

# Bromley All-Age Mental Health and Wellbeing and Adults Learning Disabilities Needs Assessment

## PHAST Report

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# 1. Executive Summary

This health needs assessment provides a deep dive into the landscape of mental health and learning disability services in Bromley. It examines the unique challenges and needs of children and young people, adults and older adults, analysing the prevalence of various conditions and evaluating the effectiveness of current services across the borough.

Several successes across various mental health and learning disability services in Bromley have contributed to improving services for the community:

- **Increased support:** The rise in adults (18-64y) receiving long-term support by 24% from 2019/20 to 2023/24 shows a commitment to providing care for people with learning disabilities.
- **Improved health checks:** The increase in annual health checks for people with learning disabilities, exceeding the NHSE target in 2023/24, demonstrates a focus on preventative care.
- **Direct payments:** The 32% increase in direct payments over five years empowers individuals with greater choice and control over their care.
- **Day care focus:** The significant rise in day care services suggests a shift towards community-based support and social interaction for people with learning disabilities.
- **Transition support:** The Intensive Transition Register (ITR) and transition nurses ensure a smooth transition from children's to adult services for young people with learning disabilities.
- **Reduced hospital admissions:** The decrease in alcohol-related hospital admissions indicates potential success in early interventions targeting alcohol misuse.
- **Increased referrals to Talking Therapies:** The high number of referrals, especially self-referrals, suggests increased awareness and proactive help-seeking behaviour.
- **Targeted support:** Services like Mindful Mums and Recovery Works address the needs of vulnerable groups, potentially preventing mental health issues.
- **Roll-out of MHSTs:** The Mental Health Support Teams in schools increase capacity for early intervention and prevention for children and young people.
- **Integrated Single Point of Access:** The new SPA simplifies access to adult mental health services and improves coordination between providers.
- **Mental Health and Wellbeing Hub:** The Hub provides a central location for information, advice, and support, increasing accessibility for people with mental health needs.
- **Improved employment support:** Services like the Individual Placement Scheme (IPS) increase employment opportunities for people with mental health conditions.
- **Transformation of recovery services:** The program enables more people to live independently, improving their quality of life and reducing reliance on hospital-based care.
- **Joint funding panel:** The panel improves coordination and efficiency in funding mental health services, promoting collaboration between stakeholders.

These successes highlight Bromley's commitment to improving mental health and learning disability services. By continuing to build on these achievements, Bromley can further enhance the wellbeing of its community.

## **Summary of Key Findings:**

### ***Service Access:***

- Unequal access to and utilisation of services, especially for vulnerable groups such as those with complex needs, those in areas of high deprivation, and people from minority ethnic backgrounds, raise concerns about equity.
- Barriers to access include long waiting times, transportation costs, and a lack of culturally sensitive services.

### ***Early Intervention:***

- While Bromley has a range of prevention and early intervention programs, high referral rates to specialist services and an increase in cases needing specialist help indicate a need for greater investment in early intervention.
- Strengthening early intervention could help prevent escalation to more severe and enduring mental health conditions and reduce the need for costly specialist services.

### ***Transition Support:***

- Transition support for young people moving into adult mental health services and for adults with learning disabilities transitioning to greater independence needs improvement.
- Clearer care pathways, improved coordination between services, and more tailored support are needed to ensure successful transitions and prevent individuals from falling through the gaps in service provision.

### ***Workforce:***

- The mental health and learning disability workforce faces challenges in meeting the increasingly complex needs of the population.
- Staff training and development, competitive compensation and benefits packages, and a focus on staff wellbeing are crucial to address recruitment and retention challenges and ensure a skilled and supported workforce.

### ***Co-production:***

- While co-production and community involvement are emphasised, more needs to be done to ensure that communities feel true ownership of the services they have helped to design.
- Regular feedback mechanisms, co-production approaches, and greater involvement in service improvement planning can empower communities and ensure that services are truly responsive to their needs.

### ***Data Gaps:***

- Inconsistent data collection practices across services, particularly in recording ethnicity and employment status, make it difficult to gain a complete picture of mental health needs and evaluate service effectiveness.

# 1. Introduction

## 1.1. Mental health and wellbeing

Mental health and wellbeing play a crucial role in the overall health of individuals, impacting their quality of life, productivity, and ability to contribute positively to society. Promoting and safeguarding good mental health is essential for fostering a thriving, resilient community.

The burden of mental health challenges is substantial, affecting people of all ages and backgrounds. Mental health issues can lead to significant emotional, social, and economic consequences for individuals, families, and communities. They can also impose a heavy financial burden on healthcare systems, social services, and the economy as a whole.

The cost of mental health disorders is a critical concern globally and within the UK. In the UK, mental health problems contribute to a significant portion of disability-adjusted life years and healthcare expenditures. These costs include direct expenses such as medical treatment and support services, as well as indirect costs related to lost productivity and absenteeism.

According to the WHO, "Mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community."<sup>1</sup> It is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.

In 2004, the Royal Society in the UK defined wellbeing as a "positive and sustainable mental state that allows individuals, groups and nations to thrive and flourish." Mental wellbeing is a multifaceted construct encompassing evaluative wellbeing (satisfaction with life), hedonic wellbeing (positive and negative emotions), and eudaimonic wellbeing (sense of meaning in life).<sup>2</sup> It represents the positive end of the mental health spectrum, contrasting with mental illness, which occupies the negative end.<sup>3</sup> Mental wellbeing is crucial for individuals to maintain a state of feeling good and functioning well, extending beyond the treatment or prevention of mental illness.<sup>4</sup>

Mental health is a multifaceted issue influenced by a variety of factors beyond individual biology. Research indicates that personality traits, such as extraversion and introversion, are associated with mental health outcomes.<sup>5</sup> Moreover, environmental factors are significant in mental health, with studies demonstrating the impact of the built environment, climate change, and environmental cognition on psychological wellbeing.<sup>6,7,8</sup> The COVID-19 pandemic has also been identified as a macro-environmental determinant affecting mental health care utilisation.<sup>9</sup>

Social determinants, including economic and social positions, are recognised as major contributors to mental health disparities, underscoring the importance of addressing broader societal inequalities.<sup>10</sup> Geographical factors have also been acknowledged as influential in shaping mental health outcomes, emphasising the necessity of considering the broader context in mental health interventions.<sup>11</sup> Additionally, the Ottawa Charter for Health Promotion has been suggested as a framework to integrate ecological determinants into strategies targeting youth mental health, highlighting the interconnectedness of environmental factors with mental wellbeing.<sup>12</sup>

Mental health challenges, while often debilitating, can be effectively managed, and many individuals live well and healthily by utilising structured coping strategies and receiving appropriate interventions. Community-driven initiatives that foster positive coping behaviours can also contribute to recovery and well-being.<sup>13</sup> Moreover, the role of social support in mitigating mental health challenges cannot be overstated. Social networks provide emotional and instrumental support, which has been linked to reduced psychological distress during crises.<sup>14</sup> Additionally, the concept of resilience plays a crucial role in how individuals cope with mental health challenges. Resilience is characterised by the ability to bounce back from adversity, and it has been found that those who exhibit higher levels of resilience tend to employ more adaptive coping strategies.<sup>15</sup> This relationship suggests that enhancing resilience through targeted interventions can lead to improved mental health outcomes.

It is important to recognise that mental health issues can arise at any point in a person's life, and access to timely and effective support is vital. Addressing the mental health needs of the Bromley population fosters a more supportive, inclusive, and healthier community for all residents. This assessment aims to identify current needs and inform future planning to enhance mental health services and resources in the area.

## 1.2. Learning disability

Learning disabilities refer to a range of conditions that affect an individual's ability to learn, communicate, or perform tasks effectively. It refers to a broad category encompassing significant, lifelong conditions that begin in childhood and impact development throughout a person's life. While each case of learning disability is distinct, there are common themes identified in the literature.<sup>16,17</sup> These themes include challenges in comprehending new or complex information; lower intelligence, typically defined by an IQ score of 70 or below and the emergence of learning disabilities in childhood, influencing development over the lifespan.

Addressing learning disabilities is critical due to the increased vulnerability of individuals with these conditions to a range of adverse health outcomes. Individuals with learning disabilities experience higher rates of physical and psychological disorders, lower academic achievement, and economic challenges compared to their peers without learning disabilities. Discrimination often limits their societal participation and access to essential services.<sup>18</sup> Studies have shown that disability is a key identity characteristic that drives experiences of exclusion and discrimination.<sup>19</sup>

The burden of learning disabilities extends beyond individual challenges, affecting families, caregivers, and the broader community. This population frequently requires additional support and resources to navigate daily life, which can strain existing healthcare, educational, and social services. The cost of learning disabilities is also substantial, encompassing direct expenses such as medical treatment, specialised education, and support services. Indirect costs, including lost productivity and caregiving responsibilities, further contribute to the economic burden.

Local authorities and the NHS face significant challenges in providing services for individuals with learning disabilities, particularly regarding funding, accessibility, and quality of care. Since 2010, a 49% reduction in local authority funding<sup>20</sup> has led to cuts in essential services, while the high cost of specialised support strains resources. This financial pressure has led to greater reliance on restrictive settings, such as institutional care, which may not provide the most appropriate support. Scandals like Winterbourne View in 2011 exposed the dangers of such environments, prompting efforts to improve care.<sup>21</sup>

The Transforming Care programme aimed to reduce reliance on institutional care and promote community-based support, but progress has been slow. Despite frameworks and several national and local strategies promoting person-centred care, implementation is inconsistent. Ensuring individuals with LD live safely and healthily within mixed communities remains a challenge, with councils struggling to balance financial sustainability and the provision of high-quality care.

This assessment aims to inform policy decisions, resource allocation, and targeted interventions to better support individuals with learning disabilities in Bromley. Improving access to quality care, inclusive education, and employment opportunities enhances the lives of those with learning disabilities and promotes a more equitable and just society.

## 2. Scope

The needs assessment covers:

- Children and young people (0-18) in Bromley with mental health and wellbeing challenges, including children and young people with Autism Spectrum Condition (ASC).
- Adults (18+) in Bromley with mental health and wellbeing challenges, including older adults with dementia and adults with ASC.
- Adults (18+) in Bromley with learning disabilities, including adults with ASC.

## 3. Aim and objectives

The aim of the needs assessment is to undertake a systematic analysis of health and care needs, across the three population groups in Bromley, which offers population-based, epidemiological, and evidence-based public health approaches to the planning of health interventions locally.

The objectives of the needs assessment include:

- an assessment of health and social care needs for the three population groups in Bromley.
- an analysis of population health for the three population groups.
- an understanding of inequalities, service gaps and challenges in relation to the three population groups.
- a “deep dive” into a number of key strategic questions for the three population groups.
- a robust evidence base for local strategies and commissioning, notably the Bromley All-Age Mental Health and Wellbeing Strategy and the Bromley Learning Disabilities Strategy.

## 4. Methodology

This health needs assessment utilises the following methodologies:

**Epidemiological Approach:** Examines the health indicators including prevalence of mental health disorders within the population, assesses the effectiveness of current interventions and services against the population needs.

**Comparative Approach:** Compares services across different populations and geographical areas with similar demographics.

**Corporate approach:** Includes views of key stakeholders across mental health and supporting services.

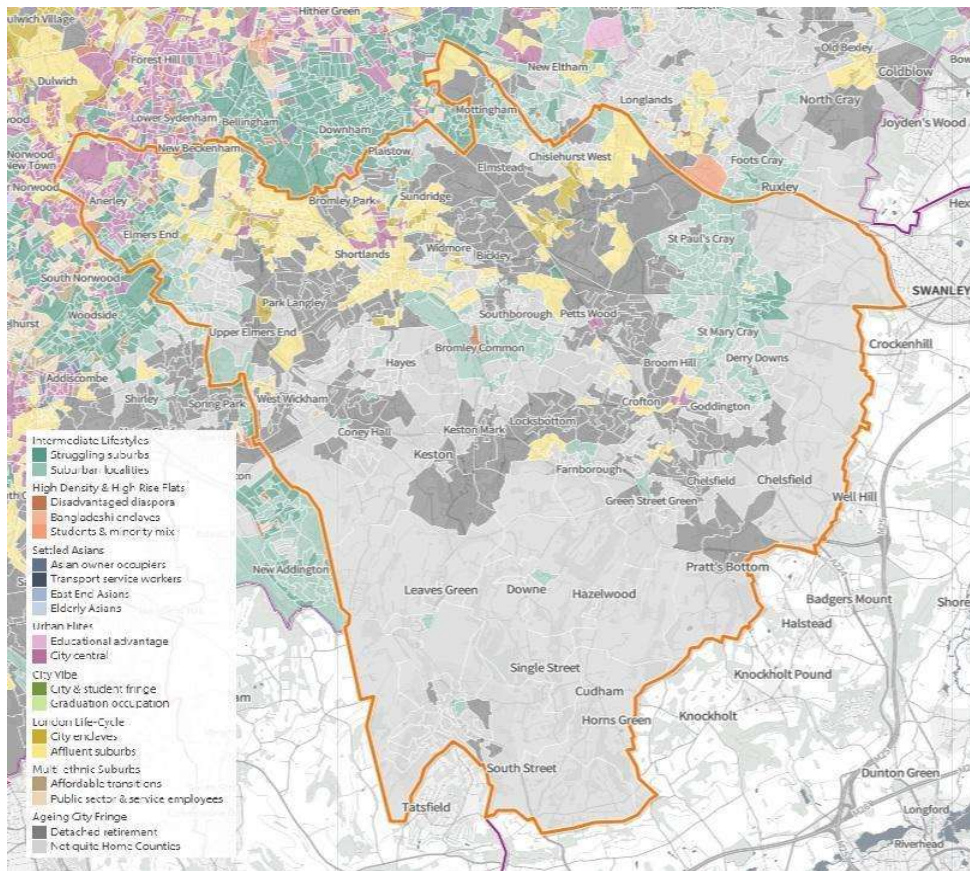
## 5. Bromley demographics and population predictions

Bromley is located in the south-east of London and is known for its green spaces, covering an area of approximately 150 square kilometres (58 square miles) with a population density of 2,195 people per square kilometre (km<sup>2</sup>). It is the joint 6th largest London borough by population.



Bromley is home to a mix of residential neighbourhoods, from leafy suburbs to bustling town centres to small pockets of deprivation.

**Figure 1 Bromley Output Area Classification 2022 Map**



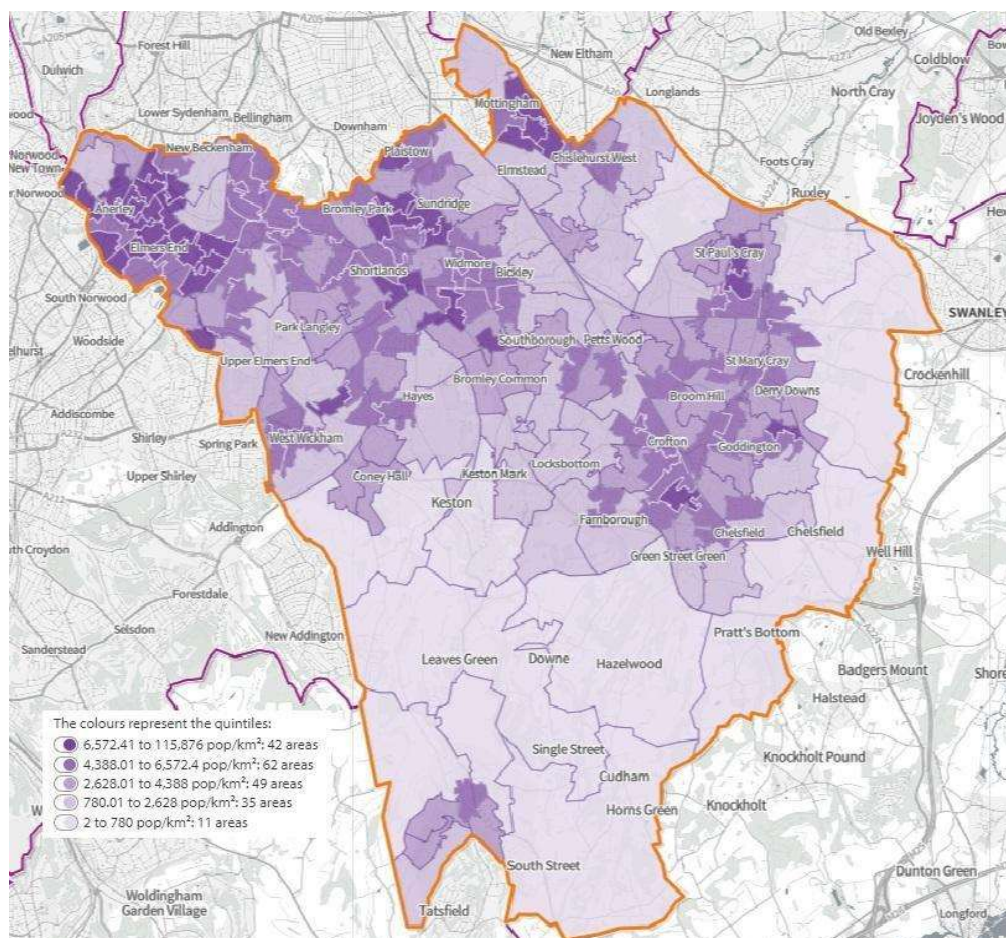
Source: Shapeatlas.net

As of 2021, Bromley's population stands at 330,000 which is a 6.7% increase from the 2011 figure of 309,400. This growth rate is higher than the overall increase for England during the same period but lower than the increase for London (7.7%).<sup>22</sup> The resident population is expected to increase to 336,763 by 2026 and 339,696 by 2035.<sup>23</sup> This growth will include a rising number of older individuals, as well as potentially more young people with neuro-disabilities. Services will need to adapt to meet the evolving needs of both these groups, ensuring appropriate care, support, and resources are in place to cater to the increased demand for specialised and age-specific services.

### **Key demographics about Bromley**

- 17.65% were aged 65 or over, including 3,400 residents aged 90 or over.
- Bromley's population is experiencing an ageing trend: there has been an increase of 12% in people aged 65 years and over, as well as an increase of 5.1% in people aged 15 to 64 years. Children aged under 15 years have also increased by 7.5%.
- 76.5% of Bromley residents identified their ethnic group as white, compared to 84.3% in 2011. In England, more broadly the portion of the population that is white is 81%.
- Non-white minorities represented the remaining 23.5% of the population, with Asian people being the largest minority group for 8.3% of Bromley's population.

**Figure 2 Bromley Population Density 2022 Map by lower-layer super output area (LSOA)**

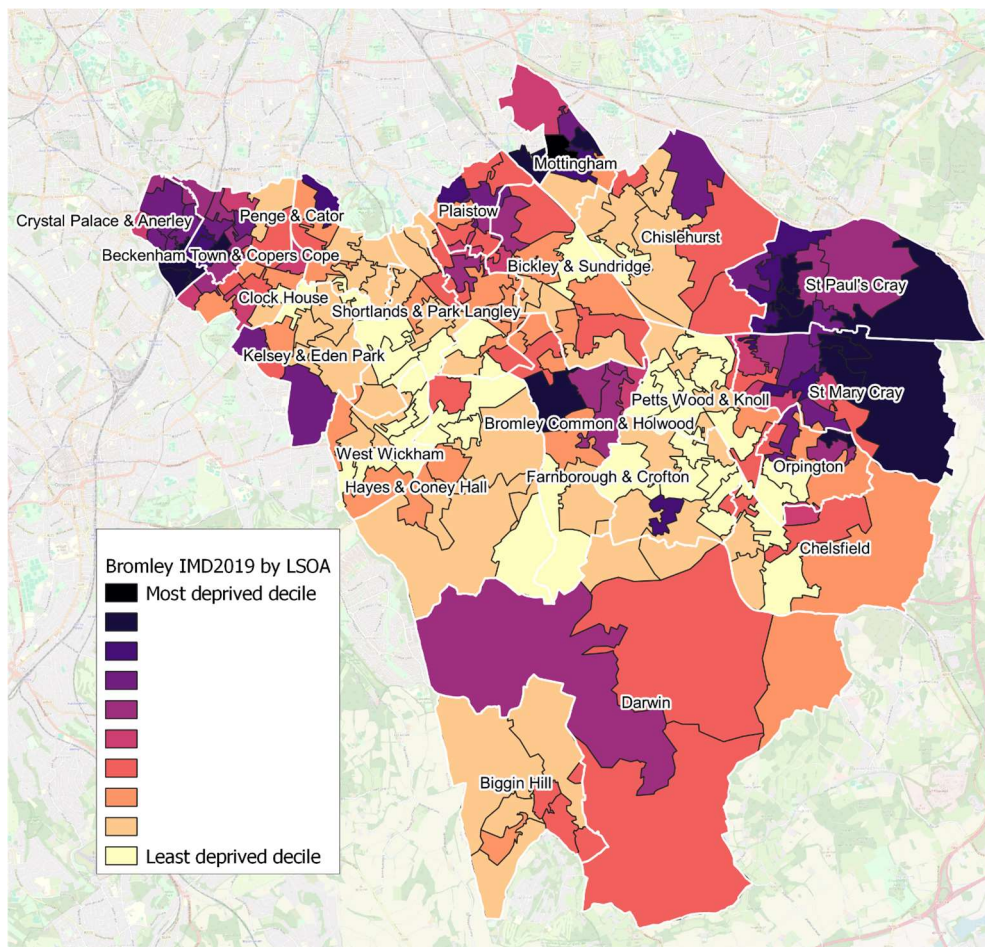


Source: Shapeatlas.net; Small Area Population Estimates for mid-year 2022, ONS:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>



**Figure 3 Bromley IMD 2019 Map by lower-layer super output area (LSOA)**



Source: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

The Bromley IMD 2019 map illustrates the varying levels of deprivation across different LSOAs in the borough. Dark purple areas represent the most deprived deciles, predominantly located in neighbourhoods such as Crystal Palace & Anerley, Penge & Cator, and parts of St Mary Cray. In contrast, lighter areas, such as Kelsey & Eden Park and Biggin Hill, indicate less deprivation.

## 6. Children and young people mental health and wellbeing

### 6.1. Prevalence of common mental health disorder in CYP

COVID-19 had a profound impact upon all populations, especially children and young people. The pandemic exacerbated risks of long-term harm to children's health outcomes, widened health inequalities and left vulnerable, disadvantaged children more exposed.

Once schools re-opened during the covid pandemic in March 2021, there was a significant increase in referrals to children and young people's mental health services across the board<sup>24</sup>. Children and young people presented to CAMHS and Bromley Y with more complex and multi-faceted mental health conditions.

Since that time, there has been a decrease in referrals to both services, with Bromley Y now seeing similar levels of activity to before the pandemic. We are also seeing lower risk referrals to Bromley Y. CAMHS continues to see higher activity than before the pandemic though, which points to an increase in more complex needs overall. This is also seen, at this time, in eating disorder services.<sup>25</sup>

### ***CYP Mental Wellbeing***

The **Growing up in Bromley** survey, conducted in 2024 across 15 secondary schools and one special school, provides important insights into the mental wellbeing of 4,692 young people. The survey revealed that between 66% and 78% of pupils worry about at least one issue frequently, with girls particularly affected – 27% of them reported worrying about five or more issues. This highlights the disproportionate emotional burden carried by female pupils, who appear to face higher levels of anxiety compared to their male peers. This could be a reflection of various pressures, including academic stress, social expectations, and concerns around body image, all of which tend to impact girls more acutely during adolescence.

Moreover, worry about schoolwork increases with age, from 31% in Year 7 to 54% in Year 13, and only 4% of pupils reported never worrying about exams or tests.

Resilience levels among pupils varied, with 24%-45% having low resilience and only 17%-19% displaying high resilience, highlighting the need for more structured support in building emotional coping mechanisms. The data shows that while 34%-39% of pupils remained calm and learned from their mistakes, a majority (59%-63%) showed persistence by seeking help when struggling.

The average score of 24 on the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) indicates moderate mental wellbeing, but with 4%-5% of pupils recording low scores, there is a clear subset that requires additional mental health support. Optimism about the future was noted among 37%-45% of students, yet the low awareness of local support services, especially among younger pupils (29%-43% have never heard of these services), points to a critical gap in service accessibility or awareness. Furthermore, the fact that only 1%-7% of students have used these services suggests barriers to engagement that need to be addressed to ensure that those in need receive the appropriate help.

Body image continues to be a concern, with 7%-15% of pupils never thinking about their appearance and 17%-23% reporting negative feelings about how they look. Despite these concerns, 66%-77% of students said they have an adult they can talk to if worried, but concerningly, 5%-8% reported self-harm as a coping mechanism when stressed.

## **6.2. Demography and trends across subgroups for CYP**

Children are exposed to significant risks and the harmful effects can be long term and corrosive. An analysis of 139 serious case reviews (Brandon et al 2012<sup>26</sup>), showed that in 86% where children were seriously harmed or died, one or more of the “toxic trio” played a significant part. Nearly two thirds of these cases featured domestic abuse and in 60% mental ill health was identified in one or both parents. Children in one quarter of the families experienced all three.

The term ‘toxic trio’ is used to describe the issues of domestic abuse, mental ill-health and substance misuse, identified as common features of families where significant harm to children has occurred. The toxic trio combination has been clearly linked with increased risks of abuse and neglect of children and young people.

