Joined Up Care Derbyshire

NHS Derby and Derbyshire Three-year Mental Health Inpatient Strategic Plan 2024/5 – 2027/8

Joined Up Care Derbyshire

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Foreword

Over the last 10 years we have been working together with our citizens, people with lived experience and professionals, to improve access to mental health (MH) services for the population of Derby and Derbyshire. Investment in our front-line services has enabled greater levels of community support through access to talking therapies, the development of the Living Well model of integrated community mental health support and roll out of additional services to support people in crisis. We now want to focus on the improvement of our inpatient services to localise and realign services, to improve the culture of care, to support our providers ensuring robust and clear oversight processes are in place.

During 2024 we are proud to be opening our new MH inpatient units in both the north and the south of the county which will provide state of the art therapeutic environments for our citizens experiencing mental ill health and requiring inpatient support. We are delighted that we will finally be in position to be able to provide psychiatric intensive and high dependency care services within Derbyshire for our population who need them, but we know that we still have more to achieve together in partnership.

We know that when people have to move away from their home to receive care they can lose their support networks and relationships, sense of belonging and connection to their local communities; we want to prevent this by providing care as close to home as possible. We also know that some people continue to receive inpatient care for longer than is therapeutically necessary due to issues around care and accommodation, we want to avoid this by working collaboratively with all partners in our system to enable people to live happy, safe and well lives in a home of their own. We also know that when people are admitted into a mental health care setting, they may often experience restrictive practice which can be traumatic both for the individual and the team of professionals whom are caring for them, we will eliminate this through ensuring that all of the care provided to our population embodies the intentions of the Use of Force Act and Mental Health Act Code of Practice.

This will be challenging to achieve which is why we are developing an initial three-year partnership approach. Some of the challenges we will have to overcome include the challenging financial landscape, a significant workforce gap, our historical paternalistic approach and an increase in people needing mental health services.

Building on our Integrated Care Strategy and Joint Forward Plan we are committed to bringing all stakeholders together to focus on this important agenda, to improve the quality and safety of care that people experience in mental health inpatient settings ensuring every citizen of Derby & Derbyshire is treated with dignity and respect. We will only achieve this by harnessing the potential of people: citizens, professionals, service users and people with lived experience.

Professor Dean Howells

Chief Nurse

Executive Summary

This strategic plan aims to build on the work undertaken within the Derbyshire health and care system over the past three years to transform the mental health community and urgent care offers by focussing on the improvement required within inpatient services to provide safe, high quality, therapeutic care.

The case for change is clear both at a national and local level and this document sets out the strategic actions to be taken across Derby and Derbyshire to realign the mental health pathway to ensure the right care is being delivered in the right place, at the right time, and in the least restrictive environment.

Our strategic plan is aligned to the national Mental Health, Learning Disability and Autism Inpatient Quality Transformation Program and shares the aim of improving quality and safety of care people experience in patient settings through the delivery of a transformed model of care.

Our aim is that the implementation of this strategic plan will have the following impact:

- Reduction in the number of people **stranded** in hospital when ready to leave
- Reduction in the number of people **sent away** a distance from their home
- Reduction in the number of people **subject** to restrictive behaviours
- Reduction in the number of people **susceptible** to poor and abusive care
- Reduction in the number of people **stigmatised** and discriminated against / at risk of criminalisation

We will achieve these by adhering to the following guiding policies for action:

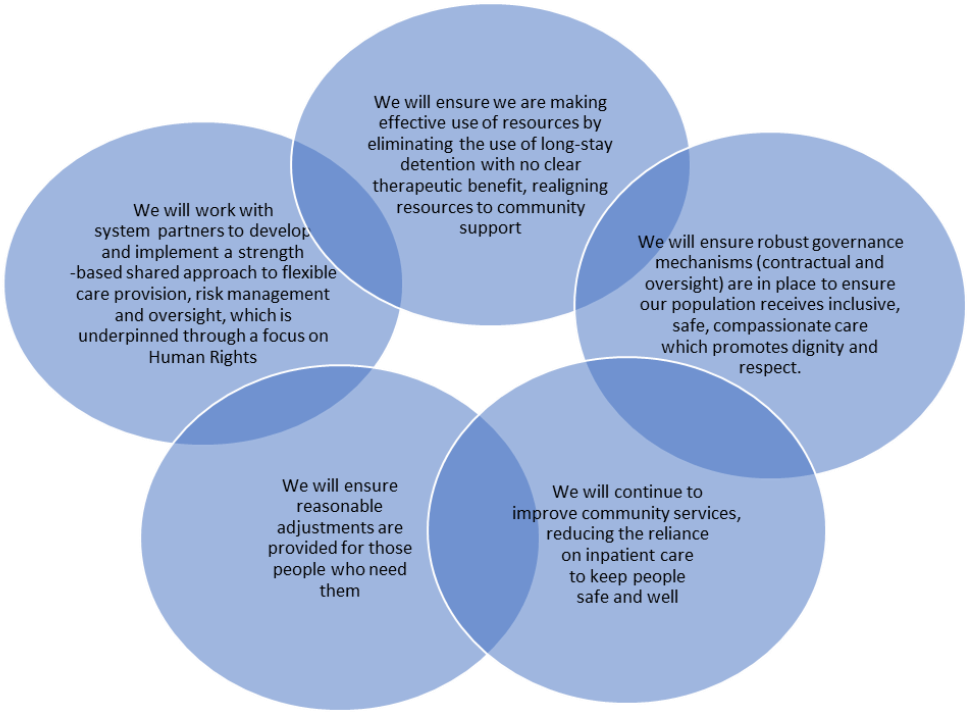


Figure 1. The five guiding policies of our Strategic Plan for the next three years

Overview & context

This three-year strategic plan has been developed in line with the Derby & Derbyshire Integrated Care Strategy which sets out how the Local Authority, NHS, Healthwatch and voluntary, community and social enterprise (VCSE) sector organisations will work together to improve the health of Derby & Derbyshire citizens, and further the transformative change needed to tackle system-level health and care challenges.

The NHS actions to be taken, as identified through this three-year strategic plan, are reflected in the Derby & Derbyshire NHS Joint Forward Plan which is reviewed and refreshed annually.

This three-year strategic plan aims to synthesize all of the transformation, service review and development work undertaken within the Derby & Derbyshire system over the previous three-years in relation to services for people with a severe mental illness, learning disability &/or autism and show how these will be built upon to achieve our aspirations for our population.

This strategic plan also builds on the national engagement and review activities undertaken to support the development of the mental health inpatient commissioning framework.

This strategic plan has been written within the context of a rising demand, acuity and complexity for mental health services across the Derby & Derbyshire system and nationally. In line with the Derby & Derbyshire Integrated Care strategy and NHS Joint Forward Plan the strategic aims which run through this strategic plan are:

- Prioritise prevention and early intervention to avoid ill health and improve outcomes
- Reduce inequalities in outcomes, experience, and access
- Develop care that is strengths based and personalised
- Improve connectivity and alignment across Derby and Derbyshire, to ensure people experience joined up care, and to create a sustainable health and care system.

However, this strategic plan does not intend to be a wellbeing strategy to focus on prevention of low-level mental illness, does not provide a detailed view of inequalities faced by people with a severe mental illness, learning disability &/or autism, does not contain detailed demand and capacity projections nor associated workforce or financial analysis and does not aim to describe in detail the focussed actions to be taken to ensure the delivery of the associated improvement programs.

List of figures

Purpose

This is our three-year Derby and Derbyshire strategic plan for inpatient services for people with severe mental ill health, with or without a co-occurring learning disability &/or autism diagnosis for the period 2024/25 to 2027/28. It sets out a guiding policy for changing the way the Derbyshire system operates and the actions it needs to take to improve population and healthcare outcomes, reduce inequalities in service access and outcomes and enhance productivity in relation to the inpatient care for their severe mental illness.

The following schematic summarises the expected requirements for this strategic plan, how it is structured and how it will be enacted:

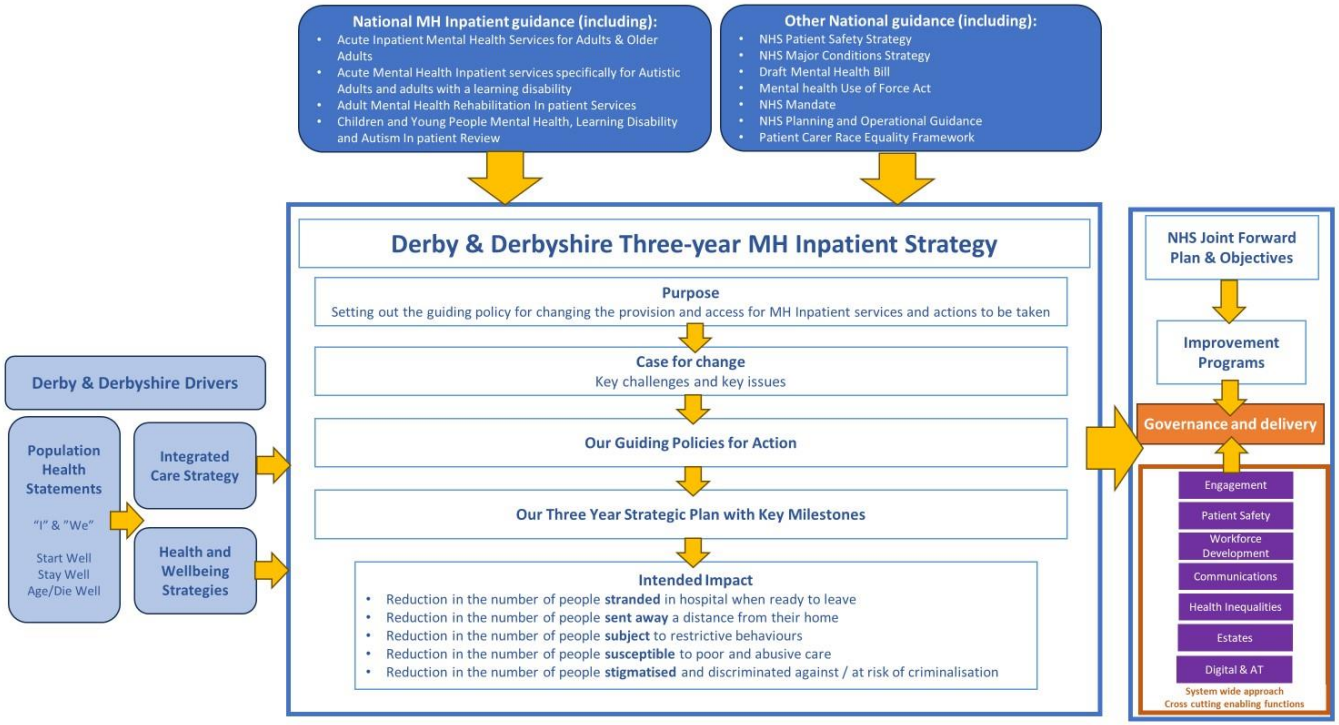


Figure 2- D&D MH Inpatient 3-year strategic plan diagram

The case for change included within this strategic plan is compelling, the challenges include:

> *"Too many people are detained on wards that are far below the standards anyone would want for themselves or their loved ones"*
>
> Sir Simon Wessley (2018)

National findings:-

- Rising rates for detention under the Mental Health Act alongside increasing concerns about the use of long-term segregation, seclusion, restraint and other coercive measures.
- High profile reports detailing quality failings within mental health inpatient services, including those specifically for people with learning disabilities and autistic people.
- Many people who have experiences poor or abusive care share characteristics which make them more susceptible to discrimination and inequality.

Derbyshire challenges:

- The need to shift the mental health model of care towards strength based biopsychosocial approaches
- The growth in severe mental illness intersected with multi-morbidity physical health conditions requires a fundamental shift in how the NHS in Derby and Derbyshire operates towards a more holistic approach to care provision.
- Evidence shows that patients feel less in control over the healthcare they receive, despite wanting it. It is imperative that we tackle this particularly given the proven benefits of better clinician relationships, improved adherence to advice and increased satisfaction with the outcome of treatment.
- The growth and expansion of new technology will revolutionise the delivery of mental healthcare and support over the next five years and beyond, presenting both opportunities and challenges, with additional risks of potential digital exclusion.
- Workforce recruitment, retention and development is a pre-requisite over the next three year-period.
- The financial, productivity and environment challenges over the next three-year period go hand in hand. There are significant opportunities to reduce waste which must be realised to get the system on a better financial footing.

Whilst the causes of these challenges are multifactorial and complex, we can positively affect them by reforming: (i) what our clinical workforce does in the future and type of skills we invest in; (ii) the way in which we allocate financial resource within the NHS and (iii) changing the nature of the care that we deliver for patients.

The guiding policy headings for this three-year strategic plan will drive the associated service improvement program plans and align with annual NHS operational planning over the next five years. This ensures the development of a joined up and strategic approach to the

commissioning and provision of mental health inpatient care for Derby and Derbyshire – to address the challenges we face, building on existing improvement activities.

Guiding policy headings:

1. We will work with system partners to develop and implement a strength-based shared approach to flexible care provision, risk management and oversight which is underpinned through a focus on Human Rights.

