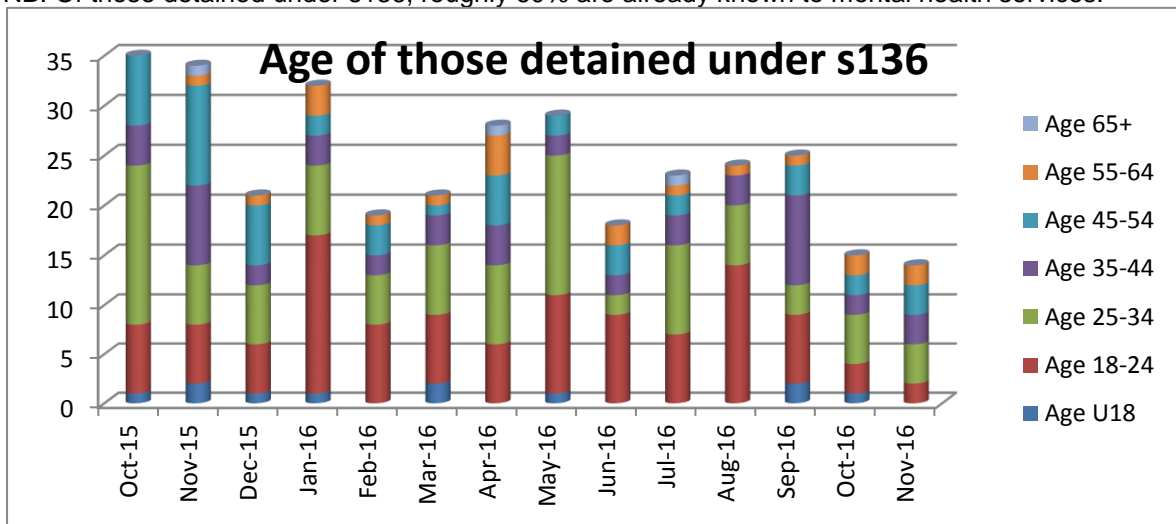
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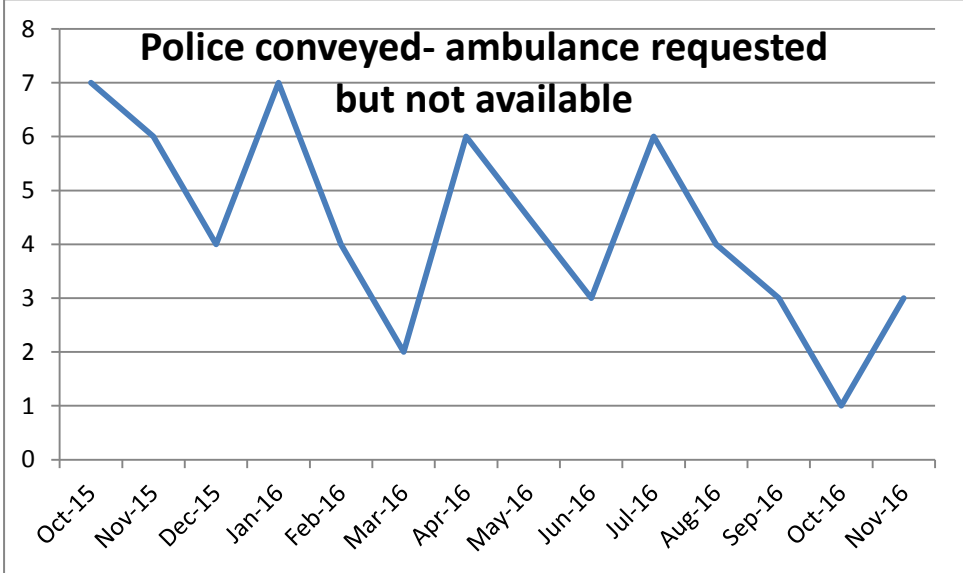
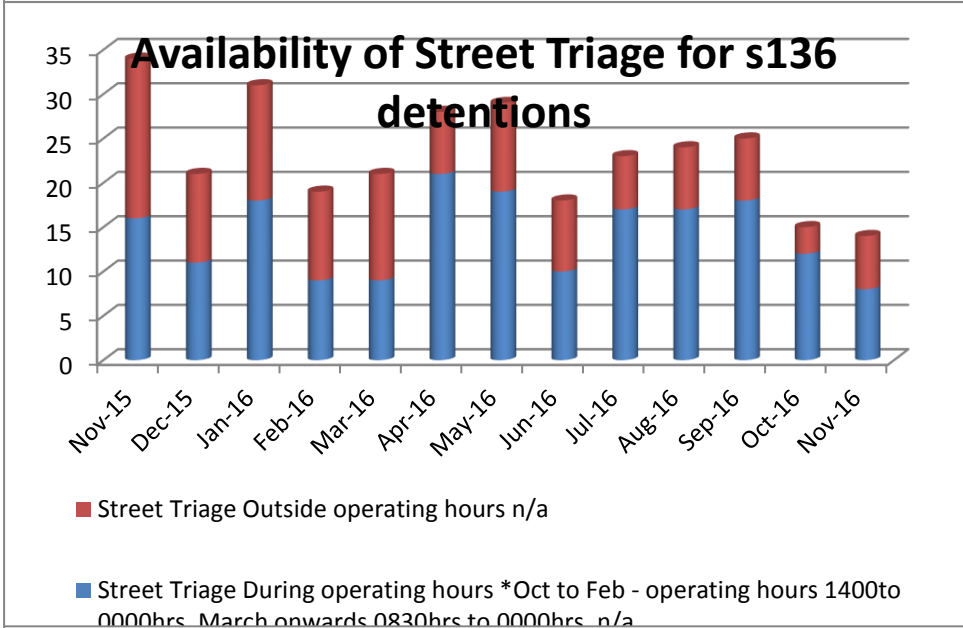
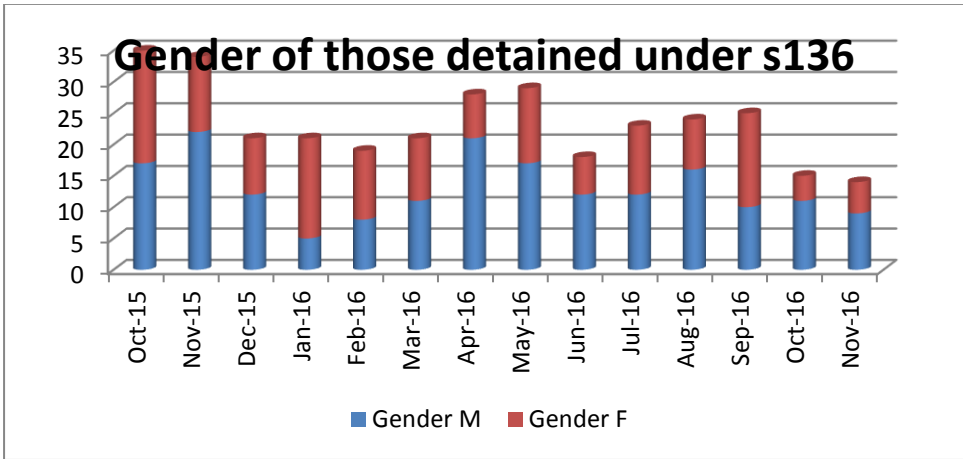
Georgina Ruddle, Wiltshire CCG
David Bowater, Wiltshire Council
Sgt Mike Hughes, Wiltshire Police





NB: Of those detained under s136, roughly 60% are already known to mental health services.





