

### Mental Health Needs and Performance in Ashford

# A PICTURE OF HEALTH

NHS Ashford Clinical Commissioning Group

NHS Canterbury and Coastal Clinical Commissioning Group

## People with mental health problems die on average 20 years earlier than people with no mental health problem.



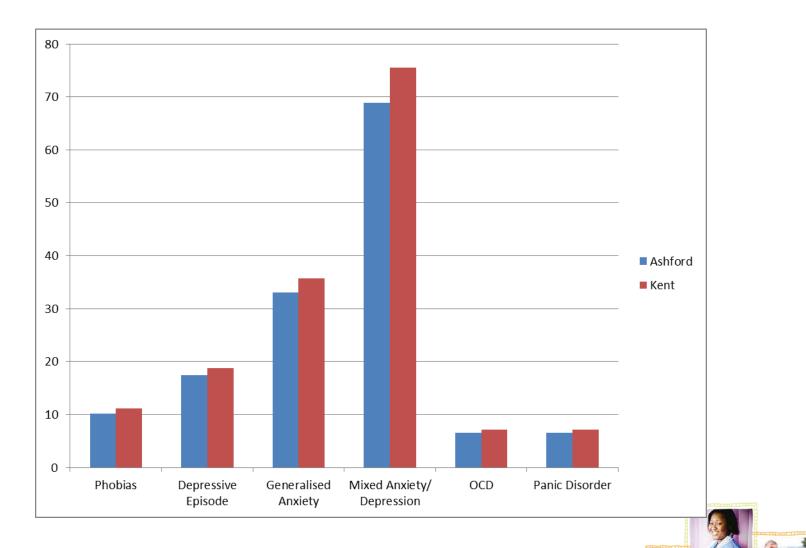
# Mental Health Needs in Ashford

### Some facts about Ashford...

- Common mental disorders:
  - 11,940 of people aged 18-64 years: 16.1%
- Psychotic disorder:
  - 297 people in Ashford CCG: 0.4%.
- Post-traumatic stress disorder:
  - 2895 people, aged 18-64
- Anti-social personality disorder:
  - 256 people ages 18-64 years in Ashford CCG.
- Estimated that 148 women have postnatal depression
- Estimated that there are 334 adults with borderline personality disorder.
- In 2012, 5 people died through committing suicide.



#### **Common Mental Health Problems**

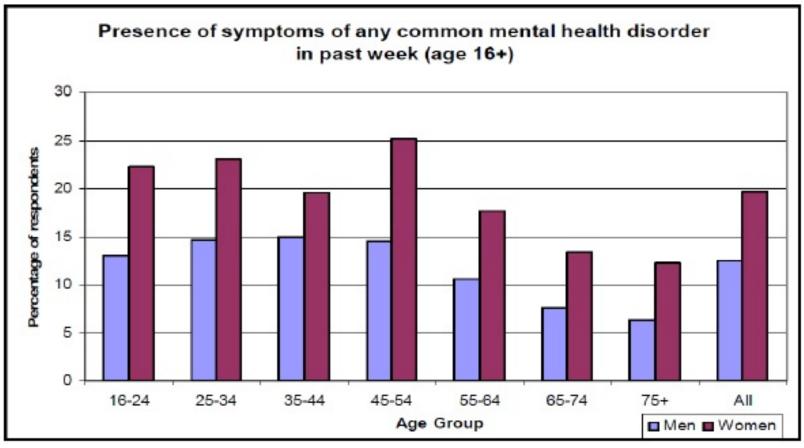


### % of total at risk of mental health problems

Released prisoners	90%
Adolescents leaving Care to live independently	80%
Sufferers of Hate Crime	60%
Asylum seekers & refugees	50%
People who are lesbian, gay or bi-sexual	39%
Gypsies and travellers	35%
Those with severe or profound hearing impairment	33%
Marital status: divorced	27%
People with a learning disability	25%
Marital status: separated	23%
Carers	18%
Adult survivors of childhood sexual abuse	12%
Veteran and ex-military	6%