2. We will ensure we are making effective use of resources by eliminating the use of long-stay detention with no clear therapeutic benefit, realigning resources to community support.

3. We will ensure robust governance mechanisms (contractual and oversight) are in place to ensure our population receives inclusive, safe, compassionate care which promotes dignity and respect.

4. We will ensure reasonable adjustments are provided for those people who need them

5. We will continue to improve community services, reducing the reliance on inpatient care to keep people safe and well

To deliver the aims outlined within this strategic plan will require both the focus of the NHS from mental health inpatient providers to deliver the improvement actions required alongside the operational requirements; as well as joint planning and resourcing from social care and voluntary, community and social enterprise (VCSE) partners to support people to receive the care they need in the place they call home.

Recognising this constraint, we will work collaboratively with partners and the public during 2024/25 to agree and prioritise improvement actions and implementation timescales for the remaining two years of the strategy, and in parallel produce triangulated and aligned financial, workforce and activity plans.

Engagement

Engagement activity undertaken to date to help produce this strategic plan

To inform this strategic plan insights have been drawn from co-production activities undertaken to inform our improvement programs. As agreed by the Derby & Derbyshire Mental Health Neurodiversity and Learning Disability Alliance our co-production activities are guided by the following shared agreements:

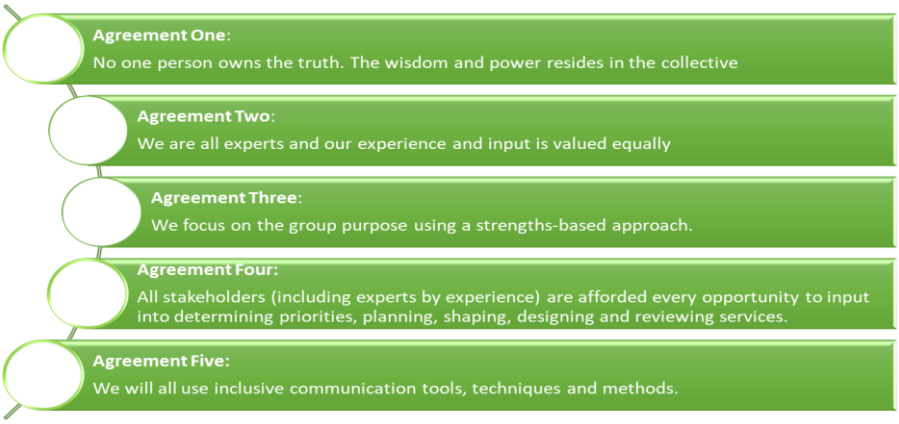


Figure 3 – Shared Agreements D&D MH, ND & LD Alliance (Sept 2022)

And include input from:

- current patients
- experts by experience
- clinical professionals
- senior operational leads
- representatives from multi-agency partner organisations.

We have also drawn from wider engagement with stakeholders across the NHS in Derby and Derbyshire, partners from the wider Integrated Care Partnership as well as insights drawn from the public via a recent engagement event about the NHS@75 birthday.

However, in line with our guiding principles we believe co-production is core to the way we review, plan and deliver services and as such are constantly engaging to inform our priorities, plans and gain assurance regarding effective delivery.

Throughout the life of this strategic plan, we will ensure regular touchpoints to formally engage with people using our services and people with lived experiences, professionals and other key stakeholders to review our progress against our strategic aims in line with the 'I' and 'we' statements outlined in section five. This engagement will form a key part of our assurance and delivery monitoring processes.

1. Introduction

The Derby & Derbyshire Mental Health Care and Support System includes:

- Derby & Derbyshire Integrated Care Board (ICB) – responsible for commissioning good quality, effective services that meet population need
- Derbyshire Healthcare NHS Foundation Trust (DHcFT) - the main provider of secondary care acute and community mental health services (working and older age), including provision for people who are neurodiverse (including specialist learning disabilities services in the south of the county)
- Cygnet Healthcare – provider of 5 hospitals based in Derbyshire providing specialist mental health inpatient support
- Elysium Healthcare – provider of 2 hospitals based in Derbyshire providing specialist mental health inpatient support
- Derbyshire Community Health Services (DCHS) NHS FT – the main provider in the north of the county for organic older adult and specialist learning disability services
- 18 Primary Care Networks made up of 113 GP practices
- Two local authorities: Derby City Council and Derbyshire County Council – who provide social care and commissioning services
- Eight housing authorities: one in Derby City and seven district/boroughs in the County footprint
- IMPACT Provider Collaborative – provide low and medium adult secure care services and specialist MH inpatient services such as eating disorder and perinatal
- A varied voluntary community & social enterprises (VCSE) sector providing support to local people.

1.1. Policy and legislative considerations

The content of this three-year strategic plan has been influenced by a series of national and local imperatives, including those set out below.

The Long-Term Plan (2019)[1]

The NHS Long Term Plan (LTP) established a series of ambitious health improvement objectives in relation to services to support people with a mental ill health, learning disability &/or autism for the NHS to deliver, including but not limited to:

- Transform mental health care so more people can access treatment by increasing funding at a faster rate than the overall NHS budget
- Make it easier and quicker for people of all ages to receive mental health crisis care, around the clock, 365 days a year, including through NHS 111
- Expand specialist mental health care for mothers during and following pregnancy, with mental health assessments offered to partners so they can be signposted to services for support if they need it
- Expand services, including through schools and colleges, so that an extra 345,000 children and young people aged 0-25 can get support when they need it, in ways that work better for them
- Continue to develop services in the community and hospitals, including talking therapies and mental health liaison teams, to provide the right level of care for hundreds of thousands more people with common or severe mental illnesses.

The Major Conditions Strategy[2]

The Government has launched a call for evidence to inform its landmark Major Conditions Strategy to tackle the main causes of ill-health, ensure care is patient focussed and relieve stress on the health and care system. Their call for evidence seeks views on how best to prevent, diagnose, treat, and manage six major groups of conditions that contribute to the burden of disease in England, specifically:

- Cancers
- Cardiovascular (or circulatory) diseases, including stroke and diabetes
- Chronic respiratory disease
- Dementia
- Mental ill health and
- Musculoskeletal disorders.

The significance of this development through 2023 going into 2024, has contributed to the framing of action within this NHS Plan to date and will continue to do so.

The strategy identifies the following key enablers to improve the outcomes for people with a severe mental illness:

- Additional investment in research to understand how mental, physical and social conditions interlink

[1] NHS England. NHS Long Term Plan, 2019.
[2] Department for Health and Social Care. Major Conditions Strategy: Call for evidence, 2023.

- Funding to support the modernisation and digitalisation of mental health services in England as announced in the Spring 2023 budget
- Improve talking therapies service offer through piloting cutting edge digital therapies.

The Derby and Derbyshire Integrated Care Strategy[3]

The recently published Derby and Derbyshire Integrated Care Strategy (DDICS), establishes a vision for population health and a set of supporting strategic aims for how the Integrated Care Partnership (ICP) will work together, to improve the health of the Derby and Derbyshire population – as shown in Figures 3 and 4.

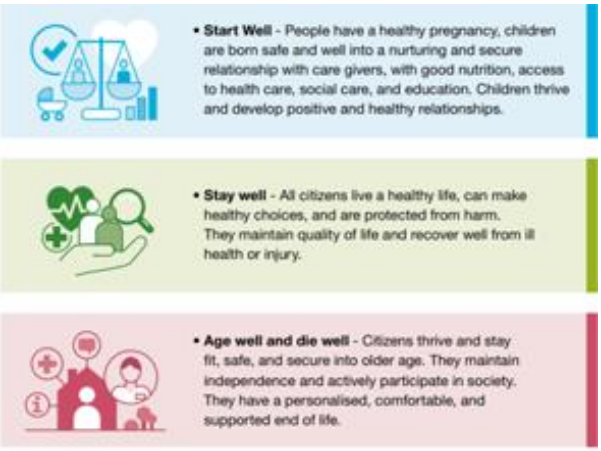


Figure 4. Vision for population Health in Derby & Derbyshire. Derby & Derbyshire Integrated Care Strategy

Figure 5. Strategic aims for integrated care. Derby & Derbyshire Integrated Care Strategy

The DDICS has been developed in the context of the two Joint Local Health and Wellbeing Strategies and the two Local Authority plans.

A major focus of the DDICS is on increasing life expectancy and healthy life expectancy and reducing inequalities – by tackling the leading causes of early death and time spent in ill-health.

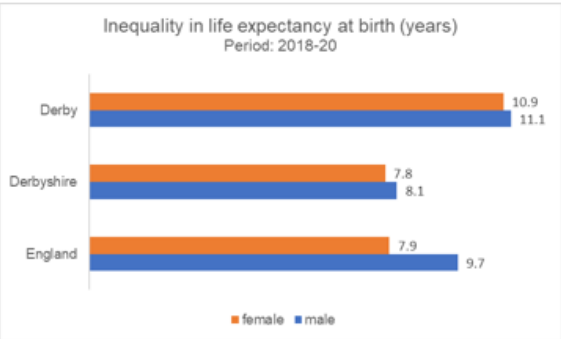
On this front, the current situation is stark. As summarised at Figure 5, in Derby, the life expectancy and healthy life expectancy of both males and females is either lower or the same as it was almost a decade ago. Across Derbyshire (viewed at a county level), whilst the life expectancy of a male has slightly increased over the last decade, more of that time is living in ill-health. For females there has been no discernible improvement or decline.

[3] Joined Up Care Derbyshire – Integrated Care Partnership. Derby and Derbyshire Integrated Care Strategy, 2023.

Life expectancy at birth (years)						
Local Authority	Derby		Derbyshire		England	
Period	2009-11	2018-20	2009-11	2018-20	2009-11	2018-20
Male	78.1	77.7	78.9	79.2	78.8	79.4
Female	82.2	81.5	82.8	82.8	82.7	83.1

Healthy life expectancy at birth (years)						
Local Authority	Derby		Derbyshire		England	
Period	2009-11	2018-20	2009-11	2018-20	2009-11	2018-20
Male	63.2	57.7	62.6	61.5	63.0	63.1
Female	61.6	61.6	62.3	62.6	61.6	63.9

Inequality in life expectancy at birth (years)



Inequality in healthy life expectancy at birth (years)

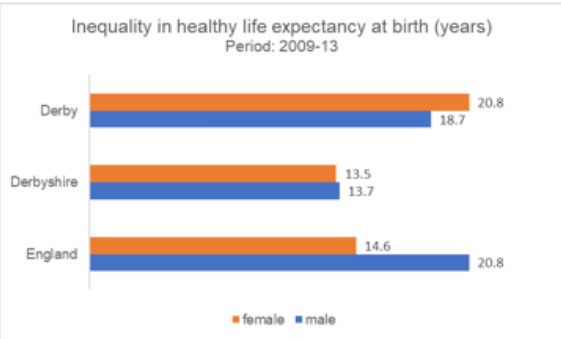


Figure 6. Life expectancy, healthy life expectancy and the inequality in both – Derby, Derbyshire, and England[4]

The inequality in both life and healthy life expectancy, as shown at Figure 3, clearly demonstrates the impact of deprivation. Poorer outcomes are linked to areas of socio-economic deprivation and certain groups including, but not limited to, those from Black, Asian, and minority ethnic backgrounds, those with severe mental illness, people living with disabilities, LGBTQ+ people and people currently homeless.

In response to this, the DDICS has set out a range of markers – referred to as 'Turning the Curve' indicators – that the ICP are aiming to affect, tackling key risk factors for early death, ill-health (physical and mental) and health inequalities.

'Turning the Curve' indicators

1. Reduce smoking prevalence
2. Increase the proportion of children and adults who are a healthy weight
3. Reduce harmful alcohol consumption
4. Improve participation in physical activity
5. Reduce the number of children living in low-income households
6. Improve mental health and emotional wellbeing
7. Improve access to suitable, affordable, and safe housing
8. Improve air quality.

[4] Office for Health Improvement & Disparities – Fingertips – Public Health Profile. Life expectancy at birth is a measure of the average number of years a person would expect to live. Healthy life expectancy at birth is a measure of the average number of years a person would expect to live in good health. Inequality in life/healthy life expectancy at birth is a measure that shows how much life/healthy life expectancy varies with deprivation.

Derby & Derbyshire Autism Strategy

The Derby and Derbyshire health and Care system have developed and published a joint strategy focussing on the improvement actions required across partner organisations. The vision of the strategy is 'to maximise the opportunities, support and services made available to autistic people and those on the autism diagnosis journey in Derbyshire'.

This means that for approximately 11,660 Children and Adults in Derby and Derbyshire who are autistic (1):

- We want to ensure that autistic people are recognised, validated, and empowered to live they lives they want. This includes feeling part of their local community, being able to easily and readily access everyday services; and receive any specialist support that they might need, with the ambition for Derby and Derbyshire to be a safe and inclusive space for all people, including autistic people.
- We want to ensure a joined-up approach to the strategy is implemented which emphasises the social model of disability, so improvements are made in a wider range of areas. This should include access to a diagnosis, adopting strength based diagnostic criteria, providing support for those waiting for a diagnosis, those with a diagnosis and those without, employment opportunities for autistic people and implementing better training and awareness for the wider community, which should be led and produced by autistic people.

