NHS
Bromley
Clinical Commissioning Group

Bromley
THE LONDON BOROUGH

London Borough of Bromley and NHS Bromley Clinical Commissioning Group (CCG)

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Bromley Joint Mental Health and Wellbeing Strategy 2019/20-2025

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1. FOREWORD

Mental Health is something that affects us all. There's "no health without mental health'[1]. Whether you are experiencing mental health issues, caring for, living with or working with someone who has mental health challenges – mental health is everyone's business

Nationally one in four people will experience a mental health problem at some point in their lives. Across the country we have seen an increase in the number of people accessing health and care services in order to get help for their mental health challenges - and this is no different in Bromley.

The Bromley Joint Mental Health and Wellbeing Strategy 2019/20-2025 sets out the joint vision of Bromley Council and NHS Bromley CCG to support communities and individuals to have good mental health and wellbeing. The strategy sets out an approach in which the Council and CCG will work together to prevent children and adults reaching a crisis point through the provision of a strong prevention and early intervention offer. It also puts in place a joint plan for the provision of a number of important services for people with mental health challenges, including good advice and information, talking therapies, employment and training schemes, mental health support in schools and supported housing. For those people who have been in hospital due to their mental health, the strategy sets out a new integrated approach to recovery and rehabilitation so that – when they are able to – people will be better able to live more independently outside of services.

The strategy is underpinned by a detailed assessment of local need and has been developed and shaped by local partners, stakeholders and other important contributions. At the heart of the plan though are the voices of patients and service users who rely on good mental health services in Bromley. In the coming years, as we deliver our strategy together, no matter what area of mental health is involved, we are committed to ensuring that patients and service users are at the forefront of designing their own service offer in Bromley.

In the NHS 10 Year Plan, the delivery of world-class care for mental health is a core ambition – underscored by a national commitment to increase spending on mental health services by £2.3bn. The 10 Year Plan sets out ambitions to deliver improved access to children and young people's mental health services, community mental health services and help for new mothers.

In Bromley, our Joint Mental Health and Wellbeing Strategy 2019/20-2025 shows how we will meet these ambitions locally – bringing a partnership approach to the delivery of improved mental health and wellbeing in the borough. To deliver this we will establish an integrated mental health commissioning team across the Council and CCG – ensuring a single coordinated approach, delivering the best possible mental health services for the residents of Bromley.

PHOTO NEEDED

Councillor Diane Smith
Portfolio Holder for Adult Care and Health
London Borough of Bromley

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Clinical Director – Mental Health
NHS Bromley CCG

[1] As set out in, *no health without mental health – a cross-government mental health outcomes strategy for all ages* - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

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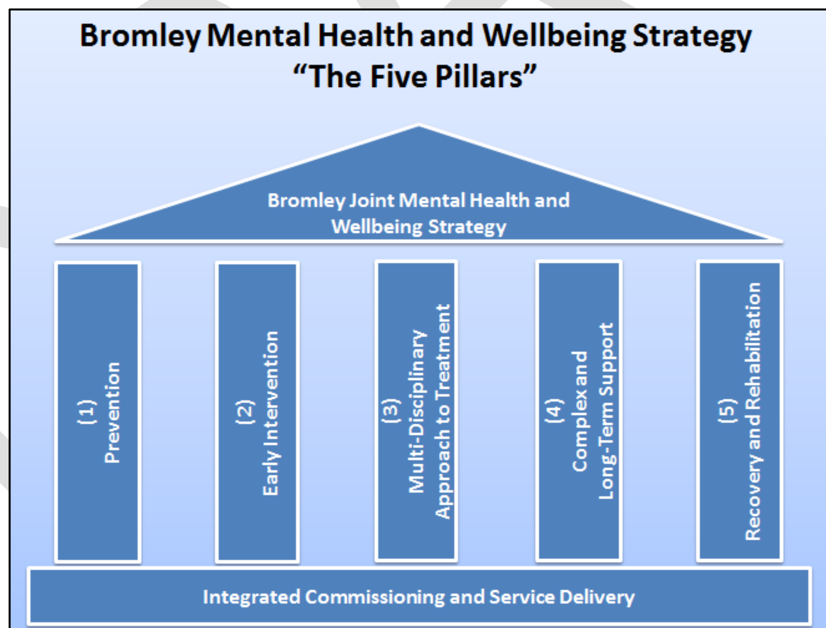
2. EXECUTIVE SUMMARY

2.1 In Bromley a strong culture of integrated working is being developed across Bromley Council and NHS Bromley Clinical Commissioning Group (CCG). The two organisations are committed to a shared vision of better, more joined-up health and care. To support this approach the Council and CCG are developing a number of commissioning strategies which will set out how we will plan and provide services in an integrated way in the future.

2.2 The **Bromley Joint Mental Health and Wellbeing Strategy 2019/20-2025** sets out our plans to ensure that people are supported to live the lives that they wish to, with the knowledge that they can access the right community support in the right place and at the right time. People can and do recover from mental ill health. The Council and CCG will work together to promote prevention, early intervention, self-management and recovery – ensuring that best practice is embedded in all aspects of our different mental health and wellbeing services. For those who have been in hospital due to their mental health, our approach will help those who are able to, to live more independently outside of services.

2.3 Bromley currently spends £46.6m on mental health services across both the Council and the NHS. The majority of this resource is spent on higher-end treatment and hospital services. Whilst the Council and CCG will always maintain a place for people to go in crisis, in order to access the urgent and emergency help that they need, the Joint Mental Health and Wellbeing Strategy sets out a plan in which, over time, there will be a shift towards more prevention, early intervention and community services. The approach will mean less people requiring hospital stays or placements in residential care homes.

2.4 Following engagement with patients, service users and key partners the strategy has been developed around five key pillars. These five pillars are themselves supported by a foundation of joint working between the Council and NHS.



2.5 A number of new mental health and wellbeing services have recently been developed in Bromley which will be at the core of the delivery of parts of the strategy. The Bromley Well community hub for example is helping people with mental health challenges and their carers to access advice, information and joined-up voluntary sector services. The Council and CCG have an ambition to further develop these services, linking voluntary sector provision with GP Practices, clinical expertise and other local services, placing Bromley Well at the heart of integrated community delivery. For children and young people, the Bromley Y Wellbeing service helps this group of particularly vulnerable people to access therapy and other mental health services. For people

with dementia and delirium and their carers there are Dementia Hubs where expertise, advice and help can be accessed.

2.6 Key to the delivery of the Bromley Joint Mental Health and Wellbeing Strategy will be a partnership approach with primary, community, social care and voluntary sector services. Another key partner will be the Oxleas NHS Foundation Trust – the local mental health hospital and community mental health provider. It is recognised that NHS Oxleas is an asset in Bromley and has a wealth of clinical and mental health expertise that can be brought to bear in improving outcomes for patients and service users.

2.7 The local strategy is aligned with the national approach set out in the NHS Long Term Plan[2] which was published in January 2019. The long term plan has a particular focus around building on the current NHS mental health offer, with a focus on improving outcomes through a joined-up approach across primary, social care, community and secondary mental health services. The plan also sets out how the NHS will continue to invest in both children's and adults' mental health services. The NHS will ensure that there is a comprehensive offer for 0-25 year olds, whilst ensuring an overall smooth transition for those who need this help between children's and adults' mental health services. The NHS long term plan will also ensure that there is continuing progress nationally in ensuring parity between physical and mental health services, and in tackling health inequalities between different areas.

2.8 The local strategy is also aligned with the regional approach of *Our Healthier South-East London* – the NHS Sustainability and Transformation Plan (STP). It is recognised that whilst there are some challenges that can be tackled in local areas, there are others which require cross-borough or regional approaches. The ongoing work of *Our Healthier South-East London* to foster common approaches across borough boundaries is an important element in ensuring better outcomes for all Bromley residents. The South-London Mental Health and Community Partnership (SLP) between Oxleas NHS Foundation Trust, the South London and Maudsley (SLAM) NHS Foundation Trust and South West London and St George's Mental Health NHS Trust is another key partnership which is fostering innovation and improved outcomes through collaborative working.

2.9 In Bromley advanced work is also underway to develop an Integrated Care System (ICS) – *One Bromley*. The One Bromley ICS will be a partnership between NHS organisations, alongside Bromley Council, which will take collective responsibility for improving the health of people in Bromley. Mental health will be a key part of the ICS delivery programme and will provide a common vehicle across these services to meet the ambitions of the Bromley Joint Mental Health and Wellbeing Strategy.

2.10 The Bromley Joint Mental Health and Wellbeing Strategy 2019/20-2025 sets out both how local commissioning and service delivery will meet the ambitions of national and regional plans, but also sets out the approach to delivering against local mental health and wellbeing priorities in Bromley.

2.11 In order to ensure that the strategy is delivered, it is fundamental that there is a collaborative approach across a wide range of organisations. The Council and CCG have therefore established the Bromley Mental Health Strategic Partnership. This partnership will take forward work to deliver the strategy together, bringing the total expertise and resources of all of the different services and partners to the challenge of improving mental health and wellbeing outcomes for people in Bromley.

2.12 This strategy was formed out of the ideas and stories that were offered up by people in Bromley and their carers who use mental health services. As part of work to develop the strategy there

[2] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf

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was extensive engagement with patients and service users, including a number of workshops which brought together people from across different parts of the mental health system. And just as the development of the strategy required this input from patients and service users, so the successful delivery of its action plan will ensure that service users are at the heart of every part of this important work – enabling the people wo need mental health help to design and shape their own service offer.

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3. OUR VISION

3.1 The **Bromley Joint Mental Health and Wellbeing Strategy 2019/20-2025** is driven by an overarching vision to provide excellent mental health and wellbeing services for people in Bromley.

3.2 Maintaining good mental health can be a delicate balance and many people require health, care and/or support to make healthy choices and to cope with stress and anxiety. Whilst access to treatment or recovery and rehabilitation is crucial, the first and foremost need for many people is to be able to get help prior to requiring these services.

3.3 Bromley Council and NHS Bromley Clinical Commissioning Group (CCG) will work with its partners to develop a cohesive mental health system which ensures that people experiencing mental health challenges are able to receive the support they need to stay well and to live independently in the community.

3.4 The overarching vision for Bromley mental health and wellbeing services was developed in consultation with patients and service users. The overarching vision is set out below:

Bromley Joint Mental Health and Wellbeing Strategy 2019/20-2025 – "Our Vision"

Living well with mental health

- People with mental health challenges will be able to live well and independently in places that they wish to live.
- People with mental health challenges will be helped to self-manage their own mental health, with a strong prevention and early intervention offer.
- For people who have required a stay in hospital due to mental ill health, there will be help for them to recover and to safely and sustainably return to independent living outside of services.
- People will be provided with help both to be healthy but also, importantly, to be able to have good wellbeing outcomes in their lives.
- For people who require medication to help manage their mental health, they will be at the heart of decision-making about their own medication needs.

Resilient communities

- People with mental health challenges will be kept safe in the communities in which they live.
- The families, friends and carers of people with mental health challenges will be able to access information, advice and support – better enabling those who help to help others.
- People will be helped to be more aware of mental health issues and there will be access to common information, advice and help in the places that people want these to be.
- People with mental health challenges will be able to access help and support with their local GP and with community and voluntary services – they will not need to go to hospital for this help.
- Access to emergency, hospital and treatment services for mental ill health is crucial; there will however be a particular focus on creating a strong prevention and early intervention offer in the community so that people are able to get help prior to requiring these services.