Wiltshire Council

Health and Wellbeing Board

15th December 2016

Subject: Public Health Annual Report 2015-16

Executive Summary

The Director of Public Health has a statutory responsibility to produce an Annual Report for Public Health. The Health and Social Care Act 2012 states: “The director of public health for a local authority must prepare an annual report on the health of the people in the area of the local authority. The local authority must publish the report.”

The purpose of the report is to inform the Health and Wellbeing Board members of activity on public health in Wiltshire during 2015-16.

The report can also be found electronically on the Council website.

Proposal

It is recommended that the Board notes the publication of the Annual Report

Reason for Proposal

Work on Public Health has implications for all health care providers and commissioners.

Frances Chinemana
Acting Director of Public Health
Wiltshire Council

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Public Health Annual Report Wiltshire 2015/16

Empowering people in Wiltshire



Acknowledgements

Behind all we have achieved in Wiltshire there is a whole team of people. This includes our public health consultants and specialists, and a diverse range of partners and colleagues who have made a reality of the idea that public health is everybody's business.

The consultants on the senior management team – Amy Bird, John Goodall, Deborah Haynes, Kate Blackburn and Tracy Daszkiewicz – have provided leadership throughout the year and have been effectively supported by our public health specialists and our Heads of Service in Public Health, Leisure, Occupational Health and Safety and Public Protection. These in turn have been supported by our varied teams working across the wider determinants of health and wellbeing.

We have continued to enjoy support from and joint working with our Wiltshire Council colleagues, including staff in our schools, libraries, leisure centres and a range of other services, who are all committed to improving public health. We have also welcomed the stronger links with the Areas Boards and their Community Engagement Managers which are developing.

The continued support we have received from the Leader of Wiltshire Council, Baroness Scott of Bybrook OBE, our Cabinet Member for Public Health, Keith Humphries, their Cabinet colleagues and the rest of the council, has allowed us to work more closely with our communities and to do more to improve health and wellbeing in our county.

Thanks are also due to colleagues at the Wiltshire Clinical Commissioning Group, our excellent GPs, primary care staff, acute trusts and staff working in mental health, ambulance, police, fire and rescue services, the Local Resilience Forum, Public Health England and NHS England. All these colleagues and services contribute to improving outcomes for the Wiltshire population.

This report also reflects the important work being done in our communities, often by volunteers, to improve lives locally. Their help has ensured that we are able to understand and deal with local issues more effectively and provide sustainable solutions. Thank you for all the work you do to make a difference.

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Chapter one Helping children and young people achieve their potential

Chapter two Enabling healthy lifestyles and healthy choices

Chapter three Helping older people to live healthy, independent lives

Chapter four Better mental health and wellbeing

Chapter five Preventing ill health and protecting people locally



This year's annual public health awards marked the achievement of over 100 people and groups who help keep our communities healthy. Our nominees support projects and clubs to give people in Wiltshire the chance to stay active, get involved in sports and reach out to the most vulnerable.

Our winners included the DANCE SIX-0 project at Salisbury Playhouse, which provides weekly dances classes for those over 60, to keep people active and feeling young. Another community group from Calne won an award for addressing childhood poverty and obesity in exciting and innovative ways and a company in Warminster received an award for helping staff access health and lifestyle advice and support.



In Bradford on Avon, community emergency volunteers, trained by Wiltshire Council, and dubbed 'The Crisis Squad' by local media won an award for promoting safety. The community team are a great example of how we are working to strengthen resilience in our communities and how, with our support, local people are taking the lead.

Foreword

It has been over three years now since responsibility for public health transferred from the NHS to Wiltshire Council and in that time Wiltshire has continued to improve.

By working with our Community Area Boards, local partners, libraries, leisure and health and wellbeing centres we have put in place a model of public health that is based on local needs, local decision making and local solutions. We are putting the public back into public health.

We have made huge strides:

- Life expectancy has increased for men and women and is significantly higher than it was a decade ago, with male life expectancy now over 80 years
- Teenage conception rates in Wiltshire are at their lowest level in 40 years at 15 per 1,000 young women. This means we have met the ambitious target set out in the Teenage Pregnancy Strategy in 2000 to reduce teenage conceptions in Wiltshire by 50%
- Since 2001/03 the number of people under 75 in Wiltshire who die prematurely from cardiovascular disease has fallen by over 45%

This year our team of public health specialists and consultants have continued to work with experts in public protection, occupational health and safety and leisure. At the heart of all we do is our commitment to work with local people and communities and empowering people in Wiltshire to do more to improve health outcomes for themselves. The success of this approach has continued this year as:

- Over 15,000 local people are now trained to be Dementia Friends and are supporting those who need help and improving lives in our communities
- Levels of children who are overweight or obese in Reception Year in Wiltshire reduced to 20.3% in 2015 from 22.1% in 2014. Levels of excess weight in Year 6 have also reduced slightly, to 29.3% in 2015 from 29.7% the previous year
- Take up of NHS Health Checks increased by 15% from 2014/15 to 2015/16

- Children under 16 enjoyed over 70,000 free sessions at our swimming pools in school holidays between 2013 and 2015
- Our Health and Wellbeing Board won a national award for the success we've had in delivering more effective, joined up health and social care services in Wiltshire

Our Community Area Joint Strategic Assessments for 2016 (CAJSAs) provide an insight into the success our wider public health family has had in 2015/16, the community projects that are changing lives and how innovative solutions are improving health and wellbeing. This year we have continued to reduce health inequalities and improve health outcomes by:

- Encouraging healthy lifestyles for young people and enabling parents to make positive choices for their children
- Ensuring early intervention to help people achieve their potential
- Meeting the needs of an aging population, particularly a rise in the recorded cases of dementia
- Tackling the effects of social isolation and protecting the most vulnerable
- Improving mental and emotional health across the county
- Increasing outdoor, leisure and cultural opportunities that support health and wellbeing
- Reducing the impact of alcohol related harm

Training and sharing our Public Health expertise, as well as the intelligence we collect, has a vital role to play in continuing to improve our services and outcomes in our communities over the years ahead. We are working to equip communities and partners with the intelligence and skills they need to find community led solutions and to encourage behaviour change to improve health and wellbeing. By enabling individuals and communities to help themselves we can reduce pressure on public services and funding at the same time as making Wiltshire a healthier place to live and work in.



Frances Chinemana
Acting Director of Public Health

Chapter one

Helping children and young people achieve their potential

This year has been a year of marked change and success in our work to improve child health.

Teenage pregnancies

In Wiltshire we have reduced teenage conceptions by 50% since 2000.

When our work started in 1998 the rate of conceptions per 1,000 young women in Wiltshire was 32.1. Now data shows that at the end of March 2015 our rates were down to 15 per 1,000 women. The rate of teenage pregnancy in Wiltshire is now the lowest it has been since 1969, when records began. Although there is still more to be done to reduce this figure, this level of reduction places us within the top 15 local authorities across England.

