

Wiltshire Mental Health and Wellbeing Draft Strategy



NHS
Wiltshire
Clinical Commissioning Group

Wiltshire Council
Where everybody matters

2014 - 2021

Welcome

Welcome to the Wiltshire Mental Health Draft Strategy 2014 - 2021 (draft). Here we set out our ambition over the next three 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.



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Introduction

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 draft 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.

Awaiting photo

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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:

1. Prevention and early intervention (including mental wellbeing for expectant and new mothers)
2. Promoting emotional wellbeing and tackling stigma and discrimination
3. Personalised recovery based services with a wellbeing perspective
4. Effective and efficient use of resources to ensure value for money
5. Closer collaboration with service users, families and carers in the development of services
6. Joint working with a wider group of statutory services

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 strategy including the Dementia Strategy and the Children and Young People’s Emotional Health and Wellbeing Strategy. These and other strategies have been considered during the development of the Mental Health Strategy to ensure consistency. 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

Depression

Anxiety
(panic attacks/obsession)

Psychosis and
Schizophrenia

Bi-polar disorder



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.intelligenzenetwork.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.

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

- enhanced seven day primary care and community based solutions with improved multidisciplinary services wrapped around general practice reducing reliance on acute care
- 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 persons' life not just their medical needs and a recognition of the benefits of good quality housing, employment and supportive relationships.

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 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.

1. Prevention and early intervention (including perinatal mental health)

- 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.

- 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 and tackling stigma and discrimination

- 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 with a wellbeing perspective

- Provision of flexible preventative, support, education and treatment pathways, providing service users with the tools and confidence to manage and sustain their recovery and wellbeing.
- Explore the provision of increasingly diverse prevention, support, education and treatment pathways to maximise inclusivity for every type of mental health disorder. Our model will be that of a Recovery College where we aim to educate the service user to understand their own health issues and aid themselves in a journey of health and wellbeing. For example to provide specialised employment support for those with autism, or arts based therapy for those with chronic neuroses and school based mental health around social networking, emotional learning, bullying and violence. This could include options for peer support programmes.
- Care for people close to home or their place of choice ensuring continuity of care where possible and appropriate.

4. Effective and efficient use of resources to ensure value for money

- Interdisciplinary working, training and care between mental health, emergency, prison and probation services.
- Review 'out of hours' service provision to ensure that people can access to the right type of care or advice whenever the need arises. Consider how improvements can be made across the whole system in order to minimise the need for out of hours.
- Implementation of the improvements outlined in the AWP CQUIN.
- 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.

5. Closer collaboration with service users, families and carers in the development of services

- 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.

- to 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.

6. Joint working with a wider group of statutory services

- Build on current collaboration between specialist mental health services, and partners involved in the wider determinants of wellbeing such as housing, employment, education, money advice, recreation, leisure and physical activity, psychological therapies, carers/families support groups, community and voluntary sector. This is of particular importance in ensuring positive outcomes for those with complex needs.

- 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.
- Implement 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 clear pathways through primary and secondary mental health services.
- Multiple assessments where much of the information is already known.
- 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.
- 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 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
- Listening to the safety concerns of service users and carers, families and communities.

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?

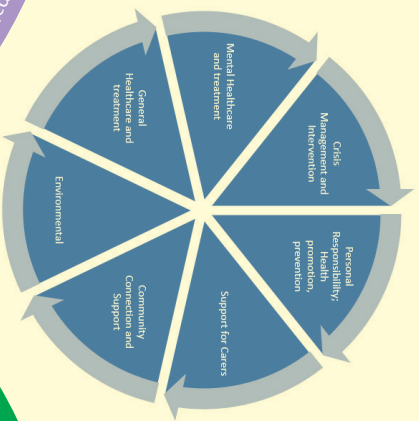
We will use a variety of quantitative and qualitative methods to assess the success of this Strategy, and these will focus on achieving positive outcomes for service users, patients and communities. This will include utilising established performance and outcomes frameworks and service user and patient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

