Draft Mental Health and Wellbeing Strategy

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Foreword

[Additional content for foreword to be prepared following engagement]

Vision

Our vision is to improve the mental health and wellbeing of all ages, from children through to older adults, in Devon working in partnership with people with lived experience, families, communities and the third sector. The quality of service and clinical outcome will not depend on where a person is resident in the county.

We will do this by ensuring there is both parity of esteem with physical health and that service (health and social, mental and physical) meets the whole needs to the person. We will work together to create new models of support that focus on people's strengths, recovery, self-care and encourage independence - reducing reliance on hospital care.

There will be a clear focus on the prevention of ill health, early intervention, health promotion and the development of more resilient communities that can support people with mental health needs. The strategic aims for improving mental health and mental health services within the context of the Wider Devon STP are:

- We will ensure our services meet local needs;
- We will ensure that we maximise the effectiveness of mental health spend and investment to achieve better outcomes;
- We will improve the promotion of mental health and the prevention of mental illness in primary care and in communities; and
- We will improve provision for those with severe long-term mental illness and people who have both mental health and physical health needs

Current position in Devon

There are over 1.2 million people living and working in the county of Devon with more people living into their later years than elsewhere in the country, many live in relative isolation due to transport links and loneliness is an issue. The following outcomes measures have a relationship to mental health, including some of the wider determinants which can impact on mental health and wellbeing throughout life. These indicators suggest a mixed picture when compared to the England average

at Devon STP level. There is also variability within the county when comparing to the local authority areas to the Devon STP total.

Type of Indicator	Indicator	England	South West	STP	Devon	Plymouth	Torbay
Mortality	Suicide rate	9.9	10.8	11.5	10.7	9.5	14.1
	Excess <75 mortality in Serious Mental Illness	370	x	337.6	329.9	369.7	319.3
	Infant mortality rate	3.9	3.4	x	3.6	2.6	4.4
	Killed and seriously injured on roads	39.7	39.7	x	45.5	32.9	32
Admissions	Hospital stays for self-harm	185.3	246.3	x	219.6	273.3	362.8
	Hospital admissions - self harm (age 10-24)	430.5	x	670.2	614.1	617.2	1167.9
	Alcohol related admissions (broad)	2225.7	x	1979.7	1722.4	2264.1	2293.7
Diagnosis and Support	Health related quality of life (LTCs)	0.737	x	0.727	0.75	0.699	0.714
	Dementia diagnosis rate (%)	67.9	62.8		60.6	58.9	63.2
	Emotional difficulties in looked after children	14	x	16.2	16.7	15.4	14.9
Healthy Start In Life	Smoking status at time of delivery	10.7	11.3		12.3	11.7	15.2
	Breastfeeding initiation	74.5	79.5	x	x	69	72
	Under 18 conceptions	18.8	15.8	x	16.4	19.6	25.7
Healthy Lifestyles and Behaviours	Physically active adults	66	70.4	x	73.9	67.6	67.1
	Excess weight adults	61.30%	60.30%	62.50%	61.60%	66.50%	61.20%
	Excess weight Children 10/11 years old	34.20%	x	30.30%	29.30%	31.20%	33.70%
	Excess weight Children 4/5 years old	22.60%	x	23.90%	22.80%	26.30%	24.40%
	Obese children (aged 10-11)	20	16.2	x	15.2	17.2	19.9
	Smoking prevalence in adults	15.5	13.9	x	12.6	17.2	16.7
Education and Employment	GCSEs achieved	57.8	58.4	x	60.2	50.2	56.6
	Employment rate (aged 16-64) (%)	74.4	77.6	74.9	74.7	74.8	76
Deprivation and Poverty	Deprivation score (IMD 2015)	21.8	x	x	17.1	26.6	28.8
	Children in low income families (under 16s)	16.8	13.7	x	11.9	19	20.2
	Children in poverty	20.10%	x	17.20%	14.30%	21.50%	23.60%
	Fuel poverty	11.00%	x	12.00%	12.20%	12.00%	10.80%
Home	Dwellings (with category one hazard)	10.40%	x	15.10%	15.40%	20.80%	3.10%
	Statutory homelessness	0.8	0.4*	x	0.5*	0.3	0.9
	Rough sleeping (per 1,000 households)	0.18	x	0.22	0.22	0.18	0.33
Crime	Violent crime (violence offences)	20	17.7	x	12.6	24.8	25.4

Source: Combined December 2017 STP Outcomes and Prevention Challenges and Public Health Fingertips Data downloaded July 2017:(https://fingertips.phe.org.uk/profile/health-profiles/data#page/0/gid/1938132701/pat/6/par/E12000009/ati/102/are/E10000008/iid/20201/age/1/sex/2)

There are a number of existing strategies relating to prevention, health and wellbeing and service delivery that are vital to the delivery of the strategy aims of this Devon STP Mental Health and Wellbeing strategy. Working from the principle that we want mental health to be everyone's business this strategy will link with, and in parts inform the following other strategies and programmes of improvement work;

- Prevention and early intervention (STP workstream)
- Children and young people (STP workstream)
- Primary Care (STP workstream)
- Integrated care model (STP workstream)
- Learning Disabilities (STP workstream)
- Acute Services Review (STP workstream)
- Children and young people (STP workstream)
- Workforce (STP workstream)
- Local Authority Health and Wellbeing Strategies
- Communities Strategy Devon County Council
- Five Year Forward View, Mental Health Concordat (suicide prevention, wider prevention)
- Wider Provider Networks

In addition to these strategies, careful thought will be given to the great impact that individuals and communities can make to health and wellbeing when statutory organisations do not over intervene or disrupt the environment in which these agents thrive. Activation of this community based asset is a critical success factor in improving the mental health and wellbeing of the population. Devon has high-levels of volunteering and almost twice as many registered charities compared to the national average. We have enthusiastic and skilled voluntary and community sector infrastructure organisations that have extensive experience in developing and promoting volunteering activity.

<u>There are a set of complex needs in Devon</u>;

1) Seasonal and migratory work means that for some income is insecure. We have our share of families in difficulty, people struggling with debt, poor housing, relational breakdown and addiction.

