

# AGENDA

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**Meeting:** Cabinet  
**Place:** Kennet Room - County Hall, Trowbridge BA14 8JN  
**Date:** Tuesday 19 May 2015  
**Time:** 10.30 am

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## Membership:

Cllr Jane Scott OBE	Leader of the Council
Cllr John Thomson	Deputy Leader and Cabinet Member for Communities, Campuses, Area Boards and Broadband
Cllr Fleur de Rhé-Philippe	Cabinet Member for Economic Development, Skills and Strategic Transport
Cllr Keith Humphries	Cabinet Member for Health (including Public Health) and Adult Social Care
Cllr Laura Mayes	Cabinet Member for Children's Services
Cllr Jonathon Seed	Cabinet Member for Housing, Leisure, Libraries and Flooding
Cllr Toby Sturgis	Cabinet Member for Strategic Planning (strategic and development management), Property, Waste and Strategic Housing
Cllr Dick Tonge	Cabinet Member for Finance, Performance, Risk, Systems Thinking, Procurement and Welfare Reform
Cllr Stuart Wheeler	Cabinet Member for Hubs, Governance (including information management), Support Services (HR, Legal, ICT, Business Services, Democratic Services), Heritage & Arts and Customer Care
Cllr Philip Whitehead	Cabinet Member for Highways and Transport

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Please direct any enquiries on this Agenda to Yamina Rhouati, of Democratic Services, County Hall, Trowbridge, direct line 01225 718024 or email [yamina.rhouati@wiltshire.gov.uk](mailto:yamina.rhouati@wiltshire.gov.uk)

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## **Part I**

### **Items to be considered while the meeting is open to the public**

Key Decisions Matters defined as 'Key' Decisions and included in the Council's Forward Work Plan are shown as 

**1 Apologies**

**2 Minutes of the previous meeting** (*Pages 5 - 10*)

To confirm and sign the minutes of the Cabinet meeting held on 21 April 2015, previously circulated.

**3 Declarations of Interest**

To receive any declarations of disclosable interests or dispensations granted by the Standards Committee.

**4 Leader's announcements**

**5 Public participation and Questions from Councillors**

The Council welcomes contributions from members of the public. This meeting is open to the public, who may ask a question or make a statement. Questions may also be asked by members of the Council. Written notice of questions or statements should be given to Yamina Rhouti of Democratic Services by 12.00 noon on Thursday 14 May 2015. Anyone wishing to ask a question or make a statement should contact the officer named above.

**6 Highways Asset Management Policy and Strategy** (*Pages 11 - 50*)



Report by Dr Carlton Brand, Corporate Director.

**7 Wiltshire Council Child Sexual Exploitation (CSE) Action Plan** (*Pages 51 - 64*)

Report by Carolyn Godfrey, Corporate Director.

**8 Mental Health and Wellbeing Strategy and Implementation Plan** (*Pages 65 - 160*)

Report by Maggie Rae, Corporate Director.

**9 Urgent Items**

Any other items of business, which the Leader agrees to consider as a matter of urgency.

## **Part II**

**Items during consideration of which it is recommended that the public should be excluded because of the likelihood that exempt information would be disclosed**

None

The items on this agenda reflect the key goals of Wiltshire Council, namely 'To protect those who are most vulnerable', 'To boost the local economy – creating and safeguarding jobs' and 'To support and empower communities to do more for themselves'.




## CABINET

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DRAFT MINUTES of a MEETING held in KENNET ROOM - COUNTY HALL,  
TROWBRIDGE BA14 8JN on Tuesday, 21 April 2015.

Cllr Jane Scott OBE	Leader of the Council
Cllr Fleur de Rhé-Philipe	Cabinet Member for Economic Development, Skills and Strategic Transport
Cllr Keith Humphries	Cabinet Member for Health (including Public Health) and Adult Social Care
Cllr Laura Mayes	Cabinet Member for Children's Services
Cllr Jonathon Seed	Cabinet Member for Housing, Leisure, Libraries and Flooding
Cllr Toby Sturgis	Cabinet Member for Strategic Planning (strategic and development management), Property, Waste and Strategic Housing
Cllr Dick Tonge	Cabinet Member for Finance, Performance, Risk, Systems Thinking, Procurement and Welfare Reform
Cllr Stuart Wheeler	Cabinet Member for Hubs, Governance (including information management), Support Services (HR, Legal, ICT, Business Services, Democratic Services), Heritage & Arts and Customer Care
Cllr Philip Whitehead	Cabinet Member for Highways and Transport
Also in Attendance:	Cllr Jon Hubbard, Cllr Alan MacRae, Cllr Richard Gamble, Cllr Allison Bucknell, Cllr Fred Westmoreland, Cllr Simon Killane, Cllr Chris Caswill, Cllr Alan Hill, Cllr Bill Moss and Cllr Horace Prickett

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Key Decisions Matters defined as 'Key' Decisions and included in the Council's Forward Work Plan are shown as 

### 39 **Apologies**

Apologies were received from Councillor John Thomson.

### 40 **Minutes of the previous meeting**

The minutes of the meeting held on 17 March 2015 were presented.

#### **Resolved:**

**To approve as a correct record and sign the minutes of the meeting held on 17 March 2015.**

### 41 **Declarations of Interest**

There were no declarations of interest.

## **42 Leader's announcements**

The Leader made the following announcements:

The Leader extended a warm welcome to Councillor Fred Westmoreland who was recovering from a recent injury.

The Leader announced that the Council's HR department had received an award at the 2015 PPMA Excellence in People Management Awards. The Leader noted that Barry Pirie chaired the national Public Service People Managers' Association. The Leader had on the Council's behalf, congratulated the HR team on their achievement.

The Leader had attended, along with Councillor Richard Gamble, the graduation ceremony for those students who had recently completed their Advanced Apprenticeship Scheme. Leader hoped this would become an annual event.

## **43 Public participation and Questions from Councillors**

The Leader reported receipt of questions and statement from Councillor Chris Caswill and Mrs Marilyn Mackay as published prior to the meeting, and asked if there were any further supplementary questions.

(a) Cllr Chris Caswill

In response to a supplementary questions, Councillor Toby Sturgis stated that ~~the~~ a report on the Chippenham Sites Allocation would only be considered by Cabinet if the consultation responses raised issues of soundness; and that the responses were still being considered.

In response to a supplementary question, Councillor Keith Humphries stated that there had not been any safeguarding matters arising from the two CQC reports in question; and thus it was not necessary to discuss these formally at Cabinet. Cabinet members had been made aware of the contents of the reports. Furthermore a task group had been looking at issues around care home improvements and work was underway, in partnership with Healthwatch, to work with providers ahead of inspection.

Councillor Chris Caswill accepted the offer, made by Councillor Keith Humphries to visit some of the care providers.

Councillor Chris Caswill asked to reserve further comments on his question relating to the SWLEP until that item was discussed later on the agenda.

(b) Marilyn Mackay

The questions and statements were taken as read.

It was noted, in a correction to the written response given, that Councillor Toby Sturgis was not a member of the LEP Board.

#### 44 **Actions to Recruit and Retain Social Workers - Update Report**

Councillor Stuart Wheeler, Laura Mayes and Keith Humphries, presented a report which provided Cabinet with a further update on all of the actions being taken and planned to improve the recruitment and retention of social workers across the council. This followed the agreement of the Corporate Leadership Team (CLT) on 23 June 2014 to pay market supplements to specific social worker roles and a report to Cabinet on 7 October 2014 in which actions to recruit and retain social workers was outlined.

In the course of the presentation and the discussion, the issues discussed included: the difficulties faced nationally, in competing to recruit the best staff; the proactive marketing undertaken; the impact of new approaches on recruitment; that future challenges remain; that further information about Wiltshire Institute for Social Care (WISC) could be made available to Cabinet at its July meeting; the views of Scrutiny regarding the approach taken; how issues regarding caseloads in children's services had been addressed and could be maintained with fluctuating demands on the service; and that further work will be undertaken to address recruitment.

Councillor Jon Hubbard, Chair of the Children's Select Committee, referred to the consideration of the matter by the Select Committee and stated that he was pleased to see the increase in recruitment and the decrease in reliance on agency staff. Furthermore he welcomed the reassurances given over the caseloads per social worker, but expressed concerned as to how caseloads could be kept to a reasonable size given that, by its very nature, social work is given to fluctuations in demand.

It was noted that work to increase awareness of Children's Sexual Exploitation (CSE), through theatre and film, had increased reporting; Cllr Hubbard also highlighted that 'Chelsea's Choice' would be performed at the Melksham Assembly Hall on 22 April and urged all Councillors to attend.

#### **Resolved**

**That cabinet note the progress of the recruitment campaign to recruit social workers and support the further actions being taken and planned to recruit and retain social workers.**

Reason for Decision:

To improve the recruitment and retention of experienced social workers and social work managers.

#### 45 **Wiltshire Energy Resilience Board**

Councillor Toby Sturgis presented a report on progress in engaging with public and private sector partners to determine the viability of establishing a Wiltshire Energy Resilience Board, and to recommend a way forward on this matter.

In the course of the presentation and the discussion, the issues discussed included: consultation had been undertaken regarding the establishment of the Energy Resilience Board; how partners could be best engaged; that the Wiltshire Assembly was proposed to host the event, with further information shared periodically; the impact of resource implications on options to set up the Board; and what other options are available, other than the Wiltshire Assembly, to progress this matter.

#### **Resolved**

- 1. That the Chair of the Wiltshire Assembly be contacted to discuss the possibility of hosting an Wiltshire Energy Resilience Board; and**
- 2. That the Lead Member considers how alternative proposals, as necessary, could be brought forward in a timely manner.**

Reason for decision:

The resolution by Council on 21 October 2014 required Cabinet to report on progress in engaging with public and private sector partners to determine the viability of establishing a Wiltshire Energy Resilience Board, and to recommend a way forward on this matter.

#### 46 **Wiltshire Alcohol Strategy 2014-18**

Councillor Keith Humphries presented the report which informed Cabinet members of the new Wiltshire Alcohol Strategy 2014-18, which has recently undergone a period of formal consultation.

In the course of the presentation and the discussion, the issues discussed included: what the personal, safe limits are for people's consumption of alcohol; the progress that has already been made on addressing drinking with children and young people; how addressing the underlying reasons for someone's drinking is important; how the focus of public health work has refocused on older people; the difficulty in identifying the underlying alcohol issues in health problems; concern that the safety of residential communities can be preserved in licensing; how national funding and national policy can focus on narcotics rather than alcohol; how the statutory licensing objectives do not include public health other than addressing preventing harm to children; the impact of the price of alcohol; how NHS England money, that is unallocated, could be reallocated to address local priorities; and how the strategy proposes to address

the alcohol harm including: integrating licensing within public health and raising awareness around alcohol abuse.

Councillor Keith Humphries stated, in response to a question from Cllr Chris Caswill, that the action plan was being developed; that the Strategy would be referred to the Licensing Committee for consideration; that the Wiltshire Clinical Commissioning had been consulted; and that the Police had been consulted through the Community Safety Partnership.

In addition, Councillor Jane Scott stated that she would ask for the Action Plan to be considered at a future meeting of the Health & Wellbeing Board; and that for officers to ask the Licensing to consider how they may be able to address the objectives of the Strategy.

### **Resolved**

**That Cabinet approve the strategy.**

Reason for decision:

To ensure Cabinet are aware of the content of the strategy and its development process; prior to approval.

## **47 SWLEP Assurance Framework**

Councillor Jane Scott OBE presented the report which outlined the key messages of the recently developed Swindon and Wiltshire Local Enterprise Partnership (SWLEP) Local Assurance Framework. The report also highlighted the changes to SWLEP governance, operation and decision making process that ensures accountable, transparent decision making in respect of devolved funds overseen by the SWLEP Board and included in the SWLEP Growth Deal.

The Leader stated, in response to a question from Councillor Chris Caswill, pointed out the requirement to submit the Assurance Framework to the Secretary of State by the end of March. Councillor Caswill referred to information published on the SWLEP website which the Leader undertook to look into, clarify and if required circulate a note of explanation to members.

The Leader stated, in response to a question from Councillor Chris Caswill, that the Associate Director for Economic Development worked closely with colleagues at the LEP but was not employed or line-managed by the LEP. Furthermore, the Chief Officer of the LEP was employed and managed by Wiltshire Council on behalf of the LEP.

The Leader stated, in response to a question from Councillor Chris Caswill, that all decisions in accordance with the Economic Strategy would be taken by the Leader Member, Fleur De-Rhe-Phillip, and that decisions that did not comply with the Strategy would be taken by Cabinet. Furthermore accountability and

transparency would be further assured through the public meeting of the Joint Strategic Economic Committee (JSEC) and the joint scrutiny arrangement. It was also noted that the s151 Officer had pivotal responsibilities for ensuring that the LEP met the financial regulations that Wiltshire Council followed.

In the course of the presentation and the discussion, the issues discussed included: That strengthening of transparency and accountability was welcomed; that a review of the number of sub-groups would be undertaken to ensure efficiency; that the Wiltshire and Swindon LEP was the first, and so far the only, to have established scrutiny arrangements; and that Government Ministers had offered praise for the approach being taken.

In response to an issue raised by Councillor John Hubbard, the Leader stated that whilst the wording of the Framework was for the LEP to decide, she would bring to the attention of the Board the importance of wording documents so that unrealistic expectations were not established.

## **Resolved**

- 1. That Cabinet notes the work of officers in developing a strong and robust Local Assurance Framework in support of SWLEP activity and give its endorsement to the framework, its implementation and ongoing maintenance.**
- 2. That Cabinet delegates authority to the Associate Director, Economic Development and Planning, following consultation with the Leader, Lead Member for Economic Development, the Monitoring Officer and the Section 151 Officer, to develop and enter into the relevant legal agreements that will underpin the framework.**

Reason for Decision:

To ensure that public funds devolved to the Swindon and Wiltshire Local Enterprise Partnership are spent with regularity, propriety, transparency and value for money.

## **48 Urgent Items**

There were no urgent items.

(Duration of meeting: 10.30 - 11.45 am)

These decisions were published on the 24/4/15 and will come into force on 5/5/15
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The Officer who has produced these minutes is Will Oulton, of Democratic Services, direct line 01225 718024 or e-mail [william.oulton@wiltshire.gov.uk](mailto:william.oulton@wiltshire.gov.uk)  
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**Wiltshire Council**

**Environment Select Committee**

**14 April 2015**

**Cabinet**

**19 May 2015**

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**Subject:** Highways Asset Management Policy and Strategy

**Cabinet Member:** Councillor Philip Whitehead – Cabinet Member for Highways and Transport

**Key Decision:** Yes

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## **Executive Summary**

The 'Local Highways Investment Fund 2014 – 2020' provides the opportunity to address the long standing under investment in highways maintenance, which has been a problem nationally for many years. The significant investment of £21 million annually for six years by Wiltshire Council will see a substantial improvement in road and footway conditions.

The first year of the increased investment has been in 2014/15, and a good start has been made to improve the condition of the county's roads. It has been possible to deliver most of the 2014/15 road surfacing programme, with 85% of the schemes identified at the start of the year delivered. 15% of the initially proposed sites have had to be deferred to 2015/16 because of public utilities work and other difficulties, especially with regard to access to the sites and availability of diversion routes.

In addition to the 184 sites included in the initial 2014/15 programme, a further 53 sites were treated following flooding and winter damage, with another 4 sites currently being programmed for implementation.

The initial list of proposed sites to be treated in 2014/15 was issued to the Area Board early in 2014, and there was the opportunity to comment on the lists and to suggest amendments and substitutions. Generally, the lists of sites were approved by the Area Boards with only minor amendments being made to the programme.

In May 2013 the government funded Highways Maintenance Efficiency Programme (HMEP) published new asset management guidance. The guidance provides advice on implementing asset management, and makes a series of recommendations to achieve the benefits of asset management.

The DfT is keen that authorities adopt an asset management approach and is encouraging adoption by including an incentive in the allocation of future maintenance funding.

A draft Wiltshire Asset Management Policy and Strategy has been prepared for adoption. The details for the plans will be subject to further development in accordance with the policy and strategy.

## **Proposals**

It is recommended that:

- (i) The good progress on implementing the first year of the 'Local Highways Investment Fund 2014 – 2020' is noted, and the involvement of the Area Boards in identifying local priorities is welcomed.
- (ii) The Wiltshire Asset Management Policy and Strategy should be adopted to help guide the delivery of asset management principles with regard to highway infrastructure.
- (iii) Authority should be delegated to Philip Whitehead, Cabinet Member for Highways and Transport and Parvis Khansari, Associate Director for Highways and Transport to approve revisions of the Highways Asset Management Policy and Strategy and the emerging detailed plans.

## **Reason for Proposal**

The condition of the county's roads is important to the public. This is demonstrated by the results of the Council's People's Voice and the National Highways and Transportation (NHT) surveys, which both indicate low levels of public satisfaction with road conditions. In the Council's consultations on budget setting, expenditure on roads is the service where the public consistently wish to see more spent.

The highway network forms the Council's largest asset, and it is important that it is maintained in the most cost-effective way in order to show value for money. This includes the use of asset management and whole life costing approaches to inform investment decisions.

The use of asset management principles has been applied for many years in Wiltshire to ensure appropriate investment with longer term planning. The adoption of the proposed policy and strategy will help formalise that process.

**Dr. Carlton Brand**  
**Corporate Director**



## **Wiltshire Council**

### **Environment Select Committee**

**14 April 2015**

### **Cabinet**

**19 May 2015**

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**Subject:** Highways Asset Management Policy and Strategy

**Cabinet Member:** Councillor Philip Whitehead – Cabinet Member for Highways and Transport

**Key Decision:** Yes

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### **Purpose of Report**

1. To provide an update on progress of implementing the 'Local Highways Investment Fund 2014 – 2020', and to adopt the Wiltshire Highways Asset Management Policy and Strategy.

### **Relevance to the Council's Business Plan**

2. The proposals meet three priorities of the Council's Business Plan:
  - Outcome 2 – People in Wiltshire work together to solve problems locally and participate in decisions that affect them
  - Outcome 3 – People in Wiltshire have a high quality environment
  - Outcome 6 – People are as protected from harm as possible and feel safe

### **Background**

3. The highway network in Wiltshire comprises 4,400 kilometres of road, 3.9 million square metres of footway, 981 bridges and over 40,000 street lights. The replacement value of the roads alone is £4.5 billion, and it would cost over £330 million to resurface all of the roads, with additional costs to repair structural damage.
4. The condition of the county's roads is important to the public. This is demonstrated by the results of the Council's People's Voice and the National Highways and Transportation (NHT) surveys, which indicate low levels of public satisfaction with road conditions. In the Council's consultations on budget setting, expenditure on roads is the service where the public consistently wish to see more spent. The public also expect Wiltshire's transport system to continue to meet the needs of local residents and businesses and promote sustainable transport in the larger settlements and along Wiltshire's main commuting corridors.

5. On 22 October 2013 Cabinet considered a report on options to increase investment in highways maintenance. It was agreed to increase highway capital maintenance funding to £21 million for six years, starting in 2014/15. The £21 million is funded through a mixture of grant from DfT (Local Highways Maintenance capital block funding) and Wiltshire Council borrowing. This was subsequently included in the Council's future budget, and forms the basis of the 'Local Highways Investment Fund 2014 – 2020'.
6. The Council has applied the principles of asset management to the maintenance of the highway network for many years. This involves taking into account the lifecycle of the assets and monitoring performance of the intervention and investment strategies, with the objective of minimising expenditure while providing the required performance. There is a need to formalise this approach and adopt a policy and strategy in accordance with the latest code of practice on asset management.

## **Main Considerations for the Council**

### Local Highways Investment Fund 2014 – 2020

7. The 'Local Highways Investment Fund 2014 – 2020' provides the opportunity to address the long standing under investment in highways maintenance, which has been a problem nationally for many years. The significant investment of £21 million annually for six years by this Council will see a substantial improvement in road and footway conditions.
8. The first year of the increased investment has been in 2014/15, and a good start has been made to improve the condition of the county's roads. The increase in funding has required additional resources to be mobilised by the Council's contractor Balfour Beatty Living Places (BBLP) and the Council's consultant, Atkins, who carry out the design and supervision of the works.
9. It has been possible to deliver nearly the entire 2014/15 programme, with 85% of the schemes identified at the start of the year delivered already. 15% of the sites had to be deferred to 2015/16 because of public utilities work and other difficulties with regard to access to the sites and availability of diversion routes.
10. In addition to the 184 sites included in the initial programme a further 53 sites have been treated because of flooding and winter damage, with a further 4 being programmed. The list of additional sites is included as **Appendix 1** of this report.

### Resource and delivery implications

11. Expenditure on highway maintenance is increasing nationally, with funding increases from DfT through the maintenance block, and specific funding for repairs especially in the south west following the flooding in early 2014. Capital expenditure on new roads and development has also increased with the improving economy.

12. All this work is increased demand for limited resources. Quarry capacity, vehicle and plant availability, and obtaining a skilled workforce are becoming a challenge. The Council has an established supply chain through its long-term contracts, which have the benefit of being flexible enough to meet the demand, but in some cases it has been difficult to meet the ambitious programme of work.
13. The Highways Agency and public utilities have also had large programmes of work this year, which in some cases have had serious implications for the programming of proposed resurfacing, resulting in schemes having to be reprogrammed or curtailed. In general, where schemes have had to be delayed, they are being reprogrammed for the next year.
14. The scale of the Council's proposed programme of works and its complexity has lead to some issues with regard to advance signing, diversion routes, and advance notification to residents and businesses. The contractor has worked hard to address these issues and improve delivery. As the year has progressed delivery has improved as more resources are deployed. More work has been carried out later in the year than is desirable, but fortunately the weather has been generally favourable.
15. The extensive damage to the road network because of the flooding resulted in £3.010 million additional funding from DfT repairs. The funding was welcome but did not reflect the full cost of damage to the county's roads. Additional repair and resurfacing work has had to be programmed into the already extensive programme of works.

#### Area Board Involvement

16. The initial list of sites to be treated in 2014/15 was issued to the Area Board in early 2014, and an opportunity was provided to comment on the lists and suggest amendments and substitutions. The initial list was based on the road condition using technical survey data and local knowledge of the staff to identify the priority sites. An indication of potential sites for the remaining five years of the investment programme was also provided to aid consideration of sites.
17. Where sites were suggested to be added to the list it was indicated that these would be considered, but with the budget fully committed it would depend on other sites being delayed, and there could be no guarantee that additional sites could be added in the current year. Where schemes were suggested as substitutions for schemes on the list, it was possible to accommodate these requests.
18. Generally, the lists of sites were approved by the Area Boards with only minor amendments. Individual members, town and parish councils often had their own priorities, but it was important that they identify those which the Area Board as a whole considered the priorities. In the 2014/15 programme there were six changes requested. Two were for additional sites to be included, which because of the particular circumstances it was possible to bring forward, and four were for changes to identified sites, with substitutions suggested. There were also a number of comments about sites for future treatment which were considered for the 2015/16 programme.

19. The Area Boards had some slightly different approaches to the review of potential sites, with most involving the Community Area Transport Groups (CATGs) in the process, and others considering the matter at the Area Board meetings. As the process continues through the remaining years of the investment programme, the Boards will be encouraged to take a longer term view and consider in advance what the local priorities are so that these can be developed with the Local Highways teams.

#### Future Years Major Maintenance Site Lists

20. The intention is to continue to issue the proposed list of sites to the Area Boards for review annually. The identification of sites for skid resistance treatment in accordance with the Council's Skid Resistance Policy has to remain the priority for safety reasons, but there is still scope to address local priorities within the programme.
21. The carriageway condition and skid resistance survey results are usually available towards the end of the summer, and there then has to be a detailed assessment of sites. This means that scheme lists cannot be prepared in detail until December or January, giving little time before work starts on the next year's programme in April.
22. It would therefore be helpful for members, town and parish councils to consider any local priorities or sites of concern at the earliest opportunity so that these can be considered as necessary. The information can be provided to the local Highway Engineer for early assessment for potential inclusion in future programmes.

#### Timing and Programming of Work

23. The programming of works is left as far as possible to the contractor to determine the most efficient way to do the works. In some cases local events, availability of diversion routes and other works on the network may dictate when particular works can be carried out. In the case of major works in particularly traffic sensitive areas, consultations are undertaken in advance with the local communities and businesses to identify the appropriate timing and phasing of works.
24. The scale of the works being undertaken and the large number of sites being treated means that some changes to the programme of works are inevitable, but the intention is to give as much warning of proposed works as possible. Consideration is being given to methods of providing better advanced information on proposed works, but this is likely to be a challenge in view of the continuous changes resulting from weather and other factors affecting delivery.
25. The Wiltshire Council website Roadworks page provides the best up-to-date information on roadworks in the county as it also includes public utilities and other work on the network. An interactive map can be viewed at:  
<http://www.wiltshire.gov.uk/parkingtransportandstreets/roadshighwaysstreetcare/roadsandtraffic/roadworks.htm>

### Potholes and Defect Repairs

26. The repair of potholes and carriageway defects proved to be a particular challenge during 2014. The flooding and continuing wet weather caused extensive damage to already weak areas of carriageway. Additional resources were committed to addressing the problem, but with widespread damage it was necessary to prioritise those sites with serious safety issues, and some of the other sites took significantly longer to repair than would otherwise have been the case.
27. The backlog of repairs has reduced significantly in recent months, and the programming of work by the contractor is improving. The processes for identifying defects, inspecting and repairing are the subject of a systems thinking review, and improvements are being developed on the basis of the success of the My Wiltshire website and app. However, there will be a need to continue to deploy considerable resources to deal with defects in the short term. In the longer term the significant investment programme will improve the resilience of the network and should reduce the need for reactive works.

