



A mental health commissioning strategy for Devon, Plymouth and Torbay

2014-2017

Joint Commissioning
2013-2017

NEW Devon CCG
South Devon and Torbay CCG
Devon County Council
Plymouth City Council
Torbay Council



Northern, Eastern and Western Devon
Clinical Commissioning Group



South Devon and Torbay
Clinical Commissioning Group



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Introduction

Welcome to the commissioning strategy for adult mental health services in Devon. It reflects the intentions of the health and social care commissioners for Devon County Council, Plymouth City Council, South Devon and Torbay Clinical Commissioning Group and Northern, Eastern and Western Devon Clinical Commissioning Group. This strategy is for all adults, regardless of their age.

The strategy will link the needs assessment work for Devon and Plymouth with national policy, statutory obligations, evidence bases and the commissioning intentions for all of the

commissioning organisations in Devon. This strategy should be read alongside the strategies for dementia, carers, learning disability and the early help strategy for children so that it can be seen in the proper context.

This strategy has been discussed with key stakeholders, particularly user and carer groups, with a clear intention to gain consensus and support for the future of mental health services. The themes and priorities identified through the engagement process will be identified and prioritised.

The context for future commissioning is set by the significantly challenging financial environment in the public sector. Resources available for commissioners are subject to substantial pressure and this has inevitably led to commissioners, providers and stakeholders considering options for future services which reduce demand for services, promote earlier intervention and ensure the best value for money. This must all be achieved against a background of increasing demand and an ageing population.



Our commitment

We feel the people of Devon deserve excellent mental health services that are available when they are needed and are based on the best evidence for effectiveness. Alongside these services there needs to be a wide range of opportunities for people to do the things that will support good mental health and wellbeing and provide the choices that promote good housing, a place in the community, strengthen families, enable friendships and support employment, activities and positive lifestyles.

This commissioning strategy focuses on how we can support good mental health and seek to prevent mental ill health. It emphasises the need

to promote recovery and support people to overcome the consequences of mental illness so that they can lead satisfying, independent and productive lives.

We are committed to ensuring that the people of Devon can:

- Access the services and support they need
- Have a choice over how they receive services and support
- Have control over the services and support they receive

- Expect the commissioning and delivery of those services to be integrated
- Demand that commissioners seek to improve and develop services in line with best practice and need
- Be involved in planning and delivering treatment and support
- Have the opportunity to influence how services are commissioned and provided



Outcomes

The consultation with users, carers and other stakeholders has steered the development of this strategy. We want to make sure people will be able to say:

- I have personal choice and control or influence over the decisions about me
- I know that services are designed around me and my needs
- I have an improved quality of life as my mental health needs are assessed swiftly and effectively and I am able to access the treatment and support I need
- I have a positive experience of care and support
- I receive help and interventions sufficiently early to prevent the avoidable deterioration of my mental health
- I have a sense of belonging and of being a valued part of family, community and civic life
- I receive the treatment and support that allows me to recover and sustain that recovery
- I have a say in the development and monitoring of mental health services



Reviewing our progress

We have a plan for implementing all of the identified priority actions to help ensure that this strategy is a success.

We want to make sure people are fully involved in the commissioning and provision of services. This is crucial to the effective implementation of the strategy.

Within mental health commissioning and, by extension, service provision we are clear that service users and patients will be able to have oversight and influence over the effectiveness of this strategy and its delivery.

These issues will be reflected in an attempt to show greater transparency in how decisions are made and who makes them so that scrutiny is applied to all our processes – both in NHS and Local Authority organisations.



Our priorities

This strategy provides an overview of national policy, evidence bases, current commitments and, crucially, input from stakeholders and people who use services.

The crucial policy documents that inform this commissioning strategy are:

- No Health Without Mental Health (DH, 2011)
- Talking therapies (DH, 2011)
- No health without mental health: implementation framework (DH, 2012)
- Preventing suicide in England (DH, 2012)
- Caring For Our Future: reforming care and support (DH, 2012)
- Closing the Gap (DH, 2014)

These are the most important of a wide range of policy and guidance documents that have informed the development of this strategy.

