

Join us in developing
mental health services
in Devon and Torbay

The Next Steps

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Foreword

This publication has been produced by Devon Partnership NHS Trust with the input and support of Devon Primary Care Trust, Devon County Council and Torbay Care Trust. It sets out the values and principles that are shared by these organisations for the development of mental health and learning disability services, as well as the shared objectives for the future.

These values, principles and objectives have been informed, as far as possible, by feedback from service users, carers, staff, members of the public and other stakeholders.

Why mental health matters

One in four people who see their family doctor are concerned about their mental health and emotional wellbeing

One in 14 people in Devon will have a serious mental health problem likely to require treatment

One in three of us will end our lives having some form of dementia. With a growing elderly population, the number of people suffering with dementia (such as Alzheimer's disease) is steadily increasing, as is the number of people with an addiction to drugs or alcohol

Good mental health and wellbeing is important to everyone. Research suggests that one in six of us is likely to experience some form of mental ill health during our lives

Many of the most common forms of mental illness, such as depression and anxiety, are on the increase but most people can recover from these conditions

This year Devon Partnership NHS Trust will spend about £108 million providing services for people in Devon who have mental health needs, a learning disability, an addiction – or a combination of these. Most of this money comes from Devon Primary Care Trust, Torbay Care Trust and Devon County Council, who pay Devon Partnership NHS Trust to provide mental health services on their behalf.

At any one time, we will be providing care and treatment for around 12,000 people in Devon and Torbay. The vast majority of people, around 95%, receive their care and treatment in their local community.

A small number may need a short spell of hospital care to support their recovery and an even smaller number will have severe and enduring needs that require long-term care.

We are constantly striving to improve the services we provide and to raise the profile of mental health generally. We want people to understand the importance of mental wellbeing and to feel as comfortable talking about it as they do talking about physical health. Why are we prepared to discuss cancer and coronary heart disease with our family and friends, but not depression?

What have we done across Devon?

In 2005 we carried out a review of our services and asked people for their views about them. Since then, we have been working hard to respond to what people have told us and to improve the way we provide care and treatment.

Two years on, we want to take stock of what has already been achieved and to assess what still needs to be done. This booklet sets out the progress we have made and what we think we should do next, both across the county and in each part of it, to improve services.

We want to continue involving people in developing our plans. This will help us to ensure that services reflect what local people have told us they need. Details of how you can be involved are on page 10 of this booklet.

The people who use our services have told us that they want them to be:

- ✓ Joined-up
- ✓ Convenient and easy to use
- ✓ Inclusive and supportive of carers
- ✓ Based on need, not age
- ✓ Offering choice and tailored to their needs
- ✓ High quality and safe

We have:

- ✓ Developed more comprehensive community care – such as home treatment and crisis resolution services
- ✓ Established closer working between health and social care teams and created integrated teams to meet the needs of older people
- ✓ Secured additional resources to improve care and treatment in community settings, including some GP surgeries
- ✓ Created effective alternatives to hospital admission and enabled a reduction in demand for beds and shorter lengths of stay

What are our aims?

Our aims and aspirations for the future are drawn from a combination of sources, including the national development of mental health services and what our staff, service users, carers and partner organisations have told us we should be striving for. Devon Primary Care Trust has conducted a review to hear what people have to say about their local health

services and the public listening events have included feedback on mental health services. We have grouped our aims under the same headings as Devon Primary Care Trust and both organisations want to move forward with a common sense of purpose, working closely with Torbay Care Trust, Devon County Council and our other partners.

Health as good as it can be

- ✓ Putting recovery at the heart of everything we do
- ✓ Focusing on prevention and early intervention
- ✓ Promoting the importance of mental health and wellbeing

Care as local as possible

- ✓ Delivering more care at home or close to home
- ✓ Providing more services in Devon, reducing the cost and inconvenience of travelling outside the area
- ✓ Recognising that some specialist services cannot be local to everyone

The most effective treatment and care

- ✓ Providing the right care, in the right place, at the right time
- ✓ Tailoring services to the wants and needs of individuals
- ✓ Delivering excellent long-term care when it is needed

The right support for people

- ✓ Services determined by need, not age or where you live
- ✓ Providing alternatives to hospital admission
- ✓ Working more closely with the private and voluntary sectors

Making the best of our resources

- ✓ Living within our means
- ✓ A fair share of money for every part of the county
- ✓ Making sure we spend public money on the right things

A say and an influence

- ✓ Offering a greater say to service users and carers
- ✓ Making sure doctors, nurses and other health and social care staff are involved in making decisions and plans
- ✓ Involving people and listening to what they tell us

What has happened in your part of the county?