### Asset Management Policy and Strategy

28. In 2005 the then Wiltshire County Council (WCC) developed a Transport Asset Management Plan (TAMP) in order to improve the management of its transport infrastructure, including the county's roads, bridges, street lighting and transport related assets. The Council was assisted by its consulting engineers Mouchel and their specialist sub-consultants.
29. The TAMP summarised the current position with regard to asset management, and followed a gap analysis of asset information and management procedures. It was prepared in accordance with the then current Codes of Practice, particularly 'Well-Maintained Highways, July 2005'. For some assets such as carriageways there was good information available on the scale of the asset and its conditions as a result of many years of technical surveys. However, for some assets, such as drainage, there was less information on the extent of the asset and its condition.
30. The information collected in connection with the preparation of the TAMP has proved helpful over the years in understanding the assets and the investment needed in order to keep them in appropriate condition. The review of processes has informed decision making on roads, bridges and related infrastructure, including the development of the 'Local Highways Investment Fund 2014 – 2020'.
31. In May 2013 the Highways Maintenance Efficiency Programme (HMEP) published new asset management guidance. The guidance provides advice on implementing asset management, and makes a series of recommendations to achieve the benefits of asset management. The DfT is keen that authorities adopt an asset management approach and are encouraging adoption by including an incentive in the allocation of maintenance funding from 2016/17.

32. Draft Highways Asset Management Policy and Strategy (**Appendices 2 and 3**) have been developed in accordance with the current guidance. Further work will be required to prepare detailed plans for the various asset types, but there would be benefits in adopting the policy and strategy at the earliest stage in order to demonstrate the adaptation of these principles.
33. The policy and strategy are relevant for the highways and related infrastructure, including carriageways, footways and cycleways, structures, drainage, street lighting and traffic signals.
34. The DFT is expecting to see increased adaptation of asset management principles by local highway authorities, and future funding is likely to become dependent on demonstrating progress in this area. Therefore, it is important that this Council is seen to adopt this approach. These will be living documents which will be developed as knowledge and understanding of the assets increases.

### **Safeguarding Implications**

35. None.

### **Public Health Implications**

36. The condition of roads and related infrastructure can have serious safety implications, especially with regard to skid resistance and condition of highways and the contribution they can make to reducing accidents. Structures, signs and street lighting needs to be kept in good condition in order to protect the public and those maintaining the assets.
37. The investment through the 'Local Highways Investment Fund 2014 – 2020' will provide a highway network in better condition and with potentially improved safety. Having a strategy to appropriately maintain the highway assets should help reduce traffic accidents and vehicle collisions.

### **Corporate Procurement Implications**

38. Procurement of the required surfacing work is currently through the Wiltshire Highways and Streetscene contract, which was awarded to Balfour Beatty Living Places in 2013 and offers competitive rates for this type of work. The contract is for five years with a possible extension of two years subject to performance. Consideration will need to be given to future procurement in due course. Such procurement will be carried in line with the Wiltshire Council's Procurement Regulations, as well as the Public Contracts Regulations 2015.

### **Equalities Impact of the Proposal**

39. The improved maintenance of the highway network and its management using sound asset management principles should benefit all road users, including public transport, cyclists and pedestrians.

## **Environmental and Climate Change Considerations**

- 40. The effects of climate change are likely to have significant effects on the highway network as was seen in the flooding of 2014, and the consequent damage to the roads, footways and drainage systems. Having robust maintenance strategies to improve the condition of the network will help build resilience into the infrastructure.
- 41. Where possible, suitable materials arising from road resurfacing schemes are recycled. Large quantities of road planings are used on rights of way to repair damage, and is also used on county farms or provided to community groups.
- 42. The presence of tar bound materials in older carriageways is causing problems as it has to be disposed of as contaminated waste, with consequent cost implications. Options for in-situ and other recycling options are being examined in order to make better use of this material.

## **Risk Assessment**

- 43. The investment in planned maintenance of the highway infrastructure and the establishment of formalised asset management policies will help reduce the risk of incidents and claims.
- 44. There is a risk that the current increase in construction activity in both the public and private sectors will result in insufficient resources being available to deliver the extensive road surfacing and asset management strategies currently proposed. This could delay delivery or reduce the volume of work it will be feasible to deliver. Processes are currently in place to deliver the maintenance programme and the situation will continue to be monitored.

## **Risks that may arise if the proposed decision and related work is not taken**

- 45. There is a risk of increased accidents, claims and public dissatisfaction if the programme of highway maintenance is not delivered, or is delayed. The principles of asset management have been followed by this Council for many years, but there would be benefits in adopting the policy and strategy in order to demonstrate best practise.
- 46. There is a serious risk that DfT funding will become increasingly dependent on demonstrating the application of good practise and asset management principles. Failure to do so is likely to result in reduced funding in future years.

## **Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks**

- 47. There are no significant risks associated with adopting the proposed highway asset management policy and strategy, but it will be important to ensure that they are implemented effectively. Processes are currently in place with Service Delivery Teams covering the various highway services, and these are the appropriate groups to continue to manage the process. They include representatives from the Council, consultants and contractors involved in

delivering the services, and report to the Contract Management Meeting comprising senior managers from those organisations.

### **Financial Implications**

48. The highway network forms the Council's largest asset, and it is important that it is maintained in the most cost-effective way in order to show value for money. This included the use of whole life costing approach to inform investment decisions.
49. The use of asset management principles has been applied for many years in Wiltshire to ensure appropriate investment with longer term planning. The adoption of the proposed policy and strategy will help formalise that process.
50. The increasing drive for asset management from DfT will mean that failure to demonstrate the application of this approach will result in reduced funding from central government. An increasing proportion of available funding will be potentially withheld as an incentive. It is therefore important to have a formalised adoption of the policy and strategy to aid with the process of maximising funding available to Wiltshire Council from the DfT.

### **Legal Implications**

51. There are a number of duties imposed on the Council as a highways authority. There is the common law duty to maintain the highway network including related infrastructure. The duty to maintain includes a duty to maintain the highway drainage system in order to keep the highway free from flooding. Section 41 of the Highways Act 1980 ('the 1980 Act') imposes a statutory duty on the highway authority to take such care in all the circumstances as is reasonably required to ensure the highway is not dangerous for traffic. Section 130 of the 1980 Act imposes a general statutory duty for a highway authority to assert and protect the rights of the public to use and enjoy the highway. To fulfil this duty the highway authority has a responsibility to remove encroachments and obstructions (which would include flooding) of the highway. The current investment programme and proposed policy and strategy will help the Council to meet its duties.

### **Options Considered**

52. There is a need to continue to apply asset management principles to the highway network in order to keep the network in good condition and to ensure value for money from maintenance work. Not formally adopting a policy and strategy would result in reduced funding from DfT in future years.

### **Conclusions**

53. The 'Local Highways Investment Fund 2014 – 2020' provides the opportunity to address the long standing under investment in highways maintenance, which has been a problem nationally for many years. The significant investment of £21 million annually for six years by Wiltshire Council will see a substantial improvement in road and footway conditions.



54. Good progress has been made in delivering the 2014/15 programme of highway maintenance and has included the involvement of the Area Boards to help set local priorities. It is intended that this process should continue in future years.
55. The highway network forms the Council's largest asset, and it is important that it is maintained in the most cost-effective way in order to show value for money. This includes the use of whole life costing approaches to inform investment decisions. The use of asset management principles has been applied for many years in Wiltshire to ensure appropriate investment with longer term planning. The adoption of the proposed policy and strategy will help formalise that process.

**Parvis Khansari**  
**Associate Director Highways and Transport**

Report Author:

**Peter Binley**

Head of Highways Asset Management and Commissioning  
April 2015

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## **Background Papers**

The following documents have been relied on in the preparation of this report:

None

## **Appendices**

Appendix 1 – List of additional road surfacing sites 2015/16

Appendix 2 – Wiltshire Highways Asset Management Policy

Appendix 3 – Wiltshire Highways Asset Management Strategy

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## ADDITIONAL SURFACING SITES ADDED TO THE 2014/15 PROGRAMME

Site location	Area (m <sup>2</sup> )
High Street, Great Bedwyn	1511
Westfield Road, Trowbridge	60
Groveley Lane, Geat Wishford	6587
Fowlswick Lane, Kington St Michael	3000
Salisbury, St Marks Ave	794
Woodmand, Holt	355
Spout Lane, Seend, Devizes	2133
Parks Copse, East Stowell	278
Brookside, Crudwell	510
West Grimstead, near Railway Bridge	347
Cherry Orchard, Lower Wraxall	540
Marsh Road, Rowde	1724
Ashley Close, BOA	544
C8 Alton Priors	706
Park Road, Trowbridge	251
Slip Road South Side	369
Newton Lane Whiteparish	280
A342 Everleigh	3113
Chocolate Poodle Cheverall Rd & A360 Junction	313
Yatesbury jct with A4	499
High St, Rowde- Entr to church	113
Ancaster Close, Trowbridge	960

<b>Site location</b>	<b>Area (m²)</b>
Cranmore Close, Trowbridge	1,898
Barnack Close, Trowbridge	997
Ketton Close Trowbridge	1,362
C415 Marlborough Road RWB	1,216
Winterslow, Porton	12,137
Greengate Road, Wedhampton	2,800
The Hill, Little Somerford	851
Wilcot Huish	4,810
Stones Lane, Cricklane	159
Ashley Rd, BOA	182
Wootton Rivers	3,480
Truckle Barn Hill Rd, North Wraxall	4,719
Crossing Lane, Upper Minety	3,500
Primrose Lane, Redlynch	951
Box Hill, Drewett's Mill	1,800
Barnetts Hill, Box	523
Love Lane, Box Hill	350
Doctor Hill Triangle, Box	50
Cokers Lane, Kilmington	1,297
Farm Lane east off B3092 Stourton	2,118
Sherfield English Rd, Landford	640
A36 Split to New Road, Landford	764
Elm Hill, Warminster	1,754
George St, Warminster	1,187
Tidworth Rd/Church St Collingbourne Ducis	976
A338 btw Collingbourne Ducis and jct A342	1,215

<b>Site location</b>	<b>Area (m²)</b>
Rushall Drove, Rushall	916
Old Road, Alderbury, Salisbury	304
Beech Road, Rudloe	2,772
Folkestone Road, Salisbury	885
20-30 Wessex Road, Salisbury	497
Old Blandford Road, Salisbury	1,302
Black Dog Bridge, Braydon	300
Slodbrook Lane, Mere	3,084
Bishops Close, Mere	599

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# Wiltshire Highways Asset Management Policy



DRAFT – April 2015

# Wiltshire Highway Asset Management Policy

## Introduction

The highway network, roads, bridges and related infrastructure represents the Council's largest and most valuable public asset, with a replacement value of over £5 billion. The effective and efficient management of this infrastructure is considered to be a key factor in the ability of the Council to deliver its services.

The Council's Business Plan 2013 – 2017 sets out the vision to create stronger and more resilient communities will continue to underpin our work and provide a clear focus to the actions we take. The priorities are:

- To protect those who are most vulnerable
- To boost the local economy – creating and safeguarding jobs
- To support and empower communities to do more for themselves.

The key actions to help deliver the three priorities in the Business Plan include investing additional money 2014 – 2017 to reduce the historic backlog in highways maintenance, and to stimulate economic growth in areas such as tourism, and create additional jobs in partnership with the Local Enterprise Partnership.

## Policy

The proposed Highways asset Management Policy is:

*Wiltshire Council is committed to adopting the principles of asset management, and will take a long term view when making maintenance and investment decisions. The asset management approach will deliver value for money and maximise the benefits for future prosperity by ensuring the right investment decisions are made. It will assist in targeting resources and managing risks associated with the statutory duties to maintain the highway infrastructure.*

## Consultation and Engagement

In preparing the policy the views of the public as expressed in the Wiltshire People's Voice, National Highways and Transportation surveys and other consultations, including for the Local Transport Plan, have been taken into account.

Road maintenance is a high priority for the residents and businesses in Wiltshire. The proposed Policy will be considered by the Environment Select Committee on 14<sup>th</sup> April 2015, and reviewed at the Cabinet meeting on 19<sup>th</sup> May 2015.

This policy will be made available on the Council's website, and will be reviewed from time to time as necessary and in 2017.



# Wiltshire Highways Asset Management Strategy



Draft – April 2015

# Wiltshire Highways Asset Management Strategy

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# 1. Introduction

## **The Importance of Highway Infrastructure to Wiltshire**

The local highway network is vital to providing connectivity for businesses and communities; effective maintenance to ensure its availability is essential to the economic development of an area. Wiltshire recognises the importance of maintaining and managing its highway network effectively. Doing so encourages economic development, ensures the public can safely use and enjoy the highway and contributes to the achievement of its corporate goals.

A well maintained highway network provides access for business and communities, as well as contributing to the area's local character. The importance of highway infrastructure cannot be understated. It is Wiltshire's most valuable asset, and its lack of availability causes considerable impact to communities, as evidenced by the disruption caused during the winter of 2013/14, when heavy rainfall and high groundwater caused some local roads in the county to be closed.

Wiltshire is committed to the good management of the highway asset, and has been working on implementing asset management principles for a number of years already. The recent severe weather experienced in Wiltshire has meant an increased focus on emergency repairs to guarantee the safety of road users. The effects of the severe weather are being addressed, and Wiltshire will continue to apply preventative asset management practices, leading to more effective management of the network.

## **Contribution of Highways to Economic Growth and Transport Objectives**

Economic growth in the region will be driven by new employment opportunities and housing development, however without delivering improvements to infrastructure it will not be possible for Wiltshire to unlock this growth.

The Local Transport Plan and the Infrastructure Delivery Plan describe Wiltshire's key opportunities to support growth, and the transport challenges in the region. These will enable the following objectives of Wiltshire's Core Strategy:

- The creation of homes and jobs at the principal settlements
- Sustainable development and enhancing services and facilities at market towns
- Safeguarding the role of local service centres
- Improving employment opportunities, services and facilities at large and small villages

Prioritisation of critical and essential infrastructure projects will be undertaken by the Council and will be informed by the principles of the Core Strategy. Reduced funding

opportunities directly from central government will lead to those priorities also being rehearsed as part of Swindon and Wiltshire Local Enterprise Partnership's (SWLEP) Strategic Economic Plan (SEP) and Local Growth Fund (LGF) submissions and the Council's Community Infrastructure Levy receipts.

It is essential that new infrastructure that supports Wiltshire's ambitions can be maintained to the appropriate standard in the future and that existing highway infrastructure is maintained to similar standard.

## **A well maintained network that supports transport objectives**

The SWLEP's SEP sets out its Vision, where by 2026, their ambition is that:

*"Our transport network is a resilient, affordable, accessible and efficient system, and is a key enabler of economic growth."*

It is a key driver supporting the SWLEP's aim to enable the delivery of: 40,600 jobs, 31,200 homes and 318ha of employment land. (estimating that the programme could add over £3 billion in GVA.

A reliable and effective highway network is clearly essential to bringing economic growth, which is supported by the local strategic transport objectives set out in Wiltshire's Local Transport Plan.

A well maintained network has a significant contribution towards meeting these objectives, which can be achieved through setting a series of asset management objectives. Asset management objectives are summarised in the table below, which shows how each contributes to one or more transport objectives.

Asset management objective		LTP3 Objective
To improve the condition and resilience of the highway network and minimise the risk of failure of parts of the network	SO1	To support and help improve the vitality, viability and resilience of Wiltshire's economy and market towns.
	SO6	To make the best use of the existing infrastructure through effective design, management and maintenance.
	SO16	To improve the resilience of the transport system to impacts such as adverse weather, climate change and peak oil.
	SO8	To improve safety for all road users and to reduce the number of casualties on Wiltshire's roads.
Minimise the impact of road works by ensuring works are planned and carried out at an optimal time.	SO4	To minimise traffic delays and disruption and improve journey time reliability on key routes.
	SO18	To enhance the journey experience of transport users.
To support public transport and sustainable transport alternatives by ensuring a well maintained and available network	SO2	To provide, support and/or promote a choice of sustainable transport alternatives including walking, cycling, buses and rail.
	SO5	To improve sustainable access to a full range of opportunities particularly for those people without access to a car.
	SO13	To reduce the need to travel, particularly by private car.
	SO14	To promote travel modes that are beneficial to health.
	SO15	To reduce barriers to transport and access for people with disabilities and mobility impairment.
	SO17	To improve sustainable access to Wiltshire's countryside and provide a more useable public rights of way network.
To effectively plan for the maintenance of new infrastructure required to support growth in a targeted manner	SO12	To support planned growth in Wiltshire and ensure that new developments adequately provide for their sustainable transport requirements and mitigate their traffic impacts.
	SO7	To enhance Wiltshire's public realm and streetscene.
To minimise the effects of noise and air pollution by effectively maintaining the highway network.	SO3	To reduce the impact of traffic on people's quality of life and Wiltshire's built and natural environment.
	SO10	To encourage the efficient and sustainable distribution of freight in Wiltshire.
	SO11	To reduce the level of air pollutant and climate change emissions from transport
	SO9	To reduce the impact of traffic speeds in towns and villages.



## Importance of Investment

It is important that Wiltshire sets out a strategy to maintain its infrastructure in the future, to ensure it supports these transport objectives. Maintaining the network in a safe and serviceable condition is also key to support the growth ambition of Wiltshire and the needs of local residents and businesses.

Providing adequate funding to ensure a well maintained road network is a critical challenge not only for the Government but also for Wiltshire itself. There is a high public expectation that roads should be safe, reliable and comfortable to travel on. This expectation is set against a background of reducing public spending and aging infrastructure requiring more maintenance. At the same time, traffic on the road network has been increasing and there is an environment of severe and unpredictable weather that has potential to cause further damage to the road network.

Wiltshire is aware of the funding gap between the total cost of infrastructure to support growth and the amount of available funding, and has established that Community Infrastructure Levy (CIL) contributions can help meet the funding gap, but not completely bridge it. In addition to obtaining more funding, adopting an asset management approach is essential to maintain the network in a way that delivers maximum efficiency and value for money over the long term.

## 2. Asset Management Principles and Framework

### Asset Management Policy

Wiltshire's Asset Management Policy is a high level document which establishes the Council's commitment to Infrastructure Asset Management and demonstrates how an Asset Management approach aligns with the authority's corporate vision and strategic objectives. The policy also summarises the principles adopted in applying asset management to achieve Wiltshire's strategic objectives.

The proposed Highways asset Management Policy is:

*Wiltshire Council is committed to adopting the principles of asset management, and will take a long term view when making maintenance and investment decisions. The asset management approach will deliver value for money and maximise the benefits for future prosperity by ensuring the right investment decisions are made. It will assist in targeting resources and managing risks associated with the statutory duties to maintain the highway infrastructure.*

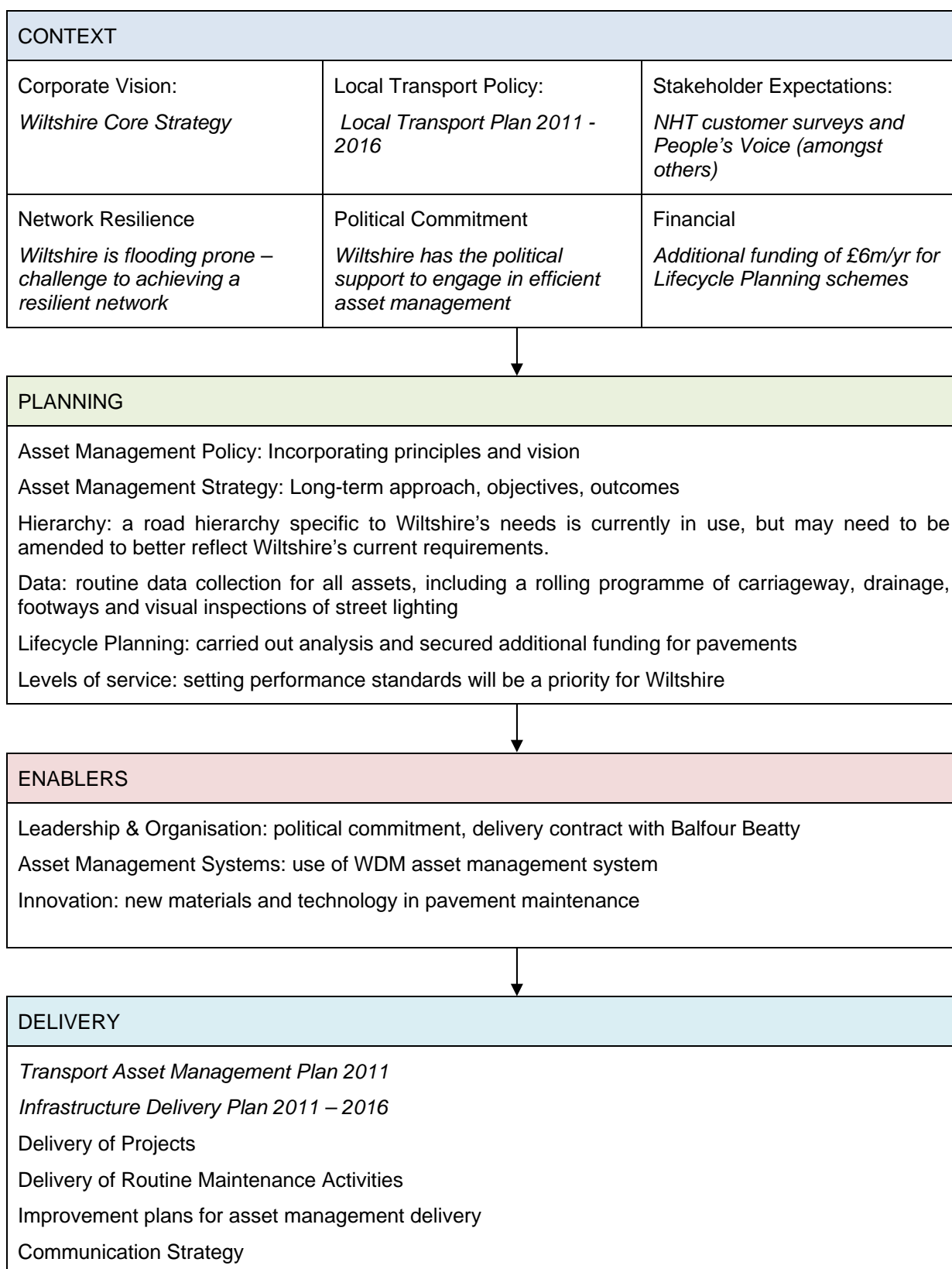
The Asset Management Strategy sets out how the Asset Management Policy will be delivered. This is informed by adoption of asset management principles, understanding asset management as part of a framework with local and national influences, and establishing specific performance standards which align to the strategic LTP objectives.

### Highways Asset Management Framework

The Highway Infrastructure Asset Management Guidance published by UKRLG sets out a framework which describes all asset management activities and processes that are necessary to develop, document, implement and continually improve asset management practices. These activities and the approach to their delivery should be clearly documented and accessible to relevant stakeholders, but the guidance recognises that individual authorities will need to be flexible in the application of the framework to accommodate their own requirements.

The Highway Infrastructure Asset Management Guidance recommends that the framework is developed by individual highway authorities to meet their needs, aspirations and their starting point on the asset management journey.

The Asset Management Framework illustrated below can be used to understand the context of asset management practices in Wiltshire.





## Performance Standards

Performance standards should be set out as part of the asset management strategy, as a means of understanding whether the asset management objectives are being met. Stating performance standards improves clarity for stakeholders and establishes a link between the strategic objectives and the desired outcomes of the asset management strategy.

Setting the right performance standards is always a balance of often conflicting issues. At one level, the optimum target might be described as the one that requires the least cost to maintain in terms of performance over a period of time. Where the optimum target is not met, the incidence of unplanned and reactive maintenance increases which is ultimately more costly as well as more disruptive to road users. However, setting optimum performance targets should be balanced against the reality of funding pressures and user expectations. In this context it is important to understand which performance targets are affordable and would be required to ensure that the road network serves its core function of enabling economic growth.

User preferences should also be taken into account when developing performance standards. In Wiltshire, recent results from the National Highways and Transportation (NHT) customer survey show that the condition of roads is both the item that is “most important to users” and the aspect “in most need of improvement”. The data indicates a strong preference for improvement in carriageway (road) condition. This is consistent with the results of the Council’s most recent “What matters to you” survey (May 2014), which highlighted road and pavement repairs as the issue most in need of improvement according to respondents.

Setting performance standards for asset management in Wiltshire is considered a priority. These will be established by taking into consideration the current condition of the network, available funding and user preferences.

### 3. Strategy for Main Asset Groups

#### The Existing Highway Asset and Asset Hierarchy

The highway asset is made up of the following assets:

- Carriageways (roads)
- Footways and Cycleways
- Structures
- Drainage
- Lighting
- Signs and Street Furniture
- Traffic Control and Information Systems

Customer satisfaction scores with regards to highway maintenance and carriageway condition are below average in comparison to scores from other county councils. Customer preferences indicate that managing the condition of the carriageway assets is a priority, as it is perceived as being the asset with most need for improvement and in more need of attention. This has been acknowledged in creating this Strategy for each asset as outlined below.

For each asset, a brief description of the condition of the asset is provided, followed a statement of the desired outcome this strategy seeks to achieve (which is aligned to the overall objectives). The maintenance approach required to deliver each outcome is then described.

The key current condition of the network is summarised in the table below:

Asset Group	Condition
Carriageways	The vast majority of carriageways are considered to be in good condition. Approximately 2% of the network is considered to be in poor condition, i.e. in need of intervention.
Footways and Cycleways	Awaiting completion of condition survey in 2016.
Structures	213 structures (mostly on A and B roads) have been brought up to an appropriate standard since 2000. 54 structures (on C roads and unclassified roads) are still sub-standard and will be treated in future.
Drainage	Collecting data on drainage assets is ongoing.
Street Lighting	Approximately 6,500 concrete columns in Wiltshire are at the end of their design life.
Traffic signals and information systems	Approximately 180 sites. 25% are older than 20 years, and 50% are older than 15 years, with many features obsolete. Prioritisation programme being developed. Urban Traffic Control System in Salisbury must be replaced by 2018.

In the application of the strategy it is important to recognise that the failure of certain routes and infrastructure would have a greater impact on Wiltshire's economy and communities than the failure of others. Developing an asset hierarchy will help identify critical highway infrastructure which forms a crucial part of the highway network, and whose management may need to be prioritised over that of other routes where the impact of non-availability is significantly lower. Developing and applying an asset hierarchy can help address this issue, and ensure the needs, priorities and actual use of each road in the network is considered when developing a maintenance strategy.