2) Depression affects over 100,000 of us at any one time and 4 in every 1,000 of us will be experiencing severe mental illness. Suicide rates in Devon are higher than the national average, although the Devon County Council footprint is similar to the national average.

3) Over 13,000 people are living with dementia across Devon, a figure predicted to rise by 77% over the next 12 years. Alzheimer's Research UK state that 1.3% of the UK population is living with Dementia (c850,000 people). As noted dementia diagnosis rates (in primary care) are below the national average so it is likely there are more people than stated. It is estimated that with appropriate alternatives and supporting services in the community that 40% of acute hospital dementia admissions are avoidable and 95% of mental health dementia admissions are avoidable.

4) Independent analysis shows that people with severe need account disproportionately for secondary care resource consumption.

5) Independent analysis indicates a shortfall of mental health beds for the population of Devon which means some residents are care for away from their community. We know that this

increases the length of time someone stays in inpatient environment as they are in less familiar surroundings, away from family and friends.

6) There are inequalities in outcome for people accessing mental health services as compared to those who do not as well as outcomes for those with Mental Health illness based on the place they live within the county;

- There is a gap of around 19 years for men and 17 years for women between those who use mental health services and those who don't across the Devon population. This means they live roughly 20-25% less years. (strategy unit)
- As people age life expectancy between mental health services users and those not in contact with mental health services becomes more marked. Those aged 65 are likely to have around 50-55% less remaining life expectancy if they are mental health services than those who are not. (strategy unit)
- The complexity of population needs within the county and the mental health outcomes vary with a strong correlation between outcomes and complexity. (CF analysis)
- People who use mental health services are 2-4 times more likely to die from cancers, circulatory disease and respiratory disease than the rest of the Devon population. (strategy unit)
- Rates of emergency hospital admissions are more than 3 times higher amongst people who use mental health services than the rest of the population. (strategy unit)

7) Based on national data around 30% of people with a long term physical condition also have a mental health problem and a further 46% of people with a mental health problem have a long term physical condition (Kings Fund). Applying this to locally means approximately 110,000 (around 1 in 10) people in Devon have a need for services that address more than one aspect of health and social care needs.

8) At times there is a lack of collaboration between mental health and physical health settings which means that people with co-morbidities are receiving medicalised and fragmented care and treatments. This results in a high cost through use of services and poor outcomes for people. Those who present to services with medically unexplained symptoms are one example of the current state.

9) The first experience of those suffering lifetime mental health problems is significant in the early years of life with 50% by the age of 14 years and 75% by the age of 25 years. Nationally, 10% of children and young people (aged 5-16 years) have a clinically diagnosable mental problem, yet 70% of children and adolescents who experience mental health problems have not had appropriate interventions at an early age. (MH Foundation, Fundamental Facts about MH 2015). The transition to adult services can be difficult and disjointed for children and their families.

10) 1 in 7 mothers will experience a mental health problem during pregnancy or postnatally

11) The commissioning of mental health services for the population of Devon is the responsibility of 3 local authorities, NHS England and 2 CCGs.

12) Devon has a geographical footprint which includes both rural and urban populations. This means that to achieve the same outcomes for people, services might be delivered differently.

Examples of good practise in Devon

[We are collecting positive experiences of Mental Health and Wellbeing from people with lived experience to strengthen this section]

There are many examples of good and innovative practise in Devon in terms of service design, wellbeing programmes and support for people with lived experience live fulfilling and productive lives. Some examples of this include:

Thrive Plymouth is a 10 year programme to get everyone working together to improve health and wellbeing and narrow the gap in health status between people and communities in the city of Plymouth. 2015/16 was the Thrive Plymouth year of focus on schools was able to build on the foundations developed by schools and supported through programmes. It provided an opportunity to promote the Thrive Plymouth approach, to recognise the work that schools were already doing and how this could develop further and create new partnerships for action to support the health and wellbeing approach in schools. Schools and partners have recognised the impact of the common risk factor of poor mental health on a wide range of outcomes for children, including health and attainment, and have worked together to address this, by developing whole-school approaches for mental wellbeing and co-commissioning services in secondary and special schools. Schools have been working to create healthy environments, for example, through learning in the natural environment, creating healthy dining experiences or opening their doors for partners to deliver a range of health interventions directly to the children. This year the focus for Thrive Plymouth is on mental wellbeing and the 5 ways to wellbeing. The aim is to raise awareness of the 5 ways to wellbeing amongst the whole population and to create more opportunities for local people to participate in the 5 ways. This is an opportunity we must use to drive forward our collective efforts to improve mental wellbeing in all age groups but we are particularly looking at 16-25 year olds to try to embed 5 ways to wellbeing as life skills for young people as they move to independence.

Plymouth has recently been announced as a pilot site for **Community Sentence Treatment Requirement** which is a formulated programme, delivered by health as an alternative to a custodial sentence for some individuals with a MH problem. This includes Mental Health Treatment Requirements, Drug Rehabilitation Requirements and Alcohol Treatment Requirements.

The **Torbay Healthy Learning Website** has recently launched. It was designed to support educational staff in promoting health and wellbeing in their setting. It provides centralised site for information, guidance, teaching resources and service signposting. A section of this website covers emotional health and wellbeing.

Established in 2013, the **Devon Recovery Learning Community** arose from the initial cohort of NHS Trusts working with the Centre for Mental Health's supporting recovery programme, Implementing Recovery through Organisational Change (ImROC). The purpose of a Recovery Learning Community is to enable people to access co-produced educational opportunities that are experienced as hopeful and helpful in supporting them in their recovery. It offers effective opportunities to learn how to get well and stay well. Recovery leads in Devon elected to develop a

‘learning community’ rather than a ‘college’ in recognition of our geography, the aspiration to grow a wide network of community partners and the preferences of those involved. It currently has over 500 registered students, provides around 100 co-produced courses, involving more than 40 peer tutors, working with 16 community partners, delivering courses in 24 sites across Devon.

Workways is the Individual Placement and Support Service (IPS) in Devon. It is an integral part of the vocational rehabilitation Services. Workways has been helping people with a mental health condition to find or remain in paid employment since November 2001. It is funded by the NEW Devon Clinical Commissioning Group and Devon County Council. Originally set up for Exeter residents, the service expanded to cover East and Mid Devon in 2004. Workways have been working using the IPS approach since 2011 and have been a Centre of Excellence since 2013. In 2017 Workways team supported people to achieve 52 successful job outcomes.