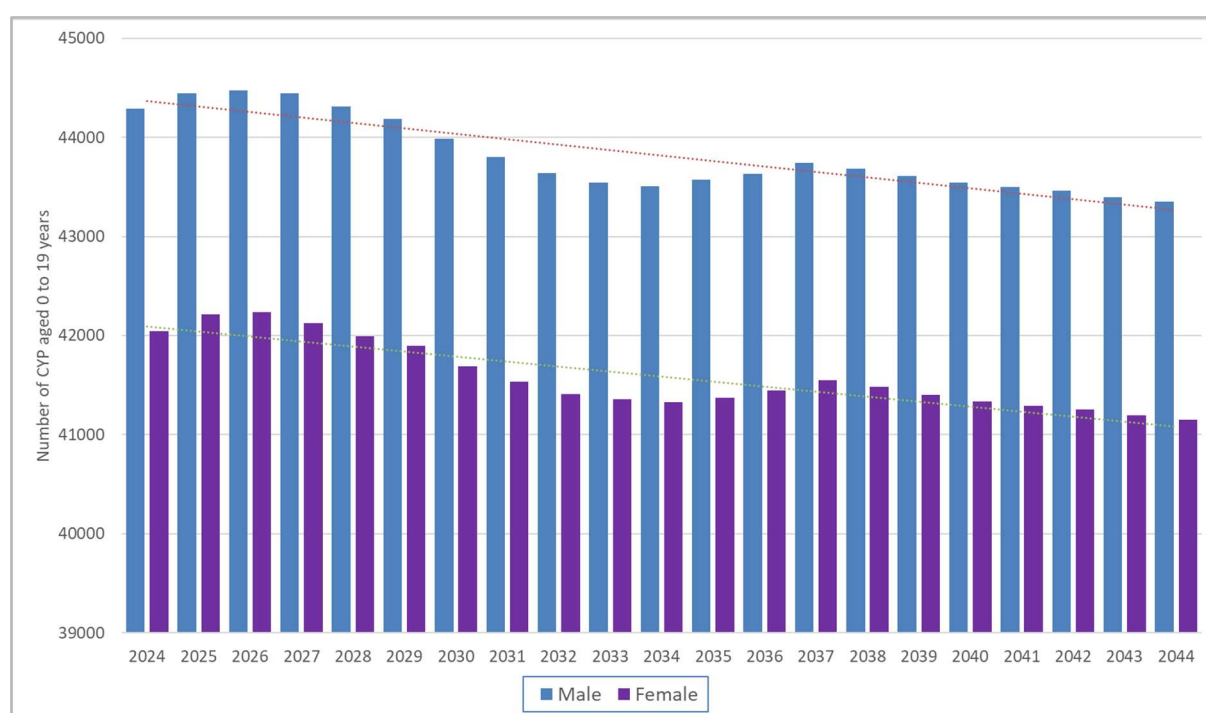
The total population of Bromley is 330,000, of which approximately 23% are children and young people aged 0-19 years. Children and young people population projections are shown in the table below.

**Table 1 Current and projected population of CYP in Bromley**

Age	Bromley population in 2024 (n)	% of total Bromley population	Predicted Bromley population in 2034 (n)	Predicted % of total Bromley Population in 2034
0 – 4	17,967	5.3	17,002	5.0
5 – 9	19,221	5.7	16,121	4.7
10 – 14	19,933	5.9	16,640	4.9
15 – 19	18,201	5.4	17,299	5.1

The predicted population of this age group are all expected to decline across the next twenty years.

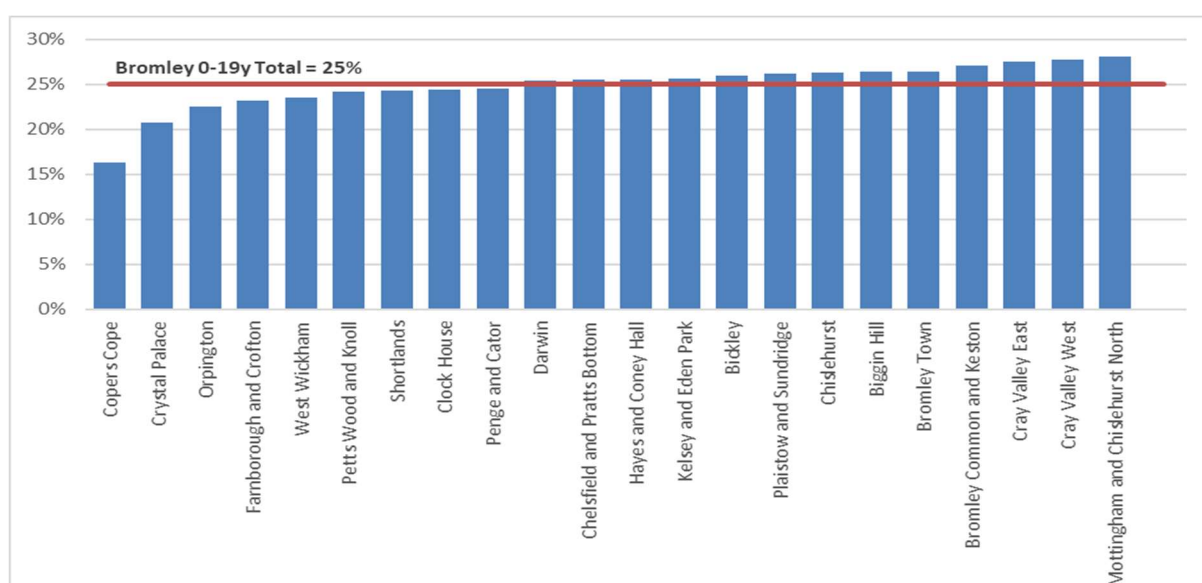
**Figure 4 Projected population of CYP in Bromley**



Source: GLA based population projections

Children and young people are unevenly distributed within the borough. The percentage of 0 to 19 year olds account for 25% of Bromley's total population. This age group accounts for 16% of Copers Cope total ward population whereas a higher proportion of 28% can be seen in Mottingham and Chislehurst North.

**Figure 5 Percentage of population aged 0-19 years by ward in Bromley, 2024**



Source: GLA based population projections (At the time of publication, this data had not been updated to reflect the 2022 ward changes)

### 6.3. Comparison – national, SEL, statistical neighbours

Bromley's CIPFA nearest statistical neighbours are determined using a model that considers various socio-economic indicators. These indicators include demographic variables, deprivation levels, employment rates, and population density. The model helps local authorities compare and benchmark their performance against similar areas.

#### *Prevalence of selected mental health conditions in CYP (including Autism Spectrum Condition)*

**Table 2 Hospital admissions for mental health conditions (<18yrs) across Bromley and statistical neighbours, crude rate per 100,000<sup>27</sup>**

	2018/19	2019/20	2020/21	2021/22	2022/23
England	89.8	91.2	89.8	99.8	80.8
London	75.7	67.6	65.1	75.0	61.7
<b>Bromley</b>	<b>110.5</b>	<b>84.7</b>	<b>52.2</b>	<b>98.6</b>	<b>78.8</b>
Barnet	107.0	106.8	58.5	85.5	79.0
Bexley	134.6	125.7	75.4	101.0	91.5
Harrow	154.7	145.1	64.6	147.0	225.5
Kingston upon Thames	247.4	219.9	77.6	169.9	104.0
Merton	222.3	150.9	50.4	132.2	111.3

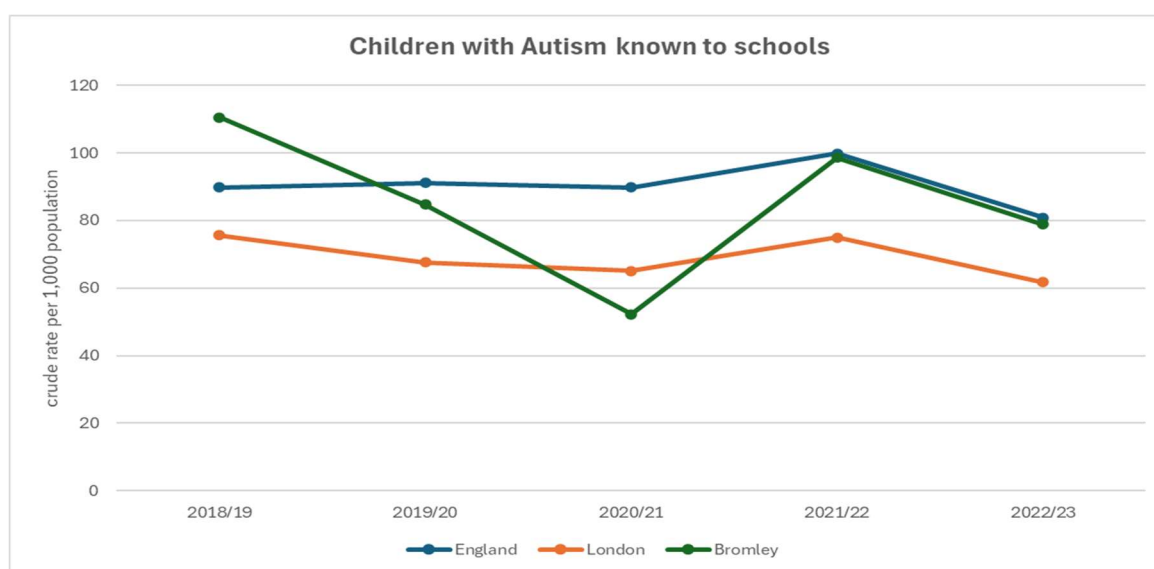
Redbridge	242.2	173.3	86.4	155.5	142.1
Richmond upon Thames	150.5	149.3	53.6	119.7	65.0
Sutton	210.1	178.0	78.0	165.6	125.3
Wandsworth	174.8	142.2	47.7	120.9	130.3

NB: caution must be taken when reviewing 2020/21 figures as these are heavily impacted by the COVID-19 pandemic.

Hospital admission rates fluctuate across all areas over the five-year period. This variability could be due to several factors, including changes in service provision, awareness of mental health issues, and population demographics.

Bromley's referral rate is generally higher than the London average and many other boroughs, particularly in 2018/19 and 2021/22. This could indicate a higher prevalence of mental health needs in Bromley or better access to CAMHS compared to other areas.

**Figure 6 Children with Autism known to schools, crude rate per 1,000 population, Bromley compared to London and England<sup>28</sup>**



The prevalence of school age pupils with social, emotional and mental health needs varies across males and females but is generally more prominent in males. The trend is increasing and getting worse for Bromley and the following statistical neighbours: Kingston upon Thames, Merton, Redbridge, Richmond upon Thames and Wandsworth.

## 6.4. Children and Young People's Mental Health and Wellbeing – Prevention and Early Intervention Services (Bromley Y)

### **Key Findings**

**Referrals to Bromley Y:** The number of referrals to Bromley Y fluctuated across the reporting period, starting at 2,675 in 2019/20 before dipping to 2,348 in 2020/21, likely due to the onset of the COVID-19 pandemic. The pandemic's impact on service access, with restrictions on face-to-face appointments and hesitancy to engage with services, likely contributed to this decline. As restrictions eased and service accessibility improved, referrals increased progressively, rising to 2,818 in 2021/22 and peaking at 3,170 in 2022/23. This increase may reflect a surge in demand for mental health services, with delayed cases from the pandemic period being addressed and an increased awareness of mental health challenges following the pandemic. However, a 15.7% decrease in referrals was observed in 2023/24, dropping to 2,672, possibly reflecting service capacity issues or a natural adjustment following the post-pandemic surge.

The 14-16 age group consistently represented the largest proportion of referrals, peaking at 35.4% in 2022/23 before decreasing to 32.7% in 2023/24. This may be related to the high mental health needs within this age group, particularly as they navigated the challenges of disrupted schooling and social isolation during the pandemic. The White ethnic group remained the largest demographic for referrals, although its share has declined from 68.1% in 2021/22 to 66.8% in 2023/24, indicating a possible increase in referrals from other ethnic groups. Inappropriate referrals doubled in 2022/23 compared to 2021/22, which could reflect a broader recognition of mental health needs post-pandemic, leading to higher referral rates even when some cases did not meet service criteria. A slight decrease in inappropriate referrals in 2023/24 suggests that awareness of appropriate referral pathways might be improving."

**Reason for referrals:** General anxiety was the most common reason for referral in 2023/24, accounting for 28% of cases.

**Source of referrals:** A notable trend during this period was the shift in referral sources. GP referrals, once the primary source, have steadily decreased to 29.9% by 2023/24. This decline may suggest a shift in the referral process, with parents or carers becoming more proactive in seeking support for their children. Referrals from parents or carers have increased significantly to 32.9%, highlighting a growing awareness and involvement of families in addressing mental health concerns.

**Children Looked After (CLA):** The number of CLA cases rose significantly by 70.6% in 2023/24, indicating increased attention to this vulnerable group.



## 6.5. Joint work with schools - children and young people's mental health and wellbeing services (Mental Health Support Teams (MHSTs))

### **Key Findings**

**MHST Interventions:** In 2023, Bromley Y's Mental Health Support Teams (MHSTs) delivered 188 workshops, reaching 4,691 participants, and 21 assemblies, which were highly effective in engaging 4,145 participants. The second quarter saw the highest assembly engagement, with 10 sessions reaching 1,965 participants. Additionally, 42 webinars were held for 523 participants, and 30 school events reached 651 participants. MHSTs also conducted 363 consultation sessions, involving 569 young people, updated 303 referrals, and processed 55 new referrals, dedicating 237.67 hours to these activities.

**Staffing:** Despite staffing increases in 2023, the average number of staff per MHST remained at 5.27, below the NHS-recommended model of eight staff per wave. The team expanded from 13 staff in April 2023 to 16 by December, but staffing challenges persisted, with the current number at 15.8. This shortfall may affect the team's capacity to fully meet the demand for mental health support in Bromley schools

This is led by Bromley Y through mental health support teams (MHSTs) in Bromley primary and secondary schools. MHSTs in Bromley offer three functions: F1 Interventions, F2 Whole System Approach and F3 Consultation and Coordination.

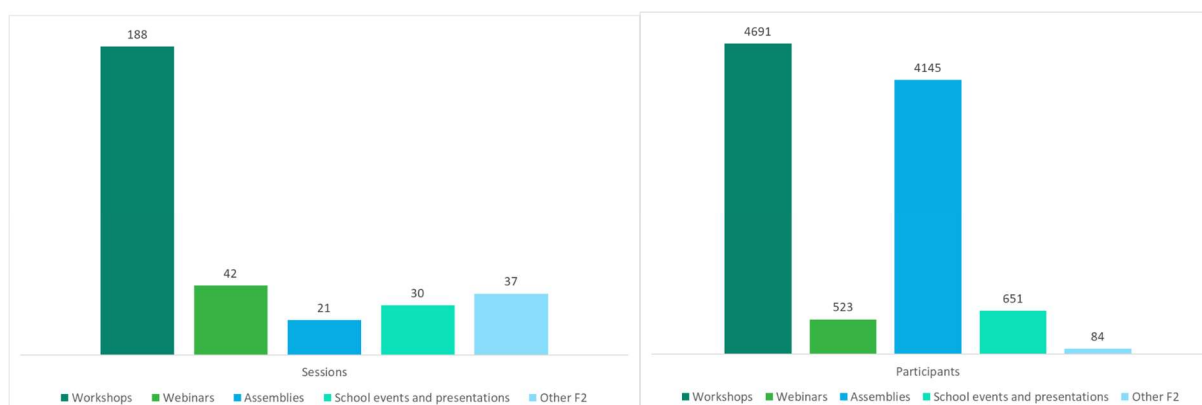
**F1 Interventions:** The team provides individual and group interventions for children and families, focusing on mild to moderate mental health issues such as anxiety, behavioural issues, and low mood. These interventions are tailored to different age groups, involving parents of primary-aged children and directly engaging with youths in secondary or post-16 educational settings. The methods are predominantly informed by Cognitive Behavioral Therapy (CBT) and guided self-help strategies, ensuring evidence-based care is accessible to those in need.

**F2 Whole System Approach:** MHST collaborates with educational institutions to foster a comprehensive 'Whole System Approach' to mental health. This initiative enhances the overall mental wellbeing of the educational community, including staff and students. It encompasses staff training and development programs to empower educators with the skills needed to support mental health proactively within their environments.

In 2023, workshops and assemblies were the primary F2 intervention approach utilised by MHSTs demonstrating significant engagement across three quarters. Workshops were conducted a total of 188 times, engaging 4,691 participants. Despite experiencing a notable dip in the second quarter to just 26 sessions with 822 participants, they rebounded to 48 sessions with 1,005 participants by the third quarter. Assemblies, while held less frequently with only 21 sessions, effectively reached a large audience, totaling 4,145 participants, and saw a significant increase during the second quarter with 10 sessions involving 1,965 participants.

Conversely, webinars and school events were less utilised, with webinars totaling 42 sessions for 523 participants and school events consisting of 30 sessions reaching 651 participants. Other F2 interventions maintained a consistent presence with 37 sessions but engaged only 84 participants.

**Figure 7 Breakdown of F2 interventions delivered across MHSTs including type of sessions and number of participants (2023/24)**



**F3 Consultations and Coordination:** The team offers consultations for school staff and clients who may not directly benefit from standard interventions. This function involves linking with other agencies, supporting referrals, and signposting to ensure that all individuals receive appropriate guidance and access to necessary services, regardless of their specific needs or circumstances.

Over the year, for F3 interventions, MHSTs held 363 sessions, engaging in discussions with 569 young people, updating 303 referrals, and recommending 55 new referrals, cumulatively spending 237.7 hours on these activities.

### **MHST Staffing Capacity**

The total number of staff has slightly increased from 13 in April 2023 to a peak of 16 in December 2023 and it is 15.8 currently. Staffing per MHST was 4.33 in April 2023, increased to 5.33 by December 2023, and slightly decreased to 5.27 by March 2024. Despite these changes, the staffing levels per MHST remain below the NHS staffing model recommendation of eight per wave.

The current MHST team in Bromley is led by one Specialist Lead, and there are two Practice Leads (1.8 FTE). The team has expanded to include six Wellbeing Practitioners. The number of Educational Mental Health Practitioners (EMHPs) has decreased to three, with an addition of two Trainee EMHPs. Additionally, the team includes one Assistant Psychologist and one Contact Officer.

## 6.6. Children and young people's mental health and wellbeing services – online wellbeing support and counselling (Kooth)

### **Key Findings**

**Registrations to Kooth:** Registrations increased by 58.8% from 1,005 in 2021 to 1,596 in 2022, reflecting greater awareness or demand for Kooth's services during that period. However, the sharp decline of 41.6% to 932 in 2023 may suggest a shift in service accessibility, alternative support channels, or reduced need for mental health services post-pandemic.

**Demographics:** Females consistently comprised the majority of users, peaking at 69% in 2023. "Non-Binary" registrations dropped from 10.2% in 2021 to 3.2% in 2023, possibly due to changes in reporting categories or a shift in this demographic's engagement with the service. The increasing percentage of registrations from Black or Black British individuals (up to 12.6% in 2023) may reflect improved outreach to ethnic minority communities. However, the rise in non-disclosed ethnicity (8.7% in 2023) suggests either a hesitancy to disclose such information or potential data collection challenges. The consistent dominance of the 13-16 age group, despite fluctuations, highlights this group's high mental health needs, likely due to pressures related to adolescence and education.

Areas like Orpington and Bromley maintained consistently high registration numbers, perhaps reflecting higher community engagement or a greater need for mental health services in those areas, while the increase in Sydenham's registration numbers suggests a growing demand for support in more deprived communities.

**Presenting issues of Kooth Service users:** Anxiety/Stress remained the most common issue, increasing from a prevalence of 41% in 2022 to 44.1% in 2023, and was particularly prominent in the 17-18 age group, where it spiked from 48% to 65%, indicating heightened mental health challenges during the transition to adulthood. Self-Harm reports dropped significantly across all age groups, with a major reduction among 13-16-year-olds (from 33% to 20%), possibly indicating successful interventions or shifting coping mechanisms.

When we consider how Anxiety/Stress issues occur across ethnic groups, a marked increase in its prevalence is observed among CYP of mixed ethnicity (up from 28% to 57%) and "Other Ethnic Groups" (from 31% to 56%), which could point to these communities facing rising mental health pressures. Conversely, Black or Black British individuals experienced a decline in anxiety/stress reports (from 63% to 49%), suggesting possible improvements in managing stress or accessing support. Suicidal thoughts generally decreased, a positive trend, though the sharp rise among CYP of "Other Ethnic Groups" (from 19% to 44%) signals a concerning increase in severe mental health issues within this demographic.

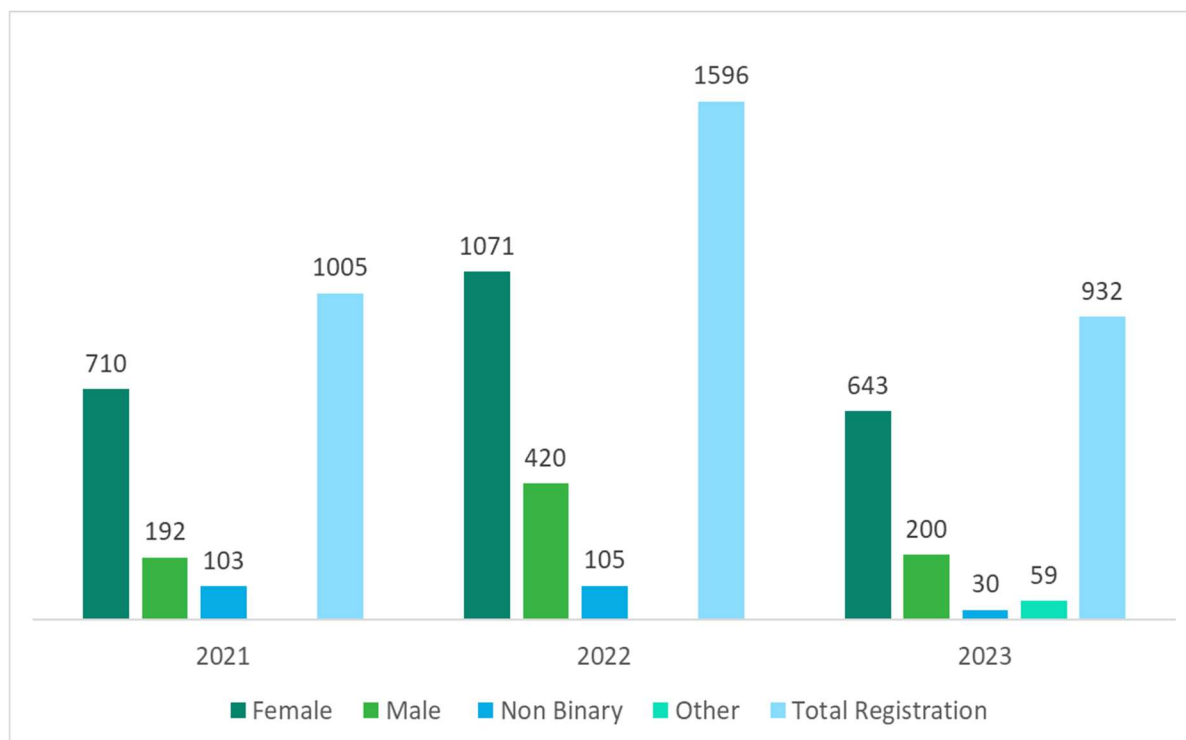
**Source of information about Kooth:** Education was the primary source of information about Kooth, peaking at 49% in 2022 and slightly decreasing to 43% in 2023.

### **Number of Registrations to Kooth by year**

In 2022, registrations surged by approximately 58.8% from 1005 (in 2021) to 1596. However, the following year (2023) saw a sharp decline, with registrations dropping by about 41.6% to 932.

*On a side note, From 2021 to 2023, the number of logins to the online Kooth platform has exhibited substantial growth. In 2022, there was a significant increase of approximately 42.4% in logins, rising from 6807 (in 2021) to 9690 (in 2022). In 2023, there was a modest increase of about 1.9% to 9871 logins.*

**Figure 8 Number of registrations to Kooth by year and gender (2021 - 2023)**



#### **Registrations to Kooth by gender**

Over the three years from 2021 to 2023, female registrants were 710 (70.6%) in 2021, peaking at 1071 (67.1%) in 2022, and adjusting to 643 (69%) in 2023. Male registrations followed a dynamic pattern, initially recorded at 192 (19.1%) in 2021, increasing significantly to 420 (26.3%) in 2022, and then reducing to 200 (21.5%) in 2023.

CYP who identified as non binary experienced a more significant decrease, from 103 registrations (10.2%) in 2021 to 30 (3.2%) by 2023.

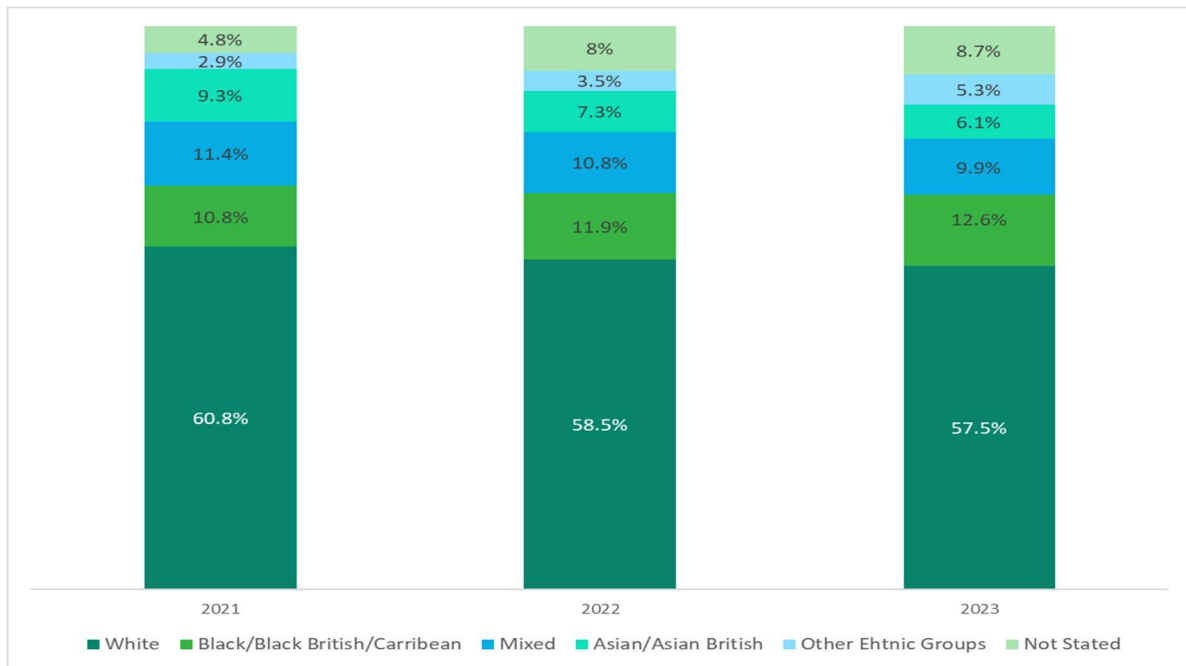
Additionally, a new 'other' category was introduced in 2023, accounting for 59 registrations (6.3%). See Figure above.

#### **Registrations to Kooth by ethnicity**

The registration data by ethnicity over the years 2021 to 2023 reveals distinct trends among various ethnic groups. The percentage of Black or Black British registrants consistently rose from 10.8% in 2021 to 12.6% in 2023, and Other Ethnic groups also saw an increase from 2.9% in 2021 to 5.3% in 2023.

In contrast, the categories for Asian or Asian British, Mixed, and White all experienced decreases, with the White category – the most represented ethnicity across all years – seeing a slight reduction from 60.8% in 2021 to 57.5% in 2023. Additionally, the 'not stated' category witnessed an upward trend, increasing from 4.8% in 2021 to 8.7% in 2023, possibly reflecting a rise in respondents choosing not to disclose their ethnicity or pointing to a need for improved data collection methods. See Figure below.