Currently Wiltshire manages the carriageways asset according to a hierarchy broadly based on road classification, and further divided by urban/rural road type as outlined in the table below:

Hierarchy Group & Name		Description
AR	Rural A-roads	Routes for fast moving long distance traffic with little frontage access or pedestrian traffic. Speed limits are usually in excess of 40 mph and there are few junctions. Pedestrian crossings are either segregated or controlled and parked vehicles are generally prohibited.
AU	Urban A-roads	Routes for fast moving long distance traffic in urban areas. Speed limits are usually in excess of 40 mph. Pedestrian crossings are either segregated or controlled and parked vehicles are generally prohibited.
BR	Rural B-roads	These roads link the larger villages and HGV generators to the Strategic and Main Distributor Network.
BU	Urban B-roads	These roads link the larger villages and HGV generators to the Strategic and Main Distributor Network. In built up areas these roads have 30 mph speed limits and very high levels of pedestrian activity with some crossing facilities including zebra crossings. On-street parking is generally unrestricted except for safety reasons
CR	Rural C-roads	These roads link the smaller villages to the distributor roads. They are of varying width and not always capable of carrying two way traffic.
CU	Urban C-roads	These roads link the smaller villages to the distributor roads. They are of varying width and not always capable of carrying two way traffic. In urban areas they are residential or industrial interconnecting roads with 30 mph speed limits random pedestrian movements and uncontrolled parking
UR	Unclassified rural roads	These roads serve small settlements and provide access to individual properties and land. They are often only single lane width and unsuitable for HGVs.
UU	Unclassified urban roads	These roads serve small settlements and provide access to individual properties and land. They are often only single lane width and unsuitable for HGVs. In urban areas they are often residential loop roads or cul-de-sacs.

While this hierarchy is a useful starting point, it is worth noting road classification should not be used as the sole basis for developing a hierarchy, as there may be differences between the classification of the road and its function or its criticality. A more granular hierarchy based on road use would enable asset managers to make better decisions regarding the asset.

## Carriageways



Carriageways (roads) are the asset group in greatest need of attention and the desired outcome of this strategy is to improve their overall condition. The strategy targets increased investment in order to arrest the progressive deterioration, and improve carriageway conditions.

Work has been undertaken using the HMEP carriageway lifecycle planning toolkit to model the condition of the carriageway asset under different funding scenarios and maintenance strategies. The analysis investigated possible means to improve the overall condition of the carriageway, particularly focusing on improving those carriageway sections in “poor” or “very poor” condition.

Currently local access roads and urban link roads have the greatest percentage of sections in worse than “poor” condition, but the analysis showed application of moderate or thick overlays/inlays would significantly improve the condition of carriageways in these groups. While these groups showed the most improvement, it is worth noting that the analysis did not exclusively focus on treating those sections in poor or very poor condition, but also considered how preventative treatments could be used to preserve those sections of the network already in a good condition.

Maintaining carriageways in a safe condition is one of Wiltshire’s strategic objectives. Wiltshire Council has a detailed SCRIM Policy and maintenance programme, which targets those sites in the county with poor skid resistance. Survey results are used to produce a prioritised programme which takes into account the number of accidents, skid deficiency, speed environment, investigatory level and road hierarchy.

Due to the current state of the network, a two phase strategy is required to meet the asset management objectives set out above. In the short term (2015/16), the strategy will be to ensure the network is maintained in a safe condition. The focus will be on repairing the damage caused by the severe weather during the winter of 2013/14. While significant work has already been undertaken to address this damage, some routes still require repairs. In the short term Wiltshire will therefore respond to customer needs by adopting a worst first approach.

In the medium term (2016 and beyond) Wiltshire will establish an approach to improve long term performance, adopting preventative maintenance treatments, which when applied at the optimum time can provide significantly better value than reconstruction.

The investment in highway maintenance through the Council's Local Highways Investment Fund 2014 – 2020 is helping improve the resilience of the network to the effects of climate change as a result of increased incidents of flooding and extreme weather. It should reduce the damage from flooding and make it possible to effect repairs quickly if the extreme weather lasts for extended periods.

By adopting this approach Wiltshire Council's understanding of long term performance of the network will improve, which in the longer term will provide greater investment certainty, and ensure greater value for money and efficiency in investment decisions.

**Desired Outcome:** to deliver a sustainable improvement in overall condition.

- £21m funding annually has been approved to support investment in carriageway maintenance
- Maintenance strategies such as moderate or thick overlay will be used to improve the condition of sections of the network which are currently in worse than "poor" condition. These treatments will be carried out on all road types, but the greatest improvements are expected to occur on local access roads and urban link roads
- Preventative maintenance treatments will be applied in other locations to inhibit the deterioration of sections which are currently in a better condition.

**Approach** - In the short term (2015/16) repairs will be carried out to ensure the network is maintained in a safe condition. In the longer term, a preventative approach will be adopted. This means investing a greater proportion of the available budget to treat roads in the early stages of deterioration. A preventative approach targets assets that are not currently in need of full structural renewal and proposes to extend the assets whole life by arresting/delaying deterioration.



## Footways and Cycleways



Condition surveys of the council's footways and cycleways are underway and the entire asset will have been surveyed by 2016. Footways and cycleways are vital to supporting sustainable travel alternatives, and hence the strategy will involve prioritising those footways and cycleways which are in poor condition but have high levels of use.

In the absence of full survey coverage current practice is to carry preventative maintenance on those footways and cycleways which are adjacent to main carriageway works. A visual inspection and a qualitative assessment of usage is carried out to inform this decision. While not optimal, in the absence of data this approach minimises the impact of road closures on the public and can lead to cost efficiencies.

Once footway and cycleway surveys are complete, Wiltshire will develop a process to make best use of this data and sustainably improve the condition of high use footways and cycleways by developing a yearly planned maintenance programme.

**Desired outcome:** to make best use of the footway survey data and improve condition of high use footways and cycleways.

**Approach** – The current approach based on visual inspection and assessment of maintenance need is to be retained until the data from the condition surveys becomes available. Once survey coverage is complete a yearly maintenance programme will be established to improve the condition of higher use footways and cycleways. For those footways of lower use, a regime of routine maintenance to address localised defect repair will be adopted.

## Structures



Bridges and other highway structures constitute a vital part of Wiltshire's infrastructure, providing essential links in the network. Their maintenance and upkeep is of importance as very often highway structures represent a single point of failure, i.e. failure of one of these structures may cause a whole route to be closed and diverted. Maintenance can involve repairing damage to the structure, preventative work to slow down deterioration (such as painting), or improving the structure to meet current traffic demands (for example strengthening structures so they can safely carry higher vehicle loads). Regular inspections are essential to detect damage and deterioration and ensure the best maintenance treatments are selected.

In Wiltshire during standard structural inspections all structural elements are examined and their condition is assessed, providing a condition score. The score for all elements is then used to calculate the overall Bridge Condition Index (BCI). The information contained in structural inspection reports is examined by the Principal Engineer to determine the programme of maintenance to be followed. The reports are stored in the council's structures database (Exor), which allows inspection information to be queried easily.

In addition to the routine maintenance described above, a programme of strengthening and major maintenance is also underway. The purpose of this programme is to ensure all bridges in Wiltshire can safely carry current vehicle loads. At the beginning of the programme all structures in need of major maintenance were prioritised according to road type, establishing a hierarchy for intervention. Since 2000 a total of 213 structures (mostly on A and B roads) have undergone reconstruction, strengthening, monitoring, or alternatively have been demolished, protected, or a weight limit has been placed on them. A total of 54 structures (on C roads and unclassified roads) are still sub-standard and will be treated in future.

**Desired outcome:** to meet statutory duties and maintain safe structures by undertaking routine maintenance and continuing with the present strengthening programme.

**Approach** – Inspection of structures will be the basis for understanding the maintenance needs of Wiltshire's structures. Data from inspections currently informs the repairs necessary to particular structures, and their priority for inclusion in the maintenance programme. The current bridge strengthening programme will also be retained, with bridges on heavily used routes being prioritised over others.

## Drainage



The main function of the drainage asset is to allow water to be removed from the carriageway to outfalls or watercourses, thereby removing standing water from the carriageway and allowing vehicles use it safely. Wiltshire Council is currently carrying out an extensive survey of the drainage asset by means of CCTV inspections. While no specific programme of drainage improvements exists, Wiltshire Council ensures that when carrying out works on highway assets, the condition of drainage in the area is evaluated and improved where appropriate.

**Desired outcome:** keep the asset in a serviceable condition by undertaking routine maintenance, and complete the drainage surveys.

**Approach** – Wiltshire will continue to undertake routine maintenance of the drainage asset (such as cleaning gullies) to comply with statutory obligations, and will improve drainage in locations where improvements would improve safety or significantly reduce flood risk.

## Street Lighting

Street lighting is an important highway asset, contributing to public amenity and safety. Its efficient operation and maintenance will allow Wiltshire to provide adequate lighting for roads and footpaths and ensure lighting columns are maintained in a safe condition.

Currently Wiltshire Council operates a three year routine maintenance cycle, with all columns in the County being inspected and the lamps changed and cleaned at least once every three years. In addition, every six years (i.e. one out of every two cycles) an electrical test is undertaken. This maintenance cycle aims to minimise non-routine visits and improve the efficient operation of the asset by replacing old lamps with models which are more energy efficient.

Since Wiltshire is a rural county it is not feasible to implement a routine inspection regime for street lighting over and above the routine maintenance cycle described above. However, night scout patrols are currently in operation, allowing faults to be identified and logged into the lighting management system. Non-routine maintenance



is carried out to correct these faults and others which are noted during routine maintenance.

In addition to these maintenance activities, discrete projects to replace old lighting columns are also undertaken. These projects are carried out at specific locations where columns may be at the end of their life or where access for maintenance may be problematic. Replacing the columns at these locations with newer equipment minimises the risk of failure and the occurrence of non-routine faults.

Wiltshire Council is introducing a programme of measures to reduce energy consumption and the Council's carbon footprint by the introduction of part night lighting where appropriate and more efficient equipment as opportunities arise.

The challenge for Wiltshire Council, as for many Local Authorities, is to manage the lighting asset as a large proportion of it comes to the end of its life. Approximately 6,500 concrete columns in Wiltshire are at the end of their design life and will be in need of replacement in coming years. Wiltshire will use non-destructive testing for steel lighting columns which are at the end of their design life. This testing will help determine whether columns need to be replaced before they reach failure, and hence will minimise risk to the public and contribute to effective management of the asset.

**Desired outcome:** to ensure the safety of the public, reduce energy consumption, and improve the ease of routine maintenance for the existing asset.

**Approach** – Routine inspection, testing and maintenance is vital to the safe operation of the asset and will continue to be undertaken. To improve efficiency Wiltshire will explore methods to reduce energy consumption and the use of lamps which can sustain longer periods between inspections, adapting the inspection frequency accordingly and therefore minimising routine maintenance costs.

## Traffic Signals

Traffic signals are an important asset on the highway network, and their correct operation is essential to regulate traffic flows and ensure the safety of drivers and pedestrians. As with street lighting, managing the maintenance and renewals of the traffic signal stock in Wiltshire is challenging due to budget constraints and the age of the asset.

A maintenance contract is currently in place for traffic signals and vehicle-activated signs, which includes an annual inspection and lamp change with some electrical testing.

In addition to these maintenance activities, a yearly refurbishment programme is also produced. This programme aims to replace signals at specific locations (mostly pedestrian crossings due to budget constraints). The sites are selected based on age and local knowledge.

Given the challenges of effectively managing an ever-growing and aging stock with limited budget, Wiltshire Council has recognised the need for a step change in the

management of traffic signals. The intention is to move towards an asset management approach, where priorities for investment are established based on age, asset hierarchy and technology obsolescence/reliability. This approach aims to manage risk effectively while still recognising budget pressures. Following this process will allow funding applications for specific sites to be well evidenced, and ensure that the sites in most need of refurbishment are prioritised.

An additional challenge for Wiltshire Council is that BT is planning to withdraw analogue private circuits by 2018, meaning the current Salisbury UTC/SCOOT system will stop operating. Upgrading this system will therefore become critical, and several options are currently being considered, including connectivity using modern technologies such as wireless or cloud based systems.

**Desired outcome:** to maintain the traffic signal stock using an asset management approach with clear priorities, moving from reactive to preventative maintenance. In the medium term, improve the reliability and communication links with the signal stock through the use of targeted investment.

**Approach** – The current maintenance regime will continue to operate for routine activities, but an asset management approach will be used to establish a refurbishment programme, with the intention of increasing the proportion of preventative maintenance. Better use of inspection data will be made to select and prioritise refurbishment sites based on documented criteria such as age, asset hierarchy, technology obsolescence and reliability.

## **Capital Improvement and Road Safety Schemes**

The Strategy supports the need to focus on improving road safety and encouraging growth through delivering appropriate improvement schemes. Whilst the Strategy does not directly cover these activities, it is intended to facilitate a joined up approach to the delivery of improvement and maintenance schemes. There is also an on-going requirement to understand the future maintenance implications of new capital schemes. Further efficiencies may be gained by adopting effective asset management to incorporate additional works to minimise whole life costs and future traffic disruption.

The Asset Management Strategy and associated long term delivery plans, will allow a more coordinated approach to the provision of Capital Improvement and highway maintenance schemes. This will ensure that maximum value is achieved from the various capital and revenue investments through the lifecycle of new and existing assets.

## **Sudden Asset Failures**

Whilst the Strategy advocates a planned and risk based approach to Asset Management, there may be exceptional circumstances in which a particular asset fails rapidly - beyond prediction. In this event, planned activities will be reprioritised (using the principles contained within this Strategy) across all asset groups in order to facilitate the inclusion of additional schemes within the programme.

## **Planning Considerations**

The Council understand the importance that growth and re-development has for the future of the local area and economy. However, there is a need to ensure that any new development or change of use promoted through the planning process fully consider the impact on the existing highway network and its future maintenance.

## **4. Knowledge and Information Management**

Knowledge of the asset is used to describe the asset and its performance, and is essential to providing informed decision making and delivering an asset management approach. Data enables asset managers to understand the asset and drive continuous improvement.

Wiltshire Council carries out routine collection of data to understand the condition of the network and support the development of maintenance programmes. A quarter of the road network is surveyed every year using SCANNER, achieving complete network coverage every four years. In addition, county-wide footway and drainage condition surveys are undertaken, with footway data collection due for completion in 2016.

It is intended that the collection and updating of this data will continue, as it will support the asset management objectives of Wiltshire Council and will ensure that the outcomes for the individual asset strategies can be met.

The data gathered in these surveys, including details on inventory, asset location and performance, is recorded and stored in asset information databases. These provide a central repository for asset information which can be easily interrogated to obtain information necessary for the day to day management of the asset and to inform short and long term maintenance needs.

As part of the implementation of asset management, Wiltshire Council will consider the need to review current data collection techniques as well as the need for the development of an asset information strategy.

## **5. Best Practice**

Wiltshire Council is committed to the development of good practice and benefits from lessons learnt at National, Regional and Local levels. Furthermore, Wiltshire Council is committed to the sharing of knowledge and experiences in implementing asset management with other Highway Authorities across the Country. To this end, officers from Wiltshire Council regularly present examples of good practice at national conferences and are members of several professional groups. Best practice examples include:

- Attendance at national and regional conferences;
- Membership of the CIPFA Highways Asset Management Planning Network;
- Taking part in webinars for local and national dissemination of knowledge;
- Chairing the ADEPT group Engineering Committee

In addition to the above, Wiltshire Council is committed to the long-term professional development of its officers, and to encouraging young people into engineering and asset management. Wiltshire Council ensures that its term maintenance consultants and contractors have appropriate staff training and development schemes.

## **6. Performance Monitoring**

Performance monitoring will involve regular examination of whether the implementation of asset management practices in Wiltshire Council is contributing to the fulfilment of the asset management objectives and to the successful management of the asset. Monitoring performance against these asset management objectives will allow Wiltshire Council to better understand progress already made towards managing the asset more efficiently, and where continuous improvement, or changes to current practice, may be required to do so more efficiently.

Performance management is usually carried out by selecting a number of measures which support the asset management objectives and performance standards of the asset management strategy, and measuring progress against each measure. Monitoring performance will only be effective if the appropriate measures are selected, and if the associated performance targets can be realistically achieved by implementing asset management best practice.

It is intended that performance standards should be developed and appropriate performance monitoring measures are selected to reflect these standards. Consideration will also be given to how the performance measures contribute to the overall asset management objectives.

## **7. Strategy Review**

This strategy will be reviewed and updated annually, with reviews to align with the new Infrastructure Delivery Plan and Local Transport Plan development. This process will be managed and implemented by Wiltshire Council officers.

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**Wiltshire Council**

**Cabinet**

**Date of meeting** 19<sup>th</sup> May 2015

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**Subject:** Wiltshire Council Child Sexual Exploitation (CSE)  
Action Plan

**Cabinet member:** Councillor Laura Mayes – Children's Services

**Key Decision:** No

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## **Executive Summary**

Child Sexual Exploitation (CSE) is child abuse and it is a crime. It involves children and young people being forced or manipulated into sexual activity (this can be physical and/or virtual abuse) in exchange for something. This may be money, alcohol, drugs, gifts or accommodation – or less tangible goods such as affection or status. As Louise Casey states; “it is the sexual and physical abuse, and habitual rape of children by (mainly) men who achieve this by manipulating and gaining total control over those who cannot consent to sex either by virtue of their age or their incapacity”<sup>1</sup>

CSE can occur through the use of technology without the child's immediate recognition.

CSE is not new. However, a number of recent high-profile cases have focused the attention of the Government, the media and agencies involved in the safeguarding of children on CSE, and the need to do more to protect children and young people at risk.

Wiltshire Council has a zero tolerance approach to CSE and has treated CSE as a high priority for some time, working with partner agencies such as the police and the Wiltshire Safeguarding Children Board (WSCB) on a number of initiatives. These include developing a CSE handbook and toolkit for professionals, commissioning Barnardo's to carry out a CSE scoping exercise, and holding the Wiltshire Assembly event in December 2014 to raise awareness of CSE among partners and the business community.

In order to build on this, and ensure that children and young people are as protected from the harm of CSE as possible, an action plan has been developed, bringing together activity from across all Council services and incorporating learning from recent publications such as the Jay and Casey Reports into Rotherham MBC and Oxfordshire Safeguarding Children Board's serious case review. This action plan dovetails with the WSCB CSE strategy and delivery plan.

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<sup>1</sup> Reflections on CSE, Louise Casey, CB, March 2015

The CSE action plan (appendix 1) sets out the key activity over the next 12 months and the expected outcomes. This includes a wide-reaching programme of communications to raise awareness of CSE in schools, with parents, professionals, businesses and staff; developing training for specific groups such as those in the licensing trade and making the training a condition of being granted a licence.

The plan also outlines the powers that the Council has at its disposal to disrupt activities that may be associated with CSE.

The actions in the plan come under three broad themes of Prevent, Protect and Pursue.

### **Proposal(s)**

This report proposes that:

- Cabinet approves the Wiltshire Council Child Sexual Exploitation (CSE) Action Plan attached as appendix 1.
- The plan is owned and monitored by Cabinet and the Corporate Leadership Team

### **Reason for Proposal**

- To ensure children (i.e. those who are 16 and under) and young people are protected and supported
- To ensure the Council is discharging its responsibilities related to the prevention, disruption and prosecution of CSE
- To acknowledge that this is a corporate responsibility and involve the whole of the Council

**Carolyn Godfrey**  
**Corporate Director**



## **Wiltshire Council**

### **Cabinet**

**Date of meeting**    17<sup>th</sup> April 2015

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**Subject:**                    **Wiltshire Council Child Sexual Exploitation (CSE)  
Action Plan**

**Cabinet member:**    **Councillor Laura Mayes – Children’s Services**  
**Councillor Richard (Dick) Tonge - Finance,**  
**Performance, Risk, Systems Thinking, Procurement**  
**and Welfare Reform**  
**Councillor Keith Humphries - Health (including public**  
**health) and Adult Social Care**  
**Councillor Fleur de Rhe Philipe - Economic**  
**Development, Skills and Strategic Transport**  
**Councillor Toby Sturgis - strategic planning property,**  
**waste and strategic housing**  
**Councillor Stuart Wheeler - hubs, governance support**  
**services (HR, legal, ICT, business services, democratic**  
**services) heritage and arts and customer care**  
**Councillor Jonathon Seed - housing (excluding**  
**strategic housing), leisure, libraries and flooding**  
**Councillor Philip Whitehead - Highways and Transport**

**Key Decision:**            **No**

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### **Purpose of Report**

1. To present to Cabinet the Wiltshire Council Child Sexual Exploitation (CSE) Action Plan.
2. To seek Cabinet’s approval of the plan and the proposed monitoring arrangements.

### **Relevance to the Council’s Business Plan**

3. Taking action to tackle CSE directly supports Wiltshire Council’s priority of protecting those who are most vulnerable.
4. The action plan contributes to continuing to improve our services across the whole of the Council to protect the most vulnerable in our communities (key action 5) and ensuring that people are as protected from harm as possible and feel safe (Outcome 6).

### **Main Considerations for the Council**

5. Failure to take comprehensive action to tackle CSE will leave children and young people at risk. Monitoring of the plan’s implementation needs to be at

the most senior level to ensure that actions are effective in protecting and supporting children.

## **Background**

6. Child Sexual Exploitation (CSE) is child abuse and it is a crime. It involves children and young people being forced or manipulated into sexual activity (this can be physical and/or virtual abuse) in exchange for something. This may be money, alcohol, drugs, gifts or accommodation – or less tangible goods such as affection or status.
7. CSE can occur through the use of technology without the child's immediate recognition.
8. CSE is not new. However, a number of recent high-profile cases have focused the attention of the Government, the media and agencies involved in the safeguarding of children on CSE, and the need to do more to protect children and young people at risk.

## **Safeguarding Implications**

9. Failure to take comprehensive action to tackle CSE will leave children and young people at risk. Monitoring of the plan's implementation needs to be at the most senior level to ensure that actions are effective in protecting and supporting children.

## **Public Health Implications**

10. The impact of child sexual exploitation can be devastating, often proving detrimental to victims' physical, psychological and emotional wellbeing. The signs are often hard to identify and vary from children going missing from their homes or care placements, to experiencing mental health problems, sexually transmitted infections, pregnancy, terminations, misuse of drugs or alcohol, physical injuries and coming into contact with the police. In spite of disconnecting with many other potential support networks, many continue to use health services and schools although attendance levels may have changed.
11. Public Health is concerned with improving the health and wellbeing, including welfare of their local population have a responsibility to tackle child sexual exploitation.. Through commissioning of services which accurately reflect need, public health commissioners can provide services which are accessible, high quality and evidence-based. Ensuring services are delivered through staff who are well informed and can contribute to the prevention and identification of child sexual exploitation. Furthermore, they are able to provide a range of interventions and including signposting to specialist services who can provide longer term support and rehabilitation.

## **Corporate Procurement Implications**

12. There may be procurement of training to deliver the strategy, which will be managed through normal procurement practices and governance arrangements.

**Equalities Impact of the Proposal** (detailing conclusions identified from Equality Analysis, sections 4 and 5)

13. Young people from the LGB&T community may need additional support – we may need to consider how they will be reached specifically. Consideration to be given as to how we can inform children with disabilities about this area of work. Race & Religion specific – we know that in some areas, (e.g. Rotherham), race has been a factor in CSE. However, overall it is accepted that CSE may affect people of an race or religion. The problem profiling actions in the plan should identify whether race and religion are a factor in CSE in Wiltshire.

**Environmental and Climate Change Considerations**

14. There are no implications of the action plan on Environment and Climate Change

**Risk Assessment**

**Risks that may arise if the proposed decision and related work is not taken**

15. Without a council wide action plan on CSE that is sufficiently monitored, activity is more likely to be done in isolation, would be uncoordinated, may involve duplication of effort and may result in gaps in provision – putting children at risk. Corporate ownership would also be compromised.

**Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks**

16. Actions to raise awareness in schools, such as the “Chelsea’s Choice” theatre production may give rise to young people making disclosures of CSE. Steps are being taken to ensure that appropriate professionals are available to speak to at the venues. This is being done in coordination with schools.
17. There is a potential risk that the high profile of CSE may take attention away from other safeguarding issues. The WSCB has a sub group dedicated to CSE, but it’s wider strategic remit ensures that other forms of abuse and risks to children and young people remain prioritise. Likewise, the Council has created a new specialist CSE team, but this sits within a structure where there is a strategic overview of all safeguarding issues.

**Financial Implications**

18. The majority of the plan is to be delivered within existing resources and the work is taking place across a number of different service areas.
19. Item 9.1 within the plan, Chelsea’s Choice Theatre Production has been funded through the Council’s Public Health grant and there is commitment to support any further community performances.

20. The development of a CSE Team (item 8.1) has cost implications. The cost of the required mix of staffing has been identified as £0.226 million in the first year, broken down as follows:

	<b>15/16 Budget Estimate</b>
1.0fte CSE Mgr	£66k
2.0fte L4 Social Workers	£93k
0.5fte FOI request Co-ord	£14k
1.0fte Missing Persons Co-ordinator	£27k
1.0fte CSE Minute taker	£23k
Specialist Training	£3k
Total	£226k

21. The CSE team comprises staff which are funded in part by base budget diverted from elsewhere within Childrens Services and in part by a two year home Office Innovation Fund.
22. In the third year, this external funding will cease and we would ideally look to apply for alternative external funding. If this was not available, we would look to the placement strategy to fund. The planned target is for 75% LAC children to be placed in house foster placements which have a lower unit cost and means we can release external residential placement budget to fund this priority area.

	<b>Year 1 (2015/16)</b>	<b>Year 2 (2016/17)</b>	<b>Year 3 (2017/18)</b>
Estimate of CSE Team Costs	£0.226m	£0.228m	£0.230m
Local Authority Budget	£0.076m	£0.078m	£0.080m
Local Authority Match funding for Home Office Bid	£0.025m	£0.025m	
Home Office Funding	£0.125m	£0.125m	
Alternative External Funding or, Placement Strategy budget transfer			£0.150m

### **Legal Implications**

23. There are no implications from a legal perspective.

### **Options Considered**

24. Do nothing – without a council wide action plan on CSE that is sufficiently monitored, activity is more likely to be done in isolation, would be

uncoordinated, may involve duplication of effort and may result in gaps in provision – putting young people at risk.