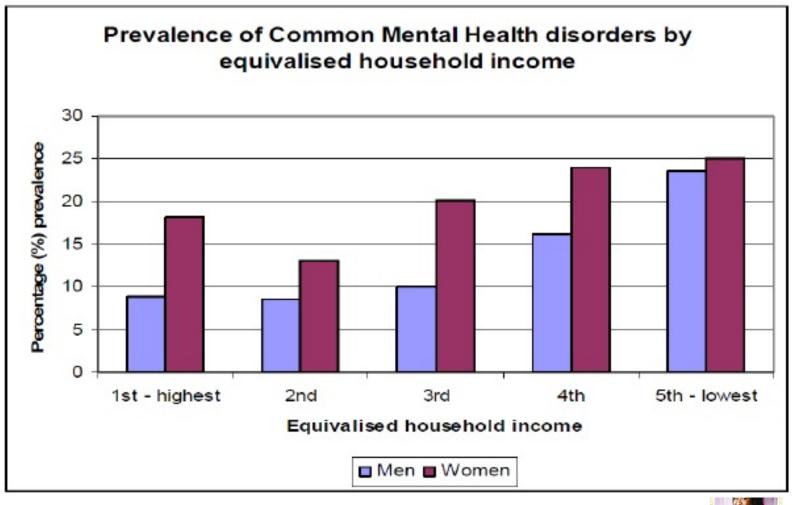


### Age Profile





### Link To Deprivation

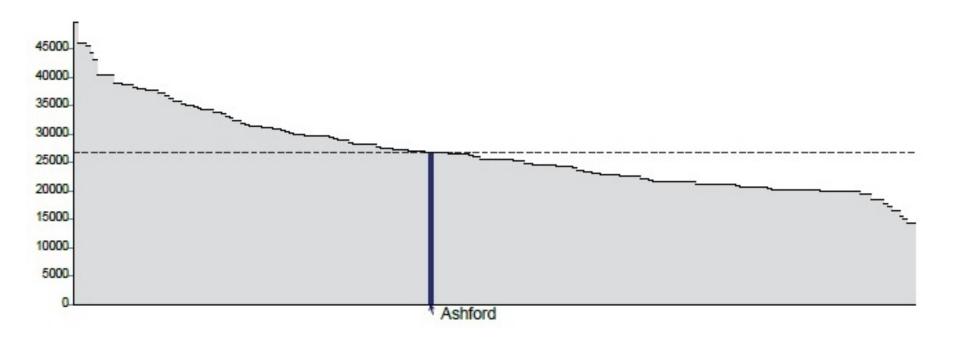






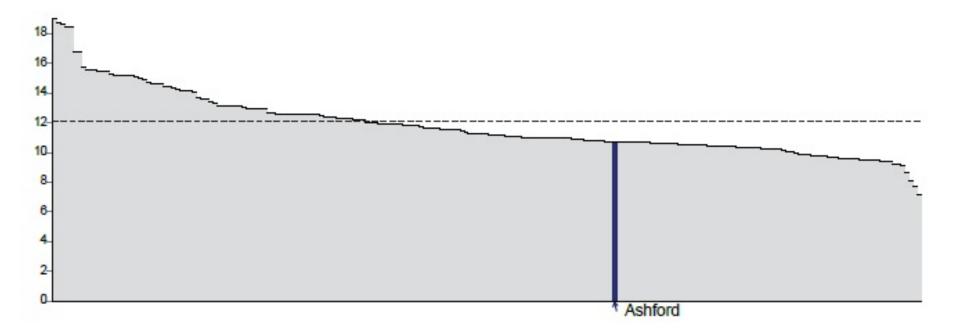


### £ spent per person with Mental Health condition





### Proportion of CCG budget spent on Mental Health services





<ul> <li>Significantly lower than England average</li> <li>Not significantly different from England average</li> <li>Significantly higher than England average</li> <li>Significance not calculated</li> </ul>			land west	25th Percenti	England /	Average 75th Percentile	England Highest
Domai	n Indicator	Period	Local value	Eng. value	Eng. lowest		Eng. highest
- 0	1 Depression: QOF prevalence (18+)	2012/13	7.5	5.8	2.9	0	11.5
mental Iness	2 Depression: QOF incidence (18+)	2012/13	1.5	1.0	0.5	0	1.9
lo o	3 Depression and anxiety prevalence (GP survey)	2012/13	9.8	12.0	8.1	0	19.5
Levels	4 Mental health problem: QOF prevalence (all ages)	2012/13	0.67	0.84	0.48	0	1.48
- 2	5 % reporting a long-term mental health problem	2012/13	4.1	4.5	2.5	0	8.2