Early Help 4 Mental Health is a prevention and early intervention programme, operating across Devon; with culture change at its core. The programme works with schools to promote and build mentally healthy behaviours and resilience, helping children to lead happy and healthy lives. It was co-designed with stakeholders and partners and strong connections remain between people, the service and other services across the NHS, social care and third sector. Children and young people can get support online, face to face in groups or individually. Schools can access support to develop a whole school approach to support emotional, psychological and social wellbeing. In a recent evaluation, 74% of children and young people who received face-to-face counselling experienced an improvement in their emotional wellbeing and 94% demonstrated progress against the goals they set. 69% of logins online were made outside of normal office hours offering flexible support to young people. The programme is recognised as a positive example by the Local Government Association

MINDFUL EMPLOYER® is a NHS initiative run by Workways. This supports people with a mental health condition to find or remain in employment. MINDFUL EMPLOYER was developed by employers in Exeter and launched in 2004. Initially intended as a purely local initiative, it has since developed throughout the UK and has been launched abroad. MINDFUL EMPLOYER has been recommended as good practise by the UK government and other national organisations. 2017 2017 saw over 200 employers sign the Charter for Employers who are Positive About Mental Health.

The budget for all people who are placed out of area because there are currently no specialist local services to meet their needs has been delegated by commissioners to the local specialist Mental Health Trust. This is known as the individual patient placement (IPP) budget. The Trust has commissioned a service from third sector organisations to provide support locally for people who are ready to leave hospital but still require support to live independently. This enhanced community recovery service offers up to 24/7 support for people in their own tenancies and has been very successful in providing personalised care in homely settings.

A multi-agency team is working in Exeter from the CoLab (an innovative centre which provides a base for a range of services) to develop a more integrated approach to supporting people who are homeless and vulnerably housed who face multiple disadvantages. This team includes two mental health practitioners who work from the Clocktower GP Surgery which is co-located with CoLab and

provides a primary care service. The Clocktower Surgery is rated as ‘outstanding’ by the Care Quality Commission.

Langdon Hospital (Dawlish) provides a range of medium, low and open inpatient secure services for men. Dewnams is a 60 bedded medium secure unit – was opened in 2013 and is regarded as ‘state of the art’ in terms of its design and quality of care. The services provided at Langdon Hospital are rated as ‘outstanding’ by the Care Quality Commission and it has received awards for the work to develop a Service users Council, the Discovery Centre (a Recovery College) and its ground breaking primary care centre which is ensures people get excellent care with both their physical and mental health.

The **South West Zero Suicide collaborative** in Devon has been involved in a cross community collaborative approach to suicide prevention since 2014. This started as part of South West Zero Suicide collaborative initially funded by and hosted in the Strategic Clinical network. This won an HSJ award for Patient Safety in 2016. The collaborative has now been wound up, but a local 'grassroots' organisation 'The Devon and Torbay Suicide Alliance' has been formed and continues the work. The DTSPA involves a broad range of stakeholders; these include statutory services, voluntary sector services, and many people with lived experience. There is an extensive range of work taking place. This includes work to reduce suicide in public places, training in suicide prevention, support for families bereaved by suicide, Samaritan support for those leaving inpatient services to name but a few. The range of projects reflects the varied nature of the stakeholders and the organic way that this work has developed. Devon has produced a suicide prevention implementation plan coordinated by public health. All three local authority areas work closely together around suicide prevention; including the roll out of Suicide Prevention Training across the STP area.

The **Devon memory Café Consortium** has been established to represent the best interests of memory Cafes in Devon, whilst ensuring that they maintain their own independence. The aim is to support people living with dementia and their carers through the Memory Café movement – making sure they have access to peer support, information, advice and meaningful activities.
Devon County Council is working with the Alzheimer’s Society to help support people with dementia.

The new contract with the Alzheimer’s Society means that **Dementia Support Workers**, which are highly valued by carers of people with dementia, will continue to work in local communities across Devon. Dementia Support Workers work in towns and villages, helping people with the condition, and their families, to identify and make use of local services that can help them. Helping communities to be more resilient and able to respond to residents’ needs will help people with dementia live independently for as long as possible, without need for ongoing care.

A new **Mother and Baby Unit** is currently under construction, in Exeter, which when operational will support mothers who have mental illness either during pregnancy or in the year after birth. There is an interim provision of 4 beds in a temporary unit available from April 2018 with the permanent 8 bedded unit due to open in 2019. There are also supporting perinatal community services. This increases provision in the South West from 4 beds in Bristol and seeks to address the ambitions described for perinatal care in the Mental Health 5 Year Forward View.

Devon has well established **IPAT/Depression and Anxiety services** in place across the County with over 16,000 new referrals each year including people with long term conditions such as diabetes, obesity and COPD. Performance is better than national targets set against treatment waiting times and recovery rates. This provides a strong base from which to build the extended services into a wider group of people with long term physical conditions.

These examples of good practise provide a foundation on which to build a wider geographical and consistent offer to the residents of Devon.

[Prevention Concordat for Better Mental Health- to be included]

Stakeholder engagement and voices

[(Intention Statement- to be removed from final document) We are committed to working with our population. We will engage with our population, including people with lived experience, children and young people, carers and the people who support them to better understand what they want from mental health and wellbeing services and how we can improve their experiences and outcomes. We will be mindful in undertaking this work of the need to consider how those with protected characteristics are heard in this process.]

