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## Update on Joint Mental Health Strategy Action Plan

11 February 2015 HWBB



## The MH Strategy was set in the following context:

- Growing population likely to become more deprived.
- One in six adults in Croydon has a mental health need
- Anxiety and depression projected to increase by 5% but greater increase projected in people with serious mental illness.
- We are spending 21% more on inpatient services than comparative boroughs.
- Care Act 2014 has a range of implications – greater focus on self directed support and gives new rights to family/carers/ social networks.

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- Significant pressure on acute beds and dependency on placing service users out of borough and in private sector MH Beds
- The need to improve integration with physical health
- Need to better address the needs of BME Communities – 40% of acute admissions
- Little investment in IAPT services

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## Overarching Aims of the Strategy were to:

- Improve the quality of life of people with mental health needs and parity of esteem
- Improve access to mental health services
- Strengthen partnership working
- Integration with physical health
- Shift resources to community and primary care services and reduce reliance on inpatients
- Ensure voluntary and third sector provision works alongside primary and secondary health care services

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## What we did:

- CCG committed to investment of £5.2M to stabilise the system and invest in community services
- Improved integration of health and social care
- Invested £700k in IAPT services in 14/15
- CCG/Council shared commitment to Pan London Digital Well Being Service ( 2015/16 and 2016/17 )
- Developed Mental Health Strategy taking into account findings from Croydon JSNA and ' Mind the Gap ' Report



## What we did

- Consulted with service users and stakeholders (Jan /Feb 2014 )
- Workshops with GP's and Stakeholders ( March/May '14 )
- Developed associated strategies for CAMHS and older MHOA
- Focused approach to supporting GP's with Dementia diagnosis rates (on target for 51% 2014/15)

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## The Commissioning Approach

- Identifying opportunities for integrated commissioning between CCG and the Council and services e.g. IAPT and LTCs, adults and children
- Supporting the shift from commissioning for 'activity' to commissioning against improved outcomes
- Increased visibility and impact of commissioning along with strengthened contract management
- Ensure engagement with service users is core to all commissioning reviews and service developments.

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## Key Aim 1: Increasing access to Mental Health Services

- Stabilised in patient bed provision (out of borough placements reduced to a minimum)
- Investment in AdultMental Health Model and now being rolled out. Steering group established and overseeing implementation – (full time line of service developments within paper and action plan)
- Increased access and reduced waiting times for core services already apparent ( HTT /Promoting Recovery )
- Increased engagement with BME Forum
- Revised TertiaryReferralProcess
- Mental Health Partnership Board – revised ToR's and increased voice and influence .





## Key Aim 2: Strengthening Partnership Working and integrating physical and mental health

- Increased psychiatric liaison services in A&E
- 4Borough Crisis line in development builds on Street Triage pilot
- Review of implications of Mental Health Crisis Care Concordat
- Decision support tool being implemented across all GP practices will include all revised mental health guidance
- Enhanced Physical health CQUIN
- HESL Funding secured to deliver 'no health without mental health' training for front line workers .



## Key Aim 3: Starting early to promote mental well being and prevent mental health problems

- Increased access to IAPT – on trajectory to meet 5% target15/16
- Recent stakeholder meeting held with NHSE and Voluntary sector re: IAPT and future opportunities for increased use of voluntary sector/ DigitalWell Being
- Review of CIPS waiting list in train
- Joint review of voluntary sector due for completion March 15
- Additional funding secured for early intervention and early detection of psychosis(now being delivered2015)
- Improved engagement with CAMHS and MHOA services



## Key Aim 4: Improving the quality of life of people with mental health problems

- The wider determinants of mental health are significant including access to housing, education, immigration, employment and welfare benefits, are central to how the strategy is being implemented
- Increased focus on Quality with regards to commissioned SLAM services and increased engagement with BME Forum and Hear Us
- Through the action plan we are improving the range and access to services based in community and primary care and reducing reliance on in patient provision



## Next steps

- Clear recognition that over time we need to improve the overall mental well being of the population and give greater attention to preventing mental well being
- Mapping Pathways and identifying key performance indicators for each new service is underway .
- A full review of the Memory Service is planned for March
- Promotion of early detection services to GPs acrossCroydon and in partnership with children's services
- Partnership with Voluntary sector is crucial in implementing plans and ensuring improved access and services for people from BME Communities
- Explore role of social prescribing within borough
- The Welfare Gateway approach under development by council

