Mental Health work streams

Overarching governance in place to date:

Work stream	Aims and Objectives	Outcome Measures	Lead and membership	Interdependencies
1. Implementing THRIVE and creating community resilience	• Increased social connectedness • Increase confidence that individuals can influence change in their lives and communities • Provide knowledge and skills so individuals and staff across statutory and voluntary sectors ensure that communities can make the changes they want • Build momentum for improvements in mental wellbeing – learning as we go • Roll out of mental health literacy training • Targeted work around military repatriation • Reduce social isolation	• Measure of 'hope' • Impact of training • Improvement in mental health inclusiveness • Mental health literacy training in 30% BSW employers or work places by 2021 • Experience measures	• Public Health lead • Service user/ Person with lived experience • Third sector rep • Local authority rep x 3 • Local co-ordinator rep • Wiltshire CIL • CCG rep • Provider reps • Police rep • Quality rep	• ITHRIVE for CYP • BaNES community mental health consultation

	• Continue to develop links to improve provision for individuals within or on the edge of the criminal justice system			
2. Providing early help and navigation that is community based	• Improved access • Creation of clear, evidence based pathway responses • Reduce escalation to crisis (including ED and GP on the day presentations) and inpatient admissions • Promote self-help agenda	• Recovery rates (including IAPT) • End to end pathway referral rates • Patient experience	• MH GP lead Dr Febin Basheer • PCN clinical director • CCG rep • Provider rep	• Primary care networks • Digital agenda • Workforce
3. Redress the balance between physical and mental health and improve outcomes	• Improved management of co-morbid physical health conditions • Improved health outcomes for individuals with MH diagnosis • Reduce preventable attendances to health care providers	• Reduced mortality rate for individuals with an SMI • Increase up take of physical health checks and physical health checks undertaken on admission • Reduction in smoking rates with SMI • Reduced preventable	• BSW STP commissioning lead – TBC • GPs • Public health • Providers • Third sector • Service user/ person with lived experience • ED rep from acute provider • SWAFT • Quality leads	• LD pathway review • DDR improvement plan

		physical health presentations for people with known MH condition		
4. Provide better support for people in crisis	• Reduce preventable attendances • Provide alternatives for self-navigation to individuals experiencing crisis • Increased use of community based alternatives • Building personal resilience • Improved pro-active management of at risk individuals (LD/ASD)	• Reduce inpatient admissions • Reduce 136/135 activity • Reduced suicide and self-harm rates • Reduced ambulance and police conveyance	• <u>Caroline Mellers supported by Sheila Baxter</u> • BSW STP commissioning leads • SWASFT • Police • People with lived experience • Providers (MH and acute) • GP • Local authorities • AMP rep	• Place based crisis café/ place of calm projects • 111/IUC MH pathway • Mental Health liaison review (Core 24)
5. Deliver safe, effective and accessible care	• Review of demand and capacity • Future proofing and building services for need and demographic change • Clarity on community provision and bed based need • Ensure bed base is geographically aligned to need	• OOA placements • NICE compliance delivery • Reduced preventable admissions • Improved well being demonstrated by clinically validated outcome measures – standard across	• <u>BSW Acting Programme Director – Lucy Baker</u> • Providers • Third sector • Public health • Person with lived experience • Local authorities • Quality leads	• AWP service reconfiguration work stream • Estate work streams

	• Potential for outcomes based commissioning model	services		
6. Minimise the need for high intensity and OOA care and treatment	• Reduce preventable demand through alternative care pathways to prevent need for high intensity admission • Enhanced local MH health reduces need for specialist activity • Keeps people closer to home	• Admission rate reduction • Reduction in OOA placements • Reduction in non-contractual activity	• <u>Provider lead – Alex Luke AWP</u> • Specialist commissioners • Person with lived experience • Local Authority • CCG representatives • Quality (117 and specialist placements)	