

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Tuesday 4 September 2012

Decision Type: Non-Urgent Non-Executive Non-Key

Title: DRAFT JOINT MENTAL WELL BEING STRATEGY 2012-15

Contact Officer: Claire Lynn, Strategic Commissioner for Mental Health, and Substance Misuse, Education and Care Services
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Chief Officer: Lorna Blackwood Assistant Director of Education & Care Services

Ward: Borough wide

1. Reason for report

The draft Joint Strategy for Mental Well Being in Bromley 2012-2015 has developed the priorities for the next three years for mental health services following consideration of a wide range of evidence and views. These include an assessment of need, a review of national advice, and views from local stakeholders on how the current services should be developed to ensure the required the model of service is delivered in future.

The priorities identified are the key developments and changes to services building on work from the previous strategy that are required to realise the outcomes required for the people who use these services. The priorities will be supported by a joint detailed three year delivery plan and will be delivered within the agreed financial envelope.

Members are asked to comment on the strategy as part of the consultation process and note that any detailed changes to services would be subject to future separate reports.

2. **RECOMMENDATION(S)**

Members are asked to comment on the draft Strategy for Mental Well Being in Bromley 2012-2015 and to note the timetable for consultation on the draft.

Corporate Policy

1. Policy Status: Existing policy:
 2. BBB Priority: Supporting Independence
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Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: LBB Mental Health 821
 4. Total current budget for this head: £5,677,200
 5. Source of funding:
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Staff

1. Number of staff (current and additional): N/A
 2. If from existing staff resources, number of staff hours: N/A
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Legal

1. Legal Requirement: There is a legal requirement for some service under the Mental Health Act 2007, and Health and Social Care Act 2008:
 2. Call-in: Not Applicable:
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): There are currently approximately 3,000 users of mental health services in the Borough
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A
2. Summary of Ward Councillors comments:

3. COMMENTARY

- 3.1 The purpose of the Joint Strategy for Mental Well being in Bromley (Appendix One) is to outline the improvement of the mental health and well-being of people living in Bromley through the development of mental health services for the whole population. The strategy is a joint strategy between the Council, Bromley Clinical Commissioning Group and key stakeholders. It sets out the priorities for maintaining the mental well being of residents in Bromley and for services to people with mental ill health. This strategy supports the need to enhance the role of users, carers and advocates and to build up existing voluntary and community services within the current financial envelope. The Strategy for Mental Well being in Bromley is a three year strategy joint strategy which builds on key plans and priorities bringing together in one document priorities to maintain and improve mental well being previously considered in the Mental Health Prevention Strategy and the Mental Health Strategy. The Strategy has been informed by the Bromley Mental Well Being Needs Assessment.
- 3.2 The Strategy sets out the local context within the national framework identifying services which are currently provided, the gaps and the priorities and actions for the future and is a collaborative approach by stakeholders under the leadership of the Bromley Mental Health Executive. The priorities were widely consulted on and considered by a number of local partnership groups, user groups and individuals.
- 3.3 The draft Strategy will be further consulted on as detailed below with the final strategy produced for October 2012 with a finalised version being presented to the Health, Social Care and Housing Partnership Board.

Forum for Consultation	Date
Mental Health Executive	August 2012
Care Services Policy Development And Scrutiny Committee	Sept 2012
Clinical Commissioning Group	Sept 2012
Health and well being Board	Sept 2012
Mental Health Partnership	Sept 2012
Distribution to users, carers and key stakeholders	Sept 2012
Final version presented to Health, Social Care and Housing Partnership Board.	October 2012