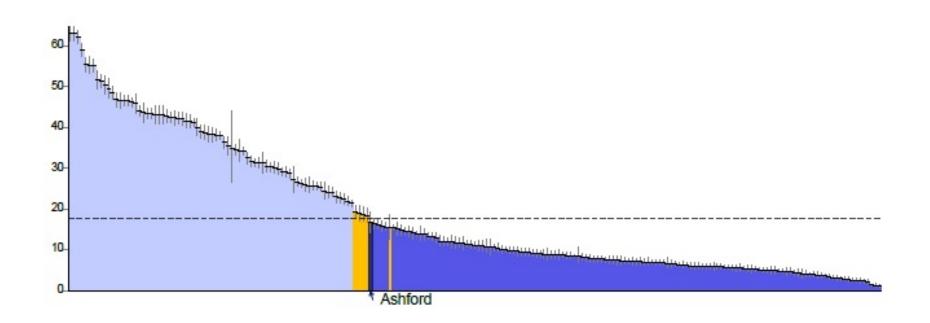
0	Significantly	lower than En	gland average
$\sim$	Significante	Porter under Lin	gian in average

	Significantly lower than England average				England /	Average	
Not significantly different from England average			land				England
0	Significantly higher than England average	Lo	west	25th		75th	Highest
O Significance not calculated				Percentile		Percentile	
Domain	Indicator	Period	Local value	Eng. value	Eng. lowest		Eng. highest
	6 Patients with a diagnosis recorded	2013/14 Q1	16.7	17.8	1.1	Ó	63.2
	7 Patients assigned to a mental health cluster	2013/14 Q1	72.8	69.0	1.9	Q	94.8
	8 Patients with a comprehensive care plan	2012/13	86.5	87.3	79.9	0	95.0
	9 Patients with severity of depression assessed	2012/13	91.1	90.6	77.4	Ö	97.8
	10 Antidepressant prescribing (ADQs/STAR-PU)	2012/13	5.8	6.0	2.7	d	9.0
	11 People with a mental illness in residential or nursing care per 100,000 population	2012/13	22.2	32.7	0.0	0	124.3
	12 Service users in hospital: % mental health service users who were inpatients in a psychiatric hospital	2013/14 Q3	1.2	2.4	0.7		12.3
Treatment	13 Detentions under the Mental Health Act per 100,000 population	2013/14 Q1	16.3	15.5	0.0	Ö	44.5
F	14 Attendances at A&E for a psychiatric disorder per 100,000 population	2012/13	238.4	243.5	3.0	0	925.5
	15 Number of bed days per 100,000 population.	2013/14 Q1	2791	4686	685	•	11073
	16 People in contact with mental health services per 100,000 population	2013/14 Q1	953	2176	116	•	5442
	17 Carers of mental health clients receiving of assessments	2012/13	20.3	68.5	0.0	•	343.4
	18 Spend (£s) on mental health in specialist services: rate per 100,000 population	2012/13	26650	26756	14296	Ó	49755
	19% secondary care funding spent on mental health	2011/12	10.7	12.1	7.1	01	19.1

0	Significantly lower than England average	England Average						
<ul> <li>Not significantly different from England average</li> <li>Significantly higher than England average</li> <li>Significance not calculated</li> </ul>		England				England		
		Lowest		25th Percentile		75th	Highest	
						Percentile		
Doma	in Indicator	Period	Local value	Eng. value	Eng. lowest		Eng. highest	
	20 People on Care Programme Approach per 100,000 population	2013/14 Q1	233	531	17		1895	
	21% CPA adults in settled accommodation	2013/14 Q1	79.4	61.0	5.0	0	94.6	
0	22% CPA adults in employment	2013/14 Q1	11.6	7.0	0.0	0	22.7	
Outcome	23 Emergency admissions for self harm per 100,000 population	2012/13	146.7	191.0	49.8		595.6	
	24 Suicide rate	2010 - 12		8.5	4.8		19.6	
	25 Hospital admissions for unintentional and deliberate injuries, ages 0-24 per 10,000 population	2012/13	84.9	116.0	68.6		201.7	
	26 Rate of recovery for IAPT treatment	2012/13	50.3	45.9	22.6	0	80.3	