**\*Proposal**

25. That Cabinet approve the CSE Action plan and monitoring arrangements.

**\*Reason for Proposal**

26. To ensure that the action plan has sufficient support and weight and that its implementation is monitored at the most senior level (Corporate Leadership Team and Cabinet)

**Carolyn Godfrey**  
**Corporate Director**

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Report Author:

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19/05/2015

**Background Papers**

The following documents have been relied on in the preparation of this report:

- Independent Inquiry into Child Sexual Exploitation in Rotherham (Alexis Jay OBE September 2014)
- Report of Inspection of Rotherham MBC (Louise Casey February 2015)
- The Sexual Exploitation of Children - It couldn't happen here could it? (Ofsted November 2014)
- Oxfordshire Safeguarding Children Board Serious Case Review (March 2015)

**Appendices**

Appendix 1- Wiltshire Council CSE Action Plan

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	Theme	Action	Lead	Date	Outcome	Success measure	Prevent/Protect/Pursue	Comments/Issues
1.1	Communications	Wiltshire Assembly focus on CSE - signing of pledge cards	Stephanie Pinder	02/12/14	Increased referrals relating to CSE from CYP, parents and agencies	Number of pledges made	Protect	Follow up work needed to see what has happened since the event - monitor actions implemented as a result of pledges made
1.2	Communications	Staff forums - use the staff forums to raise awareness of staff and encourage to sign the pledge cards	Comms team	Dec-14	Increased referrals relating to CSE from CYP, parents and agencies	Number of staff completing the online training and making a pledge	Prevent	How do we record numbers of staff taking part as it's an external course?
1.5	Communications	BBC Radio Wiltshire to work with young people	Tim Edmonds	Mar-15	Increased referrals relating to CSE from CYP, parents and agencies		Prevent	
1.6	Communications	Article in Wiltshire Times to highlight CSE and Wiltshire's zero tolerance approach	Tim Edmonds	Mar-15	Increased referrals relating to CSE from CYP, parents and agencies	Article published - reaches residents across Wiltshire	Prevent	To coincide with national awareness day
1.7	Communications	Create a section on Wiltshire Council's website dedicated to CSE	Natalie Luckham	2015	Increased referrals relating to CSE from CYP, parents and agencies	Number of hits on section of website	Prevent	update the information on the current page in the mean time
1.8	Communications	Barnardos raising awareness leaflet for parents 'Stop the signs' on Wiltshire council website	Natalie Luckham	Mar-15	Increased referrals relating to CSE from CYP, parents and agencies	Leaflet uploaded	Prevent	To be included in update as above
1.9	Communications	Use National CSE Awareness Day to maintain awareness locally	Tim Edmonds	18/03/15	Increased referrals relating to CSE from CYP, parents and agencies	Number of people (staff and residents) making a pledge	Prevent	To what extent do we want to promote this? What kind of activity could this include and who are we aiming at?
2.1	Training	Evaluate the impact of training	Tony Griffin	Mar-15	We have an understanding of the effectiveness of training given and can continually improve based on evidence	Feedback from L&D on impact of training	Prevent	
2.2	Training	Have the online training included in council L&D package	Tony Griffin	Apr-15	Increased referrals relating to CSE from CYP, parents and agencies	Number of staff accessing the training through L&D	Prevent	Identified as a way to record numbers of staff completing the training
3.1	Licensing	Design and develop online training program for taxi drivers	Tracy Carter	01/05/15	Increased intelligence relating to CSE leading to disruption	Training program developed and ready to roll out	Prevent	The on-line training programme should be ready by the end of April or early May. The design and development stage has been estimated at three to four months.
3.2	Licensing	Make CSE training compulsory for all drivers and taxi firms before licence is granted	John Carter, Joanne McClay	May-16	Increased intelligence relating to CSE leading to disruption	The training will be e-learning and will involve a registration process, so we can monitor who has registered and what stage they are at	Prevent	We are waiting for legal advice on whether we could make the training compulsory for drivers applying to be licensed by us
3.3	Licensing	Taxi firms wanting to have a council contract will need to have taken the training.	Tracy Carter	May-15	Increased intelligence relating to CSE leading to disruption	Initially 80% of taxi drivers who already have a contract will need to undertake training.	Prevent	We believe that 80% of taxi drivers have a council contract, so would be keen to take the training once it's available.

3.4	Licensing	Consider introducing a five star quality rating for drivers and operators which would include an assessment of various levels of training.	Tracy Carter	Oct-15	Increased intelligence relating to CSE leading to disruption	Number of taxi drivers taking enhanced training to improve their star rating.	Prevent	For the future, once we have this embedded in our processes.
3.5	Licensing	Make CSE training compulsory for fast food outlets before licence to operate is granted	Joanne McClay		Increased intelligence relating to CSE leading to disruption	Number of outlets taking the training	Prevent	Need to clarify whether this is possible
4.1	Streetscene	Provide CSE training to all refuse operatives, parking attendants and community wardens	Tracy Carter	Aug-15	Increased intelligence relating to CSE leading to disruption	Percentage of staff completing the online training	Prevent	
5.1	Public health	Complete sexual health screening programme in schools	Tracy Daszkiewicz	Rolling programme	More young people at risk of CSE are identified	Programme for 2014-15 complete	Protect	This is an ongoing programme being carried out by Public Health teams.
5.2	Public health	Complete problem profiling to assess the extent and nature of CSE in Wiltshire	Colin Holden, CSE Strategy Group	Sep-15	More young people at risk of CSE are identified	Problem profiling complete	Pursue	Awaiting update
5.3	Public health	Pharmacists trained in CSE awareness	Tracy Daszkiewicz	Jan-15	More young people at risk of CSE are identified	Training completed	Protect	Awaiting update
5.4	Public health	School nurses trained in CSE awareness	Tracy Daszkiewicz	Jan-15	More young people at risk of CSE are identified	Training completed	Protect	Awaiting update
5.5	Public health	Schools not employing local authority nurses need to be targeted to ensure they are carrying out CSE screening	Tracy Daszkiewicz	Sep-15	More young people at risk of CSE are identified		Protect	Awaiting update
5.6	Public health	Programme of awareness raising related to absenteeism	CSE Strategy Group	Jul-15	More young people at risk of CSE are identified		Protect	Awaiting update
5.7	Public health	Include assessment of CSE in JSNA	Tracy Daszkiewicz	Dependent on completion of problem profile	More young people at risk of CSE are identified	JSNA complete	Protect	Awaiting update
6.1	MCI	Key messages to be disseminated through MCI communications channels, such as the Army Basing Communications sub group, HIVES, Police and liaison with military police, and Military Education sub group (MESG)	Kevin Ladner	Apr-15	Awareness of CSE raised among the military community	Messages published	Prevent	Kevin has asked for a standard message/publication/leaflet that could be disseminated. Will provide him with materials used by communications team.
6.2	MCI	Information being compiled for German Units ahead of the relocations under the Army Basing programme	Kevin Ladner	May-15	Awareness of CSE raised among the military community	CSE included in information	Prevent	
6.3	MCI	The MCI/CE Team should complete the online course.	Dawn Lyndene	Jun-15	Awareness of CSE raised among the military community	Training completed by MCI and CE team	Prevent	Action agreed by Brigade Commander
6.4	MCI	Raise awareness within all of the units within our AOR.	Army Welfare Service	Apr-15	Awareness of CSE raised among the military community		Prevent	Action agreed by Brigade Commander
6.5	MCI	The young people within our AOR should be aware of the risks.	Army Welfare Service	Apr-15	Awareness of CSE raised among the military community		Prevent	Action agreed by Brigade Commander



6.6	MCI	Ensure that everyone who comes into the Garrison after hours is cleared to do so.	Dawn Lyndene/Sue Harper	Apr-15	Possible perpetrators of CSE can be prevented from entering the Garrison	Appropriate checking procedure in place	Protect	Action agreed by Brigade Commander
6.7	MCI	If possible do a spot check on all vehicles on an irregular basis after hours to ensure that visitors are not hidden in cars to gain access.	Dawn Lyndene/Sue Harper	Apr-15	Possible perpetrators of CSE can be prevented from entering the Garrison	Number of checks carried out by end of the year	Protect	Action agreed by Brigade Commander
6.8	MCI	Ensure that all ATC, Sea Cadets and ACF staff have received appropriate training on CSE.	Lyneham	DCTT Opening end 2015		Number of young people and staff completing training	Prevent	DSEME, when established, although in the Air Chain of Command for the delivery of Training, will be within 1ARTYX admin area.
6.9	MCI	Feed what is being done back into DCTT to ensure that the other schools within the college understand what is being done in this area, and could copy 'best practise'.	Lyneham	DCTT Opening end 2015			Prevent	DSEME, when established, although in the Air Chain of Command for the delivery of Training, will be within 1ARTYX admin area.
7.1	Children missing from home, school or care	Establish a set of standards for conducting return interviews	Blair Keltie	Jun-15	All return interviews are conducted to the same standard	Standards reviewed and updated where necessary	Protect	
7.2	Children missing from home, school or care	Every child who has been missing to be offered a return interview.	Blair Keltie	Jun-15	Increase in intelligence on reasons for children going missing	Statistics on numbers offered and take up	Protect	
7.3	Children missing from home, school or care	Senior management regularly reviews missing children incidents with a risk assessment for CSE.	Blair Keltie	Mar-15	Emerging patterns are identified and dealt with at a high level.	Statistics regularly reported to strategy group	Protect	
7.4	Children missing from home, school or care	ensure that schools and the council cross-reference absence information with risk assessments for individual children and young people	Blair Keltie/Chris Whitfield	May-15	Increase in intelligence on reasons for children going missing		Protect	
7.5	Children missing from home, school or care	review arrangements for the transfer of information between schools about child vulnerability, and that decisions around exclusion from school and its management (risk assessments and plans) take into account that the behaviour is or may be related to exploitation.	Blair Keltie/Chris Whitfield	May-15	Increase in intelligence on reasons for children going missing		Protect	
7.6	Children missing from home, school or care	Care homes to have strict protocols for informing agencies of a missing episode. All young people in care to have a risk assessment for CSE	Martin Davis	Mar-15	Increase in intelligence on reasons for children going missing	done as part of care assessment	Protect	
7.7	Children missing from home, school or care	Statistics on missing children to be reported to WSCB CSE sub group	Blair Keltie	Mar-15	Patterns in missing episodes can be identified quickly and action taken	Reported regularly	Protect	OSCB SCR
8.1	Child protection	CSE team recruited to and all in post	Blair Keltie	Sep-15	A good support package is in place for those identified/disclosing CSE		Protect	Interviews taking place March 2015.
8.2	Child protection	Ensure appropriate access to the necessary range of local Looked After Children	Martin Davis	Sep-15	A good support package is in place for those identified/disclosing CSE		Prevent	

		placements						
8.3	Child protection	Explore ways in which the views of CYP, victims and families can inform CSE strategies and action plans	Blair Keltie	Sep-15	A good support package is in place for those identified/disclosing CSE		Prevent	
8.4	Child protection	Review decision making tools to ensure they are fit for purpose	Blair Keltie	Apr-15	A good support package is in place for those identified/disclosing CSE	Decision making tools reviewed	Prevent	Following concerns of Alexis Jay about a tool in use in Rotherham
8.5	Child protection	County wide CSE learning events to involve practitioners from different settings working with children	Blair Keltie	Aug-15	A good support package is in place for those identified/disclosing CSE	Delivered via briefings for MAFs	Prevent	
9.1	Schools	Chelsea's Choice theatre production touring secondary schools in Wiltshire	Blair Keltie	May-15	Feedback from Children and Young People that awareness has increased	Up to 40 performances in schools and community spaces completed.	Prevent	Performances currently being booked - letter sent to all head teachers in January, now following up with phone calls.
9.2	Schools	Develop PHSE programmes to include CSE, healthy relationships	Nick Bolton	Mar-15	Feedback from Children and Young People that awareness has increased	Relationships and sex Education to be part of national curriculum for PHSE	Prevent	
9.3	Schools	Raise awareness at central PSHE education cpd events for teaching staff	Nick Bolton	2015	Feedback from Children and Young People that awareness has increased	Relationships and sex Education to be part of national curriculum for PHSE	Prevent	On WSCB CSE plan
9.4	Schools	Raise awareness of issues where young people grooming other young people	Nick Bolton	2015	Feedback from Children and Young People that awareness has increased	Relationships and sex Education to be part of national curriculum for PHSE	Prevent	Needs development - identified as a gap by public health.
9.5	Schools	Roll out a programme of training targeted at teachers to address gap in understanding/willingness of teachers to tackle CSE	Nick Bolton	2015	Feedback from Children and Young People that awareness has increased	Relationships and sex Education to be part of national curriculum for PHSE	Protect	Needs development - identified as a gap by public health.
10.1	Troubled Families team	Engage with Troubled Families and ensure strong links and join up where relevant	Julie Upson / Blair Keltie	Feb-15	Increased number of risk assessments relating to YP	Links are in place	Protect	Complete
11.1	Area boards	Area Board chairs to be encouraged to champion community CSE events.	Steve Milton / Blair Keltie	May-15	Increased referrals relating to CSE from CYP, parents and agencies	An item at next meeting of Area Board Chairs	Prevent	Blair Keltie giving a CSE briefing to Area Board Chairs
11.2	Area boards	Item on all area board agendas - link to community youth grant?	CAMs	Jul-15	Increased referrals relating to CSE from CYP, parents and agencies	Area Board chairs highlight CSE following on from chairs' meeting in may	Prevent	Needs further consideration/development
11.3	Town and Parish Councils	Article in Town & Parish newsletter	Steve Milton	Mar-15	Increased referrals relating to CSE from CYP, parents and agencies	Information being disseminated via Area Board blogs	Prevent	Could be part of publicity for Chelsea's choice
12.1	Community Safety Partnership	Ensure professionals in ASB, YOT are trained in and focused on identifying signs of CSE in young people	Tracy Daszkiewicz	Feb-15	Increased referrals relating to CSE from CYP, parents and agencies	YOT and ASB teams have received training	Protect	Complete
12.2	Community Safety Partnership	Roll out awareness campaign focussing on internet grooming and	CSE Strategy Group	Jun-15	Feedback from Children and Young People that awareness has	Campaign rolled out	Prevent	Needs development - identified as a gap

		cyber-bullying			increased			by public health.
12.4	Community Safety Partnership	Clarify information-sharing protocol for police sharing intelligence of CSE where they identify those at risk	Tracy Daszkiewicz	Jan-15	Better sharing of information across agencies identifies more cases and speeds up intervention	Information sharing protocols are in place	Protect	Complete
13.1	Commissioning	Work with young commissioners to develop appropriate products through which to raise awareness of CSE with young people: film, an app, youth zone on WSCB page a film in respect of CSE	James Fortune	Jun-15	Feedback from Children and Young People that awareness has increased	appropriate information will be available using a range of medias written by and for young people . They will understand what CSE is, how to keep safe, where to go for help and advice.	Prevent	On WSCB CSE plan
14.1	Disruption of activity	Section 222 Local Government act 1972 - Power of local authorities to prosecute or defend legal proceedings.	Tracy Daszkiewicz	Mar-15	Increase in successful prosecutions	Enforcement officers are aware of the powers available and empowered to use them where appropriate	Pursue	
14.2	Disruption of activity	Take Civil injunctions on individuals and/or groups involved in CSE	Tracy Daszkiewicz	Mar-15	Increase in successful prosecutions	Number of injunctions taken	Pursue	
14.3	Disruption of activity	Implement closure orders on premises where perpetrators of CSE are operating	Tracy Daszkiewicz	Mar-15	Increase in successful prosecutions	Number of closure orders	Pursue	The latest measures to impact on licensed premises are contained in the Anti-social Behaviour, Crime and Policing Act 2014. This has brought about changes in the powers available to the Police and local authorities to tackle anti social behaviour. Of real importance to licensed premises are the new Closure Notices and Closure Orders which can be issued by the Police or local authority, or ordered by the Court, restricting access to premises for up to three months or longer.
14.4	Disruption of activity	Explore use of the Council's Regulatory functions to disrupt anti-social activity	Tracy Daszkiewicz	Mar-15	Increase in successful prosecutions	Enforcement officers are aware of the powers available and empowered to use them where appropriate	Pursue	
15.1	Scrutiny	CSE Task group to report recommendations to Children's Select Committee	Paul Kelly	Oct-15	Recommendations lead to change in policy or practice where appropriate	Task group final report complete	Protect	
16.1	Policy	Ensure the Council's whistleblowing policy reflects Sir Robert Francis' Principles from his 'Freedom to speak up' review	Barry Pirie	Sep-15	Staff can report concerns without fear of reproach	Whistleblowing policy reviewed and up to date	Protect	The new multi-agency inspection will look at whistleblowing arrangements

16.2	Policy	Respond to ministerial letter on information sharing (3 March) by ensuring integrated working (eg. co-location), joint risk assessments, a victim focused approach, good leadership and clear governance, and frequent review of operations.	Carolyn Godfrey	Jul-15	Increased intelligence relating to CSE leading to disruption	Strategy in place	Prevent	
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## Wiltshire Council

### Cabinet

19<sup>th</sup> May 2015

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**Subject:** Wiltshire Mental Health and Wellbeing Strategy

**Cabinet member:** Councillor Keith Humphries – Public Health, Protection Services, Adult Care and Housing

**Key Decision:** No

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#### **Executive Summary**

The Draft Joint Mental Health and Wellbeing Strategy was reviewed by Cabinet on 16<sup>th</sup> September 2014 and approval was given for the draft to go out for a 3 month public consultation.

The purpose of this report is to update Cabinet on the results of the consultation process and to present the final strategy for adoption together with the first iteration of an implementation plan to deliver the strategy.

The Wiltshire Mental Health and Wellbeing Strategy (see Appendix 1) provides the strategic direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in promoting mental health and wellbeing and supporting people with mental health problems and their carers over the next 7 years.

The aim of the strategy is to create environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all.

Following the development of the draft strategy, a consultation ran from 10<sup>th</sup> October 2014 to 23<sup>rd</sup> January 2015. Wiltshire Council and Wiltshire Clinical Commissioning Group who led the development of the strategy invited the general public and interested stakeholders to participate and provide feedback on the draft document.

In addition, focus groups have been held to provide an opportunity for both service users and professionals to feedback on the strategy and to inform the development of the action that will deliver the outcomes outlined in it.

#### **Proposal(s)**

That Cabinet:

- note the information about consultation responses and approve the final strategy for adoption
- review the draft implementation plan (Appendix 2) and delegate responsibility to the Mental Health Joint Commissioning Board (JCB) to

- approve developments and additions to deliver on the strategy
- approve the establishment of a multi-agency delivery group whose primary role will be the ongoing monitoring of progress against the strategy. The Mental Health Joint Commissioning Board will monitor the progress of the Implementation Plan.

**Reason for Proposal**

To update Cabinet on the results of the consultation process and provide the final strategy for approval.

To seek Cabinet views on the draft implementation plan and approval for responsibility to be delegated to the Mental Health JCB to develop the plans for implementation in order to ensure delivery of the strategy.

To outline plans for ongoing monitoring of progress on the strategy.

**Maggie Rae****Corporate Director**

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**Subject:** **Wiltshire Mental Health and Wellbeing Strategy**

**Cabinet member:** **Councillor Keith Humphries – Public Health, Protection Services, Adult Care and Housing**

**Key Decision:** **No**

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### **Purpose of Report**

1. This Cabinet report briefs members on the results of the consultation process for the Joint Mental Health and Wellbeing Strategy (see Appendix 1) which ran from 10<sup>th</sup> October 2014 to 23<sup>rd</sup> January 2015. The strategy provides the strategic direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in promoting mental health and wellbeing and supporting people with mental health problems and their carers over the next 7 years. The draft strategy was originally presented to Cabinet on 16<sup>th</sup> September 2014 when approval for the three month consultation period was granted.
2. During the consultation process an initial draft implementation plan has been prepared by the Mental Health JCB, to deliver on the key actions identified for the first 2 years of the strategy (see Appendix 2). The implementation plan has been influenced by the feedback received during the consultation and the face-to-face engagement undertaken as part of the process. This implementation plan will continue to evolve during the life of the strategy to respond to identified need and newly emerging priorities. This report seeks Cabinet views on the draft implementation plan and approval for delegation of authority to the MH JCB to continue development of the implementation plan.
3. In addition to the implementation plan (which is intentionally quite high level due to its public facing nature), a joint commissioning plan has been agreed between the CCG and the Council (See Appendix 3).
4. This report additionally outlines plans to establish a multi-agency steering group to monitor progress against the strategies aims. This group will additionally include an opportunity for the involvement of service users.

### **Relevance to the Council's Business Plan**

5. The Wiltshire Mental Health and Wellbeing Strategy aims to ensure that people are able to live well across their lifetime achieving and sustaining good mental health. The strategy also meets the Business Plan outcomes of:

- a. Wiltshire has inclusive communities where everyone can achieve their potential
- b. People in Wiltshire have healthy, active and high quality lives
- c. People are as protected from harm as possible and feel safe

### **Main Considerations for the Council**

- 6. The draft strategy provides the strategic direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in promoting mental health and wellbeing and supporting people with mental health problems and their carers over the next 7 years.
- 7. The aim of the strategy is to create environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all. It is a high level vision document and was designed to enable development of commissioning and implementation plans address the key areas for development and which contribute to achievement of this overall aim.

### **Engagement and Consultation**

- 8. In developing the strategy, stakeholder engagement was undertaken 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). This engagement work formed the basis of the strategy. We also took 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. Evidence from the Joint Strategic Assessment was been used to underpin the strategy and highlight particular areas of focus.
- 9. Following the development of the strategy, a formal consultation process was held from 10<sup>th</sup> October 2014 to 23<sup>rd</sup> January 2015 in order to seek feedback upon the proposed strategic direction from people who have experience of mental health whether from personal or professional perspectives.
- 10. Relevant stakeholders were informed and invited to participate with communications being circulated to the general public, people in touch with mental health services and their carers, health and social care organisations, area boards, councillors, voluntary and community organisations, HealthWatch and town and parish councils. A consultation pack was accessible online, and available in hard copy by request. Information about the consultation was circulated widely by the Wiltshire Mental Health Forum and Wiltshire Service Users Network. The web page also invited direct communication and feedback from people who did not wish to utilise the consultation questionnaire.

### **Responses on the draft Wiltshire Mental Health and Wellbeing Strategy**

- 11. The response rate for the online questionnaire was disappointing despite an extension of 2 weeks to the original closing date and a further mailshot



promoting the consultation. The consultation period coincided with the consultation on waste collection and we believe this may have had an impact. However, the responses received were universally supportive of the strategy and its desired outcomes.

12. Despite the response level to the online consultation, we have been able to gather views about the strategy from a range of other sources including:

- An early draft was presented to the CCG Mental Health Providers Forum event
- The Health and Wellbeing Board considered the draft and comments were compiled for inclusion with the consultation responses
- WSUN took copies of the strategy to events and communities around the county throughout the consultation to raise awareness of the strategy and the importance of mental health and wellbeing
- WSUN also ran an engagement event for service users and their carers at the Corn Exchange in Devizes on 3<sup>rd</sup> December 2014. This was attended by over 50 people and included workshop sessions which has provided a wealth of feedback
- Specific individual feedback from organisations in the County including a detailed response from Wiltshire Wildlife trust

In addition, following the end of the consultation period, a World Café Event was held by the Wiltshire Mental Health forum focussing on the draft strategy. This was for professionals working in the mental health field and has also provided a considerable amount of useful feedback to inform the implementation plan for the strategy.

13. Responses from both the online questionnaire and the various engagement events indicate that people are supportive of the strategic direction that is being set and agree with the intentions of Wiltshire Council and NHS Wiltshire Clinical Commissioning Group.

14. Some specific additions and alterations have been made to the final version of the strategy to reflect feedback that:

- There was a need to widen the reference to the fundamental importance of the things that promote wellbeing such as physical activity, access to nature, arts and culture, making connections and reducing social isolation. Additional text has been added to the section entitled 'What will we seek to improve' in response to these comments. We have additionally added some text about the importance of self-esteem and resilience to this section.
- The titles for the six key areas of activity were all not self-explanatory. In response to this feedback, the Mental Health JCB has re-worked the key areas of activity for the revised strategy (See Appendix 1). Feedback was also given that the numbering could indicate an order of priority and therefore clarification has been added to the text to iterate that this is not the case.

- That links to other strategies, both in existence and under development, are made clearer. An additional appendix to the report has been included to address this.
  - The illustrative diagram under the section 'Why is Mental Health and Wellbeing a Priority?' has been updated to reflect feedback that it was grouped and ordered incorrectly.
  - The section entitled 'How we will work together' has been extended to include reference to optimise opportunities offered by the development of Integrated Community teams and how we will work with communities through campus models etc.
  - Under the Safeguarding section towards the end of the strategy, feedback indicates that listening to safety concerns of service users, carers, families and communities should be listed first. This section has therefore been re-structured to reflect this feedback.
  - In the paragraph 'How will we know we have made a difference' the draft document referred to the "Wiltshire Council Mental Health Steering Group"; this has been updated to reflect our undertaking to form a multi-agency steering group.
  - Some alterations relating to accuracy and clarity have been made to both the diagram in Appendix 1 and the table in Appendix 2 of the strategy document.
15. A summary of responses to the online consultation is available at Appendix 4 and the full response from Wiltshire Wildlife Trust is at Appendix 5.
16. Summaries from both the WSUN engagement event and the World Café are provided at Appendix 6.