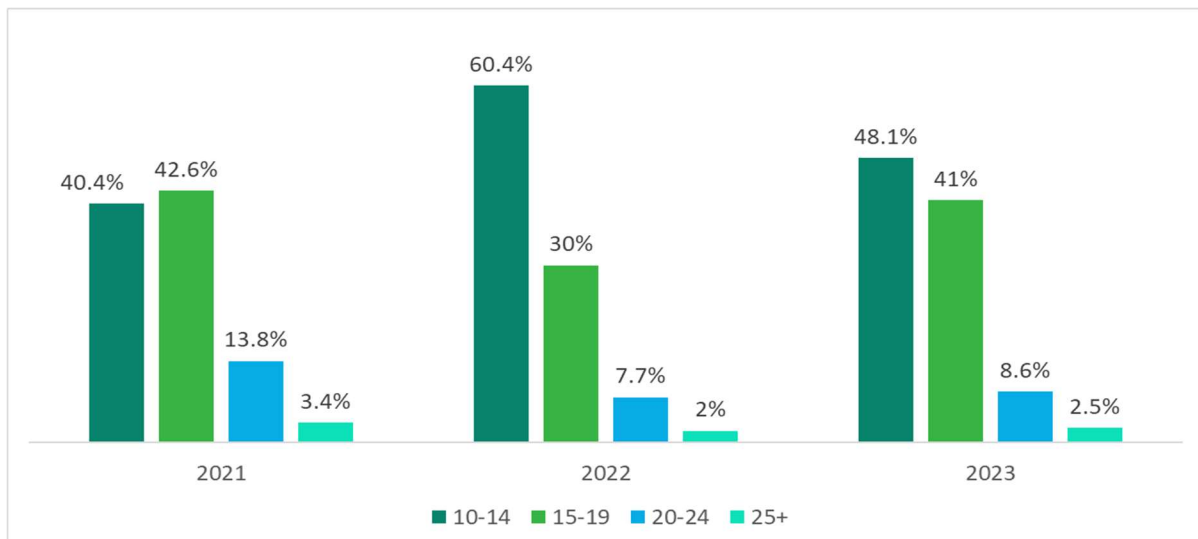
**Figure 9 Proportion (%) of registrations to Kooth by ethnicity (2021 - 2023)**



### Registrations to Kooth by age group

In 2021, the 13-16 age group dominated with 48% of registrations, but this number declined to 38% in 2022 and then increased to 45% in 2023. The 10-12 age group saw a significant increase in 2022, jumping from 15% in 2021 to 40%, which then moderated to 26% in 2023. For older age groups, the 17-18 and 19-24 cohorts showed a decline in registration percentages over the years.

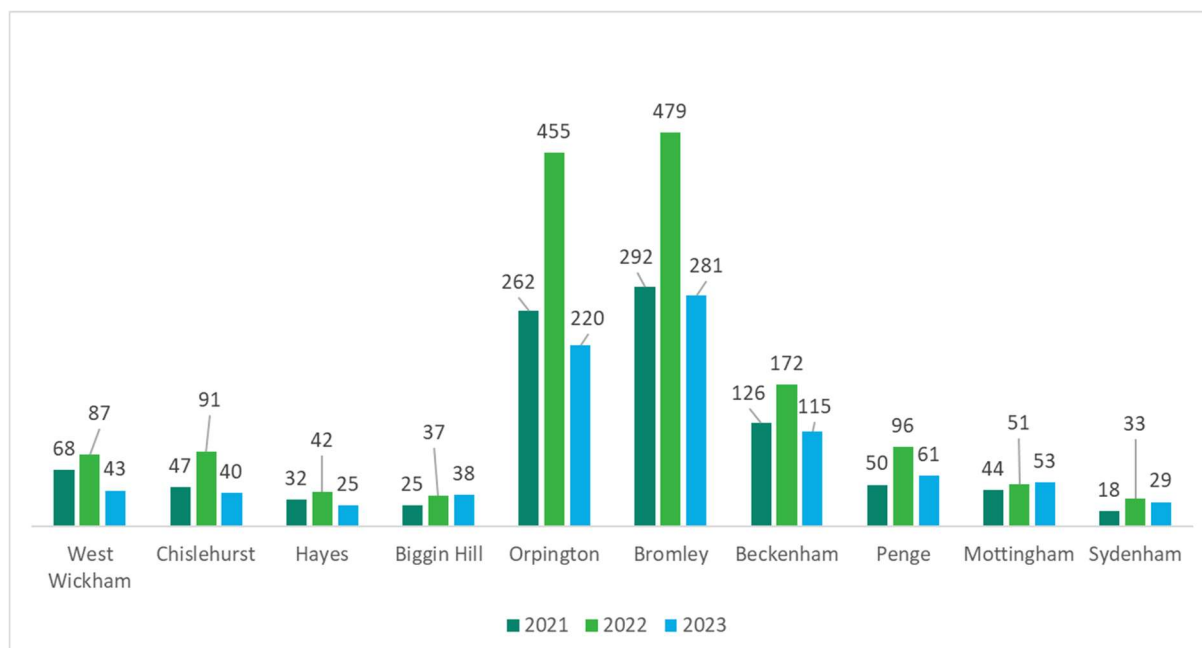
**Figure 10 Registrations to Kooth by age group between (2021 - 2023)**



### Registration to Kooth by location

Areas including **West Wickham, Chislehurst, Hayes, and Biggin Hill** consistently show lower registration numbers. Areas like **Orpington, Bromley, and Beckenham** show significant registration numbers, reflecting higher engagement. Bromley for example consistently has the highest registration numbers across all years. Registrations increased from 292 in 2021 to 479 in 2022, followed by a slight drop to 281 in 2023. **Sydenham** has the lowest registration numbers compared to other areas. However, there is an upward trend in registration numbers. Registrations have increased from 18 in 2021 to 33 in 2022, and 29 in 2023. See below

**Figure 11 Number of Registrations to Kooth by Sublocation in Bromley (2021-2023)**

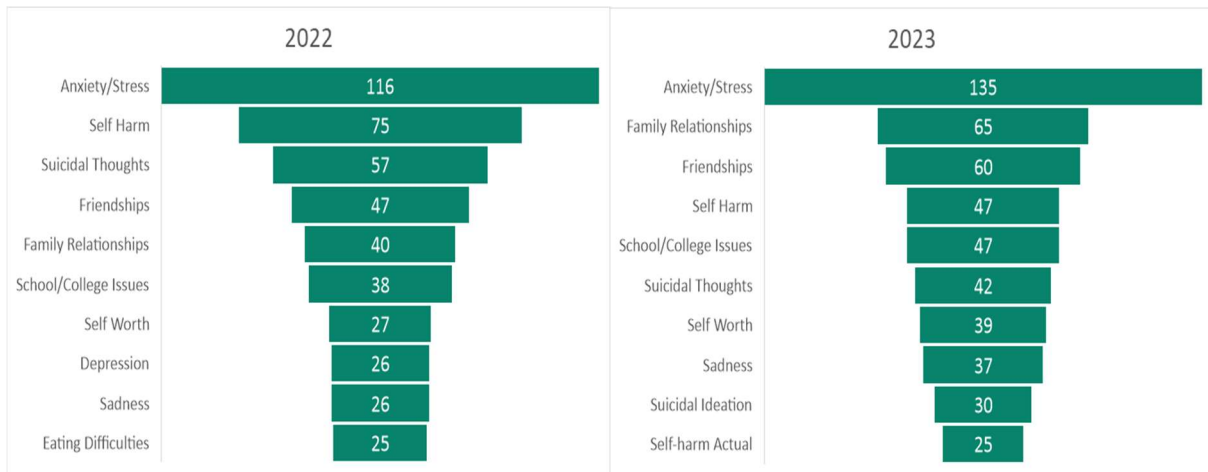


### *Presenting issues of Kooth service users (SUs)*

In both years (2022 and 2023), Anxiety/Stress remains the most prevalent issue of Kooth service users, with an increase from 116 SUs (41% of all presenting issues) in 2022 to 135 SUs (44.1%) in 2023. Presenting issues related to family Relationships surged in 2023, registering 65 SUs, up from 40 SUs in 2022, making it the second most prevalent issue in 2023.

The number of presenting issues related to Self Harm shows a slight decrease from 75 SUs (26.5%) in 2022 to 47 SUs (15.4%) in 2023, presenting issues due to Suicidal Thoughts have seen a decrease from 57 SUs (20.1%) in 2022 to 42 SUs (13.7%) in 2023. See Figure below.

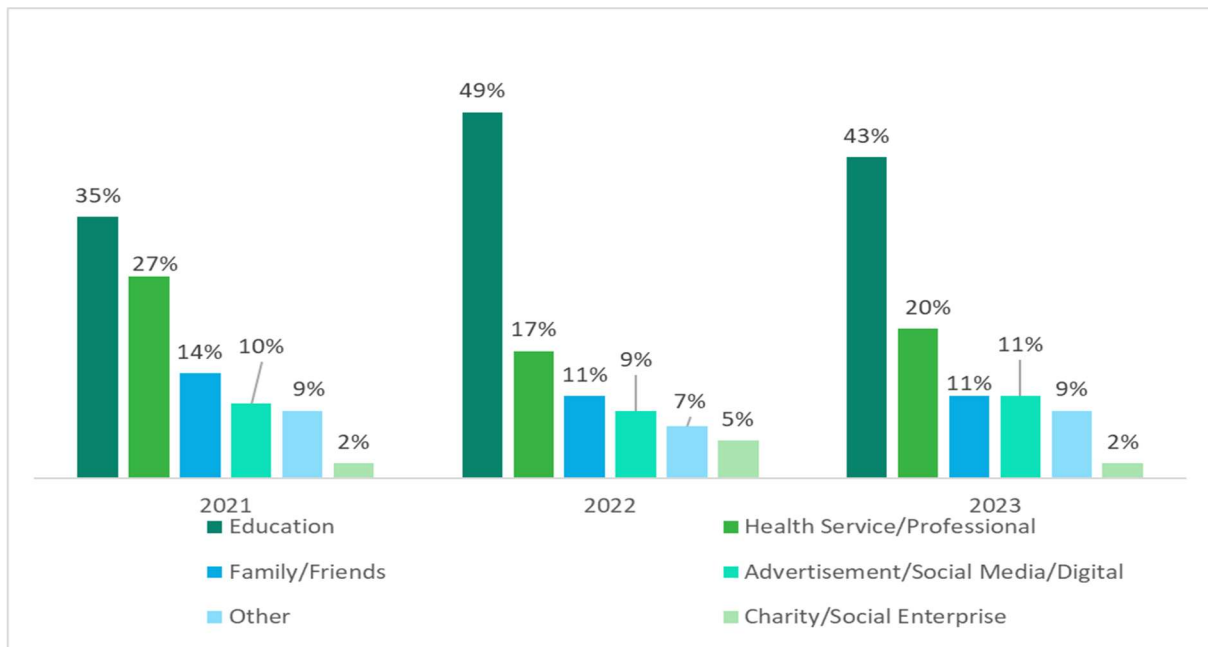
**Figure 12 Top 10 presenting issues for Kooth service users in Bromley (2022 and 2023)**



### **Source of information about Kooth**

Education stands out as the most popular channel through which word is spread about Kooth, with 35% of Kooth service users in 2021 indicating getting to know about Kooth through education settings. This percentage peaked at 49% in 2022, then slightly decreasing to 43% in 2023. The Health Service/Professional channel (including GP and CAMHS) also played a significant role, though it saw a drop from 27% in 2021 to 17% in 2022, before partially recovering to 20% in 2023. Other sources of information about Kooth are shown in the Figure below.

**Figure 13 Proportion of Bromley Kooth service users learning about Kooth from different sources (2021-2023)**



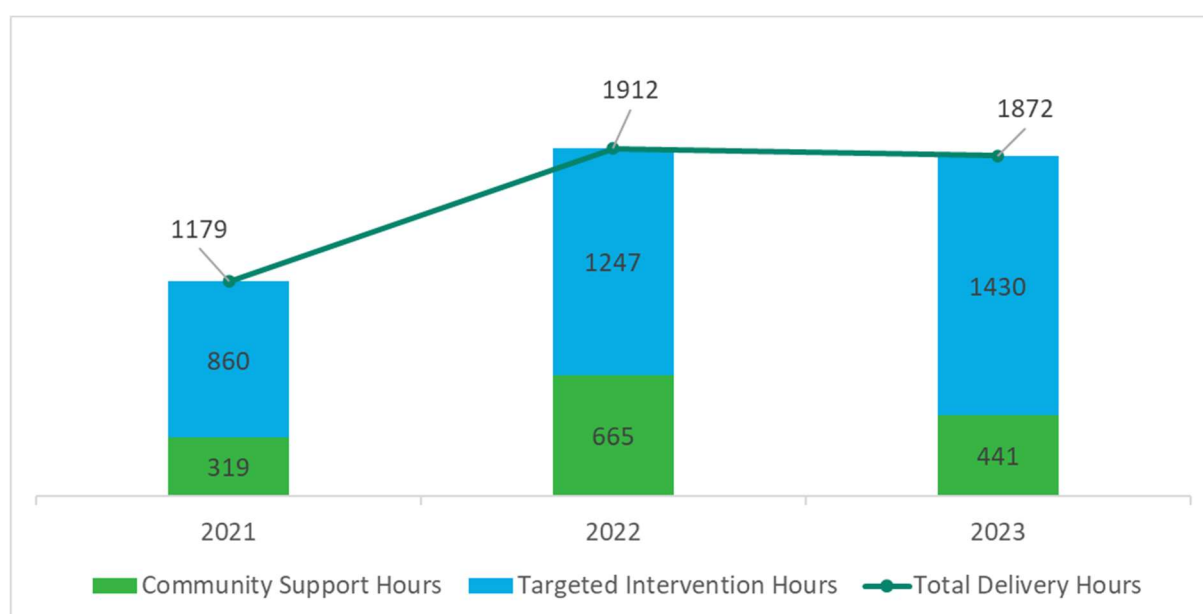
### **Delivery hours for Kooth service users in Bromley**

Total delivery hours refers to the total time taken to deliver the interventions and community support hours for Kooth SUs. This saw a substantial increase from 1179 hours in 2021 to 1912 hours in 2022, marking an approximate 62% rise.

Community Support hours is defined as time taken to moderate the content and self-directed activity submitted by SUs in Bromley, such as comments, forums and article posts as well as journals and self-set goals. Community Support Hours more than doubled from 319 hours in 2021 to 665 hours in 2022, an impressive 108% increase. Despite this significant rise, there was a notable reduction to 441 hours in 2023, a 34% decrease.

Targeted Intervention hours are made up of the time taken to deliver chats, messages and the required support such as time in case notes and time spent clinical governance safeguarding. Targeted Intervention Hours, dedicated to specific, focused support for individuals, consistently increased over the three years. These hours rose from 860 in 2021 to 1247 in 2022, a 45% increase, and further to 1430 in 2023, an additional 15% rise.

**Figure 14 Total Delivery hours, community support hours and targeted intervention hours for Kooth Service users in Bromley (2021-2023)**



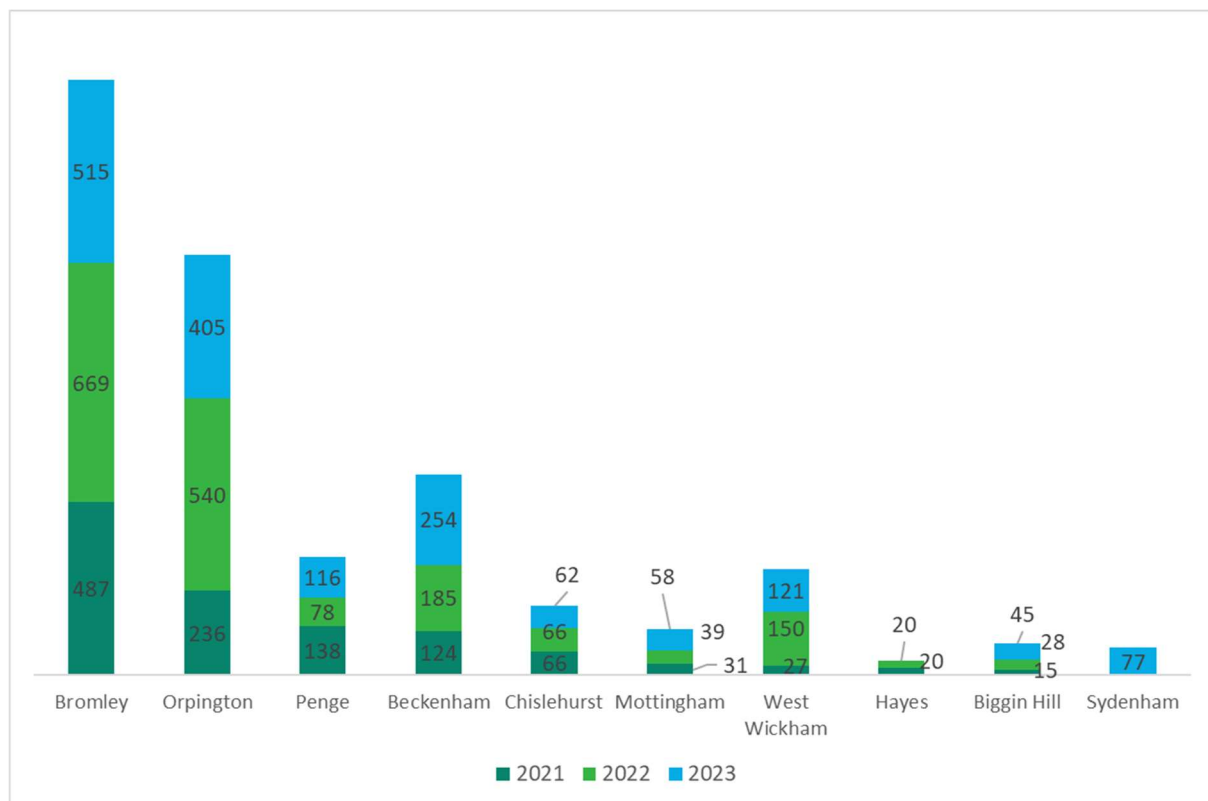
### Delivery hours by location

Biggin Hill saw an increase from 15 hours in 2021 to 28 hours in 2022, and further to 45 hours in 2023. West Wickham experienced a substantial increase in delivery hours from 27 hours in 2021 to 150 hours in 2022, then slightly decreased to 121 hours in 2023. Orpington saw an increase from 236 hours in 2021 to 540 hours in 2022, before reducing to 405 hours in 2023. Bromley, having the highest delivery hours, saw a peak of 669 hours in 2022, up from 487 hours in 2021, but reduced to 515 hours in 2023. Despite the decrease in 2023, Bromley has the highest delivery hours in the three year period.

Mottingham experienced an increase in its delivery hours from 31 hours in 2021 to 39 hours in 2022, and further to 58 hours in 2023. However, Penge experienced a reduction from 138 hours in 2021 to 78 hours in 2022, followed by an increase to 116 hours in 2023. Sydenham, interestingly shows no recorded delivery hours in 2021 and 2022 but has 77 hours in 2023.



**Figure 15 Delivery hours per Bromley sublocation for Kooth service users (2021-2023)**



## 6.7. Support for children, young people and families in relation to children and young people with social and/or communication difficulties

### ***Key Findings***

**Neuro Disability (ND) Assessment:** Between November 2023 and March 2024, ND assessment referrals varied monthly, with the lowest in December 2023 (182 referrals) and the highest in March 2024 (212 referrals), averaging 198 per month.

The 5-9 age group accounted for the highest proportion of referrals in March 2024, representing 37.7% (80 referrals), followed by the 10-14 age group at 31.6% (67 referrals). Males were referred more frequently than females, making up 59.9% (127 referrals), compared to 40.1% (85 referrals) for females.

**Source of referrals:** Educational establishments were the primary source of referrals, contributing 65.1% (138 referrals).

**Discharge rate:** The discharge rate after a single consultation varied, with an average of 14.7% over five months, indicating that a significant portion of referrals did not require further assessment.

**Waiting List:** Meanwhile, the ND assessment waiting list increased from 1,125 individuals in November 2023 to 1,242 by March 2024, reflecting growing demand for these services and some challenges in completing these assessments.

**Complex Care and Diagnostic Service (CCDS) Panel:** The caseload for CCDS rose from 587 in November 2023 to 650 in March 2024, indicating an increasing demand for complex care services. New referrals to the CCDS panel varied, with a peak of 40 referrals in January 2024 and a drop to 31 by March 2024. The acceptance rate for new referrals averaged 88.7% over the period.

The 0-4 age group represented the largest share of CCDS referrals, with 45.2% (14 referrals) in March 2024. Males were referred more frequently than females, comprising 61.3% of referrals.

**Longest wait time:** The longest wait time decreased from 20.1 months in November 2023 to 12.5 months in March 2024, with a slight increase in March after a significant drop in February 2024.

**Speech and Language Therapy (ADOS) assessment:** The waiting list for SLTC ADOS assessments increased steadily, from 165 individuals in November 2023 to 220 by March 2024, with an average wait time of 8.6 months.

**Oxleas CAMHS pathway:** Entries into the Oxleas CAMHS pathway for ADOS assessments varied significantly, with a high of 32 in November 2023 and a low of two in December. The waiting list for this pathway grew from 304 in November 2023 to 365 in March 2024, with the longest wait times peaking at 64.5 months in January 2024. This extreme delay indicates severe service delivery challenges, likely due to a combination of resource limitations and increasing demand.

Bromley CAMHS and Bromley Healthcare jointly manage the pathway to deliver high-quality, safe diagnostic services and support for children, young people and families in relation to neuro-disabilities including Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

## 6.8. Support for children at higher risk, children looked after (CLA) and care leavers

### ***Key Findings***

**Referrals:** There were about 224 referrals to Thrive between July 2019 and March 2024. For CLA/Care leavers mental health team there was a total of 305 young people as service users from 2019 to 2023

**Demographics:** Males have shown a steadily increasing trend in referrals to the Thrive service, peaking at 46.6% in 2023/24. While females consistently represented a higher proportion of Thrive referrals, the gender gap has narrowed over time, indicating a more balanced gender distribution in service engagement.

Children aged 5-9 constituted the highest proportion of referrals, making up 26.7% of the total, indicating this age group's substantial need for emotional and behavioural support. For the CLA/Care Leavers Mental Health Team, older age groups were more prominent, with 15-19-year-olds representing 38.4% of referrals, while the 20-24 age group accounted for the largest share at 57.9%.

The White ethnic group remained the most represented demographic in Thrive service referrals, accounting for 55.2% of referrals on average. However, there has been a notable increase in referrals from Mixed/Multiple Ethnic Groups, rising significantly from 8.8% in 2019/20 to 29.6% in 2023/24. This shift suggests increasing diversity in the service user base. Furthermore, data accuracy around ethnicity has improved, with the proportion of referrals with unknown ethnicity decreasing from 23.5% in 2019/20 to 6.8% in 2023/24, reflecting enhanced data collection practices.

**Presenting Issues:** Emotional and behavioural issues were the most common presenting concerns within the Thrive service, representing 29.4% of referrals. Trauma and abuse were also significant, averaging 16.4% of referrals across the five-year period, underscoring the service's role in addressing complex and sensitive cases. Among CLA/Care Leavers, anxiety and related disorders were the most prevalent presenting issues (37%), followed closely by bipolar and mood disorders, which made up 36.5% of cases, highlighting the mental health challenges faced by this vulnerable population.

Bromley Council and NHS South-East London ICB work together to provide tailored and bespoke mental health and wellbeing services for children and young people who are at higher risk, including Children in Need (CiN) and children and young people with a protection plan (PP) in place. There is also tailored mental health support for children looked after (CLA).

### 6.8.1. Thrive service

This is a dedicated support team, jointly funded by Bromley Council and the ICB, which provides particular mental health and wellbeing interventions to children at higher risk.

#### ***Total Referrals***

There were about 224 referrals to Thrive between July 2019 and March 2024. 50.7% of these were male and 42.6% female. Others are unknown. (some data is missing across various domains in this analysis). In 2019/20 there were 34 referrals to Thrive. Total referrals across the other years are 42 in 2020/21, seven in 2021/22, 46 in 2022/23 and 88 in 2023/24.

### **Referrals to Thrive by age**

In 2023/24 there were seven referrals of CYP aged 0-4, 33 from CYP aged 5-9, 20 from aged 10-14 and 12 from the 15-19 age group. This has increased from what was seen in 2022/23 where there were three referrals from CYP aged 0-4, 16 from aged 5-9, 13 from aged 10-14 and seven from the 15-19 age group.

### **Referrals to Thrive by gender**

On average, males accounted for 37.6%, females for 52.5%, and the gender of 9.8% of the referrals remained unknown across these five years. The data shows a relatively consistent female predominance, with percentages ranging from 45.2% to 57.1% across the years. Males, while generally less than females, showed an increasing trend, peaking at 46.6% in 2023/24. The unknown category showed a notable decline from 17.7% in 2019/20 to just 1.1% in 2023/24, indicating improved gender identification in recent years.

### **Referrals to Thrive by ethnicity**

On average in the five year period, the White ethnic group accounted for 55.2% of referrals, the highest among all groups. The Mixed/Multiple Ethnic Groups had an average of 15.8%, this increased from 8.8% in 2019/20 to 29.6% in 2023/24. The Black/Black British averaged 11.8%. Other Ethnic groups and Asian/Asian British were the least represented, with averages of 1.5% and 1.8%, respectively. 13.9% of referrals have an unknown ethnicity, although this declined from 23.5% in 2019/20 to 6.8% in 2023/24, suggesting improved data accuracy over time.

### ***Presenting issues to Thrive***

On average, emotional and behavioural issues accounted for the highest proportion of presenting issues at 29.4%, followed by family and social issues at 20.1% which has remained consistently significant, with a noticeable peak at 28.4% in 2023/24. Trauma and abuse had an average of 16.4% with percentages ranging from 6.5% to 28.6% over the years, while other mental health conditions averaged 11.1%. Developmental and learning issues and educational challenges were less common, averaging 4.4% and 2.9%, respectively. Health and wellbeing issues were notably low, averaging 2.6%, and identity and self esteem issues averaged 9.8%.

## **6.8.2. CLA/Care Leavers Mental Health Team**

This is a critical role within the Council's care and leaving care service, providing bespoke care and support for this group.

### ***Total caseload of the CLA/Care leavers mental health team***

The Bromley Leaving Care Team had a total of 305 young people as service users from 2019 to 2023. During this period, 56 referrals were received and accepted, evenly split between 28 females and 28 males. Additionally, 19 referrals were completed to Bromley OXLEAS Adult CMHT, two to SLAM Lambert CMHT, two to Croydon IAPT Service, one to Bromley Y Service, and five to Bromley Talking Therapies, amounting to a total of 29 young people referred to other services.