By listening to and working with autistic people, families, carers, partner organisations and professionals, we have determined five key strategic priorities, which have the ambition to reconfigure how care and support is delivered for autistic people and their families. We aim to move away from interventions in a crisis to providing preventative and flexible support within local communities.

How all the different strategies 'fit together'

This section demonstrates the significant amount of work that has been (and continues to be) undertaken to align the various strategies of a range of actors that have a role in improving the health and wellbeing for our local population.

This strategic plan aims to build on those strategies, highlighting the interdependencies and indirect benefits.

1.2. Derby and Derbyshire Integrated Care Board

The Derby and Derbyshire Integrated Care Board's (DDICB) role in the new architecture of the NHS, is focused on created a systematic and proactive approach to planning, procuring, and delivering NHS services for all communities of the Derby and Derbyshire population.

As a new organisation formed in 2022, the DDICB is evolving to achieve its ambition to be seen as a valued partner in the wider collective effort to improve population health and reduce the inequity in healthcare provision. Indeed, the broader constituency of the Board provides us with the means to do this and maximise performance against our statutory duties.

In this context, the Strategic Framework for the DDICB – as shown below – provides clarity of purpose for the organisation over this five-year period and the key leadership role it has in driving the integration of health and care services.

Purpose	To support people in Derby and Derbyshire to live their healthiest lives, creating a sustainable, joined-up health and social care system for now and the future.			
Vision	We will improve the health and wellbeing of people across all communities in Derbyshire by leading and supporting change, being a great partner and making progress easier across all sectors.			
Goals	**Enable and prevent** Support people across all communities in Derbyshire to maximise their health and wellbeing, with a shift from treatment to prevention.	**Health and care equity** Reduce health inequalities throughout Derbyshire communities by working with partners to address the factors influencing people's health.	**Impact and learnings** Prioritise evidence-based actions that will have the greatest sustainable impact, utilise data and digital solutions, and share our learnings across organisations, populations and sectors.	**Clarity and connection** Consistently provide clarity to our people, partners, and Derbyshire communities on the ICB's contributions and its overarching ambitions, priorities and responsibilities.
Values	**ONE TEAM**	**COMPASSIONATE**	**INNOVATIVE**	
Behavioural expectations	We are **collaborative**, a peer and a partner; we role-model integrated, collaborative working.	We are **kind** and respectful.	We **listen** to our communities and colleagues, fostering two-way communication and embracing co-production.	
	We are **open** and transparent in engaging with others and worthy of their trust.	We are **inclusive**, embracing diversity for all people across the organisation, the system, and the communities we serve.	We **learn** with, develop and grow our people, staying curious and bold in challenging convention.	
	We are **accountable**, visible and responsible leaders in our communities.	We are **supportive**, celebrating each other's skills, accomplishments and contributions.	We are **flexible** and adaptable, taking decisions that best serve the needs of staff and our communities.	

Figure 7 – The Derby and Derbyshire Integrated Care Board's Strategic Framework.

1.3 The structure of this document

This three-year strategic document is organised into six sections:

- Section 2 – The case for change - discusses a series of key challenges that the NHS in Derby and Derbyshire will face over this three-year period (and beyond) and identifies the critical issues for the NHS to resolve.
- Section 3 – Our guiding policies for action – sets out an approach for dealing with the challenges and critical issues as identified in section 2 – by establishing three guiding policies for action.
- Section 4 – Our three-year action plan – sets out the key milestones for delivery over the lifetime of the strategy.
- Section 5 – Governance – describes the governance arrangements relevant to this strategy and describes the measures of success.

2. The case for change

Summary points:

- The causes of mental ill health are multi-factorial and can include social factors including income, accommodation and family
- Biological and psychological factors can both contribute and be a protective factor for mental ill health
- People living with SMI experience some of the worst inequalities, with a life expectancy of up to 20 years less than the general population
- People with a mental ill health are more likely to suffer from physical ill health conditions
- People with autism are more likely to have cooccurring mental ill health.

Derby and Derbyshire:

- 24 (16.1%) of Derby's small areas are in the most deprived 10% in England.
- 22 of the 491 (4.5%) small areas (lower super output areas) in Derbyshire fell within the 10% most deprived in England
- There are less people in Derby & Derbyshire living in temporary accommodations
- The self-reported rate of happiness was lower in Derby & Derbyshire than the national average
- Long term claimants of Job Seeker's Allowance is higher in Derby than national average
- Prevalence rates of Depression in Derbyshire in higher than the national average
- Derby & Derbyshire ICS has 10,315 individuals listed on GP registers as diagnosed with a severe mental illness as at April 30 2024.
- Derby & Derbyshire ICS 7,957 individuals listed on GP registers as diagnosed with a learning disability as at April 30 2024.
- During 2023/24 there were 2,031 Derby & Derbyshire patients admitted into hospital for mental health assessment and treatment
- 410 inpatient stays included some form of restrictive interventions within which there were 3,827 episodes of restrictive practice recorded
- There are 35 Derby & Derbyshire individuals currently receiving level 2 rehab inpatient care
- There are 95 individuals currently receiving secure inpatient care.

The mental ill health challenge

The social determinants of mental ill health

Evidence shows that non-medical factors can influence health outcomes and health inequalities, these represent the broad social and economic circumstances throughout an individual's life course. Children growing up in more deprived areas often suffer disadvantages throughout their lives, from educational attainment through to employment prospects, which in turn affect physical and mental wellbeing.

We also know that employment, income and a healthy standard of living are some of the most important determinants of health and wellbeing with the quality of available work playing a significant part in health outcomes both physically and mentally.

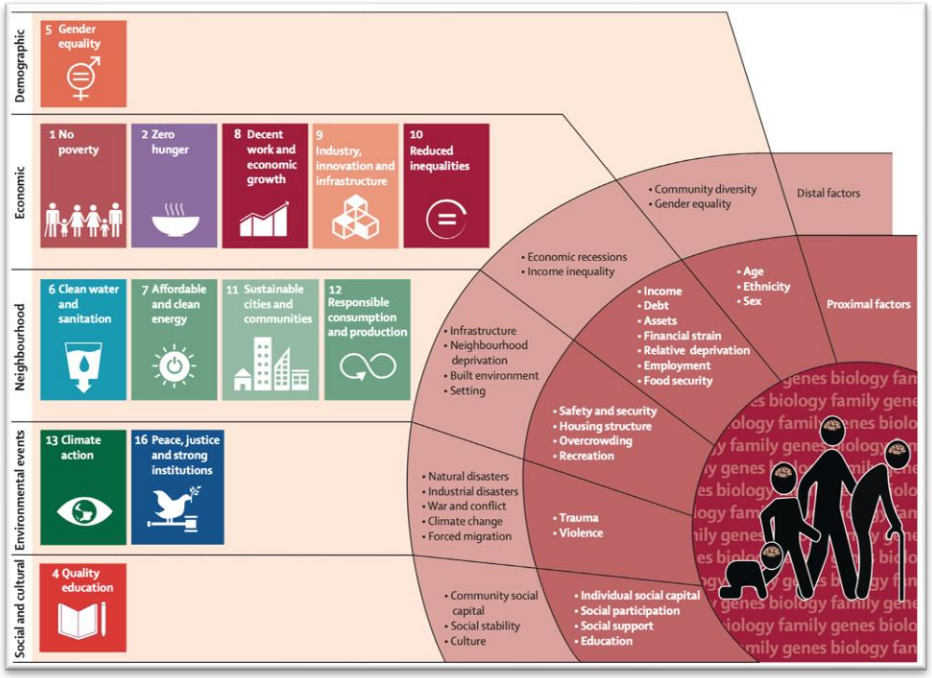


Figure 8 – Social Determinants of Health - Source lancet

Contributing factors of mental ill health

In addition to social determinants biological and psychological factors also leave people more vulnerable to mental ill health. These include such factors as genetics, emotional skills and substance use. Where these factors are present early in life, whilst we are progressing through our developmental stages, they can have a greater impact. For example, childhood risk factors for mental ill health include physical punishment and bullying.

However, exposure to protective factors throughout our lives can support us to maintain good mental health. These protective factors reflect our individual social and emotional skills and develop through positive social interactions, safe neighbourhoods and community cohesion, quality education and employment.

Ref: Mental health (who.int)

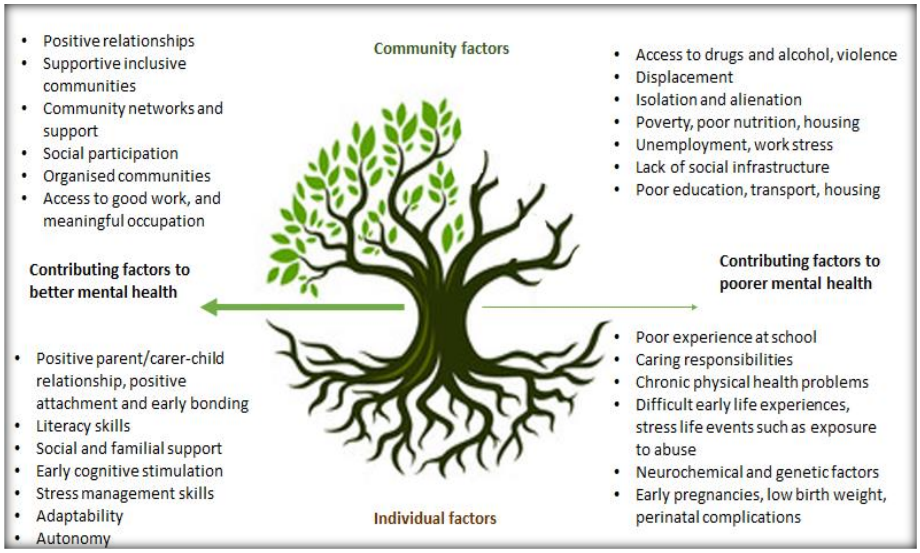


Figure 9 – Contributing Factors to mental ill health – Source - Derbyshire County Council Public Health

Inequalities and mental ill health

Health inequalities are avoidable and unfair differences in health status and determinants between groups of people due to demographic, socioeconomic, geographical and other factors. These differences can be in relation to prevalence, access to, experience and quality of care and support, as well as opportunities and outcomes. Health inequalities can mean reduced quality of life, poorer health outcomes and early death for many people.

People living with severe mental illness experience some of the worst inequalities, with a life expectancy of up to 20 years less than the general population. This is the same life expectancy that the general population experienced in the 1950s, and evidence suggests that the mortality gap is widening.

People with severe mental illness are also more likely to live in less safe neighbourhoods, have less access to healthy foods and fewer opportunities to be involved in healthy activities. Stable, good quality and rewarding employment is protective for health and can be a vital element of recovery from mental health problems. Yet challenges remain for people with mental health problems in gaining and maintaining employment; sometimes because of negative attitudes and stigma. They are also often over-represented in low-pay and temporary work.

Many people want to work but are not always offered opportunities to do so or the most effective help when they do ask for it. The 2018 National Clinical Audit of Psychosis identified that less than half (46%) of patients who were unemployed and seeking work were receiving some form of support towards this goal.

