

A decorative graphic consisting of three green circles of varying sizes, each with a dark green center and a lighter green outer ring. The circles are connected by thin green lines. One line connects the top-left corner of the page to the small circle. Another line connects the top-right corner to the top-right circle. A third line connects the top-right circle to the bottom-right circle. The circles are arranged in a roughly triangular pattern, with the smallest in the center and two larger ones on the right side.

Strategy for Mental Wellbeing in Bromley

2012-2015

1. INTRODUCTION

1.1 The Strategy for Mental Wellbeing in Bromley outlines the priorities for services to improve the mental health and wellbeing of people living in Bromley. This strategy confirms 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 alongside improving the delivery of services. The Strategy is a three year strategy which builds on key plans and should be considered in conjunction with the Mental Wellbeing Needs Assessment ([Link to document here](#)).

1.2 Mental health and wellbeing 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 there should also be greater integration across the health and social care, voluntary and independent sectors, and 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 Wellbeing in Bromley identifies the priorities and actions for the future within the local and national context 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.**

The five outcomes which children and young people have themselves identified as being key to their wellbeing in childhood and later life, including their mental wellbeing, are:

- **being healthy**
- **staying safe**
- **enjoying and achieving**
- **making a positive contribution**
- **achieving economic well-being.**

In establishing children's services, the Government instigated a major process of change which relies on local transformation programmes including the 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 in Bromley to ensure support within schools and early year's settings to promote emotional well being and ensuring Child and Adolescent Mental Health Services are effectively targeted to early intervention.

- 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 300 people 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% as people become more aware of this condition, with consequent pressures on services.
 - There are indications that the number of young people with mental ill health is increasing. In Bromley 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 children with Special Educational Needs (SEN) 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.
 - 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 impact adversely on an individual's wellbeing and mental health.
- 1.4 Using the most recent data available from 2010/11 Bromley demonstrates good outcomes and lower spend for mental health services. However there are 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 efficiently and effectively ensuring that all mental health services provide best value. While all agencies will be asked to consider how to meet 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 views. These include an assessment of need, a review of national advice, and consultation with users, their carers and stakeholders on how the current services should be developed. The priorities identified are the key developments and changes to services that are required in Bromley to realise the outcomes required and will be supported by a detailed annual delivery plan.
- 1.6 These priorities will be underpinned by continuing to provide high quality services to enable individuals to manage their mental wellbeing and mental ill health. The services provided will be monitored on a regular basis to ensure they are providing a quality service which provides value for money.

2. ENABLING INDIVIDUALS TO MAINTAIN THEIR MENTAL WELLBEING

2.1 We all have a responsibility for our own mental wellbeing 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 wellbeing. Recent guidance has placed greater emphasis on the importance of public health and urges the recognition of mental wellbeing 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 wellbeing and maintaining this to prevent mental ill health. This will be carried out through the following actions detailed below:

2.2 *What will we do to enable individuals to maintain the mental wellbeing?*

ACTION:

Continued to deliver a programme of mental health awareness in the work place and in at least 15 schools.

Measurement: Number of sessions delivered

Lead Organisation(s): Bromley Healthcare

Timescale: On going

OUTCOME:

- improved physical health and life expectancy
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- improved employment rates and productivity,
- higher levels of social interaction and participation.

ACTION:

Continue to work with Mytime sports and leisure facilities promoting

- Corporate membership for employers
- Providing three month taster programmes for people with serious mental ill-health and their carers.

Continued provision of other mainstream programmes by Mytime to enable individuals to improve and maintain their physical and mental well being.

Measurement: Number of corporate memberships taken
Number of taster gym passes issued

Lead Organisation(s): Bromley Mytime

Timescale: On going

OUTCOME:

- improved physical health and life expectancy
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- higher levels of social interaction and participation.

ACTION:

Continue to 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.

Measurement: Level of reported debt and evictions as define by CAB

OUTCOME:

- reduced risk of mental health problems and suicide,
- improved employment rates and productivity,
- reduced anti-social behaviour and criminality.

Lead Organisation(s): Various organisations

Timescale: On going

ACTION:

Continue to work on employment of individuals with mental ill health by :

- Working 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.
- 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.

Measurement: Number of people who retain their employment
Number of people who are supported to find employment

Lead Organisation(s): Various organisations

Timescale: On going

ACTION:

Continue to provide health promotion training in schools and places of employment ensuring people are aware of mental and physical well being, including suicide awareness and training information on substance misuse particularly in relation to alcohol.

Measurement: Number of sessions delivered

Lead Organisation(s): Public Health/ Bromley Healthcare/Oxleas NHS Trust

Timescale: On going

OUTCOME:

- 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.

OUTCOME:

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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 provided 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.

3.2 What we will do to support people experiencing mental health difficulties?

ACTION:

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 GPs to build capacity within Primary Care and will continue to shift emphasis for provision of services from secondary care to Primary Care.

Measurement: Number of referrals to secondary care services

Lead Organisation(s): Bromley Clinical Commissioning Group/Oxleas NHS Trust

Timescale: March 2013

ACTION:

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.

Measurement: Number of organisation offering information, advice and guidance

Lead Organisation(s): Various

Timescale: Ongoing

ACTION:

Continue to develop and promote increasing access to psychological therapies, through the Bromley Wellbeing service to meet 15% of local need .

Measurement: Number of people accessing Bromley Wellbeing service

Lead Organisation(s): Bromley Wellbeing Service.