The intention for the CCGs and councils in Devon is to ensure that all local commissioning and service delivery can reflect national priorities as expressed in the above documents. National

policy has identified these key priorities and all local planning and delivery will focus on work that addresses these areas:

- Prevention
- Personalisation
- Integration
- Improving health and wellbeing
- Supporting recovery
- Access to services

All of these priorities are underpinned by a system-wide commitment to:

- Engagement and involvement of people who use services and carers in both service monitoring and the commissioning process
- Financial sustainability
- Effective safeguarding arrangements for vulnerable adults and for children in families affected by mental ill health
- High-quality services



Market position statements

Plymouth City Council and Devon County Council have market position statements that explain to service and support providers what they require in terms of need, demand and provision. This is designed to encourage providers to develop the services that will meet the changing needs of the people of Devon.

The statements clearly outline current and future demand for services and express the focus on state-funded support for those with the greatest need and the promotion of self-supported care for those with lower needs.

The drive continues to promote more self-directed care, care at home and support towards greater independence and recovery. This will reduce the market for residential and nursing home care. Alongside this there is greater support for carers and greater flexibility in the market for alternatives to care.

Plymouth City Council has reviewed the effectiveness of current mental health provision under the Pledge 90 Review and this work has been influential in setting the direction for this strategy.

Devon County Council have updated the carers' strategy, accommodation strategy and supported living strategy as well as supporting self-directed care and the use of personal budgets.



Mental health needs assessment

The public health teams of Devon County Council and Plymouth City Council recently produced comprehensive mental health needs assessments for the population of Devon. These documents reveal the pattern of need and help identify priority areas for action.

The needs assessment for Devon identified the following key priorities:

- Personality disorder and services for those that self-harm
- Eating disorder support for young people
- Suicide prevention
- Improved analysis of prescribing
- Improving services for young people and children and working to prevent mental illness
- Improved access to services and treatment at the time and place it is required

The needs assessment for Plymouth identified the following priorities:

- Improving universal services and developing mental health and wellbeing
- Targeted community-based services to support good mental health and promote access to support
- Improving specialist mental health functions
- Improved engagement and involvement of those with lived experience

The key message from these assessments is that commissioning priorities should focus on promoting the mental health and wellbeing of the population especially in terms of access to support and treatment, access to stable accommodation and housing support, support for employment, promoting community-based provision and ensuring that mental health services are integrated.



Prevention

The heart of good mental health is resilience to the shifting pressures and tides of life. This involves a combination of personal qualities and skills with foundations of home, employment, education, family and community. In all families and communities it is inevitable that there will be challenges that can cause the kind of difficulties and pressures that lead to mental distress and illness.

Mental health services have traditionally focused on responding to the needs of people as they develop. Over recent years there has been an increasing interest in understanding the causes of mental ill health and attempting to address them before they become severe. There are three basic approaches which focus on preventing or limiting the onset of significant symptoms:

- **Primary prevention** – intervening with individuals, families or communities to prevent the development of predictable mental health issues. This relies upon good data about needs combined with intelligence sharing about families and individuals at risk. The Devon Early Help Strategy for Children and Families demonstrates the key opportunities that can both help and protect children.
- **Secondary prevention** – also known as early intervention, this is the practice of intervening at the first signs of severe mental health issues, especially in psychosis, personality disorder and eating disorders. This is reliant on a combination of effective patient finding and clear referral advice to those that might recognise early presentations.
- **Tertiary prevention** – rapid response to relapse of known patients. This is particularly reliant on good planning and communication across services.

Effective prevention of course relies upon strong communication within health, social care, criminal justice, education, family and housing systems. The information gathered by these agencies and services must be used to enable mental health specialists to focus on those communities, families and individuals in way that can change outcomes.

The foundations of good mental health and wellbeing are:

- Good relationships
- Financial security



- Meaningful occupation or employment
- Personal growth
- A good home
- Developing resilience

Commissioning will be focused on the development of support at all levels that encourages these foundations, with the aim being to support people to develop and maintain these core elements and prevent the onset of damaging mental health presentations. Examples include allotment groups, 'Men in Sheds', specialist housing support, mental health education in schools and employment retention support. These examples are simply a selection of the potential opportunities for commissioners to encourage good mental health and promote the kind of support that reduces the need for individuals to receive specialist interventions.