Better health and care

- Mental health services in Bromley will always ensure that people are safe from harm.
- People with mental health challenges are supported to manage their own mental health and to live longer healthy lives outside of services.
- There will be a focus on access to prevention and early intervention services in the community.
- People can and do recover from mental ill health – there will always be the clinical expertise,

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care and support available to help people recover and to live as independently as possible in places that they wish to live.

- Carers will be provided with the skills and support they need to help people with mental health challenges.
- People at risk of experiencing a crisis due to mental health will be supported at the earliest point, preventing their requiring acute treatment or hospital care wherever possible.
- There will be parity between physical health and mental health, and people who have both physical health conditions and mental health challenges will be provided with joined-up health and care support.
- There will be joined up commissioning and integrated services for mental health across the Council and NHS.
- The mental health workforce in Bromley will be supported to work in a joined-up manner across health and social care boundaries – always providing compassionate, skilled and professional support and placing the patient and service user at the heart of their care.

Best use of resources

- Commissioners will design and deliver person-centred mental health services, which are underpinned by evidence, and which support people in leading fuller and happier lives.
- There will be a single “front door” into mental health services so that anyone requiring services gets the right service at the right time every time and by the right person.
- Real innovation will be promoted by developing services that have been co-produced with patients and service users
- The Council and CCG will work together to commission services using the total resources available for mental health in Bromley – putting in place what is needed locally together.

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4. MENTAL HEALTH AND WELLBEING IN BROMLEY – OUR CHALLENGES

Overall – Bromley demographics

4.1 Bromley is the largest Local Authority in London with a population of 330,909. This is expected to rise to over 350,000 by 2027. Whilst the number of 0 to 4 year olds in the Borough is projected to decrease over the next 10 years, the number of residents over 65 years is expected to rise to nearly 20% of the total population. Some people will age with very few problems but many others will be living with long term conditions and have complex health needs.

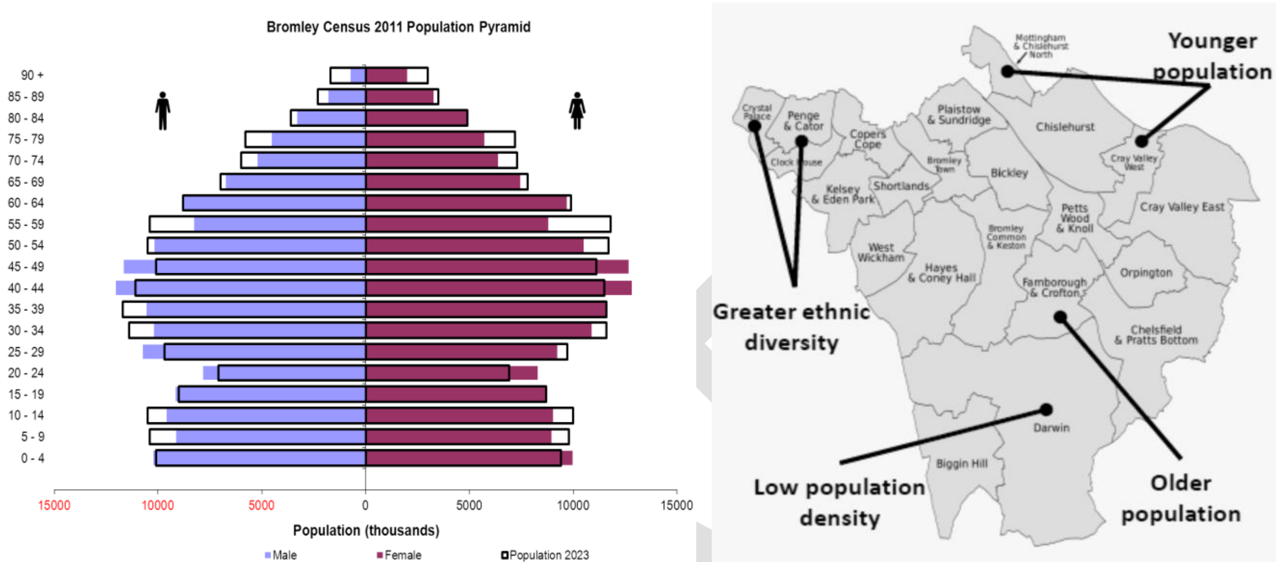

Figure 1 Bromley population pyramid by age - Bromley Census 2011

4.2 These overall changes mask significant differences within and between the communities of Bromley. For example, Darwin in the south of the borough is currently experiencing a large rise in the proportion of young people whilst in neighbouring Biggin Hill there has been a rise in the proportion of residents over 75 year olds.

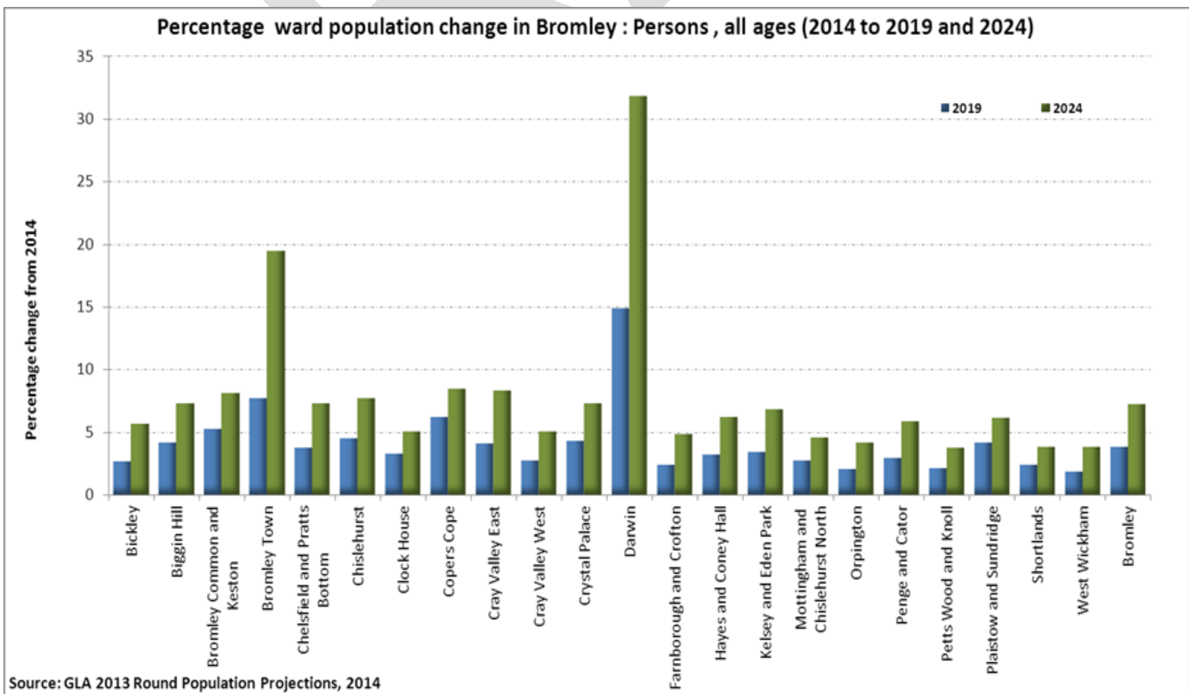

Figure 2 Recent and projected population change in different Bromley wards - all ages (2014 to 2019 and 2024)

4.3 As well as changes to the age of the different communities in Bromley, there are also changes to the ethnic make-up of the area. The Greater London Authority (GLA) population projection in 2016 set out that 19% of the Bromley population currently comprises people with a Black, Asian and Minority Ethnic (BAME) ethnicity. In the next ten years the proportion of BAME in Bromley is projected to increase to 23%, with the number of people from the Black African community experiencing the greatest increase - that is, from 4.5% of the population in 2016 to 6.6% in 2027.

Percentage of Ethnic Minority Groups by Ward, Census 2011
Source: Office for National Statistics, 2014

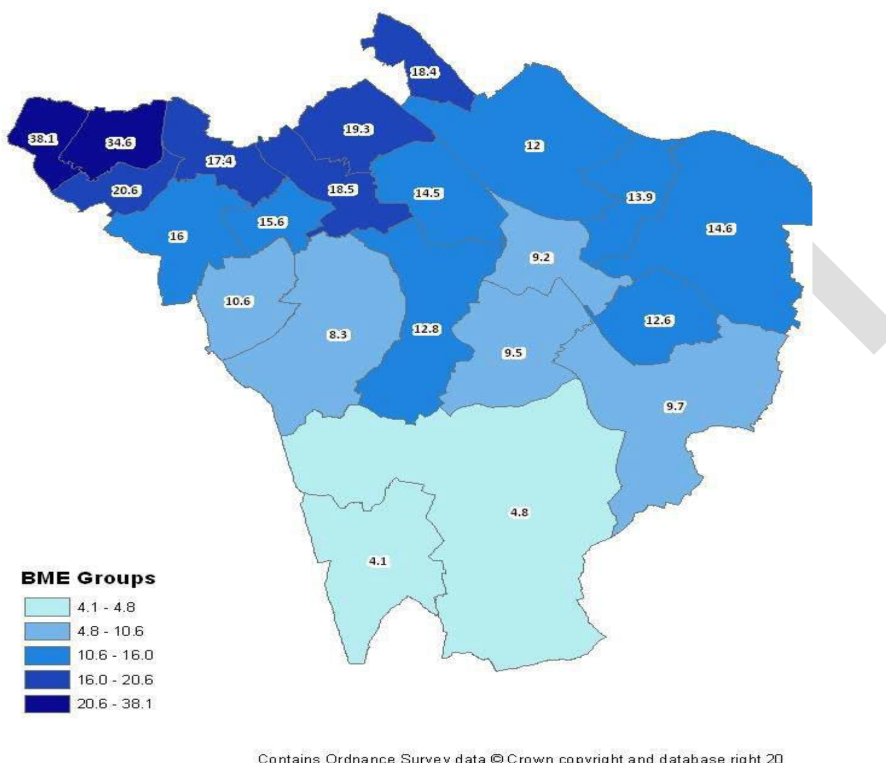

Figure 3 Percentage of Bromley Black, Asian and Minority Ethnic (BAME) by ward 2016

Mental health in Bromley - overall

4.4 Mental health challenges affect a significant proportion of the population of Bromley. Approximately 64,000 people (19%) have had problems relating to their mental health. 16% of people in Bromley will have a recognised mental health problem at some stage in their lives and will require some level of support from secondary healthcare services. It is estimated that 1 in 4 adults will experience a mental health problem each year which will remain undiagnosed.

4.5 Bromley Council and NHS Bromley CCG commission a wide range of services to support people with mental health challenges in the borough. The organisations provide prevention and early intervention support – including primary care and community services. The CCG commissions talking therapies and treatment for people who require this type of care. For people who have been in hospital, the Council and CCG work together to provide services which help people to recover and to become more independent. Specialist provision is provided for individuals who have complex needs and require long term support.

4.6 The approach taken by the Council and CCG has delivered significant improvements in the overall mental health offer in Bromley. There have been important steps in recent years including the development of the Bromley Well community hub, the establishment of Home Treatment

Teams (HTT) which provide short-term therapeutic interventions meaning adults who would otherwise have required a stay in hospital can remain in their own homes, and for children and young people the Council and CCG have fostered a nascent NHS-community partnership between voluntary sector (Bromley Y) and NHS (Oxleas) organisations.