4. POLICY IMPLICATIONS

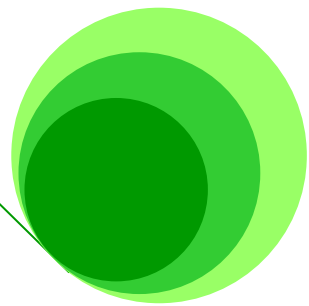
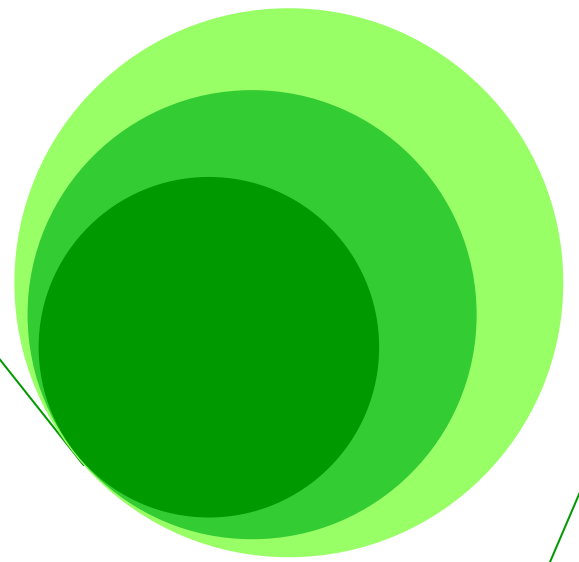
- 4.1 Mental health is a key national priority, both in terms of providing effective support and services for people with mental ill health and their carers, and in improving public mental health and wellbeing. Poor mental health impacts significantly on wider aspects of society, such as family and social cohesion, educational achievement, anti-social behaviour and economic productivity. It also often leads to poor physical health, and is a factor in other behaviours that pose a risk to health, such as smoking and substance misuse. The personal, social and economic costs of poor mental health are significant. The national policy guidance indicates many areas of good practice which the strategy identifies. The local Building a Better Bromley priorities are also integrated within the strategy and the priorities for services are within this.

5 FINANCIAL IMPLICATIONS

- 5.1 The current budget for Mental Health Services for the London Borough of Bromley is just over £5.5 million, with some efficiency saving identified within this. The Bromley Clinical Commissioning Group spends over £50 million. There are already significant financial pressures being experienced both by Bromley Clinical Commissioning Group and the London Borough of Bromley as commissioners, and also within the local providers of services. In view of the financial situation it is essential that finances are used as efficiently and effectively ensuring that all mental health services provide best value.

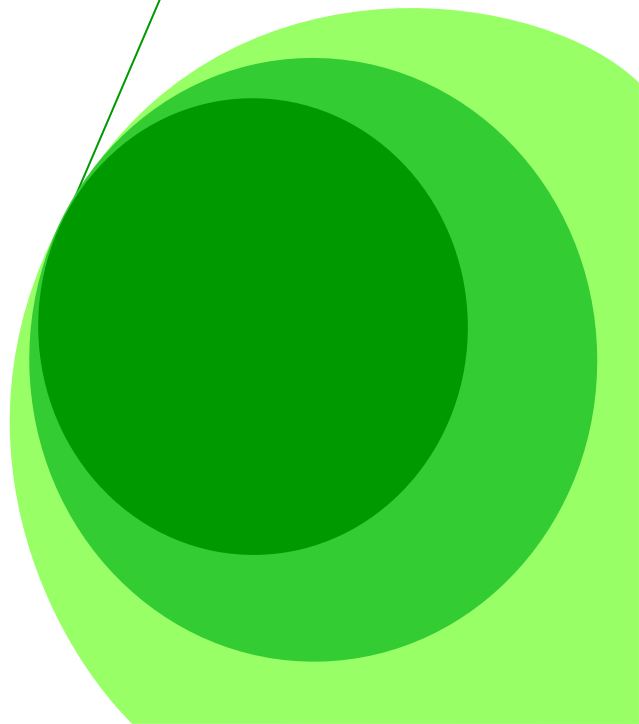
Non-Applicable Sections:	LEGAL IMPLICATIONS PERSONNEL IMPLICATIONS
Background Documents: (Access via Contact Officer)	Mental Well Being Needs Assessment 2012 access via contact officer or for Members at http://onebromley/BA/Pub_ECS/Pages/default.aspx