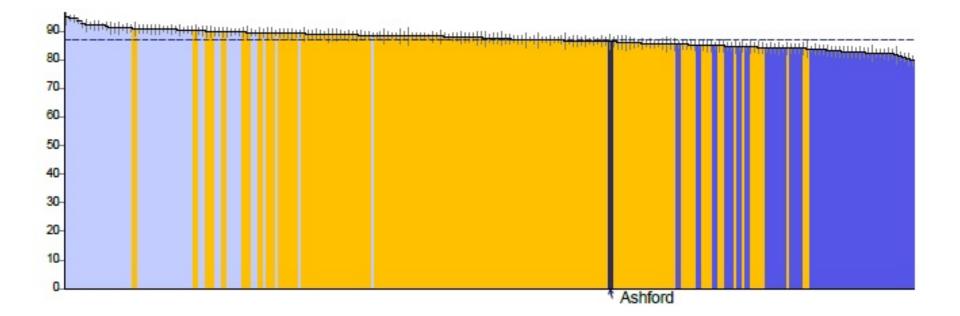


### % pop with Mental Health diagnosis





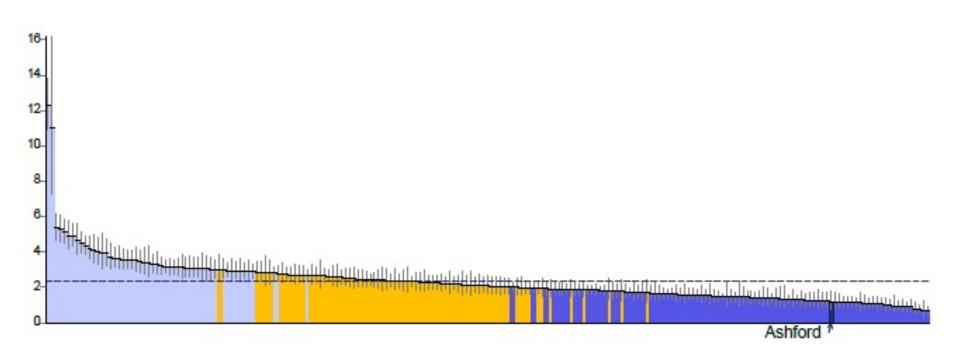
### % patients with a Comprehensive Care Plan





### % admitted as inpatient

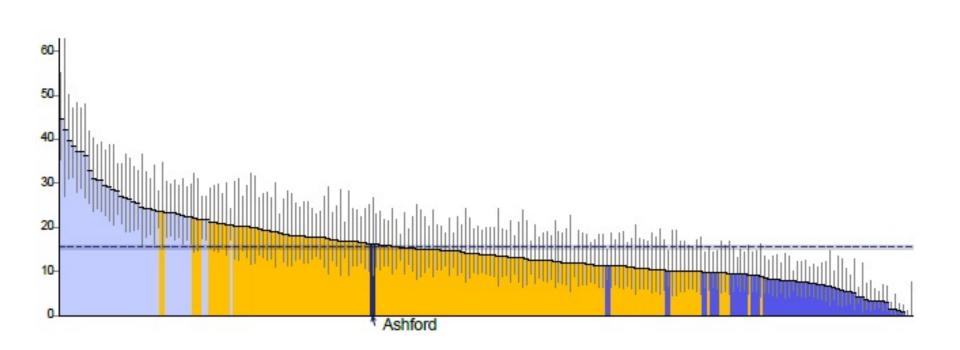
(per 100,000 population)