Ref Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)

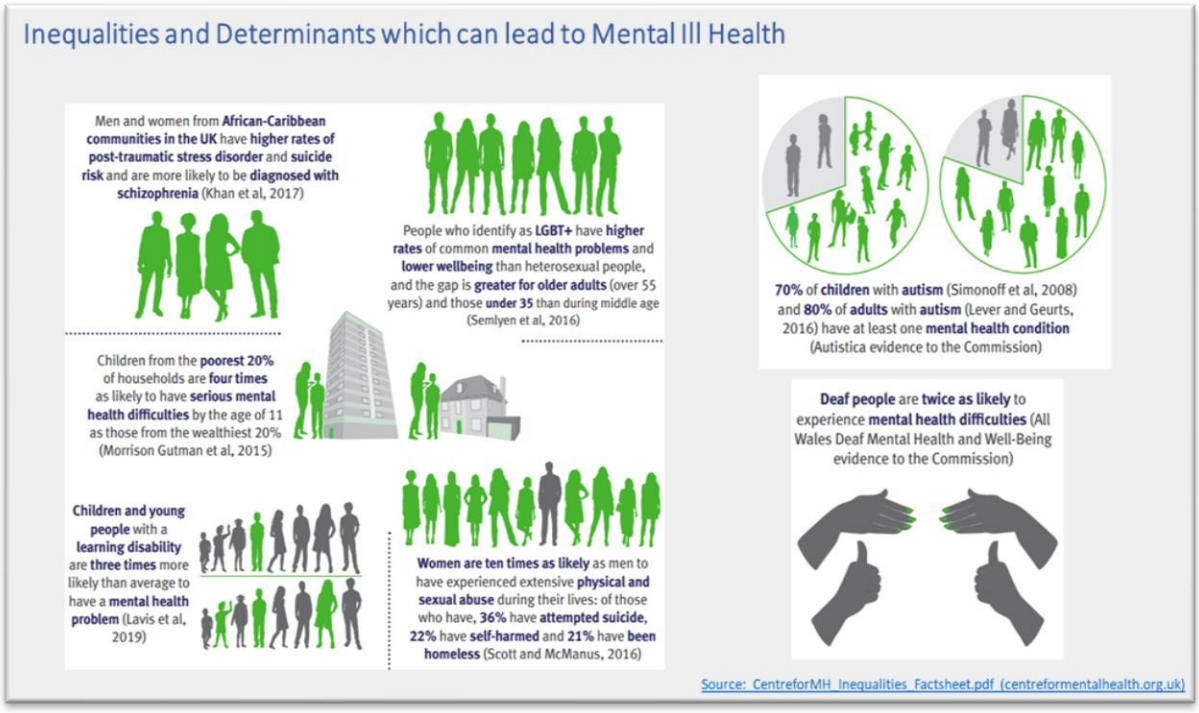


Figure 10 – Inequalities and determinants which can lead to mental ill health – source Centre for MH Inequalities

Mental ill health and co-morbidities

National prevalence data identifies that people with a severe mental illness are:

- three times more likely to smoke
- twice the risk of obesity and diabetes
- five times the risk of having abnormally high levels of lipids in their blood
- three times the risk of hypertension and metabolic syndrome
- three and a half times more likely to lose all their teeth

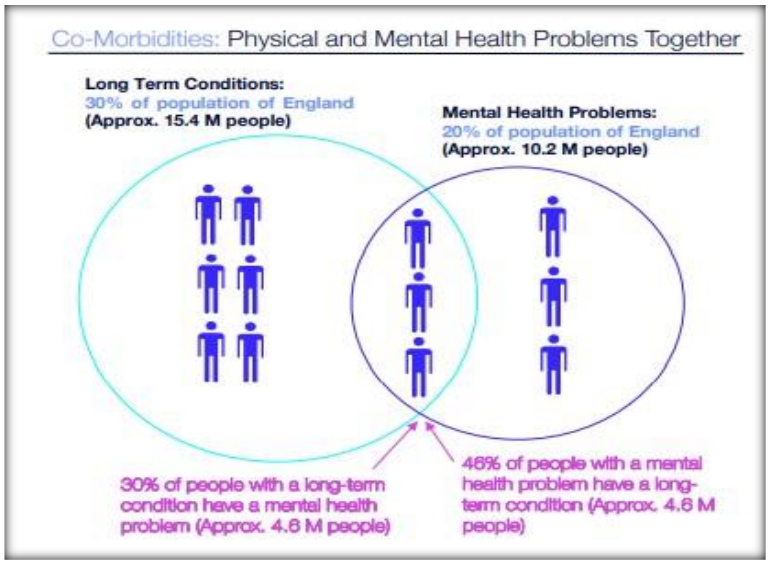


Figure 11 – Mental ill health – co-morbidities – Source – RealWorld Health

The mental ill health burden of disease

Poor mental health is estimated to carry an economic and social cost of £105 billion a year in England and is equivalent to 5% of the UK's GDP. This includes indirect costs of lost employment, as well as direct costs relating to health and care provision and the human costs of reduced quality of life.

Almost three-quarters of the cost is due to the lost productivity of people living with mental health conditions and costs incurred by unpaid informal carers who take on a great deal of responsibility in providing mental health support in our communities.

The long-term costs of perinatal depression, anxiety and psychosis collectively are estimated to be around £8.1 billion for the total number of babies born in a year. Most of this cost relates to adverse impacts on the child rather than the mother.

Ref Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)

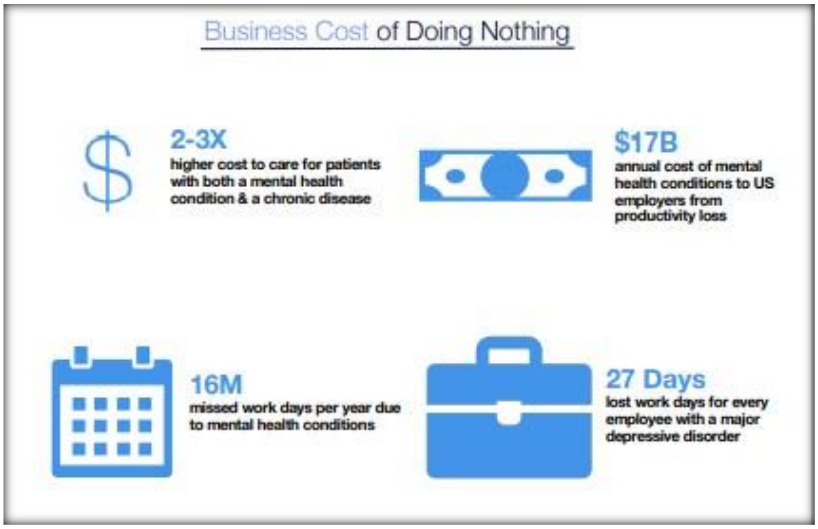


Figure 12 - Mental ill health – Business Costs – Source – RealWorld Health

Autism and mental illness

A systematic review published in the Lancet in 2019 identified the following prevalence levels for co-occurring mental ill health within autistic people:

- 28% ADHD
- 20% anxiety disorder
- 13% sleep awake disorders
- 12% disruptive, impulse control & conduct disorder
- 11% depressive disorder
- 9% obsessive compulsive disorder
- 5% bipolar disorder
- 4% schizophrenia spectrum.

Ref: Meng Chuan Lia et al Lancet 2019

National key facts at a glance

- Around 20% of children aged 7 to 16 had a probable mental health condition in 2023
- An estimated 1 in 6 adults have experienced 'common mental disorder' like depression and anxiety in the past week
- Half of those with lifetime mental health problems first experience symptoms by the age of 14 and three-quarters by their mid-20's
- People with a severe mental illness are more likely to die 20 years younger than those without
- Mental ill health represents up to 23% of the total burden of ill health in the UK and is the largest single cause of disability

Some groups are more likely to endure mental health problems than others:

- People who identify as LGBTQIA+. LGBTQIA+ people are between 2–3 times more likely than heterosexual people to report having a mental health problem in England [5].
- Black or Black British people. 23% of Black or Black British people will experience a common mental health problem in any given week. This compares to 17% of White British people [2].
- Young women aged 16-24. Over a quarter (26%) of young women aged between 16–24 years old report having a common mental health problem in any given week. This compares to 17% of adults. And this number has been going up [2].
- Around 40% of people in England who have overlapping problems including homelessness, substance misuse and contact with the criminal justice system in any given year also have a mental health problem [6]. (This is sometimes called facing ‘multiple disadvantage’.)

*References provided by MIND https://www.mind.org.uk/

2.1 Knowing our people

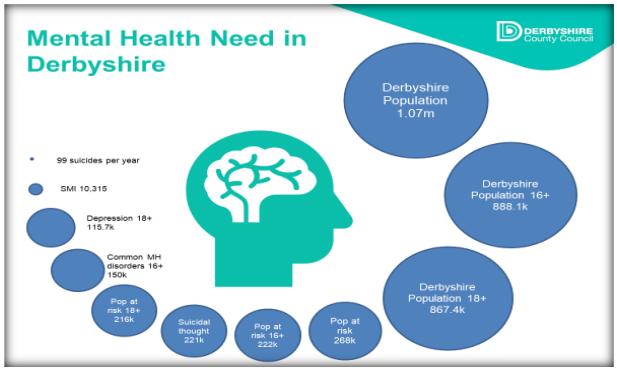


Figure 13 - The mental ill health need of the Derby and Derbyshire population – source Derbyshire Local Authority Public Health

Figure 14 - The mental ill health risk and protective factors for the Deby & Derbyshire Population - Source – Derbyshire Local Authority Public Health –

OHID Fingertips; charts via Piktochart; icons via PowerPoint

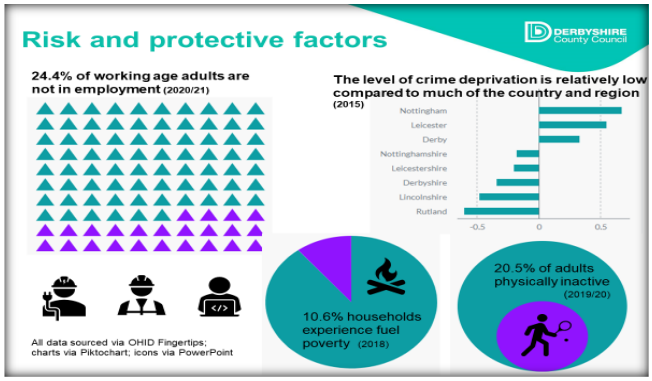
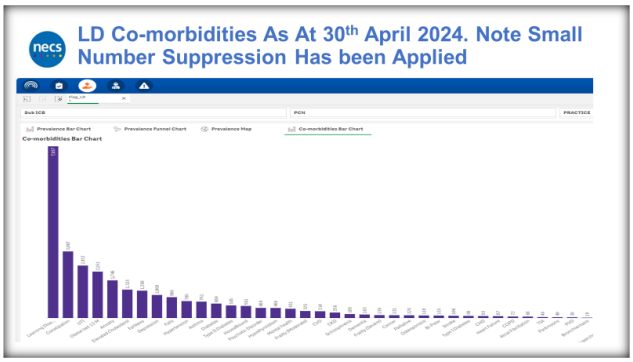


Figure 15 - The cooccurring health conditions for the Derby & Derbyshire Population diagnosed with a SMI
Source – Derby & Derbyshire GP Registers

Figure 16 - The cooccurring health conditions for the Derby & Derbyshire Population diagnosed with a learning disability

Source – Derby & Derbyshire GP Registers



Social and environmental factors have a significant impact on mental health. People with mental illness are more likely to have higher rates of poverty, homelessness, incarceration, social isolation, and unemployment (Public Health England, 2018). Rewarding employment,

stable housing, financial security, and social networks can all act as protective factors (Public Health England, 2018).

The crude rate of households in temporary accommodation was low in Derby (1.2%) and Derbyshire (0.7%) in 2021/22 compared to the England average (4%) (Office for Health Improvement and Disparities, 2023).

8.4% respondents to England's 2021/22 Annual Population Survey reported a low happiness score. The figure for Derby was 11.2% and 9.9% for Derbyshire (Office for Health Improvement and Disparities, 2023). These differences from the national figure are not statistically significant as the 95% confidence intervals for the estimates are wide.

The crude rate of long-term claimants of Job Seeker's Allowance in Derby was 2.5 per 1,000 in 2021. This is significantly higher than the England average (2.1 per 1,000). In Derbyshire, 1.6 people per 1,000 were long term claimants – significantly lower than the England average (Office for Health Improvement and Disparities, 2023).

The Claimant Count unemployment rate for England in April 2023 was 3.9% (Derbyshire County Council, 2023). The overall rate for Derbyshire at this time was 2.8% - this differs by ward (see Figure 16 below). The Derbyshire ward with the highest unemployment rate was Rother (6.4%). 5.1% of people in Derby were unemployed in April 2023 (Derbyshire County Council, 2023).

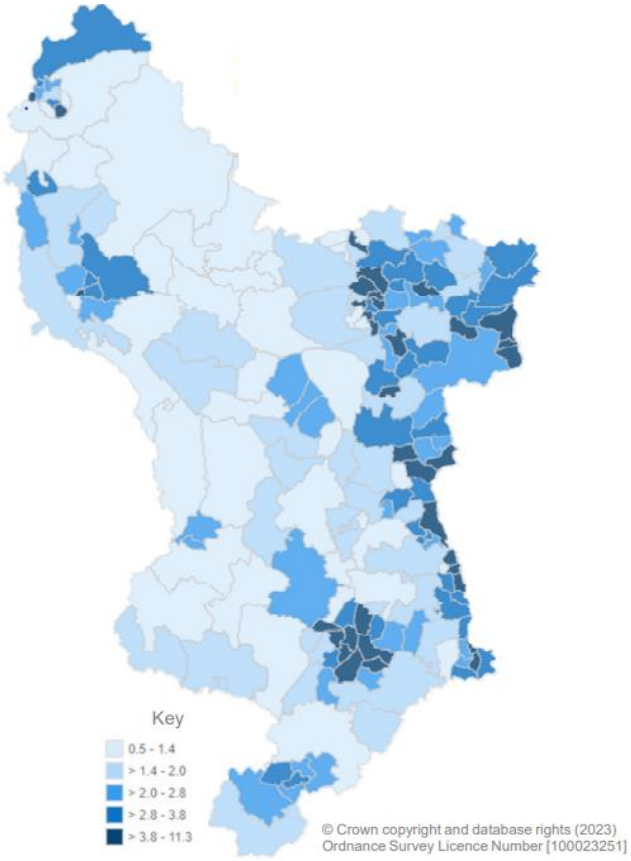


Figure 17 – Unemployment rate in Derby and Derbyshire, ward level, May 2023

The Index of Multiple Deprivation (IMD) is the most commonly used measure of deprivation. It produces an overall measure of deprivation by combining indicators on income,

employment, education, skills and training, health and disability, crime, barriers to housing services, and living environment.