Families with a future

This programme is the sort of opportunity that can bring effective primary prevention to bear on the incidence of mental ill health in our communities. Based on an analysis of need and indicators such as non-attendance at school, worklessness in the family and involvement with youth offending and criminal justice – it allows professionals to target interventions at specific families and in the places where it can lead to real change. This is especially the case in the lives of young people, giving them resilience and the help they need to escape the consequences of challenging family lives.



Personalisation

Personalisation is about respecting a person's human rights, dignity and autonomy, and their right to shape and determine the way they lead their life. Personalised support and services are designed for the purposes of independence, wellbeing and dignity. Every person who receives support should have choice and control, regardless of the care setting.

(No Health Without Mental Health, DH, 2011)

The key values and principles that will drive the commissioning of mental health services in Devon are based on a commitment to the individuals who receive support to take control of their own mental health issues and retain the independence taken for granted by those who are well.

There are two important areas of development for personalisation:

- The promotion of strong processes that place people at the heart of all decision making and planning by statutory organisations and the partners commissioned by health and social care – for example, person-centred planning and patient-controlled medication programmes
- The use of personal budgets and direct payments to give people more determination of how to exercise choice and control – for example by developing personal budget processes and ensuring there is a market of providers to respond to individual requirements

Personalisation is more than processes and personal budgets and these two areas are just the beginning of developing truly personalised approaches to both commissioning and service delivery.

In Control

The 'In Control' programme has demonstrated many of the key benefits of personal budgets and, crucially, returning the power and authority to make decisions and care, support and treatment back to users of services and their families and carers.

This programme is a key influence on the work of Devon County Council and Plymouth City Council in developing the use of personal budgets, direct payments and highly person centred approaches.

The National Development Team for inclusion (NDTi) and Think Local Act Personal (TLAP) have identified a whole-system framework for personalisation in mental health.



The key principles are shown below.

- Helpful, person-centred approaches
- Information and advice, personal motivation and self-help
- Support for managing personal budgets
- Support for carers
- Fair access and equality
- Creative commissioning
- Partnership for inclusion
- Prevention and early intervention
- Good leadership
- Workforce and organisation development

(Paths to personalisation in mental health:
A whole system framework, NDTi 2013)



Integration

The Department of Health has identified that integration of health and social care systems is an opportunity to improve services, become more efficient and, crucially, to improve the experience of users. Commissioners have a number of key priorities for mental health services in Devon:

- Instituting an integrated commissioning approach for NEW Devon CCG, South Devon and Torbay CCG, Devon County Council, Plymouth City Council and Torbay Council
- Ensuring primary and secondary care services have shared and integrated processes for managing care and treatment, including integrated treatment pathways
- Integrated approaches to managing mental health presentations in general hospital settings
- Integrated arrangements with social care and local authorities, including district councils, for service users to access employment support, targeted housing support, education, advice and information
- Ensuring services for children and young people are integrated with those for adults so that transition processes and the opportunities for prevention and early intervention are maximised
- Integration of service delivery so that voluntary, charity, third sector and private providers are full partners in the delivery of support, care and treatment



The issues that drive these intentions are more than just matters of efficiency and effectiveness. The Department of Health and NHS England use the Better Care Fund to ensure that the full benefits of integration are felt in the health and social care system. For mental health users this will mean:

- People not having to retell their story
- Being able to access support when needed as the overall system communicates well
- Discharge from hospital and specialist services support to be more sustainable
- Service delivery at the control of users and their carers
- Lengths of stay in hospital reduced

In order to achieve these outcomes there are significant opportunities to integrate health and social care provision so that provision of treatment, care and support is experienced as

a single pathway. Evidence has shown that integrating whole systems and pathways can generate significant improvements for clinical outcomes, efficiency and patient experience.

The primary opportunities for service improvement via integration are:

- Integrating mental health expertise into general healthcare – especially in A&E, primary care, management of long-term conditions and in general hospital settings
- Integrating pathways for children and young people into adult services
- Dual diagnosis (mental health with alcohol or substance misuse)
- Personality disorder
- Eating disorders
- Management of mild to moderate mental health issues

Eating disorders in Plymouth

The pathway for eating disorder treatment has been integrated so that services provided by EDS (a charity in Plymouth), Plymouth Community Healthcare (a specialist mental health provider), Hound Ward at Derriford Hospital and the Haldon Unit (a specialist service provided by DPT) have delivered significant improvements in the system ensuring appropriate access to services, care closer to home and a substantial reduction in inpatient admissions, all of which have allowed a reallocation of resources to community services.