Appendix One



Strategy for Mental Well Being in Bromley

2012-2015



1. INTRODUCTION

- 1.1 The Strategy for Mental Well being in Bromley outlines the improvement of the mental health and well-being of people living in Bromley through the development of services for the whole population. It sets out the priorities for maintaining the mental well being of residents in Bromley and for services to people with mental ill health. This strategy supports the need to enhance the role of users, carers and advocates and to build up existing voluntary and community services within the current financial envelope. The Strategy is a three year strategy which builds on key plans and should be considered in conjunction with the Mental Well Being Needs Assessment ([Link to document here](#)).
- 1.2 Mental health is a key national priority, both in terms of providing effective support and services for people with mental ill health and their carers, and in improving public mental health and wellbeing. Poor mental health impacts significantly on wider aspects of society, such as family and social cohesion, educational achievement, anti-social behaviour and economic productivity. It also often leads to poor physical health, and is a factor in other behaviours that pose a risk to health, such as smoking and substance misuse. The personal, social and economic costs of poor mental health are significant. Government policy has a common theme which proposes a significant shift in power relations to give people with mental ill-health greater self determination and choice. While high quality specialist mental health services will be required, it aims to achieve greater integration across the health and social care, voluntary and independent sectors, and of using mainstream community services. Recovery is at the centre of this approach and should be used across the whole spectrum of care. There should be a focus on the development of support monitored through the use of quality of life outcome measures and there should be a public health approach to these developments which should impact on the whole population, with targeted prevention for at risk groups and early intervention. The Strategy for Mental Health Services in Bromley sets out the local context within the national framework identifying the priorities and actions for the future and is a collaborative approach by stakeholders under the leadership of the Bromley Mental Health Executive. Services need to enable improved mental health and wellbeing for all and is associated with a range of better outcomes for people of all ages and backgrounds. These include:
- improved physical health and life expectancy
 - better educational achievement,
 - increased skills,
 - reduced health risk behaviours such as smoking and alcohol misuse,
 - reduced risk of mental health problems and suicide,
 - improved employment rates and productivity,
 - reduced anti-social behaviour and criminality,
 - higher levels of social interaction and participation.
- 1.3 There are a number of areas where it is likely that there will be an increased incidence of mental ill-health in Bromley. Increasing numbers of people over 65 in the next four years is expected to lead to a greater number of people with dementia, estimated at approximately 300 with two-thirds of these being over 85. Additionally, with the national focus on dementia, the number of people diagnosed with dementia could well rise from the current 40% with consequent pressures on services. There are also indications that the number of young people with mental ill-health are increasing. There are twice as many children in the 5-9 year range using specialist mental health services in primary care than is the case nationally. As this figure is due to the high number of SEN children in the borough it can be expected that this group of children will continue to have high mental health needs as they grow older and this should be planned for in the future. Additionally there is an increase of young people being admitted to secondary care. For working age people there are a number of national factors which could increase demand, mainly of primary care services. The current economic outlook and its impact on employment and income can be expected to impinge adversely on individual's well-being and mental health.

- 1.4 Using the most recent data available from 2010/2011 a quadrant analysis for the population area, relevant to other England areas, demonstrates that good outcomes and lower spend for Mental Health in Bromley, however there are already significant financial pressures being experienced both by Bromley Clinical Commissioning Group and the London Borough of Bromley as commissioners, and also within the local providers of services. The current cost pressures relate to the actions needed to meet specific government targets for which there is no local discretion and the reductions in Public Sector funding. In view of the financial situation it is essential that finances are used as efficiently and effectively ensuring that all mental health services provide best value. While all agencies will be asked to consider how to meet any existing cost pressures and efficiencies, there is a need to review the existing investment portfolio and consider whether current investment gives value for money. Services will be developed through the reconfiguration of existing investment. While there may be some scope for reconfiguration in funding the voluntary sector, the areas for scrutiny must be those where the health and social care economy invest most heavily namely: secondary mental health services, housing and continuing care.
- 1.5 The priorities for the next three years for mental health services have been identified following consideration of a wide range of evidence and views. These include an assessment of need, a review of national advice, the consultation process for this strategy and views users, their carers and stakeholders on how the current services should be developed to ensure the required the model of service is delivered in future. The priorities identified below are the key developments and changes to services that are required in Bromley to realise the outcomes required for the residents of Bromley and will be supported by detailed annual delivery plan developed to ensure that the work is carried forward.