The 2019 IMD index showed that 22 of the 491 (4.5%) small areas (lower super output areas) in Derbyshire fell within the 10% most deprived in England. Most of these areas are located in the North East of the county in the former coalfields areas. Of the 317 lower tier local authority districts in England, North East Derbyshire is ranked 170 on average IMD score (number 1 being most deprived) (Ministry of Housing, Communities & Local Government, 2019).

Twenty-four (16.1%) of Derby small areas are in the most deprived 10% in England. Derby is ranked 67 of the 317 lower tier local authority districts in England (number 1 being most deprived) (Ministry of Housing, Communities & Local Government, 2019).

Figure 18 below shows the deprivation of small areas (lower super output areas) in Derby and Derbyshire.

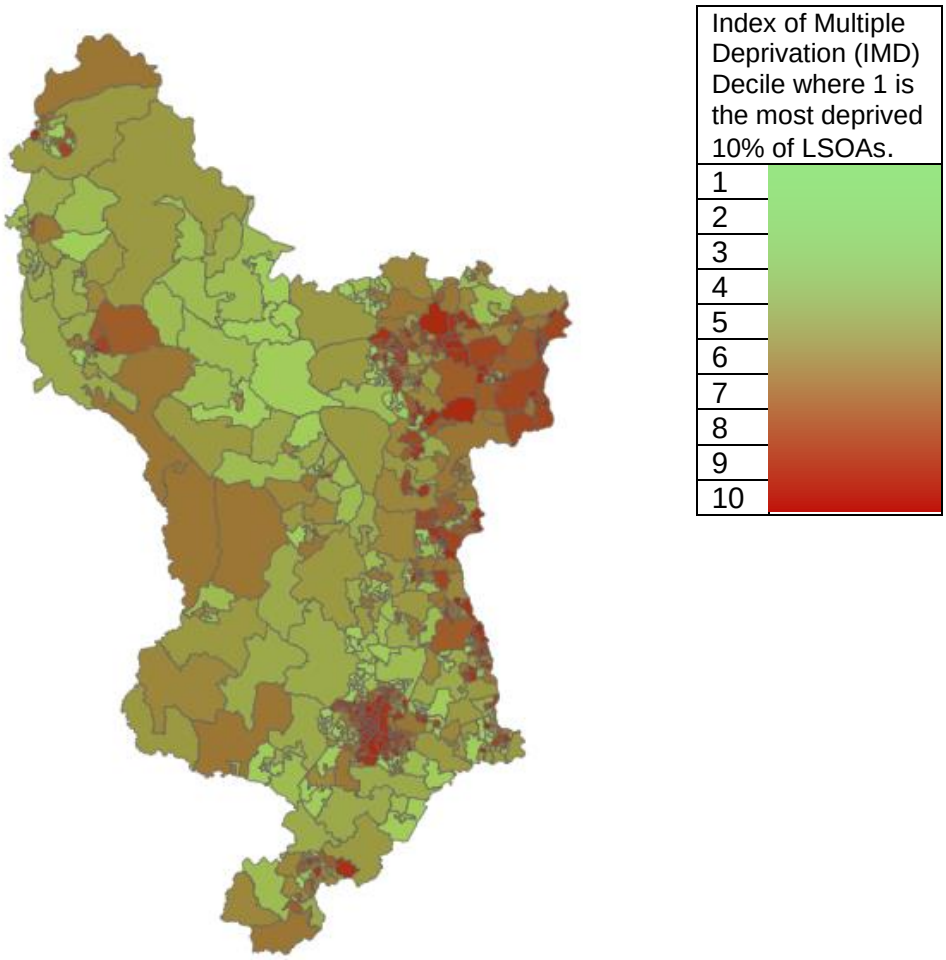


Figure 18 – Index of multiple deprivation (IMD) decile in Derby and Derbyshire, lower super output (LSOA) level, 2019

Prevalence of depression among adults recorded in general practice (Quality and Outcomes Framework) in 2021/22 was higher in Derbyshire (14.9%) than the England average (12.7%). The percentage of adults in Derby recorded as having depression (12.5%) was

statistically similar to the England figure (Office for Health Improvement and Disparities, 2023).

Recorded prevalence of severe mental illness (all ages) was lower in Derbyshire (0.87%) in 2021/22 than England (0.95%). Prevalence in Derby (0.97%) was statistically similar to the England figure (Office for Health Improvement and Disparities, 2023). Recorded prevalence may be an underestimate of actual prevalence.

The Derbyshire sustainability and transformation plan (STP) area includes Derby. This STP had one of the lowest rates of new referrals to secondary mental health services for young people of any area in England in 2019/20. The directly standardised rate for England in this time period was 6,977 per 100,000. For the Derbyshire STP area this was 4,614 per 100,000 (Office for Health Improvement and Disparities, 2023). Of the 42 included STP areas in England, Derbyshire (including Derby) had the third lowest directly standardised rate of inpatient mental health stays before people aged under 18 years in 2019/20 (Office for Health Improvement and Disparities, 2023).

Between 2018 and 2020 suicide rate in Derby and Derbyshire was 10.6 per 100,000 – statistically similar to the England figure for the period (10.4 per 100,000) (Office for Health Improvement and Disparities, 2023).

Key facts

Derby & Derbyshire ICS has 10,315 individuals listed on GP registers as suffering with a severe mental illness as at 30th April 2024. Of these:

- 3,440 individuals have four or more Long Term conditions
- During 2023/24, this cohort made the following utilisation of NHS services
  - 11,392 calls to 111
  - 6,281 calls to EMAS
  - 8,539 attendances at Emergency Department
  - 3,121 admissions into acute hospitals for physical health needs inpatient care
  - 29,234 outpatient appointments attended
  - 46,278 community contacts made
  - 17,402 mental health service contacts
  - 2,033 talking therapy contacts
  - 1,399 adult social care assessments
  - 1,463 adult social care reviews

Derby & Derbyshire ICS 7,957 individuals listed on GP registers as suffering with a learning disability as at 30th April 2024. Of these:

- 944 individuals have four or more Long Term conditions
- During 2023/24, this cohort made the following utilisation of NHS services
  - 8,033 calls to 111
  - 3,623 calls to EMAS
  - 5,538 attendances at Emergency Department
  - 1,455 admissions into acute hospitals for physical health needs inpatient care
  - 14,886 outpatient appointments attended
  - 42,207 community contacts made

- 13,696 mental health service contacts
- 719 talking therapy contacts
- 1,943 adult social care assessments
- 2,992 adult social care reviews

Acute mental health admissions for people with severe mental illness with or without co-occurring learning disabilities or autism

During 2023/24, the population of Derby & Derbyshire made the following utilisation of MH Inpatient services:

- 2031 patients admitted into hospital for mental health assessment and treatment
- Of which 800 were formally detained under the MH act
- The average length of stay was 93.8 days
- 410 inpatient stays included some form of restrictive interventions
- Within which there were 3,827 episodes of restrictive practice recorded

Long Stay Level 2 Inpatient Rehabilitation Care for people with severe mental illness with or without co-occurring learning disabilities or autism

As at 25 June 2024:

- There are 35 Derby & Derbyshire individuals currently receiving level 2 rehab inpatient care
- 26 individuals have a primary diagnosis of severe mental illness
- 9 individuals have a primary diagnosis of learning disabilities
- 12 females and 23 males
- 3 individuals are currently in receipt of restrictive practice in relation to enhanced levels of observations
- There are 2 individuals who have been receiving inpatient care for over 40 years
- The average length of stay across the cohort is 5 and ½ years
- 22 individuals are detained under s3 MHA, 11 individuals are under CJS sections (37, 37/ 41, 47/49), one individual is informal and one supported with DOL's restrictions

Secure Care for people with severe mental illness with or without co-occurring learning disabilities or autism

As at 7 June 2024:

- There are 95 individuals currently receiving secure inpatient care
- 79 individuals have a primary diagnosis of severe mental illness
- 13 individuals have a primary diagnosis of learning disabilities and or autism
- 3 individuals are in specialist deaf services
- 19 females, 76 males
- 56 individuals are in low secure services
- 33 in medium secure services
- 6 in high secure services

2.2 Bringing them home

Provision of mental health inpatient care outside of Derbyshire / patients natural flow for care provision:

- As at 30 May there were 18 individuals in receipt of inappropriate out of area acute care or psychiatric intensive care outside of the Derbyshire system
- In addition, 12 males and 6 females were in receipt of acute inpatient care in independent sector providers based in Loughborough and Nottinghamshire where full continuity of care principles are in place (as described below).
- Of the 35 Derby & Derbyshire individuals currently receiving level 2 rehab inpatient care, 32 individuals are placed outside of Derbyshire in NHS or Independent Sector providers, 24 of which are placed within the Midlands region, four are placed in greater Manchester.

2.3 Keeping them close

When individuals need inpatient care and we can't provide that within Derbyshire we try, whenever possible, and place them within a hospital in which we have pre-established working relationships and contractual agreements. Within these contractual agreements we are clear on the principles we expect the clinical and operational teams to work to.

Continuity of Care Principles

i. Clear shared pathway protocols between units/organisations, particularly around admission and discharge.
ii. An expectation that a person's care coordinator
    - Visits as at regularly as they would if the person was in their most local unit
    - Retains their critical role in supporting discharge/transitions
iii. Robust information sharing, including the ability to
    - Identify cross-system capacity and
    - Access full clinical records with appropriate IG in place as necessary.
iv. Support for people to retain regular contact with their families, carers and support networks, e.g. this might be achieved with optional technology, transport provision etc

All individuals placed outside Derbyshire have an allocated case manager who acts as the link to the inpatient unit and the Derbyshire clinical teams. The case manager meets with the individual and their care teams regularly to make sure that the care being provided is safe and meets the individuals' clinical needs and they help coordinate the discharge planning and return to Derbyshire.

3 Our guiding policies for action

The purpose of this section is to outline an overall approach for the NHS Derby and Derbyshire NHS, for overcoming the obstacles highlighted in Section 2. This approach has been embodied in the creation of five guiding policies to channel the action that is required over this strategic plan period, to change the way in which the Derby & Derbyshire system operates.

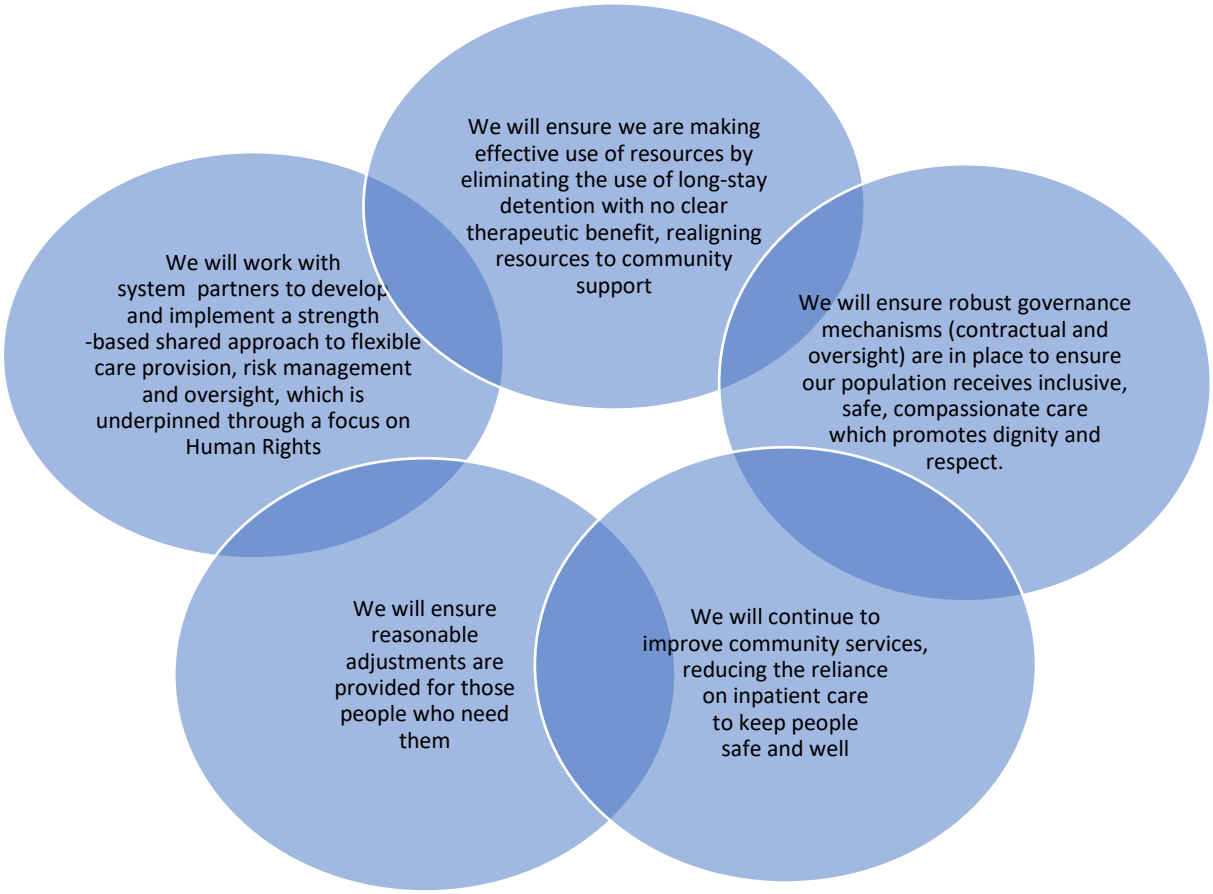


Figure 1. The five guiding policies of our Strategic Plan for the next three years

3.1 We will work with system partners to develop and implement a strength-based shared approach to flexible care provision, risk management and oversight which is underpinned through a focus on Human Rights.