### **Referrals to CLA/Care leavers mental health team by age**

In the period between 2021/22 to 2023/24, on average, the 15-19 age group accounted for 38.4% of referrals, the 20-24 age group 57.9%, and the age group 25-29 is only represented in 2022/23 with 8.3%.

### **Referrals to CLA/Care leavers mental health team by gender**

On average, females accounted for 55.1% and males for 44.9% in the reporting period. This data indicates that there was initially a higher proportion of females in 2021/22 (77.8%), which shifted to a higher proportion of males in the subsequent years, with males representing 58.3% in 2022/23 and 51.4% in 2023/24.

#### **Referrals to CLA/Care leavers mental health team by ethnicity**

On average, the White ethnic group accounted for 54.1% of referrals during the three year period, declining from 66.7% in 2021/22 to 45.7% in 2023/24. The Black/African/Caribbean/Black British ethnic group accounted for 21.4%, the Asian/Asian British group were 5.6%. The Mixed/Multiple Ethnic group was 9.4% and showed a significant increase, from no representation in 2021/22 to 20% in 2023/24. The Other Ethnic group was 9.4% on average.

#### ***Presenting issues***

On average, anxiety and related disorders accounted for 37.0% of presenting issues across the years. Bipolar and mood disorders accounted for 36.5%, developmental and behavioural disorders, 8.5%, personality disorders, 7.9%, and substance misuse for 9.8%. Additionally, schizophrenia and related disorders accounted for 6.3%, and eating disorders 1.6%.

## **6.9. Child and Adolescent Mental Health Services (CAMHS)**

### ***Key Findings***

**CAMHS Referrals and Caseload:** In the period following the pandemic, CAMHS caseloads showed a clear upward trend, peaking in February 2023/24. This sustained growth in caseloads could indicate a backlog of mental health needs emerging after the pandemic, reflecting broader trends in the UK, where mental health services have experienced increased demand. Seasonal variability remains, with July and February typically experiencing higher caseloads. This might be tied to school holidays, exams, or academic pressures, which often trigger mental health challenges in CYP. Referrals to CAMHS however, saw significant decreases from 2021/22 onwards, particularly among the 15-19 age group, which dropped by 57.4% over two years. This may reflect shifting patterns in how older adolescents access mental health services. The rise of alternative support platforms like online mental health resources could partially explain this decrease.

**Source of referrals:** Notably, referrals from Bromley Y, once the primary source, declined steadily from 73.7% in 2019/20 to 41.5% in 2023/24. Meanwhile, referrals from A&E, which saw a drop in 2020/21 and 2021/22, rebounded to 30 referrals (5.7%) in 2023/24.

**Demographics:** Females have consistently represented a larger proportion of referrals, however the gender gap is narrowing in recent years. There has been a notable shift in the ethnic composition of referrals, with non-White ethnic groups surpassing White groups for the first time in 2023/24. This might suggest improved outreach and accessibility to ethnic minority populations, but it could also point to disproportionate mental health burdens in these communities.

**Acceptance rate of referrals:** The CAMHS acceptance rate improved after 2021/22, rising from 65% to 79% in 2023/24, with males seeing a higher acceptance rate than females in recent years, reversing earlier trends. However, White individuals continued to have higher acceptance rates, while Asian/Asian British groups faced lower rates, suggesting potential inequalities in access.

**Specialist help:** Despite the overall decline in referrals, the proportion of those needing specialist help has increased significantly, particularly in 2023/24. This suggests growing demand for neurodevelopmental and autism spectrum disorder assessments and interventions. The need for specialist help is most pronounced in younger age groups (5-9), with a significant increase observed in 2023/24. Both male and female referrals show a significant increase in the need for specialist help, with males showing a particularly high increase from 36.5% in 2019/20 to 55.0% in 2023/24.

**Source of referrals to CAMHS:** Referrals to CAMHS from A&E fluctuated, with a significant drop in 2020/21 and 2021/22, and no referrals in 2022/23. However, there was a resurgence to 30 referrals (5.7%) in 2023/24. Referrals from Bromley Y, though initially the highest, have seen a steady decline, dropping from 73.7% in 2019/20 to 41.5% in 2023/24.

**Percentage of referrals seen within 8 weeks:** The percentage of referrals seen within 8 weeks has generally declined across all pathways, from 61% in 2019/20 to a low of 36% in 2022/23. However, there was a slight improvement to 44% in 2023/24. The CAMHS Generic pathway consistently struggled to meet the 8-week target, with a low of 32% in 2022/23. The LAC pathway also faced significant delays, with only 19% seen within 8 weeks in 2022/23, although it improved to 54% in 2023/24.

**Referrals to CAMHS Emergency Care Services:** Referrals to CAMHS Emergency Care Services peaked in 2021/22 with 472 referrals but have since declined to 341 in 2023/24. This may indicate improved preventive care or early interventions that reduce the need for emergency mental health support. Females consistently represented the majority of referrals, peaking at 77% in 2021/22 before stabilising around 74% in 2023/24. This highlights the continued vulnerability of young women to severe mental health crises, possibly driven by issues such as self-harm, eating disorders, and anxiety disorders, which disproportionately affect females.

This service is offered by the Oxleas NHS Foundation Trust. Bromley CAMHS work with CYP aged 0-18yrs with severe and enduring emotional, behavioural and mental health difficulties (and their families/carers), providing routine and urgent evidence-based assessment and treatment interventions within a community setting.

### ***Bromley CAMHS Caseload***

Overall referrals increased from 2019/20 to 2021/22, potentially due to heightened mental health needs during the COVID-19 pandemic. However, referrals decreased significantly in 2022/23 and 2023/24. This downward trend was observed across all age groups, except for children aged 5-9, who saw a 12.2% increase in referrals. The 10-14 and 15-19 age groups had the highest number of referrals overall, with a significant drop in the older age group from 2021/22 to 2023/24. Females consistently accounted for a larger portion of referrals, although this gender gap narrowed in recent years. Referrals increased across all ethnic groups from 2019/20 to 2021/22, followed by a decrease in 2022/23 and 2023/24. The White ethnic group had the largest number of referrals, but also saw significant decreases. The mixed/multiple ethnic group experienced the most substantial increases and decreases in referrals.

Refer to the supplementary document for further detailed analysis.

## 6.10. Individual Joint Funded Services

Bromley Council and South-East London ICB jointly fund bespoke mental health and wellbeing services for children at risk, including children looked after (CLA) and children and young people with an Education, Health and Care Plan (EHCP).

### *Key findings*

**Age of service users:** The largest group of CYP in the individual joint funded services is aged 15-19 years, making up 54% of the total 90 CYP, followed by the 10-14 age group at 28%.

**Type of placement:** For the 15-19 age group, Semi-Independent living is the most common placement, accommodating 19% of the children, while IFA is most common for the 0-9 age groups. Generally, the most common placement types include Children's Residential Home (24%), Independent Fostering Agency (IFA) (23%), and Semi-Independent living arrangements (19%), collectively covering 66% of all placements.

**Cost of placement:** Between £5,000 and £10,000 per week is spent on 30% of the children, making this the most significant expenditure range. Minimal expenditures of £0-500 and £501-1000 per week fund 18% of the children, primarily in younger age groups. Higher costs are associated with older CYP transitioning to more independent living situations.

## 6.11. Bromley CYP Dynamic Support Register (DSR)

### *Key findings*

**Caseload and demographics:** As of March 2024, the DSR included 17 individuals aged between nine and 18 years, with a majority (76.5%) being male. Ethnic distribution on the DSR showed 70.6% were White, with smaller representations from Asian or Asian British, mixed ethnic groups, and the Black ethnic group.

**Known to services:** A significant portion (82.4%) of the CYP on the DSR had an Education, Health, and Care Plan (EHCP), 58.8% were known to CAMHS, and 52.9% were known to social care services.

**Presenting issues:** The most common diagnoses among those on the DSR were autism and developmental disorders (54.8%), followed by anxiety and related disorders (25.8%), with some individuals having multiple diagnoses, indicating complex needs.

The Dynamic Support Register for CYP in Bromley is designed to assist those under 18 who are at high risk of admission to a mental health hospital if they do not receive the appropriate care and treatment in the community. This register is specifically targeted at individuals with diagnosed learning disabilities and/or autism who are experiencing significant mental health concerns or are at risk of family or placement breakdown, which could lead to hospitalisation.

The DSR facilitates a coordinated approach among health, education, and social care professionals, as well as key worker programs and support groups, to regularly review and address the needs of these children and young people. This multi-agency collaboration aims to ensure that the necessary support is provided to prevent unnecessary hospital admissions and to maintain the wellbeing of these individuals in the community.

Key benefits of being on the DSR include enhanced oversight of the individual's needs and risks, improved collaboration between different services, and potential access to specialised programs such as the SELECT key worker scheme or the Positive Support Group. To be included on the register, consent must be obtained from the young person (if they are 16 or older and capable of providing consent) or from a person with parental responsibility for those under 16.

The information held on the DSR includes personal details, demographic data, NHS numbers, and details about the services involved in the individual's care, as well as any specialist care plans in place.

### **Caseload and demographics**

As of March 2024, the Dynamic Support Register (DSR) for children and young people (CYP) in Bromley included 17 individuals, aged between nine and 18 years. Of these, seven were aged 17 or 18. The register had a notable gender disparity, with 76.5% (13 CYP) being male and 23.5% (4 CYP) being female. Geographically, the majority (94.1%, 16 CYP) resided in Bromley.

The ethnic distribution showed that 70.6% (12 CYP) were White, with two individuals each from Asian or Asian British backgrounds and mixed ethnic groups, and one individual from the Black ethnic group. Most of the CYP on the register (82.4%, 14 CYP) had an Education, Health, and Care Plan (EHCP), while 58.8% were known to Child and Adolescent Mental Health Services (CAMHS), and 52.9% were known to social care services.

In terms of diagnosis, the register was predominantly occupied by CYP with autism and developmental disorders, which affected 54.8% (17 CYP) of the cohort. Anxiety and related disorders were the next most common, affecting 25.8%, followed by conditions such as bipolar and mood disorders, schizophrenia, and eating disorders. It is also noted that some CYP had multiple diagnoses, indicating the complexity of their needs.



## 6.12. Conclusion

- **Does the needs data indicate that approaches to deliver prevention/early intervention services in Bromley for children and young people with mental health and wellbeing challenges are making a difference “upstream”?**

While services like Bromley Y and MHSTs are actively engaged in prevention and early intervention, the high referral rates to specialist services like CAMHS and the increasing need for specialist help (Neuro and ADOS) suggest that more needs to be done to strengthen early intervention and reduce escalation to higher levels of care.

The data on CLA and care leavers highlights the need for targeted support for these vulnerable groups, as they often present with complex mental health needs including anxiety, mood disorders and trauma.

The provision of evidence-based interventions, [whole school approaches](#), consultations, increased staffing levels and diverse support services indicate a proactive stance towards addressing mental health and wellbeing needs.

The emphasis on the importance of timely and effective support for mental health services at any life stage suggests that interventions provided during childhood can have lasting effects into adulthood. By addressing issues early, the likelihood of better mental health outcomes in adulthood is increased.

- **What does the data suggest could be done to strengthen these?**

The data highlights fluctuations in registrations, referrals and presenting issues, emphasising the need for ongoing evaluation and adaptation to ensure continued effectiveness and inclusivity in service delivery.

Whilst the data on the longitudinal impact of prevention and early intervention services from childhood into adulthood may not be explicitly provided, the presence of these services, coupled with the focus on timely support and future planning, suggests that the approaches in Bromley are making a positive difference upstream in addressing mental health challenges across different life stages.

Recommendations for strengthening early intervention:

- Increase staffing levels for MHSTs to meet the NHS recommended model, enabling them to provide more comprehensive support within schools.
  - Enhance collaboration between schools, GPs, and mental health services to ensure early identification and timely referrals for CYP with mental health needs.
  - Expand the reach of early intervention services like Bromley Y to ensure equitable access across all communities and demographics in Bromley.
- **What are the health and care needs, inequalities and any service gaps for Bromley children and young people with mental health challenges aged 18 who transition to adult services?**

In addressing the health and care needs of Bromley children and young people with mental health challenges transitioning to adult services at age 18, specialised transition support tailored to their unique circumstances is essential.

The data on CLA/Care Leavers Mental Health Team referrals and the types of presenting issues highlights the need for improved transition support for young people aged 18 and over who move into adult mental health services.

There is a need for clearer pathways and better coordination between child and adult mental health services to ensure a smooth transition and continued support for young people with ongoing mental health challenges.

Comprehensive care encompassing physical, emotional, and social aspects, along with customised interventions targeting specific mental health challenges, is vital for effective support.

- **Are public resources committed to children and young people's mental health and wellbeing reaching (i) those groups/communities most in need and (ii) those areas in Bromley with the highest needs?**

Public resources for children and young people's mental health and wellbeing in Bromley are directed towards groups and communities most in need, such as diverse ethnic groups, acceptance rates, referrals requiring specialist assistance, and specific age groups like adolescents.

Efforts are made to target areas in Bromley with the highest needs, focusing on wards experiencing socioeconomic challenges and deprivation. This targeted approach ensures that public resources are committed to reaching both vulnerable groups and areas with heightened requirements for mental health support in Bromley.

Whilst there is no specific data on resource allocation, the varying engagement with services like Kooth across different areas of Bromley suggests that resources may not be reaching those communities most in need. Further investigation is needed to determine whether resources are being effectively targeted towards the groups and areas with the highest needs, and to address any disparities in service access or utilisation.

- **What services in Bromley support transition, and are they appropriate and in the right areas?**

There are multiple services in Bromley that support transitions for children and young people's mental health and wellbeing. These services include:

- Mental Health Support Teams in schools
- the Bromley Mental Health and Wellbeing Hub
- mental health practitioner roles in GP Practices
- employment support services
- Children and Young People's Eating Disorder Services
- Child and Adolescent Mental Health Services (CAMHS)
- Bromley Y
- Kooth online mental health support and
- the Integrated Single Point of Access.

These services are strategically located and designed to cater to the diverse mental health needs of the Bromley population, ensuring accessibility and effectiveness in addressing mental health challenges during different life stages and circumstances.

Whilst the data does not specifically identify transition services, the information on referrals to adult services from the CLA/Care Leavers Mental Health Team suggests that some transition support is available.

Further evaluation is needed to determine the appropriateness and effectiveness of these transitions and to ensure they are accessible to all young people who need them.

**Additional considerations:**

The data highlights the need for improved data collection, particularly regarding ethnicity to better understand the needs of diverse communities and to address potential inequalities in service access and outcomes.

The impact of the COVID-19 pandemic on CYP mental health is evident in the referral patterns to CAMHS and other services, underscoring the need for ongoing monitoring and support as the long-term effects of the pandemic continue to unfold.

By addressing these key areas, Bromley can work towards a more robust and equitable mental health system that effectively supports the wellbeing of all of its children and young people.

# 7. Adult Mental Health and Wellbeing

## 7.1. Prevalence of common mental health disorder in Adults

### Key Findings

Approximately 10.8% of registered patients in Bromley have been diagnosed with depression<sup>29</sup>. This makes Bromley the sixth highest London borough for recorded depression rates. Mixed anxiety and depression are among the most common mental health disorders in the UK, affecting around 7.8% of the population<sup>30</sup>. While specific Bromley data isn't always isolated, these national trends are often reflected locally.

The Bromley Joint Strategic Needs Assessment (JSNA) highlights that severe mental illnesses, such as schizophrenia and bipolar disorder, also have a notable presence in the area<sup>31</sup>. Bromley has a suicide rate of 9.8 per 100,000 for men and 2.9 per 100,000 for women ranking Bromley 28th out of 33 London boroughs<sup>49</sup>. There is also a concern with dual diagnosis, where individuals suffer from both mental health disorders and substance misuse issue<sup>49</sup>.

In Bromley, the prevalence of common mental health disorders among adults is a significant public health concern.

The prevalence of adults aged 18-64 having a mental health problem is projected to remain fairly constant at a rate of 19% but numbers will increase due to the population increases.

Table 3 People aged 18-64 predicted to have a mental health problem, Bromley

Bromley statistics	2024	2025	2030	2040
All adult population (18-64)	202,700	203,300	205,300	208,600
Adults predicted to have a common mental disorder*	38,571	38,684	39,037	39,621
Adults predicted to have a common mental disorder (%)	19.03%	19.03%	19.01%	18.99%
Adult Moderate/Severe Learning Disabilities estimate*	1,131	1,135	1,151	1,172

\*Source: Projecting Adult Needs and Service Information (PANSI): [www.pansi.org.uk](http://www.pansi.org.uk)

The Adult Psychiatry Morbidity Survey (APMS) is conducted amongst adults living in private households. The survey found that 23.1% of women and 14.7% of men surveyed met the diagnostic criteria for at least one CMD<sup>32</sup>.

## 7.2. Suicide and Intentional Self-Harm

Suicides continue to be more prevalent in males, up to three times the rate in females, whilst rates of admission for intentional self-harm continue to be more prevalent in women and young people. There is need for work to identify further risk factors in people who intentionally self-harm in Bromley and tailor services for the affected local population.

### Key Findings

In Bromley, the most common methods of suicide are consistent with those of the UK with hanging, strangulation or suffocation being the most common methods, followed by poisoning. The proportion of suicides by drowning has recently reduced and the overall proportion using this method remains low.

The proportion of hospital admissions for intentional self-harm is highest in girls aged 0 to 18 years. However, it is worth noting that although there are fewer admissions of intentional self-harm in older residents, 65 years and over, research shows that older people who self-harm are three times more likely to commit suicide than the younger people who self-harm. Therefore, older adults and adolescent girls who intentionally self-harm should be a target group for services and support.

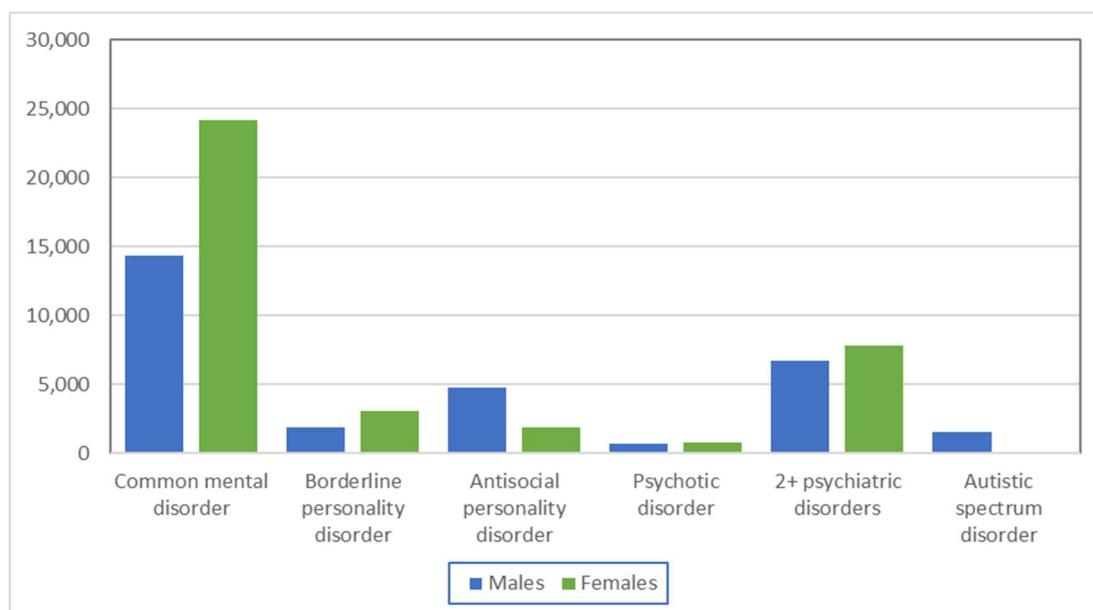
There is a strong relationship between deprivation and hospital admissions for intentional self-harm in Bromley but there is weak evidence for a relationship between suicide rates and deprivation. However, the difference seen in self-harm rates in the most and least deprived wards shows a high statistical significance. Further analysis at ward level shows that hospital admission rates are higher in the Penge and Cator and Cray Valley East wards, when compared to the rest of the borough. *(At the time of publication, this data had not been updated to reflect the 2022 ward changes)*

### 7.3. Counts of selected mental health conditions in Adults (including Autism Spectrum Condition)

The following figure shows the number of people recorded with specific mental health conditions, broken down by gender. Females significantly outnumber males in most of the categories which is particularly noticeable for common mental health disorders and borderline personality disorder.

Males have a higher prevalence of antisocial personality disorder which aligns to broader national trends. Autistic spectrum disorders are far more prevalent in males which is consistent with known diagnostic patterns.

**Figure 16 People aged 18-64 predicted to have a mental health problem, Bromley, 2024**



\*Source: Projecting Adult Needs and Service Information (PANSI): [www.pansi.org.uk](http://www.pansi.org.uk)

#### 7.4. Focus on specific groups e.g. high risk groups, vulnerable groups

In Bromley, several high-risk and vulnerable groups face significant mental health challenges. These groups often require targeted support and interventions to address their specific mental health needs. Bromley offers various services and support groups to help these vulnerable populations, such as the Bromley Community Mental Health Teams and local charities like Bromley Y and Bromley Mind.

##### **Key Findings**

Older adults, particularly those over 65, have a higher prevalence of dementia and depression, often linked to isolation and physical health issues. Low-income groups experience increased rates of anxiety and depression due to financial stress and limited access to resources. Ethnic minorities in Bromley also have higher rates of severe mental illness, potentially due to socio-economic factors and barriers to accessing mental health services.

The LGBTQ+ community in Bromley faces higher prevalence rates of anxiety, depression, and suicidal ideation, largely due to stigma, discrimination, and lack of support. Although there is little local data to support this, studies show that between 20% and 60% of LGBTQ+ people deal with these issues at some point in their lives<sup>33</sup>.

The homeless population in Bromley has a higher prevalence of severe mental illness and substance abuse disorders, exacerbated by unstable living conditions and lack of access to healthcare. Refugees and asylum seekers in the area also face elevated rates of PTSD and depression, often due to trauma experienced in their home countries and during migration.

#### 7.5. Adult Mental Wellbeing

##### **Key Findings**

**Self reported wellbeing:** In 2022/23, Bromley had a lower percentage of residents with low life satisfaction (4.0%) compared to some neighbours like Barnet (12.2%) and Redbridge (4.7%), but was outperformed by others like Kingston upon Thames (2.2%). After a peak in low happiness scores (10.6%) in 2016/17, Bromley saw a gradual recovery, with percentages dropping to 4.7% in 2020/21 before rising again to 8.0% in 2022/23. Bromley experienced fluctuations in high anxiety scores, peaking at 23.9% in 2012/13 and reaching a low of 15.9% in 2020/21, with a subsequent rise to 21.8% in 2022/23.

Despite fluctuations, Bromley consistently reported lower dissatisfaction levels in life satisfaction, worthwhileness, happiness, and anxiety compared to national averages.

##### **Self reported well being**

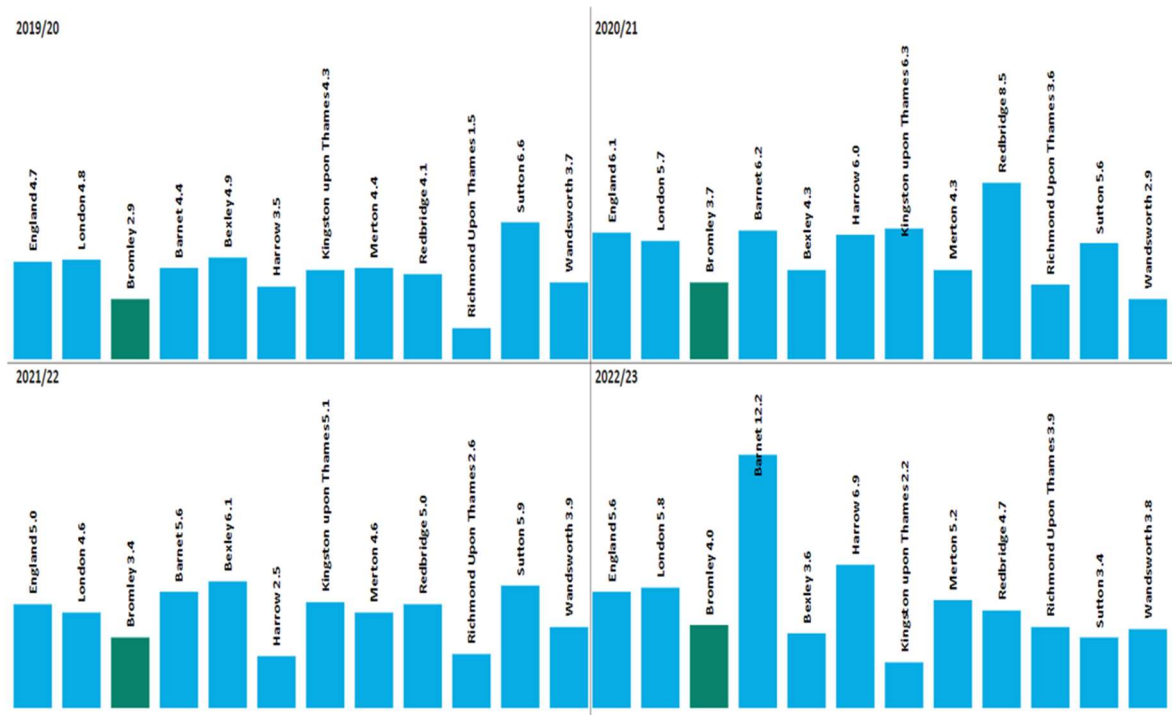
The ONS measures individual or subjective wellbeing using four key questions included in the Integrated Household Survey. These questions assess life satisfaction, happiness, anxiety, and the perceived worthwhileness of daily activities. Responses are rated on a scale from 0 to 10, with 0 indicating "not at all satisfied, happy, anxious, or worthwhile" and 10 indicating "completely satisfied, happy, anxious, or worthwhile."<sup>34</sup>

This indicator focuses on individuals aged 16 and over living in residential households across the UK, who are classified as having the lowest levels of life satisfaction. The data is collected through the Annual Population Survey, using both face-to-face and telephone interviews, and is weighted to provide representative estimates.