Encouraging progress has already been made and some important foundations have been laid for the next steps in developing our services. Here are some examples.

In North Devon we have:

- ✓ Completed the £3.6 million development of two new wards at North Devon District Hospital in Barnstaple
- ✓ Developed services to support people with a diagnosis of personality disorder
- ✓ Established a specialist team to work with people who self-harm

In Exeter, East and Mid Devon we have:

- ✓ Opened the Haldon Unit in Exeter, providing a specialist inpatient service for the treatment of eating disorders
- ✓ Relocated Rougemont Ward in Exeter to the more modern Franklyn Hospital site
- ✓ Focused all acute hospital services for adults at The Cedars in Exeter

In Torbay and South and West Devon we have:

- ✓ Integrated the inpatient team at Torbay Hospital with the crisis and home treatment teams in Torbay and Teignbridge, resulting in fewer hospital admissions and shorter lengths of stay
- ✓ Been selected by the Health Foundation as a national demonstration site to develop the self-management of depression
- ✓ Developed an award winning service for older people
- ✓ Invested £400,000 in the development of a dedicated rehabilitation and recovery service

- ✓ Announced plans for a multi-million pound modernisation of the Langdon Hospital site in Dawlish

What do we want to do next?

Across the county we want to:

- ✓ Continue to make services easier for people to use
- ✓ Treat more people at home or close to home
- ✓ Improve the support we provide for carers
- ✓ Increase the focus on prevention, early intervention and recovery
- ✓ Offer more choice and alternatives to hospital admission
- ✓ Provide a consistent level of service and high standards across Devon and Torbay

To achieve these aims we need to continue the work that we have started. This means the development of better community services and offering people greater choice in how and where they are treated. Most people do not want to be in hospital if it can possibly be avoided and only a very small percentage of people with mental health needs ever require hospital care.

We have already enhanced our community services, which has resulted in a reduced number of admissions to hospital. There will always be hospital beds for those people who need them but we need to get the balance right between hospital and community services to ensure we are spending public money on the right things.

We need to do far more to support GPs. One in four people who see their family doctor are concerned about some aspect of their mental health and emotional wellbeing and we need to ensure that all GPs can quickly and easily refer people

with mild needs to a range of local services, especially 'talking' therapies. We need to provide GPs with equally quick access to services for people that may have long-term mental health problems who are becoming unwell. This kind of early support, which can help people to address mental health issues before they become more serious, is now available in some parts of the county but we need to make it available everywhere.

We also want to provide more services locally, reducing the need for people to travel outside the area. Our new eating disorders unit in Exeter is a good example of how we are now providing a local service that did not previously exist. In the future, we hope to provide specialist services for people with a personality disorder, high level support services for women and more 'places of safety' in which to assess people who have been detained by the police.

Reducing reliance on hospital care

Historically, an admission to hospital has too often been the only option for someone in need of urgent care and support. This has largely been because of a lack of alternatives to hospital in the community, at home or close to home.

As the Trust has developed and improved its services in the community, for example its support for people in a crisis, the demand for hospital beds has decreased significantly. In fact it has fallen by around 30% since 2005. The average length of stay in hospital has also been reduced by about 10% in the past few years.

This trend of reduced reliance on hospital care started in the 1980s, with the closure of the large mental health institutions, and has been continuing ever since. It is mirrored in mental health services right across the country, and indeed the world.

As community services are improved further still, it is expected that the demand for hospital services will continue to fall.

The challenge for the Trust is to get the balance right between hospital and community services. This means ensuring that there will always be hospital beds for those people who need them, but that public money is not tied-up in keeping too many empty beds open when the money could be better spent elsewhere.

In trying to strike this balance, the Trust needs to continue reviewing its services across the county. It wants to include service users, carers and staff, as well as its partners in health and social care from the public, voluntary and independent sectors, in this work.

Hospital admissions across Devon since 2005



Networks of care

We also need to make some important changes to the way we work if we want to deliver services that are consistent and easy to use. During 2008, care will start to be delivered through four networks based on the geographical areas of North Devon; Exeter, Mid and East Devon; Torbay and South and West Devon.

Networks will enable us to use the skills and talents of our own staff more effectively and also work more closely with our health and social care partners. We will no longer have as many separate services. Instead we will have more integrated, multi-disciplinary teams working across boundaries to deliver joined-up care which is focused on recovery. Many of these changes are already happening and the transition to the new arrangements will be carefully managed.

Each network will have three core functions, Mental Wellbeing and Access; Urgent and Inpatient Care and Recovery and Independent Living.