During the period covered by this Strategic Action Plan, we will ensure that all providers of inpatient mental health care for the Derby & Derbyshire population achieve the national co-produced vision for inpatient care:

"The purpose of inpatient care is for people to be consistently able to access a choice of therapeutic support, and to be and feel safe. Inpatient care must be trauma informed, autism informed and culturally competent and meet the nationally defined culture of care standards."

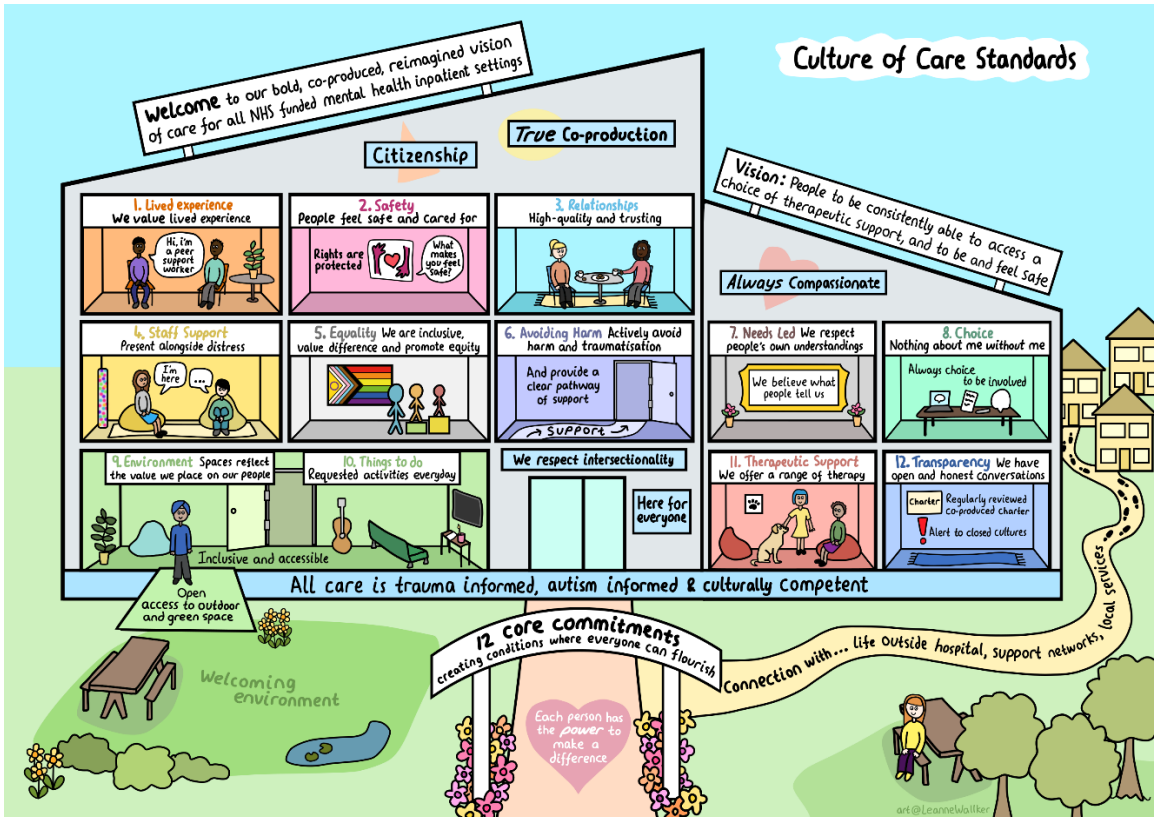


Figure 19 – Culture of Care standards Ref: [NHS England » Culture of care standards for mental health inpatient services]

We will require all providers of inpatient care to undertake a stakeholder informed self-assessment of their current care provision against the care standards and confirm the resulting service improvement action plan with clear milestones and outputs.

We will ensure that within the quality improvement plans all providers have identified the actions they will take to improve health outcomes for the whole population, identifying the cohorts of people who receive the poorest health outcomes, and confirm the actions which will be taken to reduce the barriers to access to services, improve the targeted support and ensure reasonable adaptations and adjustments to ensure equity of health outcomes is achieved.

We will support all providers to work collaboratively through the establishment of regular forums and sharing of key information and data to support rapid adoption of quality improvement actions and embedding quality assurance processes.

3.2 We will ensure we are making effective use of resources by eliminating the use of long-stay detention with no therapeutic benefit, realigning resources to community support

During the period covered by this strategic action plan we will work with the providers of care and accommodation to improve the quantity and quality of provision across Derby & Derbyshire. We will implement new processes to enable early identification of future care and accommodation needs that can be shared with the market to support proactive planning. We will review our commissioning processes to encourage new provision and support better

use of current community assets and infrastructure. We will support collaboration and new alliances between providers including social landlords and housing associations.

We will expand our Care and Treatment Review process to include individuals with a primary diagnosis of severe mental illness who are in long stay Level 2 Inpatient Rehabilitation Care to ensure effective person-centred planning is undertaken and to support effective discharge processes.

We will strengthen our discharge planning process through the provision of additional capacity to coordinate and ensure that all discharge plans are safe, effective, affordable and legal.

By the end of March 2027 we will ensure that there are no patients in long-stay level 2 rehabilitation services who are clinically ready for discharge without a clear discharge plan.

We will reduce our expenditure on long-term inpatient care and increase our expenditure on community care and support.

3.3 We will ensure robust governance mechanisms (contractual and oversight) are in place to ensure our population receives inclusive, safe, compassionate care which promotes dignity and respect

During the period covered by this strategic action plan we will strengthen our quality assurance framework to ensure it monitors adherence to the culture of care standards by all providers.

We will report at our public Board session the number of people subject to restrictive practices in the previous quarter, the clinical oversight processes and the improvement actions being taken.

We will embed a mental health inpatient quality dashboard which will inform our contract management and decision-making processes.

We will establish systematic and robust engagement mechanisms to capture the voices of people who are using our services and those with lived experience, professionals and other key stakeholders to inform our improvement programs.

3.4 We will ensure that reasonable adjustments are provided for those people who need them.

Under the Equality Act (2010) organisations have a legal duty to provide reasonable adjustments for people who may need them. These are changes to the way that services are delivered to make sure that they are accessible and beneficial for people who are disabled, examples including those people who:

- have sensory impairments relating to vision or hearing
- have physical impairments relating to mobility, dexterity, stamina or fatigue
- have mental impairments relating to memory
- are neurodivergent, including autistic people & people with attention deficit hyperactivity disorder (ADHD)
- have a learning disability, including those acquired during adulthood.

Reasonable adjustments are critical to reducing any health inequalities these people may face and, specific to this strategy, that mental health inpatient service provide safe, discharge focused care. Examples of the types of adjustments that can be made to services include:

- extended appointment or assessment times, or that someone else can be in attendance to act as support
- access to areas with lower or higher sensory stimulation
- different eating arrangements, for example prepared meals or eating alone.

We will ensure that reasonable adjustments are implemented across all mental health inpatient services for those people who need them and ensure this is underpinned through the use of the Reasonable Adjustment Flag on people's digital records.

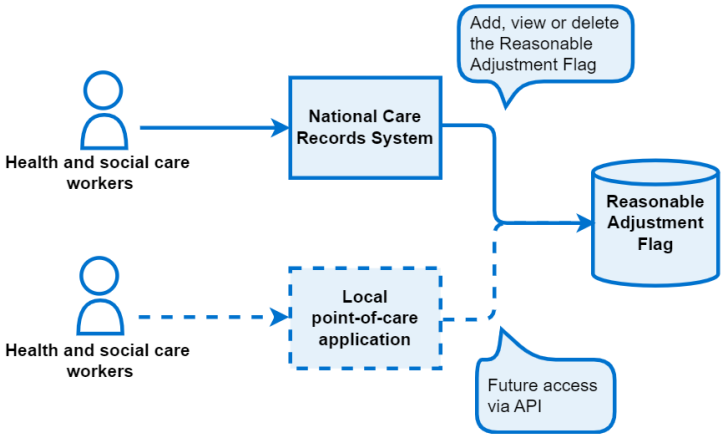


Figure 20 – Reasonable Adjustment Flag Ref: https://digital.nhs.uk/services/reasonable-adjustment-flag

3.5 We will continue to improve community services, reducing the reliance on inpatient care to keep people safe & well.

This strategy is just one part of Joined Up Care Derbyshire's efforts to improve the health & wellbeing for local people with severe mental ill-health, learning disabilities &/or who are autistic. It sits alongside:

- the implementation of the Community Mental Health Framework, otherwise known as 'Living Well'.

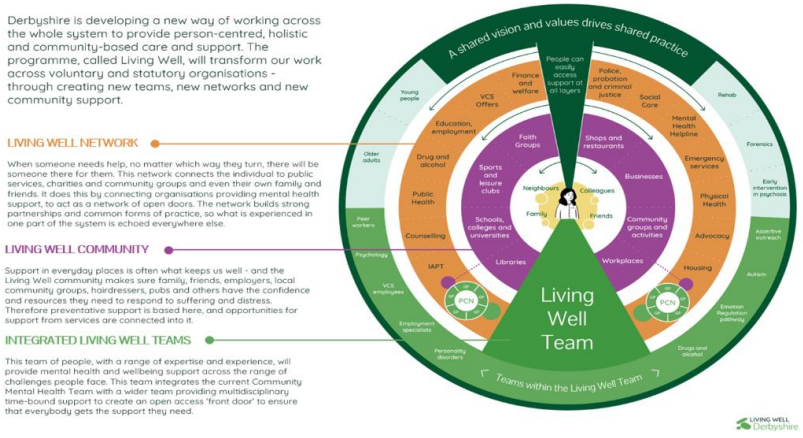


Figure 21 – The Derby & Derbyshire Community Mental Health Framework

- wider mental health community transformation focused on services & pathways such as:
  - Annual Health Checks for people with severe mental ill-health
  - Talking Therapies (previously Improving Access to Psychological Therapies)

- Transformation of urgent community responses including:
  - Access to 111 for urgent Mental Health care
  - Improved access to and provision of crisis home treatment services
  - Short term, intensive and residential support outside of hospital

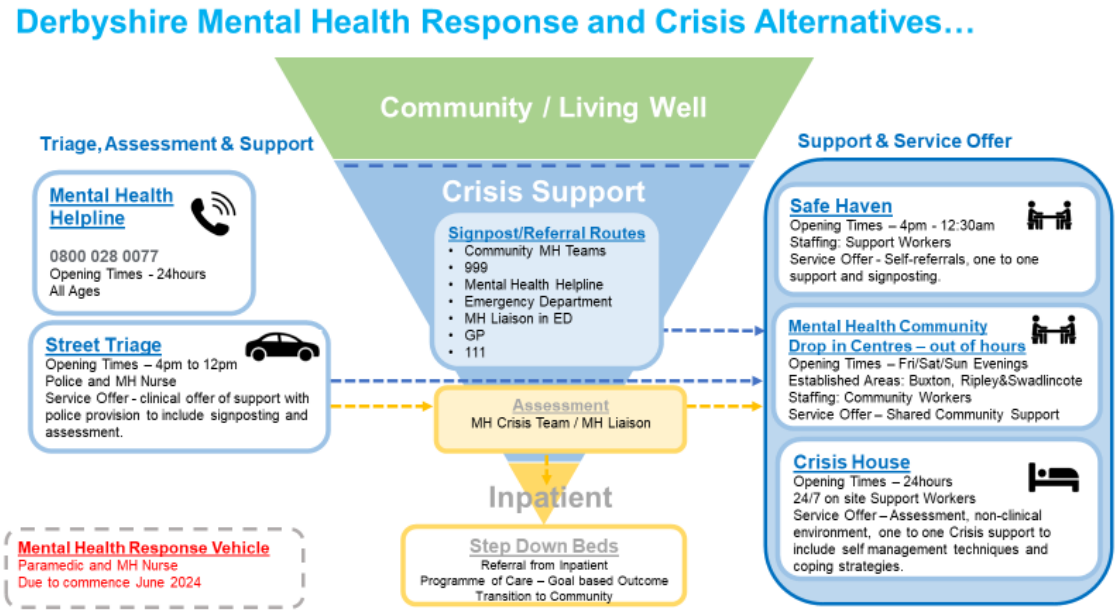


Figure 22 – Derbyshire Mental Health Response and Crisis Alternatives

- The Joined Up Care Derbyshire Neurodevelopmental Programme:

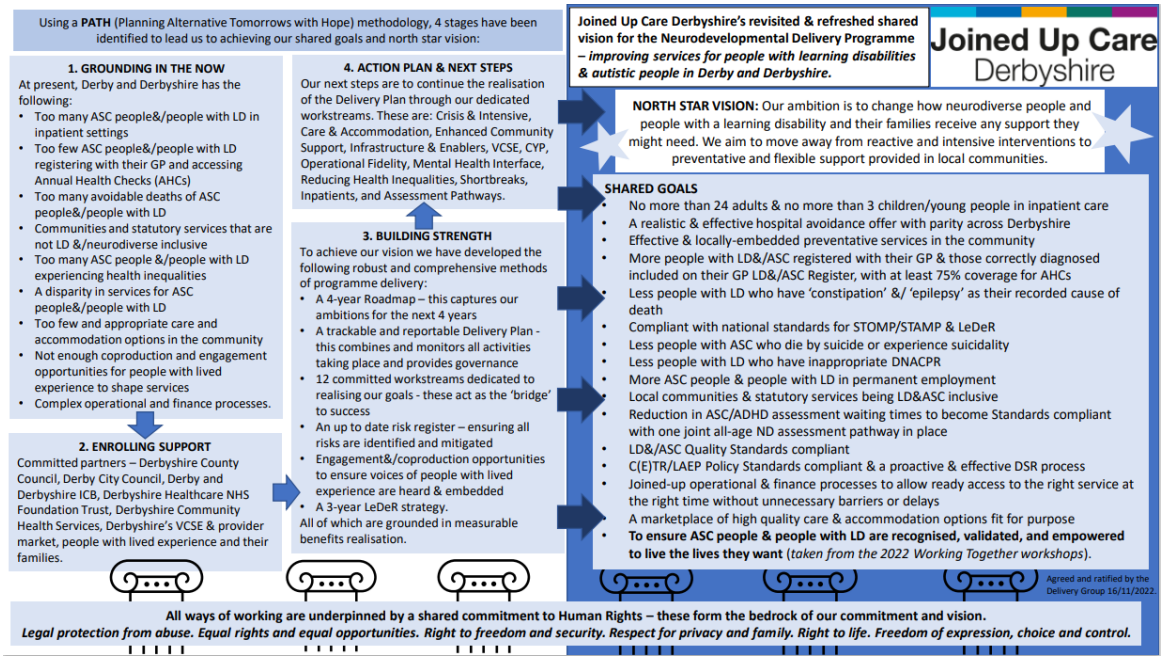


Figure 23 – the Joined Up Care Derbyshire Neurodevelopmental Programme

Together, these will help to deliver the ambitions of this strategic plan, the NHS England mental health, learning disabilities and autism impatient quality transformation program and and NHS England's new Commissioning Framework for Mental Health Inpatient services.

However, Joined Up Care Derbyshire has recognised that further transformation is needed to deliver the aspirations of the framework, notably to eliminate the use of long-stay detention with no therapeutic benefit and inappropriate out of area placements. The framework 'recognises that not everyone returns to the same level of independence they had before their illness and may require supported accommodation (such as residential care, supported housing or floating outreach) in the long term'; equally such care and accommodation can prevent mental ill-health deterioration and as a result the potential need for inpatient care.

Derby and Derbyshire Integrated Care Board, Derbyshire County Council and Derby City Council are already leading a care and accommodation workstream with the goal of improving the quality and availability of supported accommodation for autistic people and people with a learning disability who have cooccurring health and social care (and forensic) needs. This has included:

- two Building the Right Support Care & Accommodation Summits, attended by Joined Up Care Derbyshire partners and local care and accommodation providers
- implementing a new process by which new providers can be brought into the local market which places quality, person-centred care at the heart of commissioning decision-making
- supported modern methods of construction for new accommodation, such as 'modular builds'.

Figure 24 – the Joined Up Care Derbyshire Building the Right Support Care & Accommodation Summit

This approach has:

- started a journey to create more equitable relationships between commissioners and providers.
- stimulated an anticipated additional 25 units of supported accommodation over the next 12-18 months.
- had a demonstrable impact on individuals, with five inpatient discharges delivered between January and December 2023 and three new placements found following previous support breakdown.

It is now the intention to expand this work into care and supported accommodation for severe mental ill-health.

4 Three Year Strategic Plan with key milestones

Guiding Policy	Key Action	Milestone Plan						Standard to be achieved by 31/3/27
		24/25				25/26	26/27	
		Q1	Q2	Q3	Q4			
Strength-based shared approach to flexible care provision, risk management and oversight	Self-Assessment against culture of care standards			■				Full adherence to Culture of care standards
	Service quality improvement action plan				■			
	Establishment of collaborative forum		■					
Eliminating the use of long-stay detention with no therapeutic benefit	Establishment of care and accommodation workstream	■						0 patients in long-stay level 2 rehabilitation services who are clinically ready for discharge without a clear discharge plan
	Expansion of Care and Treatment Review Processes				■			
	Additional capacity in place to strengthen discharge processes				■			
	Financial reporting across pathway					■		
Robust governance mechanisms in place to ensure inclusive, safe, compassionate care	Quality Assurance Framework reviewed		■					Robust quality assurance processes in place
	Quarterly reporting to ICB & ICP Board			■				
	Quality Dashboard Established			■				
	Program governance established	■						
Provision of reasonable adjustments for those who need them	Continued roll out of training across all providers re E&D, LD&A							Reasonable adjustments identified and acted upon
	Use of reasonable adjustment flag on digital records					■		
Continue to improve community services	Embed living well Model				■			Reduction in number of people accessing inpatient care not known to services
	Continue to Improve Access to services				■			
	Embed changes to MH Urgent Care Pathway				■			
	Delivery of the aims of the Building the Right Support national program LD&A					■		

5. Governance and delivery

5.1 Oversight

The delivery of the improvement actions as needed to deliver this three year strategic plan will be managed through the following overarching JUCD system governance approach:-

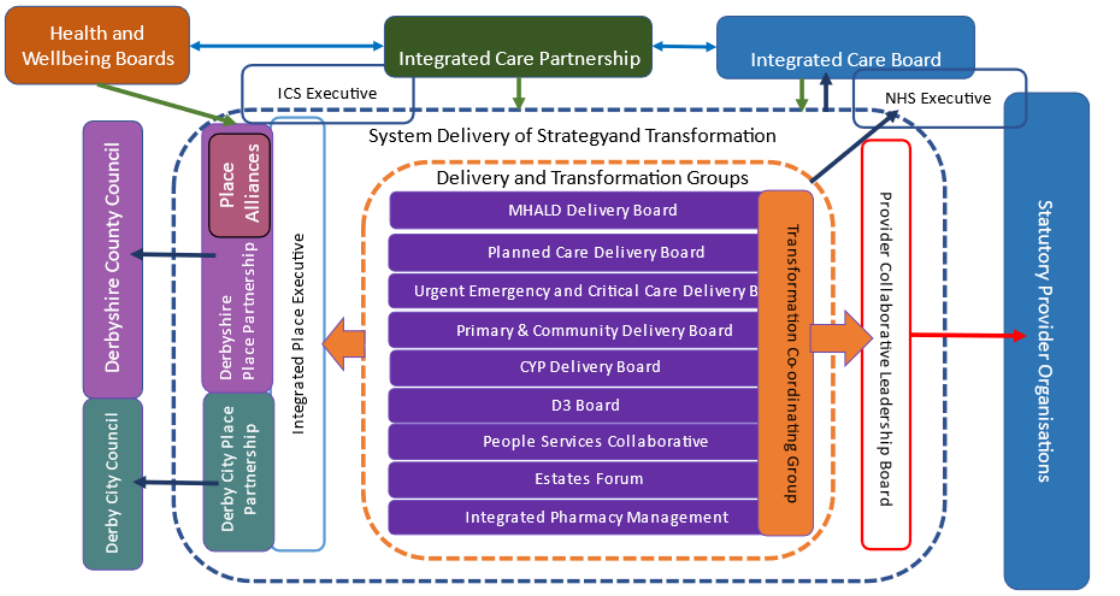


Figure 25 – Joined Up Care Derbyshire Governance Map

This governance architecture ensure appropriate assurance and performance monitoring through individual organisations as well as system forums.

Regional assurance of program delivery will be undertaken then the NHS E Midlands Quality Forum.

The Derby & Derbyshire Senior Responsible Officer for the delivery of the program aims is Professor Dean Howells.

Program governance will be supported through the establishment of the following:

- Program mandate & brief
- Benefits Realisation Plan
- Issues and Risk Log

5.2 Assurance processes

To deliver this strategic action plan will require a complex program of improvements across multiple organisations and care groups. As such the following assurances processes will be utilised:

- Contract Management mechanisms (including quality assurance processes)

- Partnership Forums to enable knowledge sharing
- JUCD System Operational Delivery Performance Assurance Forums
- JUCD Integrated Care Partnership Board

5.3 Tracking delivery

What good will look like

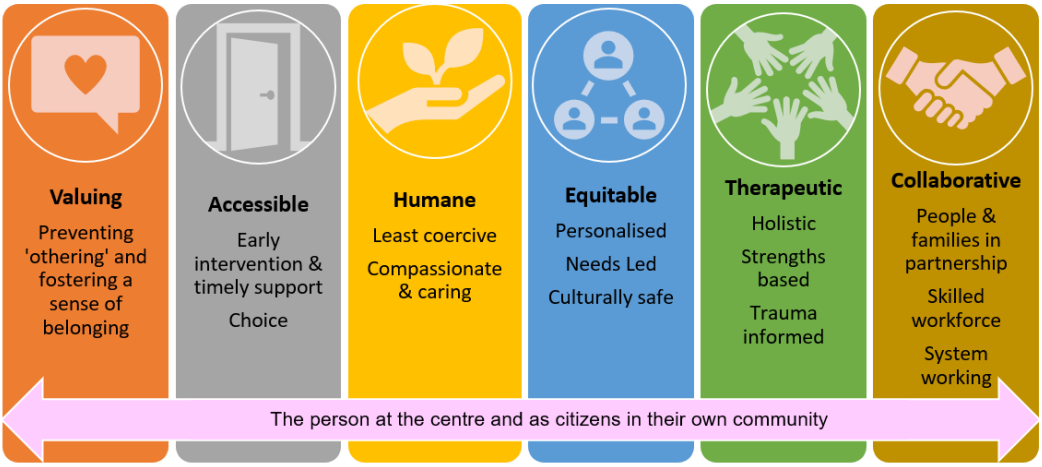


Figure 26 - NHS E MH Inpatient commissioning Framework 2023

Indicators of how we will know we have achieved it - "I" statements

The draft 'I' statements are intended to relate to what 'good looks like' and what matters to citizens. They have been produced using insights from local and national work already undertaken using the following sources;

- 'NHS E – Commissioning Framework for Mental Health Inpatient Services' – I statements agreed to describe what good looks like
- 'National Voices – What we need now' - What matters to people for health and care, during COVID-19 and beyond - new 'I' Statements 2020
- 'JUCD – Team Up integration feasibility study' – questions to ask patients – converted in to 'I' statements
- 'Think Local, Act Personal' – 'I/ We' statements for Flexible and Integrated Care and Support

Over the period of the strategic plan the Derby & Derbyshire system will support the testing and further development of the statements through the following actions:

- Sense check the statements with the population and refine the wording based on feedback
- The JUCD System to respond with 'We' statements on how we will meet the 'I' statements
- To develop a process for how progress against the statements will be measured as part of our assurance framework

Valuing
- I am valued as a person, and my individual needs and wishes are respected
- I feel listened to and that my voice is heard
- I have a sense of belonging and feel part of my own community

Accessible
- I can access services based on my need and do not feel excluded or stigmatized by my diagnosis

Humane
- I am first and foremost treated as a human being
- I am cared for in an environment that is considerate of my induvial strengths and needs
- I am supported by staff who talk with me, not to me, using a way of communication that is preferred by me
- I am supported to plan and prepare for important changes such as transitions between services, or discharge home

Equitable
- I feel valued and respected for who I am
- I can be myself around peers and staff
- I am not discriminated against for who I am and the choices I make
- I feel difference is understood, respected and celebrated
- I feel that my cultural needs and preferences are respected by all the staff who support me

Therapeutic
- I will be able to access a range of support that meets my need
- I feel I have the time and space to form trusting relationships with the people involved in my care

Collaborative
- I have a voice and I feel my views and choices are respected
- I am able to access independent advocacy if I want to
- I can make sure of peer support as I wish

Support people as citizens
- I am supported to access the things that matter to me
- I feel my hopes, dreams and plans for the future are heard
- I have a sense of belonging with the community I identify with

The Key Performance Indicators we will measure

To help us measure our progress towards delivery of these improvement actions we have identified the following:

Outcome measures:

- Reduction in the number of people **stranded** in hospital when ready to leave
- Reduction in the number of people **sent away** a distance from their home
- Reduction in the number of people **subject** to restrictive behaviours
- Reduction in the number of people **susceptible** to poor and abusive care
- Reduction in the number of people **stigmatised** and discriminated against / at risk of criminalisation