National policy context

The 5YFV for mental health identifies 3 areas of priority which contribute to the development of the strategy for Devon. They are broadly consistent with the themes from local engagement and are;

1) 7 day NHS

Action	Outcome
People in crisis should have access to MH care 7 days per week, 24 hours per day	by 20/21 CMHT 24/7 crisis response
Services adequately resourced to offer intensive home treatment as an alternative to acute admission	not prescribed
Liaison Mental Health in acute hospitals	by 20/21 all age MH liaison service in acute
	by 20/21 @ least 50% acute meet 'core 24'
People experiencing a first episode of psychosis should have access to NICE approved care package <2weeks of referral	by April 2016 50% should have access to early intervention in psychosis services
	by 20/21 60% should have access to early intervention in psychosis services
Expand proven community based services to people of all ages with	not prescribed

severe Mental Health problems who need support to live safely as close to home as possible	
More step down from secure i.e. residential rehabilitation, supported housing and forensic or assertive outreach teams	not prescribed
Out of area placements for acute care should be reduced and eliminated as quickly as possible	No out of area placements by 20/21
Reduce suicide rates	by 20/21 reduce by 10%

2) Integrated mental and physical health approach

Action	**Outcome**
More women with access to evidence based specialist Mental Health care during perinatal period	By 20/21 increased care provision for at least 30,000 more women nationally. This is equivalent to around 300 women in Devon.
People living with severe Mental Health problems should have physical health needs met	By 20/21 at least 280,000 offered screening and secondary prevention reflecting the higher risk of poor health. This is equivalent to around 3,000 people in Devon.
Mental Health inpatient services should be smoke free	by 2018 smoke free
Increase access to evidence based psychological therapies to reach 25% of need - adults with anxiety and depression (IAPT)	By 20/21 600,000 more adults each year (350,000 complete treatment). This is equivalent to around 6,000 more people (3,500 completing treatment) in Devon.

3) Promoting good Mental Health and preventing poor Mental Health

Action	**Outcome**
Children and young people are a priority groups for mental health promotion and prevention	By 20/21 at least 70,000 nationally more children and young people should have access to highest quality MH care. This is equivalent to around 700 more children and young people in Devon.
More people living with mental health problems should be supported to find or stay in work through increasing access to psychological therapies for common mental health problems and expanding access to individual placement and support (IPS)	By 20/21 each year up to 29,000 nationally more helped to find or stay in employment. This is equivalent to around 300 more people in Devon.

The national planning guidance for 2018/19 sets out the following requirements in addition to the requirement to deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages;

- Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care;
- More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;
- Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral;
- Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;
- Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases; and
- Reduce suicide rates by 10% against the 2016/17 baseline
- CCGs are also required to meet the minimum investment standard in Mental Health in 2018/19 (where mental health spending grows faster than its overall funding growth)

Economic case

Nationally, mental health accounts for 23% of 'burden of disease' (a composite measure of premature mortality and reduced quality of life) but spending on mental health services is equivalent to around 11% of secondary health care budgets (Kings Fund).

At least £1 in every £8 spent on long-term conditions is linked to poor mental health and wellbeing (Kings Fund), another way to consider this is that underinvestment in mental health provision leads to a higher physical health expenditure.

This means that between £8bn and £13bn of NHS spending in England is attributable to mental illness co-morbid with long-term conditions. These people generally use more healthcare resources and contribute to wider costs in the community such as sickness absence, cost of informal care and support from friends and family. This has also been established as the case in Devon.

The NHS figures do not include the wider costs of mental health associated with unemployment, social care, children, disorderly conduct, alcohol, substance misuse and suicide.

Poor mental health carries an economic and social cost of £105 billion a year in England (Centre for Mental Health) – roughly the cost of the entire NHS. Taking a Devon share of this (based on national finding allocation as a rough guide), Devon's economy could expect around £1-£2 billion as an economic and social cost from poor mental health. The figure includes the costs of health

and social care for people with mental health problems, lost output in the economy, for example from sickness absence and unemployment, and the human costs of reduced quality of life
An independent analysis of Devon's mental health services identified that without system-wide investment in integrated physical and mental health there is a potential shortfall in funding of between £18.9 and £21.1m by 2021.

There is a potential opportunity to save c£55m from the Devon health system over the next 5 years as well as improving outcomes and health and wellbeing by investing in evidence-based integrated mental health services. This would contribute to the financial wellbeing of the whole health and social care economy as well as address the potential shortfall in funding shortfall identified by 2021.

Cost of Long Term Conditions in Devon

Long term conditions (LTCs) are a significant cost to health and social care services in Devon. The table below illustrates the estimated numbers of people with a variety of LTCs and their associated costs.

Long term condition	No. of people in Devon affected (estimated)	Annual costs (millions)
Coronary Heart Disease	43,759	£64.7
Stroke	19,154	£52.4
Diabetes	53,733	£45.9
Asthma	71, 853	£43.6
Chronic Obstructive Pulmonary Disease	21,405	£23.3

Source: Devon County Council: Devon Health and Wellbeing

As set out in stating the complex needs in Devon, the overlap between LTC and MH is stark: 30% of people with LTC have a mental health problem, and 46% of people with a MH problem are suffering from a LTC.

The majority of people with lower complexity of needs can be referred to Improving Access to Psychological Therapies (IAPT) which has had a significant success rate. Data from April 2012 to March 2015 shows that across Devon, of around 24,000 people were seen, 60% experienced a reliable improvement in their mental health and most positively, 40% were deemed to have recovered.

Data from NHSE's first and second wave early implementation sites for integrating IAPT services with physical health pathways show significant savings are already being made. Cambridgeshire and Peterborough CCG found introducing IAPT services to diabetes, cardiovascular and respiratory pathways saved £193k per annum by reducing the number of times these people needed to visit GPs, physiotherapists, specialist and practice nurses, and A&E as well as being admitted to hospital.

The evaluation found that for the 500 people involved in the integrated IAPT for long term conditions in the area:

- A&E attendances fell by 61% and hospital IP admissions by 75%
- GP appointments across the 3 specialties fell by 73%

Medically Unexplained Symptoms (MUS)

People with somatoform disorders (mental illnesses that cause bodily symptoms that cannot be traced back to a physical cause) account for as many as:

- 20% of new consultations in primary care
- 7% of all prescriptions
- 25% of outpatient care
- 8% of inpatient bed days
- 5% of A&E attendances

The estimated cost to the NHS of MUS nationally is £3.1bn. Approximately half the cost (£1.2bn) was associated with inpatient care of less than 10% of people with MUS, thus a relatively small number of people receive very expensive and inappropriate care. (NHS Confederation Mental Health Network 2015).

Translating this to the Devon population, 80% of which are over 18, that means that people with severe MUS account for approximately 1% of each GP's population and therefore there are about 10,000 people with severe MUS. We estimate that we spend in Devon between £3.6m and £8.3m on diagnostic, outpatient and inpatient stays for people presenting with functional symptoms with no organic pathology.