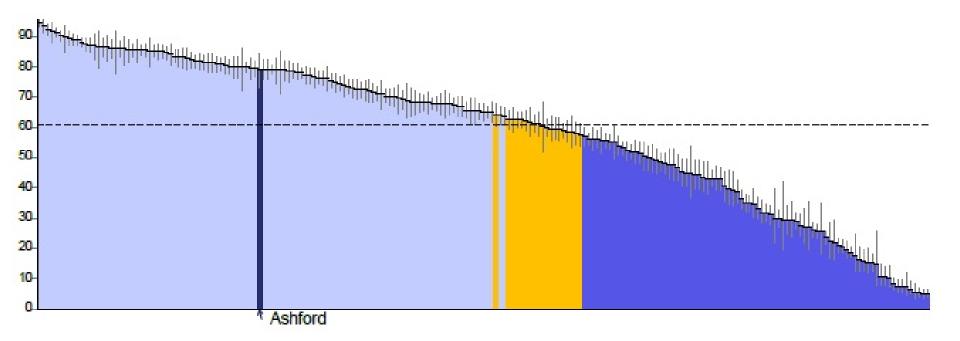
### Number of detentions under Mental Health Act

(per 100,000 population)



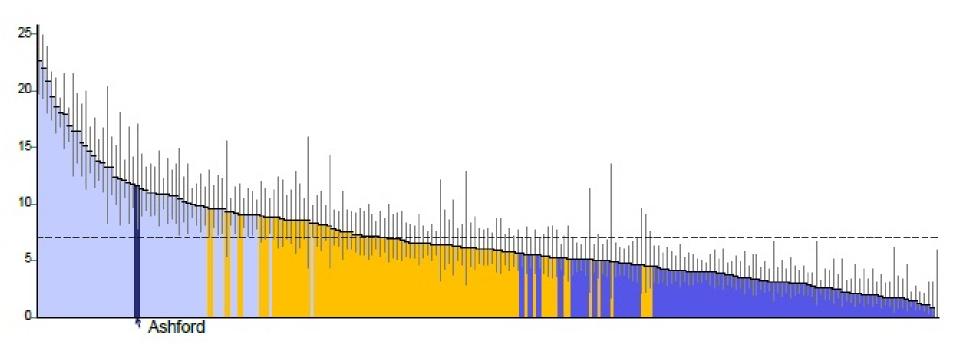


# % patients on "Care Programme Approach" in settled accommodation





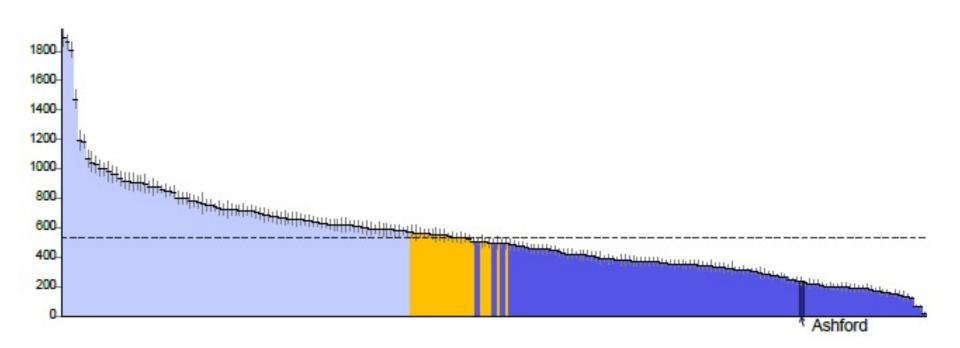
# % patients on "Care Programme Approach" in employment





### Patients on "Care Programme Approach"

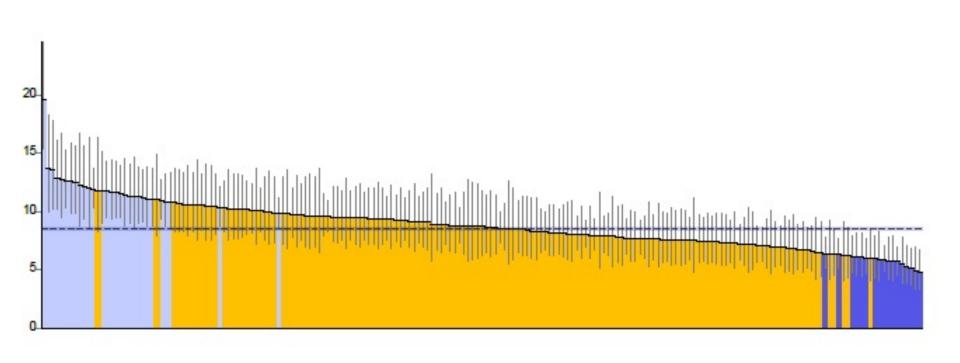
(per 100,000 population)