References

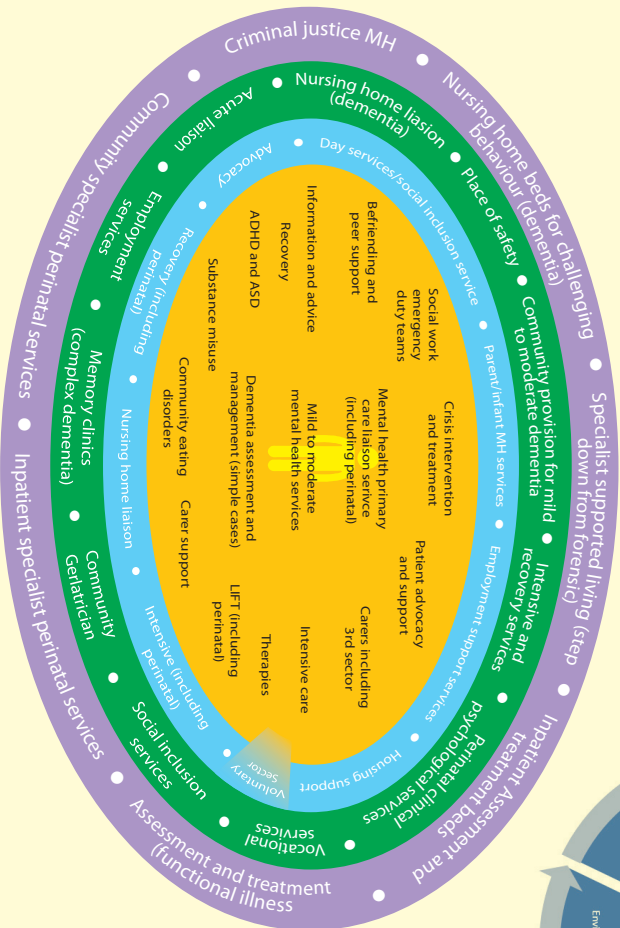
The following documents have informed the development of this service specification:

- Wiltshire Joint Health and Wellbeing Strategy 2013-2014.
- 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
- Securing excellence in commissioning for the Armed Forces and their families 2013.
- 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
- 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
- Wiltshire Dementia Strategy, Wiltshire Children Emotional Health and Wellbeing Strategy, Wiltshire Suicide and Self Harm Prevention Strategy

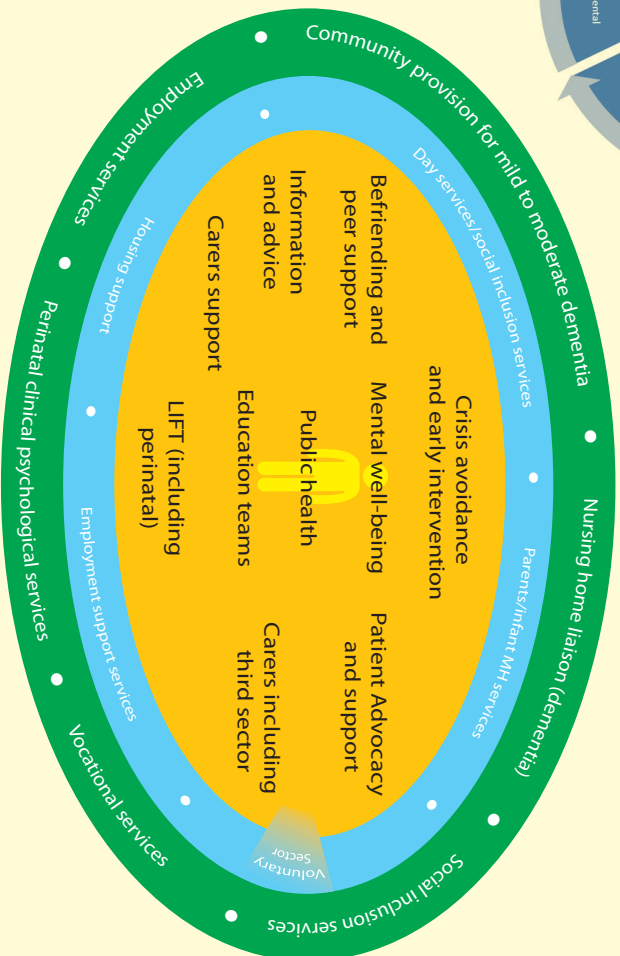
Future health and care model Mental Health



Managing ill-health



Establishing and sustaining wellness and independence



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

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

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 arrangement 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		Public Health commissions Wiltshire Wildlife Trust to provide a "green gym" service. Anyone with mental health problems can be referred (by their GP) to this service where they will be able to attend regular group sessions of conservation activities such as woodland management or countryside walks.	
Wellbeing Project	Wiltshire Wildlife Trust			

Wiltshire Mental Health and Wellbeing Draft 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
LIVING FAIRLY
HEALTHY EATING
LIVING INDEPENDENTLY
STOPPING SMOKING
REDUCE FALLS AND INJURIES FOR OVER 65s



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