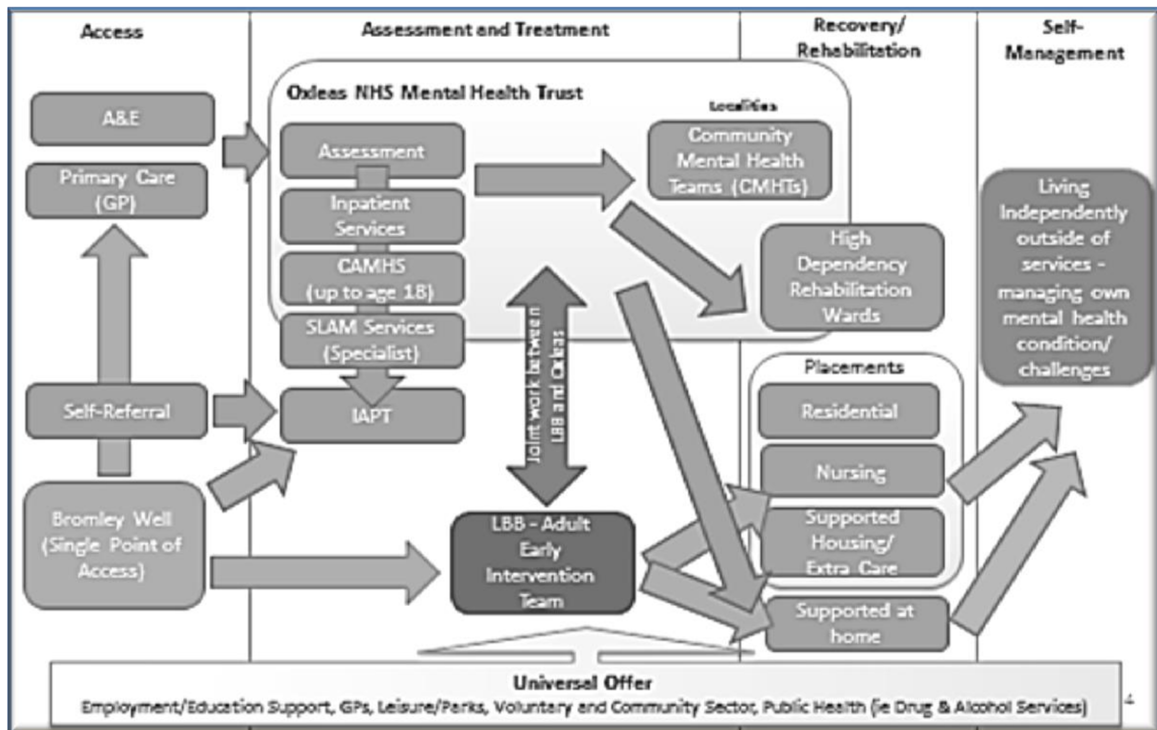

Figure 4 Current Mental Health System in Bromley 2018

4.7 Despite these innovative new services however, it is recognised that there remain areas for improvement. During the development of this strategy, service users, patients and carers talked about how frustrating they found it to navigate the different services across what they saw as a confusing mental health system. Individuals told stories in which they believed the standard of care that they had received was variable. Many people had reached a point where they required treatment when they could have been helped at an earlier stage, and may have avoided needing this altogether. For people leaving hospital, the joined-up health and care services that they needed to live independently or to sustain a tenancy were sometimes inconsistent.

4.8 Whilst some parts of the system works well and we have seen some significant improvements in e.g. the number of people over 65 years receiving a Dementia Diagnosis and an increase in numbers seen by the Early Intervention in Psychosis teams; there is much work to do to ensure we have both consistency and sustainable improvements across the whole system. We need to reduce variation in our main pathways of care and have a more cohesive approach to the rehabilitation and recovery of patients with serious mental health needs. There is now an opportunity via the strategy to plan and redesign a pathway which meets patient and service user needs

Mental Health - Supporting Black, Asian and Minority Ethnic (BAME) Groups

4.9 Black and Minority Ethnic (BAME) community groups are over represented across all types of severe mental health needs. In Bromley, BAME groups account for 20% of the Serious Mental health cohort. The Black African community shows the greatest increase in the BAME local population and is expected to increase further from 4.7% to 6.6% of the population in 2031. In general, people from ethnic minority groups are more likely to be diagnosed with poor mental health and admitted to hospital [JSNA 2017]. Significantly less people of BAME origin are accessing support for the more common mental disorders. The reasons for this are complex but

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could be a result of BAME communities living in areas which have higher rates of poverty and challenges in accessing culturally appropriate treatment [JSNA 2017]. It would be reasonable to expect that on current trends we will continue to see over representation in the numbers experiencing mental health problems.

4.10 A Bromley Homeless Health Audit carried out in June 2018 looked in detail at the health needs of families in temporary accommodation. It found there was a gap between clinically diagnosed physical health conditions and what people who took part in a survey felt about whether they had support with their physical health. However, 73% of families cited a mental health condition with depression, anxiety disorder or phobia, post-traumatic stress and Eating disorders being the most common. This was similar to the result of an audit carried out for the single homeless population where 77% of people surveyed reported having at least one mental health need in the preceding 12 months or more than one year previous to that. When asked what worked well for them or what could be improved many cited health care and better communication with practitioners people felt they did not have adequate health care support.

4.11 We know that social factors impact greatly on a person's mental health e.g. Homelessness, poverty, deprivation, discrimination, those in the criminal justice system, with debt problems, families and those experiencing issues with substance use. There is evidence from the Homeless Health Audit of poor mental health amongst homeless women and children but also barriers to accessing services including stigma, not understanding what services are available and the benefits a service will provide.

4.12 We will need to keep abreast of changes in our population structure to ensure that we can respond appropriately and adapt to the needs of new communities. We want to do more work to understand the mental health needs of other under-represented or marginalised groups within our communities including those who are homeless, learning disabilities and other special needs to support access into services and ow we can tailor prevention and early intervention support.

4.13 We are committed to ensure that genuine parity of esteem is achieved across all pathways within the mental health system within Bromley and this will be reflected in the Action Plan.

Children and Young People's Mental Health Services

4.14 644 referrals were made to the CAMHS tier 3 service during 2017/18 and 609 children and young people were accepted for a service. A snapshot taken from data at the end of June 2018 highlighted that 189 referrals were made during the first 6 months of this year (2018/19) and of these referrals, 97 young people were aged between 14-18 years. Although the average length of stay in services is 2 years some children do stay longer and it is likely that a high proportion of these young people will need to transition to adult services.

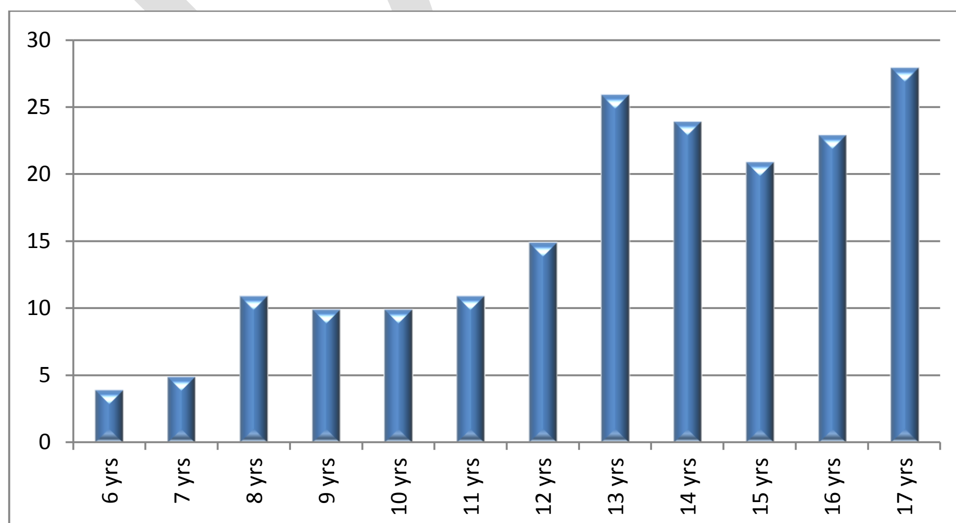

Figure 9 Children and young people receiving Tier 3 services @ June 2018 [where there was one or less children for other age groups these have not been identified here]

4.15 It is believed that 50% of lifetime mental illness begins by the age of 14 and 75% by age 18. In Bromley, 4.6% of young people aged 18-24 years registered with a Bromley GP in 2016 had a common mental health disorder. Of all the 5,240 adults in contact with mental health services during August 2018 [snapshot data], 955 (12%) were over 18 and under 19 years of age.

4.16 Whilst children are not specifically covered in this strategy, we recognize that more work needs to be done to ensure that age appropriate services are in place for the young adult age group. This will require a joint approach and joint commitment to ensure smooth referral and transfer of young people to avoid them falling through the gaps only to access adult mental health services at a later date. There needs to be more joined up working with children's services in the planning and transfer of young people into adult services prior to their 18th birthday and in good time to ensure young people are consulted and prepared for the next phase of their treatment journey. A specific area for consideration will be the development of the 0-25 Mental Health service and how this aligns with eligibility criteria and thresholds for Adults Mental Health services.

Adults Mental Health Services

Anxiety and Depression

4.17 GP Quality Outcome Framework data for 2016/17s. shows that 8.5% of Bromley registered patients have been diagnosed with depression. This is the third highest level amongst London boroughs and higher than the London average of 6.6%. The age range 45-54 years old shows the highest levels of depression (23.2%), followed by 55-64 year olds (19%) and 35-44 year olds (17%). A disproportionate number of women are reporting depression (65%). 135 of depression diagnoses are from people from Black and Ethnic Minority backgrounds.

4.18 Approximately 45% of referrals accepted into the Improving Access to Psychological Therapies Service were for depressive episodes and anxiety disorders. Over a thousand people have accessed the Bromley Well Early Intervention Service in 2018 seeking help for depression, anxiety and stress related conditions.

4.19 Bromley does not have a clearly defined pathway for people at risk of or experiencing the early stages of common mental health disorders. The development of an integrated pathway combined with the commissioning of additional primary care interventions is a priority for this strategy.

Suicide Prevention

4.20 Bromley experiences a relatively low number of deaths from suicide each year. We know approximately 20 deaths a year by suicide. Every suicide is a preventable, tragic event leading to devastating impact on family and friends of the victim and can be felt across the whole community. Our aim and ambition is to reduce the number of suicides and attempted suicides in Bromley. Our suicide prevention strategy has been developed by a multi-agency steering group, including those who have been personally affected by suicide. The aim of the steering group is to understand and address the local challenges around suicide, identifying and working together on areas to make the biggest difference for our population. In the strategy we have adopted the six key priority areas from the national strategy to develop priorities in Bromley. These six areas are:

1. Reduce the risk of suicide in key high risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

4.21 The suicide prevention strategy also addresses self-harm in Bromley. Self-harm is presented alongside suicide because suicide is a form of self-harm. Self-harm with no suicidal intent is more common than suicidal behaviour and its outcomes cause less physical harm. The difference between self-harm and suicide lies in the intent. There is a need to work to identify further risk factors in people who intentionally self-harm in Bromley and tailor services for the affected local population.

4.22 Although in Bromley our suicide rates are lower than in London and nationally, we have higher rates of people under 18 with depression. Death by suicides is a particular concern for men aged 15-49. The Suicide Strategy in development will look at those most at risk i.e. men, people who self- harm, young people under 18 who suffer with depression, people who misuse drugs and alcohol, people who are in the care of mental health service or who are in the criminal justice system as well as some very specific occupational groups. Bromley has the fifth highest intentional self-harm rates in the Greater London area. Bromley are in the process of developing a borough wide Suicide strategy which will be aligned to this mental and wellbeing strategy.

