

# **Modernising Mental Health Services in South Wiltshire**

Public Consultation  
November 2004

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## Executive Summary

- i. Mental Health services in South Wiltshire are provided by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) working with South Wiltshire Primary Care Trust and Wiltshire County Council
- ii. Some local services have not changed sufficiently to meet the modern needs and wishes of mental health service users. As such services do not meet all of the standards within the National Service Frameworks for Mental Health and Older People
- iii. Despite this, South Wiltshire Primary Care Trust invests a greater proportion of its funds in mental health services than other local Primary Care Trusts (£143 per person in comparison to a Wiltshire average of £99). This level of investment is significantly more than is received to provide these services.
- iv. South Wiltshire Primary Care Trust is reviewing all the services it provides or commissions to make sure that they meet national targets within the resources available.
- v. A range of proposals has been developed which modernises services and provides better value for money. These proposals cover services for adults of working age and older adults.
- vi. The Primary Care Trust has agreed a sixteen week consultation period so that local individuals and organisations can make their views on the proposals known.
- vii. The main theme of the proposals is to increase the range of community-based care and treatment whilst reducing the level of inpatient services so that people are cared for in community settings in line with national standards for mental health.
- viii. Among the specific improvements proposed in the document are:
  - a. a comprehensive counseling service to be run by the mental health trust for patients of GPs across South Wiltshire
  - b. extending the availability of the Crisis Resolution Service to support people needing urgent help
  - c. Increased funding for the Memory Clinic to support people who may be developing dementia.

- ix. The cost of meeting these and other improvements would be met in various ways including:
  - a. reducing the number of hospital beds for adults of working age and older people, and providing alternative forms of care so as to reduce the length of time people spend in hospital
  - b. making better use of money invested in non patient care
- x. The PCT believes that these proposals form part of a wider range of initiatives enabling modern services of consistently high standards to be delivered within the resources available.
- xi. At the end of the consultation period in February all the views expressed will be brought together in a report to be published by the Primary Care Trust and considered by Wiltshire County Council's Overview and Scrutiny Committee. Final decisions about which proposals to implement will be taken in the light of the views received.

## 1. Introduction

- 1.1 In South Wiltshire, the following organisations work in partnership to provide health and social care for people with mental health problems:

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)

South Wiltshire Primary Care Trust (SWPCT)

Wiltshire County Council (WCC)

- 1.2 The changes that are proposed to mental health services have been developed in response:

to the need to modernise services and meet national targets

*“The delivery of new community based mental health services and a reduction in the traditional reliance on inpatient services is central to the process of modernising mental health services”. (National Institute of Mental Health England-website)*

to the need to reduce the amount of money SWPCT invests in mental health services (which is significantly more than is available for these services). SWPCT invests £143 per person compared to a Wiltshire average of £99 per person (when the population is weighted for its level of mental health need). This review of mental health services forms part of a wider review of all services the PCT provides or commissions. The purpose of these reviews is to ensure that national targets are met within the financial resources available.

- 1.3 The proposals cover local services for Adults of Working Age and Older Adults. One proposal links to mental health services for children. These proposals do not affect medium and high secure mental health services.
- 1.4 Before decisions can be made it is important that interested individuals, groups and organisations have an opportunity to comment about the way in which specialist mental health services should be provided.
- 1.5 This document provides people and organisations with a confidential way of giving us feedback on the proposals. There will be other forms of

consultation during the consultation period and this is discussed on page 27.

## **2. Background to Local Services**

2.1 This section explains how local mental health services are provided now

2.2 People who are helped by local mental health services include:

people with organic illnesses such as dementia.

people with functional mental health problems such as bi-polar disorder, anxiety disorders, and schizophrenia.

2.3 Inpatient services and most outpatient services are provided at the Fountain Way campus (formerly known as The Old Manor). A plan of the campus is attached as Appendix 1.

2.4 Mental health care is also provided in community settings, such as people's own homes or residential care homes. Most of the community teams are based at Fountain Way with the rural team for Adults of Working Age being based at Wilton Health Centre and operating a number of satellite clinics at GP surgeries in the area. These integrated health and social care teams aim to support people to maintain a greater degree of independence

### **3. Why are we proposing changes to these Services?**

To improve the quality of services the Department of Health has set National Service Frameworks (NSFs) for both Mental Health and Older People. These lists the components of a service which a national group of experts believe will best serve peoples needs.

For example the Mental Health NSF includes a requirement to develop 24 hour cover for crisis resolution services. The Older Peoples NSF includes a standard on mental health. This covers mental health promotion, the benefit of integrated services and the rights of older people with dementia to have access to all the other services required by the Older Peoples NSF.

Local mental health services do not meet all of the requirements of these national service frameworks. Significant gaps include the lack of intermediate care services for Older Adults with mental health problems and the relatively small size of the Crisis Resolution service.

Earlier work (both within and outside of the PCT) identified that there was an over emphasis on inpatient services and a consequent lack of investment in community support services.

It has also been identified locally that the relatively small size of the Community Mental Health Team (CMHT) for Older Adults means there can be delays in accessing support for service users and carers. Many service users have also raised the lack of psychiatric liaison between the mental health trust and the general hospital.

To ensure that we continue to deliver the right services to the right people at the right time we need to review and change the focus of our services within the resources available.



#### **4. How have we developed the proposals?**

- 4.1 The proposals have been developed through discussions with a range of interested groups, organisations and individuals. They include: service users, carers, local staff and management and a development consultant from the National Institute of Mental Health England.
- 4.2 These people have made suggestions for the proposals and have provided feedback and comments as the proposals have developed. Discussions have also taken place at the Wiltshire Joint Commissioning Board for Mental Health as well the Primary Care Trust Board, the Mental Health Local Implementation Team and the Older Peoples Planning Partnership.
- 4.3 Information and views from these groups have already affected the proposals for change. The proposals contained here are the latest proposals some of which have changed following these discussions.

## 5. The Proposals

- 5.1 This part of the document describes the current services, what changes we propose and what their effect would be. It is divided into four parts; changes to services for all adults, changes to services for adults of working age, changes to services for older adults, and changes to technical services and overheads to deliver greater efficiency.
- 5.2 At the end of each of these sections you are directed to the relevant section of the Feedback Form so that you can record your views about the proposed changes. Appendix 2 shows what we are currently spending on these services and what we propose to spend in the future. The total saving proposed for mental health services is £1.5million.
- 5.3 Proposed changes to services for all adults
- 5.3.1 Primary Care Counseling/Psychology service.

What services do we have at the moment?

At the moment GP practices can contract with individual self employed counsellors using funds provided by the Primary Care Trust to support individuals with a range of minor or moderate mental health problems and to help people deal with issues such as bereavement, anger management or low self esteem. There is a lack of equity in the amount of counselling provided and a lack of consistency in the type of counselling provided.

What services do we want?

The PCT would like to commission a primary care counselling service run by the local mental health trust which offers all practices access to counselling based on the number of people they service. The service would focus on short therapeutic interventions to provide people with effective coping strategies for problems such as anger management, low self esteem or dealing with loss and bereavement. The size of the proposed service would be almost twice the size of the current service.

What would be the effect of this development?

All the population of South Wiltshire would have access to a consistent service which would support people suffering from minor or moderate mental health problems. The service would ensure that all counsellors had appropriate training and supervision and used the type of counselling with the best evidence for success.

### 5.3.2 Secondary Care Psychological therapy services

What services do we have at the moment?

At the moment a range of psychological therapies is available from the mental health trust, including cognitive behavioral therapy, psychotherapy and psychology. These services are available for people with moderate/severe mental health problems.

What services do we want?

The Primary Care trust would like to change the focus of this service so that it concentrates mainly (but not wholly) on cognitive behavioral therapy. This has the best evidence for success and is usually effective in a relatively short period of time.

What would be the effect of this development?

A refocused service should allow a greater number of shorter treatments and therefore be able in the long term to support a greater number of people. This change in focus should release funds to help develop the primary care service discussed above.

### 5.3.3 Mental Health Promotion service

What service do we have at the moment?

The PCT accesses health promotion from “Wiltshire Health Promotion”. The service does not have specific time for mental health in South Wiltshire.

What service do we want?

From April 2005 the PCT will provide Health Promotion itself. The proposal is that some funds from mental health are used to increase the health promotion staffing so that specific mental health time is included.

What would be the effect of this development?