Improving health and wellbeing

Recent research by the Health and Social Care Information Centre shows that people in contact with specialist mental health services are nearly four times more likely to die prematurely than the rest of the population. This is an unacceptable position for commissioners and policy makers and is the focus for significant change in the coming years.

There is clear evidence that people with mental health problems have poorer lifestyles, including a significantly higher rate of tobacco use and alcohol consumption. This contributes to higher rates of ischaemic heart disease, respiratory illness and liver problems.

This situation is compounded by the evidence which indicates that people with severe mental health problems are less likely to receive the best treatments for physical health problems and that people with a diagnosis of schizophrenia are less likely to be registered with a GP.

It is now a key expectation for both mental health service providers and general hospital services that they will ensure equal access to health services. In support of this, one of the key priorities for commissioners is the improvement

of psychiatric liaison services to ensure that people with mental health problems in hospital receive good-quality psychiatric input. Commissioning guidance has been issued that will support commissioners and providers to ensure there are adequate resources allocated to this area of work.

Specialist mental health services have a key responsibility for ensuring that the people receiving services from them are given good-quality health reviews. It is essential that assessment and care planning is focused on physical health, particularly for those with severe illness. Addressing lifestyle issues is a priority for mental health services, *McManus et al* (2010) found that 42% of total tobacco consumption in England is by those with a mental disorder. Care planning will need to include efforts to reduce or stop tobacco use and alcohol consumption whilst promoting healthy eating and exercise.

Commissioners will also work with GPs to look at how health improvement can be delivered in primary care, with extra emphasis on healthy living being given to patients with mental health issues.



Supporting recovery

When the resilience to cope with the challenges in life has been overwhelmed and preventive interventions have not succeeded, emphasis must move towards effective treatment to help people recover from the mental ill health they are experiencing. Recovery can and does mean different things to different people, but for the purposes of this document we are focusing on the idea that following treatment for mental ill health people may require ongoing support to enable sustained wellbeing, reduced dependence on services and the opportunity to thrive.

The priority is for services to engage people with mental health problems in treatment, therapy and activities that help them regain their resilience, while also maintaining their place in family, community and employment; and to help them develop the skills to recognise when things are starting to go wrong as well as the expertise to manage their own treatment.

For this to be achievable there needs to be a comprehensive range of treatments that will help people to recover from their illness and a range of supports that will help people maintain their wellbeing and avoid relapse or crisis. This should encompass a range of treatments and support at all levels of need and complexity.

Primary care: the IAPT programme made the case for swift access to therapy that will help people with mild to moderate depression and anxiety presentations to recover. However, there needs to be further encouragement and guidance for people to access the kind of

support that will help keep them well without the need for medication and therapy.

This document has repeatedly emphasised the importance of ensuring people can have a place in their community, strong relationships and meaningful activity, to give them the kind of support that helps to break down social isolation and overcome the inactivity prevalent within mental ill health. Social activities like exercise groups, gardening and 'Men in Sheds' are available to the people of Devon today but it is important to ensure they are available in all areas and are part of a wider network of mental health supports and services. This includes a clearer set of expectations for GPs in the skills they have to diagnose and treat but also how to help their patients access the supports that will improve their lives and cement their recovery.

Specialist mental health services: ensuring that all patients are able to enter appropriate treatment to deliver the best chances of recovery remains the main requirement of a specialist mental health service, whilst keeping people with mental health issues and the community safe. As noted above it is not enough to treat; it is also necessary to ensure people have the best chance to stay well. The expectation for providers of secondary mental health services is that they will focus attention on supporting their patients to recover by ensuring access to effective and appropriate treatment and then supporting them to regain their place in their home, families, communities and in employment.

Social care: sustaining recovery and maintaining good mental health is only partially about complying with treatment. The support necessary to maintain a place in society is crucial to the long-term recovery of any person. Naturally many people will have their resources of family, friends, home, activities and work, but many of those who have suffered significant mental health issues will require extra support, especially around finding and maintaining a place in the community, housing and employment. These solutions need to be part of an integrated approach with treatment functions and social support. The role of social care providers is paramount in helping people to sustain their recovery but is also fundamental in maintaining the capacity in mental health services in Devon so that people are less likely to relapse or endure crises in their lives.