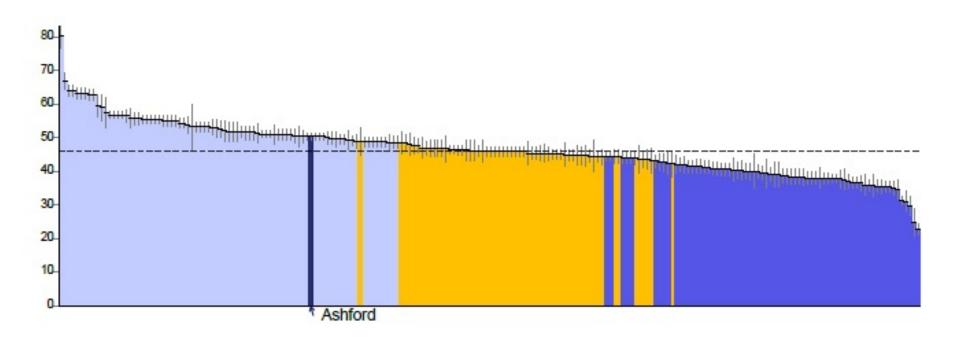


(per 100,000 population)





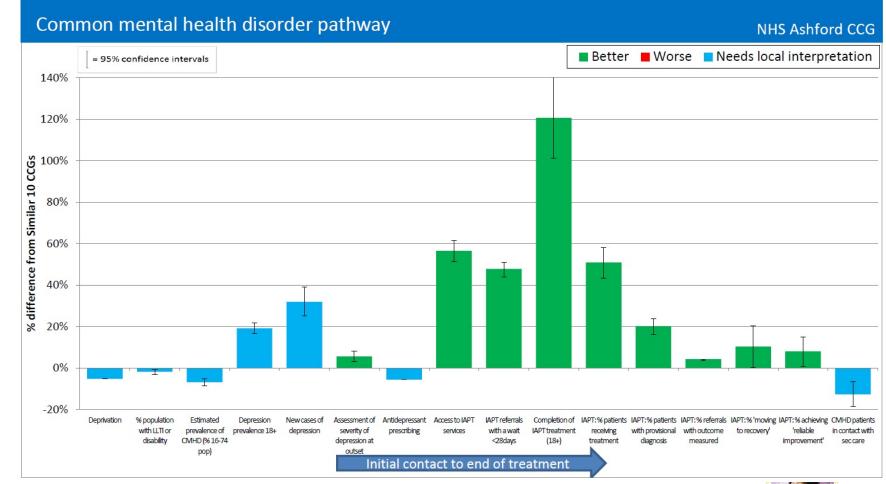
### Rate of recovery for IAPT treatment







### NHS Right Care – Common Mental Illness





### NHS Right Care - Psychosis

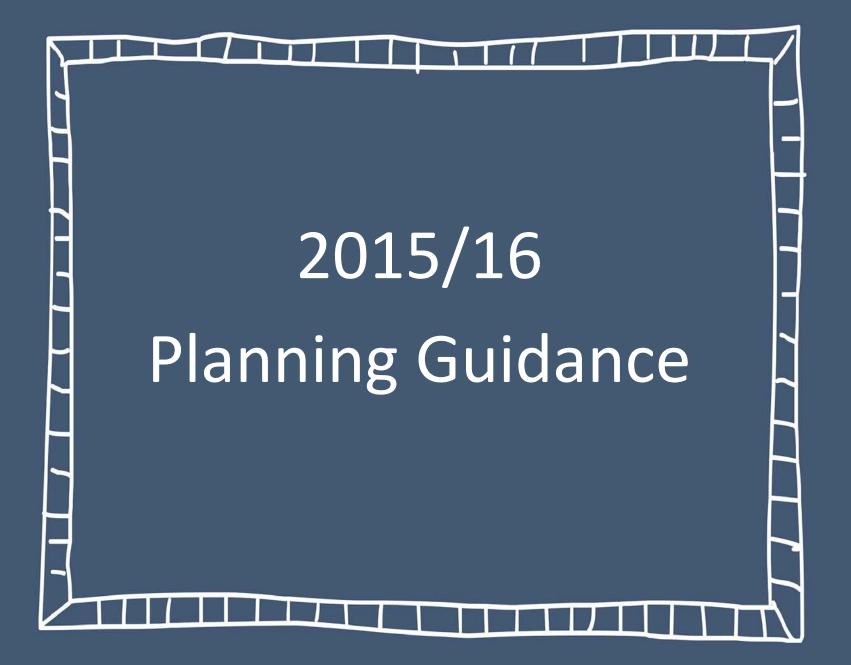
#### Psychosis pathway **NHS Ashford CCG** Better Worse Needs local interpretation = 95% confidence intervals 100% 80% 60% % difference from Similar 10 CCGs 40% 20% 0% -20% -40% -60% Τ -80% Estimate of people Estimated Primary care Physical health Service users on Mental health People subject to Social care clients People on CPA in Excess mortality with a psychotic prescribing items checks CPA (18+) admissions (18+) mental health act (residential employment incidence (16disorder care/homecare) 64yrs) (18+)Initial contact to end of treatment



### Dementia Diagnosis – target of 67.5%

				Number			Number
G			Dementia	on QOF		Dementia	on QOF
Number	Practice	Sep-14	Prevalence	Register	Dec-14	Prevalence	Register
09C	CCG	49.87%	1486	741	50.69%	1548	784
G82730	Kingsnorth Medical Practice	39.21%	61	24	38.21%	63	24
G82050	Sydenham House Medical Centre	87.96%	164	145	68.02%	210	143
G82080	Willesborough Health Centre	34.96%	200	70	36.82%	204	75
G82049	Hollington Surgery	38.31%	31	12	42.18%	31	13
G82053	Woodchurch Surgery	57.15%	119	68	60.45%	122	74
G82087	New Hayesbank Surgery	73.15%	202	148	75.85%	199	151
G82094	Charing Surgery	36.96%	119	44	38.72%	121	47
G82142	Wye Surgery	36.18%	105	38	36.88%	106	39
G82186	Hamstreet Surgery	40.86%	81	33	45.64%	81	37
G82735	St Stephen's Health Centre	30.25%	40	12	34.55%	41	14
G82114	Ivy Court Surgery	43.70%	263	115	48.38%	269	130
G82688	Singleton Surgery	30.19%	20	6	48.11%	21	10