The development will better enable the PCT to work on promoting good mental health and reducing the stigma associated with mental illness. This includes working with employers, schools and community groups

If you would like to comment on these proposals please turn to page 28.

## **5.4 Proposed Changes to Services for Adults of Working Age**

### **5.4.1 Reducing the Number of Inpatient Beds from 24 to 18.**

What service do we have at the moment?

There are 24 beds to meet the acute mental health needs of adults of working age. This means there is the equivalent of 50 beds per 100,000 adults when population has been adjusted for its level of mental health need. Other areas in Wiltshire have between 30 and 56 beds per 100,000 adults.

Usually about six of the beds in South Wiltshire are used by people whose clinical needs indicate that they should not be in an NHS acute bed but would receive more appropriate care in the community as described later in the document. At the moment people usually stay in this type of hospital accommodation for an average of 31 days.

What service do we want?

We think we need 18 beds and a shorter average length of stay in hospital (25 days) supported by a significant increase in community services. 18 beds would represent 38 beds per 100,000 adults.

What would be the effect of this development?

There would be fewer beds available for South Wiltshire residents. However if the average length of time someone stays in hospital was reduced from 31 to 25 days each bed could support 3 more people in a year and this would reduce the impact of closing the beds. Developments to support community services discussed below (such as extra staff in the Crisis resolution service) would also reduce any negative impact of fewer beds.

### **5.4.2 Reducing the use of Psychiatric Intensive Care beds**

What service do we have at the moment?

At the moment South Wiltshire uses six Psychiatric Intensive Care beds. These beds support people who are in a very acute phase of

mental illness requiring a higher level of staffing and support. Nationally there are 789 of this type of bed which equates to 2.63 per 100,000 adults. Locally we have 9.09 per 100,000 adults and this indicates that there are more beds than are needed.

What service do we want?

We think that four beds are more than adequate to meet the needs of South Wiltshire. This equates to 6.06 per 100,000 adults.

What would be the effect of this development?

There would be less access to this type of bed for South Wiltshire residents. However national comparisons show the level is too high locally.

#### 5.4.3 Cessation of NHS Inpatient rehabilitation

What service do we have?

The local rehabilitation service is staffed to provide for six people with rehabilitation needs (normally after a period of care in an acute inpatient bed). Usually people stay in this type of accommodation for about six months.

There is also a range of other local rehabilitation accommodation run by the voluntary and independent sector. However most people return to their own home supported by their Community Mental Health Team for a period of rehabilitation.

What service do we want?

The PCT thinks that rehabilitation is best undertaken in the community either by returning home with support or by accessing other accommodation. As such we think that the NHS should not provide inpatient rehabilitation.

What would be the effect of this development?

A greater number of people would be supported at home or in alternative accommodation by the Community Mental Health Teams,

Crisis Service or Assertive Outreach (discussed below). The current service users would need to be found alternative accommodation from the range of accommodation in the local area, although this would have happened anyway for each person once they had stayed for around six months.

There are a range of alternative uses within health and social care for this building.

#### 5.4.4 Expanding the Crisis Resolution Team

What service do we have at the moment?

The Intensive Home Support Service provides the crisis service and is available from 9am to 9pm Monday to Friday and 10am to 6pm at weekends and bank holidays. The National Service Framework target is that services should be open 24 hours a day seven days a week. The local service has been effective at reducing the number of crises which result in someone needing to go into hospital but is not large enough to cover the recommended opening times.

What service do we want?

We do not think that a 24 hour service is necessary for our relatively small and mainly rural population. However we would like to expand the team to resolve a higher number of crises for service users. We would like the service to have access to a small budget to purchase services such as emergency domiciliary support.

What would be the effect of this development?

A greater number of service users in crisis could be supported so that they do not require a hospital admission. This would reduce the call on acute inpatient beds and it would provide a greater service to local people.

#### 5.4.5 Expanding the Assertive Outreach Team

What service do we have at the moment?

The service is currently open 9am to 5pm seven days a week and meets national targets for the number of people it supports.

What service do we want to have?

We think we need to expand this team by one person to support those people who would have had their needs met in hospital but under these proposals would have rehabilitation services in their own home or in non NHS accommodation.

What would be the effect of this development?

A greater number of people would be supported in the community.

#### 5.4.6 Changing Physiotherapy

What service do we have at the moment?

One qualified physiotherapist supported by one physiotherapy assistant provides physiotherapy across all of mental health services. The service has focused on the needs of adults and in many cases provides outpatient physiotherapy for service users who are not in an acute state of illness. The physiotherapy service also works with inpatients on health and fitness issues using an on site gymnasium.

What service do we want?

The PCT believes that any mental health physiotherapists should concentrate on people who are not able to use mainstream physiotherapy because of the level of their mental illness. Most people with a mental health problem who need physiotherapy should access the PCT's community physiotherapy services whenever possible.

We think there is scope for making use of the skills of fitness instructors from leisure centres to support health and fitness programmes for inpatients and potential make links with leisure centres for service users living in the community. We acknowledge that there would be mental health training and support issues for any staff working in this way.



What would be the effect of this development?

Qualified specialist physiotherapy time would be focused on the needs of those service users who can not use mainstream physiotherapy. Inpatients would benefit from the skills of leisure professional to help with health and fitness. Social inclusion for mental health service users would be promoted through facilitating access to leisure centres.

#### 5.4.7 Reducing the Cost of Occupational Therapy for Adults of Working Age

What service do we have at the moment?

A team of qualified therapists and therapy assistants provide a range of therapies for adults of working age including group work, individual therapy and support with activities of daily living.

What service do we want?

We would like to see a service developed which makes better use of the skills of activities co-coordinators. This will offer better value for money in this service and a closer match between individual staffs' skills and the needs of service users.

What would be the effect of this development?

Service users would not see their services reduced but may have occupational therapy provided by different types of staff.

#### 5.4.8 Changing the model of day services for Adults of Working Age

What Service do we have at the moment?

There are two specific mental health day services; Salisbury Industrial Therapy Unit run by the mental health trust; and Greencroft New Alliance (a clubhouse style day facility run by an independent charity). The first is funded wholly by the NHS and the second is funded by the County Council (22%) and the NHS (78%). Neither service offers assessment or treatment. Both are focused on leisure, social and work related activities.

What service do we want?

The PCT believes it should focus NHS day care resources on those people with the greatest level of needs, using a model of service which encourages social inclusion wherever possible. Locally a workshop has been held to identify best practice and the range of services it is likely that the area needs. Working with Wiltshire County Council, the intention is to ask a number of organisations to bid to provide a new day service where only a relatively small amount of the service would be based in a day centre. The majority of the service would be provided through one to one work to enable service users to access all of the leisure and social opportunities available to anyone living on South Wiltshire.

What would be the effect of this development?

There would be a different model of day services in the local area focusing on widening access to mainstream, activities for mental health service users. There would be a relatively small building based service for those people whose illness is currently so severe that they can not access mainstream services.

#### 5.4.9 Liaison Between Mental Health Services and the District General Hospital

What service do we have at the moment?

There is no formal arrangement to support the mental health needs of adults who are admitted to Salisbury District Hospital or seen in Accident & Emergency. This is a great source of concern for younger service users and for both NHS Trusts.

What service do we want?

We would like to develop an agreement about liaison between the two organisations and a small amount of additional capacity in one of the Community Mental Health Teams to facilitate this. In the long term we would like this to expand if resources permit.

What would be the effect of this development?

Service users would get more prompt assessments of their mental health needs if they were admitted or seen at Salisbury District Hospital. Staff at the District Hospital would be better supported in dealing with mental health needs and able to provide a better service.

#### 5.4.10 Early Intervention Post

What service do we have at the moment?

There is no specific service which provides a link between adult and child and adolescent mental health services although some agreements about working together are in place.

What service do we want?

We would like to build better links between services by having specific time for Early Intervention. In the long term we would like this to expand if resources permit.

What would be the effect of this development?

This would improve the ability of both services to identify those young people likely to benefit most from early diagnosis, treatment and support.

If you would like to comment on these proposals please turn to page 30.

## **5.5 Proposed Changes to Services for Older Adults**

### **5.5.1 Reducing the Number of Inpatient beds for Older Adults**

What service do we have at the moment?