A fully functioning integrated psychological and medical service based on the service implemented in Oxford could tackle the variation in A&E attendances and acute admissions. Not only does this make a more effective use of healthcare resources it also improves the experience and outcomes for people who can become locked into a medicalised approach to their care which will not meet their needs.

Acute Physical Healthcare Utilisation

It is estimated that by reducing the variation in how frequently people with mental health needs access acute services as compared to people who don't have mental health needs the STP could save up to £1.2m in A&E attendances and up to £28m by reducing acute hospital activity for those with mental health needs to the same level as the rest of the population.

Complex MH Care – what it currently costs in Devon

Treating complex mental health problems in Devon represents significant cost for a relatively small percentage of the population as set out below;

£2m per year in acute hospitals on 'specialising' – where people need 1:1 ward care

£3m on out of area adult MH inpatient beds

£13m on Individual Patient Placements
£250k per year for a secure bed
£100k - £200k per year in locked care
£600 per night in a PICU
£80k per year for intensive community care

Investment in and focus on the top complex cases could result in significant savings for the system. For instance, by focusing on the top 50 people who experience complex Personality Disorder (who have been identified as having a high morbidity) and investing in Community Intensive Recovery Teams (CIRTs) as Sheffield has, the cost per annum reduces from £200k to £90k – a £5.5m saving per annum for this patient group.

The next group of people with complex mental health needs (220 people) could be supported in settings outside of acute beds through focussed assertive community treatment (ACT). Investment in this community service would reduce the annual cost per patient from £90k to £50k, a saving to the system of £8m per annum.

Dementia

At a conservative estimate, the number of people in hospital beds in Devon who are medically well enough to leave and have dementia account for 142,350 bed days per year at a cost of £36m. Targeted investment in evidence-based interventions such as IPMS, Psychiatric liaison and co-ordinated dementia care could help improve the physical health of people with mental health needs and prevent the need for admissions to both local acute beds and out of area mental health placements. Support for carers is also a significant area of consideration.

Summary

The economic case shows that there are material opportunities to make qualitative improvements and financial efficiencies through targeted investment to focus on supporting the integration of physical and mental health and community based teams.

The saving opportunity is in the region of c£55m (net of investment) but these savings will only materialise when resources and pathways are reorganised. This would also reduce the wider economic impact of mental health on the Devon economy.

This is not intended to read as a priority investment schedule as a there are a number of hypothesis currently being tested with partial investments.

Area of Investment	Investment	To improve	Saving Opportunity
IPMS expansion	£1.5m	Medically Unexplained Symptoms	£3.6m - £8.3m
IPMS expansion	£1.5m	Acute admissions / A& E attendances	£28m
CIRT / ACT	£1.5m	Mental Health placements – change settings in which care is delivered to community	£13.5m
Dementia	£1.2m	Acute hospital stay and admissions avoidance	£13m

Total	£5.7m		£58.1 - £62.8m

Priority areas

Taking into account the current position in Devon, the views and feedback from our stakeholders, the examples of great practise, the national policy context and the economic case the following areas of immediate priority have been identified (in line with the strategic aims);

Current State	Future State
Secondary care mental health accounts for 8.4% of Devon health expenditure which is low compared to a national average expenditure of 14% and national average activity levels accounting for 23% of total secondary care in health.	Secondary mental health care funding increased year on year above and beyond 'parity of esteem' funding to establish Devon in line with national average by 2020/21. Increased funding linked to service developments showing a demonstrable contribution to improvement in experience, outcomes and cost release in acute sector.
Health and social care services and support for children with mental health problems and their families are insufficient and not sufficiently aligned to physical health services and adult services as they transition to adult care services.	An integrated, personalised model of provision that can respond to the holistic needs of a child or young person, their families and carers. Seamless pathways of care and support that transcend policy, organisational and service boundaries. An improved offer of local, universal support with timely access to targeted and specialist services. Improved opportunities for children and young people at transition points in their life
There are insufficient care and service alternatives to admission to inpatient care (both secondary care hospital and specialist mental health) setting for people who could be supported in their communities, many of whom are placed out of area.	Community based resources are sufficiently funded, aligned and connected to communities such that clinical teams have confidence to not recommend admission because appropriate alternatives are in place and/or people receive support in advance of reaching a point of crisis.
Health and social care services do not consistently meet the needs of people with both mental and physical health needs. People with mental health needs who also experience physical conditions have a significantly impaired life expectancy as compared to those who do not access mental health services.	People consistently experience a coherent and joined up service offer where there holistic needs are met and the life expectancy gap is narrowed.
Commissioning of mental health and wellbeing services for the c1m residents of Devon is fragmented as it is the responsibility of 3 local authorities, 2 CCGs and specialised commissioners. There are many different improvement initiatives, not all coordinated,	Mental Health Care Partnership for Mental Health and Wellbeing across Devon. Standardised outcomes framework with minimum standards, outcomes and access across all providers of health and social care and shared

and outcomes for people vary depending on where they live in the county.	approaches to strengthening communities and voluntary sector effectiveness. Service delivery models consistent, not uniform, to reflect the need and circumstances of the local care partnership footprints and strong link to local community and charity resources. (appropriate governance and oversight)
'Mental Health and Wellbeing' support could do more to support and engage with prevention, promotion and wider determinants of health and wellbeing. We could do more to engage a broader range of partners in a person centred, strengths driven system.	Mental Health Care Partnership offers a broader partnership approach bringing together: • expertise in prevention, promotion and the wider determinants of health and wellbeing from other STP programmes, with; • expertise from a full range of mental health, care and support providers. The Mental Health Care Partnership will use outcomes as a common language across all partners to ensure a clear and consistent person centred, strengths driven approach at all times.

In describing the outcomes we will achieve against each of these priority areas and the transformation programmes below we will ensure that we consider and reflect the views of our population, including people with lived experience, children and young people, carers and the people who support them to better understand what they want from mental health and wellbeing services and how we can improve their experiences and outcomes.