*People with Low Satisfaction Score in Bromley*

Over the past decade, Bromley has generally maintained low dissatisfaction levels, with life satisfaction consistently higher than national and regional averages. A sharp spike in dissatisfaction occurred in 2017/18, peaking at 8.1%, but Bromley quickly recovered, reaching a low of 2.9% in 2019/20 and remaining below 4.0% in subsequent years. Despite slight increases during the COVID-19 pandemic, Bromley's wellbeing remained resilient compared to England and London. In comparison with statistical neighbours, Bromley's wellbeing levels are comparable to Bexley but generally lower than boroughs like Kingston upon Thames and Richmond upon Thames, while outperforming areas such as Barnet and Redbridge.

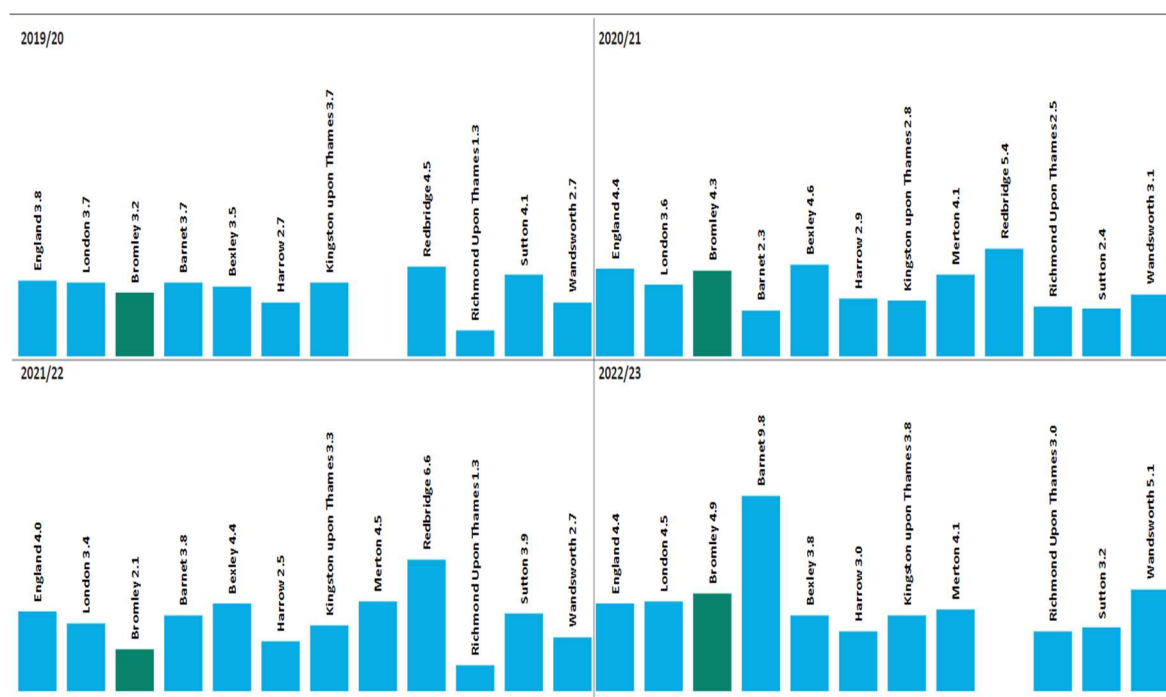
**Figure 17 Proportion of people with a low satisfaction score across England, London, Bromley and Statistical neighbours between 2019/20 to 2022/23**



*People with a Low worthwhile Score in Bromley*

During the earlier years (2011/12 - 2016/17), Bromley experienced relatively stable and low percentages of residents reporting low worthwhile scores, with fluctuations ranging from 1.8% in 2014/15 to 4.4% in 2016/17. However, a significant spike occurred in 2017/18, where the score rose to 7.9%, the highest in the observed period. In the subsequent years (2018/19 - 2022/23), Bromley saw improvement, with scores dropping to 3.2% in 2019/20, although there was a slight increase to 4.9% in 2022/23. Compared to regional and national averages, Bromley generally outperformed England and London earlier on but saw a decline in 2017/18 when its scores surpassed both. Despite a brief period of recovery in 2021/22, Bromley's scores in 2022/23 remained slightly above the national and regional averages. Compared to statistical neighbours, Bromley fared worse than areas like Richmond Upon Thames, Harrow, and Kingston upon Thames, while outperforming Barnet, Redbridge, and Wandsworth.

**Figure 18 Proportion of people with a low worthwhile score across England, London, Bromley and Statistical neighbours between 2019/20 to 2022/23**

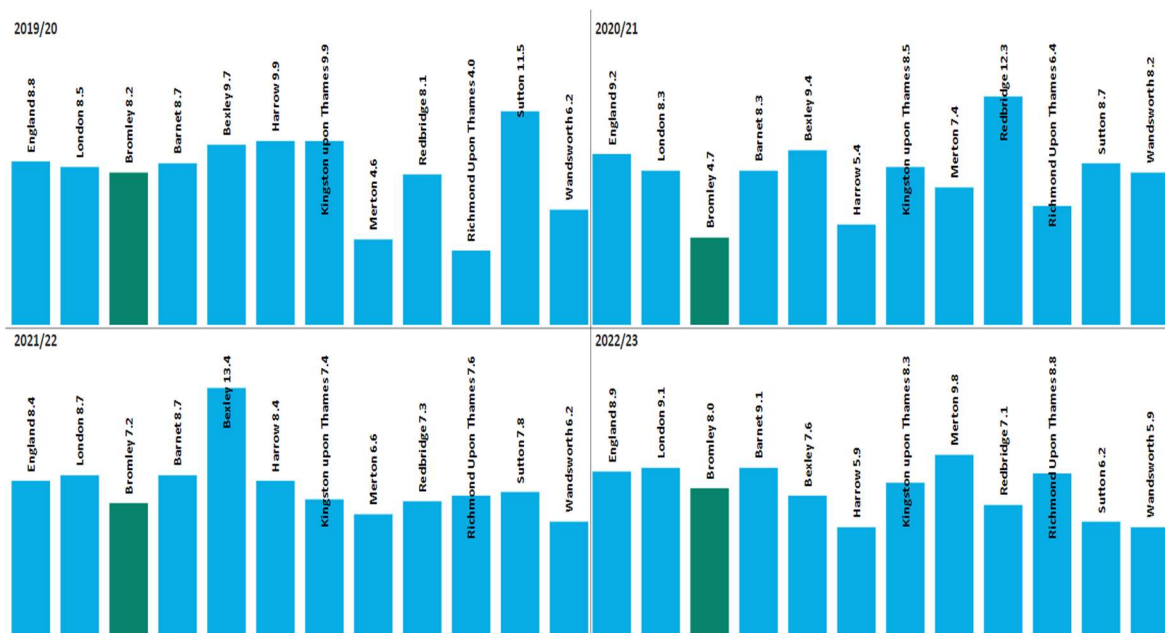


### *People with a Low Happiness Score in Bromley*

During the earlier years (2011/12 - 2016/17), Bromley experienced fluctuations in low happiness scores, starting with a high of 9.1% in 2011/12 and gradually declining to 6.7% in 2015/16 before a spike to 10.6% in 2016/17. In recent years (2017/18 - 2022/23), Bromley showed improvement, with a low of 4.7% in 2020/21, although this increased again to 8.0% in 2022/23. Compared to national and regional averages, Bromley generally performed better, with lower dissatisfaction scores, except for the 2016/17 spike. In comparison with statistical neighbours, Bromley's performance was mixed, with boroughs like Harrow and Kingston upon Thames consistently reporting lower dissatisfaction, while Barnet and Merton reported higher rates of low happiness.



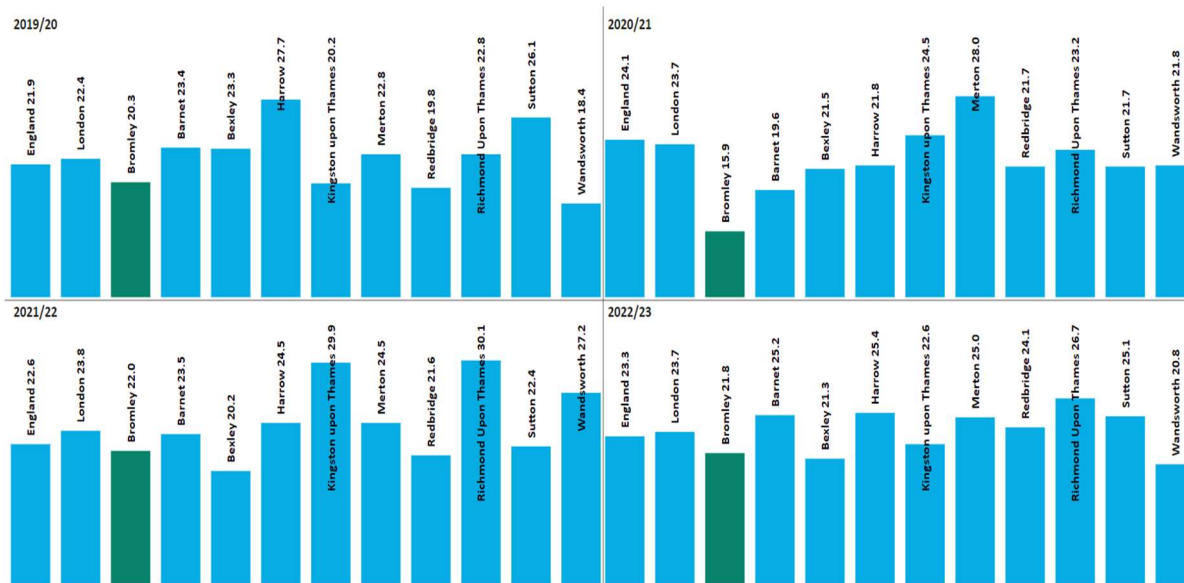
**Figure 19 Proportion of people with a low happiness score across England, London, Bromley and Statistical neighbours between 2019/20 to 2022/23**



### *People with a High Anxiety Score in Bromley*

During the earlier years (2011/12 - 2016/17), Bromley experienced fluctuating levels of high anxiety, peaking in 2011/12 and 2012/13 at around 23.4% to 23.9%, then decreasing to a low of 16.5% in 2014/15. However, by 2016/17, anxiety levels had risen again to 23.0%. In more recent years (2017/18 - 2022/23), Bromley saw some stabilisation, with anxiety levels around 20.9% to 20.6% in 2017/18 and 2018/19, followed by a notable improvement in 2020/21 when anxiety dropped to 15.9%. Anxiety levels increased again in 2021/22 and 2022/23 to around 22.0% and 21.8%. Compared to national and regional averages, Bromley generally had higher anxiety levels earlier on but improved in 2020/21. In recent years, Bromley's anxiety levels have remained below both England and London. Compared to statistical neighbours, Bromley's anxiety levels were slightly worse than those of Harrow, Barnet, and Kingston upon Thames, but better than areas such as Wandsworth, Merton, and Sutton.

**Figure 20 Proportion of people with a high anxiety score across England, London, Bromley and Statistical neighbours between 2019/20 to 2022/23**



## 7.6. Local service provision for Adult mental health and wellbeing

Bromley Council and NHS South-East London Integrated Care Board (Bromley) commission a range of services to support the mental health and wellbeing of adults in the borough. The core services are described below.

### *Oxleas NHS Foundation Trust*

#### **Key Findings**

Between 2019 and 2022, there were a total of 22,254 adult referrals to the community mental health team, with a 20.2% increase in referrals over the period. Most Bromley GP practices (83%) saw an increase in the number of referrals to Oxleas in 2022 compared to 2019.

Higher rates of referrals came from more deprived areas, with St Pauls Cray (8.2%), St Marys Cray (7.4%), and Penge and Cator (7.2%) leading in referral numbers. The least deprived areas, such as Darwin (1.4%) and Biggin Hill (2.8%), had the lowest referral rates.

The 20-24, 25-29, and 30-34 age groups had the highest number of referrals, reflecting higher mental health service needs among young professionals. Females consistently represented a larger portion of the total referrals, with 60.5% female compared to 39.5% male over the four years. The "Not Stated" category for ethnicity increased from 7% in 2019 to 26.4% in 2022, indicating growing gaps in data collection

### **Adult referral activity**

The number of referrals has been increasing since 2019, where 2022 saw an overall increase of 13.3% compared to the previous year. For the whole period, the number of referrals has increased by 20.2% in total.

**Table 4 Adult referrals by year to Oxleas**

Year	Number of Referrals	YoY % Increase
2019	5,032	–
2020	5,044	0.2%
2021	5,563	10.3%
2022	6,304	13.3%

\*Data not available for 2023

### Referrals by residence and GP practice

Most Bromley GP practices (83%) saw an increase in the number of referrals in 2022 made to Oxleas compared to 2019.

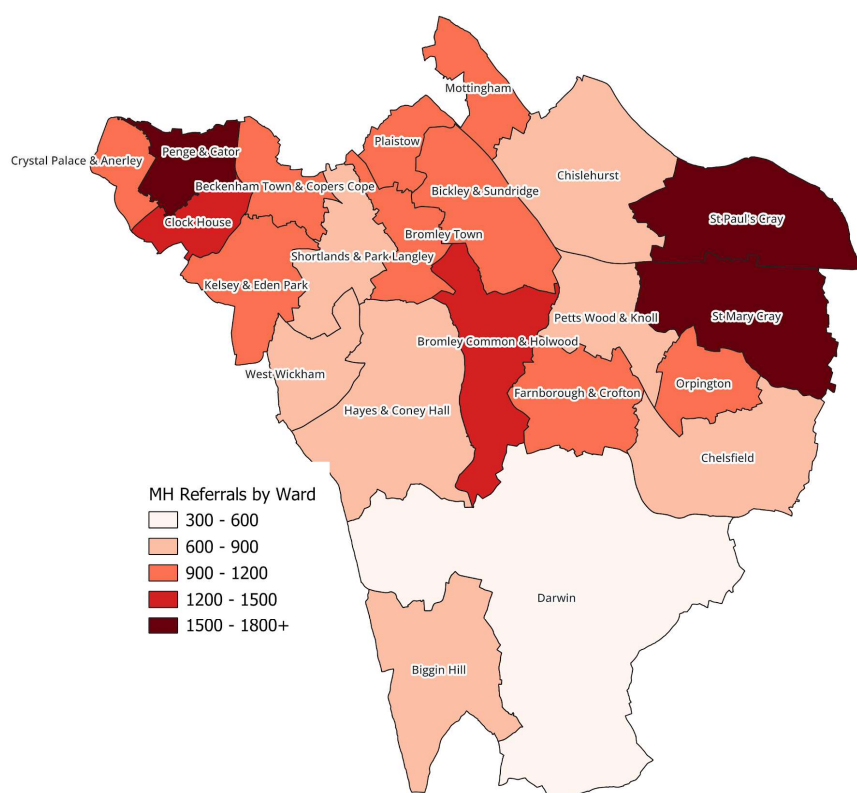
When comparing referrals made by GP practice, the most referrals were made by Elm House Surgery (5.3%), Broomwood Health Centre (5.2%) and Cator Medical Centre (4.2%). This is also reflected when analysing by PCN - Beckenham PCN made the highest number of referrals (3,588 or 17.0%) in the three year period compared to Mottingham, Downham & Chislehurst PCN who made the lowest number of referrals (8.3%) in the same period.

**Table 5 Adult referrals by PCN, 2019-2022**

PCN	Number of Referrals	%
Beckenham PCN	3,588	17.0%
The Crays Collaborative PCN	3,249	15.4%
Orpington PCN	3,098	14.7%
Five Elms PCN	2,587	12.3%
Penge PCN	2,549	12.1%
Bromley Connect PCN	2,358	11.2%
Hayes Wick PCN	1,918	9.1%
Mottingham, Downham & Chislehurst PCN	1,760	8.3%

The data shows that there are higher rates of referrals to Oxleas from residents in the more deprived areas of the borough. The wards with the higher number of referrals are St Pauls Cray (8.2%), St Marys Cray (7.4%), and Penge and Cator (7.2%). In comparison, the areas of lower deprivation and lower levels of population, Darwin and Biggin Hill, have the lower rates of referrals (1.4% and 2.8% respectively).

**Figure 21 Adult Referrals to the Community Mental Health Team by ward, 2019-2022**



### Referrals by team

Most referrals are made to the Bromley Mental Health hub, equating on average to 35% of all referrals of which the number of referrals to the hub has continued to increase year on year.

17.2% of referrals are made to the ADAPT team, where in 2021 there was an increase, potentially due to the COVID-19 pandemic. This then dropped in 2022.

Although numbers are not high, the number of referrals to the Bromley Crisis Therapeutic Group has continued to decline each year, 2022 experiencing almost half of what they were in 2019.

**Table 6 Adult referrals by team by year**

	ADAPT	ICMP	CMHRES	Adult ADHD	MH Hub	COMHAD	Bromley Crisis Therapeutic Group
2019	858	287	43	96	1,402	97	119
2020	913	269	42	130	1,716	127	99
2021	1,036	228	35	158	1,997	98	76
2022	974	218	33	317	2,660	101	64

### Referrals by age group

All age groups show a year on year increase in referrals between 2019 and 2022.

In the years under consideration, the age groups, 20-24 (12.8%), 25-29 (12.6%) and 30-34 (11.2%) show the highest number of referrals, reflecting higher mental health service needs amongst young professionals.

The proportion of referrals of those aged 85 year and over had a similar distribution to those aged 55-59 years (6.3% and 6.0% respectively). This may be a reflection of the elderly composition of the borough thus reflecting a higher service need amongst this age group.

### Referrals by gender

Females consistently represent a larger portion of the total referrals for the four years under consideration. (60.5% female compared to 39.5% male). The number of female referrals in 2021 increased by 11% compared to the previous year. Male referrals also saw an increase of 7%, however the biggest increase was in 2022 for males (only 10% increase for women).

### Referrals by ethnicity

- **White:** The percentage of referrals accounted for 49% of all referrals between 2019 and 2022. The number of referrals from the white category has decreased year on year, witnessing a high of 55.6% of all referrals in 2019 down to 42.6% in 2022.
- **Asian or Asian British:** Only 2% of all referrals were classified from users of Asian background, which has remained at a consistent level each year.
- **Black or Black British:** On average, 5% of referrals were Black or Black British, showing a small year on year fluctuation but remained consistent levels around the 5% average.
- **Mixed Ethnic Background:** This was the lowest category of referrals and reflected an average of 2.5% across the four year period.
- **Other:** On average this category represents 4.3% of referrals and was not subject to any fluctuations across the individual years.
- **Not Stated:** On average, 19% of all referrals were classified as not stated. The number of referrals not stated was at an all time low of 7% in 2019, but has been increasing year on year, where it was at its highest in 2022 at 26.4%. This suggests that gaps in data collection are increasing and should be explored as any inference with regards to referrals by ethnicity should be carefully considered.

### Referrals by employment status

There is a large gap in the collection of employment status as 91.4% of all referrals across the four years were left as 'NULL'. Only 2.3% were on long-term sick or disabled receiving benefits and 2% had a record of being employed. 1.8% were recorded as unemployed whilst the rest of the data categories were negligible.

### Referrals by diagnosis

There is a large gap in the collection of primary diagnosis as nearly 15,000 records (67.2%) of the data had no primary diagnosis stated (recorded as 'NULL'). This was the same for the recording of secondary diagnosis, which accounted for 76.8% of all referrals.

## 7.7. Ambient and Hestia - housing and support services for people with mental health challenges

### ***Key Findings***

Ambient and Hestia are two organisations providing crucial mental health and social support services in Bromley.

**Ambient Service Capacity:** Service capacity at Ambient remained stable at 61 spaces in 2021 and 2022, with an increase to 73 spaces in Q4 2022 due to the addition of Stafford House.

**Demographics:** The 45-64 age group consistently made up the majority of service users, though it decreased slightly from 52% in 2021 to 47% in 2022. Female service users decreased from 32% in 2021 to 24% in 2022, with males forming the majority across both years.

**Length of stay:** The length of stay increased for many residents, particularly those staying over five years, rising from 14 individuals in Q4 2021 to 18 in Q4 2022.

**Health Conditions and Service Utilisation:** High blood pressure and high cholesterol were the most common conditions among residents, and smoking remained prevalent, with 35% of users smoking in 2022. Illicit drug use and vaping also increased. Despite the high smoking rates, smoking cessation services were absent or not utilised. GP services were heavily utilised (24% in 2022), and dental care was commonly accessed, but the lack of targeted health interventions remains a gap.

**Previous Residences:** The most common previous residence for service users was hospitals, increasing from an average of 37% in 2021 to 50% in 2022, suggesting a significant need for ongoing mental health support post-hospitalisation.

**Training:** Engagement in skills-based training, including adult education and college courses, was high, with some courses achieving 100% participation.

**Hestia Overview:** Hestia's client data, though sparse, shows an average age of 51 years, with residents ranging from 23 to 83 years. Nearly 20% of Hestia's clients reside in the Crays, with 17% in Crystal Palace and 12% from Bromley Town, indicating localised concentrations of service utilisation. *(At the time of publication, this data had not been updated to reflect the 2022 ward changes)*

## 7.8. Bromley Healthcare - IAPT/Talking Therapies

### **Key Findings**

66.5% of those referred to Talking Therapies for Anxiety and Depression programme (TTAD) in 2022/23 were women, and the number of women referred outnumbered men in every local area of England.<sup>35</sup> The number of referrals received over the last 5 years have dropped by 14%, from 8,431 in 2019/20 to 7,426 in 2023/24.

Females consistently form the largest group of service users (69%). Over half of service users (51%) presented with anxiety and stress related disorders. 43% were recorded as 'other recorded problems'

Between 2019 and 2024, 82.9% of referrals were for step 2 interventions compared to 16.7%

Self referrals are the main source of referral to the Talking Therapies Service, averaging 81.6% across the five years of data. 11,205 referrals completed a course of treatment during 2019/20 to 2023/24.

The Bromley IAPT service 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.

These interventions are designed to provide appropriate support based on the severity and complexity of the individual's mental health needs.

### **Step 2 interventions**

These are low-intensity treatments aimed at individuals with mild to moderate mental health issues. They include:

- Guided Self-Help: Using materials like booklets or online programs to help manage symptoms.
- Psychoeducational Groups: Workshops that provide information and strategies to manage conditions like anxiety and depression.
- Behavioural Activation: Encouraging engagement in meaningful activities to combat depression.
- Computerised Cognitive Behavioral Therapy (cCBT): Online CBT programs that guide users through exercises and techniques to manage their mental health.

### **Step 3 interventions**

These are high-intensity treatments for individuals with moderate to severe mental health issues or those who haven't responded to Step 2 interventions. They include:

- Cognitive Behavioral Therapy (CBT): A structured therapy that helps individuals identify and change negative thought patterns and behaviours.
- Interpersonal Therapy (IPT): Focuses on improving interpersonal relationships and communication.
- Eye Movement Desensitization and Reprocessing (EMDR): Used primarily for trauma and PTSD, helping individuals process and integrate traumatic memories.

- Dynamic Interpersonal Therapy (DIT): A short-term therapy focusing on relationship patterns and emotional difficulties.

### Total caseload

Bromley Talking Therapies had a total of 37,447 referrals during the period of 2019/20 and 2023/24, averaging 7,500 per year. 9,485 referrals closed due declined treatment and 8,306 referrals were closed due to not being suitable for the service.

**Table 7 NHS Talking Therapies, May 2024 - NHS London ICBs**

SubICB	Referrals received	Accessing services	Finished course treatment	Recovery	Improvement	Reliable Recovery
NW London ICB	6,680	4,580	2,510	1,125	1,620	1,055
SE London ICB	5,150	3,355	2,105	985	1,400	915
NE London ICB	5,115	3,365	1,960	890	1,270	825
SW London ICB	4,745	3,435	1,870	915	1,220	850
NC London ICB	4,010	2,775	1,230	550	795	510

Referral data from 2019/20 to 2023/24 shows the service is primarily used by females (69.5%) aged 25-34 (28%). The majority of referrals are from the White ethnic group (68.6%), with lower representation from other ethnicities. Referrals dipped in 2020/21 due to the pandemic but have since stabilised. Further analysis can be found in the supplementary documentation.



## 7.9. BLG Mind - Recovery Works, Mindful Mums and Individual Placement Support (IPS)

### *Key findings*

**Recovery works:** The 46-55 age group consistently represented the largest portion of service users, averaging 24%, with recent peaks reaching 29% in Q1 23/24. Acceptance rates have improved significantly, rising from 73% in earlier periods to 95% in Q3 23/24. However, high rates of unplanned discharges were observed, particularly in Q2 22/23 (51%) and Q3 23/24 (40%), reflecting periods of greater client disengagement.

**Mindful mums:** Mindful Mums set a target of reaching 132 individuals per year, and they came close in 2022/23 with 117 participants. In 2023/24, they reached 128 individuals by the Summer and Autumn terms, suggesting they may exceed their target. However, there has been an increase in clients with unknown ages (rising from 8% to 13%) and a notable rise in those preferring not to disclose their ethnicity (from 9% to 27%). The highest engagement was seen among individuals from more affluent areas (deciles 7-9), with minimal involvement from the most deprived areas. The Mixed/Multiple ethnic groups saw increased engagement, rising to 8% in 2023/24.

**Mindful mums befriending:** In 2023/24, the Mixed/Multiple ethnic groups category rose to 8%, having had no representation in 2022/23, while the Black/African/Caribbean/Black British group saw a slight increase from 8% to 10%. However, the percentage of Asian/Asian British clients dropped significantly, from 10% to 3%.

**IPS Employment Support:** The 26-45 age group consistently made up the largest portion of the caseload between 2022/23 and 2023/24. While females were the majority in 2022/23, the gender distribution became more balanced in 2023/24, particularly with a rise in male users in Q3. There is increasing diversity among service users, with growing participation from the Asian/Asian British and Mixed/Multiple ethnic groups. The average number of individuals supported per quarter increased from 10.25 to 12, reflecting improved performance in employment support, with strong job stability among those who found employment through the service.

## 7.10. Joint Funded Placements for people with mental health challenges including s117 aftercare services

### *Key findings*

The largest group of joint funded services for residential care is aged 85 years and over, making up 40% of the total. 25% of those receiving direct payments are aged 20-29 years with a fairly even spread across the other age groups.

16.2% of those receiving supported living were aged 55-59 years, followed by 35-39 year olds (13.1%) and 30-34 year olds (10.6%). 49.8% of those who received domiciliary care were aged 85 and over. 28.7% of those who received extra care housing were aged 85 and over.

**Type of placement:** 64.4% of residential services requested were for residential care compared to 35.% for nursing care. For the direct payment services, 56.2% were using a 'personal assistant'.