Improving Physical Health for Patients with Severe Mental Ill Health (SMI)

4.23 At the more severe end of the mental health needs spectrum, over 2,500 people in Bromley have been identified by GPs as experiencing a severe mental ill health (SMI). That is with a typical diagnosis of schizophrenia, schizoaffective disorder, psychosis and personality disorder. People with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than the rest of the population, often from avoidable physical illnesses (England, 2016).

4.24 Schizophrenia is the most common form of severe mental illness in Bromley, closely followed by individuals with psychosis. More men than women are affected by Schizophrenia, but women have a higher recording for psychosis, bipolar and severe depression. Nationally 1 in 5 mothers experience depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth, women accounted for 51% of those who received treatment for psychosis and 60% for all bipolar disorders. Adults with SMI are over represented in the most deprived areas within the borough. According to the Bromley GP patient database, in 2016, 55% of people with a SMI were aged between 25-54 years and 4.6% were aged 18-24 years. The gap between life expectancy in patients with a mental illness and the general population has widened since 1985 and people with a severe mental illness die younger than adults in the general population. When comparing the rate of premature deaths [deaths under the age of 75 years] in those with SMI to those without, the excess under 75 mortality rate for adults with an SMI in Bromley shows a 366% increased risk of premature death. This is higher than the average rate for London (327%) and only marginally below the national rate of 370%.

	Prevalence data for adults aged 18 plus - Bromley Primary Care Database			
Mental health diagnosis	Men	Women	Proportion of total SMI	BME
Schizophrenia	463 (58%)	334 (42%)	797 (31%)	194 (24%)
All psychosis	367 (49%)	375 (51%)	742 (29%)	133 (18%)
All bipolar disorder	251 (40%)	384 (60%)	635 (25%)	96 (15%)
Severe depression	35 (36%)	61 (64%)	96 (3.7%)	37 (39%)
Other	-	-	328 (12.2%)	-
Total	1,116 (49%)	1,154 (51%)	2,598	460 (20%)

Figure 13 Breakdown of primary presenting need and diagnosis, Gender, BME GP data 2016/17

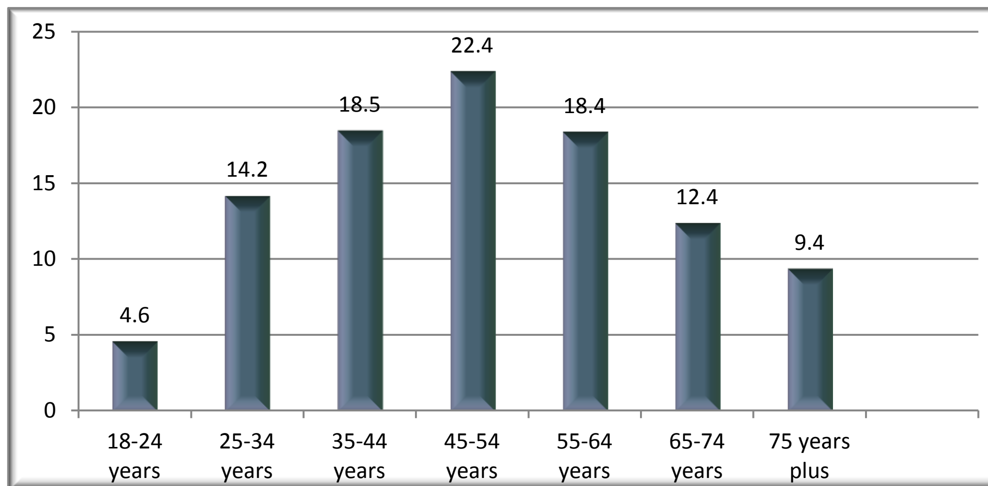

Figure 14 Bromley SMI population by Age (GP data 2016)

4.25 We know that people with SMI more often than not have a recorded physical health condition, In Bromley 20% of all those on the SMI register experienced with Hypertension, 6.3% with COPD, 5.4% Diabetes, 5.4% Chronic Kidney Disease and 4.2% with Ischaemic heart disease.

Physical health condition	Number	Percentage
Hypertension	519	20%
Ischaemic heart disease	109	4.2%
Chronic Obstructive Pulmonary Disorder	163	6.3%
Diabetes	141	5.4%
Chronic Kidney disease	139	5.4%
Cancer	91	3.5%
Epilepsy	96	3.7%

Figure 15 Physical health needs of SMI population

4.26 There are higher rates of mental health conditions among people with long-term physical health problems. We need to increase life expectancy among people with the most severe forms of mental illness. All CCGs are required to offer NICE recommended screening and access to physical health checks. Whilst annual screening is already available to patients with SMI, the NICE recommendations provides for additional diagnostic checks and access to brief advice and information and referral onward. Our targets going forward will be to ensure that at least 60% of all those patients on the SMI register with GP practices receive a full physical health check annually.

Improving Access to Psychological Therapies (IAPT)

4.27 Currently the Bromley IAPT service ‘Talk Together Bromley’ delivers both Step 2 and Step 3 interventions at a range of settings where clinically appropriate. That is support for low intensity disorders such as panic, anxiety and mild to moderate depression to more high intensity service for post-traumatic stress, obsessive compulsive disorder, panic and mild to severe depression.

4.28 During 2017/18, there were 6,178 referrals made to the IAPT service. 4,878 of these were accepted for support; the remaining 1,300 referrals were not appropriate for the service. Whilst the majority of referrals (3,857) were self-referrals, a high proportion of those (2,640) were recommended via the patients GP practice and around 108 were previously known to the service. This data does not include those in treatment from the previous year which indicates that there were significantly more people receiving support for these more common mental health conditions.

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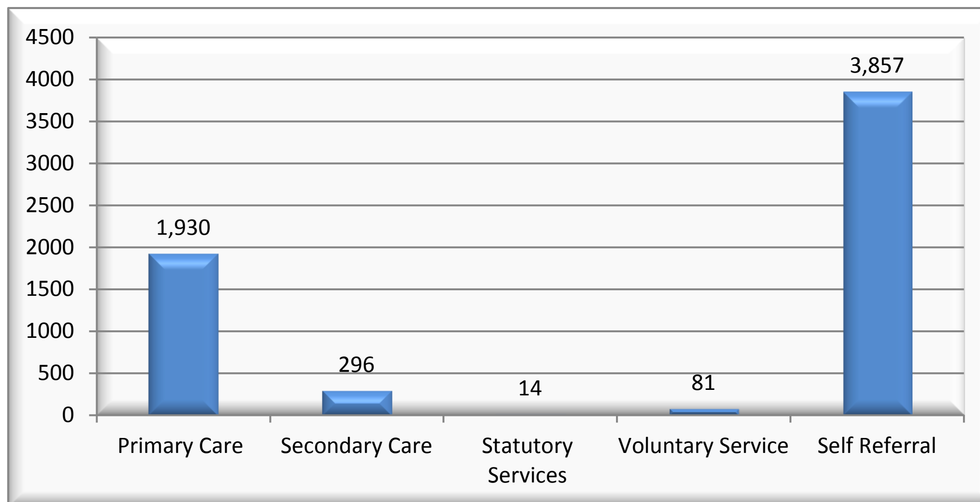


Figure 13 Referral source to IAPT Services (ALL Referrals) 2017/18

4.29 The primary need for people accessing this service was support for depressive episodes and anxiety disorders, this mirrors the needs highlighted in the 2016 General Practice (GP) patient survey which reported that approximately 10.7% of people on the GP register said that they feel moderately or extremely anxious or depressed.

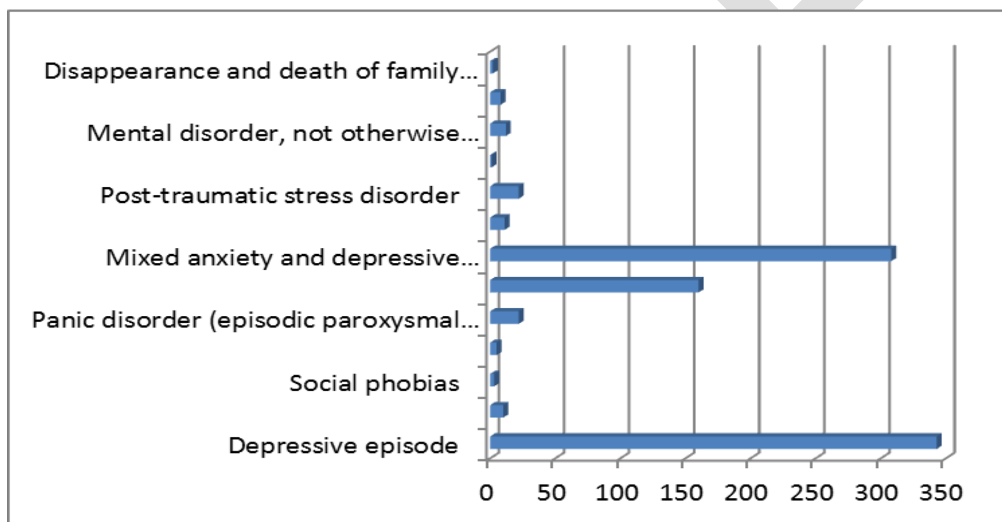
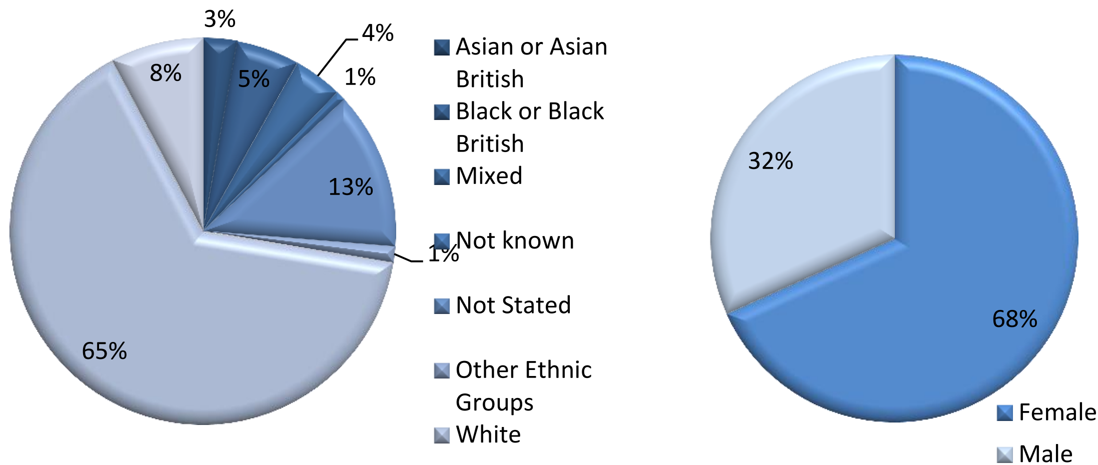


Figure 14 Primary Need for patients referred to IAPT Service 2017/18

4.30 Nationally, 1 in 5 older people living in the community and 40% of older people living in care homes are affected by depression. These more common mental health disorders accounts for 6.38% of the total population which is only marginally lower than the National average of 6.52%. In Bromley, prevalence data of patients with a depressive term was 13.9%. This represents 1 in 7 patients and suggests that more people in the community could benefit from support. 65% of patients registered with Bromley GPs completing the survey with depression were female. This is a similar picture to that captured in performance data from the IAPT Service during 2017/18 with 68% female referrals and 32% male. 65% of all those referred said that their ethnic group was white. 14% accessing the service did not indicate their ethnic group. 8% were BAME.