Supporting parents in Wiltshire

In October 2015 Wiltshire's health visitors joined the wider public health team as the council took on responsibility for commissioning health services for children aged zero to five. This marks the final stage of the transfer of public health services to the council that started in 2013 and both health visiting and Family Nurse Partnership services are now commissioned by the council. Public health are now responsible for commissioning the full Health Child Programme 0-19 years which includes the school nursing service.

The first 1001 days from conception to two years of age is widely recognised as a crucial period in a child's development. Rapid brain development during this period lays the foundations for a child's future learning, behaviour and health. Through the National Healthy Child Programme health visitors offer every child a schedule of health and development reviews, screening tests, immunisations, health promotion guidance and support for parents tailored to their needs, with additional support when needed and at key times. Health visiting staff are an asset to the council's work on preventing ill-health and promoting attachment and child development.

The service provides both universal and targeted support for those in greatest need and will help support children across Wiltshire.

We are also now responsible for commissioning the local Family Nurse Partnership (FNP) services. FNP is an intensive nursing service that works to support first time young parents who are under the age of 20. The service is supporting young parents in challenging circumstances to provide nurture and care for their children. Our service was reviewed by the Department of Health and the report noted the excellent support that the local programme has provided. The partnership was praised for forward thinking on integration and for sharing good practice.



The Change4life 10 Minute Shake Up Campaign encouraged children and families to increase physical activity over the summer by completing short 10 minute activities throughout the day. 3,693 children signed up to the campaign in Wiltshire this year, 1,067 more than last year. Wiltshire ranked 26th highest out of the 153 local authorities who took part.

Perinatal and infant mental health

Perinatal mental illness affects at least 10% of women during pregnancy and in the first year after birth. Women can suffer problems of varying severity from mild anxiety and depression to severe postnatal psychosis. These problems can have a significant impact on the mother, her family and the developing child in the short and long-term. However, there is evidence to suggest that given the right support at the right time the potential adverse effects of maternal mental health problems on a mother and baby can be prevented.

We are proud to have led the development of perinatal and infant mental health pathways for health visitors and midwives in Wiltshire to support the prevention, early detection and management of perinatal mental illness and infant mental health problems. Professionals from the Avon and Wiltshire Mental Health Partnership NHS Trust and local health visiting and maternity services have worked together to deliver training to all midwives and health visitors between October 2015 and March 2016. The pathways are now fully implemented.

Keeping baby healthy

Breastfeeding not only gives babies a health 'superboost', reducing the risk of the baby getting ill and picking up an infection, but because it is something mum and baby learn together, it can be a great way of parent and child bonding too.

The work we have done to help more mums to breastfeed is having an impact. Wiltshire has had a higher breastfeeding initiation rate compared to England as a whole since 2007/08 and our latest report shows that Wiltshire's 6-8 week breastfeeding rate had also risen slightly in 2014/15 to 49.4%. This is higher than the South West regional average (48.3%) and the England value (44.7%). Wiltshire's drop-off rate has decreased in 2014/15 to 38.3% from 41.3% in 2012/13, while the England rate has increased to around 41%. Breastfeeding drop-off is a measure that shows the number of mothers who start, but then cease, breastfeeding their infant.

Support for new dads

DadPad
Top tips for new dads



www.wiltshire.gov.uk/dadpad.pdf

Our Wiltshire DadPad was launched, offering new fathers and fathers-to-be support during the transition to parenthood. The online resource provides an easy-to-read guide and tips for first-time dads around key issues like feeding, holding, changing, bonding and communicating with their new babies.
www.wiltshire.gov.uk/dadpad.pdf

Changing outcomes

Nationally one in three children (33.5%) and almost two thirds (63.9%) of adults are overweight or obese. In Wiltshire we are determined to take local action to reduce the number of children and adults who are overweight or obese. By reducing obesity we can reduce our children's risk of going on to develop type 2 diabetes, heart disease, cancers, stroke and premature mortality. This year we have prioritised tackling obesity and worked with Wiltshire CCG to develop an obesity strategy to halt the rise of excess weight in children and adults by 2020. At Wiltshire's first Obesity Summit in July we brought together those who want to help us tackle obesity and contribute to our strategy.



We now know from the latest National Child Measurement Programme (NCMP) data that excess weight in four to five year olds in Wiltshire has reduced from over 22% in 2013/14 to 20.3% in 2014/15. Excess weight in 10-11 year olds in Wiltshire in 2014/15, at 29.3%, is marginally lower than it was in 2013/14 and lower than the national figure of 33.2%. We still face a serious challenge but by working with our partners over the next four years we hope to see these trends continue.

A full report on the NCMP data can be accessed [here LINK](#).

Working with local communities we delivered local projects like our Beat the Street initiative which got over 8,000 people out walking or cycling. We rolled out a healthy lifestyle programme for families to get children healthier and fitter and we offered free swimming in school holidays to make keeping children active more affordable. Over 70,000 free swimming sessions were accessed in 2015/2016.

In our villages

Our rural sports summer outreach programme was delivered in villages around Malmesbury. In Sherston, Crudwell and Minety the Fun in the Sun initiative, delivered in partnership with Wiltshire Cricket and the Bath Rugby Foundation, provided free sports and games for 90 minutes a week for children aged 5-11.

Injury prevention

To reduce childhood injury, prevention workshops were provided for our early years practitioners. Over 70 practitioners have been trained in best practice for reducing injuries among young children in the home. Community nursery nurses who offer advice and support to parents along with children's centre providers are now including more evidence based injury prevention activity in their action plans and are cascading the training to other members of staff. In Wiltshire one young child a year under 5 years, has drowned in the home or garden in the last five years and we have been working with children, parents and carers through our early years networks to reduce that number.

Starting a new school. Things to do:

- ✓ Buy uniform
- ✓ Get school shoes
- ✓ Check pre-school jabs are up to date

Pre-school jabs are:

- ✓ 2nd Dose of MMR
- ✓ 4 in 1 Pre school booster

Protect yourself, protect others

Your child will be mixing with more children when they start their new school and could be at risk of catching preventable diseases if they haven't had all their childhood jabs.

If you are not sure if your child has had all their routine vaccinations, check their personal health record (Red Book) or contact the GP surgery. To get the best protection for your child, they need to have had two doses of MMR vaccine.

For a checklist of the vaccines and the ages at which they should ideally be given visit www.nhs.uk/vaccinations



Wiltshire Council
Where everybody matters

What did young people tell us?

Over 7,000 children and young people in Wiltshire completed our Wiltshire Schools Health and Wellbeing Survey in 2015. The majority of children and young who took part in the survey describe themselves as satisfied or quite satisfied with their life (71%). However, data from school indicators gathered from the survey can be used to measure emotional wellbeing and mental health in children. This showed that nearly a third of secondary school children feel they have no one to turn to when they are worried, and 39% are so worried they can't sleep monthly, or more frequently. While 77% of primary children feel confident about their future this drops to 58% by secondary school age.

Public Health has been actively involved in developing a programme of work to support young people to take care of their mental health. This has included supporting secondary schools to deliver mindfulness with young people and the delivery of Youth Mental Health First Aid (YMFA) in Wiltshire schools. Both Mindfulness in Schools training and Youth Mental Health First Aid (YMFA) are supported within our Emotional Wellbeing and Mental Health Strategy.