**Cost of placement:** The unit cost for residential services averaged £1,108.90, ranging from £16.26 to £6972.09. The unit cost for direct payments averaged £180, ranging from £1.15 to £23,060.35. The unit cost for supported living averaged £1015.90. Domiciliary care ranged from £0 to £45,564. Extra Care Housing unit costs averaged £21.53 to a maxim of £536.26

### 7.11. Locked rehabilitation

Locked rehabilitation services in Bromley are primarily provided by facilities like Bromley Road Hospital, managed by Elysium Healthcare and Barefoot Lodge managed by Oxleas NHS Foundation Trust. These facilities offer secure rehabilitation for individuals with severe mental health conditions, providing tailored care for men and women over 18 years of age. Services include comprehensive support from a multidisciplinary team to ensure patient safety and promote recovery. Additionally, Bromley Healthcare offers both bed-based and home pathway rehabilitation options, catering to the varied needs of patients requiring intensive rehabilitation support.

#### ***Key findings***

Between 2016 and 2019, 19 individuals were admitted into locked rehabilitation, with 58% being female and 42% male, predominantly from the 30-34 age group. Schizophrenia and related disorders were the most common diagnosis between 2016 and 2019, accounting for 44.4% of diagnoses, followed by personality disorders at 18.5%.

From 2020 to March 2024, 31 adults were admitted into locked rehabilitation, with a shift towards more males (65%) and 35% females.

#### **Caseload, demographics and diagnosis**

Between 2016 and 2019, 19 individuals were admitted into locked rehabilitation. 58% were female and 42% male. Out of the 19, 17 were of white ethnicity. The majority of these individuals were concentrated in the 30-34 age group, with six adults (31.6%).

Within 2016 and 2019 Schizophrenia and related disorders dominated the diagnosis, accounting for 12 diagnoses (44.4%). Personality disorders followed with five diagnoses (18.5%).

However between 2020 till March 2024, 31 adults have been admitted into locked rehabilitation. Within this period, there were more males (65%) and 35% were female. Among the 31 adults, 24 were of white ethnicity, six were black and one of mixed ethnicity. The 20-24, 30-34, 40-44, and 50-54 age groups each have four referrals, each accounting for 12.9% of the total.

Schizophrenia and related disorders dominated, accounting for sixteen diagnoses (45.7%). Personality disorders followed with eight diagnoses (22.9%). Bipolar and mood disorders were also notable, with six diagnoses (17.1%). Non-psychiatric disorders had two diagnoses (5.7%). Developmental and behavioural disorders, eating disorders, and other mental disorders each had one diagnosis (2.9%).

In terms of Borough of placement between 2016 to 2024, Greenwich has had the highest number of placements, with thirty-three individuals (66%). Lambeth followed with five placements (10%).

### 7.12. Bromley Dementia Support hub

The Bromley dementia support hub provide services free of charge to support people diagnosed with dementia in the London Borough of Bromley, and their family and friends, helping to find and access suitable local services

### Key findings

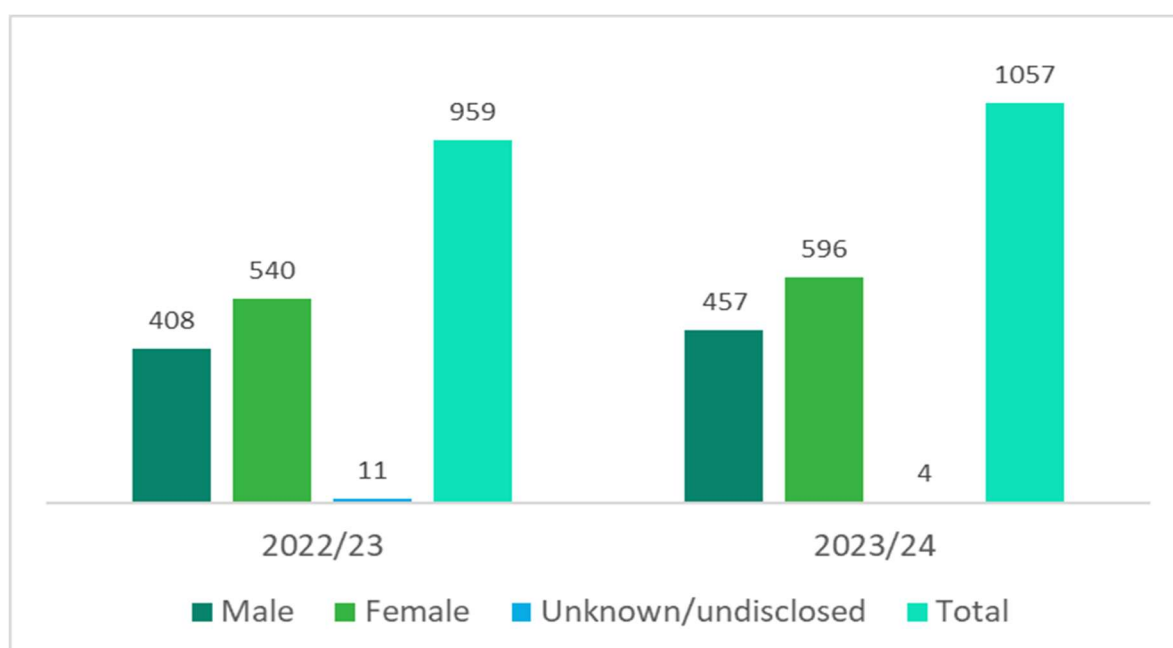
Referrals to the Bromley Dementia Support Hub increased from 959 in 2022/23 to 1057 in 2023/24, with a higher proportion of females referred in both periods. The 75 to 84 age group had the highest number of referrals in both periods, with a 23% increase in 2023/24 compared to 2022/23. The 65 to 74 age group saw a 14% increase in referrals in 2023/24, while the 95 to 104 age group experienced a 33% decrease.

The Orpington area had the highest number of referrals in both periods. Areas with higher deprivation, such as Anerley and Penge, saw a notable increase in referrals from 25 in 2022/23 to 37 in 2023/24.

## Referrals

For the period between April 1, 2022, and March 31, 2023, there were a total of 959 referrals (408 males and 540 females). In the subsequent period from April 1, 2023, to March 31, 2024, there was an increase in referrals, with a total of 1057 (457 males and 596 females).

**Figure 22 Total number of referrals to Bromley Dementia support hub and by Gender (2022/23 to 2023/24)**

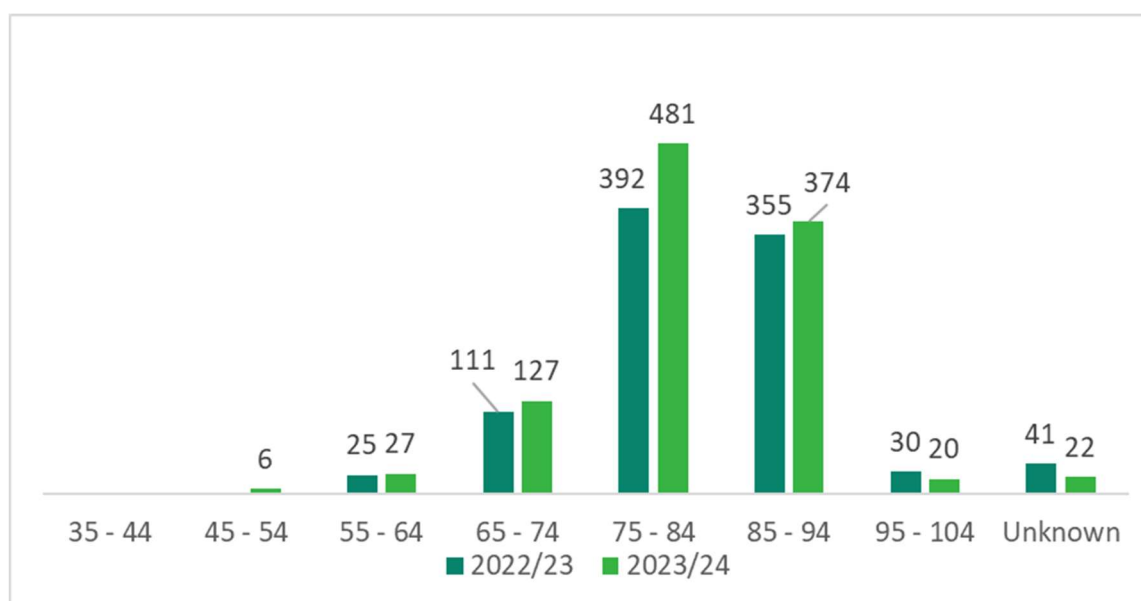


## Age

In the 2022/23 period, the majority of referrals were from individuals aged 75 to 84 (392 referrals), comprising 41% of the total, followed by the 85 to 94 age group at 37%. The 65 to 74 age group accounted for 12%.

In the 2023/24 period, there was a significant increase in referrals, particularly for the 75 to 84 age group, which rose by 23% (to 481 referrals). The 65 to 74 age group saw a 14% increase. The 85 to 94 age group also experienced a modest 5% increase. In contrast, referrals for the 95 to 104 age group decreased by 33%.

**Figure 23 Number of referrals to Bromley Dementia Support Hub by age group (2022/23 to 2023/24)**



#### **Ethnicity**

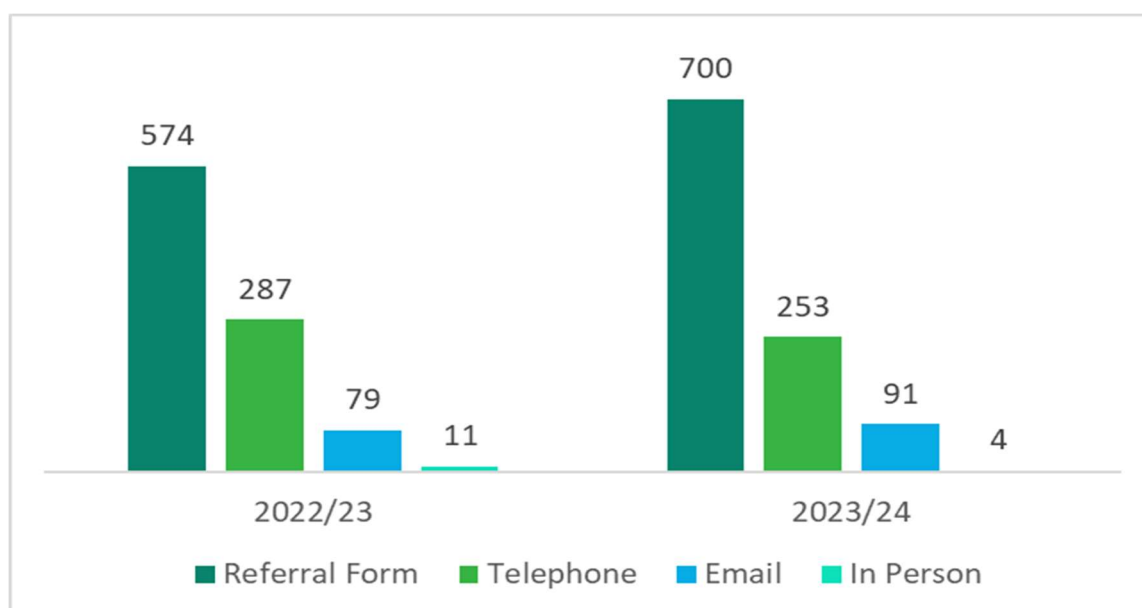
The data on referrals to the Bromley Dementia Support Hub by ethnicity for the periods 2022/23 and 2023/24 reveals some trends, though the high number of unknown or undisclosed entries significantly impacts the reliability of these estimates. In 2022/23, a substantial 591 referrals were of unknown ethnicity, representing a major gap in the data. This number increased to 695 in 2023/24. Despite this, there were slight increases in referrals across several ethnic groups: White (from 311 to 316), Mixed/Multiple ethnic groups (from 2 to 4), Asian/Asian British (from 3 to 7), and Black/African/Caribbean/Black British (from 8 to 12).

#### **Number of referrals by contact method**

In the 2022/23 period, the majority of referrals were made through referral forms, accounting for 574 (60% of all contact methods) referrals. Telephone referrals were also substantial, with 287 referrals (30%), followed by email with 79 referrals (8%).

In the 2023/24 period, referrals through forms increased by 22% to 700, while telephone referrals decreased by 12% to 253. Email referrals saw a slight increase to 91. Other methods, such as in-person referrals and letters, remained relatively low and either decreased or remained stable. New contact methods, such as home visits and office visits, appeared in the 2023/24 period but were minimal in number.

**Figure 24 Number of referrals to Bromley Dementia Support Hub by (Top 3) contact method (2022/23 to 2023/24)**

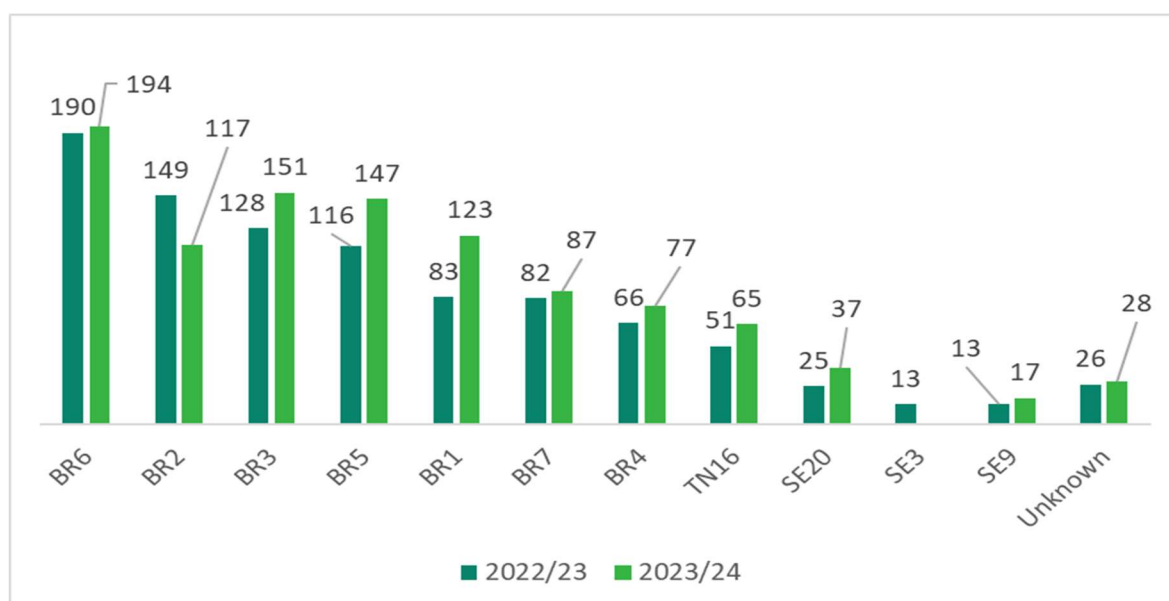


#### **Location of service users**

In both periods, the highest number of referrals came from the Orpington area, with an increase from 190 in 2022/23 to 194 in 2023/24. The Orpington area, known for its moderate levels of deprivation, saw the most referrals. Significant changes include a rise in referrals from the Beckenham area, which increased from 128 to 151, and is relatively less deprived, as well as from the Bromley town centre area, which increased from 83 to 123 and falls within a mid-range deprivation decile.

However, some areas experienced a decline, such as the Hayes and Bromley Common area, which decreased from 149 to 117, while the St Paul's Cray area saw an increase from 116 to 147. Both Hayes and Bromley Common, and St Paul's Cray have mixed deprivation scores, with parts being more deprived. New referrals emerged from less deprived areas such as those near Orpington. Areas like Anerley and Penge, which have higher deprivation scores, saw a notable increase in referrals, rising from 25 to 37.

**Figure 25 Number of referrals to Bromley Dementia support hub by location - postcode (2022/23 to 2023/24)**



### 7.13. ASC Family Support

The ASC Family Support in Bromley is jointly managed by Bromley Children's Project, Early Intervention Family Support (EIFS), which provides targeted support, and Bromley Mencap, which provides the specialist family support service. The EIFS targeted service includes communication through social media, emails and text services; disseminating information via newsletters and information packs; a five-day-a-week telephone helpline; organising targeted workshops and training sessions for parents and children; and managing the ASC family support list.

On the other hand the ASC specialist service involves specialist key working, offering guidance on benefits, wills, trusts, and schools, providing complex needs training and specialist workshops, collaborating with community paediatricians, therapists, schools, and the Parent Carer Forum (PCF), and consulting with families at regular intervals to inform commissioning decisions based on data from the EIFS service.

#### **Key findings**

In 2021-22, 36 new families were supported by the service, with a total of 108 families assisted, and 13 closures recorded in Q4. The 2022-23 period saw a decline in support, with only 33 new families and 58 total families supported, alongside a higher closure rate of 38 families.

The 2023-24 period indicates a recovery trend, with 22 new families and 41 families supported so far, and 27 closures, suggesting potential improvements in service capacity or outreach efforts.

#### **Families supported**

In 2021-22 had 36 new families and 108 families supported, with 13 closures in Q4. 2022-23 experienced a decline to 33 new families and only 58 supported, but a higher closure rate of 38. 2023-24 shows a recovery trend with 22 new families and 41 supported so far, and 27 closures, indicating potential improvements in service capacity or outreach efforts as the year progresses.

## 7.14. Alcohol and substance misuse Services for Adult and Young people

### **Key findings**

*This section highlights key findings mainly from the recent Bromley alcohol needs assessment and the Bromley substance misuse needs assessment.*

**Co-occurrence of Substance Misuse and Mental Health Issues:** A significant portion of both adult and young people seeking substance misuse treatment are also grappling with mental health conditions. In 2020/21, 31.3% of adults entering Bromley Drug and Alcohol Service (BDAS) for opiate use and 44% for non-opiate use had co-occurring mental health conditions. Among young people, 50% seeking help for substance misuse had co-existing mental health issues. In 2021/22, 69.2% of clients entering alcohol-only treatment in COMHAD reported co-occurring mental health conditions, exceeding the national average of 68.3%.

**Increase in Substance Misuse Service Utilisation Due to COVID-19:** New presentations to adult substance misuse services increased significantly in 2020/21, likely driven by the COVID-19 pandemic and improved data practices. Vulnerable populations, including those involved in the criminal justice system and parents, formed a large portion of new service users.

**Substance Use Patterns Among Young People:** Males aged 15-16 made up the majority of young people accessing substance misuse services, with cannabis being the most frequently used substance, while older youth leaned towards cocaine. Many young people accessing services reported abuse, mental health issues such as self-harm, or domestic abuse. Referrals to Bromley Changes, the youth-focused service, primarily came from the youth justice system (35%) and health services (31%).

**Alcohol-Specific Hospital Admissions and Mortality:** In 2021/22, Bromley recorded 1,434 alcohol-specific hospital admissions, with men representing 64.2% of these cases. The 55-64 age group had the highest rate of admissions, predominantly due to mental and behavioural disorders linked to alcohol use and alcoholic liver disease.

**Gaps in Mental Health Treatment Among Substance Misuse Clients:** In 2021/22, 28.3% of individuals with co-occurring mental health and alcohol issues were not engaged with mental health services, up from 21.5% in 2020/21, exceeding the national average. This suggests that access to or utilisation of specialised mental health care for this group is declining, potentially due to barriers such as stigma, lack of awareness, or service capacity issues.

A majority (60.5%) received treatment through their GP, also above the national average. While GPs play a crucial role in providing initial support, this over-reliance on primary care could again indicate gaps in access to specialist mental health services.

**Referrals and Mental Health Needs in Young People's Services:** In 2021/22, 63% of young people accessing Bromley Changes required mental health treatment, with 45% presenting with self-harm. Over the past five years, there has been an increase in young people accessing services for mental health issues, domestic abuse, and self-harm, reflecting a growing need for comprehensive mental health support among this group. This indicates that many of these young individuals are dealing with multiple, interrelated challenges.



## 7.15. Conclusion

- **Does the needs data indicate that approaches to deliver prevention/early intervention services in Bromley for adults with mental health and wellbeing challenges are making a difference “upstream”? What does the data suggest could be done to strengthen these?**

The data suggests that prevention/early intervention services in Bromley are making a difference "upstream" for adults with mental health and wellbeing challenges.

The data shows a decrease in alcohol-related hospital admissions, indicating potential success in early interventions targeting alcohol misuse. The high number of referrals to Talking Therapies, particularly self-referrals, suggests increased awareness and proactive help-seeking behaviour, which can prevent escalation to more severe mental health conditions.

Services like Mindful Mums and Recovery Works specifically address the needs of vulnerable groups like pregnant women and new mothers, potentially preventing mental health issues associated with these life stages.

The table below attempts to summarise how each service is making a difference suggests areas to strengthen:

Service	How is it making a difference?	What can be done to strengthen these?
Mindful Mums and Mindful Mums Befriending Programme	<ul style="list-style-type: none"><li>• successful transitions for clients</li><li>• increased engagement from specific demographic groups</li><li>• and consistent positive feedback from participants, highlighting their effectiveness in supporting mental wellbeing and social connections</li></ul>	<ul style="list-style-type: none"><li>• Increase outreach efforts to ensure all pregnant women and new mothers are aware of the programme's availability.</li><li>• Provide additional training for staff and volunteers to enhance their skills in mental health support and befriending.</li><li>• Conduct regular evaluations and feedback sessions to continuously improve and tailor the services to meet the evolving needs of participants.</li><li>• Introduce virtual support options to increase accessibility for those unable to attend in-person sessions.</li><li>• Offer specialised workshops or sessions focusing on specific mental health challenges commonly faced by pregnant women and new mothers.</li><li>• Establish partnerships with local businesses or employers to create opportunities for participants to engage in meaningful activities or employment support.</li><li>• Expand partnerships with referral sources like Health Visitors and Midwives to reach more pregnant women and new mothers in need of support.</li></ul>

IPS Employment Support	<ul style="list-style-type: none"> <li>• Provides tailored support to help individuals secure and maintain employment, promoting independence and financial stability.</li> <li>• Offers personalised assistance in job searching, interview preparation, and workplace integration, addressing the specific challenges faced by those with mental health conditions.</li> <li>• Fosters a supportive environment that encourages individuals to pursue their career goals and aspirations.</li> <li>• Empowering individuals to build confidence, develop skills, and enhance their overall wellbeing through meaningful employment opportunities.</li> <li>• Promoting social inclusion and reducing stigma around mental health in the workplace by demonstrating the capabilities and contributions of individuals with mental health conditions.</li> <li>• Contributing to the overall mental health and wellbeing of participants by fostering a sense of purpose, routine, and social interaction through meaningful work experiences.</li> <li>• Demonstrating increased success rates in employment support, as evidenced by a rise in the average number of people supported per quarter.</li> <li>• Promoting job stability among those who find employment through the service, with a majority able to sustain their positions for extended periods.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a mentorship program where successful participants can support and guide new individuals entering the program, fostering a sense of community and peer support.</li> <li>• Provide ongoing mental health support alongside employment assistance to address any challenges that may arise in the workplace.</li> <li>• Offer flexible working arrangements and accommodations to support individuals in maintaining employment while managing their mental health needs.</li> <li>• Collaborate with educational institutions to offer training programs or certifications that align with the job market demands and enhance participants' employability.</li> </ul>
Bromley MH Hub	<ul style="list-style-type: none"> <li>• Single point of contact with a centralised location</li> <li>• Reaching areas of social isolation</li> <li>• Offers a holistic approach to care, promoting early intervention and prevention strategies.</li> <li>• Collaborating with local professionals and organisations, empowering individuals to manage their mental health</li> <li>• Continuously adapting services to meet the evolving needs of the community.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement screening programs to identify individuals at risk of developing mental health conditions and provide timely interventions.</li> <li>• Offer mental health education and training sessions for schools, workplaces, and community groups to promote mental health literacy and reduce stigma.</li> <li>• Introduce telehealth services to increase accessibility to mental health support, especially for individuals in remote or underserved areas.</li> <li>• Utilise technology and digital platforms to deliver mental health resources, tools, and interventions to a wider audience.</li> </ul>
Oxleas	<ul style="list-style-type: none"> <li>• Overall, the efforts by Oxleas in providing prevention and early intervention services seem to be effective in addressing mental health needs upstream in Bromley.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular evaluations, collecting feedback from service users, and monitoring key indicators can help determine the impact of Oxleas' prevention and early intervention services in addressing mental health challenges upstream in Bromley.</li> </ul>
IAPT/Talking Therapies	<ul style="list-style-type: none"> <li>• Self-referrals have been increasing and form over 80% of all referrals, showing an increase in awareness and increased proactive engagement with mental health services by individuals.</li> </ul>	<ul style="list-style-type: none"> <li>• Utilise technology and digital platforms to deliver mental health resources, tools, and interventions to a wider audience.</li> <li>• Continue to collaborate with local authorities to address social determinants of mental</li> </ul>

	<ul style="list-style-type: none"> <li>Increasing the empowerment of individuals to take control of their mental health and seek help independently.</li> <li>Evidence of a reduction in barriers to accessing mental health support, promoting early intervention.</li> </ul>	<ul style="list-style-type: none"> <li>health and promote holistic wellbeing.</li> <li>Advocate for increased funding and resources to expand services and reach more individuals in need.</li> </ul>
Ambient, Hestia	<ul style="list-style-type: none"> <li>Provides support for people with a learning disability and complex needs, including those with autism and mental health conditions.</li> </ul>	<ul style="list-style-type: none"> <li>Improved data collection to track outcomes and identify areas for improvement.</li> </ul>
Bromley Dementia Support Hub	<ul style="list-style-type: none"> <li>Offers a range of services for people with dementia and their carers, including information, advice, support groups, and activities.</li> </ul>	<ul style="list-style-type: none"> <li>Increased collaboration with other service providers to ensure a holistic approach to care.</li> </ul>
ASC Family Support	<ul style="list-style-type: none"> <li>Provides support for families of people with autism spectrum conditions, including information, advice, and support groups.</li> </ul>	<ul style="list-style-type: none"> <li>Expand outreach efforts to ensure all families affected by autism are aware of the support available.</li> </ul>

- Are public resources committed to adults' mental health and wellbeing reaching (i) those groups/communities most in need and (ii) those areas in Bromley with the highest needs?**

Resources are being directed towards different areas based on the level of need, with more deprived areas like Penge and Mottingham receiving attention. Moderately deprived areas such as Orpington, Bromley, and Beckenham, with significant registration numbers, reflect higher engagement or greater need for services, suggesting resource allocation based on need.

Efforts are made to target resources to address mental health challenges in specific demographic groups like older adults and individuals in crisis, as well as geographical areas with higher levels of need.

Continuous monitoring and evaluation of resource distribution based on deprivation levels, registration numbers, and community engagement are essential to ensure resources effectively reach those most in need.