There are currently 38 beds for older adults; Amblescroft North (20 beds) for Assessment and Treatment and Ambscroft South (18 beds) for continuing assessment. Some people using these beds no longer need an inpatient service and stay far longer than is good for their physical or mental health because alternative arrangements have not been offered or made for them. Current average lengths of stay are 87 days for Amblescroft North and 570 days for Amblescroft South. "Forget Me Not" (a report issued by the Audit Commission) recommends lengths of stay of no longer than 42 days for assessment and treatment.

What service do we want?

We think we should have 20 beds focused on the assessment, stabilization and treatment of people with dementia who need an NHS service. Alternative plans will be made for older adults who have a functional illness.

What would be the effect of this development?

Those individuals who are currently staying in the hospital but who no longer need an NHS service would need to be found suitable alternative accommodation. We would ensure the needs of the patient and their carers would be properly considered and no one would be forced to move to unsuitable accommodation. We are already working with Wiltshire County Council to develop more residential and nursing places within the area.

Some of the funding would be redirected to increasing the Community Mental Health Team (discussed below) and this would mean better support for a greater number of older people.

## 5.5.2 Expanding the Community Mental Health Team for Older People

What service do we have at the moment?

The numbers of health staff within this integrated team compares poorly with other areas. There are only the equivalent of 22 whole time equivalent staff per 100,000 people compared with 81 whole time equivalent staff in West Wilts and 52 staff per 100,000 people. There are no Health Care Support Workers in the team.

This means that older people and their carers wait too long to have a care manager allocated to them, and the practical support which can be offered is limited.

What service do we want?

We want to increase the team by between 1 and 2 whole time equivalent qualified nurses and between 3 and 5 Health Care Support Workers.

What would be the effect of this development?

Service users and carers would be able to see a specialist member of the team more quickly and Health Care Support Workers could provide a greater amount of practical help than is currently available. Greater support would be available to residential and nursing homes in dealing with more challenging aspects of dementia enabling service users to be supported there rather than needing an admission to hospital.

## 5.5.3 Improving the Memory Clinic

What service do we have at the moment?

Dementia is diagnosed by the psychiatric consultant at the Memory Clinic providing therapies including drugs to slow the development of the disease.

What service do we want?

We would like to increase the funding of this service to incorporate some psychological therapy time.

What would be the effect of this development?

The service user would receive more comprehensive assessment and support.

#### 5.5.4 Increasing the capacity of the Day Hospital

What service do we have at the moment?

The day hospital service in Amblescroft operates four days per week. It provides a range of assessments, medication, and daily living activities, acting as an alternative to hospital admission. It also provides group work on issues such as anxiety management and depression. Usually people attend for around six weeks at a time.

What service do we want?

We would like the day hospital to continue to focus on the diagnosis and assessment aspects of its work but to be able to open for more hours per week.

What would be the effect of this development?

A greater number of people will be assessed and diagnosed in the community preventing a hospital admission.

#### 5.5.5 Developing specific Physiotherapy

What service do we have at the moment?

Currently there is no specific physiotherapy for Older People with dementia.

What service do we want?

Specific physiotherapy covering both inpatients and the day hospital for older people with dementia. For older people with dementia living

at home or in other accommodation we think they should access mainstream physiotherapy where ever possible. Indeed this already happens in many cases.

What would be the effect of this development?

The physiotherapy assessment and treatment of older people in inpatients beds and attending the day hospital would be improved.

#### 5.5.6 Developing Specific Occupational Therapy for Older Adults

What service do we have at the moment?

Currently a team of qualified therapists supported by therapy assistants provide a range of therapies for older adults. These include group work, individual therapy and support with activities of daily living.

What service do we want?

We would like to see a service developed which makes better use of the skills of activities co-ordinators to offer better value for money in this service and a closer match between individual staffs' skills and the needs of service users.

What would be the effect of this development?

Service users would not see their services reduced but may have occupational therapy delivered by different types of staff.

If you would like to comments on these proposals please turn to page 41.

## 5.6 Proposed Changes to Technical and Overhead Services

5.6.1 There are a number of other changes we are proposing about how overheads and other support services are delivered. These will not change the way services are provided to patients

5.6.2 More efficient use of drugs budgets

What service do we have at the moment?

At the moment we have an amount of money which is used to provide drugs for mental health conditions.

What service do we want?

We do not propose to change the service to patients at all. However through more effective purchasing and through use of generic rather than branded drugs we would like the mental health trust to spend less on drugs. This drugs savings target does not include the Memory Clinic drugs and would not mean that individual patients had their current drugs changed.

5.6.3 Making Savings on Overheads

What service do we currently have?

At the moment the mental health trust purchases some overhead services from Salisbury Healthcare trust (such as cleaning and catering). In addition there are many services provided to the local mental health service from its headquarters. These headquarters costs or overheads are high (around 17% of the total funding provided by the Primary Care Trust).

What service do we want?

We think the overhead costs (the service level agreement with Salisbury Healthcare trust) and the corporate overheads of the mental health together represent too high a proportion of the total funding for mental health. We think there is scope for making efficiency savings.



What would be the effect of this development?

There would be no effect on patient care.

#### 5.6.4 Making Savings on Grants Paid to Independent Sector Providers

What services do we currently have?

At the moment the PCT and the mental health trust pay grants to “rethink” for 44 Wilton Road a residential rehabilitation service for relatively stable adults of working age. The cost of this social care service is extremely high relative to other similar services.

The Primary Care Trust also pays a grant to Glenside Manor in respect of an old contract for 20 beds for older adults. Only fourteen of the original 20 beds are being used.

What services do we want?

We feel that the social care service being provided by “rethink” meets the needs of the individuals at 44 Wilton Road and that the fee should reflect this. The grant would no longer be paid to “rethink”.

We feel that the grant paid to Glenside should reflect the fact that only 14 of the 20 beds are currently in use.

What would be the effect of this development?

There would be no effect on patient or service user care.

In respect of Wilton Road a further consultation exercise would be undertaken were the service provider be unable to agree a more cost effective model with the Primary Care Trust and the County Council and this resulted ins service users needing to be found alternative accommodation.

## 6. Opportunities to make your Views Known

- 6.1 In order to reach the many people who might want to comment on these proposals, the PCT is committed to making consultation as accessible as possible
- 6.2 To this end this consultation document and feedback form will be available in a number of ways.
- 6.3 The document will be posted on the PCT's website with a facility to feedback electronically.
- 6.4 The PCT will distribute this document to :
- All local health and social care managers
  - All local voluntary groups working mental health or older service users
  - The local Public and Patient Involvement Forum
  - Every General Practitioner
- 6.5 The PCT will organise two public meetings which will be advertised in the local press and be the subject of a press release.
- 6.6 Members of the steering group will visit interested bodies to discuss the proposals if requested.
- 6.7 For copies of the document, or to submit feedback forms, or to ask for someone to present or discuss the proposals please contact Sally Banister on

[Sally.banister@southwiltshire-pct.nhs.uk](mailto:Sally.banister@southwiltshire-pct.nhs.uk)

01722-329404 Ext 235.

Or [Sheila.Stainer@southwiltshire-pct.nhs.uk](mailto:Sheila.Stainer@southwiltshire-pct.nhs.uk)

01722-329404 Ext 241

## 7. What will happen next?

At the beginning of the consultation period a multi agency steering group will be formed. This will include user and carer representation.

The consultation period will begin on 5<sup>th</sup> November 2005 and last for sixteen weeks until Friday 26<sup>th</sup> February 2005.

During the consultation period we will record all the views which we receive and keep the steering group up to date with both the views received and any alternative or additional suggestions.

At the end of the consultation period all of the views, suggestions and opinions will be collated and presented to the Wiltshire Overview and Scrutiny Committee, the Joint Commissioning Board for Mental health and the PCT's Board. A document summarizing the results of the consultation will be developed and made available through the Primary Care Trust.

Decisions about which proposals to implement will be taken in light of the views received.

# MODERNISING MENTAL HEALTH SERVICES IN SOUTH WILTSHIRE

## FEEDBACK FORM

### 1. Services which cover all adults.

This section of the feedback form refers to section 5.3 (Page 10) of the consultation document itself.