Through the delivery of the transformation programmes we will seek to ensure that the vision and strategic priorities are acted upon and result in a positive impact on experiences and outcomes for people in Devon. In doing so we will enable people to improve their life chances, we will help more people to be and stay healthy; and, we will enhance self-care and community resilience. We will achieve this by ensuring we consistently deliver modern, safe and sustainable service and by integrating and improving strengths based care in our communities by working in partnership with all providers and commissioners of health care and support.

The transformation programmes that will deliver the improvement from the current state to future state are as follows;

1) **Children and Young People's services**
2) **Crisis and Urgent Care**
3) **Dementia Care**
4) **Primary Care interface with specialist mental health services**
5) **Development of Mental Health Care Partnership (MHCP)**

Transformation programme 1 – Children and Young People's services

Devon County Council, Plymouth City Council, Northern, Eastern and Western Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group are tendering a range of children's and young people's services including emotional health and wellbeing. The full tender documentation can be found on the following link;

www.newdevonccg.nhs.uk/children-and-young-people/procurement-102759

As a part of this process the following principles have been identified as being required to underpin future service provision to children and young people;

- **Prevention is a Fundamental Aspect of Provision**: whereby the provider priorities the early identification of each child or young person's needs and risks to health so as to help avoid them becoming ill.
- **Early Help Should be Embedded Across the System**: children and young people, their families and carers will be offered help and information early in their life and early in the development of specific needs, whether these are by health and/or care or educational needs.
- **Innovation and Evidence Based Provision**: commissioners and providers will continuously strive to improve the lives of children and young people through innovation and ensuring the best and most current evidence is used by existing practise and systems. Together we will use technology and different ways of working with children and young people, using methods of communication that will engage them effectively.
- **Sustainability is Key**: commissioners and providers will use early help and proactive intervention, will help drive sustainability of the system. However, we will also need to ensure efficiency and effectiveness through the use of technology and good workforce management.
- **Systems Should be Responsive and Accessible**: the system will respond to the changing needs of the population delivering support that is designed with children, young people, their families and carers and that is delivered at the right time and in the right place.
- **Services Should be Personalised and use a strength based approach**: this develops choice and control for children, young people, their families and carers using known information to tailor and personalise the response.
- **Systems and Services Should be Integrated**: to ensure that it is united by a common focus on delivering outcomes for children, young people, their families and carers within a co-ordinated seamless experience. There is 'no wrong door' and professionals are able to work across the system to deliver the best possible care. The integrated system uses information and data to develop and deliver effective practise. It is also capable of understanding, managing and accepting risks with children, young people, their families and carers.
- **Build Upon the Strength and Resilience of Individuals, Families and Communities**: recognise that children and young people live in families and communities; value and enable the role these play in developing and sustaining happiness, wellness, health, and safety. Empower children, young people and their families to help themselves, build resilience and safely manage risks.

These principles build on the feedback taken from engagement with people and stakeholders as well as national policy and good practice.

By late **June 2018** complete the completive procurement dialogue process with bidders

By **August 2018** formally award contract

April 2019 contract start date

Transformation programme 2 – Crisis and Urgent Care

The goal is delivery of a comprehensive range of services, community resources and support networks that avoid crises escalating where possible, and provide timely, accessible and compassionate support to those in a crisis. As already outlined this is also a key area of national policy outlined through the 7 day NHS priority in the Five Year Forward View for Mental Health.
A number of the developments within the programme will support providing alternatives to admissions and through doing so the national standard of no inappropriate out of area placements by 2021. Significant expenditure is incurred through placing people out of area; this expenditure could better invested in local services.

A gap analysis demonstrates that the current system is focused on providing mental health assessments (tier 2) and inpatient and psychiatric intensive care beds (tier 4 and 5) with significant gaps in the provision of alternatives (tier 1 and 3). It is in these areas, in particular, that further strategic planning is required.

- **Tier 1- Low need, high volume**

A number of the services at this level require multi agency co-ordination and support and significant working through partnership across health, social care, voluntary organisations and local communities.

Investment in this tier will have system wide benefits to acute care, mental health and social care by reducing escalation to primary and secondary care services by supporting a citizen led approach with more resilience and support built into local communities.

By the **end of December 2018** an outline plan will be developed to consider the partnerships required to provide support and capacity to avoid the escalation to crisis and support in the community.

- **Tier 2 - Access routes**

Single point of access (SPA) – Urgent or emergency mental health help and support to people not currently receiving care and treatment from a Community Mental Health Teams. The single point of access (available 24 hours a day and 7 days a week) provides a single route to obtain urgent advice across mental health services in urgent situations. The access and triage elements of the SPA will support the allocation of urgent assessment slots and enable this part of the pathway to become more operationally efficient. This will enable Crisis Resolution and Home Treatment (CRHT) teams to focus greater capacity on intensive home treatment and not assessments. By the **end of August 2018** SPA will be in place across Devon.

First response service – **by the end of September 2018** a full evaluation of the existing national best practice service model from to determine service specification for Devon and roll out plan/investment.

Psychiatric liaison – continue the roll out of existing plans to achieve core 24 standards

- **Tier 3 - Alternatives to admission**

By the **end of September 2018** an outline plan will be developed to consider the partnerships required to provide alternatives to admission and support in the community.

This will include capacity of Crisis Resolution and Home Treatment teams, 'step down' and crisis housing capacity (including supported living) and rehabilitation.

- **Tier 4 - Inpatient services**

The number of inpatient beds required for the population of Devon is not only a function of the health and wellbeing of the population but also the capacity and effectiveness of the other levels of service and support described in tiers 1 to 4. The bed requirement over the life of the strategy will be considered in the context of these other plans and developments.

- **Tier 5 - Psychiatric Intensive Care Unit**

There is currently no Psychiatric Intensive Care Unit available for people in Devon. People who require this service currently receive treatment out of area. Plans are in place to build a local Psychiatric Intensive Care Unit in Exeter by November 2018, with the unit becoming fully operational by **the end of January 2019**.

Transformation programme 3 – Dementia Care

By providing consistency of service available to individuals with Dementia and their families, the experience and the care received will improve, and allow them to 'live well with Dementia' which should also reduce admissions to both physical and mental health secondary care services.

There will be further benefits in relation to a reduction in escalation of the condition, the appearance of Behavioural and Psychological Symptoms in Dementia (BPSD) and the need for admission to nursing/residential care homes.