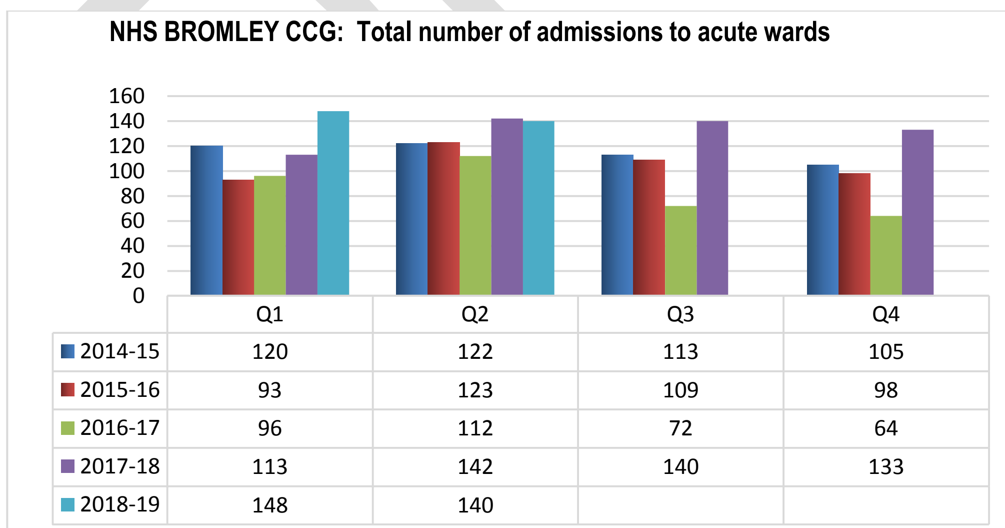
4.31 Across the STP there is an aspiration to further increase the number of people accessing IAPT treatment by 140,000 to deliver a national access rate of 19% for people with common mental health conditions. This will increase to 22% in 2019/20. Although the local IAPT service is currently meeting the required treatment waiting times; there is a challenge to increase our access rates based on identified needs and insight into the treatment naive population.

Crisis Care and Core 24 compliant

4.32 A snapshot of data in August 2018, indicated that there were 6,515 people in contact with mental health services in Bromley. 320 people had a Learning disability and may have been in contact with both a Learning Disability and Mental health service.

4.33 5,240 people were in contact with ***adult*** mental health services and over 4,600 were over 19 years old. During the same period, 55 people were subject to the Mental Health Act including 40 people detained in hospital. 640 people were aged 18-19 years.

4.34 During 2017/18 there were significantly more people being admitted to acute wards in Bromley and the total numbers have continued to increase during the first two quarters of 2018/19. For the same period, there were 80 open ward stays in adult acute mental health inpatient care and 60 inpatients in specialist adult mental health services.



	Q1	Q2	Q3	Q4
2014-15	120	122	113	105
2015-16	93	123	109	98
2016-17	96	112	72	64
2017-18	113	142	140	133
2018-19	148	140		

Figure 5 Total number admissions to acute wards 2014-2018

4.35 The increasing level of initial referrals and the high rate of inpatient admissions means there is a need to ensure that crisis intervention is an integral part of our preventative and early intervention approach.

4.36 In March 2018, 50% of people who attended the Emergency Department (ED) were already known within the mental health system. This group of people are likely to require psychiatric liaison or support from the Home Treatment Team (HTT). We need to understand how those people being admitted to ED can be discharged rapidly and prevented from readmission, and what interventions can be done earlier to prevent crisis.

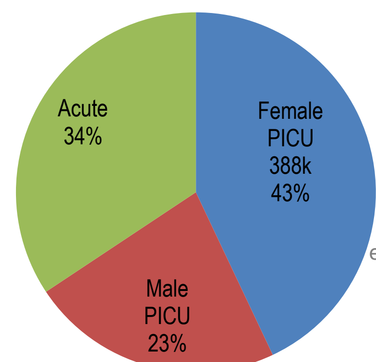
4.37 A new Crisis help line (out of hours) developed across the NHS Trust provision for Bexley, Greenwich and Bromley, will help to support the needs of people who are best served outside of ED, Psychiatric Liaison or the HTT. A challenge will be how we respond to the gaps, increase prevention and become Core 24 Compliant to ensure we have access to 24 hour community based mental health crisis care and offer intensive home treatment to avoid acute inpatient admission.

<u>Out of Area Placements</u> (Unplanned Emergency Admissions to Acute wards and Psychiatric Intensive Care Unit (PICU)

4.38 Unplanned Admission to hospital is an increasing problem for the NHS and spend on this unplanned activity is increasing locally, particularly where there is insufficient local provision for people requiring acute or psychiatric intensive support. In 2017/18 there were 93 Unplanned Emergency Admissions (UEA) placed outside of Bromley to both acute and PICU provision. The cost for these placements was around estimated £903k. The following map highlights placement location, however it should be noted that there may be more than one person placed at each location and some individuals may have had inpatient stays at more than one location throughout the year.

Figure 6 Out of Area Placements - UEAs 2017/18

4.39 Bromley is seeking to minimise the use of out of area placements for those patients who might be placed inappropriately in acute beds. This is supported by the



drive across the STP to move all inappropriate placements back in borough by 2021.

4.40 There is currently no Female PICU in Bromley. Female PICU beds accounted for 37% of all spend during that year and a total of 757 bed nights for both male and female PICU admissions. We will need to review our requirements across both male and female psychiatric intensive care and ensure that there are more options in borough or closer to home if a suitable place can be found. A further challenge will be to ensure that there is adequate step down provision from PICU beds which is intended for short periods of intensive care.

4.41 Locally, a focus on Delayed Transfer of Care is supporting the smooth transfer of patients either back home or into alternative accommodation. Whilst this is supporting a reduction in people being delayed discharge from acute wards and making available beds which could be used for people in a crisis, we do not have enough step-down or a good range of step-up options in the community.

Figure 8 Spend for Acute, male and female PICU 2017/18

4.42 We will need to develop the capacity to offer dedicated crisis support to young people transitioning from CAMHS and who have a history of intermittent breakdowns or anxiety issues.

Dementia Diagnosis and post diagnostic support

4.43 Bromley has the highest number of residents over 65 years amongst London Boroughs, and this is expected to increase gradually to 19.1% of the population by 2026. In April 2017 there were 2,611 patients registered with GPs who had a dementia diagnosis against an estimated population prevalence of 4, 042. The prevalence of dementia is predicted to rise to 6,034 by 2030. Although the number of individuals receiving a dementia diagnosis has increased in Bromley over the last two years, there are still many people not known to clinical services. This means that whilst our memory service has worked hard to increase the number of people receiving diagnosis, we have the potential to reach more individuals who could benefit from early diagnosis and improve their capacity to manage their condition.

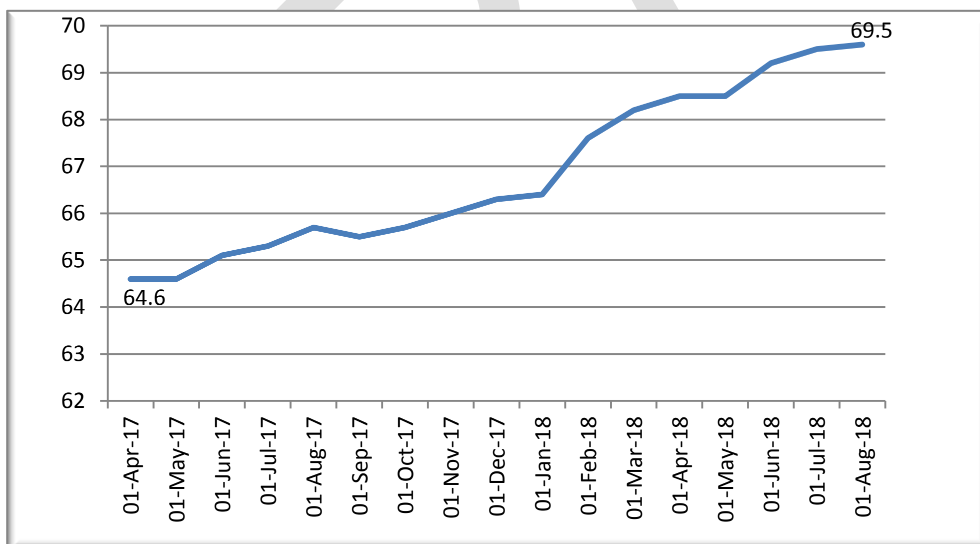


Figure 10 Dementia Diagnosis rate April 2017 - August 2018 in %

4.44 The Dementia Hub provides post diagnostic low level support and interventions to those with a dementia diagnosis and their Carers. The aim of the service is to improve the health and wellbeing, reduce and/or delay the need for more costly or intensive services. During 2017/18 the Hub received 789 referrals for individuals cared for; 70% of referrals were received from the Memory Service. There were also 419 enquiries/referrals from carers and 113 people were re-referred to the service.

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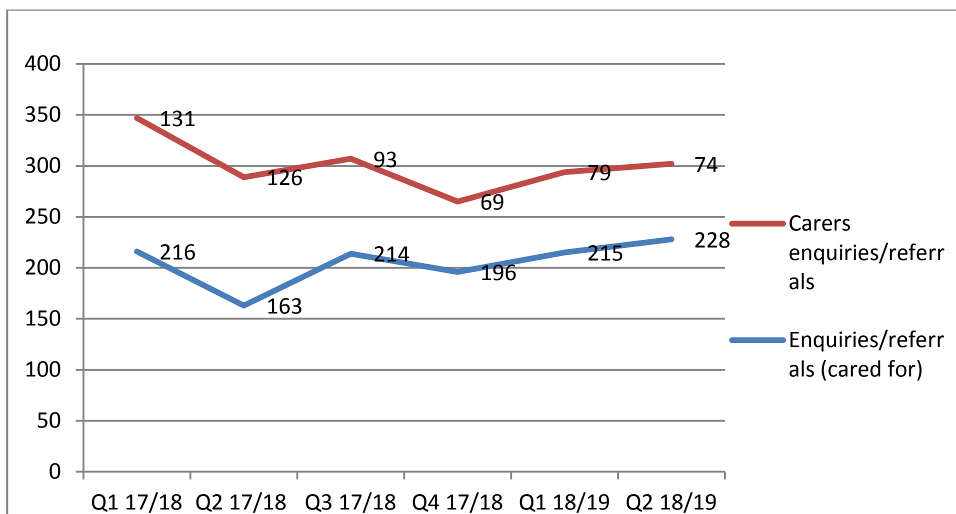


Figure 11 Referrals received at Dementia Hub April 2017 - September 2018

4.45 In 2015, analysis of health needs of all those residing in both private and local authority care homes who received support from a visiting medical officer, found that 117 individuals had dementia. It is expected that this number would have increased since then and many care home residents could benefit from support to manage their condition. The Dementia Hub does not provide support for care home residents directly but offer Dementia Awareness training to front line staff in Extra Care Housing.

4.46 Whilst we continue to improve the Dementia Diagnosis rate we need to ensure we have services and support in place to help people to live well with Dementia in the community. This must also include access to services for those older people living in Care/ Residential Homes as well as expanding the range of support available to families and carers.

4.47 Of those individuals accessing the Dementia Hub during 2017/18 who reporting having a disability or additional health need, 26% had a physical impairment, 4% reported a mental health condition and 22% of those seen reported other physical health conditions. This does not include carers or family – only those individuals with a diagnosis.