## **Implementation and Delivery**

17. During and following the consultation period, the Mental Health JCB have been developing an implementation plan for the strategy as well as a Joint Commissioning Intentions statement to outline the service to be commissioned during 2015/16. The draft implementation plan is shown at Appendix 2 and the Commissioning Intentions Statement is at Appendix 3.
18. The implementation plan identifies the key actions over the first 2 years of the strategy, some of which are already in progress. This plan is designed to evolve during the life of the strategy to reflect changes in need and priority and therefore it will be subject to change as required.
19. It is proposed that a multi-agency steering group is set up to drive and monitor progress against the implementation plan and the impact this is having on the achievement of the strategy aims overall. This steering group would be structured in such a way that service users/people living with mental ill health and their carers would have the opportunity to participate in

the business of the group and influence the things that are delivered over the lifetime of the strategy

20. This steering group would be accountable to the Mental Health Joint Commissioning Board and its governance structures. It is intended that this will be a sub-group of the Health and Wellbeing Board.
21. The new steering group would be responsible for determining the quantitative and qualitative measures that will be used to assess the success of the strategy and for ongoing monitoring of those selected.

### **Safeguarding Implications**

22. Safeguarding is a key priority for Wiltshire Council and NHS Wiltshire CCG, both in terms of the services that they deliver and commission and this applies equally to the Wiltshire Mental Health Strategy and its implementation. It is acknowledged that people with mental health difficulties can be at greater risk of being victims of crime or abuse, self-neglect and poor and undignified care, given that they often lack capacity and their situations can give rise to increased risk of exploitation, e.g. financial, and stress within care givers, if they are not in receipt of appropriate support and training.
23. Wiltshire Council and NHS Wiltshire CCG and the organisations that they commission have in place safeguarding policies, procedures and workforce development plans to ensure that safeguarding is and continues to be a key priority.
24. There is a specific section in the Mental Health and Wellbeing Strategy detailing how we will ensure that our safeguarding arrangements are maintained and improved.

### **Public Health Implications**

25. The public consultation on the Wiltshire Mental Health and Wellbeing Strategy helps to ensure that the population continues to be included in decision-making processes regarding their health and wellbeing. The inclusion of service users and people living with mental illness and their carers in the steering group arrangements additionally promote this approach.
26. 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. 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. Public Health staff will continue to work closely with Adult Social Care and NHS staff to develop and deliver this strategy, with a number of

healthy living schemes already in place to assist in reducing the risk of developing mental health issues.

27. The outcomes of this strategy should help to reduce health inequalities and improve healthy life expectancy for the whole population of Wiltshire as well as people with mental health issues and their carers, and also may help to reduce the future prevalence. The Wiltshire Mental Health and Wellbeing Strategy is thus consistent and coherent with the aims of the Wiltshire Health and Well Being Strategy.

### **Corporate Procurement Implications**

28. The implementation plan and the Joint Commissioning Intentions statement will, by their nature, involve procurement of services during the lifetime of the Strategy. The services identified will be procured in association with corporate procurement regulations and in liaison with the corporate procurement teams from both organisations

### **Equalities Impact of the Proposal** (detailing conclusions identified from Equality Analysis, sections 4 and 5)

29. The strategy aims to ensure services will be delivered with due regard to Equalities legislation and that people with mental illness will have equitable access to services according to need.
30. The Equality Analysis (see Appendix 7) identified that more work is required to obtain and analyse equalities related data to help us to understand the both the distribution of mental ill health and who is/is not accessing services in Wiltshire. This has been included as an action in the implementation plan
31. The additional insight that could be gained from such information would help us to ensure that the services we are providing are indeed accessible to all. Without this data and understanding, there is a risk that services are not being accessed by certain minority or geographical groups.

### **Environmental and Climate Change Considerations**

32. The strategy and its implementation plan have no direct environmental or climate change considerations. However one of the key elements in maintaining wellbeing is access to the natural environment and the strategy identifies the importance of optimising the promotion and use of our natural environment in order to improve the overall wellbeing of our population.

### **Risk Assessment**

#### **Risks that may arise if the proposed decisions and related work are taken**

33. Raised expectations of what the mental health and wellbeing strategy will deliver amongst the general public, customers and partner organisations as a result of the strategy development and implementation plan. This is being managed through ensuring that priorities identified from the early

engagement and the consultation is balanced within the overall resources available to deliver the strategy.

34. The strategy provides clarity about what will and won't be delivered and this will be enhanced through a continuing programme of engagement with the general public, customers and partner organisations which will allow for priorities and progress to be communicated.
35. The proposed multi-agency steering group will also help to mitigate risks associated with reputation as this group will regularly monitor and update on progress

**Risks that may arise if the proposed decisions are not taken and actions that will be taken to manage these risks**

36. Lack of approval of the strategy would lead to a further period without a current Mental Health and Wellbeing Strategy in place and lack of clarity over mental health and wellbeing priorities to inform commissioning and delivery.
37. Refusal of request for delegated authority to develop and evolve the implementation plan would necessitate lengthy approval processes on every occasion when action needs to be updated to reflect national or local developments and/or newly identified need.
38. Failure to set up a multi-agency steering group could lead to reduced transparency and effectiveness of monitoring of the success of the strategy.

**Financial Implications**

39. There are no immediate financial implications of the Mental Health and Wellbeing Strategy itself. The intentions outlined in the Joint Commissioning Intentions statement are being funded from current budget allocations.
40. The strategy focusses on utilising existing resources differently and there are no intended increases in overall budget as a result. It is however, acknowledged that the key areas for development identified within the strategy may require some re-alignment of budget across organisations, particularly over the longer-term, to enable better cross-agency working. Key decisions with resourcing implications will be brought back for consideration as necessary.

**Legal Implications**

41. Although no direct legal implications have been identified in relation to the proposal, it will be important to take into account and consider, on an ongoing basis, the duties and responsibilities under the Care Act 2014 which came into force on 1 April 2015. These include duties to:
  - Promote wellbeing
  - Prevent, reduce or delay needs
  - Establish and maintain systems for provision of information and advice
  - Facilitate and shape the market in the commissioning of adult care

- Manage provider failure and other service interruptions
- Implement new assessment and eligibility criteria
- Provide independent advocacy

The action we will take to implement the Mental Health and Wellbeing Strategy will inherently contribute to meeting many of these duties with regard to mental health.

In addition, it will be important to take into account and consider the new Mental Health Act Code of Practice 2015 which came into force on 1 April 2015 ensuring that the action taken enables us to fulfil the terms of this code.

## **Proposal**

42. That Cabinet:

- note the information about consultation responses and approve the final strategy for adoption
- review the draft implementation plan and delegate responsibility to the Mental Health Joint Commissioning Board (JCB) to approve developments and additions to deliver on the strategy
- approve the establishment of a multi-agency steering group whose primary role will be the ongoing monitoring of progress against the strategy

## **Reason for Proposal**

43. To update Cabinet on the results of the consultation process and provide the final strategy for approval.

To seek Cabinet views on the draft implementation plan and approval for responsibility to be delegated to the Mental Health JCB to develop the plans for implementation in order to ensure delivery of the strategy.

To outline plans for ongoing monitoring of progress on the strategy.

**Frances Chinemana**

**Associate Director Public Health and Public Protection**

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Report Author:

Karen Spence, Public Health Specialist. [karen.spence@wiltshire.gov.uk](mailto:karen.spence@wiltshire.gov.uk)

16<sup>th</sup> April 2015

## **Background Papers**

None

## **Appendices**

Appendix 1: Joint Mental Health and Wellbeing Strategy

Appendix 2: Draft Implementation Plan

Appendix 3: Joint Commissioning Intentions statement

Appendix 4: Online consultation responses summary



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## The image features a central collage of stylized human silhouettes in various colors (red, orange, yellow, green, blue, purple) engaged in different activities. These include riding a bicycle, walking with a cane, pushing a shopping cart, holding hands as a group, sitting in a wheelchair, and standing alone. The background is filled with a dense, repeating pattern of white text on a dark grey field. The text consists of phrases related to public health and social support, such as "ENSURE CHILDREN CAN LIVE, STUDY AND PLAY SAFELY", "LIVING HEALTHILY", "PEOPLE FEEL SAFE", "LESS TIME IN HOSPITAL", "LIVING INDEPENDENTLY", "HEALTHY EATING", "LIVING FAIRLY", "KEEP PEOPLE WELL IN THEIR HOMES", "ACTIVE ADULTS AND CHILDREN", "FEWER TEENAGE PREGNANCIES", "CUTTING DOWN ON DRUGS AND ALCOHOL", "PROBLEM WITH ALCOHOL AND DRUG PROBLEMS", "ENABLE PEOPLE TO LOOK AFTER THEMSELVES", "GOOD NEIGHBOUR SCHEMES", "SUPPORT WITH ALCOHOL AND DRUG PROBLEMS", "BEING SAFE FROM AVAILABLE HARASSMENT", "INCREASE EARLY DIAGNOSIS OF SERIOUS ILLNESSES", "REDUCE FALLS AND INJURIES FOR OVER 65s", "ENSURE CHILDREN CAN LIVE, STUDY AND PLAY SAFELY", "LIVING LONGER", "GOOD NEIGHBOUR SCHEMES", "SUPPORT WITH ALCOHOL AND DRUG PROBLEMS", "ENABLE PEOPLE TO LOOK AFTER THEMSELVES", "LIVING HEALTHILY", "PEOPLE FEEL SAFE", "LESS TIME IN HOSPITAL", "LIVING INDEPENDENTLY", "HEALTHY EATING", "LIVING FAIRLY", "KEEP PEOPLE WELL IN THEIR HOMES", "ACTIVE ADULTS AND CHILDREN", "FEWER TEENAGE PREGNANCIES", "CUTTING DOWN ON DRUGS AND ALCOHOL", "PROBLEM WITH ALCOHOL AND DRUG PROBLEMS", "ENABLE PEOPLE TO LOOK AFTER THEMSELVES", "GOOD NEIGHBOUR SCHEMES", "SUPPORT WITH ALCOHOL AND DRUG PROBLEMS", "BEING SAFE FROM AVAILABLE HARASSMENT", "INCREASE EARLY DIAGNOSIS OF SERIOUS ILLNESSES", "REDUCE FALLS AND INJURIES FOR OVER 65s".

# Welcome

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

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

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



Maggie Rae  
Corporate Director,  
Wiltshire Council



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



Sheila Parker  
Portfolio Holder,  
Learning  
Disability and  
Mental Health



Deborah Fielding  
Chief Accountable  
Officer  
Wiltshire CCG



Celia Grummitt  
GP Mental  
Health Lead



Debbie Beale  
GP Mental  
Health Lead

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

### Acknowledgements:

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

Richard Hook  
GP Mental  
Health Lead

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

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

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

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

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







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

## **Outcomes - How will the strategy improve things for people?**

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

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

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



## Who Contributed to this Strategy?

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

### Key messages for the strategy from service users were:

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

### Key messages for the strategy from professionals were:

- Early access, not a threshold that one has to reach a crisis and ease of access countywide.
- Continuity across the system and a holistic approach to include things like housing, employment, finances, wide ranging interventions e.g. wildlife, LIFT, art, pets, farm.
- Crisis does not occur only in office hours, people should be able to access the information or assistance they need regardless of when it is needed.
- Better joining up – intra-service, across services, across ages.
- Gaps in service provision e.g. PTSD, autism, dual diagnosis, alcohol and drugs, veterans, personality disorder, parenting.
- Community education and reducing the stigma. Prevention, promotion and the community including primary care, improving social capital.
- Community care where appropriate.
- Improved, accessible signposting of services available/where to go for help.
- Service user centred, service user choice, service user involvement.
- Develop peer support and carer support.
- Accommodation.
- Transport.
- Use of IT effectively.



# Why is Mental Health and Wellbeing a Priority?

## What do we mean by mental health and wellbeing?

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

The World Health Organisation defines mental health as:

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

## Needs Assessment Summary

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

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



## Mental ill-health

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

Stress and pressure

Anxiety  
(panic attacks/obsession)

Depression

Psychoses  
e.g. Bi-polar disorder  
and Schizophrenia





## The Local Picture - Level of need in Wiltshire

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

[www.intelligence-network.org.uk/joint-strategic-assessment](http://www.intelligence-network.org.uk/joint-strategic-assessment)

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

Some specific areas for consideration are additionally highlighted:

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

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

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

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



# How we will work together

## Joint Commissioning

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

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

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

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

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

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

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

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

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





# What difference have we made so far?

## What difference have we made so far?

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

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

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

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

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

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

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

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

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

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

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

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

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

# What will we seek to improve?

## What will we seek to improve?

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

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

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

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

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

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



### 1. Prevention and early intervention

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

### 2. Promoting emotional wellbeing

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

### 3. Personalised recovery based services

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

#### 4. Effective and efficient use of resources

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

#### 5. Closer engagement with service users, families and carers

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

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

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

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

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

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





# Other priority Areas

## Other Priority Areas

### Suicide and self-harm

Our primary objectives will be to:

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

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

### Military and Veterans

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

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

### Accommodation and transport

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



## Safeguarding

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

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

We will ensure that our safeguarding arrangements are underpinned by:

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

## What resources will we make available to deliver this strategy?

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

## How will we know we have made a difference?

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

## References

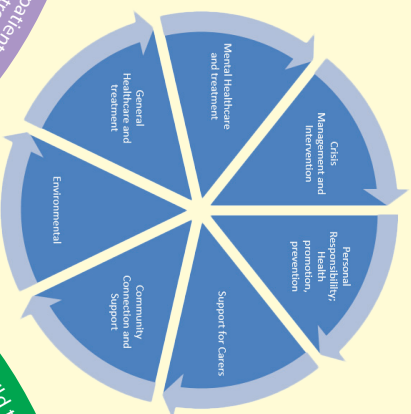
The following documents have informed the development of this service specification:

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

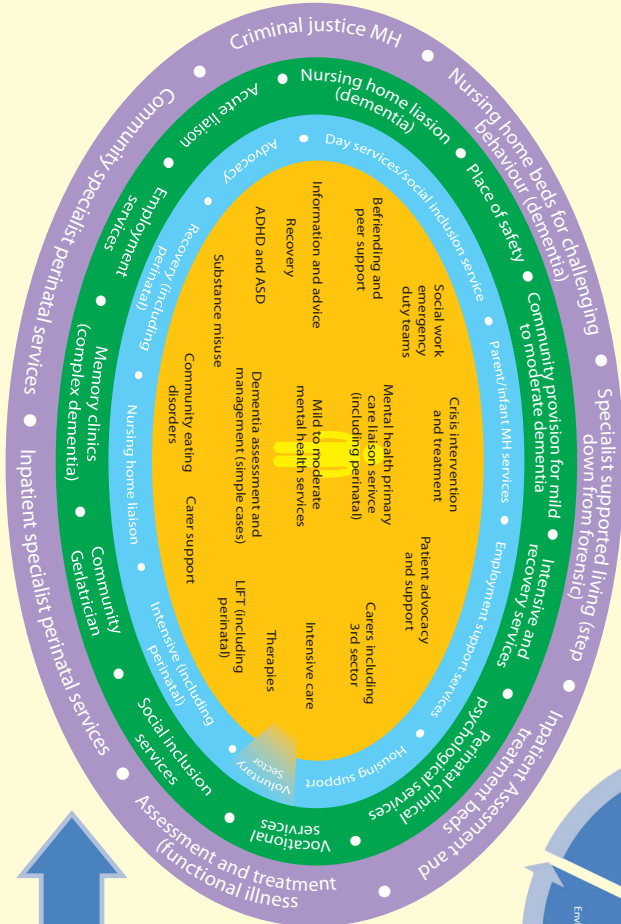
## Links will be made with the following strategies

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

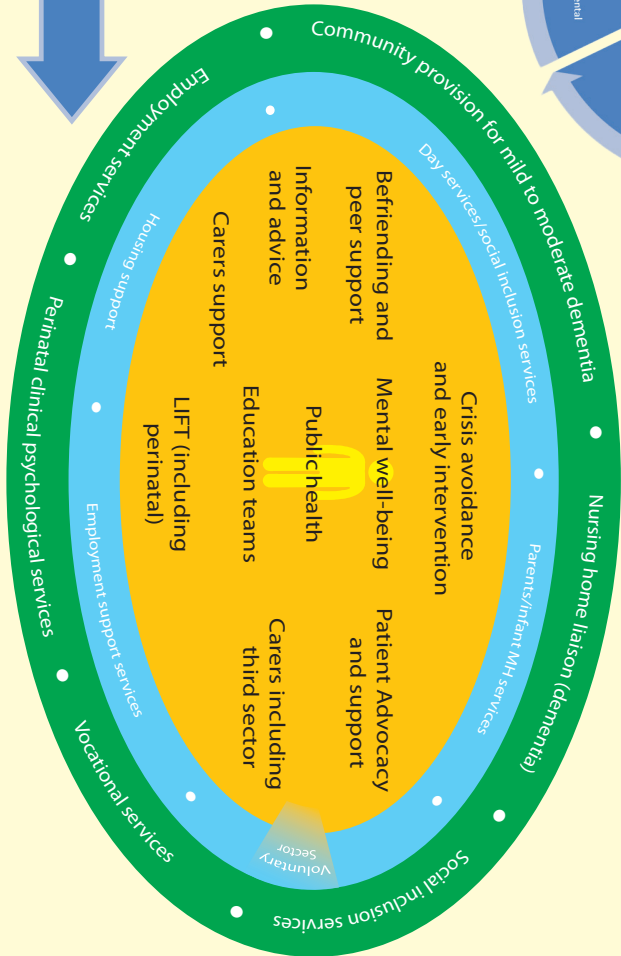
# Future health and care model Mental Health



## Managing ill-health



## Establishing and sustaining wellness and independence



### Maps to the following areas of activity in the Strategy

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

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

### Maps to the following areas of activity in the Strategy

- Prevention and early intervention
- Promoting emotional wellbeing and improving understanding

## Appendix 2 - Current services commissioned in Wiltshire

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

### Wiltshire Clinical Commissioning Group

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



## Appendix 2 - Current services commissioned in Wiltshire

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

### Wiltshire Clinical Commissioning Group - continued

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





## Wiltshire Council - Mental Health

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

## Community based services

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

## Appendix 2 - Current services commissioned in Wiltshire

### Accommodation based services

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



## Wiltshire Public Health

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

# Wiltshire Mental Health and Wellbeing Strategy

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



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2014 - 2021

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## NOTE

Please note that this document is a working draft and will be subject to further change, as capacity, resources and timescales to deliver are yet to be confirmed within this document.  
**This document has not been formally agreed by either the CCG or Council.**

Further work is required to:

- Agree leads and timeframes
- Identify how best to undertake the reviews and collate feedback from service users in order to inform success measures, linking with organisations such as providers, WSUN and HealthWatch.
- Identify meaningful ways to measure success.
- Produce a one page summary sheet of key actions for the next year which is more user-friendly
- Develop an engagement plan that will sit alongside the strategy and inform how progress on the strategy will be shared with people with dementia and their carers' and allow for discussions about future work plans.
- To agree prioritisation of the actions in this plan according to level of importance and impact on the aims of the strategy

## APPENDIX A – Implementation Plan

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

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

## 1. Prevention and early intervention

## 2014 – 2021 Objectives

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

## Success measures:

Key Area of Activity - Prevention and early intervention							Responsible for delivery (name to be provided)	Comments
Ref.		Action	Milestones	Lead Agency	Partners	Outcomes		
1.1	Provide support and education in acquiring life skills e.g. parenting, employment, healthy lifestyle choices.	Ensure appropriate links with the Childrens Strategy.  Identify any additional actions which may be required through the adult strategy		Wiltshire Council			Karen Spence	Childrens Emotional Health and Wellbeing Strategy action plan will be agenda item at the same meeting of the Health and Wellbeing Board as the Mental Health and Wellbeing strategy implementation plan

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Key Area of Activity - Prevention and early intervention							Responsible for delivery (name to be provided)	Comments
Ref.		Action	Milestones	Lead Agency	Partners	Outcomes		
					Integrated			
1.2	Respond to known rising triggers to poor mental health e.g. loneliness, unemployment, boredom, alcohol and drug use and self-harm	<p>Link firmly into integrated teams as they develop to ensure that wellbeing opportunities are promoted</p> <ul style="list-style-type: none"> <li>Public Health specialist representation on in three demonstrator sites</li> <li>Behavioural change training for GP's through the Integrated community teams for demonstrator sites initially</li> </ul>	<p>Regular attendance at meetings</p> <p>Behaviour Change training to be offered to all integrated teams by end of 2016</p>				<p>PH SMT and the three integrated team PH specialist leads.</p> <p>John Goodall</p>	3 representatives identified and attending meetings/providing PH information
		Develop and pilot Intergenerational skills sharing scheme for people living with mental illness in association with Learning Curve and Lift Psychology utilising funding from Skills Funding agency	Scope and PID by June 2014	Wiltshire Council	Learning Curve, Lift, Housing Associations; Third sector		Karen Spence/Judith Vanderpump	Notified of success of funding bid in March 2014. Full project specification being developed
		Evaluate and extend Arts on Prescription service with GP Practices	Sept 2015	Wiltshire Council	Integrated teams, GP's, Artlift		Karen Spence	Evaluation due May 2015
		Continue and develop reading/poetry groups in libraries across the county		Wiltshire Council	Libraries team The Reader Organisation		Karen Spence	New Service Level agreement in the process of being agreed to provide 'Feel Better with a book' in various locations and aimed at a variety of groups across the county
		<p>Scoping an equitable commissioning plan to deliver a menu of service available in individual localities</p> <p>Inks to 3.1</p>	<p>Scope using mapping exercise June 2015</p> <p>Design by</p>					
		Define and explore a full Social Prescribing Service ensuring tailored to the appropriate patient cluster groups	Dec 2015	Wiltshire Council	CCG, GPs,		Karen Spence	Should inform 2016/17 commissioning intentions
1.3	Signpost to resources and education that promote and support mental health and wellbeing	Scope the provision of an open access Wellbeing College (virtual)	<p>Plan on a page by March 2015</p> <p>Scope scheme by May 2015</p>	Wiltshire Council	CCG, Providers		Karen Spence	
1.4	Improved evidence base around mental health to improve understanding and	<p>Initial scope of gaps in information about level of need in Wiltshire</p> <p>Explore GP data access</p>	Summer 2015	Wiltshire Council	CCG, Providers		Karen Spence	

Key Area of Activity - Prevention and early intervention							Responsible for delivery (name to be provided)	Comments
Ref.		Action	Milestones	Lead Agency	Partners	Outcomes		
	inform service development. This should include evidence on what a good mental health system should look like for Wiltshire to inform the system wide review	Continuing to monitor performance of contracts and looking to improve comparative information about what is happening in other areas	-	Council and CCG			Commissioners for individual contracts	
1.5	Improved pathways and provision for perinatal and infant mental health	Design and Implement perinatal and infant mental health training for midwives and health visitors to support the implementation of a multi-agency pathway.	Design by March 2015 Implement ?	Perinatal and Infant Mental Health Group	AWP,CCG		Sally Johnson	
		Improve the provision of peri-natal mental health services within existing provision	March 2015		AWP		Sally Johnson	
		Identify gaps in peri-natal mental health provision a explore an appropriate response to address these	Sept 2015				Sally Johnson	

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

### 2014 – 2021 Objectives

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

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

### Success measure:

Key Area of Activity - Promoting emotional well-being & tackling stigma & discrimination							Responsible for delivery (name to be provided)	Comments
Ref.		Action	Milestone	Lead	Partners	Outcomes		
2.1	Work with communities to ensure community life in Wiltshire supports mental health and wellbeing by promoting better understanding and awareness – Links in with Demonstrator Sites at 6.2	Consider development 'Mental Health Friendly Communities' toolkit pack/programme for Area Boards		Wiltshire Council	Area Boards		Karen Spence	
		Work to promote Parity of Esteem programme		CCG	Area Boards		Georgina Ruddle/Karen Spence	
		Explore the possibility of establishing a Mindful Employers network		Wiltshire Council	Chamber of Commerce Mind		Karen Spence	Explore what Wiltshire Mind are doing in support of this.
		Work to implement the Mental Health and Wellbeing categories of the Wiltshire Council workplace charter action plan		Wiltshire Council	-		David Roney/Karen Spence	
		Develop resources that will teach people living with mental ill health, their families, carers' and employers about: <ul style="list-style-type: none"> <li>• What their rights are</li> <li>• What they can expect/not expect from services</li> <li>• How they can avoid discrimination</li> </ul>	Setting up of steering group  (Needs a multi-agency approach)	Wiltshire Council & Wiltshire CCG	Voluntary sector including Citizens advice bureau		To be identified	



### 3. Personalised recovery based services

#### 2014 – 2021 Objectives

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

#### Success measure:

Key Area of Activity -Personalised recovery based services							Responsible for delivery (name to be provided)	Comments
Ref.		Action	Milestone	Lead	Partners	Outcomes		
3.1	To jointly commission a range of flexible services to enable patients to create their personalised recovery plan	Undertake contract review planning for vocational and social inclusion services(See 'contract review and tender planner') Including: <ul style="list-style-type: none"> <li>Map services provided by current known providers</li> <li>Hold Service User Focus Groups</li> </ul> This action links with and will inform the Wellbeing College action at 1.3 above	Contract Let: December 2015 Service commence ment April 2016	Wiltshire Council & Wiltshire CCG	Providers Stakeholders Patients		Miriam Turner and Annie Paddock	End of March 2015 for information gathering
		Undertake contractual review planning for the provision of advocacy services to encompass all aspects of social and healthcare. Retender to provide appropriate range of services and reflect the implementation of the Care Act.	Contract Let: December 2015 Service Commence ment April 2016	Wiltshire Council & Wiltshire CCG	Providers Stakeholders Patients			
		Undertake contract reviews as above for other services as the contracts come up for renewal, including developing outcome based service specifications within those contracts	Contract End Dates -Various	Wiltshire Council & Wiltshire CCG	All providers involved in contract activity		Contract Manager responsible for Contract at the time of renewal	This action will be achieved as contracts come up for renewal over the period of the strategy
		Investigate models to improve the management of those with Personality Disorders in the community, particularly within the accommodation pathway						
3.2	Educate service users to understand their own health issues and aid themselves in a journey of health and wellbeing	Explore the implementation of integrated Personal Health and Care Budgets in Mental Health  Care for people close to home or their place of choice ensuring continuity of care where possible and appropriate		Wiltshire Council & Wiltshire CCG	Providers		Georgina Ruddle - CCG	Range of people contributing to this housing
3.3	Explore the provision of increasingly diverse prevention, support, education and treatment pathways to maximise inclusivity for every type of mental health disorder (Wellbeing College)							
3.4	Ensure that clinical pathways are robust and support patients in transition between care	Undertake a review of discharge pathways and procedures for patients on discharge from a specialist bed into long term residential and nursing care		Wiltshire CCG	Wiltshire Council AWP		Georgina Ruddle	