Plymouth provider network

The provider network in Plymouth has developed its own mental health strategy with a focus on recovery and an emphasis on integrated pathways and working arrangements. The network brings together a range of providers, stakeholders and users to create networks and relationships within the city and improve the opportunities available to people with mental health problems.

The strategy can be seen at:
www.plymouthmentalhealth.org.uk

Access to services

The feedback received during the development of this document came back again and again to the issue of access to services. It was a recurring theme that came from users, carers, referrers, commissioners and providers. Access issues come in many forms: capacity, opening hours, waiting times, choice, availability in rural areas, access to specialist knowledge and access thresholds.

Over the life of this strategy the commissioners in Devon will focus on ensuring that people experiencing mental health issues, regardless of the severity, will be able to access advice, guidance, education, treatment and support to enable their recovery and support their mental health and wellbeing.

The key areas for development are:

- Access to services in primary care
- Out-of-hours and seven-day working
- Ensuring services meet the needs of older people
- Ensuring services meet the needs of people with learning disability
- Support in the criminal justice system
- Crisis services
- Alternatives to admission
- Specialist treatment pathways
- Support to families with children

All of these approaches to improving access need to be understood against a requirement to improve efficiency and reduce costs in the system. Therefore simple investment in extra capacity is not an option available to commissioners or providers without releasing resources from other areas.

Access to services in primary care: one of the key opportunities available in mental health service provision is to improve the way people can access mental health services in primary care. The IAPT programme is already increasing treatment capacity in primary care but there is a need to ensure that GPs and primary care services as a whole are able to access the expertise and knowledge held in specialist mental health services. This can enable GPs to make good decisions about their mental health patients, provide effective treatment and build their confidence in managing mental health issues. There are concerns about the poor access to services for older people with mental health problems; ensuring that efforts are made to increase referrals and attendance in mental health treatment services is a priority.

Increased visibility of mental health specialists in primary care is crucial in building strong working relationships between primary care and mental health specialists, allowing the use of increased shared care and, in return, ensuring capacity to deliver swift advice and early interventions.

Alongside this GPs need to be able to access the kind of support that addresses social isolation

for their patients and helps overcome the crises that can lead to losing homes and family or relationship breakdown. One of the key opportunities is the use of peer support – support which is led and provided by users for people with mental health issues. Peer support can operate at all levels of need, the key focus is on it being mutual, reciprocal, non-directional and recovery focused (Repper *et al*, Peer Support: Theory and Practice, ImROC, 2013).

Out-of-hours and seven-day working: it is no longer sufficient to manage services solely during 'office hours'. People quite reasonably expect that they will be able to get help when they need it, including during evenings and at weekends. Current arrangements for out-of-hours services are largely based around duty rotas, inpatient wards and crisis teams (which focus their work on existing patients on team caseload). The priority areas for improved access are to be around support in A&E through psychiatric liaison teams; support to primary care teams, out-of-hours GP services and the 111 service; and the work of community mental health services.

Dual diagnosis: there is a clear need to ensure that services for mental health and for substance misuse are effectively integrated to deliver effective interventions for people experiencing mental ill health alongside alcohol and/or drug misuse. This group of people are often significant users of services and can experience poor outcomes because of uncertainty about cases are managed which service is responsible.

Ensuring services meet the needs of older people: while there is an understanding that mental health services are available to all adults regardless of age, in practice older people are less likely to access services that will help them recover from mental ill health and distress. Clear evidence for low referral rates and engagement in treatment for depression and anxiety in the older population is a concern for commissioners.

This strategy should be read in conjunction with the Devon, Plymouth and Torbay Joint Commissioning Strategy for Dementia – ‘Living Well with Dementia’ – as the issues for older people frequently overlap. This need for effective joint working is one of the key improvements intended in the strategy and informs part of commissioning priorities.

Ensuring services meet the needs of learning disabled people: the commissioners will expect providers to ensure that people with learning disabilities are able to access mental health services in line with the revised ‘Green Light’ toolkit from the NDTi. Improving mental health outcomes and wellbeing is one of the priorities for commissioners and this strategy should be read in conjunction with the Devon, Plymouth and Torbay Joint Commissioning Strategy for learning disabilities – Living Well with Learning Disability.

