Eastern Devon Mental Health Partnership Group: six-month update

January–July 2026

Over the past six months, the Eastern Devon Mental Health Partnership Group has continued to provide a trusted, cross-sector space for improving mental health support across the locality. Five meetings have brought together representatives from more than 25 organisations spanning primary care, NHS commissioning and providers, local government, community services and the VCSE sector. Participants have included the Eastern Primary Care Collaborative Board and local PCNs, NHS Devon ICB, RDUH, DPT services, Devon County Council, Devon Mental Health Alliance, CoLab, Westbank, Devon Carers, Health Opportunities Devon, Mental Health Matters, Wellbeing Exeter, Wellmoor, St Sidwell's, Citizens Advice, Libraries Unlimited and a range of smaller community organisations.

The conversations have closely reflected the One Eastern Devon strategy and its four pillars of promoting wellbeing and acting early, targeting support where it is most needed, empowering communities and transforming local systems. They have also directly supported the strategy's key enablers: integrated neighbourhood teams, community insight and data, equal VCSE partnership, and shared learning and accountability.

In January, the group reviewed learning from Exeter's first wellbeing walk-in event and Torbay's use of fictitious personas to map people's experiences through the system. This helped partners think more critically about accessibility, including how large events may unintentionally exclude people who feel anxious, overwhelmed or uncomfortable approaching services. The discussion informed planning for future community appointment activity, while updates on additional drop-in provision at The Moorings and a new Exmouth drop-in improved partners' awareness of accessible, non-medical support.

March's meeting focused on neurodivergence and the growing gap experienced by adults, families and carers waiting for autism or ADHD assessment. Partners shared adapted therapeutic approaches, peer and parent-carer support, coaching and community offers. The conversation established a strong shared position that understanding, reasonable adjustments and practical help should not be dependent upon obtaining a formal diagnosis. It also highlighted inequalities affecting rural communities, carers, people unable to pay privately, and those who find traditional group or service environments inaccessible.

During April and May, attention turned increasingly towards neighbourhood working. Partners explored the practical barriers between VCSE organisations, primary care and statutory services, including limited capacity, unclear contacts, fragmented referral routes, generic inboxes and poorly connected digital systems. The meetings identified practical enablers such as named relationships with social prescribing teams, easier self-referral, better directories of support and regular contact at place level. Discussions about shared offices, hot-desking and the Health Innovation Hive also moved beyond the abstract benefits of integration to consider how co-location could create quicker informal problem-solving, stronger relationships and more shared responsibility for people whose needs currently cross several organisational boundaries.

In July, the group considered how OED might understand whether the mental health and wellbeing of a community is improving. Participants identified the need to combine population and service data with repeated feedback from communities, recognising that low service use may indicate stigma, exclusion or disengagement rather than good wellbeing. Housing security, poverty, social connection, trust and timely access to help were all recognised as important determinants. The discussion generated practical next steps around reviewing existing wellbeing measures and

dashboards, exploring a shared community feedback measure, and testing how an integrated neighbourhood team might connect statutory and VCSE partners without creating additional layers of meetings.

All of these conversations throughout 2026 have contributed towards a plan to pilot a mental health focused integrated neighbourhood team within a community in Exeter. This group will continue to provide space to reflect, evaluate, and develop that project as we move closer to the implementation of the neighbourhood health framework. In addition, this group provides an essential and intentional space for relationship strengthening and trust building that will become increasingly priceless as the NHS 10 year plan continues to be put in place.

Please do reach out to us if you have any questions:

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