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Key Area of Activity -Personalised recovery based services							Responsible for delivery (name to be provided)	Comments
Ref.		Action	Milestone	Lead	Partners	Outcomes		
		Undertake a service review to develop improvements in liaison between Primary Care and AWP	2016/17	Wiltshire CCG	Primary Care Liaison		To be identified	

**4. Effective and efficient use of resources  
2014 – 2021 Objectives**

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

**Success measure:**

Key Area of Activity - Effective and efficient use of resources							Responsible for delivery (name to be provided)	Comments
Ref.		Action	Milestone	Lead	Partners	Outcomes		
4.1	Multi-agency working, training and care between mental health, emergency, prison and probation services.  (where appropriate, all training should be provided with multi-agency attendance to promote sharing of experience as part of learning)	Map current training available for agencies and providers.  Conduct needs assessment for mental health training and explore how to meet any unmet need  Ensure the provision of Section 12 Doctors and a Wiltshire rota to support the robust implementation of the Section 136 pathway and Mental Health Act assessments	Specification – August 2015 New service April 2016	Wiltshire CCG	AWP Wiltshire Council		Miriam Turner	Links with Crisis Care concordat for crisis care and to the Care Act implementation
4.2	Review mental health provision in the out of hours period to ensure that people can access to the right type of care or advice whenever the need arises	Undertake review and identify gaps  Develop an approach to filling the gaps  Make appropriate links with Dementia Strategy action plan and with out of hours provision for physical health	Review during 2015/16  By 2017 for overall action	CCG?	Wiltshire Council AWP GP's		To be identified	
4.4	Continue to work closely with our partners to ensure that care at times of crisis is appropriate (Crisis Care Concordat)	Ensure implementation of the Crisis Care Concordat action plan						
		Evaluate Street Triage project	Review Commence Oct 2016					
		Utilising earlier intervention approaches through better partnership working to avoid crisis wherever possible						
		Continue to develop and promote mutual expectations documentation between providers and secondary mental health services to assist with preventing avoidable crisis	Dec 2015	CCG	AWP		Annie Paddock and Miriam Turner	Some already in existence
		Promote Safe Places across the County						
4.5	Design and deliver mental health and wellbeing within the county through Joint Commissioning	Produce Joint Commissioning Intentions statement	April 2015	Wiltshire Council and Wiltshire	AWP and other providers		No-one person will be responsible – it will depend upon specific actions arising from the	This has already been delivered and approved by all organisations

Key Area of Activity - Effective and efficient use of resources							Responsible for delivery (name to be provided)	Comments
Ref.		Action	Milestone	Lead	Partners	Outcomes		
		Ensure appropriate and timely commissioning of services as contracts expire		CCG			commissioning intentions	
4.6	<p>Ensure that there is a fit for purpose protocol and process in place to enable continued healthcare placements and aftercare packages following hospital discharge:</p> <p>N.B these placements may require referrals to funding panels. This will include ensuring that the applications made are of high quality to avoid time wasting and that subsequent placement reviews are undertaken in a timely fashion.</p>	<p>Develop a Mental Health Market Position Statement for Wiltshire to provide a strategic overview of the provider market for mental health services and identify the future direction of those services</p> <p>Review of existing protocol to be undertaken with a view to improving processes overall</p>	<p>First Draft May 2015</p> <p>December 2015</p>	<p>Wiltshire Council</p> <p>Wiltshire Council</p>	<p>Wiltshire CCG</p> <p>Wiltshire CCG</p>			Work has started on this

## 5. Closer engagement with service users, families and carers

### 2014 – 2021 Objectives

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

### 2014 – 2016 Commissioning priorities

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

### Success measure:

Key Area of Activity - Closer collaboration with service users, families and carers in the development of services							Responsible for delivery (name to be provided)	Comments
Ref.		Action	Milestone	Lead	Partners	Outcomes		
5.1	Undertake analysis of gaps or duplications in service for specific areas of need and explore options for further development of services where gaps exist.	Once gaps in evidence are complete then this action can be – defer action until other work complete						
5.2	Evaluate the ease of access and spread across the county of our services	Once gaps in evidence are complete then this action can be – defer action until other work complete						
5.3	Assess and respond as appropriate to unexpected but significant new need and demand	Horizon scanning – tracking policy and developments						Case law big impact on services ....ability to respond quickly
		Tap in and attend events/networks who promote these things. One representative of MH JCG to attend things and feedback						
5.4	User Involvement and participation in development of services and Develop relationships with HealthWatch	CCG/Council and Invite a group of service users along whenever we are developing something new – specific policy and service development issues			HealthWatch WSUN AWP User involvement group			
		Develop closer relationships with User Involvement groups						
		Set up a partnership board/steering group for mental health to include opportunity for service users to be involved						
		The Friends and Family Test and other user feedback mechanisms with be used to ensure a greater level of service user involvement		Wiltshire CCG and Wiltshire Council				

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

### 2014 – 2021 Objectives

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

### Success measure:

Key Area of Activity - Joint working with a wider group of statutory services							Responsible for delivery (name to be provided)	Comments
Ref.		Action	Milestone	Lead	Partners	Outcomes		
6.1	Work towards wider multi-disciplinary teams who work together to achieve positive outcomes for those with mental health issues and their families	Community based models – actions around the integrated community teams – demonstrator sites  Alignment of mental health social work teams with secondary care providers	Learning Event – April 2015 Development of 20 integrated teams  Agreed Project Plan – by end April 2015	AWP  AWP	  Wiltshire Council		Paul Maddock  Denise Claydon and Shirley Auburn	Mental Health needs to become part of this integration process
6.2	Make effective use of information technology, including data collection and sharing of information	Data Sharing across organisations		AWP	Wiltshire CCG and Wiltshire Council			This is also an in-year CQUIN for 15/16
6.3	Widen multi-agency mental health first aid training for staff with public facing roles to provide greater awareness	Wider promote existing Mental Health First Aid training and ensure targeted at priority groups including the integrated community teams  Review current provision to look at alternative delivery models	2015/16	Wiltshire Council	All partners, MHFA England, learning and development teams		Karen Spence	
6.5	Reduce the need for multiple assessments where much of the information is already known	Work towards a 'Single View of the customer' - only saying things once.  Look at adopting a consistent assessment format and opportunities for all agencies to have access to core information/ collect common information  Learn from the Better Care Fund Single View of the Customer work.						
6.6	Share and keep up to date good practice, skills, knowledge and relationships across teams, across disciplines, across employers, across the county	Ensure that mechanisms are in place to pick up emerging policy and legislative developments and to ensure dissemination across all organisations Links with 5.3						
		Public Health to share information about what works both nationally and locally						
		Continue to run regular Provider Forums						
		Sharing Good news – better communication						

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Key Area of Activity - Joint working with a wider group of statutory services							Responsible for delivery (name to be provided)	Comments
Ref.		Action	Milestone	Lead	Partners	Outcomes		
		Determine Area Boards can do to assist with knowledge sharing and facilitate moving on to the next step.						
6.7	Ensure clear pathways through mental health services (primary and secondary) to help service users and professionals understand what is available and how to access	Continue the process of 'system wide' review of the service provision in the county This should start with the needs of the service user/customer and should include: <ul style="list-style-type: none"> <li>Comprehensive care pathways to include prevention and early intervention</li> <li>Joining up on contracts to optimise provision</li> <li>structures of both central and locality teams</li> <li>Housing options/expectations</li> <li>What is the role of the VCS?</li> <li>Implementation of Intensive support for people with Learning Disabilities and dual diagnosis for mental health</li> <li>Reviewing provision of mental health services for people in addiction treatment with a dual diagnosis of mental health</li> </ul>	Working Group to be set up	Georgina Ruddle	Working Group by April 2015.			Work underway on pathways  Link in with work being undertaken in integrated teams and the BCP
			Contract let – April 2015 Service commence July 2015	Wiltshire CCG	AWP Wiltshire Council		Jane Anderson Mark Tucker	
		Agree amendments to specification Borderline Personality Disorder Care for those in Cluster 8 to ensure effective care pathway is in place		Wiltshire CCG	AWP		Georgina Ruddle	
		Work with LIFT and secondary Mental Health services to ensure that patient pathways are effective		Wiltshire CCG	AWP			
		Addictive Behaviours Pathway - Integrate individual pathways into one shared protocol Develop robust link between providers and other referrers to ensure seamless service provision	Completed  Ongoing	AWP	Turning Point		AWP	
		Improved transition from CAMHS to Adult Services to ensure well recognised pathway providing seamless movement between the two services including: <ul style="list-style-type: none"> <li>establishment of a Transition Panel</li> <li>Develop and building upon improvements to ensure they become appropriately embedded within the transition process</li> </ul>	Completed during 14/15  Ongoing					
6.8	Continue to build robust safeguarding mechanisms and promote safeguarding across the County To improve safeguarding for our patients	Better Evidence						
		Better Recording						
		Better interdisciplinary working to ensure safeguarding when people are at risk						



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Key Area of Activity - Joint working with a wider group of statutory services							Responsible for delivery (name to be provided)	Comments
Ref.		Action	Milestone	Lead	Partners	Outcomes		
		<p>To improve safeguarding for our patients</p> <p>Serious Incidents (SIRI's) – working with provider to ensure consistent, ongoing monitoring of SIRI and assurance on specific quality improvements from learning and identifying trends</p> <p>Improve quality assurance of safeguarding by strengthening reporting arrangements, safeguarding support and advice available to front line staff providing adult services in Wiltshire</p>		<p>Wiltshire CCG</p> <p>Wiltshire CCG</p>	<p>AWP</p> <p>Wiltshire Council AWP</p>		Louise French/Marsha Barlow	
6.9	Ensure that services and resources are provided in such a way they are accessible to our urban and rural communities across the county							

Additional Priority Areas							Responsible for delivery (name to be provided)	Comments
Ref.		Action	Milestones	Lead Agency	Partners	Outcomes		
Veterans								
	Developing Services for veterans, serving armed forces personnel and their families	Continue work to identify needs and plan to meet priorities and future demands		NHS England	AWP		Jenny Kirby	
Self -Harm								
	Better understand self-harm incidents and explore provision of appropriate support to those who self-harm	Continue with work on self-harm registers at all three NHS hospitals utilised by Wiltshire population  Ensure the postcard follow up scheme adopted across all those hospital settings  Analyse data coming from the register to better understand the Wiltshire picture	Self-harm register in operation at all 3 units	AWP	Wiltshire Council, Suicide Reduction Steering Group, Hospital Trusts		Anthony Harrison AWP	
Accommodation and Transport								
	Work with partners to explore ways of addressing the barriers presented by lack of suitable transport or accommodation. Including: - Gaining or maintaining employment	Implement any remaining relevant recommendations from the supported housing review  Continue work with partners to assess and address accommodation needs and provision.  Ensure that lack of transport is considered when developing new services/initiatives						

Additional Priority Areas							Responsible for delivery (name to be provided)	Comments
Ref.		Action	Milestones	Lead Agency	Partners	Outcomes		
	<ul style="list-style-type: none"><li>- Engaging with services or community events</li><li>- Sustaining wellbeing</li></ul>							

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## **MENTAL HEALTH JOINT COMMISSIONING AND CONTRACTING INTENTIONS 2015/16 – Final Draft**

### **A. INTRODUCTION**

This document sets out the high level commissioning and contracting intentions for Mental Health during 2015/16 from the Wiltshire Clinical Commissioning Group and Wiltshire Council. We aim to use the Joint Strategic Needs Assessment, including user engagement and established evidence base, working jointly, to plan and commission local services to meet the needs of local people.

The areas we will be focusing on in 2015/16 are divided into two groups: –

- a. those intentions which will result in new or revised contractual commitments, including decommissioning and service redesign.
- b. Those intentions which maintain existing services , seeking continuous improvement in these services but which are not contractual and

These have been prioritised as indicated against each intention as

- A. Urgent priority for implementation
- B. Normal priority for implementation
- C. Will be progressed as resources allow

### **B. CONTRACTUAL INTENTIONS**

#### **1. To implement the outcome of the Advanced Dementia Care modernisation in Wiltshire (priority A)**

This project focuses on the role and provision of specialist dementia services (including inpatient services) available for people with dementia and complex needs before, during, after periods of crisis. It includes the consultation process.

#### **2. To develop proposals for an integrated health and social care secondary mental health service (priority B)**

The Council and CCG will develop proposals for a new service design for secondary mental health services and specifications which incorporate a social work service into redesigned AWP teams to support clients with mental health needs.

#### **3. Agree the specification and resources for a care home liaison services(priority B)**

There is currently a small dementia care home liaison service commissioned from AWP to support care homes in the provision of care for those with dementia. This service is too small to be able to support all care homes and intermediate care across the county. Work is underway to establish what is deliverable within existing resources and the scale of investment required to deliver a service across the county.

#### **4. Discharge Pathways (priority B)**

To ensure that there are robust clinical pathways in place to support patients on discharge from a specialist bed into long term residential and nursing care. We would expect the provider to ensure adequate specialist “ in reach “ into these beds to support discharge and ongoing independence.

#### **5. Dementia Nursing Home Beds (priority B)**

Wiltshire Council, supported by WCCG and AWP are working with Order of St John and other providers to further develop the range and number of dementia nursing home provision available across Wiltshire. The new nursing homes will be able to provide dementia care and some of them will be able to provide advanced dementia care with specialist nursing provision.

#### **6. Provision of Section 12 Doctors and a Wiltshire Rota (priority A)**

To ensure the provision of Section 12 Doctors and a Wiltshire rota to deliver the robust implementation of the Section 136 pathway and Mental Health Act assessments.

#### **7. Advocacy (priority A)**

To review the requirements and priorities in light of the need for advocacy to encompass all aspects of social and healthcare rather than just mental health and to link this review in line with the Dementia and Mental Health Strategies. To then proceed to tender statutory and generic advocacy services to provide an appropriate range of services and reflect the implementation of the Care Act.

#### **8. Issues between Primary Care Liaison Service (PCLS) and Recovery Team (priority B)**

Wiltshire CCG will be working with local providers to develop improvements in liaison between Primary Care and Avon Wiltshire partnership. The main route for this liaison will be through the Primary Care Liaison Service. Each locality of 20,000 patients within Wiltshire will have a named connection for GPs and Healthcare workers to contact four patients causing concern. All referrals into secondary Mental Health Services will be through the PCL service.

In the case of patients with known and enduring mental health problems who are already linked to specific teams within Avon Wiltshire partnership their routes back into services may be to other, known, Community Mental Health workers or consultants. Primary Care Liaison is a service which will assist GPs in providing the most appropriate route for patients in their care, for communicating promptly between primary and secondary care for the benefit of service users and will also provide sign posting to more appropriate service provision as necessary.

The ongoing monitoring and recovering of service users depend on this process being built on easy communication with strong relationship between providers and should remain subject to continuous improvement.

### **C. WORKPLAN WHICH REPRESENTS CONTINUOUS IMPROVEMENT**

#### **9. To continue to implement the Dementia Strategy in Wiltshire (priority A)**

The CCG and Council will continue to implement the Dementia Strategy through the Dementia Action Plan which provides the strategic direction in supporting people with dementia and the carers, including:

##### **9a Working with primary and secondary care to continue to improve dementia diagnosis rates across the county**

This represents a significant challenge for Wiltshire.

### **9b Dementia Friendly Communities**

Outcomes from the pilots in Royal Wotton Bassett and Cricklade will inform the development of the 'Before I forget' campaign across Wiltshire. This campaign aims to work with the 18 area boards to help them to become dementia friendly communities.

### **9c Develop a needs analysis for people with dementia and learning disability**

Joint Work with Learning Disability colleagues to identify the levels of need and enable commissioners to ensure appropriate services are available.

### **10. Dual Diagnosis MH and PLD crisis pathway (priority B)**

Continue work to develop a crisis pathway to meet priorities and future demands.

### **11. Services for veterans, serving armed forces personnel and their families (priority C)**

Continue work to identify needs and plan to meet priorities and future demands.

### **12. Develop an MH Joint Commissioning Plan for Wiltshire (priority B)**

The CCG and Council will produce a plan which will provide the detail to support the Mental Health Strategy. The plan will provide a strategic overview of their mental health services, reviews needs and gaps in services and identify the future direction of travel which will be implemented through annual commissioning intentions which are outcomes focused and person centred. This will include all mental health services including dementia.

### **13. Agree and deliver the mental health input to the three demonstrator sites and the integrated community teams. (priority B)**

Support the demonstrator sites and ensure MH is included.

### **14. Trends from SIRIs (priority A)**

The CCG will be working with the provider to ensure that there is consistent ongoing monitoring of SRI and have assurance on specific quality improvements from the learning and identifying trends.

### **15. Improving Quality assurance of Safeguarding (priority A)**

The CCG will be seeking to strengthen the reporting arrangements, safeguarding support and advice available to front line staff providing adult services in Wiltshire, particularly in relation to integrated processes below the threshold for social care involvement.

Wiltshire Council and Wiltshire CCG will put into practice lessons learned from Winterbourne View the recent Serious Case Review and will update safeguarding arrangements to take into account implementation of the Care Act.

### **16. To develop and implement the key actions from the system wide DTOC plan for mental health including the provision of intermediate care. (priority B)**

To ensure actions are taken to reduce delayed transfers

**17. To develop an accommodation pathway for people with mental health needs** (priority B)

Work with Housing to ensure a range of appropriate housing options are available in a timely manner for people with complex needs so that the need for admission to bed based services can be avoided and to facilitate timely discharge from bed based services when they have been needed.

**18. Develop a recovery pathway to include day and employment services** (priority C)

The objective is to rebuild lives with the skills needed for living and working, including preparing for work, employment support, financial management and building stronger personal relationships and social networks. During 14/15, work has commenced with AWP on establishing a coherent recovery pathway and on-going development and establishment of that pathway will take place during 15/16.

An important element of that pathway will be to review all current mental health day and employment support services to ensure that these services are and will continue to be appropriate in this context. A piece of work needs to be done to audit and analyse these opportunities and with the providers, to co-ordinate these into a virtual prospectus allowing access for all.

**19. To develop an MH Market Position Statement for Wiltshire** (priority C)

In parallel with the strategy, the CCG and Council will produce a market position which provides a strategic overview of the provider market for mental health services, and identifies the future direction of travel in developing services which will be implemented through annual commissioning intentions. This will include all mental health services including dementia.

**20. To explore the implementation of integrated Personal health and care Budgets in Mental Health** (priority C)

Wiltshire CCG and Council intend to explore with the local AWP team and other mental health providers how this concept can be introduced without unacceptable risks to service delivery.

**21. Borderline Personality Disorder Care for those in Cluster 8** (priority C)

Provision of borderline personality disorder care is currently commissioned within the main contract between Wiltshire CCG and its main service provider, AWP. We will be seeking to agree amendments to the specification to ensure that an effective care pathway is in place. This will include provision of a step up protocol to Clusters 14 and 15 and a step down protocol to Clusters 6, 7, 12-13 and 17 with a focus on discharge from in-scope mental health services and support in the community particularly in relation to working with other community providers. On-going work will also reflect learning from the pilot commencing in Salisbury in the autumn of 2014

**22. IAPT Care Pathways** (priority C)

To work with LIFT and Secondary Mental Health services to ensure that patient pathways are effective and synchronised between services, with particular reference to patients in Clusters 1 – 8 and borderline personality disorder. To understand and evaluate the effectiveness of the current service pilots, using the outcomes of those pilots to inform and develop future commissioning plans.

**23. Perinatal/prenatal pathway (priority C)**

Public Health have undertaken a significant amount of work over the past year in this regard and Wiltshire CCG will continue to support this as part of the CQUIN work currently in progress with AWP.

**24. Addictive Behaviours pathway (priority C)**

Work in this area has been on-going during 14/15 as part of the CQUIN process. Individual pathways for AWP and Turning Point have been put together and these now need to be drawn into one shared protocol. A robust link between Turning Point, AWP and other referring services needs to be developed to ensure seamless service provision. An audit will form part of the work required to achieve these aims.

**25. Improved Transition from CAMHS to Adult Services (priority C)**

The transition between CAMHS and Adult Services depends upon the two services working closely together to ensure that there is a well recognised pathway in place providing seamless movement between the two services. Improvements to this process have been put in place during 14/15 between Oxford Health CAMHS and AWP's Wiltshire Team and Wiltshire Council and these will need to be developed and built upon during 15/16 to ensure they become appropriately embedded in the transition process.

**26. Protocol for the Management of Independent Placements. (priority A)**

This combines improved performance regarding the completion of CHC 3 month reviews, annual reviews and evidence based/high quality applications and referrals to SPP and S117 funding panels. To set out, and agree with AWP the respective CCG and/or AWP case management responsibilities for safe and high quality independent sector placements for clients in health funded individual contracts for care. This will include such headings as- Mental Health Act reviews and Tribunals; Safeguarding; Maximising recovery, client development and care planning; Regular reports to CCG and Joint local panels; High quality funding applications to panels; Securing best value; Developing case management performance metrics

**27. Work with AWP improve services for individuals with personality disorders based on the learning from the pilot in South Wiltshire (priority C).**

Begin scoping this work and develop an action plan

**28. Move towards outcome based specifications. (priority C)**

Begin scoping this work

**D. COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN)**

Wiltshire CCG and Council will use the Friends and Family Test and other user feedback mechanisms to ensure a greater level of service user involvement.

**E. LINKS TO OTHER WORKSTREAMS**

Wiltshire CCG and Wiltshire Council will ensure that this work links to other workstreams including Better Care Fund, CCG 5 year plan and Council business and service plans.

## **F. CONTRACT FORMS**

NHS National Contract and Specifications will be used for all relevant NHS services. Wiltshire Council standard Contract and Specifications will be used for all relevant Council procured services. Before starting a joint procurement exercise it will be decided which organisation will lead the process and their standard Contract and Specifications will be used.

## **G. BEST PRACTICE**

The CCG and Council expect all those commissioned to provide services on our behalf to do so on the basis of Nationally approved standards, local quality requirements and recognised best practice. Service providers should take account of service user feedback, complaints and incidents when reviewing and improving services and to ensure that anything learnt as a result is shared with other professionals in the Wiltshire area to ensure consistency of approach.

## **H. CHOICE AND PERSONALISATION**

The CCG and Council are committed to work with providers to deliver person centred care and to maximise the personal choice for all service users in Wiltshire and will work with all providers to implement this approach in Wiltshire.

## **I. ACHIEVEMENTS IN 2013 AND 2014**

The following changes and improvements to mental health services and structures in Wiltshire have been delivered in 2013 and 2014 to date:-

- Mental Health Strategy
- Mental Health Crisis Concordat for Wiltshire
- Restructure of AWP teams
- Establishment of Wiltshire Mental Health JCB
- Establishment of Wiltshire Mental Health Provider Forum
- Improved specification for all 39 Supported Housing schemes
- Implementation of new advocacy service with SWAN
- Dementia Strategy
- Dementia Friends and Dementia Friendly Communities
- Dementia Adviser Service
- Establishment of Wiltshire Dementia Delivery Board
- Improvements in dementia diagnosis rates
- Singing for the Brain
- Dementia website
- Improved dementia care environments in care homes
- CAMHS - s136 accommodation for under 16's
- Provision of local ADHD Services

# Wiltshire Joint Mental Health and Wellbeing Strategy

## Draft for consultation

Mental health is 'everybody's business': 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.

The draft Wiltshire Mental Health and Wellbeing Strategy provides the strategic direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in promoting mental health and wellbeing and supporting people with mental health problems and their carers over the next 7 years.

The aim of the Strategy is to create environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all. It focusses around 6 outcomes:

- 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

The strategy is a top level vision document; commissioning and delivery plans will be developed to enable us to deliver on the strategy. This consultation forms an important part of the development of the strategy and the subsequent delivery plans, feedback will be incorporated into the final strategy and into the actions we will take.

We welcome your views on the consultation document and encourage you to complete the questionnaire as part of the consultation process. Should you wish to feedback in a different way, we would welcome your suggestions about how you would like to do this either by email [PublicHealth@wiltshire.gov.uk](mailto:PublicHealth@wiltshire.gov.uk) or by telephone to Karen Spence 01225 713094.

## Priorities

### 1. To what extent has this Strategy helped you to understand Wiltshire's Mental Health and Well-being priorities?

- 3 (23.1%) Completely understand
- 8 (61.5%) Mostly understand
- 2 (15.4%) Partially understand
- 0 (0.0%) Do not understand at all

### 2. We have agreed the six outcomes below as being essential if we are to make a difference in our aim to create environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all. Please tick the three that you feel are most important.

- 6 (46.2%) More people will have good mental health
- 8 (61.5%) More people with mental health problems will recover
- 2 (15.4%) More people with mental health problems will have good physical health
- 11 (84.6%) More people will have a positive experience of care and support
- 5 (38.5%) Fewer people will suffer avoidable harm
- 7 (53.8%) Fewer people will experience stigma and discrimination



3. We are keen to understand if the main areas of activity in the strategy prioritise the right work to achieve the desired outcomes. Please tell us what you think are important or unimportant, do the main areas of activity in the Strategy prioritise the right work?

	Very important	Important	Neither important nor unimportant	Unimportant	Very unimportant
Prevention and early intervention	12 (92.3%)	1 (7.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Promoting emotional well-being & tackling stigma & discrimination	7 (53.8%)	5 (38.5%)	1 (7.7%)	0 (0.0%)	0 (0.0%)
Personalised recovery based services with a well-being perspective (services tailored to the individual focussed on recovery and promoting long-term wellbeing rather than simply treating with medication)	10 (76.9%)	3 (23.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Effective and efficient use of resources to ensure value for money	5 (38.5%)	6 (46.2%)	2 (15.4%)	0 (0.0%)	0 (0.0%)
Closer collaboration with service users, families and carers in the development of services	9 (69.2%)	2 (15.4%)	2 (15.4%)	0 (0.0%)	0 (0.0%)
Joint working with a wider group of statutory services	6 (46.2%)	5 (38.5%)	2 (15.4%)	0 (0.0%)	0 (0.0%)
<b>If you have selected 'unimportant' or 'very unimportant' to any of the above, please expand:</b>					
	2 (100.0%)				

## Perceptions of Mental Health

4. It is well known that people with mental illness suffer stigma and discrimination nowadays because of their mental health problem. Which of the following factors do you think contribute to this the most? Tick up to three options.

