

**Wiltshire Council**

**Health and Wellbeing Board**

**22 May 2014**

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**Provision of Mental Health Services in Wiltshire by Avon and Wiltshire  
Mental Health Partnership NHS Trust**

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**Executive Summary**

This paper sets out information about the provision of secondary and primary mental health services in Wiltshire as commissioned from Avon and Wiltshire Mental Health Partnership NHS Trust. It describes the changes in locality structures over the last year, the current national policy context, key improvements over the last year and the proposed improvements for 14/15.

**Proposal(s)**

It is recommended that the Board notes the paper.

**Reason for Proposal**

To update the board on the current position with regard to the provision of mental health services for adults and older adults.

**Dr Julie Hankin**  
**Clinical Director – Wiltshire**  
**Avon and Wiltshire Mental Health Partnership NHS Trust**

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### **Purpose of Report**

1. To update the board on the current position with regard to the provision of mental health services for adults and older adults by setting out information about the provision of secondary and primary mental health services in Wiltshire as commissioned from Avon and Wiltshire Mental Health Partnership NHS Trust. It describes the changes in locality structures over the last year, the current national policy context, key improvements over the last year and the proposed improvements for 14/15.

### **Background**

2. Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is a significant provider of mental health services across the South West of England (income was £195,364 million in 2013/14). We deliver a wide range of locally focussed mental health services across Bristol, North Somerset, South Gloucestershire, Bath & North East Somerset (B&NES), Wiltshire and Swindon, as well as specialist services across the South West. We currently deliver care from over 90 community and inpatient sites – including those delivered in partnership with external organisations. Our services cover acute, recovery, liaison and dementia services, as well as secure criminal justice and a wide range of highly specialist mental health services.
3. The Wiltshire locality provides adult and older adult mental health services to a population of 471,000 (census 2011). It is a rural area with traditional market towns and mainly low morbidity. It has a lower population density than the South West overall with the highest growth rate of the rural authorities in the South West. Wiltshire has a higher than average population under 18 and over retirement leading to a higher dependency ratio than the South West or England.

### **National Policy Context**

4. Nationally the NHS sees an ongoing drive for improved quality alongside continued efficiency savings. The Francis report into Mid-Staffs and the Berwick report looking at quality improvement linked to it have laid out clearly both the primacy of quality considerations in the delivery of services and the need for a transformative culture focused on

transparency, compassion and accountability. This in turn has led to an increased rigour of inspection from Care Quality Commission. By the end of 2015 all NHS trusts will have had at least one comprehensive inspection under the new methodology with formal published ratings introduced from October 2014. AWP is due to receive a comprehensive inspection in June 2014 as part of the pilot wave 2 of the new methodology.

5. Parity of Esteem i.e. valuing mental health services equally with physical health services has been laid out as a crucial priority by both the department of Health and NHS England with a supporting programme in place. The 3 priorities laid out by the programme are improving access to psychological therapies (IAPT), improving diagnosis and support for dementia and improving awareness and focus on the duties within the Mental Capacity Act. There are also implications for the development both of mental health liaison services within acute hospitals and community care and for ensuring an equitable provision of physical health care to the patient group within mental health services, who are recognised to have high premature mortality rates.
6. The Mental Health Crisis Concordat was published in February 2014 and sets out the principles and good practice that should be followed by health staff, police officers and approved mental health professionals when working together to help people in a mental health crisis. It follows the refreshed Mandate for NHS England, which includes a new requirement for the NHS that “every community has plans to ensure no one in mental health crisis will be turned away from health services”.

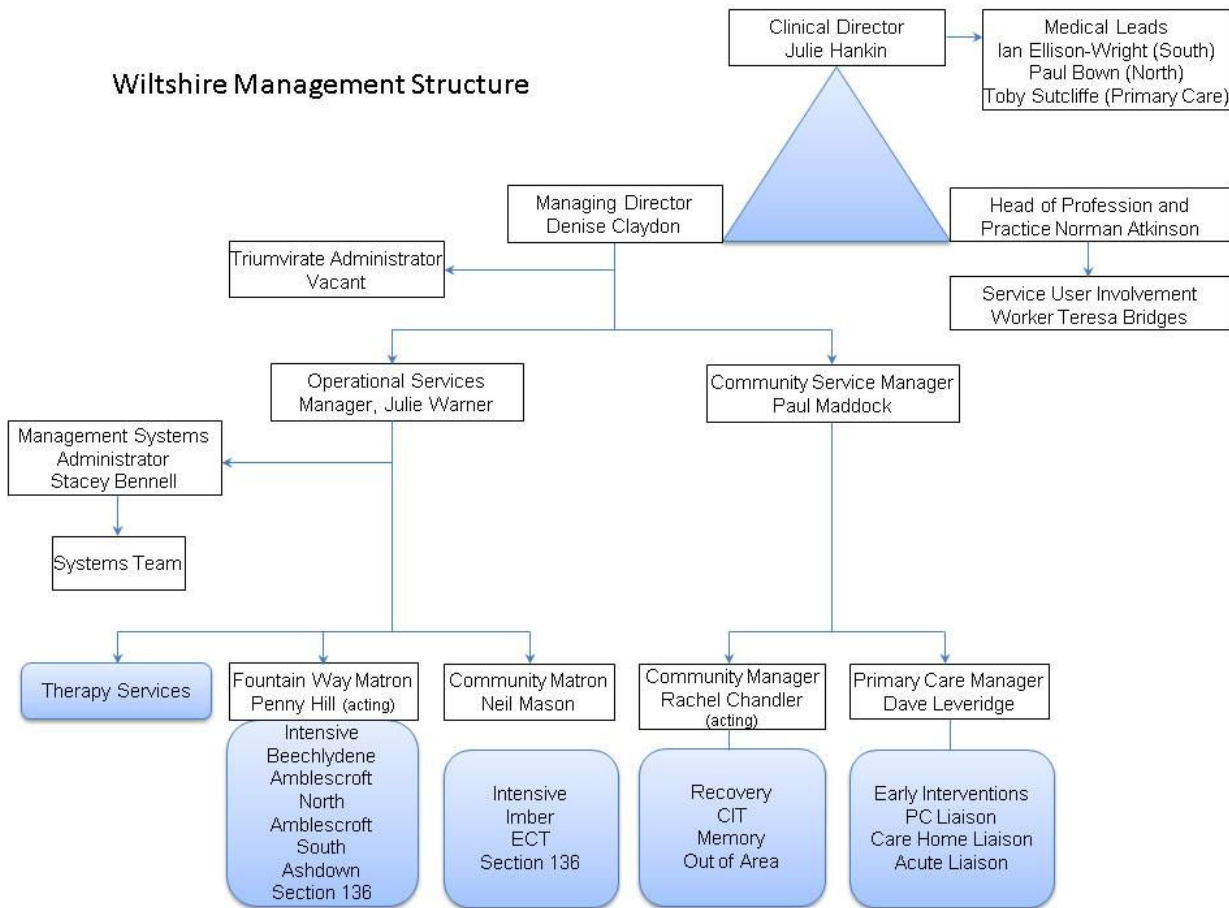
There is an expectation that all local areas will develop their own equivalent crisis concordat and it is planned to extend the current multi-agency 136 monitoring group to become a wider group encompassing this work.