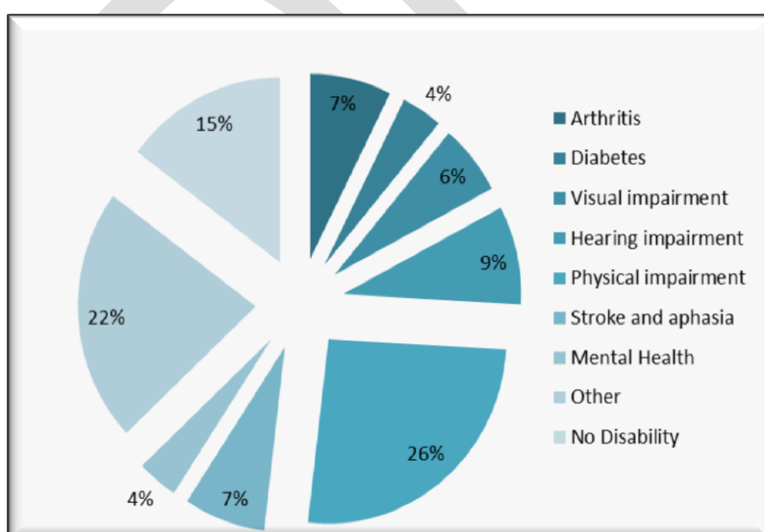


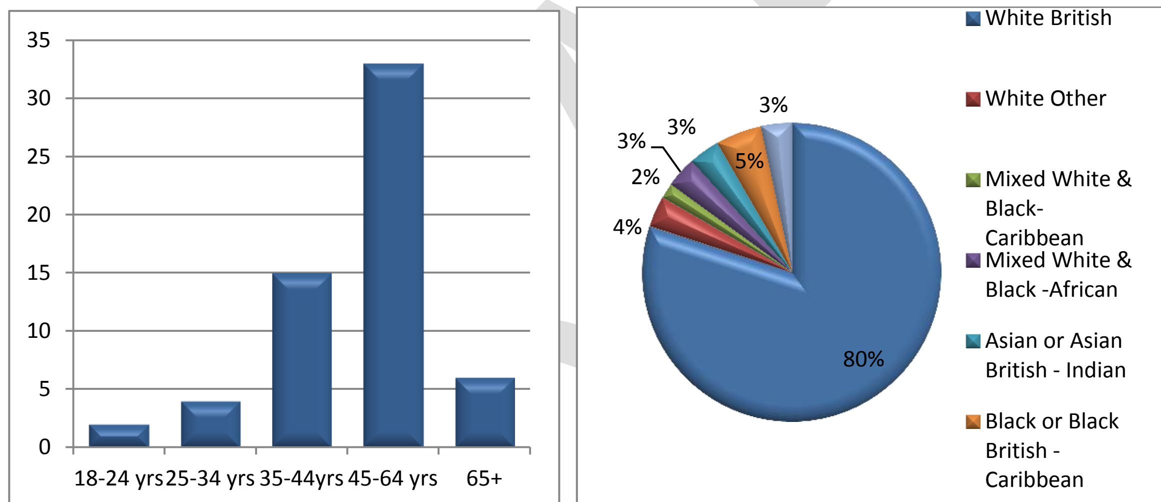
Figure 12 Physical Health Needs of Cared for service users

4.48 The Hub also provides information and training to individuals with a diagnosis, carers and families to help them understand the disease and develop coping mechanisms and resilience. We need to ensure that we continue to improve and sustain the work done so far so that more people can benefit from diagnosis and aftercare support.

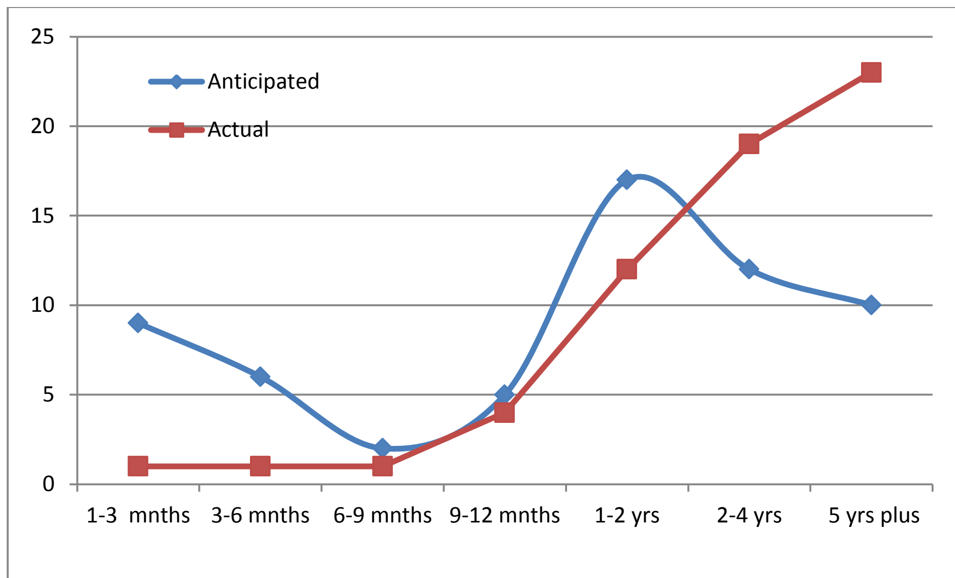
Rehabilitation Accommodation

4.49 Bromley currently has 9 schemes providing short and long term rehabilitation accommodation and support for up to 61 people. The cost of the service is variable depending on the property type and classification. This provision offers short and long term rehabilitation and support to enable residents with a mental health need to live in the community by promoting recovery and opportunities for social inclusion. Accommodation includes 24 hour intensive rehabilitation and recovery support for people with severe and enduring mental health problems with complex needs including dual diagnosis. The shared housing and supported living accommodation offers more flexible person-led support and semi-independent living. A further 5 schemes for 40 people living more independently offers a floating support service as required.

4.50 In Quarter 4 2017/18 (January 2018 – March 2018) the majority of referrals received to the service were for the more intensive rehabilitation and supported housing (32) were directly from acute settings, 29 referrals were received from other supported accommodation or residential/out of borough placements. Most referrals were received were for people aged over 35 years. Whilst the service works with a diverse population - 84% of residents described their ethnicity as either 'White British' or 'White other'.



4.51 75% of people accessing these accommodation support services have a primary diagnosis of Schizophrenia. However during the last year the service has supported more people with a dual diagnosis, personality disorder, autism, anti-social behaviour mainly due to substance use and generally more challenging behaviours.



4.52 Although the planned length of stay is approximately up to two years some people have been living in this accommodation for over 5 years. Due to the lack of available suitable step down provision, people are staying longer with limited prospect of securing more permanent move-on accommodation. This impacts patients who are waiting for discharge from acute beds. In Quarter 4 (2018/18), 9 new referrals were received in the service however 15 people were on the waiting list and only 3 people moved on to other forms of accommodation.

4.53 There is some work to be done around our rehabilitation pathway to ensure that anyone with a mental health need requiring access to rehabilitation accommodation and supported housing can receive the support they need to aid recovery and transition onto more appropriate long term accommodation. Whilst we are able to access 5 beds in hospital rehab provision, generally In Bromley we do not have access to enough step-down or step up accommodation for people who are leaving hospital or who may require short term accommodation for support during periods of crisis. This includes those people with additional needs such as ASD/ADHD who may present with challenging behaviour and should not need a hospital stay. It is important that accommodation services are seen as an important aspect of a holistic service offer in rehabilitation and contribute to the broader pathway of recovery

Extra Care Housing

Bromley has a total of six extra care housing schemes for people aged 55 years old and above. They are made of 271 flats with occupancy of 303. As at 15 December 2018 there were 31 mental health service users in receipt of extra care housing.

Direct Payments and Personal Health Budgets

4.54 Personal Health budgets aim to give individuals more choice and control over the money spent on meeting their health and well-being needs and we need to look at how these can be extended to mental health services. There are too few people taking advantage of opportunities available to use direct payments to personalise their care. There is more work that needs to be done to increase both the awareness of different opportunities to use direct payments and the support available to direct payment users.

Carers

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4.55 We recognise and value the crucial support Carers provide to people affected by mental ill health and too often they go unnoticed and unsupported. We want to improve our capacity to reach out to carers, assess their needs and inform them of the various ways in which they can get support.

4.56 We will also need to consider how we build capacity, resilience, and effectiveness across each programme of work and collectively design, commission and deliver services where people can be empowered to lead the lives they want to lead, keep themselves and their families healthy and be able to work in safe and resilient communities. We will equally need to consider how practitioners on the front line can be supported to deliver what matters to service users within an ethos that maintains dignity and respect.

Mental Health and Learning Disability

4.57 We need to ensure that we have a more cohesive model for health and care services for people with a learning disability and/or autism who have a mental illness or behaviour that challenges. We want to ensure that this cohort are included in any crisis panning to avoid hospital admission and individuals supported in the community or discharged into a community setting as soon as possible.

4.58 It has long been recognised that people with learning disabilities are dying significantly earlier than their peers in the general population. The national LeDeR programme aims to review the deaths of this vulnerable population to make improvements to the lives of people with learning disability. Bromley CCG is fully committed to this programme of work and to working with partner organisations to learn from this programme and influence service developments in relation to lessons learnt locally.

4.59 Currently, Bromley commission adult assessment ASD/ADHD. We do not have a comprehensive approach to providing support and treatment following assessment. During the last few years we have seen an increase in the number of adults self-referring to their GP for a full diagnosis. Better detection and increased awareness of ASD by services in the borough has also supported this. In 2017-18 there were 53 ASD referrals received against a commissioned 52 assessments. However wait times continue to be around 16 to 18 months. This is a similar picture for ADHD we need to have a more robust system where people are diagnosed, followed up and consistently reviewed.

4.60 There is no in borough specialist provision for ongoing support for those individuals with an ASD diagnosis - this is spot purchased externally. We need to review our requirements in terms of service development and funding available to ensure that support is made available for adults with ASD/ADHD and challenging behaviour. There is greater scope for early diagnosis of adults with ASD/ADHD and this will involve working more closely with children’s services around young people transitioning to adult services. The ASD Strategy is in the early stages of development and this together with the All Age Learning Disability Strategy will be aligned to this Mental Health and Wellbeing Strategy.

Dual Diagnosis

4.61 There is a cohort that has a substance misuse problem co-occurring with whatever mental health condition they are experiencing. This cohort tends to be known to multiple services and be frequent attenders at accident and emergency and crisis care services. In 2016-2017 Bromley reported 37% of new cases entering treatment with a co-occurring mental health condition.

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- SUMMARY – MENTAL HEALTH IN BROMLEY – SOME OF OUR CHALLENGES

- Current mental health system is fragmented and service users do not understand how to navigate

- In 2017/19 £46.6m was spent on delivering mental health services with the largest spend on people in treatment or who have complex care needs.

- There are a limited number of specialist mental health support service providers in the area

- Over 5,000 people were in contact with Adult mental health secondary care service in 2017/18. 60 people received acute mental health inpatient care on open wards and 40 people were detained in hospital in the Borough. 640 people were aged between 18-19 years

- In 2017/18 there were 93 unplanned emergency admissions placed outside of Bromley to acute beds and Psychiatric Intensive Care Units which cost 903k

- 50% of people who attended Emergency Department were already known to mental health services

- 320 people who came into contact with mental Health services during 2017/18 had a learning disability

- 8.5% of Bromley registered patients (1 in 7 people) had been diagnosed with Depression. Bromley is the third highest London borough recorded for depression [JSNA 2017] – data taken from GP QOF register 2016/17

- 40% of people living in Care Homes were affected by depression

- 644 referrals were made to CAMHS during 2017/18 – 609 children and young people were accepted for a service. 50% of lifetime mental illness begins at age 14 and 75% by age 18. 4.6% of young people aged 18-24 years registered with a Bromley GP had a common mental health disorder.