School years

Improving child immunisation rates

In September 6,092 children started primary school in Wiltshire and we worked with schools and parents to ensure children were immunised before starting school. We focused on increasing take up of the second dose of MMR and the 4 in 1 pre-school booster. By increasing uptake of these important childhood immunisations we can reduce the outbreaks of preventable childhood diseases.



Youth Mental Health First Aid (YMHFA)

Youth Mental Health First Aid is an internationally recognised programme designed to promote awareness of psychological, emotional well-being and mental health and to support professionals to recognise and respond to mental health issues in eight to 18 year olds.

In 2014/15 and 2015/16 free training was provided by Public Health to local authority and academy secondary school staff, local authority employees and voluntary sector staff. 104 professionals attended training to enable them to provide support to young people, including spotting early signs of a mental health problem and to provide help on a first aid basis.

Mindfulness in Schools (MISP)

Research shows that Mindfulness in Schools Programmes (MISP) have the potential to improve pupils' attentiveness, mindfulness, resilience and wellbeing, and reduce depressive symptoms and perceived stress. The programme helps to create a learning environment that proactively promotes positive mental health for teachers and pupils.

Since 2015 Public Health has funded two, eight-week Mindfulness Based Stress Reduction (MBSR) courses which have been attended by professionals from eight secondary schools and members of the education psychology service. Teaching staff are now training to deliver mindfulness sessions themselves to young people in schools as part of the curriculum.

Keeping children safe from harm

In partnership with Motiv8 we collaborated with the Natural Theatre Company to put on a harm awareness performance at schools on New Psychoactive Substances (NPS – what were formerly referred to as 'legal highs') to inform young people and professionals. More than 800 pupils in secondary schools across Wiltshire saw the performance and Motiv8 staff were there to provide information and answer questions on NPS.

Keeping children and young people safe remains a key public health priority. We ensure that all young people under the age of 16 receive a sexual health risk assessment as early indication of sexual exploitation or vulnerabilities. A programme for raising awareness of [il]legal highs has been delivered successfully across secondary schools in Wiltshire, followed by a workshop style teaching session to support learning and awareness.



Case Study

In our communities

We have been working with local community groups to address child poverty and reduce childhood obesity. In Calne 'Cooking for Survival' sessions were offered to young people leaving home and young carers. The Make Summer Matter project provided young people who had excluded themselves from education with support to get back into learning. A Media Mentors group delivered workshops to other young people, producing pieces of media that tackle body image messages and Calne Running and Triathlon Team offered starter sessions providing young people with cheaper ways to exercise.

In December 2015, a community meeting themed around young people's issues was attended by over 200 young people. Other young people got involved in the Calne Bowl Project' and won an award from the South West Britain in Bloom contest for their ingenuity and voluntary work. Young gardeners and skaters created a natural environment for the whole community to enjoy and have received further funding to keep developing their 'Salad Bowl' initiative from the local Area Board. The Bowl's sporting potential has been developed through the Wiltshire Skate Series.

Reducing child poverty

Levels of child poverty in our county are low and most children live healthy lives. However we are doing more to help those children in Wiltshire who are affected by poverty. This year our team of public health experts have been speaking to local groups about child poverty and how we can combat it.

We produced local child poverty assessments, worked with local people to decide on the provision of services and support in place and with community area boards to discuss, develop and agree a local response. The data-led approach we have taken has inspired locally led projects across Wiltshire. By helping people to understand the community they live in better we have given them the tools to improve their community.



Wiltshire Healthy Schools

Across the county communities have supported the Wiltshire Healthy Schools initiative, The programme supports schools to effectively address the health and wellbeing of children and young people. Ninety schools are now part of the programme and during 2015/16 the first three schools achieved gold level. Schools have all taken a unique approach but many have focused on improving the emotional and mental health of children. The good practice and positive outcomes achieved by a number of Wiltshire Healthy Schools has been highlighted by organisations including the Department for Education and the Anti-Bullying Alliance.

You can find out more at www.wiltshirehealthyschools.org

To understand more about young people's health we asked nearly 7,000 children and young people, between eight and 18, across 65 schools about their health and wellbeing. The information we collected will help schools to more effectively reduce problems like cyber bullying, smoking, self harm and underage drinking. By asking young people to have a say we are giving them a chance to influence the decisions that affect their lives.



Chapter two

Enabling healthy lifestyles and healthy choices

Getting active

In Wiltshire we have integrated public health and leisure services management which allows us a unique opportunity to deliver innovative local services that improve health and wellbeing and promote active lifestyles. Our programmes provide opportunities for people of all ages and abilities to benefit from being active.

In 2015/16 there were over 3.5 million visits to Wiltshire's leisure centres, over 100,000 more than the previous year.

In 2015 our community health trainers engaged with 577 clients, an increase of over 88% compared with 2014. The number of men accessing the service has more than doubled and the proportion of people over 65 using the service has also almost doubled. 87% of clients completing the programme in 2015 either fully (64%) or partly (23%) achieved their primary goal.

While not everyone seeing a health trainer wanted help to lose weight, many felt losing weight would improve their health. 40% of people who completed the health trainer programme in 2015 lost weight. Levels of moderate exercise in clients have doubled. General health scores have increased by an average of 40%, self-confidence scores have increased by 33% and mental wellbeing scores improved by an average of 21%.



Health trainers

Now in its third year, our community health trainer programme is helping to provide local lifestyle support to people in our county. Our health trainers help people change behaviours that can cause ill health, including unhealthy eating, smoking or drinking, by increasing physical activity, reducing anxiety and boosting confidence and self-esteem. Health trainers help us to tackle health inequalities. In 2015 over half of the clients supported by the programme lived in the most deprived areas of the county, showing the programme reaches out to those who might not otherwise seek support.



Helping people to stop smoking

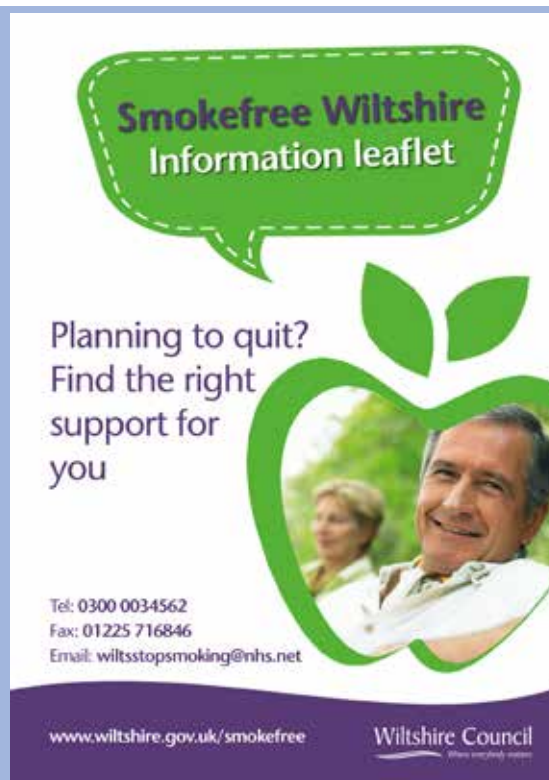
In 2015/16 Wiltshire's Stop Smoking Service supported 2,484 people in the county to quit smoking. The service had a successful quit rate of 54%, higher than the England average of 51%.

Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious pregnancy related health problems, including: low birth weight, pre-term birth, placental complications and perinatal mortality. The Health and Social Care Information Centre published statistics on women's smoking status at time of delivery for 2015/16, indicate smoking in pregnancy rates for Wiltshire have fallen by 2.4% in the last two years. Distribution of carbon monoxide monitors to maternity providers, training for midwives and the introduction of specialist maternity based services to support women to stop smoking in pregnancy has helped us achieve this result.

The national Tobacco Plan (2011) set out the Government's ambition to reduce smoking in pregnancy to 11% by the end of 2015. Smoking in pregnancy rates in Wiltshire have dropped from 14.2% (2011/12) to 10.3% in 2015/16 which is below the national average of 10.6%.

Following on research carried out in 2015 around the use of e-cigarettes, the stop smoking service has supported an increased number of people using e-cigarettes to give up. Since 2015 the service offered one to one behavioural support to 190 clients of which 132 managed to successfully quit smoking at four weeks thus achieving a quit rate of 70%. In 2016, our restructured services will reflect upon the findings of our study and help us deliver a service that meets current demand.

In 2015/16, smokefree signage was introduced in children's play parks to encourage smokers to think about the dangers of smoking around children. This year the public health team aims to focus on creating more smokefree environments across the county to further de-normalise smoking. This began with Erlestoke Prison becoming smokefree in May 2016 with plans for the local mental health trust to follow by the end of the year.



Case Study

In our communities

Our new Five Rivers Health and Wellbeing Centre in Salisbury is helping the community reach its goal of promoting more outdoor, leisure and cultural opportunities to improve health and wellbeing. The centre includes enhanced leisure facilities, improved support for people with disabilities, additional community activity rooms and a new exhibition space. New arrangements, led by local people, have seen a health and wellbeing group set up, and an older people's champion and carers' champion appointed.

The area board has been trialling a new wellbeing project to target 16-19 year olds who would not normally visit a leisure centre, to enhance the wellbeing of those who may have disengaged from school, society or generally need support. The award-winning Doorsteps project also continues to benefit young people on the Friary and Bemerton Heath estates and a range of arts projects, music festivals, cycle to school initiatives and projects to improve the wellbeing of young carers have been funded by the area board this year.

Diabetes roadshow

We visited Trowbridge, Melksham, Chippenham, Salisbury and Devizes and our team assessed 454 people to find out their risk of developing diabetes. They referred 268 people who were at moderate or high risk to their GP. There was a higher than average referral rate from Trowbridge, Melksham, Devizes and Salisbury which indicates we are targeting the right areas. Everyone who spoke to the team received support from a specialist dietician and the Wiltshire health trainers, with the aim of reducing their risk of Type 2 Diabetes.



Wiltshire health trainers and Diabetes UK volunteers outside the mobile Type 2 Diabetes risk assessment centre



Get Wiltshire Walking

Get Wiltshire Walking is a public health project that ensures every community within the county has access to a free weekly led walk. Walking is the lowest risk of all physical activities yet produces massive benefits to physical fitness and mental wellbeing.

Get Wiltshire Walking provides people with a chance to keep active, to explore their own local area and to make new friends. There are groups throughout the county and each walk has its regular starting venue on the same day and time every week. Routes are varied in length and difficulty to accommodate people of different ages and ability.

In 2015/16 there were 19,796 attendances on walks and 512 new people joined their local Get Wiltshire Walking groups.

Wiltshire's Big Pledge

In 2015, 12,547 signed up to take part in the Big Pledge – make a difference campaign. Wiltshire residents had 12 pledges. The most popular personal pledges were to get more active, improve personal wellbeing, volunteering and becoming dementia friendly. The lessons from this campaign were used to inform the 2016 campaign which got over 18,000 people involved.



Beat the Street

In total 8,332 people in Devizes and Calne, walked, cycled or ran 145,534 miles over the course of our six week Beat the Street scheme to increase physical activity and reduce car usage. 14% of the population of Calne and Devizes took part, including 35 school, workplace or community teams. Pupils from Southbroom St James Academy, Devizes travelled some 13,837 miles and pupils from Fynamore School in Calne covered 13,804 miles. A school travel survey is being carried to allow us to capture any change in school travel habits or lifestyle changes following the competition.



Case Study

In October 2015 successful public health projects from across the UK were showcased to attendees at the Royal Society of Public Health's (RSPH) annual conference. The 'Improve and Protect' film was premiered at this year's conference and included Wiltshire's Beat the Street project. The project is featured in a longer in-depth programme exploring some of the nation's major public health challenges and initiatives to help promote the importance of protecting and improving public health. To watch the film you can visit the RSPH website.

In the community

In Pewsey a weekly walk for health takes place on Thursdays.

In Southern Wiltshire a volunteer-led footpath project was developed to improve paths and access and provide opportunities for outdoor recreation. As a result over 60 kissing gates have been installed across the area, amounting to well over 600 volunteer hours. There has been continuing support for this group and investment in a volunteer coordinator.



Southbroom St James Academy who won the highest points achieved in Beat the Street

Chapter three

Helping older people to live healthy, independent lives



One of our key challenges in the year ahead is helping older people to stay healthy and supporting them to maintain the independence they want. Wiltshire's retirement-age population is predicted to increase from 21.5% of the population in 2011 to 29.8% in 2026. This year we have:

- Increased the number of people aged over 40 who are receiving an NHS Health Check, to reduce the risk of developing health conditions such as cardiovascular disease, becoming obese or develop type 2 diabetes
- Reduced the number of people who are waiting in hospital to go home or to leave hospital
- Put measures in place to reduce fuel poverty and tackle the poor health outcomes associated with living in a cold home.

The number of falls in the over 65s and fractures that happen because of a fall have reduced and healthy life expectancy is now 67 years for both men and women.

NHS Health checks

As we get older, we have a higher risk of developing conditions like high blood pressure, heart disease or type 2 diabetes. The council has a duty to provide free NHS Health Checks for those aged 40-74 years that can help spot early signs and help prevent illness and help people to enjoy a longer, healthier life.

Case Study

In 2015/16 over 29,200 people were invited for an NHS Health Check with over 14,000 accepting the offer. Wiltshire's percentage uptake for 2015/16 is 48%, a 15% increase in uptake since 2014/15. A primary care working group was established and the group meets on a regular basis to review previous quarter's data and to determine ways to improve uptake.

In the community

Local communities have come together, following the publication of the CA JSAs, and supported the launch of Men's Sheds across the county to encourage healthy lifestyles. Sheds are already up and running in areas like Trowbridge and Warminster, and this year a Men's Shed was being set up to help combat male isolation among the over 55s in Ludgershall. A local wellbeing project was also run by Army veterans to help those who are socially isolated or are hoping to improve their emotional wellbeing.

Just 20 minutes of your time
even if you feel fit and well,
it's worth having your
NHS Health Check

Free NHS Health Check for 40-74 year olds
Helping you prevent heart disease, stroke, diabetes, kidney disease and dementia.