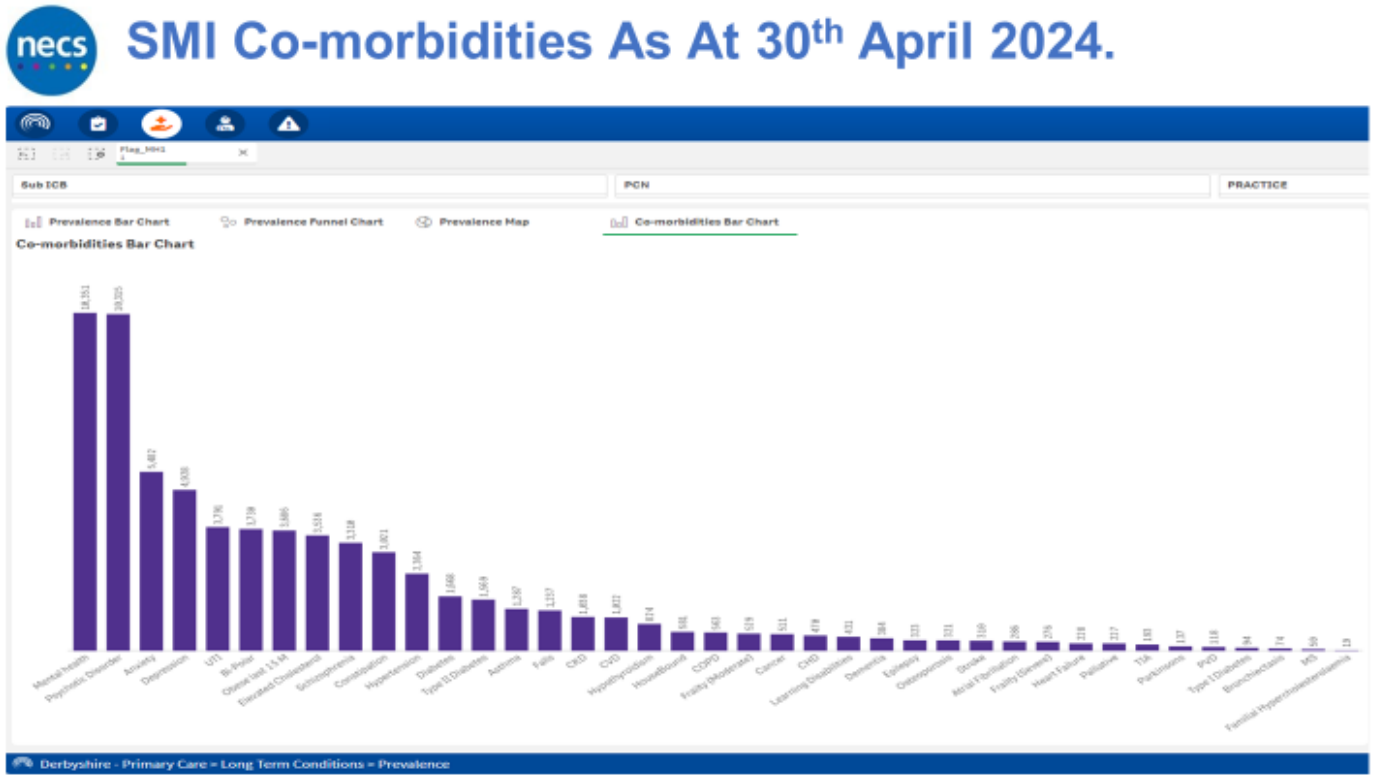
Standards and operational performance metrics:

- Reduction in number of inappropriate out of area placements for acute admissions
- Reduction in number of people with LD&A receiving inpatient care
- Reduction in number of people with SMI receiving level 2 inpatient rehabilitation services
- Reduction of people with SMI receiving secure MH Inpatient services
- Timely access to inpatient care:
    - reduction in waits in ED,
    - reduction in length of stay,
    - improved flow and effective discharges
- Safe and effective inpatient care
    - access to therapeutic interventions and personalised trauma informed care and support
- Least restrictive environment:
    - reduction in episodes and duration of restrictive practice reduction in/ minimising segregation and reducing seclusion
- Improved access to SMI and LD & Autism Health Checks
- Reasonable adjustments provided for all those people who may benefit from them
- Delivery of a care & accommodation summit focused on people with severe mental ill-health
- Access, outcomes and experience for people with protected characteristics and identified priority groups will be measured to ensure any equity gaps are minimised.

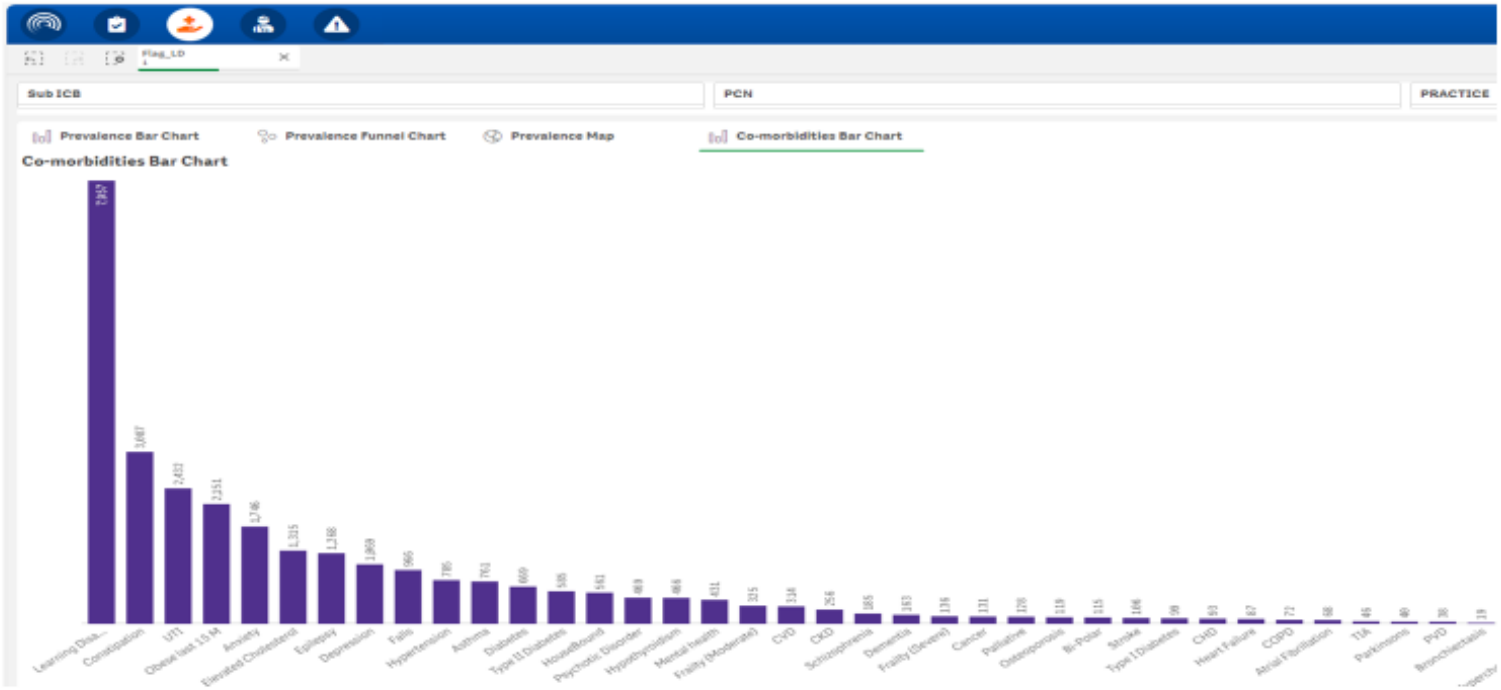
As the program of work progresses, we will add to this list of key performance indicators and report the benefits we have achieved.

Appendix A

Knowing our people – data charts and tables



LD Co-morbidities As At 30th April 2024. Note Small Number Suppression Has been Applied



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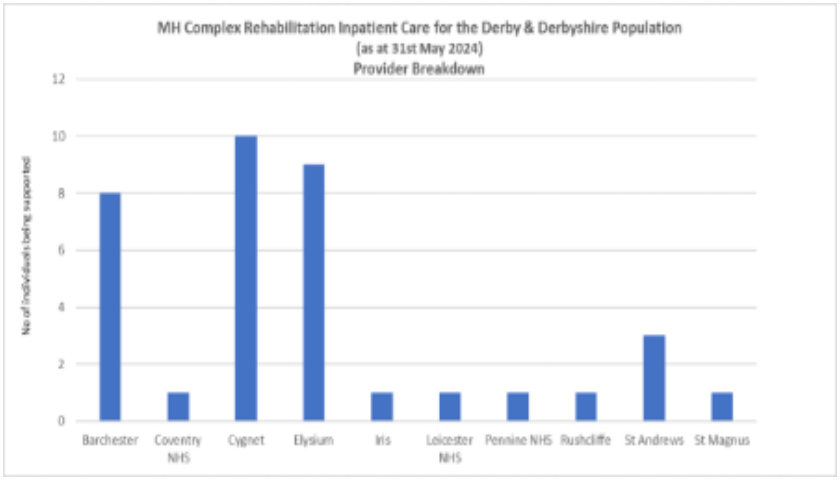

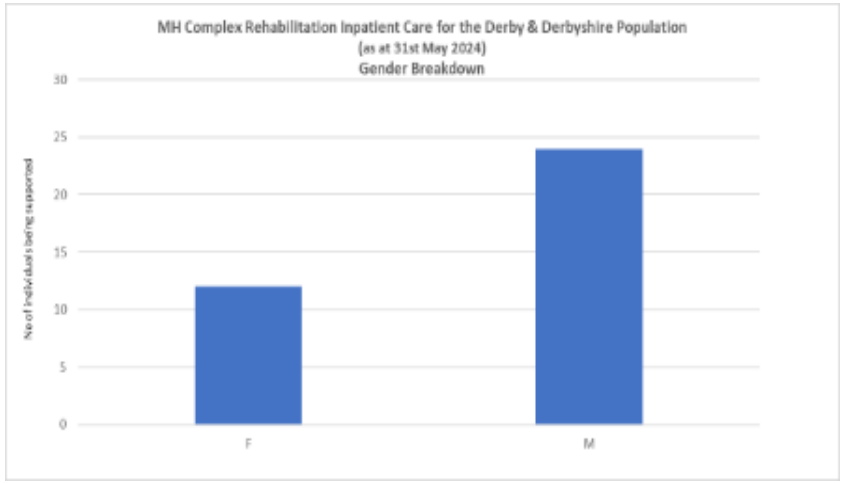

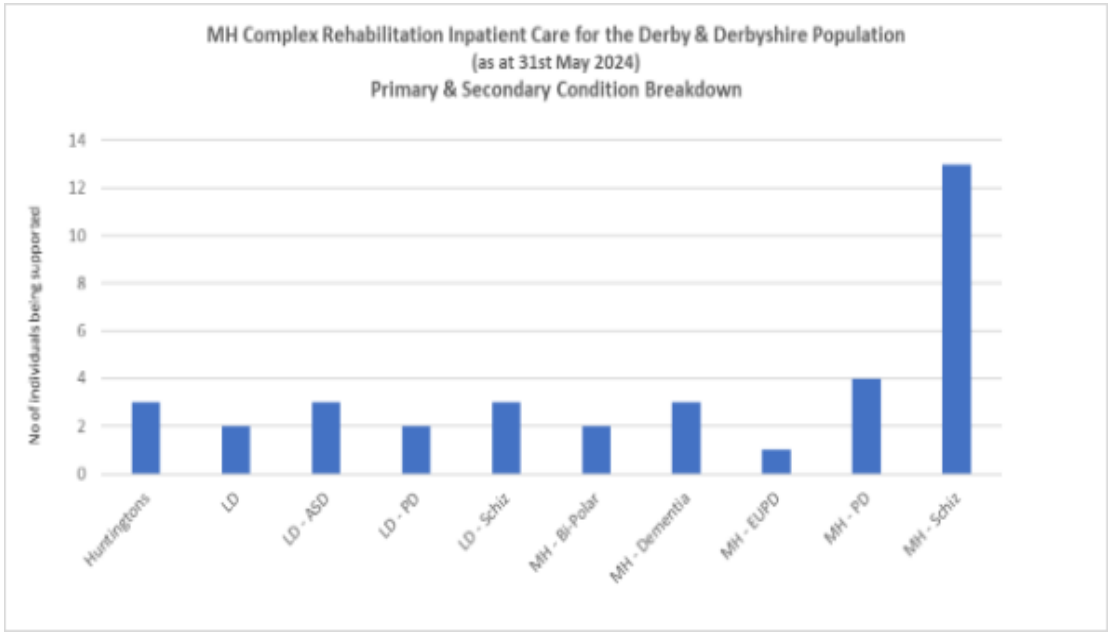

Joined Up Care Derbyshire