#### (a) Developing Primary Care Psychology

With regard to the proposed development outlined on Page 10 (5.3.1) are you:

- In favour of the proposal
- Against the proposal
- Unable to decide

Please use the space below to make any other comments or suggestions about this proposal

(b) Changing the Focus of Secondary Care Psychological Therapies

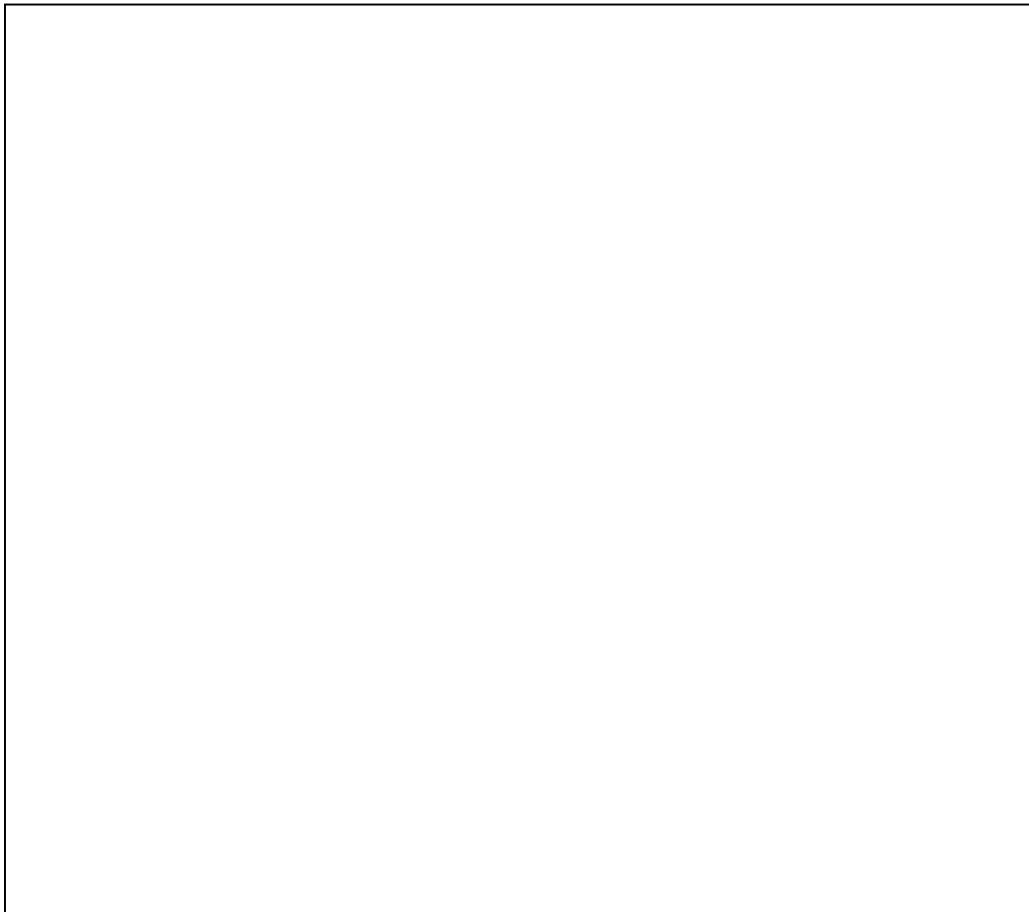
With regard to the proposed development outlined on Page 11 (5.3.2) are you:

In favour of the proposal

Against the proposal

Unable to decide

Please use the space below to make any other comments or suggestions about this proposal



(c) Developing specific Mental Health Promotion time for South Wiltshire

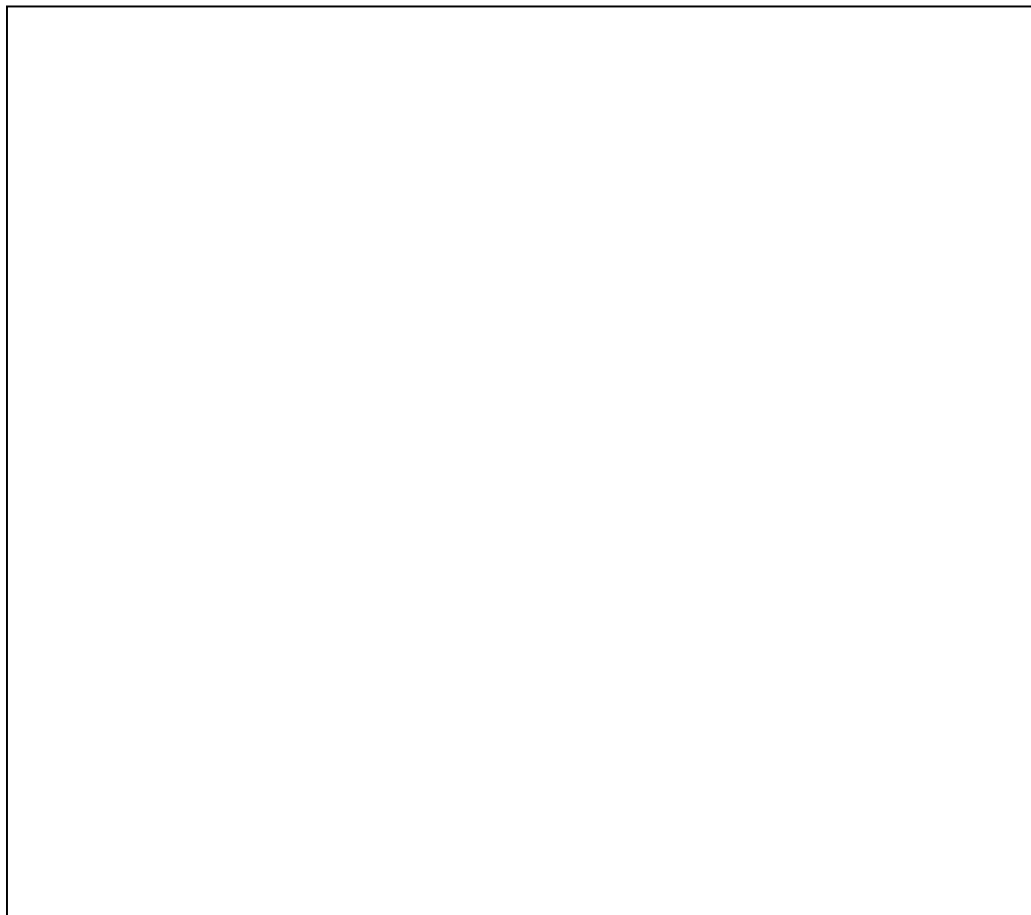
With regard to the proposed development outlined on Page 11 (5.3.3) are you:

In favour of the proposal

Against the proposal

Unable to decide

Please use the space below to make any other comments or suggestions about this proposal



2. Services which cover adults of working age.

This section of the feedback form refers to section 5.4 (Page 13) of the consultation document itself.

- (a) Reducing the Number of Inpatient Beds for Adults of working age from 24 to 18 so that we can increase community support

With regard to the proposed development outlined on Page 13 (5.4.1) are you:

In favour of the proposal

Against the proposal

Unable to decide

Please use the space below to make any other comments or suggestions about this proposal

(b) Reducing the use of Psychiatric Intensive Care Beds so we can increase community support