Timescale: Ongoing

ACTION:

Develop support to enable people with long term chronic conditions to maintain their mental wellbeing. Physical illness accompanied by mental ill health has been shown to worsen

OUTCOME:

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OUTCOME:

- improved physical health and life expectancy

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. This support will be through the development of awareness raising with GPs and working with health providers to ensure awareness of the effects of long term conditions on mental wellbeing. This work will also ensure that individuals can access mental health services such as Community Wellbeing service where specialist advice will be available.

Measurement: Number of people with mental ill health who receive an annual physical check

Lead Organisation(s): Bromley Clinical Commissioning Group/Oxleas NHS Trust

Timescale: Ongoing

ACTION:

The life expectancy of people with serious and enduring mental ill health is twenty years less than the average for the area. To address this an individual's physical health will be reviewed regularly and people receive the level of support particularly from their GP to support healthier choices and provide opportunities for exercise, weight loss and medication reviews. 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. This is being further developed by the Bromley Clinical Commissioning Group and Oxleas NHS Trust

Measurement: Number of people with mental ill health who receive an annual physical check

Lead Organisation(s): Bromley Clinical Commissioning Group/Oxleas NHS Trust/Public Health

Timescale: 2013

ACTION:

Promote the early identification and intervention for people suffering psychosis 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, lower suicide rates, better recovery, better service engagement and user and carer's satisfaction. 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.

Measurement: Caseload of the Early Intervention Team

Lead Organisation(s): Oxleas NHS Trust

Timescale: Ongoing

ACTION:

The issues of self harm as an indicator of mental ill health and the response of services to this will need to be taken forward to continue to develop suicide prevention work in both primary and

- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,

OUTCOME:

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- improved employment rates and productivity,
- reduced anti-social behaviour and criminality,
- higher levels of social interaction and participation.

OUTCOME:

- reduced risk of mental health problems and suicide,

secondary care services. An action plan has been developed in response to the governments Suicide Strategy.

Measurement: Reduced suicide rates and level of self harm

Lead Organisation(s): Public Health

Timescale: Various

ACTION:

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 Carers' Strategy, although the continuation of this grant past March 2013 is not certain. All carers who provide regular and substantial care for a person with a serious and enduring mental health condition 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.

Measurement: Number of carers assessments undertaken

Lead Organisation(s): Oxleas NHS Trust /LBB

Timescale: Ongoing

ACTION:

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. This includes a higher than average percentage of children with Autistic Spectrum Disorder which is likely to be linked to the high population of SEN children within Bromley who until recently were referred into mental health services. GPs 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. This will continue to be developed to ensure robust services targeted appropriately

Measurement: Number of children and young people referred to specialist services

Lead Organisation(s): Bromley Clinical Commissioning Group/LBB

Timescale: 2013/14

- improved employment rates and productivity
- higher levels of social interaction and participation.

OUTCOME:

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- higher levels of social interaction and participation.

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, ensuring cost effective delivery of service to individuals based on individual need.

4.2 What will we do the provide services to people with serious mental ill health?

ACTION:

For adults the Community Mental Health Teams 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 Nurses, 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 with secondary care services. 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. The provision of these services will be reviewed and monitored regularly

Measurement: Number of contacts with Community Psychiatric Nurses

Lead Organisation(s): Clinical Commissioning Group/Oxleas NHS Trust

Timescale: On going

ACTION:

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, therefore 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. The provision of these services will be reviewed and monitored regularly.

Measurement: Number of occupied bed days against contract

Lead Organisation(s): Clinical Commissioning Group/Oxleas NHS Trust

Timescale: Ongoing

ACTION:

The number of inpatient beds will be reduced over the coming year to better reflect the local need. In Bromley inpatient 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 inpatient admission.

Measurement: Number of occupied bed days against contract

Lead Organisation(s): Clinical Commissioning Group/Oxleas NHS Trust

Timescale: March 2014

OUTCOME:

- improved physical health and life expectancy
- reduced health risk behaviours such as smoking and alcohol misuse,
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ACTION:

The Clinical Commissioning Group will continue to 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.

Measurement: Introduction of Payments By Results Payment System

Lead Organisation(s): Clinical Commissioning Group//Oxleas NHS Trust

Timescale: April 2013

ACTION:

Continue to reduce the reliance on residential and specialist accommodation to enable people to maximise their independence. As a result of investment and 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. 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.

Measurement: Number of people in residential/specialist placements in the borough

Lead Organisation(s): LBB/Clinical Commissioning Group//Oxleas NHS Trust

Timescale: Ongoing

ACTION:

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 reduce 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

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Measurement: Number of children and young people in contact with mental health services

Lead Organisation(s): LBB/Clinical Commissioning Group//Oxleas NHS Trust

Timescale: January 2013

ACTION:

Bromley has the highest number of people over 65 and over 85 of any London Borough and the number is 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. The pressures are already being seen in existing services. Referrals to the Oxleas NHS Trust 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.

Measurement: Number of older people accessing services

Lead Organisation(s): Various

Timescale: Various

ACTION:

Continued investment in Psychiatric Liaison Services in acute hospital trusts will continue to be developed to reduce the length of stay and ensure that people with dementia and other mental ill health are identified and signposted to appropriate services

Measurement: Number of people seen in acute hospital settings by the Psychiatric Liaison Service

Lead Organisation(s): Various

Timescale: Various

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