To assess the Devon baseline position against NICE guidance, a gap analysis has been completed. Primary and Secondary Care organisations, Local Authorities, Voluntary Sector Providers and Mental Health organisations within Devon participated through completion of a self-assessment tool. Through this work the following immediate areas of priority have been identified as a part of the strategy;

- **Expansion of the Dementia Adviser Service**

Within the NICE Guidance for Dementia (Draft January 2018) there is a clear need to for individuals with Dementia to have a named coordinator, to support them post diagnosis to live well with Dementia. This will ensure that there is early support for individuals before they reach crisis. This will improve outcomes for individuals and their carer/family.

Additionally, evidence has indicated that there is also a need for specialist support to staff within a physical Acute and Community setting, to avoid non-elective admissions where possible, to reduce lengths of stay and to support decision making in terms of discharge location.

Therefore, the existing Dementia Advisor Service will be expanded to deliver an integrated service with secondary care and primary care and also to achieve a lower ratio of advisors to population (specification of which will require further definition) **by the end of July 2019**.

- **Specialist support within Care Homes**

There has been a successful implementation of a Care Home Education and Support Team across some parts of Devon, including Torbay, which has been partly funded by the Improved Better Care Fund (iBCF). The Team was created in response to the fact that improved health outcomes mean that people are living longer with dementia and are much more likely to reach the latter stages of the illness when both behavioural challenges and frailty are much more common.
The team support staff and individuals within Care Homes, to reduce the risk of escalation of symptoms, inappropriate admissions to acute hospitals or specialist Dementia wards, allowing individuals to remain within Care Homes for as long as is appropriate.

There will be a phased implementation of this support to Care Homes such that by the end of September 2018 the service will have been implemented in North Devon and a complete roll out to include East and West Devon (including Plymouth) **by the end of April 2019**.

- **Replacement respite care**

One of the key difficulties identified within the evidence used for the hypothesis was carer/family breakdown, which then led to an escalation in the behaviours and need for the individual with Dementia.

It is clear that a 'one size fits all' approach is not always appropriate and therefore a range of options must be provided. Within Devon there are examples of activities which are being undertaken, as commissioned, voluntary sector or self-funding activities.

Through the life of this strategy there is a clear need to engage with charities, people, carers and communities to encourage and stimulate innovation.

- **Prevention**

Informing people of the lifestyle factors that present a risk in terms of developing dementia and supporting them to make informed choices to reduce those risks is recognised as an area where further work is required. Alignment with the wider prevention strategy within the STP is essential and dementia will have a voice in that strategy rather than a separate work stream as a part of this strategy.

- **Awareness and training**

Awareness and training provision has been identified as inconsistent. This also highlighted a lack of clarity and understanding of roles and responsibilities across the different parts of the health and social care sector. It was also noted that whilst there were pockets of excellence in terms of Dementia Friendly Organisations and Communities and that this needed to be expanded across Devon.

A consistent STP wide approach to Dementia Training and to support voluntary sector organisations, by providing them with training materials, is required. A training needs analysis will be undertaken by **March 2019** and implementation plan formulated and delivered from the beginning of **June 2019**.

- **Dementia Diagnosis**

The national target has not been met within Devon. It was also noted that whilst there is a known pathway to the Memory Service, with the release of the NICE Guidance and comments around referrals from Community Services, the pathways should be reviewed by both provider organisations.

The aim is to achieve 67% **by 31st March 2019**, however work will need to be done as part of the Memory Pathway review work to ensure that primary care are fully informed and supported to either make a Dementia diagnosis themselves or to refer in for further evaluation with the Memory Service.

Transformation programme 4 – Primary and Secondary Care interface

The case for more integrated mental and physical health services to support patient needs with an emphasis around the transition between acute and primary care services has been clearly established both in terms of outcomes based evidence, feedback from stakeholders and is one of the key drivers within the Five Year Forward View.

It is acknowledged that primary care providers have the largest number of patient contacts in the health system across both physical and mental health (c93%) and as such this programme also needs to complement and align to the Primary Care Five Year Forward View and STP Primary Care strategy.

Physical health needs

Best practice evidence indicates that where primary care teams deliver care collaboratively with secondary care services outcomes are improved for people. The lead responsibility for assessing and supporting physical health will transfer depending on where an individual is in their pathway of care.

To ensure that people with mental health conditions receive the necessary physical health checks shared care protocols will be established between acute and primary care providers.

- By the **end of September 2018** there will be an agreement in place to ensure the physical health checks associated with antipsychotic medication are clearly defined between primary and secondary care
- **By End of September 2018**, there will be a consistent approach across the whole of Devon for the delivery of physical health checks for Mental Health. There may be differences in terms of methodology; however the outcomes will ensure compliance with the targets as set out within the Five Year Forward View for Mental Health.

Pre referral advice and Guidance

As in physical healthcare pathways, allowing GPs timely access to secondary care specialist opinion reduces the transactional nature of a referral from primary to secondary care. Utilising Information Technology clinicians are able to seek advice and guidance in a timely manner to better assess the nature of a patient condition before deciding whether a referral into secondary care services is the most appropriate course of action. People also benefit as there is often a reduced delay in their progression to the best service to meet their need. By the **end of March 2021**, there will be a comprehensive IT enabled advice and guidance service universally available to GPs in Devon into specialist mental health services.

Education and training

Supporting people to recognise the characteristics of the varying degrees of mental illness and supporting them in knowing how to respond in the most appropriate way is a key aspect of the knowledge and experience that can be provided by secondary care clinicians to primary care colleagues.

By the **end of December 2018** a comprehensive and structured programme of education and training for primary care staff will be established with a delivery plan identified. We will also link in with the Regional Teams to ensure best practice.

Integrated Psychological Medicine Service (IPMS)

We are proposing integration in our approach to the care of people with physical and psychological symptoms because it will improve the outcome for people with long-term medical conditions, improve the care for people with unexplained symptoms and improve the medical care of people with mental illness. This innovation in partnership with the Centre for Mental Health, the University of Exeter Medical School and the Royal College of Psychiatrists aims to find the right model of integration for the people of Devon.