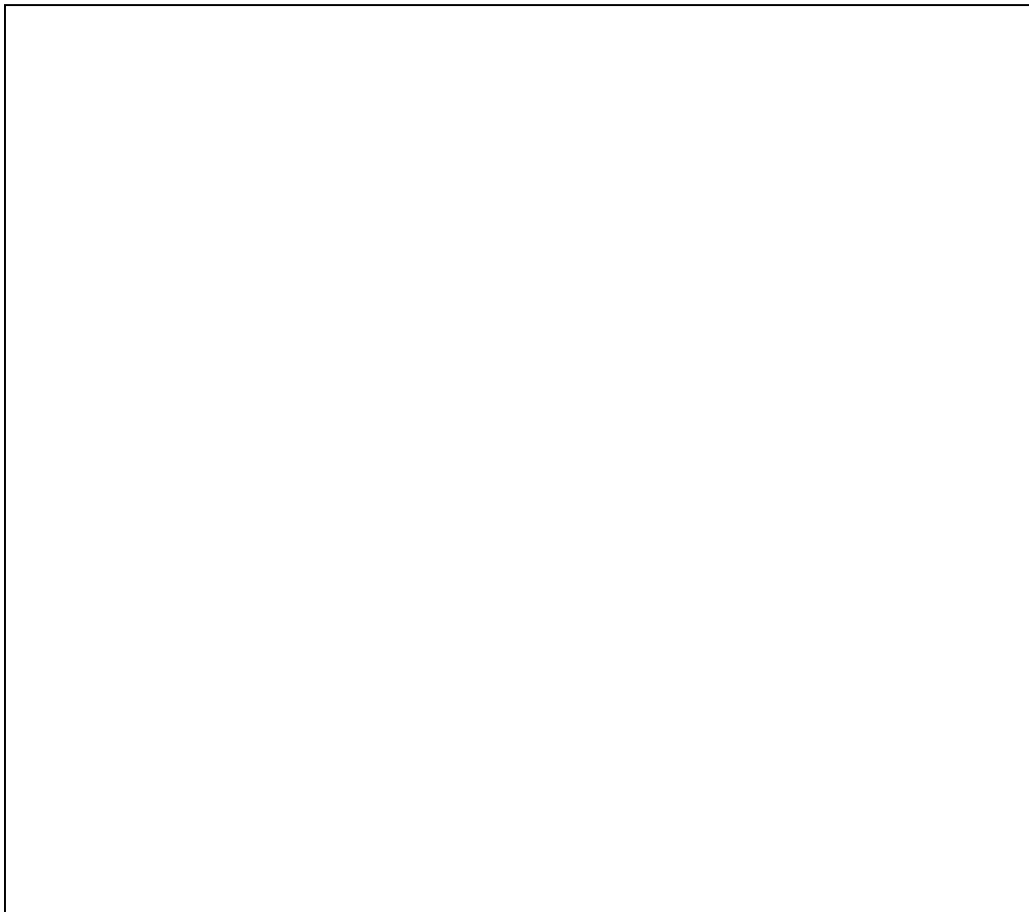
With regard to the proposed development outlined on Page 13 (5.4.2) are you:

In favour of the proposal

Against the proposal

Unable to decide

Please use the space below to make any other comments or suggestions about this proposal





(c) Closing Inpatient Rehabilitation so we can increase community support

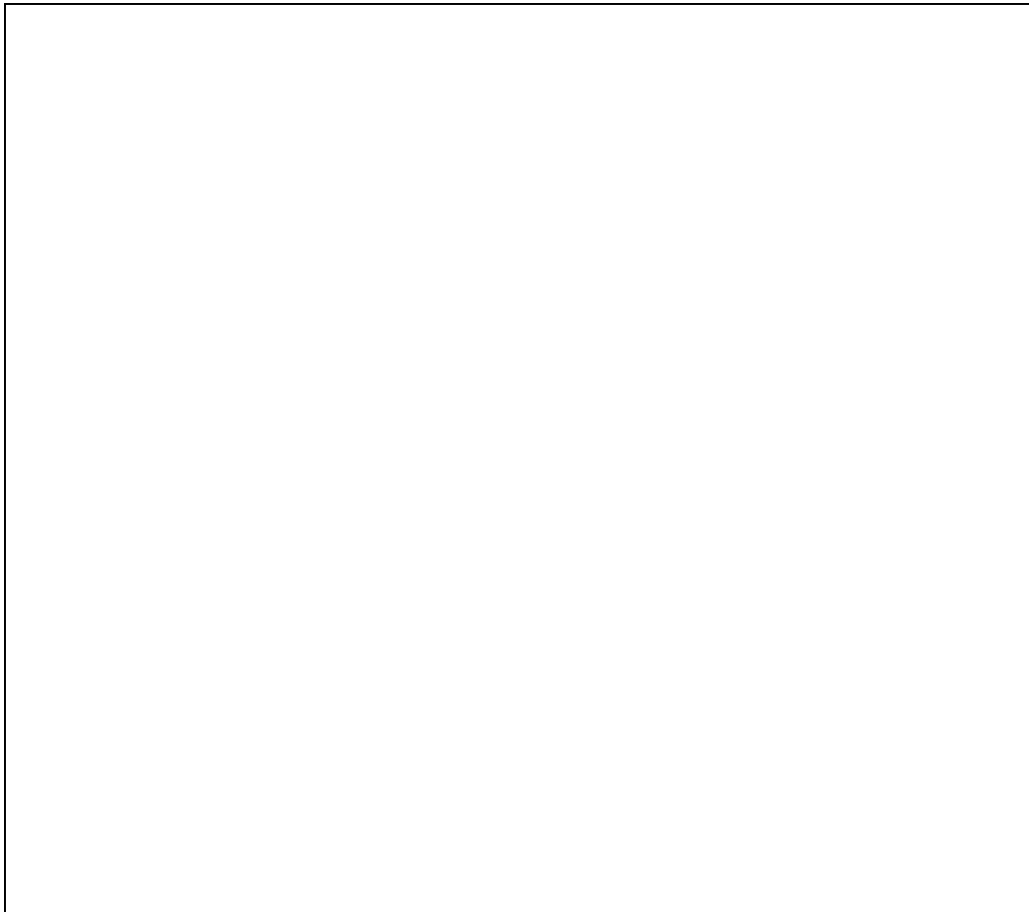
With regard to the proposed development outlined on Page 14 (5.4.3) are you:

In favour of the proposal

Against the proposal

Unable to decide

Please use the space below to make any other comments or suggestions about this proposal



(d) Expanding the Crisis Resolution Team

With regard to the proposed development outlined on Page 15 (5.4.4) are you:

- In favour of the proposal
- Against the proposal
- Unable to decide

Please use the space below to make any other comments or suggestions about this proposal

(e)Expanding the Assertive Outreach Team

With regard to the proposed development outlined on Page 15 (5.4.5) are you:

- In favour of the proposal
- Against the proposal
- Unable to decide

Please use the space below to make any other comments or suggestions about this proposal

(f) Changing Physiotherapy

With regard to the proposed development outlined on Page 16 (5.4.6) are you:

- In favour of the proposal
- Against the proposal
- Unable to decide

Please use the space below to make any other comments or suggestions about this proposal

(g) Changing the way Occupational Therapy is provided for Adults of Working Age

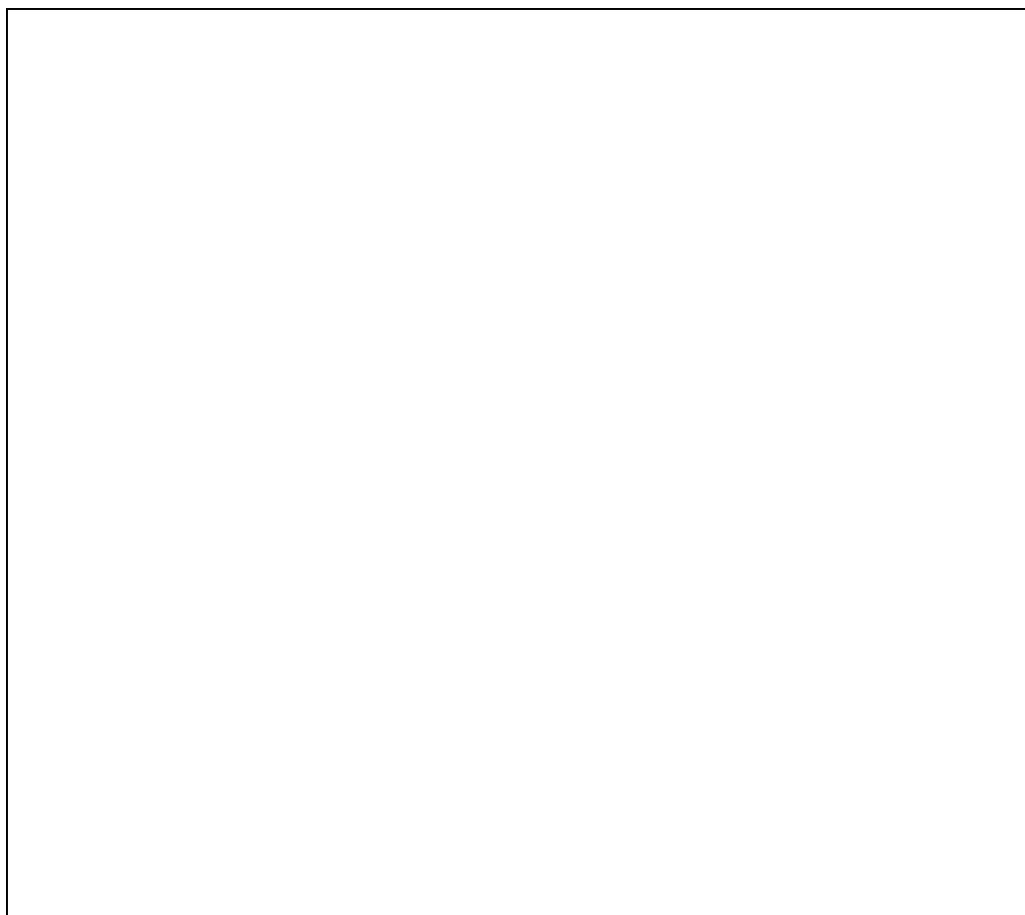
With regard to the proposed development outlined on Page 17 (5.4.7) are you:

In favour of the proposal

Against the proposal

Unable to decide

Please use the space below to make any other comments or suggestions about this proposal



(h) Changing the Model of Day Services for Adults of Working Age

With regard to the proposed development outlined on Page 17 (5.4.8) are you:

- In favour of the proposal
- Against the proposal
- Unable to decide

Please use the space below to make any other comments or suggestions about this proposal

(i) Liaison between Mental Health Services and the District General Hospital

With regard to the proposed development outlined on Page 18 (5.4.9) are you:

- In favour of the proposal
- Against the proposal
- Unable to decide

Please use the space below to make any other comments or suggestions about this proposal

(j) Early Intervention Post

With regard to the proposed development outlined on Page 19 (5.4.10) are you:

- In favour of the proposal
- Against the proposal
- Unable to decide

Please use the space below to make any other comments or suggestions about this proposal



3. Services which cover older adults.

This section of the feedback form refers to section 5.5 (Page 20) of the consultation document itself.

- (a) Reducing the Number of NHS Inpatient Beds for Older Adults so we can increase community support

With regard to the proposed development outlined on Page 20 (5.5.1) are you:

In favour of the proposal

Against the proposal

Unable to decide

Please use the space below to make any other comments or suggestions about this proposal

(b) Expanding the Community Mental Health Team for Older People

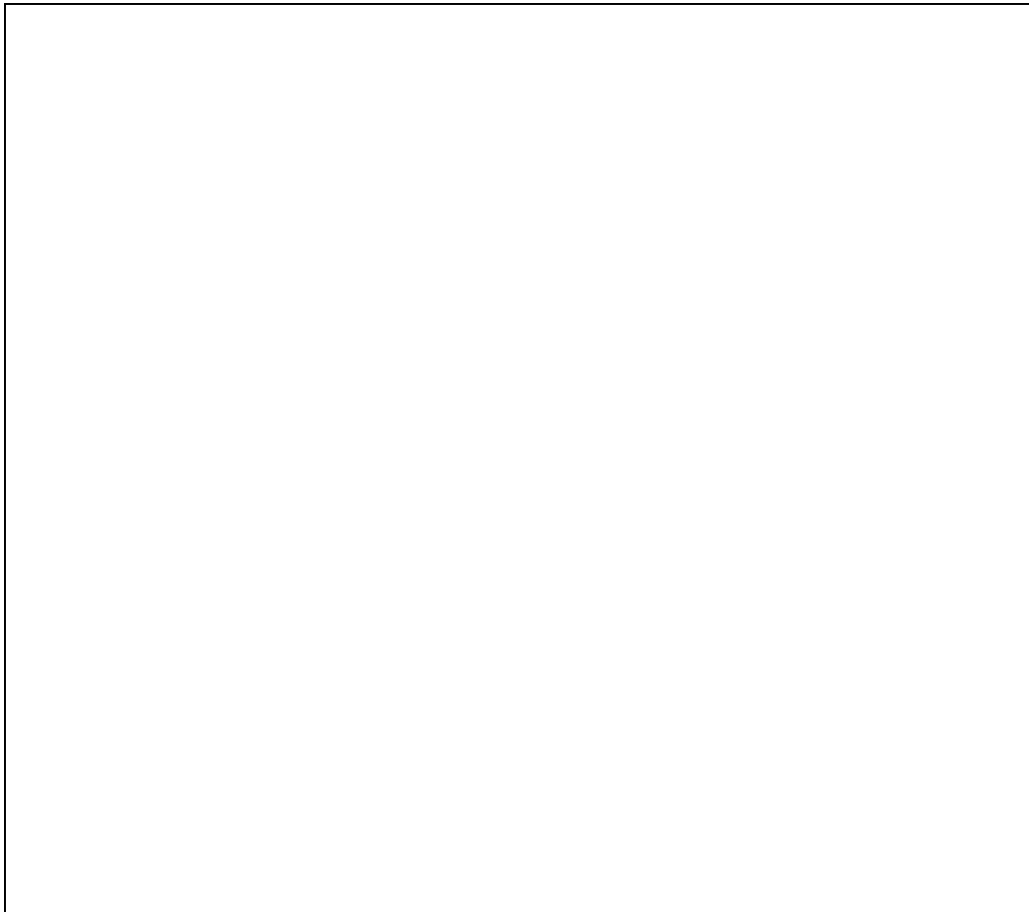
With regard to the proposed development outlined on Page 21 (5.5.2) are you:

In favour of the proposal

Against the proposal

Unable to decide

Please use the space below to make any other comments or suggestions about this proposal



(c) Improving the Memory Clinic

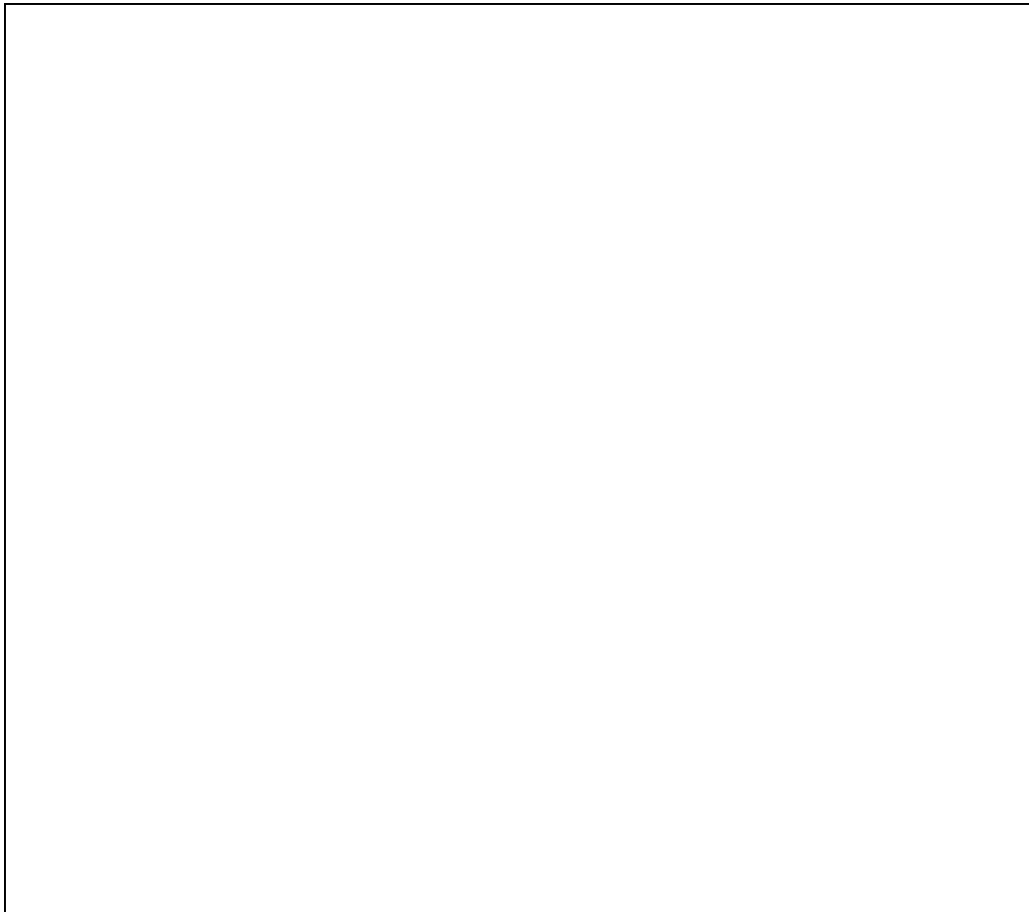
With regard to the proposed development outlined on Page 21 (5.5.3) are you:

In favour of the proposal

Against the proposal

Unable to decide

Please use the space below to make any other comments or suggestions about this proposal