Mental Wellbeing and Access

Enabling people to receive care and treatment as early and quickly as possible

Case in point

Many people experience a period of depression or anxiety and feel they need help to cope with it. This can be due to a major life event such as having a baby, redundancy or a bereavement. Sometimes it may have other more complex causes. Whatever the cause, people can find themselves needing to take time off work, struggling to look after young children or caring for an elderly relative

We want to ensure that people can get rapid access to the help and support they need. Access to 'talking' therapies and self-help support is particularly important as these can help get people back to their normal lives quickly

The network functions

Mental Wellbeing and Access

Urgent and Inpatient Care

Recovery and Independent Living



Urgent and Inpatient Care

Providing care and treatment at home and in hospital for people in times of crisis and acute illness

Case in point

For too long, an admission to hospital has often been the only option when someone has an urgent need for care or is in a crisis. There have not been enough alternatives in their local community

We want to be more flexible about providing care in urgent situations, ensuring that the right care is available at home or close to home - when it is needed. Admission to a hospital will sometimes be required but it should only happen when it is the right thing to do. When it does happen, we need to provide excellent care, minimise the length of stay, involve carers and families and ensure arrangements are in place to support people when they are discharged

Recovery and Independent Living

Assisting and supporting people to recover and regain the best possible quality of life

Case in point

Historically, many people have become over-reliant on services, sometimes for several years, when they could have been given more opportunities to recover and regain their independence

By providing more flexible, tailored services for people that address their individual needs, we can support them far more effectively in living a full and satisfying life. This will include support to live where they choose, get access to education, training and employment and to have social activities and relationships outside mental health services

How will networks help older people?

Mental Wellbeing and Access

Earlier intervention, assessment and diagnosis, a better range of community services and more support for carers and families

Urgent and Inpatient Care

Rapid response to urgent situations and crises, better management of complex needs and first class hospital care when it is needed

Recovery and Independent Living

More flexible support at home or close to home to help recovery in the way that people and their carers choose

How will networks help people with a learning disability?

Mental Wellbeing and Access

Ensuring mental health needs are identified as early as possible and that they form a part of each person's overall health action plan

Urgent and Inpatient Care

Rapid assistance from the crisis resolution service and support from staff who understand the needs of people with a learning disability when hospital treatment is needed

Recovery and Independent Living

Supporting the inclusion and participation of people with learning disabilities in their local communities and the mainstream of society

What will this mean in your part of Devon?

For historical reasons, mental health and learning disability services differ considerably across the county. The services have had varying levels of investment and have been shaped by local needs and priorities.

This means that the plans to develop services that need to be made will vary from one part of Devon to another. Our aim is to create consistent, joined-up services for people, ensuring that each part of the county gets its fair share of resources.

In North Devon:

- There has been less money spent on mental health services than in other parts of the county
- There needs to be a shift in emphasis from hospital care to better care at home or close to home – particularly for older people
- As we look to invest further in community services, we will need to review all of our hospital services in North and Mid Devon

We are already looking at:

- The future use of Boniface Ward at Crediton Hospital and the development of a new service for older people in Mid Devon
- The suitability of the facilities at Forest Hill House, a residential unit for people with learning disabilities in Bideford

In Exeter, East and Mid Devon:

- A number of important developments and improvements have taken place since 2005
- The crisis resolution and home treatment team needs to relocate to The Cedars in Exeter to deliver an integrated urgent care service
- As integrated working with community teams becomes more effective, the number of beds at The Cedars will need to be reviewed
- There are plans to improve self-help, 'talking' therapies and counselling services through GP surgeries

In Torbay and South and West Devon:

- The success of the project to integrate hospital and community teams has dramatically reduced the number of people being admitted to hospital and there needs to be a continued shift in emphasis from hospital care to better care at home or close to home
- Because we have to move off the existing Newton Abbot Hospital site, we propose to relocate the service provided at the St Michael's unit to a vacant ward on the Torbay Hospital site
- We have announced a £1.8m refurbishment of the Fernworthy Unit, a ward for older people on the Torbay Hospital site

How can you get involved?

We want to hear what you have to say about developing mental health and learning disability services in Devon and Torbay. Our progress to date has been based, as far as possible, on what people have told us they want from local services, and we need your views to help shape what we do next.

During the early part of 2008 we will be holding a series of public listening events across the county. The locations are listed opposite and the dates and venues will be publicised widely before each event. You can come to one of these events, or get in touch with us if you would like to arrange a local meeting or speak to someone. Contact details are overleaf.

Listening events

- Barnstaple
- Exeter
- Honiton
- Okehampton
- Tavistock
- Tiverton
- Torquay

Some questions to consider

Q What kind of improvements would you like to see in your area?

Q How do we increase the public profile and understanding of mental health and wellbeing?

Q What can we do to improve support for families and carers?

Q How can we get the balance right between hospital services and community care?

Making contact

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