



Adult Mental Health Strategy Consultation

Hillingdon Clinical Commissioning Group
and London Borough of Hillingdon

Wednesday 13th February 2013

A REAL CROWN PLEASER

Panel:

Joan Veysey, Deputy Director, Hillingdon Clinical
Commissioning Group

Linda Sanders, Corporate Director, Social Care and Health,
London Borough of Hillingdon

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CCG/London Borough of Hillingdon

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London Borough of Hillingdon



We are consulting on the new joint strategy for mental health and wellbeing for adults of all ages in Hillingdon



We want you to have your say:

- Help you understand the strategy
- Discuss the strategy with you:
 - Understand how you would like services to be delivered in the future
 - Work with you to agree and prioritise the proposed improvements

The structure of our discussion:

- Presentation:
 - Characteristics of the London Borough of Hillingdon
 - Recovery and outcomes in mental health in Hillingdon
 - Review of the 2008 strategy
 - The new strategy:
 - Vision
 - Priorities
- Questions and Answers (10 minutes at the end)



The structure of our discussion:

- 3 discussion sessions with you: 20 minutes each

Discussion	Topics covered
Breakout 1	Adult Mental Health Strategy: 2013 – 2015. Vision and priorities
Breakout 2	Your choice of 6 topics prioritised in the strategy
Breakout 3	Your choice of 6 topics prioritised in the strategy

Some facts about Hillingdon: population

- Total population 2012:
 - 274,000
- Adult + older adult population 2012:
 - 254,000
- Relatively affluent borough: 57th out of 354 Local Authorities



Some facts about Hillingdon: population

- Large differences between north (semi-rural) and south (urban)
- Most densely populated areas are in south Hillingdon
- Some wards are in the 20% most deprived in England
 - Higher incidence of mental health problems directly related to deprivation
- Significant health inequalities – The average life expectancy is:
 - 78.6 years for men (can vary by 8 years)
 - 83.4 years for women (can vary by 7.4years)



Hillingdon characteristics:

- 32% of the population is from a black or minority ethnic community: this will continue to rise (was 20% in 2001)
 - 12% Indian
 - 7% Black British
- Most diverse areas are in the south of the Borough



It is likely that the number of people with mental health problems in Hillingdon will increase:

- 16-64 years:
 - 1% increase each year:
 - + 362 people p.a. with a mental health problem (not including dementia)

For People over 65

- Number of people with dementia will increase:
 - 2012: 2,500 people with dementia
 - 2012- 2025: +20% more people with dementia:
 - +457 people with dementia = 3000 total
 - Greatest increase: people aged 85 years

The focus is on improving recovery and outcomes for service users and carers:

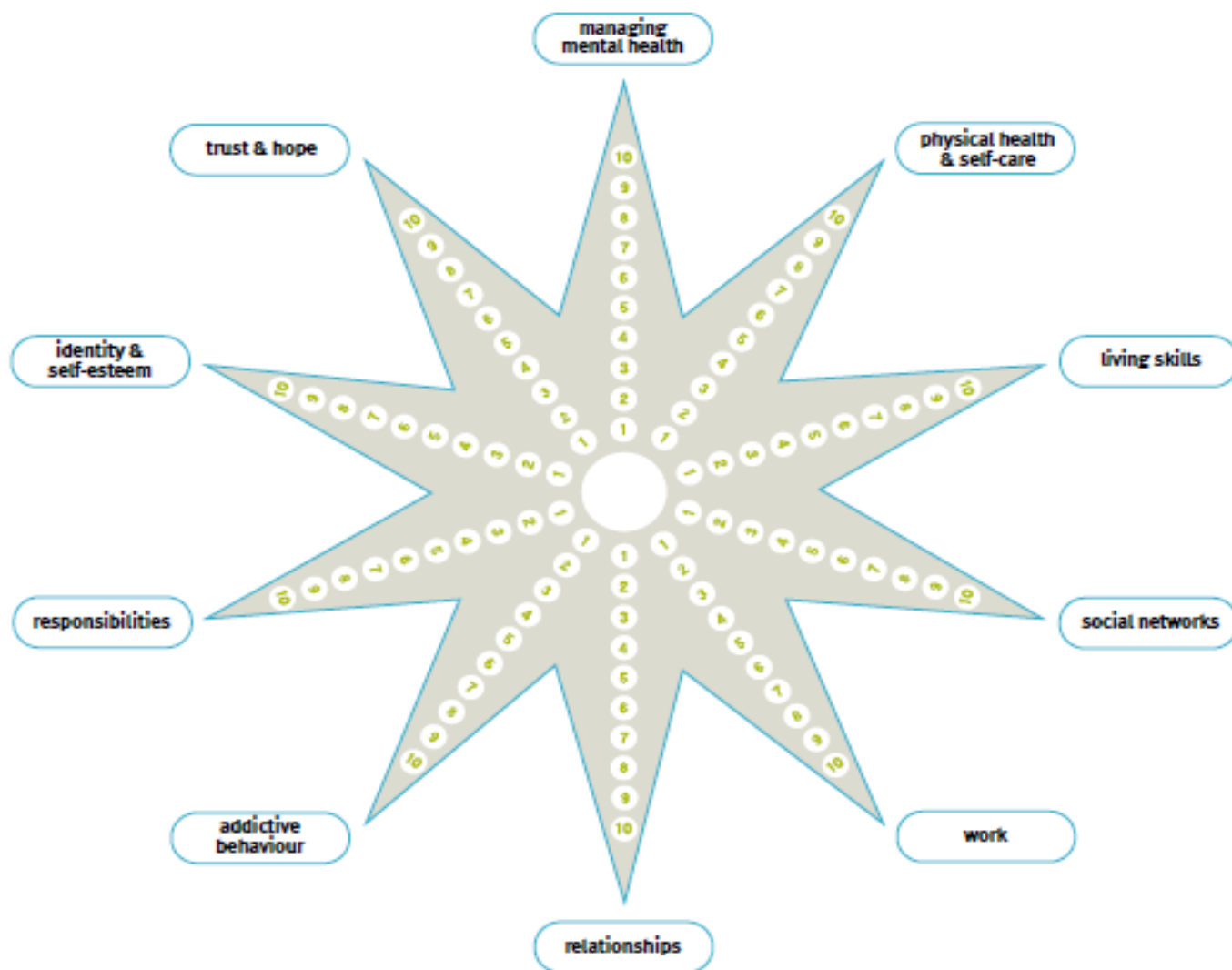


.... through improved effectiveness, efficiency and patient experience

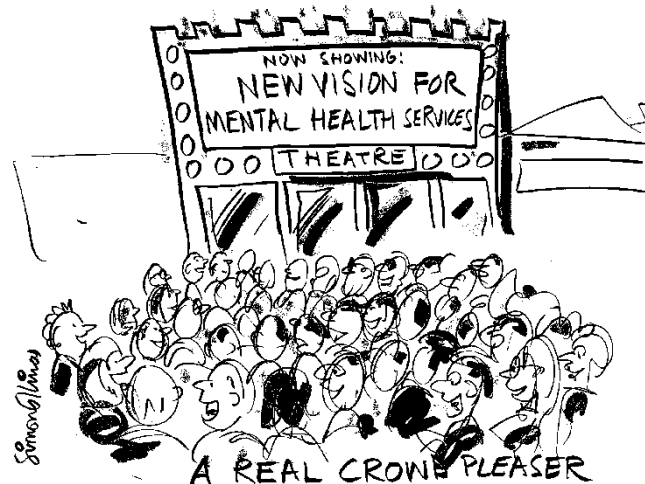
Recovery:

- Can regain a meaningful life despite serious mental illness
- A journey rather than a destination with many ups and downs
- Not just treatment
- Staying in control and building resilience
- Requires a well organised system of support from family, friends and professionals
- Requires services to embrace new and innovative ways of working

The focus is on improving recovery and outcomes for service users and carers:



The proposed strategy is based on a review of the 2008 vision and objectives



**Promoting mental wellbeing and enabling recovery
from mental health problems in Hillingdon
*A joint strategy for mental health and wellbeing***

**Joint commissioning plan for adults of all ages with mental health problems
2013-15**

It reaffirms the vision and values identified in 2008:

People with mental health problems living in Hillingdon should:

- Be supported to live as full a life as possible
- Be included in local communities and activities
- Not be stigmatised or discriminated against on any grounds
- Have easy access to up to date and accurate information
- Have options in the choices of care available locally
- Have personalised care plans that are built around the wishes of each individual and their carer
- Be supported with services that promote and enable recovery and well-being



In 2008 you told us you needed better:

access to
support in a
crisis

access to
psychological
therapies

support at home
when unwell
with fewer and
shorter hospital
admissions

access to
treatment, support
and activities in
community
settings

more
support
for carers

information
about
services and
treatment

.... some progress has been made in all these areas
....but there is still a lot more to do



In addition, since 2008:

- We have developed our approach to improving mental health and wellbeing
- Services have been re-organised to improve access
- We have improved access to diagnosis, treatment and support for people with dementia and their carers
- Services are focussing on recovery and improving outcomes
- We are adopting a more personalised approach to care



The new strategy continues to prioritise the areas you identified in 2008:

- Support for carers
- Crisis support
- Support at home (when unwell)
- Access to psychological therapies
- Information about services and treatment



... and prioritises:

- Mental wellbeing
- Community based care
- Shifting settings of care
- Community connections
- Dementia care

It aims to continue to improve the way care will be delivered:

- Personalised
- Targeted
- Well co-ordinated
- Recovery and outcomes focussed

Questions and Answers

Breakout Session 1

- **Do you agree with our vision and values?**
 - Is there anything that should have been included?
- **What are the barriers to achieving our vision and values?**
 - How can these barriers be overcome?
- **Do you agree with our priorities?**
 - Is there anything that should have been included?
- **What are the barriers to achieving our priorities?**
 - How can these barriers be overcome?



Breakout Session 1

- **Is there anything that we be should be addressing that we have missed (including anything you said in 2008)?**
 - Why is this important to you?
 - How important is it when compared with the priorities we have presented today?



Breakout sessions 2 & 3

- Support for carers
- Shifting settings of care
- Access to the best care at the time you need it
- Care focussed on recovery
- Community connections
- Dementia care

Breakout sessions 2 & 3: Questions

- What is good about current services and you would not want to lose?
- What needs to be improved?
- What should we consider when making the proposed changes e.g:
 - What do we need to do to make the change as easy for you as possible?
 - How you would like to be involved/have your say?



Thank You!

For further information or feedback please contact the HCCG Comms Team:

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