9 (69.2%) Negative stereotypes and messages portrayed in the media  
 7 (53.8%) A lack of direct or indirect experience of mental health  
 4 (30.8%) A lack of general understanding about causes and treatment alternatives  
 8 (61.5%) Negative and exaggerated views regarding predictability and dangerousness  
 2 (15.4%) Negative views of decision making ability  
 8 (61.5%) Insufficient education and awareness through schools-young people  
 1 (7.7%) Other factor

**Please specify:**

1 (100.0%)

**5. Mental wellbeing has been given a higher priority by Government and received significant media attention recently. Do you think that this profile has made people feel more able to talk about mental ill-health?**

8 (61.5%) It has made it easier  
 5 (38.5%) It has made no difference  
 0 (0.0%) It has made it more difficult

## Improving mental health and wellbeing in Wiltshire

**6. To what extent do you think the following things would make a difference to somebody who has a mental health problem:**

	To a great extent	To some extent	To little extent	To no extent	Don't know
Support from friends/family	8 (61.5%)	5 (38.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Support from work colleagues/managers	7 (53.8%)	5 (38.5%)	1 (7.7%)	0 (0.0%)	0 (0.0%)
Support from GP or other medical professional	8 (61.5%)	5 (38.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Psychotherapy (e.g. talking therapy or counselling)	11 (84.6%)	2 (15.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Mentoring or Befriending programmes	5 (38.5%)	7 (53.8%)	1 (7.7%)	0 (0.0%)	0 (0.0%)
Natural Environment (e.g. enjoying local open spaces/wildlife etc.)	6 (46.2%)	6 (46.2%)	1 (7.7%)	0 (0.0%)	0 (0.0%)
Arts and Culture (theatre, music, art)	4 (30.8%)	6 (46.2%)	3 (23.1%)	0 (0.0%)	0 (0.0%)
Exercise	7 (53.8%)	6 (46.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Healthy eating	6 (46.2%)	6 (46.2%)	1 (7.7%)	0 (0.0%)	0 (0.0%)
Other	2 (66.7%)	1 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

**Please specify:**

4 (100.0%)

**7. We think that it is important for us to achieve the following things in Wiltshire in order to make an impact on our aim. Please tell us how important or unimportant you think the following goals are:**

	Very important	Important	Neither important nor unimportant	Unimportant	Very unimportant	Don't know
Provide support and education in acquiring life skills e.g. parenting, employment, healthy lifestyle choices.	6 (46.2%)	7 (53.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

Respond to known rising triggers to poor mental health e.g. loneliness, unemployment, boredom, alcohol and drug use and self-harm	9 (75.0%)	3 (25.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Signpost to resources and education that promote and support mental health and wellbeing	10 (76.9%)	3 (23.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Improved evidence base around mental health to improve understanding and inform service development	7 (53.8%)	6 (46.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Work with communities in to ensure community life in Wiltshire supports mental health and wellbeing	7 (53.8%)	4 (30.8%)	2 (15.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

	<b>Very important</b>	<b>Important</b>	<b>Neither important nor unimportant</b>	<b>Unimportant</b>	<b>Very unimportant</b>	<b>Don't know</b>
Provide flexible preventative, support, education and treatment pathways to ensure service users have the tools and confidence to manage and sustain their recovery and wellbeing	10 (76.9%)	2 (15.4%)	1 (7.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Educate service users to understand their own health issues and aid themselves in a journey of health and wellbeing	7 (53.8%)	6 (46.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Care for people close to home or their place of choice ensuring continuity of care where possible and appropriate	7 (53.8%)	5 (38.5%)	1 (7.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Interdisciplinary working, training and care between mental health, emergency, prison and probation services	8 (61.5%)	4 (30.8%)	1 (7.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

<b>Very important</b>	<b>Important</b>	<b>Neither important nor unimportant</b>	<b>Unimportant</b>	<b>Very unimportant</b>	<b>Don't know</b>
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Review our 'out of hours' service provision to ensure that people can access to the right type of care or advice whenever the need arises	8 (61.5%)	3 (23.1%)	2 (15.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Continue to work closely with our partners to ensure that care at times of crisis is appropriate	9 (69.2%)	3 (23.1%)	1 (7.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Undertake analysis of gaps in service for specific areas of need and explore options for further development of services where gaps exist	5 (38.5%)	7 (53.8%)	1 (7.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Evaluate the ease of access and spread across the county of our services	5 (38.5%)	8 (61.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Build on current collaboration between specialist mental health services and partners involved in the wider determinants of wellbeing	5 (38.5%)	6 (46.2%)	2 (15.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Work towards wider multi-disciplinary teams who work together to achieve positive outcomes for those with mental health issues and their families	6 (46.2%)	6 (46.2%)	1 (7.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	<b>Very important</b>	<b>Important</b>	<b>Neither important nor unimportant</b>	<b>Unimportant</b>	<b>Very unimportant</b>	<b>Don't know</b>
Make effective use of information technology, including data collection and sharing of information.	3 (25.0%)	7 (58.3%)	2 (16.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Implement multi-agency mental health first aid training for staff with public facing roles to provide greater awareness	5 (38.5%)	8 (61.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Ensure clear pathways through mental health services to help service users and professionals understand what is available and how to access it	6 (46.2%)	7 (53.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

Continue to build robust safeguarding mechanisms and promote safeguarding across the County	3 (25.0%)	7 (58.3%)	2 (16.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Ensure that services and resources are provided in such a way they are accessible to our urban and rural communities across the county	5 (38.5%)	8 (61.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

## 8. Thinking about the same list of goals, which five do you feel most need improving in Wiltshire?

- 3 (23.1%) Provide support and education in acquiring life skills e.g. parenting, employment, healthy lifestyle choices.
- 10 (76.9%) Respond to known rising triggers to poor mental health e.g. loneliness, unemployment, boredom, alcohol and drug use and self-harm
- 3 (23.1%) Signpost to resources and education that promote and support mental health and wellbeing
- 3 (23.1%) Improved evidence base around mental health to improve understanding and inform service development
- 4 (30.8%) Work with communities in to ensure community life in Wiltshire supports mental health and wellbeing
- 8 (61.5%) Provide flexible preventative, support, education and treatment pathways to ensure service users have the tools and confidence to manage and sustain their recovery and well-being.
- 5 (38.5%) Educate service users to understand their own health issues and aid themselves in a journey of health and wellbeing.
- 1 (7.7%) Care for people close to home or their place of choice ensuring continuity of care where possible and appropriate.
- 3 (23.1%) Interdisciplinary working, training and care between mental health, emergency, prison and probation services
- 6 (46.2%) Review our 'out of hours' service provision to ensure that people can access to the right type of care or advice whenever the need arises
- 3 (23.1%) Continue to work closely with our partners to ensure that care at times of crisis is appropriate
- 3 (23.1%) Undertake analysis of gaps in service for specific areas of need and explore options for further development of services where gaps exist.
- 1 (7.7%) Evaluate the ease of access and spread across the county of our services
- 2 (15.4%) Build on current collaboration between specialist mental health services and partners involved in the wider determinants of wellbeing
- 1 (7.7%) Work towards wider multi-disciplinary teams who work together to achieve positive outcomes for those with mental health issues and their families
- 0 (0.0%) Make effective use of information technology, including data collection and sharing of information.
- 1 (7.7%) Implement multi-agency mental health first aid training for staff with public facing roles to provide greater awareness
- 8 (61.5%) Ensure clear pathways through mental health services to help service users and professionals understand what is available and how to access it
- 0 (0.0%) Continue to build robust safeguarding mechanisms and promote safeguarding across the County.
- 2 (15.4%) Ensure that services and resources are provided in such a way they are accessible to our urban and rural communities across the county

- 9. If you had to choose one key thing Wiltshire Council and Wiltshire CCG should achieve with their partners in the next 12 months to improve mental health and wellbeing, what would it be?**  
12 (100.0%)
- 10. What organisations in Wiltshire do you think need to be involved more in the mental health agenda.**  
13 (100.0%)

## About you

- 11. Are you male or female?**  
2 (15.4%) Male  
11 (84.6%) Female
- 12. What age group are you in?**  
0 (0.0%) Under 18  
0 (0.0%) 18-24  
2 (15.4%) 25-34  
3 (23.1%) 35-44  
3 (23.1%) 45-54  
4 (30.8%) 55-64  
1 (7.7%) 65-74  
0 (0.0%) 75+
- 13. Do you consider yourself to have any of the following disabilities?**  
1 (8.3%) Hearing disability  
0 (0.0%) Learning disability  
5 (41.7%) Mental health issues  
1 (8.3%) Physical disability  
0 (0.0%) Speech impairment  
0 (0.0%) Visual disability  
7 (58.3%) No disabilities
- 14. Which statement most matches your current position?**  
6 (50.0%) I represent an organisation that works with people who have mental health problems  
1 (8.3%) I represent an organisation that does not currently work with people who have mental health problems  
2 (16.7%) I have previously experienced/cared for someone who experienced mental health problems  
3 (25.0%) I am currently experiencing/caring for someone who is experiencing mental health problems and am in contact with mental health services  
0 (0.0%) I am currently experiencing/caring for someone who is experiencing mental health problems and am in contact with mental health services  
0 (0.0%) I have never experienced/known anyone who experienced mental health problems
- 15. Please tell us your postcode: (Format BA11 3NF)**  
13 (100.0%)
- 16. If you are an organisation that provides services or support to people with mental health issues what support may your organisation be able to offer to this agenda?**  
8 (100.0%)

**17. We value the time you have taken to consider our draft Strategy and welcome any additional comments below:**  
5 (100.0%)

If you have any questions about this consultation or if you wish to feedback in a different way, we would welcome your suggestions about how you would like to do this either by email [PublicHealth@wiltshire.gov.uk](mailto:PublicHealth@wiltshire.gov.uk) or by telephone to Karen Spence 01225 713094.

The closing date for submissions is 10th January 2014. Please press the submit button to send in your response.



# Wiltshire Wildlife Trust

January 9<sup>th</sup> 2015

## Wellbeing Review of Wiltshire Draft Mental Health and Wellbeing Strategy -2014 -2021

Dear Karen

Thank you very much for the opportunity to respond to this consultation. Please find attached a response prepared on behalf of the Wellbeing Programme which we hope will be of use to you.

Wiltshire Wildlife Trust believes that access to nature is fundamental to human health and wellbeing, and that enabling access to nature is of strategic importance. The benefits of the natural environment need to be recognised at a strategic level for the contribution it makes to health and wellbeing. This should be recognised in a therapeutic sense in the role it has to play in supporting people already experiencing mental health difficulties. Of equal importance, it should be recognised in a preventative sense in the role that it has in supporting good mental health and wellbeing, thereby reducing the number of people overall experiencing mental health difficulties, contributing to healthy and resilient communities. This is good for society and good for the economy.

We feel that the strategy should embed access to nature as fundamental to mental health and wellbeing and link across directly to those other Council Strategies which are key contributors to the delivery of and facilitation of access to nature. For example the Green Infrastructure Strategy and policies within the Wiltshire Core Strategy relating to the conservation of biodiversity and landscape, consistent with the National Policy Planning Framework's goals for sustainable development.

## COMMENTS & AMENDMENTS

### OVERALL COMMENTS

Overall a well written strategic document which intentionally lacks detail which is reserved for later implementation plans drawn from the high level strategy.

#### **1. Reference to the fundamental importance of access to nature for wellbeing**

The document lacks references to the fundamental importance of access to nature for wellbeing, which is clearly evidenced in literature. Disappointing not to see any link or reference to nature and wellbeing except in the professional key messages examples (Pg. 5, bullet point 2) and in the mention of Wiltshire Wildlife Trust (Pg.9 & 19). Wellbeing and programme users would like to see more ambition for nature-based prevention and treatment inserted into this strategy document because it is a fact that nature is a great healer, a generator and supporter of wellbeing and resilience. Engagement with nature is a 'free' resource available on people's door step, in their community, close to home. Nature based therapies are clinically effective for a wide range of MH, physical and wellbeing conditions, cost effective, the non-clinical approach addresses prevention and sub clinical conditions, there are social and physical components etc. Given financial constraints, increasing and ongoing need for MH support / services, responsible authorities need to look at utilising assets (parks, reserves, green spaces) and resources (organisations, volunteers) existing in the community in new ways to meet need.

Perhaps include it on Pg. 10 'What will we seek to improve?' as a key area for development with reference to bullet points 1, 2, 3, 4, 5.

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# Wiltshire Wildlife Trust

WWT / Wellbeing can help with drafting inserts for consideration if this would be helpful.

## 2. Specify existing and planned strategies linked to this document

Essentially, clarity is needed to make it is absolutely clear who is responsible for what strategy or detailed action plan, what will be covered or delivered and when. At this stage, without some defined link to the next stage, it is all very high level and difficult to follow through.

The blocked paragraph on Pg. 3 states '*Separate strategies exist or are being developed that are interdependent with the mental health strategy*'. As this is a high level document and starting point for detailed plans in the future, it would be very helpful and a good monitoring tool to have as an appendix, a table of the separate strategies that **already exist** (The Dementia strategy, the Children and Young People's Emotional Health and Wellbeing Strategy) and new **strategies to be formulated** in the future, that are linked to this document. Where possible it would be helpful to include who is responsible for delivering the strategy, what each strategy will address and timescales. This will ensure that strategies and linked objectives can be monitored externally and all objectives stated in the document are covered by strategy documents.

- Pg. 3 Blocked paragraph – '...it will be essential to ensure that these links are further explored during the development of commissioning and delivery plans for MH & W strategy, so the appendix states:
  - Strategy document: Commissioning and delivery plans for MH & W strategy
  - By Whom: WC & WCCG
  - **Content:** Specify content to be covered e.g. Joint commissioning objectives stated on page 8, services to enable people to move onto living independently in the community on page 9, 4<sup>th</sup> paragraph on page 9 'We have a growing range of other initiatives that foster mental health and wellbeing, commissioning of services against six priorities (page 10 & 11) and other priorities (page 12) and MH and Wellbeing objectives and needs for Military & Veterans on page 12
  - Timescale: deadline June 2015
- Pg. 10 '*It is important to identify and fill any gaps between public health and prevention and primary and secondary mental health services.....*'. An indication of who, how, when will do this work would be useful.
- Pg. 12 '*How will we know we have made a difference?*' Develop a variety of quantitative and qualitative methods to assess the success of this strategy, focused on positive outcomes for service users. Include utilising established performance and outcomes frameworks and service user and patient feedback.

## 3. Six Areas of Activity / Priorities - Page 3

The 6 areas of activity / priorities are listed in order 1 to 6. From a presentational perspective, 'Effective and efficient use of resources' sits higher on the list than 'Closer collaboration with service users and families ...'. Priorities may well be of equal import but the strategy should be presented mindful of user focus and supportive of the user request to put the needs of the person first (on Page 5).

## 4. Key messages – Page 5

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This is a very useful and informative page, well done. Good to see service user messages in the first instance. And very encouraging to learn that both users and particularly professionals want the third sector to be involved and a range of holistic / wellbeing type interventions and promotion included, something The Wellbeing programme would wholeheartedly endorse.

## 5. Joint Commissioning – Page 8

The objectives stated in the 5 bullet points are laudable but apart from identifying the future model of care, more needs to be said about the **mechanisms / budgets** which will deliver the community based model and 5 priorities.

WC needs a plan to avoid an ad hoc or piecemeal approach to accessing existing underutilised community assets and resources. Some indication of new thinking is needed to confirm a change in approach. Need a driver to push through change and transformation needed to deliver person centred MH in the community, for example employing a MH Community / 3<sup>rd</sup> Sector development officer, who job should be to identify then create ways of applying invisible or underutilised assets in the community for MH. AWP for example employ a community involvement officer. There are many hidden assets / resources in the community: reserves & community spaces (nature based activities), libraries (reading on prescription), Art groups & theatre spaces (Artshine type projects / Arts on prescription), with input from experienced volunteers, artists, readers. Resources could be applied to prevent and support MH in the community.

- Application: Projects / actions for Prevention, early intervention, support in recovery
- Application: Decrease stigma and discrimination
- Application: Promote wellbeing, physical health, action on the wider determinants of health

## 6. What will we seek to improve? – Page 10

Document states what you are seeking to improve, but not how you plan to do this. It is clear that detailed plans will follow, but again a plan of next action for each priority, possibly in an appendix would be very useful, similar to point 2 above.

- Commissioning of services to deliver six stated priorities and other priorities on pages 10, 11, 12
- Other existing or planned action to support delivery of each priority

# Wiltshire Wildlife Trust

## DETAILED AMENDMENTS

1. **Pg. 2, 1<sup>st</sup> paragraph:**

- *'Welcome to the Wiltshire Mental Health Draft Strategy 2014 – 2021 (draft)' .....* **COMMENT** Full reference title to this document is 'The Wiltshire Mental Health **and Wellbeing** Draft Strategy'. Shorter reference / omission of the word wellbeing from the initial reference is confusing, especially as the full title is used on the cover and on Pg.3 1<sup>st</sup> paragraph *'.....No health without Mental Health and with the Wiltshire Health and Wellbeing Strategy'*. Excluding 'wellbeing' from the document title occurs in other places in the document e.g blocked paragraph on Pg. 3 *'Separate strategies exist or are being developed that are interdependent with the mental health strategy'*. Omission of Wellbeing from the document title may give the impression that Wellbeing is an optional after thought, add on! It would be more helpful and clearer to use the full title consistently throughout the document.
- *'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' ....* **COMMENT:** Should be 7 years not 3 years, per duration of the actual period (2014 -2021) and to be consistent Pg 3, 1<sup>st</sup> paragraph *'This seven year joint strategy...'*

2. **Pg. 3, 2<sup>nd</sup> paragraph:** *'We will do this through six areas of activity....'*, **COMMENT:** reference to areas of activity is confusing as the rest of the document (Pg. 10& 12) refer to 'priority areas' instead of areas of activity. To be clear, suggest one standard descriptive reference is adopted i.e. Priority areas

3. **Pg. 6 Graphic illustration of mental ill health** –The clinical model for MH is mis-represented. Psychoses include schizophrenia & Bi polar disorder, which should be bracketed together under the single title of psychoses. Depression should follow then anxiety (rather than anxiety first then depression as stated). See diagram in MHFA reference book

4. **Pg. 11 Bullet point 'Wider multi-disciplinary teams.....clear pathways to access health assessment and advice'.** **COMMENT:** Rather pathways simply being 'clear', pathways should be visible, accessible and clear for users, clinicians and non-health professionals.

5. **Pg. 11 Bullet point 'Multiple assessments where much of the information is already known'.** Not sure what the objective is here. The point needs to be re stated clearly. For example 'reduce the number of multiple assessments where much of the information is already known by sharing relevant data along the care pathway'.

6. **Pg. 12 Bullet point 'Listening to the safety concerns....'** Suggest in line with the key message from users that this point is listed first rather than last, to present listening and working with users, carers, families and communities as paramount to delivering and improving support for MH in the community.

7. **Pg. 14 Appendix 1 Future Health and Care model for Mental Health**  
The point of this page and illustrations are unclear.

# Wiltshire Wildlife Trust

- Not clear which illustrations the titles on the page relate to. There is a page title, then three illustrations with two titles above illustrations and one below. Each illustration needs an individual title tagged with a reference e.g. Fig.1
- Top illustration: Suggest the font is too small on this to be useful
- Is the future model moving from managing ill-health to establishing and sustaining wellness and independence? If yes, then there needs to be some graphical illustration that links the move from ill-health to wellness.
- Would be helpful to have some reference to how the priority areas discussed map onto the future health and care model for mental health

## 8. Pg. 15 Appendix 2 Current services commissioned in Wiltshire

- Given user focus, it would be helpful to briefly explain what a commissioned service is.

## 9. Pg. 17 Appendix 2

- Titles to pages need completing and formatting to be consistent with title references on pages 15 & 16 for appendix reference 'Current services commissioned in Wiltshire' and table description e.g. This section outlines the current commissioned services for Adult Mental Health service users in Wiltshire, Wiltshire Council, Specialist Commissioned Mental Health Services, next table description: Community based commissioned Mental Health Services etc.

## 10. Pg. 19 Appendix 2

- Please update the location and narrative description for The Wellbeing Programme as indicated below.

### Update reference to The Wellbeing Project

- Description for The Wellbeing Project is in the wrong row, against the title reference for 'Service' Books on Prescription, 'Provider' Wiltshire libraries. Please move the description to the correct row. The correct name reference is The Wellbeing Programme, not project.

### Update current description to new information included below.

- *Previous description:* 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. (46 words)
- Updated description – 53 words, Updated Comment – 82 words, max count for MHFA - 87 words

Service	Provider	Jointly Commissioned	Description	Comments
The Wellbeing Programme	The Wiltshire Wildlife Trust (WWT)		A nature based intervention offering activity outdoors in nature for a range of mental health, physical and wellbeing issues. Participants referred by clinicians (GPs, CMHTs etc.) or self-refer (with	Originally commissioned by NHS Wiltshire in April 2008. Group based activity, with peer to peer support. Evidenced outcomes for clinical improvements in MH, increased physical activity and progression to

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			sign off from a clinician). Effective for prevention, early intervention or support in recovery in addition to or as an alternative to clinical treatment.	training, further volunteering or employment.  Delivers against <ul style="list-style-type: none"> <li>Objectives of the National mental health strategy 'No Health Without Mental Health'</li> <li>6 priority areas in this document</li> <li>Key messages from services users and professionals</li> <li>Objectives to improve User experience within communities in Joint Health and Wellbeing Strategy 2014-2015, and Wiltshire CCG's Five Year Plan 2014-2019</li> </ul>
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## Additional References

1. Ref: Wiltshire JSA for Health and Wellbeing 2012

Section 6: Wider determinants of health  
Health and wellbeing benefits of access to nature

2. **Wellbeing benefits from natural environments rich in wildlife: A literature review for The Wildlife Trusts**

### A report commissioned by The

**Wildlife Trusts** Draft (we can make this available to you when it is signed off by the Wildlife Trusts Wellbeing Board)

Dr Rachel Bragg, Dr Carly Wood, Dr Jo Barton and Professor Jules Pretty.

School of Biological Sciences  
University of Essex  
November 2014

Kind regards

Stephen Davis

Head of conservation Policy

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## Wiltshire & Swindon Users' Network – Draft Mental Health and Wellbeing Consultation

**Date:** 3<sup>rd</sup> December 2014

**Venue:** Wessex Room, Corn Exchange, Devizes

**Time:** 10.15am – 12.30pm

This event was organised in response to a request by the Wiltshire Council to seek the views of service users on the draft Mental Health and Wellbeing Strategy. The consultation runs until the 10<sup>th</sup> January 2015.

### Attendance

48 people attended, of which 35 were service users and 13 were from organisations, however many individuals who represented organisations also identified themselves as service users. In addition to service users having experience of mental health issues, the group included those with complex physical disabilities, long term conditions, visual impairment and carers.

Karen Spence, Public health specialist made a presentation to the group.

**Louise Rendle, Head of Network Services**

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## Questions or statements were invited from the floor

*Thank you for sending the strategy. I have an Amesbury Mental Health Support Group Flyer to hand out. Please come along, we welcome guest speakers or just to join us for tea and cake.*

**Service user**

*Thank you for presentation.*

*Personally I find it very difficult. Work ethos, recovery, journey,*

*Some of what I'm hearing I've heard for over 30 years. I'm passionate about change. Wiltshire is very behind. How will the strategy work? Professionals need to treat us equal?*

**Rethink Mental Illness and a service user**

Answer: Wiltshire has in the past been quite far behind. A strategy finished in 2012 but didn't include wellbeing. Recently there haven't been the numbers of people in key posts that will be changing.

*Concerned with people looking separately at mental health and physical health. Huge amount of mental health is a result of poor physical health.*

*Mental health over physical health; good evidence other way around. Please capture.*

**Service user and Governor at RUH**

*Are you aware that 30% of domestic violence is due to mental health issues? People are treated as guilty despite very difficult issues. This is a recent change of strategy.*

**Parent of daughter who is a service user**

Answer: I only know a little about this but not about changes. However I am aware that a lot of work is going on around crisis care. There may also be issues around training with Police.

**Karen has agreed to follow this up**

*GP situation is not good. Some GPs should have a bit more training on mental health.*

**Service user**

Answer: There are some very good examples from GP's however this is not across the board. Some GP's stick to 7 minute appointment, we know if we send information about training it may be ignored or not even reach them. Need to find other ways to get the message across..

*Prevention and Early Intervention is key*

*Mental Health and Wellbeing – how is the strategy going to link up with provision for children and young people?*

**Wiltshire Parent Council**

Answer: Strategy focuses on adults – there is a separate one for children but we are working closely with them to link the two.

*Not impressed with what is happening around mental health currently. Not doing enough in Chippenham – we don't get anything in North Wiltshire.*

**Service User**

Answer: You're right. Wiltshire is a big county. There are pockets of where things happen and those where they don't. It is not consistent over areas. We will be talking a lot to each community.

Following the presentation, round table discussions took place with WSUN staff facilitating. There were 3 sets of questions. Not all tables completed each set.