2. Enabling individuals to maintain their mental well-being

- 2.1 We all have a responsibility for our own mental well being and maintaining this. In order to support individuals taking this responsibility mainstream services have to be aware of the role they play in enabling people to maintain their mental well being. Greater emphasis has been placed on the importance of public mental health within recent guidance and urges the recognition of mental well-being as a whole population issue. Work continues to bring initiatives into the mainstream of mental health activity, with a view to demonstrate the linkages between mental well being and maintaining this to prevent mental ill health. This is being carried out through the following:
- A programme of mental health awareness in the work place established through direct work with employers and schools.
 - Work continues with Mytime through its sports and leisure facilities promoting corporate membership for employers and providing three month taster programmes for people with serious mental ill-health and their carers. Other mainstream programmes have been developed by Mytime to enable individuals to improve and maintain their physical and mental well being.
 - Research has demonstrated a link between debt and mental health; individuals who initially have no mental health problems but find themselves having unmanageable debts within a 12-month period have a 33% higher risk of developing depression and anxiety-related problems compared to the general population who do not experience financial problems. It is important to ensure there is support for people who are in debt by working with key partners to ensure there is information for people on where to seek help. This includes Bromley Citizens Advice Bureau, banks, financial advisors and the Credit Union.
 - Ensuring mainstream services prioritise support for people with mental ill health in gaining employment, apprenticeship or training. Mental health has the lowest employee cohort for any disability group. Length of time out of work impacts on speed for getting back to paid employment: People who are unemployed for over 26 weeks have a 50% greater difficulty in getting back to paid employment and those unemployed for over 52 weeks or more have 100% greater difficulty. In secondary services there are many users who have been

unemployed and on benefits for many years. The commissioning framework for employment for people with mental ill health has recently been produced proposing that developments should take place in the non-specialist mental health sector wherever possible and exploit any funding within mainstream sources

- A major shift of focus in Bromley, based on ample evidence, towards delivering early intervention strategies to maintain individuals in work, and build their confidence and self esteem, rather than trying to get them back to work once they have lost their job because of deteriorating mental ill-health. This will be delivered through continued work with employers on promoting awareness of mental health, though the employer accreditation and continued working to support individuals with mental ill health to retain their employment.
- The provision of health promotion training into schools and places of employment will continue ensuring people are aware of mental and physical well being, including suicide awareness and training information on substance misuse particularly in relation to alcohol. Excessive use of alcohol has been linked to a range of physical and mental health consequences. The ONS psychiatric survey of adults found that people with a common mental health problem were twice as likely to have a dependency on alcohol as those without a mental health problem (13% compared with 6%).

3. Support for people experiencing mental health difficulties

3.1 One in four people will experience mental ill health at some point in their lives, for most of these individuals the period of ill health will be short lived and support will be sort through primary care services, family and friends. It is estimated that over 91% of people with mental health problems are supported and treated by GPs and other members of the primary care team. The capacity and efficiency of primary care is a key factor in determining the rate of referral into the specialist mental health services. In Bromley this is reflected in the numbers of people using adult and elderly NHS secondary mental health services being significantly higher than the England rate. Bromley Clinical Commissioning Group and Oxleas NHS Trust are developing protocols and support to GP's to build this capacity through the following:

- Work will continue to ensure that through the provision of information, advice and guidance people are enabled to seek support from a variety of sources to meet their needs.
- An increase in psychological therapies is a key government target and investment continues to ensure that this service is established across Bromley which will improve the percentage of 18+ individuals with depression which in Bromley is significantly worse than both the England and regional rates. Bromley will continue to promote and develop this provision, through the Bromley Well being service, including the job retention functions.
- Physical illness accompanied by mental ill health has been shown to worsen outcomes for individuals such as life expectancy; for example stroke patients who are depressed are four times as likely to die within six months as those who are not. There are similar associations between poor mental health and diabetes, asthma, cancer and HIV/AIDS. Bromley needs to develop support to enable people with long term chronic conditions to maintain their mental well being.
- The life expectancy of people with serious and enduring mental ill health is twenty years less that the average for the area, ensuring that the physical health of people with serious mental illness is not overlooked is a key priority. A structured model of physical health assessment and support which provides a systematic appraisal of lifestyle, health and medication side effects to support healthier choices and provide opportunities for exercise, weight loss and medication reviews are part of care planning. This is being further developed by the Bromley Clinical Commissioning Group and Oxleas NHS Trust to ensure that individual's physical health is reviewed regularly and to ensure that people receive the level of support particularly from their GP. GPs have set up registers in their practices for

people with serious mental ill health. This will make it easier to identify those people who require additional monitoring of their general physical health.

- Promotion of early identification and intervention for people suffering psychosis is critical to improve outcomes and their chances of returning to employment, education or training. An Early Intervention in Psychosis Team was established in Oxleas NHS Trust, based on evidence that such teams report shorter durations of untreated psychosis, lower use of legal detention, reduced hospital admissions, lower relapse rates, better recovery, better service engagement and user and carer's satisfaction and lower suicide rates. The team will continue to work with individuals between the ages of 16-25 with a view to reducing reliance on services and to reduce relapse and readmission.
- The five outcomes which children and young people have themselves identified as key to their well-being in childhood and later life, including their mental well being: being healthy; staying safe; enjoying and achieving; making a positive contribution and achieving economic well-being. In establishing children's services, the Government has instigated a major process of change, which relies on local transformation programmes which includes provision of emotional wellbeing, mental health services and counselling services for children and young people. A needs assessment and review of services has been undertaken to ensure developing support within schools and early year's settings to promote emotional well being and ensuring CAMHS services are effectively targeted to early intervention.
- During 2010/11 in Bromley there were 1,900 referrals to services provided by mental health professionals in primary care and more specialised services in Child and Adolescent Mental Health Services from a wide range of agencies including GPs, hospital services, education, social care and non-statutory Services. This represents an increase of 87% in referrals since 2006 and demonstrates a very significant expansion of need for services in primary care. Referrals to Bromley Y reflect this increase with a rise of 86% of referrals for the same time period. The age profile of children and young people using Child and Adolescent Mental Health Services in Bromley differs from the national profile with a larger proportion in the 0-4 and 5-9 age ranges and significantly less in the 15+ age groups. The largest age group using services in primary care provided by mental health professionals is the 5-9 age group (49%), which is more than twice the national average of 23%. This large portion of 5-9 age range and higher than average percentage of children with Autistic Spectrum Disorder is likely to be linked to the high population of SEN children within Bromley who until recently were referred into mental health services. GP's in Bromley have now agreed, through a Local Enhanced Service agreement to provide the care and prescribing for most of this cohort of children and young people which will reduce some of the pressure on secondary services.
- Whilst the official suicide rates in Bromley are lower than the national average the work to ensure that where people are known to services work is undertaken to minimise the risks, especially for younger people. The issues of self harm as an indicator of mental ill health and the response of services will need to be taken forward to continue to develop suicide prevention work in both primary and secondary care services.
- The specific needs and difficulties of carers of people with mental health needs have to be recognised. It is essential to provide support to carers, whether involved in direct care or as family and friends. There are a range of services currently provided through the Carers Grant which are identified in the Carer's Strategy, although the continuation of this grant past March 2013 is not certain. All carers who provide regular and substantial care for a person on a CPA should have an assessment of their caring, physical and mental health needs reviewed annually and have a written care plan and strategy of action given to them and implemented in discussion with them.

4. Provision of services to people with serious mental ill health

4.1 Service provision to people with serious mental ill health provides for individuals who experience severe and enduring mental ill health and are resource intensive. In the current economic climate the provision of services will need to be considered in terms of effectiveness, value for money and the constraints on funding organisations.