Eligible patients will receive an invitation from their GP on their 40, 45, 50, 55, 60, 65, 70 and 74 birthday. If you are outside the age range and concerned about your health you should contact your GP.

NHS HEALTH CHECK Helping you prevent Diabetes, Heart Disease, Kidney Disease, Stroke & Dementia

NHS
Wiltshire Council
Where everybody matters

Warm & Safe Wiltshire



Wiltshire is leading the way on reducing fuel poverty and protecting those with poor health over the winter months and is one of the first authorities to integrate the work on improving cold homes across public health, public protection and social care.

Through the Warm & Safe project delivered jointly by Wiltshire Council and Wiltshire Fire & Rescue Service, help and advice is provided to residents to improve energy efficiency in their homes, any homeowner, or privately-renting tenant in Wiltshire, is able to have cavity wall insulation installed in their home, free of charge, helping us to reduce fuel poverty.

The project provides a single point of contact for staff to go to for support and advice on warm homes, home assessments for people discharged from hospital and training to staff to enable them to recognise when help is needed to address fuel poverty. It is hoped that the scheme will reduce the number of people repeatedly admitted to hospital who have been affected by living in a cold home.

We have also supported the Royal College of General Practitioners in a successful bid for funding to trial a 'one click' referral system from primary care settings in Wiltshire. The primary care IT system will automatically check if a patient is suffering from conditions linked to cold homes such as asthma and chronic obstructive pulmonary disease. The patient's record will be brought to the attention of a primary health care worker who will then be able to refer the patient into the Warm & Safe Wiltshire scheme automatically.

We are rolling out the Safe and Independent Living (SAIL) form in partnership with the Fire and Rescue Service which will improve access to services and support enabling the early identification of individuals who could benefit from early support improving partnership working and reducing duplication across public services.

As a sector leader Wiltshire's public health team have been asked to review an affordable warmth health impact evaluation toolkit which is being written for the Department of Energy & Climate Change. The toolkit will help effectively assess the impact affordable warmth schemes have on health and wellbeing. The team will submit a case study based on our experience here in Wiltshire of utilising the adult social care data base CareFirst to record case details of referrals made to our Warm and Safe team.

Case Study

In the community

Funding from the Marlborough Area Board has helped establish a community-led Shopmobility scheme in the town. This scheme will be hosted by volunteers recruited by the town council and Area Board and provide the means for residents and visitors to the town to get about the shopping areas of the town. Volunteers include sixth form students, young people on work placements and those on The Duke of Edinburgh's award scheme.

To support older and more vulnerable people in Warminster information drop in sessions are held at the at community hub in the town centre.

Chapter three



Businesses who have signed up display a sticker in their window to let people know that they are a 'Safe Place'. People can also choose to carry an 'In Case of Emergency' (ICE) card, which they can show when they use a Safe Place to help ensure they get the kind of support they require. Our leisure centres are all Safe Places and, along with other organisations, are helping to make sure that our towns and villages are welcoming places for everyone regardless of their age and that our communities support people who need support.

Colleagues were also out across Wiltshire in the autumn offering electric blanket testing to those over 65 at the Wiltshire Fire & Rescue Senior Well Being events. Of the blankets brought in, 17% failed the safety test because of overheating, unsafe electrical insulation or the poor condition of fabric and heating elements. The events in Calne, Devizes, Salisbury, Westbury, Lugershall and Mere also offered older people the chance to trade in old worn-out slippers for a new pair helping to reduce trips and falls associated with worn out and ill-fitting footwear.

In partnership with adult care

Through the Better Care Plan we are supporting older people to live healthily, to maintain or regain independence and to provide support which is personalised to an individual's needs and circumstances. This incorporates rehabilitation and falls prevention training for care home and domiciliary care staff, linked to hospital discharge liaison teams. Health coaching training for community teams is also available to support a shift towards proactive ill health management and enhanced focus on patient self-management.

This year we have assessed the extent to which Wiltshire care homes address the oral health needs of their residents, undertaking a study to look at how we can improve oral healthcare. Public health specialists are also working with care agencies in Wiltshire to increase understanding of how to prevent the spread of infection and falls in people aged 65 years and over living at home.

Safe places



All over Wiltshire businesses and organisations have signed up to our Safe Places project. The scheme aims to establish places in Wiltshire that provide a safe environment for people who might need some additional

support when out and about. Safe Places are there for people who are out in the community during times of anxiety, fear or distress.



Active Health

Through our Active Health scheme medical professionals refer patients to specialised programmes and last year we saw referrals increase to 3,402. The Active Health scheme offers a 12 week physical activity programme for those referred in order to improve underlying health conditions. Classes are also available for targeted interventions such as exercising after a stroke, increasing strength and balance, and Phase IV Cardiac rehabilitation. There were 24,153 attendances at classes last year, an increase of almost 15% on the previous year.



Case Study

In the community

In 2013 Bradford on Avon's retirement age population, as a percentage of its total population, was the third highest in Wiltshire and the local community wanted to make the right support available for vulnerable people. A local Dementia Action Alliance has been set up with Alzheimers Support, the local Health Partnership, Seniors' Forum, Churches Together and Dorothy House. Events have taken place to increase understanding of what it's like living with dementia, a memory café has been set up and dementia-friendly status sought for the town. Community efforts have also made local social prescribing activities more effective, including the Leg Club, a Falls Clinic, befriending and a Men's Shed scheme.

The local GP practice Bradford on Avon and Melksham Health Partnership was nominated for 'Best Practice of the Year' for the excellent work they have done to improve uptake in the NHS Health Check programme. The practice was the only one in the South West to be shortlisted for an award.



Chapter four

Better mental health and wellbeing

Wiltshire's Mental Health Strategy 2014/21 was published this year. We set out our ambition over the next seven years to improve the mental health and emotional wellbeing of Wiltshire residents and meet the aims of the national mental health strategy.

We are already rising to the challenge of improving mental health and wellbeing – but we know we need to go further to achieve our ambitions and improve outcomes.

Mental health is 'everybody's business'. Change on this scale cannot be delivered by organisations working alone. We are committed to working together with individuals, families, employers, educators, communities and the public, private and voluntary sectors to promote better mental health and to drive transformation

Mental Health First Aid (MHFA) training courses

A new 'Five Year Forward View for Mental Health' has been published by the independent taskforce set up by NHS England. The report gives a very positive message for change in the way the NHS and its partners transform the way they commission for mental health.

The taskforce recommends prioritising promoting good mental health, preventing poor mental health and helping people lead better lives as equal citizens through wider system integration, which involves the NHS, public health, voluntary, local authority, education and youth justice services all working together. This is a positive endorsement of the approach that Wiltshire is taking with our Mental Health and Wellbeing Strategy and there is action underway or planned which will address a considerable proportion of the recommendations made on prevention and early intervention.

Creating better health outcomes

Our Artlift programme is an arts on referral project which has been helping us to improve the wellbeing of patients in Wiltshire since 2014. The programme enable health primary care providers and professionals to refer patients for an 8-10 week art course, usually delivered in a community based or primary care setting. The scheme addresses health and wellbeing issues, sometimes in potentially vulnerable or isolated groups. Informal and fun sessions are run by an experienced artist who helps people explore their own creativity and learn new skills at their own pace.