Collaboration with community organisations, regular needs assessments, and promoting inclusivity in service delivery can enhance the impact of public resources on adults' mental health and wellbeing in Bromley.

- Does the data suggest that approaches to deliver recovery services in Bromley for adults with mental health and wellbeing challenges are making a difference? If not, what could be done to strengthen these?**

The data suggests that approaches to deliver recovery services in Bromley for adults with mental health and wellbeing challenges are making a positive impact but is a mixed picture regarding the effectiveness of recovery services.

Trends showing decreases in reported issues like anxiety, stress, suicidal thoughts, and self-harm, as well as the allocation of resources to areas with higher needs show that services are assisting.

The high assessment and acceptance rates for Recovery Works suggest that the programme is effectively engaging with clients and providing support, however the significant number of unplanned discharges from this service indicates that some clients are not receiving the full benefits of the programme.

The data suggests that approaches to deliver recovery services in Bromley for adults with mental health and wellbeing challenges are making a positive impact but would benefit from long-term recovery outcomes allowing for a fuller assessment of the programme's effectiveness.

To further strengthen these services, the following strategies could be considered:

- Investigate the reasons for unplanned discharges and implement strategies to improve client retention, such as addressing barriers to engagement and providing more flexible support options.
- Implement systems to track long-term recovery outcomes, such as employment status, social integrations, and overall wellbeing, to better evaluate the effectiveness of services.
- Develop personalised recovery plans tailored to individual needs.
- Increase the capacity of recovery services to meet the growing demand, ageing population and reduce waiting times, particularly for programmes like Recovery Works.
- Offer more tailored support based on individual needs and preferences, including culturally sensitive services for diverse communities.
- Introduce peer support programs and community engagement initiatives.
- Provide holistic care considering social determinants of mental health.
- Invest in training for mental health professionals and ensure adequate staffing levels.
- Utilise technology for virtual therapy sessions and online resources.
- Expand outreach programs and collaborations with other service providers.
- Advocate for increased funding and resources to meet growing demand.
- Prioritise staff wellbeing and training to maintain high-quality services.

## 8. Adults Learning Disabilities

### 8.1. Background

A learning disability can be classified as mild, moderate or severe. In all cases, a learning disability affects someone's whole life.

#### **Mild learning disabilities**

Individuals with mild learning disabilities often interact well with others and manage most daily tasks independently. However, they might require assistance with more complex activities, such as completing intricate forms or handling financial matters. Approximately 85% of people with intellectual disabilities are classified as having mild disabilities<sup>36</sup>.

#### **Moderate learning disabilities**

Individuals with moderate learning disabilities require more daily support compared to those with mild learning disabilities. This support might include assistance with mobility (safely navigating outside) or personal care (such as washing and dressing).

People with moderate intellectual disabilities generally have fair communication skills but may struggle with complex conversations. They might face challenges in social situations, including understanding social cues and making judgments. While they can take care of themselves, they often need more guidance and support than the average person. Many can live independently, though some may still benefit from the support of a group home.

Approximately 10% of individuals with intellectual disabilities fall into the moderate category<sup>42</sup>.

#### **Severe/multiple learning disabilities**

Individuals with severe learning disabilities, or profound and multiple learning disabilities (PMLD), often struggle to understand complex information and communicate effectively. They require support in all aspects of daily life and cannot perform self-care activities independently, necessitating daily supervision and assistance. Most individuals in this category are unable to live independently and typically reside in group home settings. Additionally, they may have physical disabilities, visual impairments, and/or hearing impairments.

Approximately 5% of those diagnosed with intellectual disabilities fall into the severe category<sup>42</sup>.

### 8.2. Prevalence of learning disabilities in adults in Bromley

In Bromley approximately 50% of gross expenditure of the adult social care agenda is spent on services with learning disabilities (2020/21: 51% and 2021/22: 49%).

In the five years leading to 2021/22 gross expenditure on learning disability support for adults increased by 26% from 2017/18. This is twice the rate for London<sup>42</sup>.

There are multiple factors contributing to these increasing costs, some of which are:

- The increase of prevalence of people with learning disabilities
- More people with profound learning disabilities surviving childhood
- People with learning disabilities are living for longer but often with more complex social care and health conditions
- More people with learning difficulties are living in community settings rather than with their parents.

**Table 8 People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services**

Bromley statistics	2024	2025	2030	2040
All adult population (18-64)	202,700	203,300	205,300	208,600
Adult Learning Disabilities estimate*	4,916	4,931	4,992	5,088
Adult Moderate/Severe Learning Disabilities estimate*	1,131	1,135	1,151	1,172

\*Source: Projecting Adult Needs and Service Information (PANSI): [www.pansi.org.uk](http://www.pansi.org.uk)

As at mid-March 2023, adult social care caseloads identified 783 adults requiring support with a primary need as a learning disability. 783 is 61% of the estimated (1291) moderate, or severe learning disabilities for 2023. Given the trend evidenced below, it is reasonable to assume at adult social care LD caseloads will represent at least 61% of the POPPI future forecasts.

**Table 9 Bromley learning disabilities caseload**

	2020	2021	2022	2023
Total caseloads	699	733	753	783
POPPI Moderate/Severe Learning Disabilities estimates	1273	1280	1285	1291
<b>Caseload % of POPPI</b>	<b>55%</b>	<b>57%</b>	<b>59%</b>	<b>61%</b>

As observed (2020-2023) the rate of growth in client numbers is 1.9% a year. Assuming projecting forward at this current rate the 2040 estimate relates to 93% of those forecasted to have a moderate or severe need. This projects a 64% growth 2023-40, more than 500 additional LD clients.

### 8.3. Demography and trends across subgroups

In Bromley, the demographic makeup of adults with learning difficulties shows a diverse and evolving picture.

The projected figure for the number of adults up to the age of 64 with a mild, moderate or severe learning disability in Bromley in 2020 is 5,003 or 2.4%; this is predicted to increase by 3.9% over the following 5 years. Around 1,250 or 2.1% of adults 65 and over are estimated to have a learning disability in Bromley and that number is predicted to increase by 7.3%.

Medical advances mean that more young people with profound and multiple disabilities are surviving to adulthood and those with complex and multiple disabilities are living longer. The number of children making the transition to adult services is also growing.

Over the last three years the 18-24 ASC LD Caseload has seen a 92% increase.

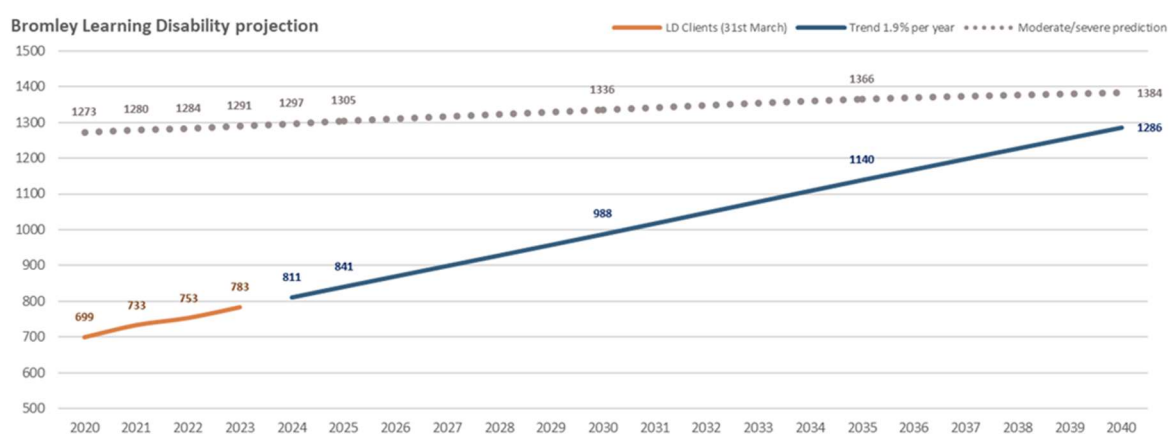
**Table 10 Bromley learning disabilities caseload by age group**

Age band	2020	2021	2022	2023	% change 2020-23
18-24	61	92	91	117	<b>92%</b>
25-34	190	194	194	188	-1%
35-44	108	112	125	127	18%
45-54	91	92	100	103	13%
55-64	137	138	141	148	8%
65-74	72	66	64	64	-11%
75-84	34	33	33	30	-12%
85 and over	6	6	5	6	0%
<b>Total</b>	<b>699</b>	<b>733</b>	<b>753</b>	<b>783</b>	<b>12%</b>

As observed (2020-2023) the rate of growth in client numbers is 1.9% a year. Assuming projecting forward at this current rate the 2040 estimate relates to 93% of those forecasted to have a moderate or severe need. This projects a 64% growth 2023-40, more than 500 additional LD clients.

In Bromley whilst the fastest-growing age group, those aged 65 and over, in LD clientele, it is the younger adults that are front-loading the growth moving up the age profile over time.

**Figure 26 Bromley learning disabilities projections by year**



\*Source: Projecting Adult Needs and Service Information (PANSI): [www.pansi.org.uk](http://www.pansi.org.uk)



## 8.4. Comparison – national, statistical neighbours, SEL

In England, it is estimated that approximately 1.3million people have a learning disability<sup>37</sup>. This includes over 950,000 adults aged 18 or over.

When looking at QOF prevalence for learning disabilities, the indicator looks at all ages. The national prevalence rate for learning disability in 2022/23 was 0.6%<sup>38</sup>. When comparing this to London and other comparators, we can see that Bromley's prevalence is similar to that of its statistical neighbours, especially Kingston upon Thames, Merton and Wandsworth.

**Table 11 Learning disability: QOF prevalence (all ages) trends**

	2018/19	2019/20	2020/21	2021/22	2022/23
England	0.5%	0.5%	0.5%	0.5%	0.6%
London (SE London ICB)	0.4%	0.4%	0.4%	0.4%	0.4%
Barnet	0.4%	0.4%	0.4%	0.5%	0.5%
Bexley	0.4%	0.4%	0.5%	0.5%	0.5%
<b>Bromley</b>	<b>0.3%</b>	<b>0.3%</b>	<b>0.3%</b>	<b>0.4%</b>	<b>0.4%</b>
Harrow	0.4%	0.4%	0.5%	0.5%	0.5%
Kingston upon Thames	0.3%	0.3%	0.3%	0.4%	0.4%
Merton	0.3%	0.3%	0.4%	0.4%	0.4%
Redbridge	0.4%	0.4%	0.4%	0.4%	0.4%
Richmond upon Thames	0.3%	0.3%	0.3%	0.3%	0.3%
Sutton	0.5%	0.6%	0.6%	0.6%	0.6%
Wandsworth	0.3%	0.3%	0.4%	0.4%	0.4%

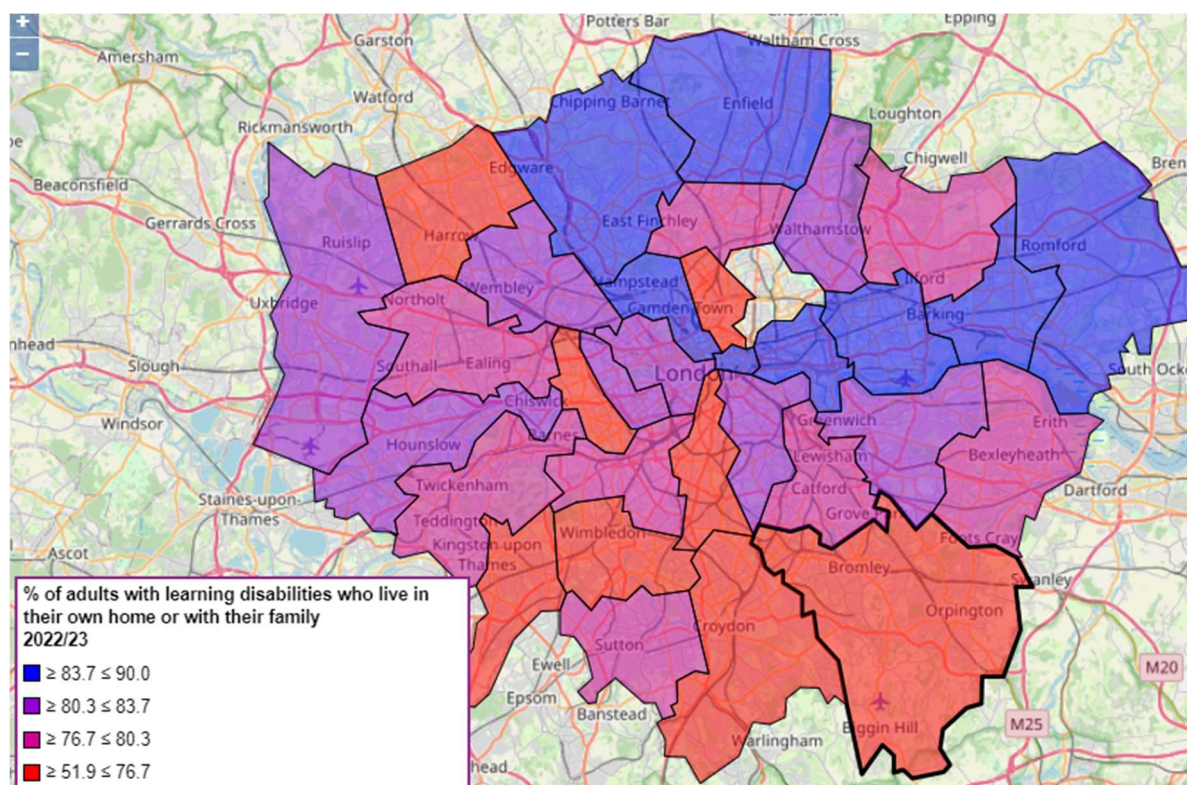
*Source: Quality and Outcomes Framework (QOF), NHS England*

In Bromley, 75.7% of adults (aged 18-64) with a learning disability who are known to the council, are recorded as living in their own home or with their family<sup>39</sup>.

Compared to other local authorities across London, Bromley is in the lowest quartile. Higher proportions can be seen within the City, and more northern boroughs of London.

'Living on their own or with their family' is intended to describe arrangements where the individual has security of tenure in their usual accommodation, for instance because they own the residence or are part of a household whose head holds such security.

**Figure 27 Adults with learning disabilities who live in their own home or with their family, 2022/23**



Source: <https://lginform.local.gov.uk/dataAndReports>

## 8.5. Autism Spectrum Condition (ASC) and Learning disabilities in adults

The number of adults with Autistic Spectrum Disorders in Bromley is expected to increase from 1,959 in 2023 to 2,044 in 2040. This represents an overall increase of 4.34% over the 17-year period.

The number of adults with Autistic Spectrum Disorders in Bromley is expected to increase by 0.77% from 2023 to 2025, 1.27% from 2025 to 2030, and 2.25% from 2030 to 2040.

**Table 12 Adults predicted to have autistic spectrum disorders, by age and gender, projected to 2040**

	2023	2025	2030	2040
England	342,654	344,185	346,930	351,158
London	60,378	60,799	61,689	62,940
<b>Bromley</b>	<b>1,959</b>	<b>1,974</b>	<b>1,999</b>	<b>2,044</b>
Barnet	2,529	2,562	2,625	2,678
Bexley	1,494	1,503	1,529	1,586

Harrow	1,520	1,507	1,503	1,495
Kingston upon Thames	1,147	1,155	1,171	1,173
Merton	1,314	1,308	1,306	1,302
Redbridge	1,982	1,997	2,028	2,065
Richmond upon Thames	1,188	1,192	1,188	1,159
Sutton	1,243	1,249	1,261	1,268
Wandsworth	2,274	2,286	2,304	2,360

## 8.6. Learning Disability service provision in Bromley

In Bromley, there are several provisions and services available for adults with learning disabilities. These services aim to support individuals in living full, independent lives and include a range of health, social and educational resources.

### ***Bromley Community Learning Disability Team (CLDT)***

The Bromley CLDT provides specialist community health services for adults with learning disabilities of which the team includes psychologists, community nurses, occupational therapists, physiotherapists, speech and language therapists and psychiatrists.

### ***Bromley Mencap***

Offers information and support on various topics including benefits, grants, education, leisure, short breaks, support planning, health transition and housing.

### ***Choice Support***

A specialist independent charity that provides a wide range of services supporting children, young people, and adults with differing needs.

### ***Advocacy for All***

Provides advocacy services to help people with learning disabilities and other groups make their voices heard.

### ***Bromley Well Services for Carers***

Offers practical support and information to carers of individuals with learning disabilities.

### ***Ambient***

Ambient Support provides short breaks and respite services to give carers a break and individuals with learning disabilities an opportunity to engage in different activities.

## 8.7. Population

### *Key findings*

**Learning Disabilities Register:** The Learning Disabilities (LD) Register saw a steady increase, with a significant rise in 2023/24 from 1,300 to 1,478 patients. For individuals aged 14+, the register also peaked at 1,367 in 2023/24. This suggests a growing recognition and identification of learning disabilities, potentially due to improved awareness or diagnostic practices.

**Adults with learning disabilities receiving long-term support:** Between 2019/20 and 2023/24, the number of adults aged 18-64 with learning disabilities receiving long-term support increased by 24%, rising from 595 to 738, while support for older individuals (65+) decreased by 12%. Males consistently represented around 60-61% of recipients.

Over the five-year period from 2019-20 to 2023-24, there has been a 32% increase in the number of adults with learning disabilities choosing direct payments over commissioned services for community services, rising from 503 to 666. This reflects a growing preference for personalised care options, particularly among adults aged 18-64, who saw a 40% increase in direct payment uptake.

Between 2019-20 and 2023-24, Bromley saw a 21.4% increase in adults with learning disabilities receiving residential and nursing care packages, peaking at 301 in 2020-21 before declining by 25.9% to 223 in 2023-24.

Out-of-borough placements remained significant, with 77.5% of adults placed outside Bromley in 2023-24, showing a reliance on external services. Residential care was the dominant service type, both in and out-of-borough, though its use declined slightly over time in favour of alternative care models like supported living and nursing care.

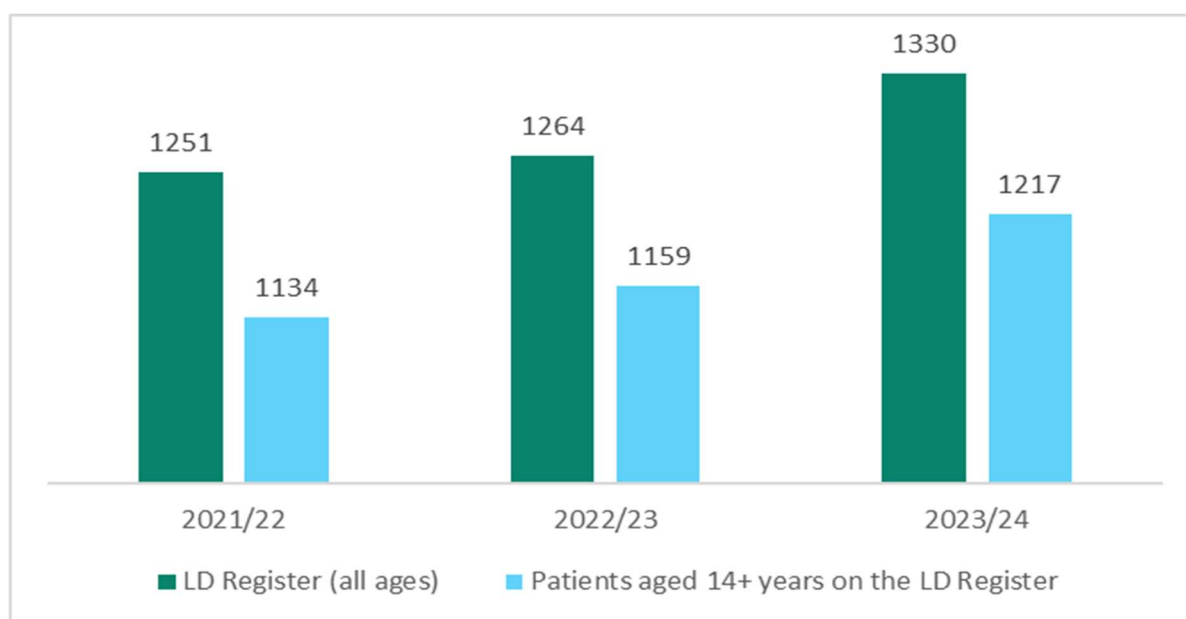
### *Number of patients on the Learning Disabilities Register*

In the financial year 2021/22, the Bromley LD Register for all ages began with 1208 patients in April and experienced a steady increase over the months, reaching 1251 by March. For patients aged 14+ years, the count started at 1102 in April and showed a gradual increase, ending at 1134 in March. However this got to 1143 in November 2021.

In the following year, 2022/23, the LD Register for all ages began with 1256 patients in April. The numbers remained relatively stable throughout the year, closing at 1264 in March. This year showed minor month-to-month variations but maintained an overall steady count. For the 14+ age group, the year started with 1137 patients in April and ended at 1159 in March.

The most significant changes occurred in the financial year 2023/24. The LD Register for all ages started at 1300 patients in April, showing a substantial rise to 1469 by December, and ending at 1478 in March. This period marked the highest increase rate among the three years, especially in the latter half of the year. For patients aged 14+ years, the numbers also increased markedly, starting at 1193 in April, peaking at 1367 in February, and maintaining that peak into March. This year showed the most significant increase, reflecting either an increase in the diagnosis of learning disabilities or an enhancement in the registration process.

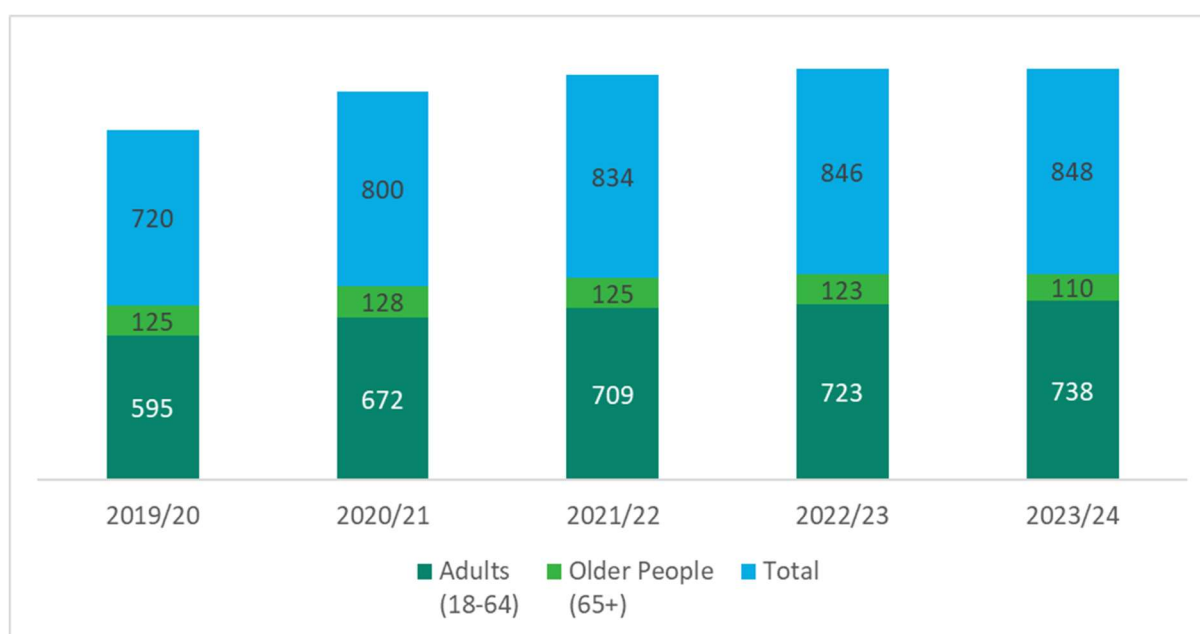
**Figure 28 Number of patients on the Learning Disabilities Register (2021/22 to 2023/24)**



***Adults with learning disabilities receiving long-term support at any point***  
**All Services**

Over the five-year period, there has been a significant increase in the number of adults (aged 18-64) receiving long-term support. The number of adults increased from 595 in 2019-20 to 738 in 2023-24, which is an overall rise of 24%. In contrast, the number of older people (aged 65+) receiving long-term support has fluctuated slightly but ultimately decreased. Overall, this marks a total decline of 12% over the five years.

**Figure 29 Number of adults with learning disabilities receiving long-term support at any point - All services (2019/20 to 2023/24)**



## Gender

Throughout the five years, males consistently represented around 60-61% of the individuals receiving long-term support. The count of males increased from 441 in 2019-20 to 516 in 2023-24. Meanwhile, females made up the remaining 39-40%, with their numbers rising from 279 in 2019-20 to 332 in 2023-24.

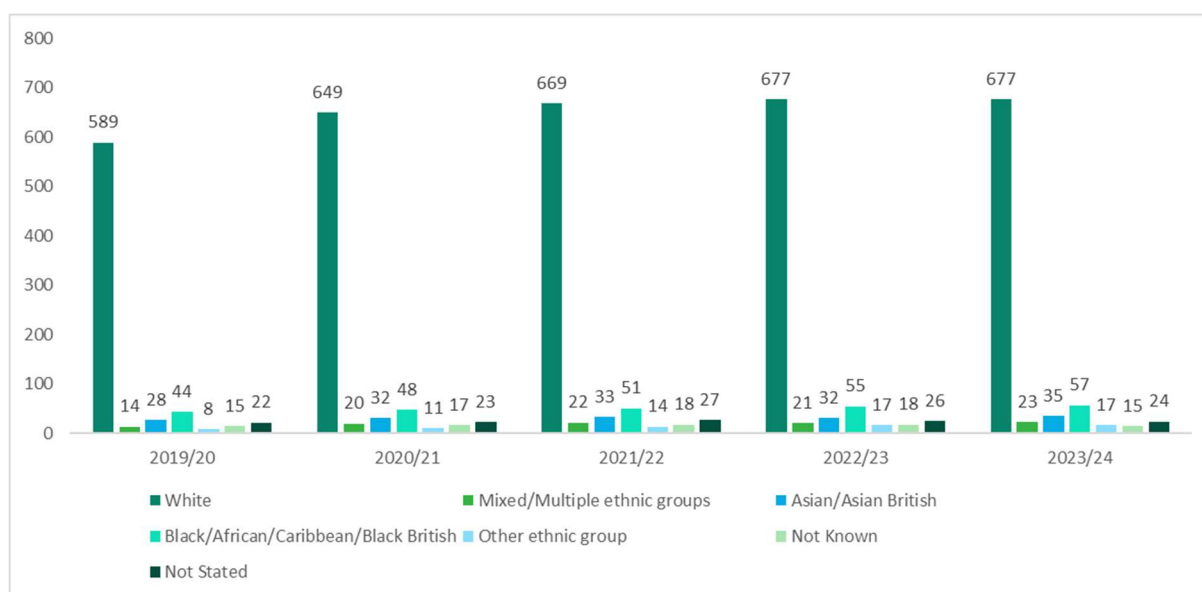
**Figure 30 Number of adults with learning disabilities receiving long-term support at any point - All services, by gender (2019/20 to 2023/24)**



## Ethnicity

The majority of individuals were White, consistently representing around 82% of the total, with the highest number being 677 in both 2022-23 and 2023-24. The percentage of those from Mixed/Multiple ethnic groups increased slightly from 1.9% in 2019-20 to 2.7% in 2023-24. Asian/Asian British individuals saw a gradual rise from 3.9% to 4.1% over the same period. Black/African/Caribbean/Black British individuals' proportion increased from 6.1% in 2019-20 to 6.7% in 2023-24. Individuals from Other ethnic groups increased slightly from 1.1% to 2.00%.