- 955 young people in contact with adult mental health services @ August 2018 were over 18 years and under 19 years.

- 65% of patients with depression were women; less men seek medical support or help with depression. 13% were recorded as BME

- Suicide prevention to add highlights

- Life expectancy for people with a severe mental illness is lower than the general population. In Bromley over 2,500 people were diagnosed with a severe mental health need and Bromley

Adults with a SMI are over represented in the most deprived areas of the borough.

20% of people diagnosed with a severe mental illness are from BME communities. In general people from BAME groups are more likely to be diagnosed with poor mental health and admitted to hospital. [JSNA 2017] There could be challenges to accessing culturally appropriate treatment.

People experiencing severe mental ill health are more likely to have co-morbidity including physical health conditions

Bromley has the highest number of residents over 65 years and this is set to increase. 2,611 patients registered with a GP received a dementia diagnosis against an estimated prevalence for 4,041.

The number of people receiving a dementia diagnosis has increased and is now over the National Target of 70%

There were 9 schemes providing short and long term rehabilitation accommodation in the community which accommodated 61 people. A further 5 schemes for 40 people living more independently offered floating support services.

The length of stay in this accommodation is longer than expected and too few people are able to access more permanent accommodation. We do not have adequate accommodation to support people in crisis to prevent acute hospital admission or rehabilitation into the community.

75% of people accessing this accommodation have a primary diagnosis of schizophrenia, more people with dual diagnosis and challenging behaviour is being supported in this accommodation

Extra Care Housing remains an underused accommodation resource for mental ill health sufferers. Better joint working arrangements are required between care coordination services and housing providers.

There are too few people taking up opportunities to use direct payments and personal health budgets which are not systematically made available for people who experience mental health needs.

ASD/ADHD support requires specific resources to enable the development of a service offer to improve access to information and advice services for those with undiagnosed ASD symptoms.

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5. WHAT WE NEED TO DO

5.1 It is clear that we need to ensure that people understand what service are available to them when they need to access mental health services in the borough. People need to be able to receive support in a timely fashion whether that is crisis support or earlier targeted preventative and early intervention services. When people experience mental ill health we will need to work together to ensure we provide high quality person-centred care.

5.2 The current Mental Health system is unlikely to reduce the demand and provide sufficient resource to cope with day to day presentations within Emergency Departments (ED) which can place increased pressure on bed occupancy. Expanding crisis intervention outside emergency and hospital discharge cases will require a community based crisis service that can work with people at risk of emotional breakdown. This would allow early intervention and offer ongoing low intensity support. There is a need to be able to identify risk factors that indicate a higher likelihood of breakdown or escalation. This would give us the opportunity to offer crisis intervention alongside promoting better mental health awareness and individual self-care. These lower threshold interventions would be best based managed in conjunction with local community focused groups who can offer support from a non-clinical setting and are less likely to be seen as stigmatising.

5.3 There are a number of challenges for both primary and secondary care which will require services to work together to ensure that appropriate referrals are made into and onward from secondary care as well as when patients are stable and ready to be discharged to primary care and receive treatment closer to home. We have started to develop a shared care pilot for patients receiving intensive case management support for psychosis or bipolar disorder and successful evaluation of this will support how shared care is to be further developed and rolled out across GP Practices and Secondary care. An established and ongoing relationship with a health practitioner is a vital for continuing care, and the place of primary care and general practice in relapse prevention needs to be more fully explored and supported.

5.4 Secondary Care services within hospital, community and residential settings are working with patients and service users with most complex and enduring mental health needs. Preventing re-admission requires active management of transitions, including timely and accurate information good communication between hospital and primary care physicians, and a single point of co-ordination. We need to ensure that we reduce the number of people presenting at accident and emergency, and or being admitted to acute hospital settings alongside a reduction of repeat presentations post discharge as a result of having access to a wide range of community provision.

5.5 The NHS Benchmarking Network in a recent study found that increased community activity is associated with a shorter average length of inpatient stay[3]. An increase in investment in prevention and recovery will trigger a reduction in the use of complex care. This will allow a lower requirement in complex care treatment and create efficiencies that will allow more appropriate funding for prevention and recovery work. Voluntary Organisations and third sector providers deliver services across the treatment and recovery pathway. These sectors can bring specific skills to partnerships with the NHS, enabling innovation, investment and transformation in integrated care services. Their role in the delivery of the strategy will be vital to support appropriate step down and support for people recovering from mental health problems.

5.6 There is the need to increase and improve access to recovery oriented services that support people to move away from treatment services and live independently in the community. At present a key challenge for the partnership is to ensure that the current arrangements are fully

[3] Analysis and Comparison of Mental Health Services through the use of Benchmarking data; NHS Benchmarking Network, 2017

integrated as part of an overall system during the life of the strategy and we are committed to make that shift

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6. FIVE PILLARS: OUR COMMITMENT TO CHANGE

6.1 Stakeholders were very clear that having a well branded easily recognised mental health service across the borough would be beneficial to patient, service users and professionals. Service users highlighted the difficulties moving around the system which would be resolved by having a Single Point of Access to mental health services with a no wrong door policy.

6.2 The “Five Pillars” identified have been used to focus our plan of action and commitment to deliver on our promises in line with the vision. Historically the majority of activity has been invested in services for people in treatment and receiving long term care with the least being spent in prevention and recovery which is a similar pattern across the UK. We need to turn this practice on its head if we want to develop a more preventative approach

6.3 Prevention - health promotion for a well population

6.4 We will need to consider how as a borough we can create a more preventative community based model so that more people are either prevented from requiring treatment and/or deferred needing to access acute mental health services and receive the right support at the earliest opportunity.

6.5 Early Intervention – access to support before crisis point

6.6 There is a need to offer a greater range of services that deliver low level and intensive support for people who are at risk of mental health episodes. In order to support recovery, access should be provided to interventions before there is a need for emergency/inpatient admission. This offers the opportunity to avoid long term residential care for people who still have the potential to remain living in the community. Treatment should be provided at the earliest opportunity.

6.7 **Currently in treatment** – *Managed support and Care*

6.8 We have a commitment to ensure that those people already in treatment get the service they require and that services promote recovery and greater independence. The primary challenge is to ensure that people in the current system do not become depending upon the service they use. This will require a more joined up approach in respect of hospital, community, residential and primary care based services to ensure that responses are co-ordinated in a manner that provides the optimum opportunity for recovery.

6.9 **Long Term Conditions** – population in long term treatment

6.10 A challenge for Bromley is the increased investment required for services that support people with long term chronic conditions. Whilst there are less people in this part of the system, it does bring with it significant cost pressures in particular where people have been placed out of area. The lack of female PICU in the locality presents significant challenge and we will need to ensure we have the right resource locally.

6.11 **Rehabilitation and Recovery –** providing hope and aspiration to live independently in the community

6.12 Bromley currently has a recovery and peer support programme but we will need to further develop this if we are moving to a more recovery based model. We will require a new approach to make recovery an aspiration for everyone and this will require a different relationship and shift from the workforce. We have begun this journey with the commissioning and development of the Recovery Works service that provides a co-productive, collaborative service which enables services users to take responsibility for their individual and recovery journeys.

6.13 Recovery should be considered as an outcome for anyone who comes into contact with mental health services at any time and not only after an inpatient stay. It is important that people are prepared regarding the demands of everyday life and on discharge from services have a plan for

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readily available support in the community to ease the transition back into supported or independent living.

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7. MENTAL HEALTH – OUR COMMON RESOURCES

7.1 The Council and NHS spent £46.6m on mental health services in Bromley in 2018/19. Local mental health services include help for children and young people , improving access to psychological therapies – including talking therapies (IAPT), recovery and rehabilitation services and voluntary and community services .

7.2 The majority of the Bromley mental health budget however is spent on secondary care services . This is not untypical of different areas, with a high proportion of the overall mental health budget committed to higher-end treatment and hospital services.

7.3 Bromley currently spends £46.6m on mental health services across both the Council and the NHS. The vast majority of this resource is spent on higher-end treatment and hospital services. Whilst the Council and CCG will always maintain a place for people to go in crisis, in order to access the urgent and emergency help that they need, this strategy envisages a shift, over time, towards more prevention, early intervention and community services. The approach will mean less people requiring hospital stays or placements in residential care homes.

7.4 The Bromley mental health budget in 2018/19 is set out below:

Bromley Total Mental Health Budget – 2018/19	£'000
Children and Young People (CYP) Mental Health	
Child and Adolescent Mental Health Services (CAMHS)	£4,302
Adults Mental Health	
Secondary Care Mental Health Services	£30,907
Improving Access to Psychological Therapies (IAPT)	£2,992
Autism Spectrum Disorder (ASD) Services	£161
Recovery and Rehabilitation - Care Services	£2,002
Recovery and Rehabilitation - Aftercare (s117)	£4,110
Recovery and Rehabilitation - Supported Housing and Floating Support	£2,118
Adult Mental Health Social Care	£1,300
Voluntary and Community Services	£42
Total	**£46,634**

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8. STRATEGIC ENABLERS

Leadership and Finance

8.1 The current trend in budget setting favours long term and complex care heavily. While it is true that there needs to be a major emphasis on intensive care for reasons of complexity and safety the current trend leaves too little capacity for preventative work.

8.2 Priorities identified within the strategy will require significant cost shifts to take place over the life time of the strategy so that those services currently under invested benefit from QIPP Programmes in other parts of the treatment system and subsequent cost shifts as part of service redesign and transformational planning.

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000
Income	42,617	43,623	44,709	*45,907	*47,959
Expenditure	42,129	43,623	52,292		
Increase (Mental Health investment standard (MHIS) – CCG)		2.3%	2.49%	2.68%	*4.47%

* estimated

8.3 Current Bromley Council mental health expenditure is a combination of recurrent expenditure and Better Care Fund (BCF) grant funding. The BCF funding has mainly underpinned the development of services designed to improve access for vulnerable service users and develop a coherent service offer in areas where there have been a gap. Our expectation would be to continue the grant funding going into these delivery area or replace it subject to the future availability of grant funding.

8.4 Within Bromley and across South East London there are a number of strategies, transformational programmes and work streams which are being simultaneously taken forward. Many of these are and/or will be aligned to the Mental Health and Wellbeing Strategy.

8.5 In order to effectively commission for mental health in an integrated way we need to pool or align budgets and have risk share arrangements in place.

Workforce

8.6 In order to deliver the transformational change as set out in the vision, it is essential that there is an appropriately skilled, enthused and committed workforce. The workforce to deliver transformation will bring together staff from different professional backgrounds and qualifications to work alongside community partners and residents. We will also need to look after the mental and physical health and wellbeing of our workforce and support employers to improve the health and wellbeing of their staff.

8.7 There needs to be commitment across the borough to progress integrated commissioning approaches and in the development of community based care strategies which impact on our community. We will need to map the current workforce to understand any gaps now and in the future as well as review social and economic trends.

8.8 Step change can only be achieved through workforce planning and an appetite amongst all staff for culture change and continuous professional development. We will look to build upon the personal resources and recovery capital of individuals, families and communities to achieve the outcomes that matter to them. This will require the workforce to become increasingly competent in working with people with mental health problems beyond diagnosis and illness in pursuit of recovery.