A consultant delivered service drawing from psychiatry, psychological therapies and medicine integral to the multidisciplinary teams working on medical and surgical care pathways.
The team will have the expertise to understand:

- Biomedical care and the creation of an evidence-based medicine management plan
- Psychological care and set a psychological therapies intervention plan to evidence based outcome.
- Social care and set a social care intervention plan to evidence based outcome.
- Skilled to offer brief intervention in all areas.
- Experienced in working with young people in a preventative way

The team will direct people to the most appropriate service for the intensity and complexity of the condition including IAPT (for psychological therapy), support for self-management of condition, medical psychotherapy for people with high complex needs or a link to specialist services such as eating disorder, substance misuse, dementia etc.

A pilot of this service has been undertaken in Exeter. This pilot will be evaluated by the **end of September 2018** and consideration given to the expansion of the service across Devon.

Improving Access to Psychological Therapies (IAPT)

IAPT is essentially a primary care service which has significantly expanded in recent years and more recently to include a small number of long term conditions from secondary care referrers in North, East and West Devon.

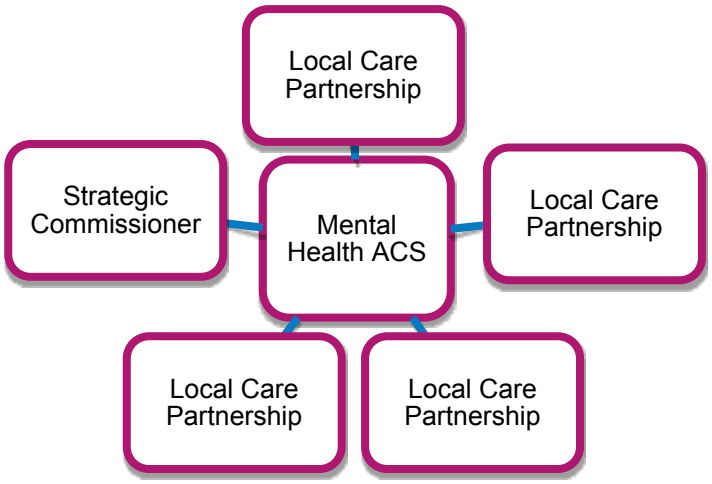
By the end of **June 2018** the South Devon will also have the first phase of long term conditions included in the service specification.

Building on the IAPT services in place across Devon, **by the April 2019**, these services will expand access to a larger number of people through a more comprehensive list of long term physical conditions being referred from secondary care specialists. **Transformation programme 5 - Development of Mental Health Care Partnership (MHCP)**

Devon has recognized that in the context of rapid change and demographic and fiscal challenge there is a need to:

- Safeguard the strategic prioritisation Mental Health
- Secure delivery of improvements in the mental health of our population
- Secure the improvement of physical health of people with mental illness

To support the achievement of the STP ambitions and the Mental Health strategy, connectedness of the mental health is essential. Some of the interdependencies are identified below;



The goals of the MHCP are set out below;

Less mental illness.
Better patient experience: joined-up care; getting early help; engaging young people; supported self management; influence on the whole system of care; supporting the whole of me; learning better by experience.
Relieved pressure on primary care by working in local integrated teams: better screening; electronic consultations; ambulatory case management; telepsychiatry, psychiatric consultants working in a consultation-liaison model, shared data and information.
Better support to secondary acute and social care.

Resources moved (money and scarce MH expertise) from centralised high cost interventions **towards local prevention** of the illness that requires those interventions, like suicide prevention

Re-balanced investment in whole person care through joint design and implementation of whole life (all age) systems of support for people, surrounding excellent clinal pathways.

Systems of support that **reduce the effect of MH conditions** on those with principal physical health issues and **reduce the effect of physical health issues** on those with principal MH issues

new models of care; bringing people back to Devon; parity of investment

Poor patient experience; pressured primary care, secondary acute and social care; inefficient use of scarce MH resource; ineffective prevention; missed opportunity to empower local leaders and learn from others

Ask of MHCP	Offer from MHCP

Co-commission adequate housing, accommodation and occupation with relational care support for the most vulnerable people in Devon	Sharing of mental health provision for aftercare to help sustain and promote third sector support for pathways for the most vulnerable people
Co-create NEW IAPT LTC , Core24 and Primary Care Home models to drive mental & physical integration and connect with social care and third sector	Management of delivery of IAPT and Core24 to CQC outstanding in hospitals and general practice and support the creation of Primary Care Home
Fully commission specialist mental health teams and beds in Devon including PICU supported by new CIRT & FACT higher intensity community models	Will optimise out of county care bed use for only those with needs met at the 5million or 50million population level and supply mental expertise to Primary Care Home integrated care teams from those specialist teams face to face and by tele-health
Commission the Dementia Case in full	Will own and deliver the pathway from consultants to navigators engaging all sectors
Lead for suicide prevention	Deliver whole population suicide prevention through Project Zero
Share sites, supporting functions and have common IT	Will share our space, our risk management, financial, operational and IT expertise developing a clinical research electronic patient record
Co-produce the workforce of the future	Provide excellent education training and development in mental health practice, coaching, mentoring and supervision
Risk stratify the population for targeted evidence based interventions	Support the 'place' delivery for high volume lower cost, complexity & risk whilst we deliver lower volume higher cost, complexity & risk and share quality improvement expertise. [include link to STP Risk Stratification work]
Pool budgets around risk stratified populations	Devolve budget to partners in Primary Care Home Model for delivery
Commission services to an established evidence base and where salient commission robust evaluation	With University partners attract international level research in every therapeutic area we provide for and conduct robust research evaluation on behalf of the system using the UK-CRIS clinical research information system to drive audit, evaluation, QI and research.

By **May 2018;**

- complete broad engagement to develop options appraisal for the scope and form of the MHCP
- present options appraisal to the Mental Health Programme Group

By end of **May 2018** we will have in place;

- Agreed terms of reference

- Confirmed chairing arrangements
- Established partnership arrangements
  - Those with control over material resources and those who have material influence over how those resources are used
  - Wider stakeholders
- Established baselines for finance and performance
- Accountability agreement
- Contractual arrangements

By end of **May 2018** develop an engagement plan

By **June 2018** develop implementation plan for form of MHCP

By **September 2018** implement plan and deliver shadow contractual governance