- The Community Mental Health Teams are specialist secondary mental health services comprising health and social care staff. They have a pivotal role in the treatment and social care of individuals with mental health needs and their families in community settings. In Bromley the number of contacts with Community Psychiatric Nurse, was significantly higher than England but similar to regional rates Whilst increasing the capacity of primary care services to work with people with mental ill health to reduce the number of contacts it is also important to ensure that the Community Mental Health provide treatment and support effectively. Following a review of secondary services a new model of provision was implemented delivering a single point of access for Oxleas NHS Trust's secondary mental health services, ensuring cost effective delivery of service to individuals based on individual need based. Services to older people with mental ill health have also been reconfigured and integrated health and social care Community Mental Health Teams established to ensure that everyone regardless of age will be able to access services to meet their needs. As improvements have been made to the provision of support of older people in their own home the demand for inpatient hospital based provision has decreased so older peoples wards were reconfigured across Oxleas NHS Trust to reduce the number of beds which enabled efficiency targets to be met and to reduce the number of days people were in hospital. The reconfiguration of these services has been within the existing financial envelope.
- In Bromley in patient provision for mental health, is significantly higher than in England. Oxleas NHS Trust has developed the Home Treatment Team which delivers more treatment at home and stops the need for an in-patient admission. Therefore the number of in-patient beds will be reduced over the coming year to better reflect the local need. The Clinical Commissioning Group will continue commission hospital services provided by Oxleas NHS Trust within the framework of the NHS contract management and performance regime introducing a Payment by Results Framework.
- Bromley will continue to reduce the reliance on residential and specialist accommodation to enable people to maximise their independence. As a result of the investment and the changes in practice, services have delivered more effective and earlier interventions for individuals with mental ill health enabling individuals to live in their own homes with services going to them. The implementation of the service model has been incremental to allow funding to be released to develop new services or expand existing ones. This reconfiguration and reducing the services reliance on spot contracts will enable resources to be used to provide the community resources required. It will also allow historical patterns of funding to be re aligned between commissioner organisations and will support a shift in focus and direction in provision in the Borough to reduce the reliance on 24 hour residential care.
- For those with the most severe mental ill-health in-patient admission to secondary care is needed. The provision of secondary care services for children and young people with mental health needs is through the Children and Adolescent Mental Health Service (CAMHS) a review was undertaken to develop a detailed delivery plan to address the effective provision of this service and the waiting times for the service. The waiting times have reduced and further work is being taken forward on the pathway for young people in conjunction with an updated needs assessment. There are occasions when younger adults (aged 16 to 18 years old) are admitted to adult psychiatric wards, Ten young people of secondary school age were admitted to Child and Adolescent Mental Health Services in-patient units during 2009/10. During 2010/ 2011 there were 62 admissions for mental health conditions for those under 18 this is unsatisfactory although the true extent of this practice and its implications will be considered as part of a review in to services for children and young people. The Children's Trust Board and the Mental Health Executive Board agreed that the needs of children and young people should be a priority

- Bromley has the highest number of people over 65 and over 85 of any London Borough and the number are projected to increase. The prevalence of conditions such as stroke, dementia and heart conditions will also rise and therefore requires planning for long term demand. Priorities for dementia services have been identified and include liaison services within the hospital and with care homes to prevent hospital admission. As the population is ageing, the prevalence of dementia in Bromley is expected to increase. The pressures are already being seen in existing services. Referrals to the Oxleas Memory Service have been steadily increasing with the pressure on social care in residential and nursing care. Whereas the overall number of older people being placed in care homes is reducing, this trend is not seen for people with dementia, and admissions to specialist dementia residential care have doubled since 2006/7. New developments are being piloted to mitigate some of these pressures and develop new effective care pathways for individuals which includes funding additional nurses into the Oxleas Memory service, enhancing the capacity and capability of Extra Care Housing staff to support people with more advanced forms of dementia and enhancing the capacity and coordination of community-based services to support people with more advanced forms of dementia in their own homes.

5. Next Steps

- 5.1 Following consultation a detailed action plan will be developed to take forward the priorities identified within the Strategy.