“Artlift has given me a new interest, a new lease of life” said one participant, who had sought help from her GP for depression

Giving communities the tools they need

Dementia Friends, our commitment to promoting and providing mental health first aid training and our Safe Places scheme are some of the initiatives that have been a success in Wiltshire because they help local people take care of each other. Our communities are now safer, healthier places to live for those who are experiencing mental health and wellbeing problems.

Dementia friendly communities



Research indicates that by 2020 the number of older people with dementia nationally will double and meeting the needs of an aging population, particularly a rise in the cases of dementia, is a priority for Wiltshire Council. By Dementia Awareness Week in 2016 over 15,000 people in Wiltshire had taken Dementia Friends training. Becoming a Dementia Friend means learning more about dementia and the ways in which you can help. The high numbers of people who have become Dementia Friends has made our communities safer places for people suffering from dementia to live healthy, high quality lives.

To find out more visit:
www.dementiafriends.org.uk



Case Study

How we are helping people in crisis

Wiltshire has been successful as part of a regional group of local authorities in securing funding for ASIST suicide prevention training. Staff will be attending a 'training the trainer' course and will go on to deliver six courses in the county aimed at frontline staff who are most likely to come into contact with someone who may be at risk of suicide.

In our communities

In Corsham the local community agreed to focus on improving mental and emotional wellbeing. An event for those over 55 called 'The Big Get Together' launched work to co-ordinate activities for older people. Over 150 people and 41 organisations attended and agreed to set up a local health and wellbeing group and to put resources into establishing a sustainable community model that supports people living with and caring for those with dementia.

It is well established that physical activity can impact on mental health. Big strides have been made in promoting walking, with the town achieving 'Walkers Are Welcome' status. The Corsham Walking Festival has been growing in popularity and over 300 people took part in the Corsham Memory Walk in 2015 to raise money for the Alzheimer's Society. Weekly dementia walks are held to give people who might be isolated the chance to be social and active in a supportive environment.

Dedicated sports projects, like the Sports and Social Club at Cricklade Leisure Centre, are aiming to help improve local mental health and wellbeing issues. A winter youth group project was set up in Lyneham to provide contact with young people over the winter months.

Chapter five

Preventing ill health and protecting people locally

Wiltshire Council is responsible for delivering sexual health services, reducing the impact of infectious diseases and preventing and reducing harm from drug and alcohol misuse.

The council also recognises the importance of its role during emergencies and incidents, and is fully committed to protecting the residents, businesses, infrastructure and environment of the county

Our team has continued to prevent ill health and to reduce threats to public safety by:

- Improving sexual health
- Reducing the impact of drug and alcohol related harm
- Reducing the impact of infectious diseases
- Reducing the impact of extreme weather
- Working locally to protect people in an emergency
- Helping people enjoy all Wiltshire has to offer

Improving sexual health

Late diagnosis of HIV has fallen by over 10% between 2011/13 and 2012/14 in Wiltshire revealing the successful work we have done to ensure that those at risk are tested and can get earlier access to treatment to reduce the risk of transmitting the virus.

We have worked to promote testing and to remind people that new technologies are available that make testing for the virus much simpler and more straightforward. In Wiltshire, as well as residents being able to test at any of our sexual health clinics and GP surgeries, we have signed up to participate in the PHE Home Sampling programme.



The programme is targeted at communities most at risk of HIV who can order an HIV test online at www.freetesting.hiv and receive it in the post, before taking a small sample of blood and returning it for laboratory testing.

Data released in January 2016 showed that out of the 325 local authorities involved with the project, Wiltshire had the 33rd highest number of requests for testing kits in November and December. This indicates that this type of home screening service is not only acceptable to local residents but that we are also reaching those people who may not ordinarily be testing.

As well as offering HIV testing through an online system, young people across Wiltshire are able to order kits to test for Chlamydia on-line as well. This system has proven to be a huge success with over 21,000 kits being ordered by the end of March 2016. It is important that young people are able to engage in testing systems such as this as presently over 50% of new sexually transmitted infections in Wiltshire are diagnosed in those under 24 years of age.

Reducing the impact of alcohol related harm

In April 2015 Wiltshire's Alcohol Strategy for 2014/18 was finalised, marking the beginning of a new phase of our work to tackle alcohol-related harm with our communities and partners. The new strategy prioritises prevention through raising awareness of the impact of alcohol and the risks of dependency.

Bringing strategic work on alcohol and licensing under the management of our public health team has allowed us to take a broader and more effective approach to confronting alcohol related harm and associated anti-social behaviour. We are now able to empower local communities to tackle problems, to act against problem premises or to reduce the density of premises and, most importantly, to make protecting public health a licensing objective.

Case Study

Community safety in our communities

For the fourth year in succession, Salisbury was awarded Purple Flag status and this year Chippenham also gained an award for the town. The award demonstrates the commitment that both Salisbury and Chippenham makes to the 5pm – 5am economy and that partnership working is thriving in both places. Purple Flag is an accreditation process similar to the Green Flag award for parks and the Blue Flag for beaches. It leads to Purple Flag status for town and city centres that meet or surpass the standards of excellence in managing the evening and night time economy. In Melksham local CCTV is in operation and is monitored by 12 volunteers during peak hours and 32 local businesses have signed up to the Safe Place Scheme.

Our focus is on tackling the impact that alcohol-related harm can have on individuals, families and communities, both on health and wellbeing and through hidden harms, like violence and anti-social behaviour. Whilst our work helps ensure people are able to enjoy alcohol safely and responsibly and supports a healthy night-time economy, we also have a responsibility to reduce the harm done through alcohol misuse, to help those who are dependent and, crucially, to reduce the number of people who become dependent.

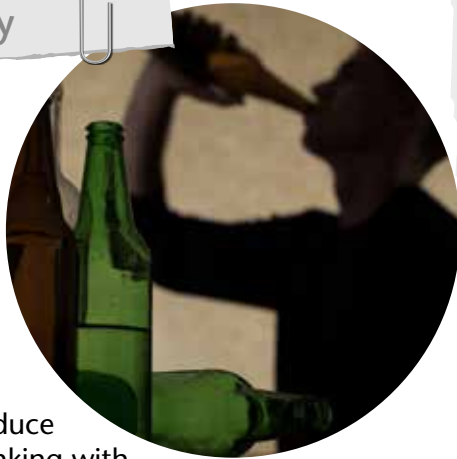
We know that alcohol-specific admissions for under 18s reduced between the period ending 2012/13 and then 2013/14 from 55.5 per 100,000 to 46.4 per 100,000. We have prioritised reducing the impact of alcohol related harm, ensuring that our alcohol strategy and licensing are managed by the same team to allow us to empower local areas to tackle alcohol related harm.

Analysis shows that alcohol attributable and specific admissions are falling in those aged under 45 while it is increasing in those aged 45 and over.

Public health intelligence also helps us understand where in the county alcohol specific admissions are higher and where they are falling.



Case Study



In Amesbury a local pubwatch scheme is helping to reduce underage drinking with radio communication between venues and good liaison with police helping to prevent underage drinkers entering licensed premises. In Calne a Positive Tickets scheme, supported by Wiltshire Council and the Police and Crime Commissioner, acknowledges the positive behaviour and work of young people in the town.