7. Also in February 2014, the Department of Health published Closing the gap: Priorities for Essential Change in Mental Health Services. This document sets out 25 key areas across health, public health and social care where there is an expectation of focused transformative work.

### **Locality Structures**

8. The Wiltshire locality management structure has been in place since 1st May 2013. This marked a major change in the Trust’s operations and focus with a move from trust wide business units to locality structures bringing together all services provided in a geographical area under a clinical leadership.

## Wiltshire Management Structure



9. Services provided across Wiltshire are LIFT primary care psychology (IAPT), Primary Care Liaison, acute hospital liaison, care home liaison, community mental health teams for adults and older adults, early intervention in psychosis, memory clinics, crisis and home treatment services, acute admission wards for adults and older adults, specialist dementia inpatient services and psychiatric intensive care beds.

### Key Improvements in 2013/14

10. A change in the model of care for diagnosis of early dementia with a move to shared care with GP practices allowed elimination of the waiting list for the existing memory clinics and a move to a much improved partnership model of care.
11. Partnership work with Oxford Health and the police alongside some changes to the existing place of safety arrangements allowed Section 136 provision for 16-18yr olds and under 16yr olds in the Salisbury hospital based place of safety. There is a cross-organisational operating policy in place fully signed up to by all partners and a multiagency governance group.
12. New investment by the Wiltshire CCG allowed development of an acute liaison service in Salisbury district hospital and improvements to the existing service in RUH and GWH.

## Proposed Improvements 2014/15

13. A crucial element of the on going improvement work for 14/15 is the reprofiling of community teams in line with the community transformation project and CCG 5 year strategy. This is not a change to the currently commissioned services or the existing workforce but rather a change to the current organisational structures to bring the teams closer into line with local needs. The current three adult recovery teams and the two older adult community teams will come together to form four community mental health teams each with clear specialised functions of adult mental health and older adult mental health. These four teams will function as eight workgroups allowing much closer linking to a small number of GP practices and community teams. By reducing the amount of travel workers are doing within Wiltshire we will be able to increase the amount of time spent of face to face contact and clinical work and ensure better continuity of care.

Medical and therapy roles will change to align with the new teams and to allow a greater focus on preventative work and supporting primary care. A key strand of work within this will be to understand how best we can ensure that we are working with social services to ensure that service users and their families experience a seamless service focused on a personalised and effective approach to their needs.

14. The move of LIFT primary care psychology services into the locality will allow much closer working between the psychology services, primary care liaison and GPs ensuring improved pathways and response for service users.
15. AWP is fully committed to working with health and social care partners on the Dementia Strategy consultation planned for 14/15 and delivery of the final agreed model.
16. A new ADHD service is being commissioned providing local assessment and management in partnership with both the local community teams and the specialist ADHD provision currently provided within Bristol.
17. Pathway work has been agreed with the CCG as part of the annual CQUIN targets to significantly improve a number of key pathways over the next year. Included within this work are the following elements:
  - Ensure that IAPT care pathways are effective and synchronised with secondary mental health services.
  - Work to improve discharge pathways and level of interventions and support provided directly within primary care
  - Work with Oxford Health to improve transitions from CAMHS to adult services.
  - Improved care pathway for Borderline Personality Disorder care.
  - Improved pathways between PCLS and Community Teams.
  - Work with the CCG to evaluate; the effectiveness of Intensive Teams with regard to avoidance of hospital care and patient satisfaction with the Intensive service.

- Explore with the CCG the scope for further hospital avoidance or for shorter hospital stays.

Agreement is also in place to Work with Wiltshire CCG and social care partners to explore the scope for implementation of Personal Health Budgets for mental health.

18. Scoping work is on going to understand the impact and needs of the upcoming increase in Military presence within Wiltshire. This will need to include strengthening our existing links and veterans services and ensuring adequate response to arising needs.
19. The locality is committed to improving and extending Partnership working. A new protocol agreement for information sharing and collaborative work has been signed with police building on the success of the similar protocol in place with Oxford Health for Child and Adolescent Mental Health Services. The locality is also keen to be fully involved in the ongoing transformation processes and development of campuses within local areas. This gives a way to deliver much improved holistic care to local populations with improved ties to other health and social care partners.

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