#### **Set 1**

Thinking about the Aim of the strategy and the key actions (see below) we will take:

- 1. Are they the right things?**
- 2. Are there any that are more important or urgent than the others**
- 3. Is there anything that you think we have missed that would make a difference to support people to**
  - a) get better following mental illness?**
  - b) avoid experiencing mental illness altogether?**

#### **Key areas for action from Draft Strategy**

- 1. Prevention and early intervention**  
**(including mental wellbeing for expectant and new mothers)**
- 2. Promoting emotional wellbeing & tackling stigma & discrimination in Wiltshire's communities**
- 3. Developing services that can be tailored to individual needs and concentrate on helping people to recover and stay well**
- 4. Effective and efficient use of our resources to ensure value for money**
- 5. Working more closely with service users, families and carers when we are developing services**
- 6. Joint working with a wider group of statutory services (e.g. housing, employment agencies, police, ambulance etc.)**

## **Table ZM**

### **Question 1**

The first three actions are very important, but all other areas should remain as actions.

We need to ensure that it includes a reference to Physical wellbeing - life expectancy is lower for mental health service users. Need a holistic approach.

Stress is a big factor – links to point 1

Mental health can lead to self medicating and illegal or legal drugs/alcohol – need holistic approach to address this.

Overall table agree with the 6 areas.

### **Question 2**

Already covered above

### **Question 3**

GP's need specific mental health training. Need to identify people who need more time at appointment. GP's are not always aware of other services/support which is available. Some GP's are fantastic

Access to information is vital. Information portal – how will this work? Issue of no internet / cost of phone calls.

## **Table GM**

### **Question 1**

Yes got to be investigated and start from bottom.

No. 6 doesn't say working with Voluntary Sector Agencies i.e. Mind, Rethink that need to be thought of in the strategy. Way for people to make more choice.

Ridiculous duplicating

Cross over on children and adults, transitions to be added to no. 5.

### **Question 2**

To get number 3 right you have to incorporate all of them.

### **Question 3**

- a) Area Boards – no one mentioning mental health, they are more about roads and car parks etc. More training needed, this is around item 2 stigma and discrimination – people not wanting to admit they have mental health experiences.  
Challenge – ways to raise this awareness through another route.

- b) To do lots more projects i.e. getting outdoors, enjoying pets (dog walking), there are schemes around that people who would like a pet but are unable to, could be matched with someone who has a dog and then they can take the dog out for walks, meet up for coffee etc. This could be endorsed by CCG but people need to be matched properly.

Way to try and stop mental health problems is to stop bullying at work. Knowing who you can talk to and trust at work. Bullying has a lot to answer for – mental bullying.

Links with big employers, a lot of people being off sick with stress and anxiety. Learning how to communicate with people who are having mental health problems.

Personal story – off sick July this year – currently works in two different places but because of mental health can't travel. Some companies, especially smaller ones, don't know how to support employees including getting back to work where as big companies have separate HR.

Wessex Chamber of Commerce. Finding routes to keeping employees in work and keeping their self esteem going.

Most of the time it is down to money with organisations.

Everybody leads such busy hectic lives. Promote and encourage people to slow down.

Training GP's in their communication skills.

### **Table NC**

Yes but they need expanding.

Some are well meaning but problems with delivery.

Need to design services as being effective – but need to be responsive – not over designed.

Not prescriptive but some licence

Interaction from other professional bodies – interaction – should be more robust.

### **Table LJR**

#### **Question 1 Prevention**

Post & prenatal very important

Continuity of Care, so people get to know you and you can notice the signs

People need to be taken seriously when saying /identifying that they don't feel well, great! "Not sure what's wrong!"

#### **Question 2 Promoting / stigma / discrimination**

More advertising. Following help lines from TV Programmes

More integration e.g. don't always segregate people.

More community involvement would mean more understanding

Sometimes you would like to be with other people who understand your condition.



Include people with disabilities

### Question 3

GP's miss a lot of mental health issues; GP's haven't got time to go behind people's behaviour, sometimes people present with a physical problem and never get round to discussing the real problem.

Target strategies – in employment. Causes Stress.

People wrongly diagnosed. GP's may be looking for certain things which they get paid for. DRS are struggling to keep up with demand.

Befriending for older and isolated people. Capacity /resources are stretched already. So difficult to see how this will happen.

Not necessary about staying well or recovering but **stable** would be good.

Maintaining our independence is important. More help to be able to do this needs to be available.

Making sure families / friends are supported too.

Children of service user's are not always supported. Very difficult if a parent is unwell. Aggression. Personality changes are difficult to manage.

Need support for children and young people who have been abused. Not listened to causes more difficulties later in life.

**Set 2**

**Thinking about your own experiences of mental health services in Wiltshire (or those of a family member or friend)**

- 1. What things were missing from the services provided that would have helped you to get better and get on with your life?**
- 2. What things worked well for you?**

**Table GM**

Setting up a contingency plan for mental health service user was suggested and user wanted this to be done – 6 weeks later still not in place. This would give staff a set of copying strategies when user calls in during crisis.

Access to short stay crisis accommodation and medical support can prevent a long stay in hospital.

What is working well in other areas? Need to look at this.

Isolation / loneliness is an issue – this knocks confidence and leads to greater isolation.

Possible project to link well service users with people who need a 'buddy' to meet them at a group and do intro's.

GP may focus on physical exercise and benefits. Art and cooking and creative activities are also very beneficial.

This links to area 3 -Developing services that can be tailored to individual needs and concentrate on helping people to recover and stay well

Need to have better education in school (for staff) about mental health. Bullying is an issue. How early is early intervention?

It was said in presentation link between this and CAMHS strategy. \*Can it be made clear when M/H and Wellbeing Strategy is published how they link together?\*

### **Table ZM**

Voice of carer is not always listened to. 20 years as a carer and still on outside, where professionals are concerned. Triangle of care sometimes only has 2 sides.

Information sharing policies should be clear and it be made obvious when user has given consent to share information with named family/friend/carers.

### **Table LR**

#### **Question1**

All GP's to have the same mental health experience and training.

All service providers to have dietary information as well as mental health training.

Are all areas offering specialist support such as counselling e.g. via AWP/Lift.

(Timely access) waiting lists that are prioritised. Tick box questions are not satisfactory.

Waiting lists via GP's that have to be some time limits for mental health.

(Increase +++ MH services)

## Question 2

Recovery journeys that really make a difference and with an aim. (Care Plans)

Having the right medication at the right time.

Rural locations are really being isolated, due to transport issues, affecting MH, buses etc. Transport sharing (Dial a Ride)

More joined up working, communities.

Information that can be shared by all.

All agencies working together, all GPs offering the same service.

Mind counselling service / inside out group. Good neighbours scheme.

More positive stories, communities individuals and recovery.

More awareness of mental health conditions and what helps.

MH Team diagnosis can help.

Having local support available (no out of area options)

Moving services out of large general hospitals i.e. breast screening it's the equivalent to mental health, more local group meeting etc.

Patient confidentiality may impact on carer support. (Could this be part of the planning?) Advocacy Services

Practical support, which helps carers and physical health issues such as medication.

Care Pathways that make a real difference, such as practical support and carers' involvement and local support opportunities.

## **Table NB**

### **Question 1**

Crisis houses – user led

Lots of different models

Go for 2, 3, 4 nights max to help get through your crisis.

None in Wiltshire

Available in other parts of the country

Short term intervention, adaptable

Flexibility of rules – flexibility of the criteria of the rules for engaging with the services

Not having enough beds in the county

Lack of continuity of care

Not seeing the same GP

Waiting lists to certain services

Too long

Protocols

Lacking Chippenham

Flexibility of services, having on different days

Knowing what's available – how are you going to find this out?

Different ways of communicating for different people

Engaging

Knowledge

Keeping information up to date

Directories

Time factors

Expectations

## **Question 2**

PCSO's had training in mental health

Lots more training now

Better understanding from the Police

Include Police and Ambulance Service

Health and Wellbeing colleges

Wellness Recovery Action Plan (WRAP)

MIND

Strategies

Peer support

Good community teams

Flexibility

Continuity of Care – having same GP

CBT

\* New Group – Feeling Alone Group? Next Spring?

### **Table LJR**

Missing Services

Continuity of care

Access to resources. Where do we go to find information? Central number. Information hub!

Community fundraising for local services (if the Government can't provide).

Talking to a human being 24 hours a day 7 days a week.

Information area in DRS/Chemists. Not just about leaflets. Someone you can speak to.

So many day centres have closed. No other opportunities to get out and chat with other people



**Set 3**

**Thinking about your experiences (or those of a family member or friend) at home and in your local community**

- 1. Were there (or are there) things that would have helped you/them to manage in your daily life and get better, that you were not able to get access to?**
- 2. What things/people have helped you during your/their illness/recovery from illness?**

**Table NC**

I have support workers who are brilliant – that really helps.

The support network is gold star.

Postern House in Marlborough – was brilliant – now closed.

The community of the village – has been superb. Not the same in a lot of communities.

Using other organisations /groups in the community.

Everybody talking about Dementia - raise the profile of mental health in the same way

Maybe a similar thing to be done to raise awareness of mental health issues – how is mental health involved in the Demonstrator Areas?

Finding things to do where young adults can go to help them assist with them . Things are needed to encourage you to take care of your general health.

Self help groups.

Medical help/support – available EARLY before people hit crisis – help coming in early.

Much greater liaison between child services/adult services, Mental health is a continuum

Working with DWP – but also with education.

There should be an intermediary – to mediate between statutory authorities.

Support the carer to support the person.

To look at whole unit

Another area lacking is young carers. Between the ages of 18-25 who care for people with mental health issues – have no right to assessment yet.

An interface – with authority but no bias – objectives – a real advocate.

People with mental health receiving support - new consistency of care.

Huge help – give a social life are the first things that go in cuts.

Moving away from just the medical side to more community focused projects.

## Table LJR

### Question 1

Hidden / Silent Service Users; We can feed in our views but those people who are unwell cannot feed in their views.

Police – are they unqualified / interested to protect service users from bullies/instances of people who have been encouraged to commit suicide. Internet is a problem?

Medication is not always taken. People need to be monitored if they are at risk. No safeguarding to ensure that people take their medication. This is needed to help people keep/become well.

For those people who will not get better physically e.g. people with a terminal illness e.g. ms causing depression.

Access to help at that time is very important.

Information about services is not available.

Prevention – carers. You keep going and going and going until it reaches crisis point. Information is not available. It would be better to prevent.

Young people – more access to get services

Police are not mental health experts. No way into services.

Youngsters who are unwell fall between CAMhS & Adult Services.

Big transition stage. Especially people in care. Undervalued.

Healthy body, healthy mind. Keeping well – voucher system needed for other alternatives not just pills. Wiltshire Wildlife is a great example.

**Question 2**

Volunteer work is important but is limited by availability

Choir in the community / golden oldies

Yoga

Crafts / Arts

Volunteering is good. I go to Trinity school to help with cultural issues, better self esteem.

**Additional comments****Table LR**

Being aware of cross-over between mental health and general health, seeing physical health interlinked to mental health visa versa.

People to be helped to set up self help, peer support groups and similar groups for mental health via organisations like Cruise.

Often there is a link between people with mental health and those with visual impairments.

Good communication between all agencies such as social services, home care teams, locality specialist. Help to Live at Home. Service providers to incorporate mental health support.

## Questions

**What is being put in place for service users to be part of the review and monitoring of action plans?**

**What's the point of having a strategy if the service keeps changing?**

## Feedback

**Why did you decide to come to this meeting?**

*Chance to give some input*

*Daughter with schizophrenia and other issues – looking for information and how to give input to share*

*Constant issues of care continuity for our 36 year old daughter who has MH problems*

*I am a service user with an interest in mental wellbeing*

*To try and help myself and others. Hope for change in certain areas*

*I came because it can effect anyone of us – mental health problems*

*Invited by WSUN. Have enjoyed previous meetings found them to be very informative and helpful to me*

*Invited and interested*

*Came to find out about Care Act*

*I'm interested in current state of mental health services in Wiltshire*

*To get support and learn from everyone who experience poor mental health in everyday lives*

*Invite and has suffered in the past and other people's views and it was relevant*

*To get more information*

*To hear other people's experience and the vision for future mental health*

*Feed in to the strategy and ensure it meets the needs of individuals with mental ill health*

*Work related – Carer Support Wiltshire. We are seeking to further develop the support we offer to*

*Carers who support people with mental health problems*

*I heard about it through WSUN Network and clearly an important topic in terms of services delivered in Wiltshire. Great to see what other people are thinking about, what their biggest concerns are I came to world health day in October. I wanted to come to the follow up which I guessed was this meeting today*

*To Listen and get information and contribute*

*Was sent an invitation and it seemed interesting*

*I work with Healthwatch and am a Governor at the RUH. I have also had the need to access local mental health services*

*Because we have enjoyed this meeting because it was about good information*

*It is very important that mental health for people is looked at for people to help people in the community and to help other people with worries.*

*Can we have food please. Enjoyed it and also hot drinks*

*Need guidance about mental health issues have a relation of mine have severe mental health issues*

*Meeting my friends*

*To give my point of view and to learn more about it*

*Very relevant to my role in the community helping other and disadvantaged access services*

*Information regarding strategy – meeting people involved in the proceeds*

*Interested in Learning about the strategy and feeding into this*

*To hear More*

## Has the day been informative?

100% of people who attended agreed that it was informative

### Other comments included

*Very informative – good conversations and exchange of thoughts and ideas*

*Yes very well run and enthusiastic participation*

*Yes useful to have the perspective on the strategy and see people responses in particular as service users/members/clients*

*VERY Really pleased to hear the views of users as opposed to health professionals*

*Very, we have a long way to go to help so many people suffering from mental health issues*

*YOUNG & OLD*

*Interesting to hear varying viewpoints from different perspectives*

*Yes – very wide ranging discussions and subjects – good presentations*

## What is the most useful thing you have gained from the event?

*Meeting other people and listening to what they have to say*

*Opportunity to raise issues, hearing other people's views- meeting helpful*

*Being able to contribute to strategy development*

*Information on the Council's strategy*

*Good discussions. Hope for new ideas and improving existing ones*

*We have learned from people who have suffered problems themselves and those who look after people with problems*

*That my feelings are shared by most and able to realise there are such a lot of problems that are in need of improving*

*Other people's opinions and experiences*

*Conversation with other members of the group*

*Meeting people working in other services e.g. Rethink*

*Easy bus route from my town where I don't have to pay for parking. To learn from other people at the meeting*

*Others views*

*Information so that we understand*

*Listening to others and hearing their experiences and views on services now and how they can be improved*

*The feedback from people using the services. Outline of the strategy*

*Feedback from services users on current services. Information on proposed strategy and ability to have input representing the carer's voice*

*Networking and feedback from other people*

*Strategy outcomes – Contacts for discussion*

*The variety of mental health issues from children to old age*

*I am pleased that so many service users were here to give their points of view and I found the speak to be respectful and supportive of everyone's needs and ideas*

*New knowledge about mental health*

*It has been lots of information*

*Everything*

*Hearing what would be helpful from the individual point of view – hopefully allowing 'joined up thinking'. Hoping there will be increased understanding of need*

*Networking, information*

*Everything*

## **Is there anything which would improve future events?**

*No, Just good support from all*

*A little bit more time at the next meeting. Thank you – enjoyable and informative*

*Another meeting please. Thank you*

*More clarification one to one, too many people in the room in group time – so hard to*



*concentrate at the group time to put any input in.*

*Location here in Corn Exchange or Melksham Fire station as I have a car*

*To have a list of services in Wiltshire*

*To have follow up event in 9 months time to see if anything has been implemented*

*More warmth and more coffee*

*More Coffee!*

*Smaller tables (groups) so that people can hear each other instead of straining to do so or contribute*

*Larger venue – it was difficult to hear each other due to noise from other discussions. Perhaps a longer session so that we could delve deeper into some issues*

*Yes I would like more meetings about mental health*

*Feel ok with how the event was run*

*No you are brilliant already. Just more*

Equality Analysis Evidence Document					
<b>Title: What are you completing an Equality Analysis on?</b>					
Wiltshire Council & Wiltshire CCG Joint Mental Health and Wellbeing Strategy					
<b>Why are you completing the Equality Analysis?</b> (please tick any that apply)					
<b>Proposed New Policy or Service</b>	New Strategy		MTFS (Medium Term Financial Strategy)		Service Review
<b>Version Control</b>					
Version control number	1.1	Date	30/03/2015	Reason for review (if appropriate)	This new Strategy provides the strategic direction for Wiltshire Council and NHS Wiltshire Clinical Commissioning Group (CCG) in promoting mental health and wellbeing and supporting people with mental health problems and their carers over the next 7 years.
<b>Risk Rating Score</b> (use <a href="#">Equalities Risk Matrix</a> and guidance)  **If the Risk Score is 1 or 2, an Impact Assessment does <b>NOT</b> have to be completed. Please check with <a href="mailto:equalities@wiltshire.gov.uk">equalities@wiltshire.gov.uk</a> for advice				Inherent risk score on proposal	3 (Low Risk)
				Residual risk score after mitigating actions have been identified	N/a
<b>Section 1 – Description of what is being analysed</b>					
<p>The Joint Mental Health and Wellbeing Strategy for Wiltshire will enable us to take a holistic and prioritised approach towards the aim of creating environments and communities that will keep people well across their lifetime, achieving and sustaining good mental health and wellbeing for all. This new strategy aims to identify a shared vision, strategic objectives and priority actions to help Wiltshire Council, Wiltshire CCG and its partners to create an environment that will ensure:</p> <ul style="list-style-type: none"> <li>• More people will have good mental health</li> <li>• More people with mental health problems will recover</li> <li>• More people with mental health problems will have good physical health</li> <li>• More people will have a positive experience of care and support</li> <li>• Fewer people will suffer avoidable harm</li> <li>• Fewer people will experience stigma and discrimination</li> </ul> <p>The Strategy will guide the way in which key partners work together to respond and meet Wiltshire's mental health and wellbeing priorities and develop services for the future to provide equity of access for all. Within the strategy we have identified 6 key areas of activity with their own objectives and high level actions:</p> <ol style="list-style-type: none"> <li>1. Prevention and early intervention (including mental wellbeing for expectant and new mothers)</li> <li>2. Promoting emotional well-being &amp; tackling stigma &amp; discrimination</li> <li>3. Personalised, recovery based, services</li> </ol>					

4. Effective and efficient use of resources
5. Closer engagement and involvement with service users, families and carers
6. Integrated working between statutory services with wider community and voluntary involvement

Through implementation of this strategy we aim to put communities and individuals (both those accessing mental health services and those who don't) at the heart the mental health and wellbeing system in Wiltshire. Mental health is 'everybody's business'. Change on the scale outlined in the strategy cannot be delivered by organisations working alone. The strategy reiterates our commitment 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.

**Section 2A – People or communities that are currently targeted or could be affected by any change (please take note of the Protected Characteristics listed in the action table).**

All of the protected groups as defined by the Equality Act 2010 could be impacted by the Mental Health and Wellbeing Strategy. The protected characteristics that are most likely to be affected are: Age, Disability, Race, Sex and Other, including Military status, rurality, low skilled workers, low income and long term unemployed, those with long-term health conditions. There is an acknowledgement in the Strategy of a need to improve our understanding of access to mental health services by people from different socio-economic and ethnic groups. Access to data locally needs improving in order to further this understanding and we have an action in the strategy under the Prevention and Early Intervention key area of activity to:

“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). “

We will use improved data to examine differences in rates of mental ill health (including admission etc) and differences by protected characteristic group and by geography. National data shows that there is higher prevalence in certain groups such as Black African Caribbean men and Gypsy Travellers who generally have poorer health outcomes. These pieces of work will help us to understand differences in the kind of services/locations people might access and in how to deliver prevention messages suitable for particular groups.

The Equality Act 2010 places a duty on the Council to promote Equality of Opportunity, Good Relations and Eliminate Unlawful Discrimination. The Joint Mental Health and Wellbeing Strategy and the implementation plan which sits beneath it is fundamentally designed to promote equality of access to all groups. Therefore, it may be possible that the outcomes of the Strategy will affect sections of the community in different ways by specifically targeting particular groups of individuals to overcome disadvantage and inequality.

**Section 2B – People who are delivering the policy or service that are targeted or could be affected (i.e. staff, commissioned organisations, contractors)**

The services covered by the strategy are largely commissioned services under the commission jurisdiction of either the CCG or Adult Social Care within the Council. There is a Mental Health Joint Commissioning Board (reporting to the overall Health Joint Commissioning Board) who makes decisions about commissioned services and the terms of contracts etc. Mental Health services in the county are delivered by a number of providers and a full list of current services are included as an appendix to the strategy. The commissioners are responsible for ensuring that the contracts are delivered as specified and are achieving the agreed outcomes.

There is a proposal to set up a multi-agency partnership board to drive forward and monitor progress against the aims of the strategy. It is intended that this group will additionally offer

opportunity for service users and other individuals to be involved.

**Section 3 – The underpinning evidence and data used for the analysis (Attach documents where appropriate)**

Prompts:

- What data do you collect about your customers/staff?
- What local, regional and national research is there that you could use?
- How do your Governance documents (Terms of Reference, operating procedures) reflect the need to consider the Public Sector Equality Duty?
- What are the issues that you or your partners or stakeholders already know about?
- What engagement, involvement and consultation work have you done? How was this carried out, with whom? Whose voices are missing? What does this tell you about potential take-up and satisfaction with existing services?
- Are there any gaps in your knowledge? If so, do you need to identify how you will collect data to fill the gap (feed this into the action table if necessary)

The data collected by service providers about customers include age, sex, employment status, disability.

The level of need in Wiltshire was considered in production of this strategy. The Wiltshire Joint Strategic Assessment (JSA) provides information on the current and future health and wellbeing needs of people in Wiltshire.

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.

The methodology for the production of the strategy also included :

- Taking 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
- Considering our own strategic direction over the next five years
- Stakeholder engagement with a wide variety of local professionals and partners who work within the field of mental health
- Service user engagement via the Wiltshire Service User Network (WSUN).

**\*Section 4 – Conclusions** drawn about the impact of the proposed change or new service/policy

Prompts:

- What actions do you plan to take as a result of this equality analysis? Please state them and also feed these into the action table
- Be clear and specific about the impacts for each Protected Characteristic group (where relevant)
- Can you also identify positive actions which promote equality of opportunity and foster good relations between groups of people as well as adverse impacts?
- What are the implications for Procurement/Commissioning arrangements that may be happening as a result of your work?
- Do you plan to include equalities aspects into any service agreements and if so, how do you plan to manage these through the life of the service?
- If you have found that the policy or service change might have an adverse impact on a particular group of people and are **not** taking action to mitigate against this, you will need to fully justify your decision and evidence it in this section

The Council has a duty to promote equality of opportunity, promote good relations, promote positive attitudes and eliminate unlawful discrimination. An Equality Impact Assessment has been undertaken for the Mental Health and Wellbeing Strategy. The Priorities and high level actions contained in the strategy have provided the overall strategic direction for the development of an implementation plan

The strategy aims to ensure services will be delivered with due regard to Equalities legislation and that people with mental illness will have equitable access to services according to need.

It has been identified that more work is required to obtain and analyse equalities related data to help us to understand the both the distribution of mental ill health and who is/is not accessing services in Wiltshire. This has been included as an action in the implementation plan

The additional insight that could be gained from such information would help us to ensure that the services we are providing are indeed accessible to all. Without this data and understanding, there is a risk that services are not being accessed by certain minority or geographical groups.

The strategic objectives and priorities have most relevance to the Council's equality duties to promote equality of opportunity, and eliminate unlawful discrimination. A negative impact on any of the protected groups as defined by the Equality Act 2010 is unlikely and the Strategy is intended to have a positive impact.

**Adverse impact**

**Age**

The strategy holds no adverse impact for different age groups.

**Disability**

The strategy holds no adverse impact for people with a disability. However it is acknowledged that in development of services, care needs to be taken to ensure equity of access for people with disabilities.

**Ethnicity**

The strategy holds no adverse impact for people from different ethnic groups. However, effort will be made to reach different ethnic groups by targeted public health messages regarding wellbeing and offering translation for any of the information/newsletters.

**Gender reassignment**



The strategy holds no adverse impact for people who have had, or are undergoing, gender reassignment.

**Religion or belief**

The strategy holds no adverse impact for people of different religions or beliefs.

**Sex**

The strategy holds no adverse impact for individuals who are female or male.

**Marriage and civil partnership**

The strategy holds no adverse impact for individuals who are married or in a civil partnership.

**Pregnancy and Maternity**

The strategy holds no adverse impact for individuals who are pregnant or taking maternity leave.

**Sexual Orientation**

The strategy holds no adverse impact for people of different sexual orientations.

**Socio-economic groups**

The strategy holds no adverse impact for people from different socio-economic groups.

Specific communities/groups of people in need of additional support will be targeted.

The delivery of the strategy centres around partnership involvement. If within the partnership arena, considerations are made to procure a contracted service, this will be subject to the relevant equalities and procurement guidelines and relevant strategy.

**\*Section 5 – How will the outcomes from this equality analysis be monitored, reviewed and communicated?**

Prompts:

- Do you need to design performance measures that identify the impact (outcomes) of your policy/strategy/change of service on different protected characteristic groups?
- What stakeholder groups and arrangements for monitoring do you have in place? Is equality a standing agenda item at meetings?
- Who will be the lead officer responsible for ensuring actions that have been identified are monitored and reviewed?
- How will you publish and communicate the outcomes from this equality analysis?
- How will you integrate the outcomes from this equality analysis in any relevant Strategies/Polices?

The Equality Impact Assessment document is a working document which will be updated at various stages of the implementation phase of the strategy. Each version will be version controlled to demonstrate the development in the process and evidence the due regard to the Public Sector Equality Duty.

The implementation of any recommendations as a result of this Impact Assessment will be monitored by the multi-agency steering group which is being set up and by the Mental Health Joint Commissioning Board. The steering group will remain vigilant and alert to new evidence suggesting that discrimination or other prohibited conduct is, or could be, occurring and take appropriate action to prevent this from happening.

Progress against this strategy will be monitored by the same process using use a variety of quantitative and qualitative methods 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.

Outcomes of monitoring will be provided to the Lead Equalities Officer at Wiltshire Council who has been consulted in the completion of this Impact Assessment.

**\*Copy and paste sections 4 & 5 into any Committee, CLT or Briefing papers as a way of summarising the equality impacts where indicated**

Version 1.1 Completed by:		Karen Spence, Public Health Specialist. Public Health and Public Protection
Date		30/03/2015
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Date		
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