Support to the criminal justice system: there is a significant overlap between the criminal justice system (the police, courts and probation) and the mental health services. There is a statutory need to work together in order to deliver the requirements of the Mental Health Act 1983. The police in particular need to be

able to access specialist advice, patient information and NHS provided Places of Safety in order to make the best use of the Act and to deliver the best outcomes for people affected by mental health issues who come into contact with the police.

The development of both liaison and diversion services in police custody centres and the courts and piloting of ‘street triage’ approaches are positive steps forward for mental health services but a further culture of co-operation will be developed by all the stakeholders over the next three years.

Liaison and diversion

The liaison and diversion service has been developed to ensure mental health expertise is available to police custody units and the courts to allow good judgement to be used in dealing with people with mental health issues who come into contact with the criminal justice system.

The service is able to effectively divert people who are experiencing mental health difficulties away from criminal justice and into treatment. This represents a good outcome for the police, courts, mental health services and, of course, the patient.

Crisis services: the definition of crisis is not a concrete one. Current arrangements for crisis response are based either on known patients and are aimed at preventing crises by planning carefully and intervening appropriately when

risk factors are identified, or they are based on duty services and are called upon as and when they are required. This uncomprehensive arrangement can often lead to significant delays and it does not identify many choices for people experiencing mental health crises.

The ability to respond swiftly to requests for help is key in ensuring that people can be seen at an early enough juncture to prevent any further deterioration of their presentation; it can also open up options for people to access different kinds of support and intervention. In the main, experience shows us that simply listening to people describe the issues affecting them and giving them advice and signposting them to support or reminding of their care plans is sufficient to help manage a crisis in the short term. When further intervention is required, being able to see people in safe comfortable environments is crucial.

The fundamental requirement is for people to be able to access this help when they need it and in a way that helps them to overcome the crisis they are experiencing.

There is a range of solutions to crisis situations:

- Telephone support such as 111, non-statutory services like Samaritans and mental health crisis services
- Attendance at A&E
- GP out-of-hours services
- Crisis houses
- Specialist mental health crisis services

Currently these options are not always available and are not integrated to ensure people access the most appropriate response to their needs. This is a priority area for commissioners who must ensure that crisis support is provided and the cost of escalating mental health crises are avoided wherever possible.

Mental Health Crisis House in Torbay

In response to an engagement process and listening to what people with lived experience have said, Torbay has opened a crisis house in partnership with DPT and the Community Care Trust (South Devon). This development represents a new way of giving choice and support to people in crisis in the community (in a non-stigmatising way) and will help avoid unnecessary in-patient care admissions.

Alternatives to admission: it is important that services do not fall back onto inpatient admission to manage crises and complex treatment regimes but in order to avoid this there have to be alternatives to admission which make the safe and appropriate management of care and treatment possible. Inpatient care is both expensive and can create dependency and institutionalisation. There is also the question of what to do next if admission to a local service is ineffective. The current position for Devon is that it is an outlier on benchmarking for the use of out-of-area hospital placements. Providing alternatives to hospital treatment, especially for complex and risky behaviours, is a priority for commissioners.

Alternatives to admission need to be robust, reliable and should not be seen as a reason to not have inpatient facilities at all. They are part of a range of options that are available to professionals to meet the needs of individual patients.

As commissioners, one of our main priorities is to reinvest in local placements. There is increasing evidence that out-of-area placements in institutions are ineffective and that the consequences for people placed away from home can include the loss of their homes, employment, family links and their place in the community. The focus is on ensuring that the needs of people in Devon with mental health issues can be met in the county and on reducing the rate of placements.

The best option is to use person-centred approaches to plan in detail for an individual and to ensure that there is a clear understanding both of the things that keep a person well and the indicators of a relapse. Good planning reduces the frequency and intensity of crises, reducing the need to admit people to hospital.

As noted above the significant use of crisis houses can be a practical, non-stigmatising way of providing an environment where people can overcome a crisis without needing to be admitted to hospital.

Ultimately, the services that manage admission to hospital need to have a range of intensive options available which mean they can provide extra support to people in their homes; the emphasis will be upon crisis and home treatment services and the community mental

health services working with partners in the independent sector to offer the intensive interventions that deliver safe treatment and support without the need to hospitalise a patient.