Communications and Engagement

8.9 We are committed to working with our service users, patients, carers and stakeholders to further develop our Joint strategy. Patients have helped to inform a number of Mental Health services including:

- The Bromley Dementia Hub
- Recovery Works – helping people get back into work and education
- Talk together Bromley (psychological therapy services)

8.10 We want to work collaboratively with our partners with the intention to commission all services in a co-productive way going forward. To make the changes required to transform the delivery of mental health services in Bromley there are some key building blocks required so that we can work in a Co-productive way and value the assets of people who use services.

Technology

8.11 An important aspect of this will be to look at how we can improve our digital and IT systems so that we can share information between partners to support smooth referral into and onward to services. We need to build on the initiatives such as the Local Care Record, which makes primary and secondary care data visible to providers across both sectors. With the development of the SPOA we need to ensure that the full range of providers involved in an individual's care can access the necessary data to provide the support services required this will include key staff providing key working, care coordination across the system include mental health teams and housing providers.

8.12 We will require partners to not only agree to share and pool information but in a way that can support better analysis. This analysis will be used to inform future service delivery decisions and help to deliver targeted support to those people/communities at risk of mental health or who may be undiagnosed and unknown to services. We must also acknowledge peoples own skills, knowledge and confidence to use technology as a means to manage their own care

Integrated Working

8.13 Working across sectors, organisations and agencies to develop and deliver mental health outcomes is a crucial tool in improving the quality of care and life for residents of Bromley. Increasing access to housing and expanding accommodation options is a key outcome for people experiencing mental health difficulties. Developing adult education programmes targeted at people at risk of mental ill health and signposting them to existing programmes can play a vital role in preventative and recovery support (See appendix 3).

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9. MAKING A DIFFERENCE BY 2025

- In conjunction with Bromley Well and other community groups establish a programme of activities that promote better mental health and emotional wellbeing.

- Increase the number of people receiving mental health support as part of a comprehensive early intervention package to avert the escalation of a crisis following low level episode of anxiety or depression.

- Ensuring that there is a joined up approach with Education, Public Health, Social Care, Voluntary Sector, Community Groups, and Health services to support children and adolescents having difficulties with their mental health and emotional wellbeing.

- Increase the take up of IAPT services by offering therapy as part of a holistic approach to managing and maintaining good mental health amongst people at risk of mental ill health.

- A reduction in the duration spent in residential or inpatient care supported by an increase in the numbers of mental health service users making planned moves into their own independent or supported accommodation.

- Making a real difference will require coordinating a borough and system wide approach to implementing the strategy action plan. Transforming how we identify and support those at risk of mental ill health will provide a basis for reducing the numbers of people turning up in emergency care in need of mental health services; and those requiring complex care and long term treatment.

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APPENDIX 1 - POLICY CONTEXT

There are a number of policies, guidance and best practice which underpins this work including those priorities across the South London Partnership [Bromley, Bexley, Greenwich, Lewisham and Southwark]. That being said, we need to ensure that the work stemming from this strategy accurately meets the needs of the Bromley population.

National /Regional Priorities

- **Children and Families -** The Government recognises that improving mental health means ensuring that children have the best start in life. This involves ensuring that early years services are able to support healthy development and identify those children that need extra support and work towards meeting their needs. This means having a good range of preventative services that can provide early intervention for those children who are at risk of poorer outcomes. For families with multiple problems the government is seeking to provide more support to ensure they are able to access services in a suitable and sustainable way.

- Children and Young Peoples Mental Health (CYP MH) – 'Futures in Mind' NHSE and DoH

  - **Improving Access to Psychological Therapies -** More effort needs to be made to support older people with mental health problems through the use of psychological therapies. A greater use of psychological therapies in treating severe mental illness is also being proposed.

  - **Reducing Drug Use -** There is recognition that substance misuse plays a role in triggering or entrenching mental ill health. There is need to intervene early to tackle substance misuse and work towards reducing the risk of substance misuse.

  - **Employment -** Improving employment outcomes for people with mental illness and ensuring that there is support to help them integrate into the workplace and develop the skills needed to maintain employment.

  - **Homelessness -** More work is needed to properly integrate mental health and homelessness services. There should be better quality housing available for people with mental health issues and more services to support them to maintain suitable long term accommodation.

  - **Mental Health of Veterans -** More help with counselling, therapy and access to primary care for veterans is required.

  - **Mental Health of Offenders -** Early assessment of mental health needs of offenders and the provision of appropriate treatment.

  - **Coordinating, promoting and Supporting Research -** Making sure there is continued Investment in high quality mental health research.

  - **Transforming Care -** Transforming care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services.

2.2 Regional Priorities

There are a number of other priorities clearly identified as part of the NHS Five Year forward view which include continuing to action local Crisis care concordat plans:

- **Mental Health Investment Standards (MHIS) –** The Mental Health Investment Standard is the requirement for clinical commissioning groups (CCGs) to increase investment in Mental Health services in line with the overall increase in the money available to them Bromley CCG is committed to continuing to meet the MHIS year on year.

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- **Suicide Prevention (SP)** – deliver multi –agency suicide plans to reduce suicides (10% by 2020/21), with local government and other partners
- **Increased access to psychological services** - Meet the IAPT access, recovery and waiting time standards, increase integration with physical health care (Long Term Conditions)
- **Increase access** to community services such as (CAMHS), reduce Out of Area Placements , and increase Mental Health workforce capacity
- **Adult Mental Health, Acute, Community and Crisis Care/Core 24 (AC&CC) -** having mental health crisis and liaison services that can meet the specific needs of people of all ages and deliver Core 24 mental health liaison standards for adults in 50% of acute hospitals
- **Perinatal Mental Health (PMH) -** increase specialist perinatal mental health services - Implementation of plans and trajectories to meet regional ambition by 2020/21,
- **Early Intervention for Psychosis -** meet NICE recommendations by 2020/21 that is receiving treatment within 2 weeks
- **Older People Dementia (OPD) -** Meet the dementia diagnosis rate and increase the number of people being diagnosed with Referral to Treatment within 6 weeks.
- **Infrastructure, Finance Workforce (IFW)** All providers submitting data to NHS digital, Deliver mental health investment standard, deliver workforce delivery plans
- Increase access to Individual Placement and Support - building on baseline for 2016/17 by 25%
- Integrated Care Networks
- **New Care Models (NCM)** - The new models of care introduced by the FYFV MH creates an important opportunity to deliver whole-person care that responds to mental health, physical health and social needs together.
- **Secure Care (SC) -** Support delivery of new care models, reduce Out of Area Placements and build capacity within step down facilities locally
- **Improving Physical Health** for people with Serious Mental Ill Health
- **Health and Justice (H&J) -** Ensure Health Based Places of Safety (HBPOS) function locally and regionally and are always available when required
- **Care Act 2014 –** Compliance with and training in mental capacity and Deprivation of Liberty duties.
- **Better Care Funds –** Bromley will continue to use Better Care funding to ensure that people are able to be supported in the community and receive services that are personalised and targeted to their specific needs.

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APPENDIX 2 – KEY MENTAL HEALTH SERVICES IN BROMLEY

Bromley Well Single Point of Access – Referral and walk in service for community primary and secondary care interventions, including mental health.

IAPT – Talk together Bromley - Psychological therapy interventions for people experiencing mental health problems

Recovery Works – Person centred recovery support programme that includes educational courses, employment support and peer mentoring.

Community Options – Supported accommodation and floating support.

Dementia Hub - A support service for people who have been diagnosed with dementia and their carers.

Dementia Cafes – 16 cafes available

SLAM – provides tertiary services - eating Disorder, anxiety disorder residential, psychosexual disorders, behavioural disorder, self-harm, female hormone clinic

Primary Care Plus - service provides specialist liaison to primary care that manages referrals and assessments, health promotion, shared care arrangement, and education and training.

Bromley Home Treatment Team - offers a multidisciplinary service that focuses on recovery to people who are experiencing mental health crises. It undertakes assessments, develops treatment plans, and gatekeeps inpatient admission referrals.

Community Mental Health Rehabilitation and Reablement Team - supports the rehabilitation and ablement of people with severe ad enduring mental health problems. It seeks to avoid relapse and keep them living in their own homes.

Early Intervention in Psychosis Service - works with people who are in the early stages of psychosis and offers interventions to maximise recovery and prevent deterioration.

Bromley Mental Health Liaison Team - undertakes assessments for people referred from the acute emergency department and hospital wards.

Bromley Day Treatment Team - works to facilitate early discharge from inpatient admission and prevent readmission.

Anxiety, Depression, Affective Disorders and Trauma - Provides therapeutic interventions to adults with complex presentations.

Perinatal Mental Health Service - Assessment and support for women who are known to mental health services or are vulnerable and at risk of mental health difficulty.

Women's Service - A service for women who are survivors of childhood trauma, which includes sexual abuse and sexual trauma.

Intensive Case Management - Care and treatment for people diagnosed with schizophrenia and bi-polar disorder.

Psychiatric Intensive Care Unit - The Unit provides a short term intensive assessment, treatment and therapy for people who cannot managed on an open ward.

Working Age Psychiatric In-patient service - Hospital admission for people experiencing acute and enduring mental health problems.

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Open Rehabilitation, Barefoot Lodge - A residential rehabilitation service for people experiencing severe and enduring mental health problems.

Community Mental Health Team – Older People **-** A referral service for persons aged over 65 years old who have mental health problems.

Dementia and Challenging Behaviour Intensive Care Unit - An inpatient unit for people with complex needs related to dementia.

Memory Service - provides Specialist assessment, treatment and support for people with Dementia.

Older People Home Treatment Team - Prevent avoidable admission into hospital for psychiatric care and provide an early discharge from hospital.

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Appendix 3 - Adult Education and Mental Health and Emotional Wellbeing

The positive impacts on emotional health and wellbeing gained from participation in adult learning are well documented. A recent research report* released by the WEA identified that 82% of students who had declared mental ill health claimed that their courses helped them with their condition, 68% reported reduced stress levels and 65% stated that they managed their stress better as a result of attending their courses. Furthermore, adults engaging in learning activities frequently report improvements in self-confidence and self-esteem, both of which are known to help people increase their resilience to physical and mental ill health.

The local authority adult education service (Bromley Adult Education College) receives public funding in the form of the Adult Education Budget. A portion of this grant, known as the community learning fund, is intended to provide learning opportunities for disadvantaged adults and communities and support local priorities.

This provides an opportunity for Bromley to consider the addition of adult learning as part of the range of early interventions, aimed at improving mental ill health recovery rates and reducing the risk of the need for crisis treatment or inpatient admission. Part of the community learning fund could be ring-fenced to provide discrete adult learning provision targeted at those identified as in need of support. Access would be by means of professional referral. Through partnership working with other service providers it may be possible for provision to be delivered within local community venues. Activities on offer could include subjects such as creative arts and crafts, mindfulness and meditation.

There has also been extensive research undertaken on the impact of lifelong learning and the impact it has on helping older adults to maintain cognitive function and combat social isolation. Given the predicted population increase in residents aged over 65 by 2026 and the predicted prevalence of levels of dementia by 2030, Bromley may wish include the provision of discrete older learning as part of a range of services provided for adults in early stage of dementia diagnosis. This could also be funded through the adult education community learning fund. [4]

[4] *Empowering Adults Through Education; WEA, November 2018*

Appendix 4 – Mental Health and Emotional Wellbeing Strategy Map