G82712	Singleton Medical Centre	31.18%	16	5	37.71%	16	6
G82658	Sellindge Surgery	31.06%	64	20	33.03%	64	21





### Strategic Aims – Focus for 15/16

# Improving the health of the local population by reducing variation:

- NHS Right Care
  - Circulatory Diseases
  - Mental Health Care Planning
  - Breast Cancer
  - Neurology
  - Detection of Long Term Conditions
  - Personal Decision Aids



### Strategic Aims – Focus for 15/16

## Enabling greater independence by bringing care closer to home:

- Community Networks
  - Mental Health
  - Long Term Conditions
  - Older People
  - Children & Young People

#### • Alignment of Provider Strategies

- Development of Primary and Community based Care
- EKHUFT Clinical Strategy and future Model of Care
- KCHT Community based model
- KMPT Recovery Model



### Strategic Aims – Focus for 15/16

- Ensuring timely access to services through excellent design:
  - IUCC
  - Primary Care 7 Day Working
  - Achieving RTT
  - Cancer Pathways
  - Mental Health Parity of Esteem
- Better integration of services through sharing information and resource:
  - MIG
  - Care Planning
  - Better Care Fund



### **Mental Health Priorities**

- Develop and agree service development and improvement plans with providers, setting out how providers will prepare for and implement the standards during 2015/16
- New waiting time standards IAPT:
  - 75% of adults should have had their first treatment session within six weeks of referral
  - 95% treated within 18 weeks
- The Crisis Care Concordat:
  - include the provision of mental health support as an integral part of NHS 111 services;
  - 24/7 Crisis Care Home Treatment Teams.