Specialist treatment pathways: the best outcomes for patients lie in ensuring that they can access professionals with appropriate skills at the appropriate time. Access to expertise in key areas is at the heart of delivering the best outcomes, especially for those presentations that are risky and complex, such as eating disorders.

The commissioners will ensure that there are clear, evidence-based specialist treatment pathways that start with the earliest forms of intervention and engagement, work through evidence-based interventions and, ultimately, to specialist inpatient treatment where required.

The priority pathways for improved access are:

- Eating disorders
- Personality disorder
- Dual diagnosis
- Forensic and secure services

These have been identified because they represent high-risk areas or are linked to increased use of out-of-area placement. They are supported with strong evidence bases and/or NICE guidance for treatment and management.

Involvement of people who use services and carers

The commitment that has been shown to user and carer involvement by both providers and commissioners provides an excellent foundation for the development and enhancement of the current approach.

A joint carers' strategy is available and it focuses on delivering the 'five outcomes for carers'. The key point is the need to recognise the work carers do and ensure they are heard in planning and decision making. The use of the triangle of care to ensure that services are suitably focused on ensuring carers are effectively involved is a key outcome from the carers' strategy and is a key expectation from services in the coming years.

Alongside this strategy there is a commissioner commitment to ensure that people with lived experience of mental illness are able to effectively influence the commissioning, delivery and monitoring of services and ensure that they are present in all of the key processes of the commissioning organisations.

The priority areas for action from this strategy will require full involvement of users and carers in order to both shape the work to be done and monitor progress on delivery. This strategy is intended to be fully inclusive and to respond to the feedback and leadership of people with lived experience.



High-quality services and financial sustainability

It is in the interests of commissioner, provider and user of services that the focus is on high quality and the best outcomes. The simple fact is that not having to deal with the consequences of poor services will improve efficiency and capacity thereby saving money across the health and social care system. No Health Without Mental Health (DH, 2013) identified four key ways to get the best out of services:

- Improving the quality and efficiency of current services
- Radically changing the way that current services are delivered so as to improve quality and reduce costs

- Shifting the focus of services towards promotion of mental health, prevention of mental illness and early identification and intervention as soon as mental illness arises
- Broadening the approach taken to tackle the wider social determinants and consequences of mental health problems

The key areas for quality improvement in Devon are:

- Urgent and inpatient care – reducing admissions, fewer crises and improved prevention

- Improved prescribing practice – ensuring medication is used effectively throughout primary and secondary care
- Integration of health and social care commissioning and service delivery
- Improved care planning and co-ordination – with a focus on person-centred approaches and shifting control to patients and their carers
- Effective safeguarding arrangements to protect vulnerable adults and children in families experiencing serious mental health issues



Safeguarding

In recent years there has been a growing awareness that the abuse of vulnerable adults is of heightened concern in our society. The increasing number of serious incidents of abuse emphasises the need for action to ensure that vulnerable adults, who are at risk of abuse, receive protection and support. It is every adult's right to live free from abuse in accordance with the principles of respect dignity, autonomy, privacy and equity.

People who are experiencing mental health issues are often more vulnerable to potential episodes of abuse. Also, those who live with people experiencing mental health issues are potentially at a greater risk of harm. Recent high profile cases, including Winterbourne View, highlight the increased vulnerability of those who are receiving residential care for their mental health issues, and how a greater level of protection and vigilance is required for these individuals.

It is, therefore, essential that commissioned services are of a high quality and safeguard those vulnerable individuals from episodes of abuse. It is the responsibility of commissioners to work together to ensure that any adult at risk of abuse or neglect is able to access public organisations for appropriate interventions which enable them to live a life free of violence.



Summary

This strategy is intended to draw together the commissioning intentions of five commissioning bodies:

- Plymouth City Council
- Torbay Council
- Devon County Council
- South Devon and Torbay CCG
- NEW Devon CCG

Within the economic constraints that affect public service commissioning and delivery these bodies will attempt to focus on how mental health services can continue to meet the needs of the people of Devon as demand for services increases.

The key areas for development are:

- Prevention
- Personalisation
- Integration
- Improving health and wellbeing
- Supporting recovery
- Improving access

For this to be a credible plan for the future there needs to be greater involvement of those with lived experience at every stage of the commissioning, delivery and monitoring of mental health services.



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This guide is also available in Braille, large print and other languages on request.