(d) Increasing the capacity of the Day Hospital

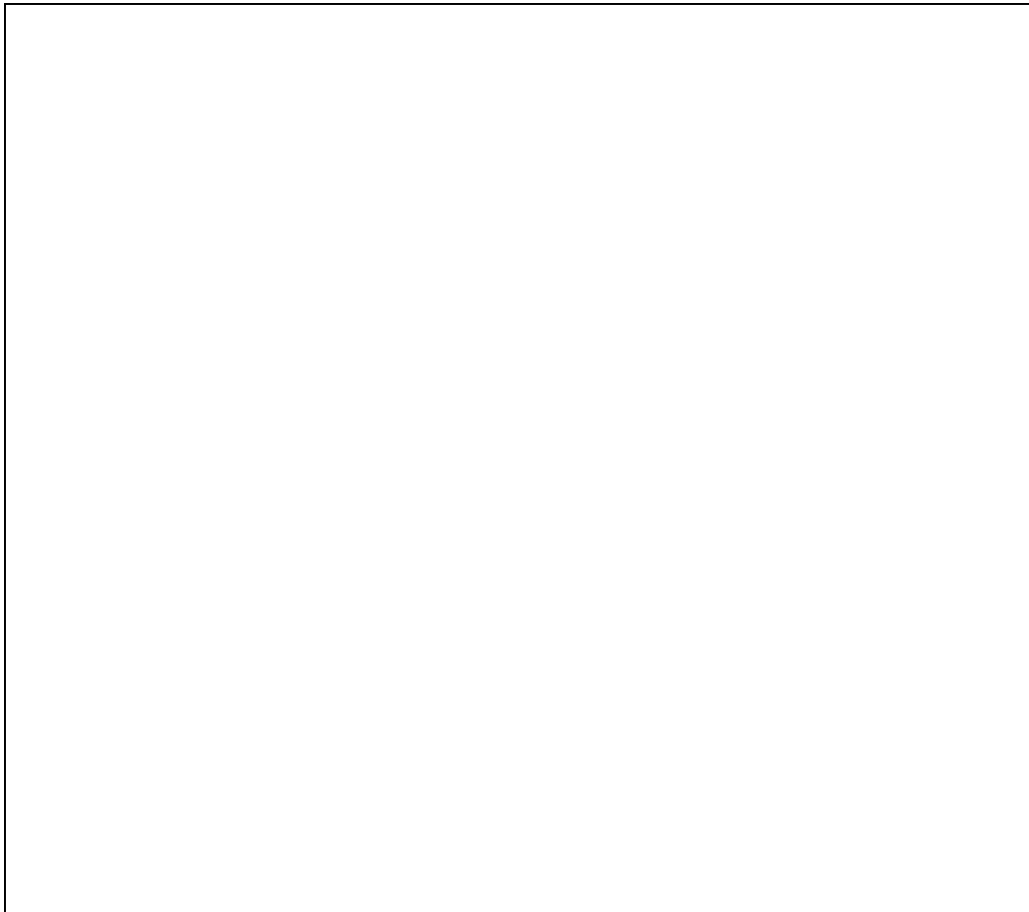
With regard to the proposed development outlined on Page 22 (5.5.4) are you:

In favour of the proposal

Against the proposal

Unable to decide

Please use the space below to make any other comments or suggestions about this proposal



(e) Developing Specific Physiotherapy

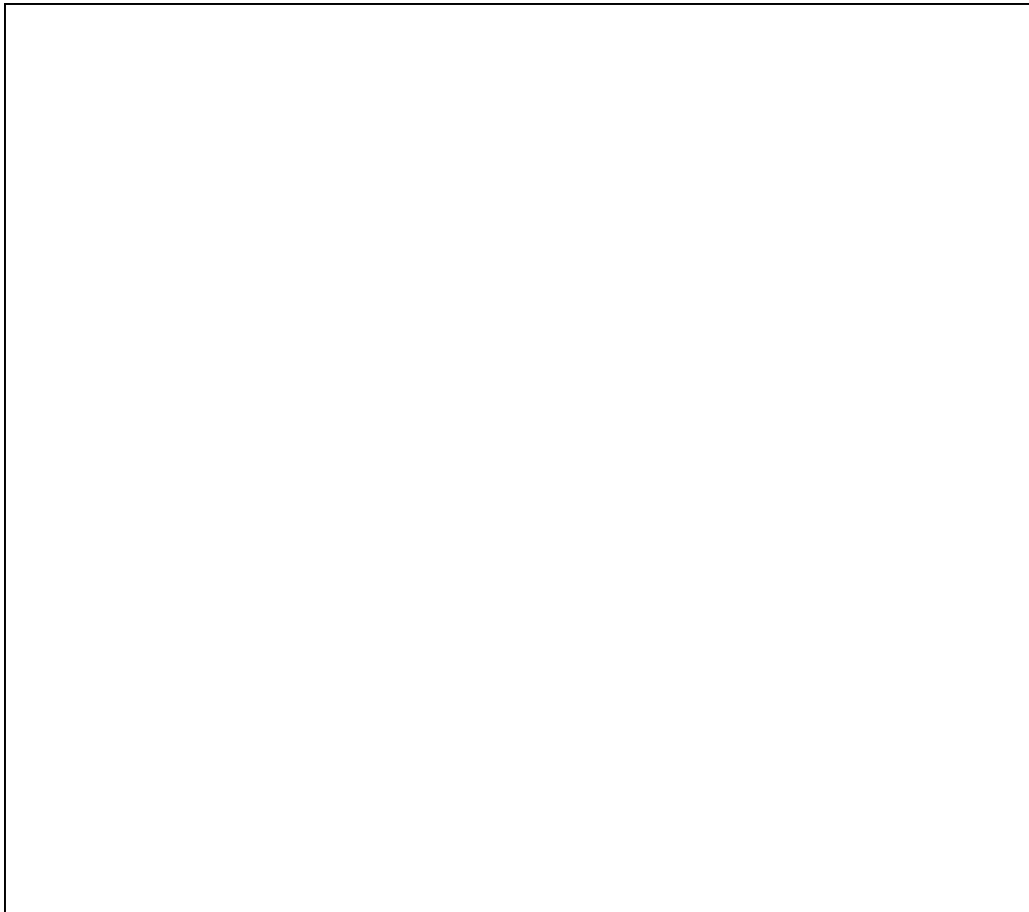
With regard to the proposed development outlined on Page 22 (5.5.5) are you:

In favour of the proposal

Against the proposal

Unable to decide

Please use the space below to make any other comments or suggestions about this proposal



(f) Developing Specific Occupational Therapy for Older Adults

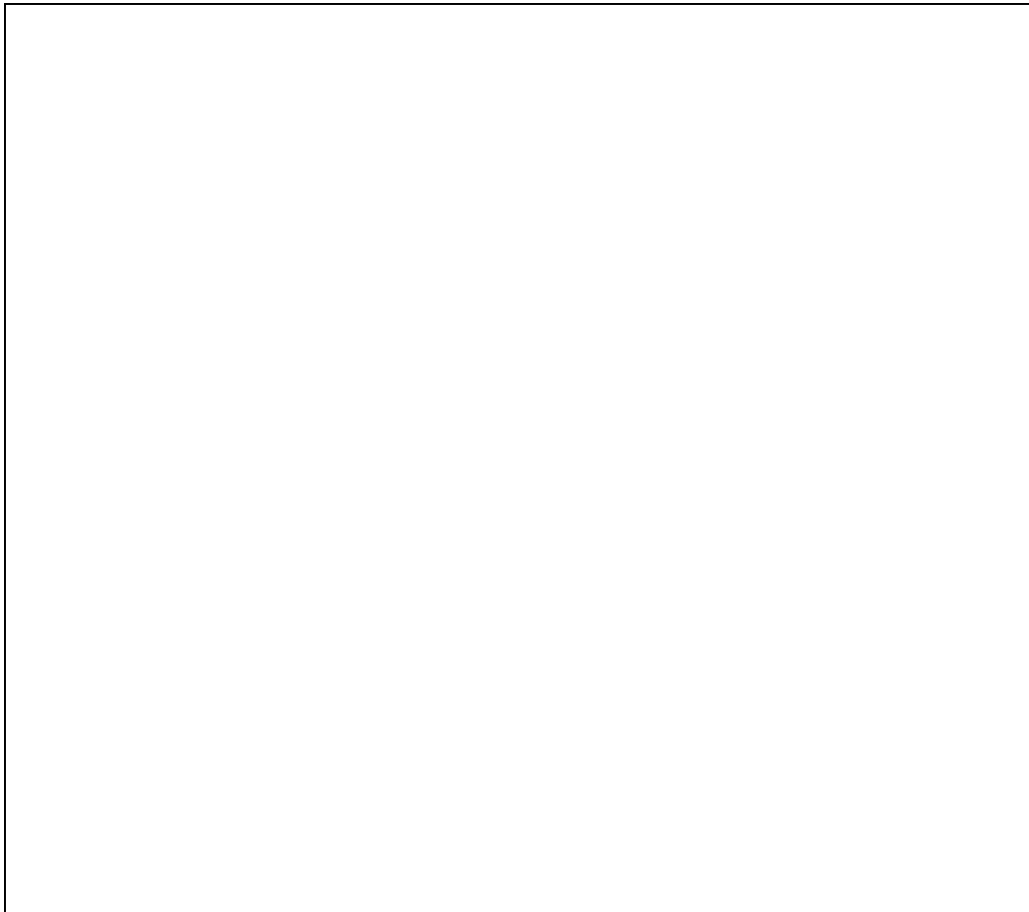
With regard to the proposed development outlined on Page 23 (5.5.6) are you:

In favour of the proposal

Against the proposal

Unable to decide

Please use the space below to make any other comments or suggestions about this proposal



#### 4. Any Other Comments You Would Like to Make

Please can you circle the description which you feel most applies to you:

A service user aged 18-65

A service user aged over 65

A carer for someone aged 18-65

A carer for someone aged over 65

A voluntary organization working with mental health service users aged 18-65

A voluntary organization working with older people

Staff working on mental health services

Staff working in other services

Other organization

A member of the public

## Glossary

Acute	A term often used to describe a disorder or symptom that develops suddenly. Acute conditions may or may not be severe and they are usually of short duration.
Adults of Working Age	Adults aged 18 – 65
Anxiety Disorders	A mood state in which feelings of fear predominate and where the fear is out of proportion to any threat. Frequently associated with physical symptoms which include fast pulse rate, palpitations, sweating, shaking. It can include simple phobia, fear of a specific object or situation.
Anxiety Management	Techniques and mechanisms to reduce the effects of anxiety disorders
Assertive Outreach	An active form of treatment delivery; the service can be taken to the service users that than expecting them to attend for treatment. Care and support may be offered in the service user's home or some other community setting, at times suited to the service user rather than focused on service providers' convenience. Workers would be likely to be involved in direct delivery of practical support, care co-ordination and advocacy as well as more transitional therapeutic input. Closer, more trusting relationships may be developed with the aim of maintaining service users in contact with the service and complying with effective treatments.
Assessment	A process whereby the needs of an individual are identified and their impact on daily living and quality of life is evaluated.



Bi-polar Disorder	An illness, commonly know as manic-depression illness, characterised by swings in mood between the opposite extremes of severe depression and over excitability
Care Manager	A practitioner who, as part of their role, undertakes care management
Carers	Relatives of friends who voluntarily look after individuals who are sick, disabled, vulnerable or frail.
Clubhouse	A model of day care based on a work ordered day
Cognitive Behavioural Therapy	A form of psychological treatment based on learning theory principles used most in depression but increasingly shown to be a useful component of treatment in schizophrenia.
Community Mental Health Team	A multi-disciplinary team offering specialist assessment, treatment and care to people in their own home and the community. The team should involve nursing, psychiatric, social work, clinical psychology and occupational therapy membership, with ready access to other therapies and expertise, for example specialist psychotherapy, art therapy and pharmacy. Adequate administrative and IT support is vital.
Community Teams	Multi disciplinary teams of staff supporting patients/service users in the community
Counselling/Psychology	Advice and psychological support from health professionals to help people deal with personal difficulties. It is used to address problems at school, work or in the family; provide advice on medical problems and sexual and martial problems; help people to deal with addictions and provide support

during life crisis. Most counselling is a one to one activity but it may also be carried out in groups.

Counsellors

Professionals providing counselling services

County Council

Councils are directly elected local bodies which had a duty to promote the economic, social and environmental well-being of their areas. They do this individually and in partnership with other agencies, by commissioning and providing a wide range of local services.

Crisis Resolution Team/Services

Services to manage/limit the crises suffered by mental health service users and support people to remain home

Day Hospital

A hospital where patients received day care only, continuing to live at home.

Dementia

A condition characterised by deterioration in brain function. Dementia is almost always due to Alzheimer's disease or to cerebrovascular disease, including strokes. The main symptoms of dementia are progressive memory loss, disorientation and confusion. Sudden outbursts of embarrassing behaviour may be the first signs of the condition. Affected people may eventually need total nursing care

Depression

A negative mood state which involves a feeling of sadness, A severe depression can reach the criteria for an affective distort (q.v) and require treatment. Depression can frequently coexist with and complicate other physical illnesses; The most frequent disorder found in the National Morbidity Survey was a mixed anxiety-depression.

Functional Mental Health Problems

A term for any illness in which there is no

	evidence of organic disturbance even though physical performance is impaired.
Health Care Support Workers	Trained but unregistered nurses supporting qualified staff
Health Promotion	Work to prevent a range of health problems
Independent Sector	Voluntary, charitable and private care providers
Inpatient Services	Services provided, often by the NHS, where the patient/service users
Intensive Home Support Service	The local team providing Crisis Resolution in South Wilts
Intermediate Care Services	A short period (normally no longer than six weeks) of intensive rehabilitation and treated to enable patients to return home following hospitalisation or to prevent admission to long term residential care or intensive care at home to prevent unnecessary hospital admission.
Medium and High Secure Mental Health Services	Secure mental health services provided
Mental Health	An individual's ability to manage and cope with the stresses and challenges of life.
Mental Health Local Implementation Team	A multi-agency group including users and carers which steer and monitors implementation of the mental health national service frameworks
National Service Frameworks (NSF)	A set of quality standards for services issued by the Department of Health
Occupational Therapy	Treatment comprising individually tailored programmes of activities that help people who have been disabled by illness or accident to

improve their function and ability to carry out everyday tasks. Occupational therapy also involves recommending aids and changes to the home that help to increase the person's independence

Older Adults

Adults over 65 years old

Older Peoples Planning Partnership

The local multi agency steering group to older people service in South Wilts

Organic Illnesses

Different types of dementia

Outpatient Services

Medical care on a same-day basis in a hospital or clinic

Physiotherapy

Treatment with physical methods or agents. Physio is used to prevent or reduce joint stiffness, restore muscle strength; reduce pain; inflammation and muscle spasm. It is also used to maintain breathing in people with impaired lung function

Primary Care

Services provided by family doctors, dentists, pharmacist, optometrists and ophthalmic medical practitioners together with district nurses and health visitors, with administrative support.

Primary Care Trust

Primary Care Trusts have responsibilities for commissioning specialist services as well as for providing primary care, working closely with Social Services.

Psychiatric Intensive Care

Services to support mental health service users in a very acute phase of illness

Psychology

The scientific study of mental process. It deals with all internal aspects of the mind such as memory. It is also concerned with intelligence, learning and personality development

Psychotherapy	Treatment of mental and emotional problems by psychological methods. Patients talk to a therapist about their symptoms and problems with the aim of learning about themselves.
Rehabilitation	A programme of therapy and reablement designed to restore independence and reduce disability
Residential and Nursing Homes	Residential care refers to nursing home and residential care homes that provide around the clock care for vulnerable adults who can no longer be supported in their own homes. Homes may be run by local councils or independent organisations.
Schizophrenia	Schizophrenia is a severe psychotic mental illness in which there may be distorted perceptions and thinking, as well as inappropriate or blunted mood.
Service Users	People who need health and social care for their mental health problems. They may be individuals who live in their own homes, are staying in care, or are being cared for in hospital.
Social Care	Personal care for vulnerable people, including individuals with special needs which stem from their age or physical or mental disability and children who need care and protection. Examples of social care services are residential care homes, home helps and home care services. Local authorities have statutory responsibilities for providing social care.
Social Inclusion	The state whereby vulnerable or disadvantaged groups are enabled to access all of the activities and benefits available to anyone living in the community

Stabilization

A term used to describe a patients condition that is neither deteriorating nor improving.