In Westbury local people have worked together to reduce incidents of domestic abuse and help victims. Wiltshire Police have a new community policing programme running across the county and are providing regular updates at area board and parish council meetings and a local public information campaign provided information to those suffering or at risk of domestic abuse on how to get help.

Reducing domestic abuse

In November Wiltshire Council and the Office of the Police and Crime Commissioner launched a single phone number to help people experiencing domestic abuse in Wiltshire to find support sooner. To mark this year's domestic abuse awareness week Splitz Support Service, commissioned by the council and Wiltshire Police, have launched the new phone number for anyone looking for advice, support and help about domestic abuse in Wiltshire. Splitz will deliver easy to access specialist support services for people at all levels of risk of domestic abuse across the county. Anyone who would like advice or support about domestic abuse

should call 01225 775276 or go to www.speakoutwiltshire.com. This year we also continued to run a multi-agency training and awareness events for practitioners working across the field of domestic abuse to help us provide support for anyone affected.

Multi-Agency Risk Assessment Conferences (MARAC) are recommended by the Home Office as good practice to facilitate a multi-agency response to high risk domestic abuse. In 2015/16, the Wiltshire MARAC has continued to witness an increase in the volume of referrals being received into its safeguarding arrangements to support victims and their families at greatest risk of DA in the county. There were 496 high risk referrals received during 2015/16, which is a further 10% (+72) increase on 2014/15; of which 23% were repeat victims. 624 children were recorded in the household at the time of a high risk referral to MARAC. Wiltshire has continued to record higher than the national average for partner agency referrals, with 40% recorded in 2015/16, this is reflective of the multi-agency rolling training programme for MARAC, risk assessment and referral pathways.



2014/15	North/West Wiltshire	East/South Wiltshire	Wiltshire
Referrals received	299	197	496
Repeat Victims	59 (20%)	39 (20%)	99 (20%)
Children in household	371	271	624

Reducing the impact of infectious diseases

Each year the council works closely with NHS England, local GPs and pharmacies to provide and promote the seasonal influenza vaccine to those at risk.

This year saw the seasonal influenza activity peak later than usual in March rather than December/January as in previous years.

The uptake rates in children aged 2-4 years, pregnant women and those aged 65 and over are all higher than the England average, however in the under 65 at-risk population it is slightly lower.

CCG	Summary of Influenza Vaccine uptake %					
	65 and over	Under 65 (at risk only)	All Pregnant women	All aged two	All aged three	All aged four
Wiltshire	72	42.8	42.9	46.3	47.4	39.4
England	71	45.1	42.3	35.4	37.7	30.1

The council offers the influenza vaccine to its staff and this season there was a 38% increase in the number of those who had the vaccination from 2014/15 (674) to 2015/16 (930) and nearly 80% of these were vaccinated at clinics held in each of the council hubs.

Pneumococcal vaccine is given once to those aged 65 years and over and protects them against serious pneumococcal infections which can lead to blood poisoning or meningitis. Wiltshire has seen a slight increase in uptake of this from last year from 69.6% (2015) to 70% (2016).

Antimicrobial resistance is a global issue that concerns us nationally and locally. Our work aims to reduce the spread of infection and the need for antibiotics to be used.

Wiltshire's Assembly of Youth helped us to design a leaflet to increase local understanding of why we need to preserve our antibiotics and avoid misuse.

Some of the areas in which we can all contribute are:

- Simple but effective hand hygiene
- Having vaccines to which we are entitled to avoid developing or transmitting infections
- Prudent use of medications designed to kill microorganisms that cause infections

Collaborative work with entomologists at Porton Down continues to ensure consistent messages are shared with the public. Leaflets have been devised including a small pocket sized card that easily fits into a first aid kit for easy reference. These resources have been shared with local GPs, parish councils and other local organisations on request. An evaluation of these resources sent out strongly supported their usefulness.

Summer awareness

We have been working over the last three years to reduce incidence of melanoma in Wiltshire. Our annual sun awareness campaign is preventive, aiming to help Wiltshire people have a healthy relationship with the sun and reduce their risk of developing skin cancer and other sun related health problems (including cataracts and premature ageing). We also raise awareness of skin cancer by encouraging people to be alert to the signs and symptoms of skin cancers and the steps available to investigate and treat these lesions.

Our 2015 campaign focused on children and young people particularly from more deprived backgrounds and those who work and spend time outdoors. Public health specialists provided advice and information at events across Wiltshire to reduce the number of people who develop skin cancer.





Working locally to protect people in an emergency

In 2015 two cases of anthrax were confirmed at a farm in the Westbury area following the death of two cows. Colleagues from Wiltshire Council, Public Health England, DEFRA, Environment Agency and Animal Plant and Health Agency swiftly put a plan together to protect public health and ensure there is no risk to the wider community.

Knowing people in Wiltshire are protected in an emergency is important to us all and our Emergency Preparedness, Resilience and Responsiveness team play a crucial role in protecting communities. In February the council approved Wiltshire's Integrated Emergency Plan, which ensures we can effectively protect people should a major incident, like severe weather, the outbreak of disease or large fire, take place. Working with emergency service partners we are creating safer, more resilient communities.

This year the team ran multi-agency community resilience workshops across 250 parish and town councils and helped communities complete their local plans. The workshops were a big step in helping the public prepare to cope during widespread emergencies like flooding, snow or disease outbreaks when the public services' resources will be stretched.

January proved just how effective these local plans were when we received three flood warnings and flood alerts for rivers in Wiltshire, with particularly high river levels in the centre of Bradford on Avon. The decision was taken, in connection with the Environment Agency and Fire and Rescue Service, to erect temporary flood barriers in the town. The barriers were collected and put up by Wiltshire Council and the Fire & Rescue Service in a successful multi-agency response but they were monitored by Bradford on Avon Community Response Volunteers.



Reducing the impact of extreme weather

Over the Autumn and Winter months we ran a local 'Stay well this winter' campaign with the Wiltshire's NHS Clinical Commissioning Group to keep local people well, safe and warm over winter and to ensure local public services are able to manage seasonal demand.

The team are the most proactive community resilience response team we have in Wiltshire and have been trained by the emergency planning, public health, flood response and the highways team. The community team are a great example of how, with our support, local people are taking the lead.



Case Study

In the community

Local residents in South West Wiltshire expressed concern about the impact of winter weather leaving people socially isolated. As a result the Area Board has funded six tailgate salt spreaders and 10 push-along spreaders, which are now available to be used by trained local volunteers in strategic locations during the winter period. By working together the community is better prepared to help itself and keep people safe in extreme weather.

Helping people enjoy our county

Our team takes an active role in event scrutiny to help reduce the risks to those taking part and the wider community from communicable diseases, substance misuse and severe weather.

The Summer Solstice on 20 and 21 June is one of the largest events in Wiltshire each year. In 2015 there were 23,000 visitors to the event, but compared to the previous year there were less arrests and less people needing medical treatment. Our health and safety, food safety and emergency planning teams, together with our highways colleagues, helped event organisers put in place sensible steps to ensure public safety and deliver a successful event.





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