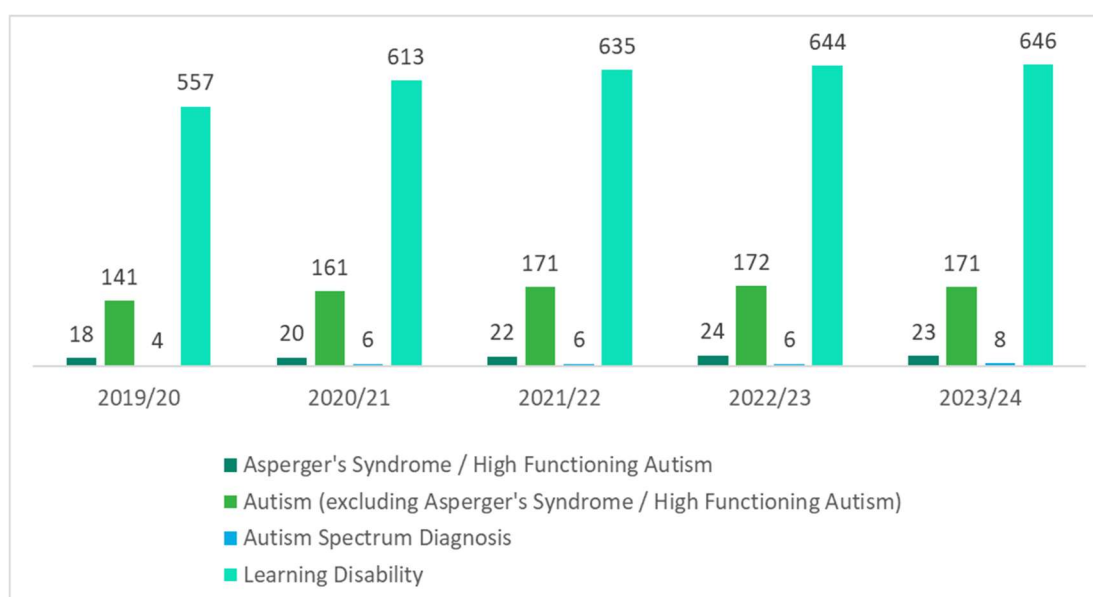
**Figure 31 Number of adults with learning disabilities receiving long-term support at any point - All services, by ethnicity (2019/20 to 2023/24)**



#### By LD condition breakdown

For individuals with Asperger's Syndrome/High Functioning Autism, the number rose from 18 in 2019-20 to 23 in 2023-24 (3% of the total). Those with Autism (excluding Asperger's Syndrome/High Functioning Autism) increased from 141 in 2019-20 to 171 in 2023-24 (20% of the total). Individuals with an Autism Spectrum Diagnosis doubled from 4 in 2019-20 to 8 (0.9% of the total) in 2023-24. Meanwhile, the number of individuals with Learning Disabilities grew from 557 (77% of the total) in 2019-20 to 646 (76% of the total) in 2023-24.

**Figure 32 Number of adults with learning disabilities receiving long-term support at any point - All services, by condition (2019/20 to 2023/24)**

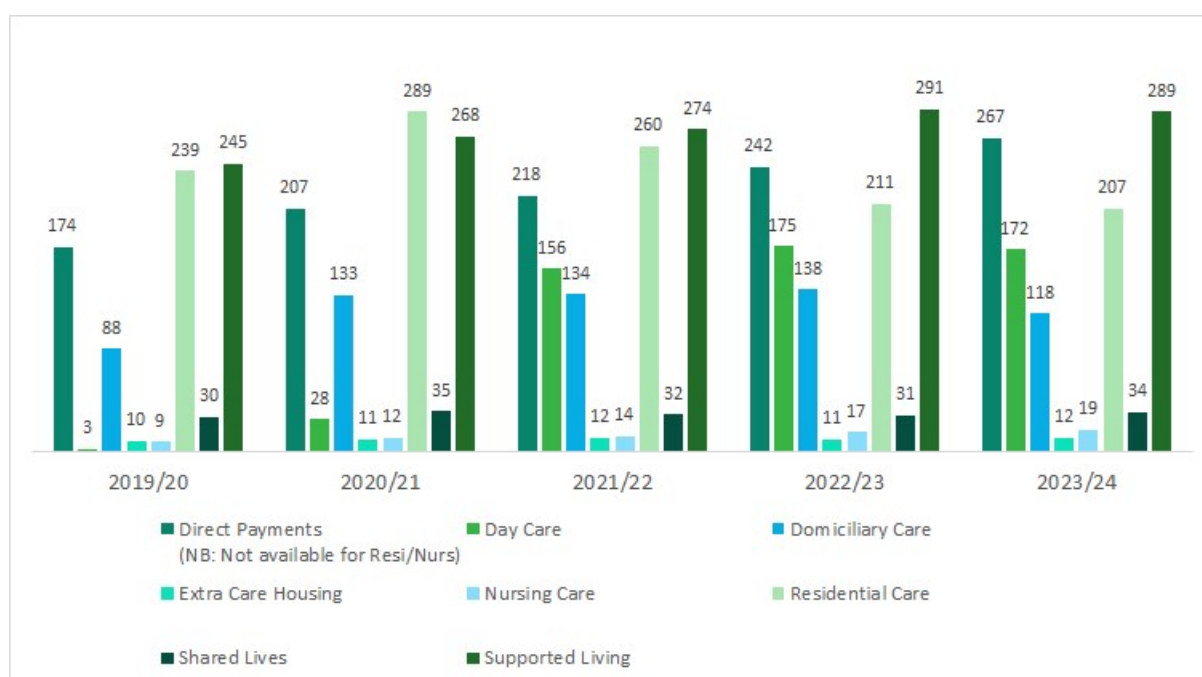




## Type of Service Received

- The percentage of individuals receiving direct payments has shown a steady increase each year, rising from 24% in 2019-20 to 32% in 2023-24.
- Supported living services have remained a significant part of the support landscape, maintaining around 34% over the five years.
- The use of day care services has seen a significant rise from a mere 0.4% in 2019-20 to 20% in 2023-24, peaking at 21% in 2022-23.
- Domiciliary care services have fluctuated over the years, starting at 12% in 2019-20, increasing to 17% in 2020-21 before dropping to 14% in 2023-24.
- The percentage of individuals in extra care housing remained relatively stable, starting at 1.4% in 2019-20 and ending at 1.4% in 2023-24, with minor fluctuations.
- Nursing care services have seen a gradual increase, rising from 1.3% in 2019-20 to 2% in 2023-24.
- Residential care services saw a decrease from 33% in 2019-20 to 24% in 2023-24.
- The use of Shared Lives services remained relatively stable, with minor fluctuations around 4%, starting at 4.2% in 2019-20 and ending at 4% in 2023-24.

**Figure 33 Number of adults with learning disabilities receiving long-term support at any point - All services, by service type (2019/20 to 2023/24)**



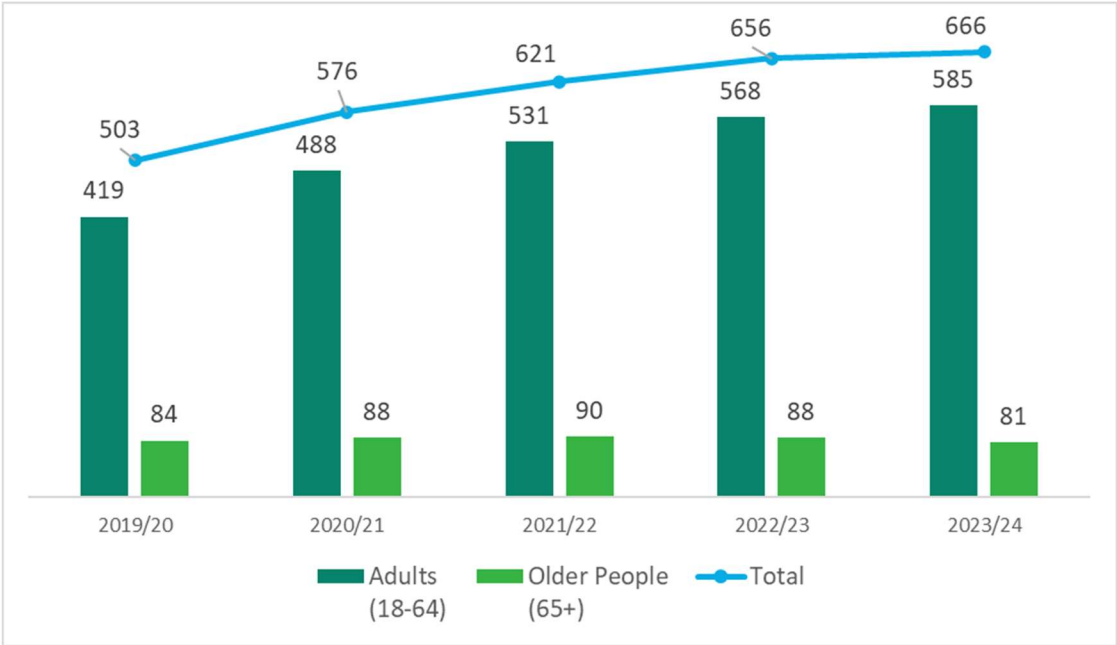
## Adults with learning disabilities choosing direct payments over commissioned services

### Adults with learning disabilities choosing direct payments over commissioned services for community services only

Over the five-year period from 2019-20 to 2023-24, the total number of individuals choosing direct payments over community services increased from 503 to 666. This represents an overall increase of 32% in five years. Despite the slowing rate of increase in recent years, the overall trend shows a steady rise in the preference for direct payments for community services.

The number of adults (18-64) receiving direct payments rose by 40% from 2019-20 to 2023-24, with consistent year-on-year increases. In contrast, the number of older people (65+) receiving direct payments has fluctuated, peaking in 2021-22 before experiencing a decline, resulting in an overall decrease of 4% over the five years.

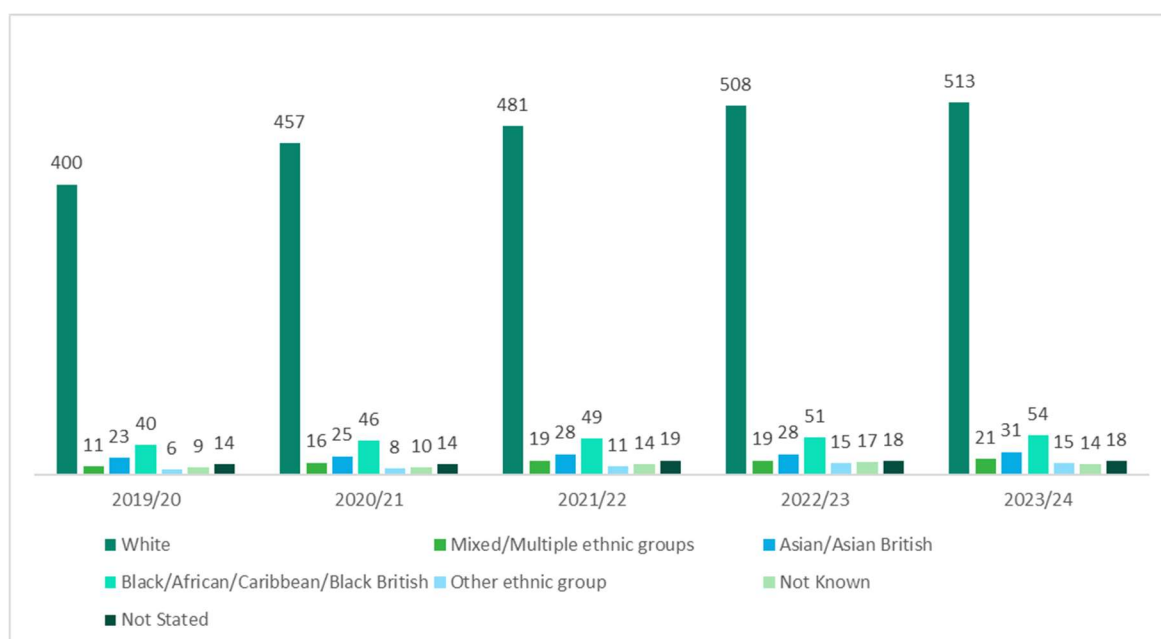
**Figure 34 Number of people with learning disabilities choosing direct payments over commissioned services - Community Services only (2019/20 to 2023/24)**



**Adults with learning disabilities choosing direct payments over commissioned services for community services only, by ethnicity**

The majority of individuals receiving direct payments for community services were White, consistently making up around 77-79% (400 to 513 adults) of the total. The percentage of individuals from Mixed/Multiple ethnic groups increased slightly from 2.2% to 3.2%. The percentage of Asian/Asian British individuals remained relatively stable around 4-4.6%, while the percentage of Black/African/Caribbean/Black British individuals showed a slight increase from 8% to 8.1%. The proportion of individuals from Other ethnic groups also increased modestly from 1.2% to around 2.3%.

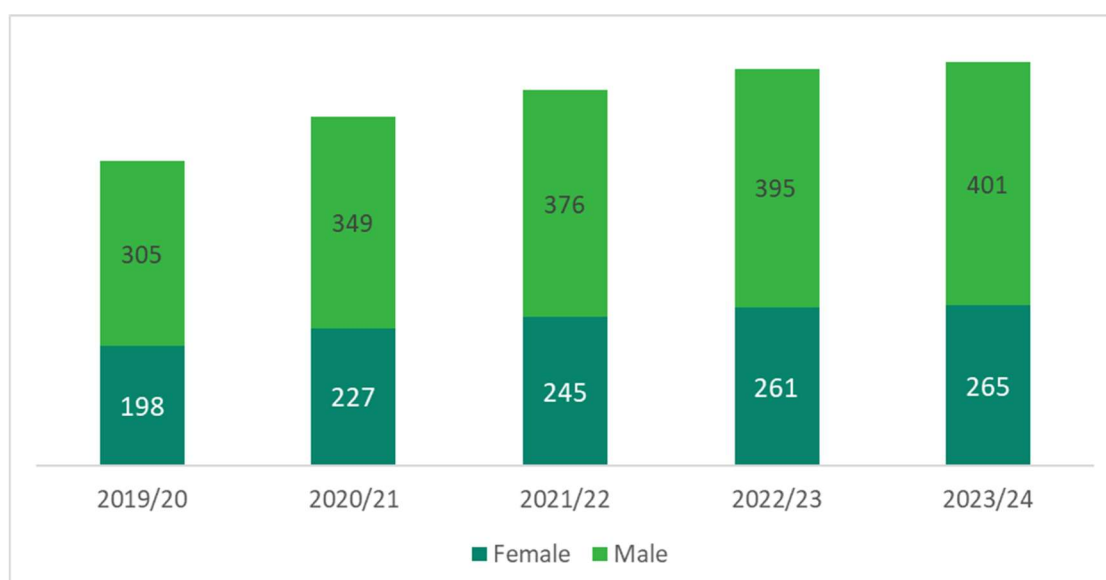
**Figure 35 Number of people with learning disabilities choosing direct payments over commissioned services - Community Services only, by ethnicity (2019/20 to 2023/24)**



#### Adults with learning disabilities choosing direct payments over commissioned services for community services only, gender

The gender distribution of individuals receiving direct payments for community services has remained relatively stable. Females consistently made up about 39-40% of the total, while males comprised approximately 60-61%.

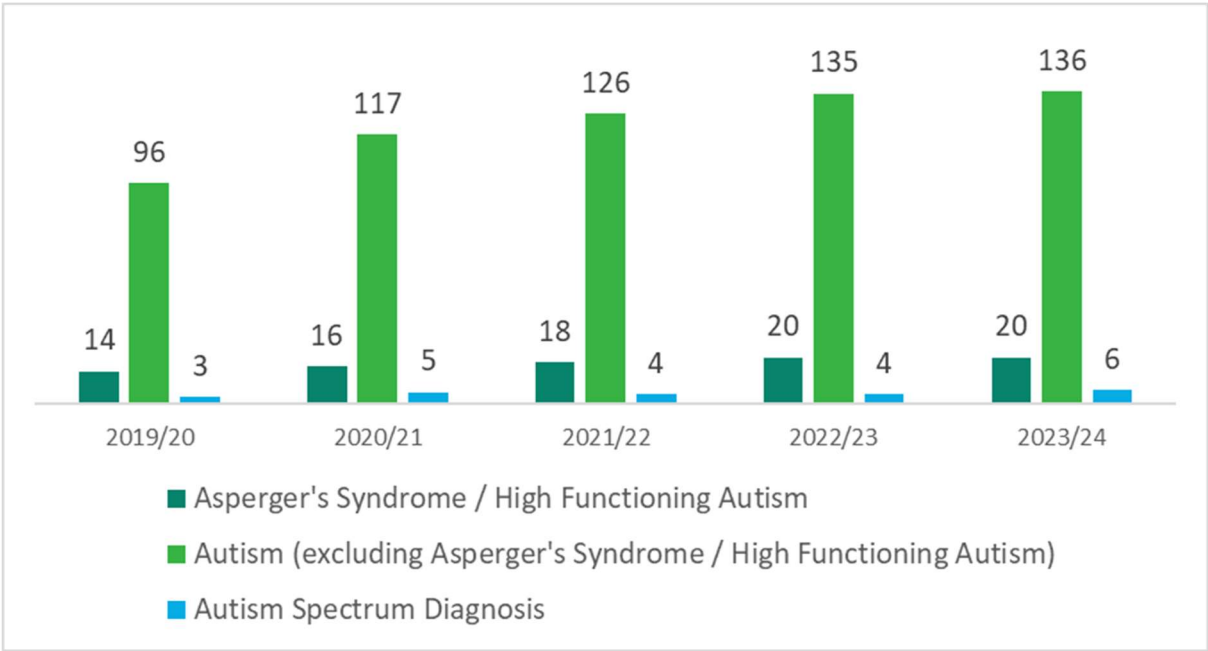
**Figure 36 Number of people with learning disabilities choosing direct payments over commissioned services - Community Services only, by gender (2019/20 to 2023/24)**



**Adults with learning disabilities choosing direct payments over commissioned services for community services only, by LD condition**

The majority of individuals receiving direct payments for community services were those with learning disabilities, consistently comprising around 75-77% of the total. The proportion of individuals with Autism (excluding Asperger's Syndrome/High Functioning Autism) remained relatively stable, around 19-20%. The percentage of individuals with Asperger's Syndrome/High Functioning Autism increased slightly from 2.8% to 3%. The percentage of individuals with an Autism Spectrum Diagnosis was the smallest but showed a slight increase from 0.6% to 0.9%.

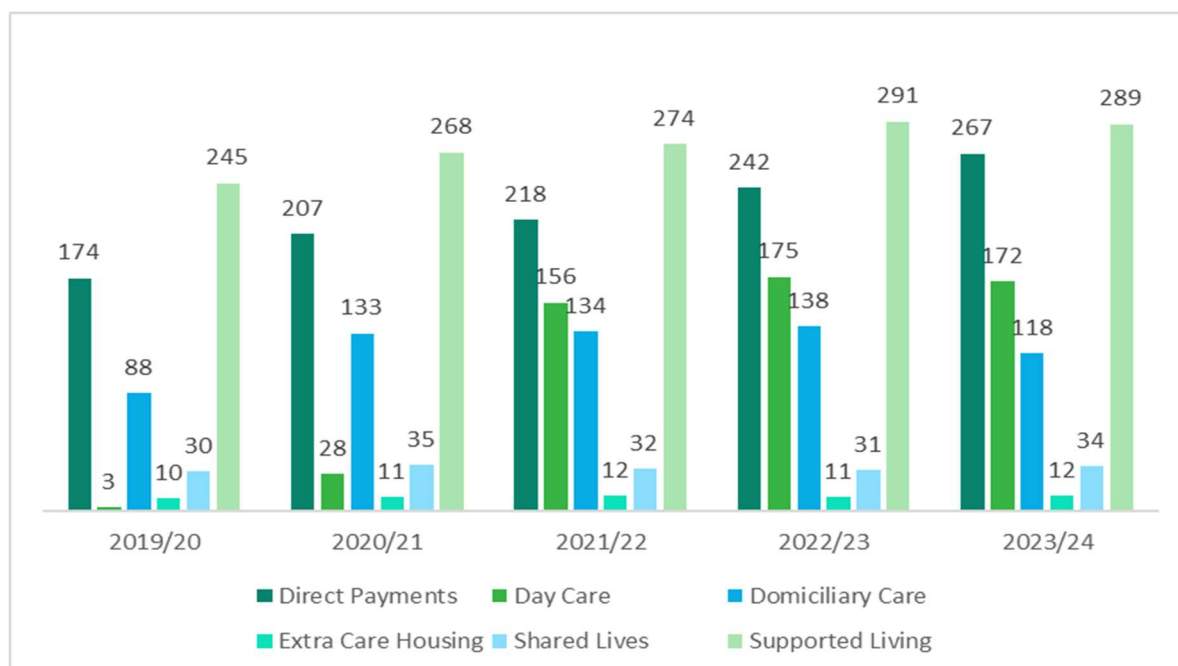
**Figure 37 Number of people with learning disabilities choosing direct payments over commissioned services - Community Services only, by condition (2019/20 to 2023/24)**



**Adults with learning disabilities choosing direct payments over commissioned services for community services only, as a percentage of type of service received in a year**

There has been a notable increase in the percentage of individuals receiving Direct Payments, growing from 34.6% in 2019-20 to 40.1% in 2023-24. Day Care services also saw a significant rise from 0.6% to 25.8% over the same period, indicating a substantial shift towards this service. Domiciliary Care usage remained relatively stable, with slight fluctuations around the 21% mark. Extra Care Housing and Shared Lives services experienced minor changes, with Extra Care Housing slightly decreasing from 2.0% to 1.8%, and Shared Lives increasing from 6.0% to 6.1% before stabilising around 5.1%. Although supported living saw a gradual decrease from 48.7% in 2019-20 to 43.4% in 2023-24, it is the most preferred service on average across the period, with an average percentage of 45.4%.

**Figure 38 Percentage of people with learning disabilities choosing direct payments over commissioned services - Community Services only, as a percentage of services received in a year (2019/20 to 2023/24)**



#### *Adults with learning disabilities receiving care packages from Bromley local authority*

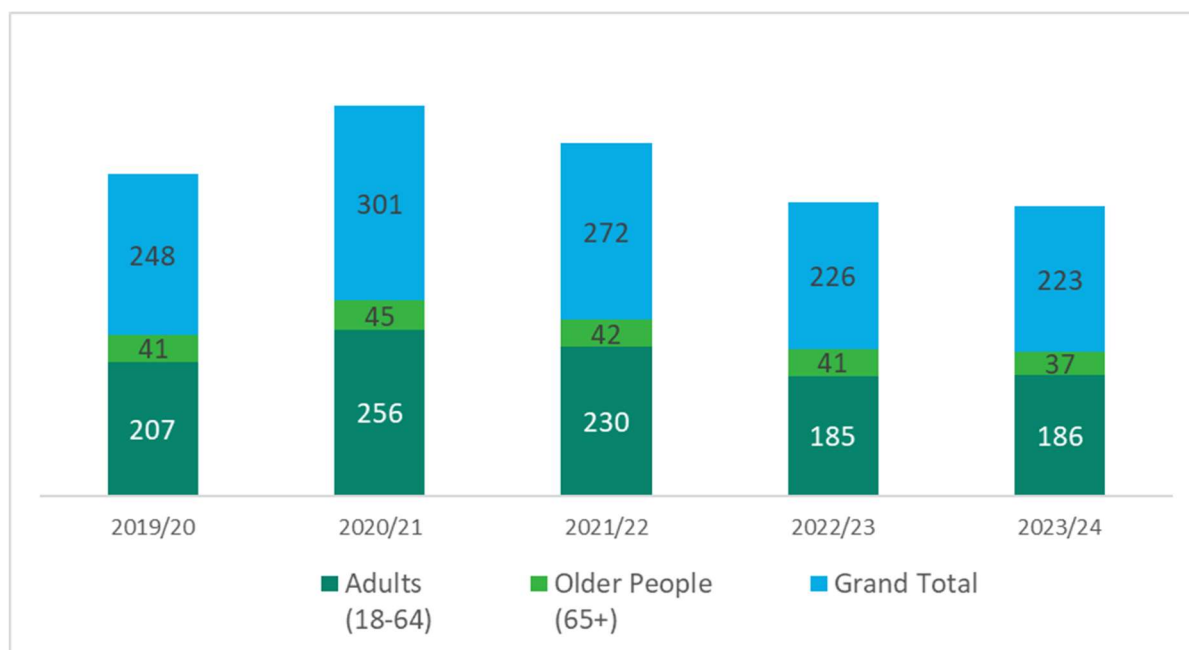
#### **Adults with learning disabilities receiving care packages from Bromley local authority, residential and nursing services**

The total number of adults with learning disabilities receiving residential and nursing care packages from Bromley increased significantly from 248 in 2019-20 to a peak of 301 in 2020-21, representing a 21.4% increase. Over the years, there has been a gradual decline in this number to 223 in 2023-24 (25.9% decrease between 2020-21 and 2023-24).

Averagely, 41 older people (65+) received care packages over the period from 2019-20 to 2023-24 is 41.2. On the other hand, the number of adults (18-64) receiving care packages increased significantly from 207 in 2019-20 to 256 in 2020-21, a 23.67% rise. This is presently 186 in 2023-24 (a 27.3% decrease between 2020-21 and 2023-24).

The average percentage of individuals receiving nursing care over the five years is approximately 5.6%. While the average percentage of individuals receiving residential care over the five years is approximately 95%.

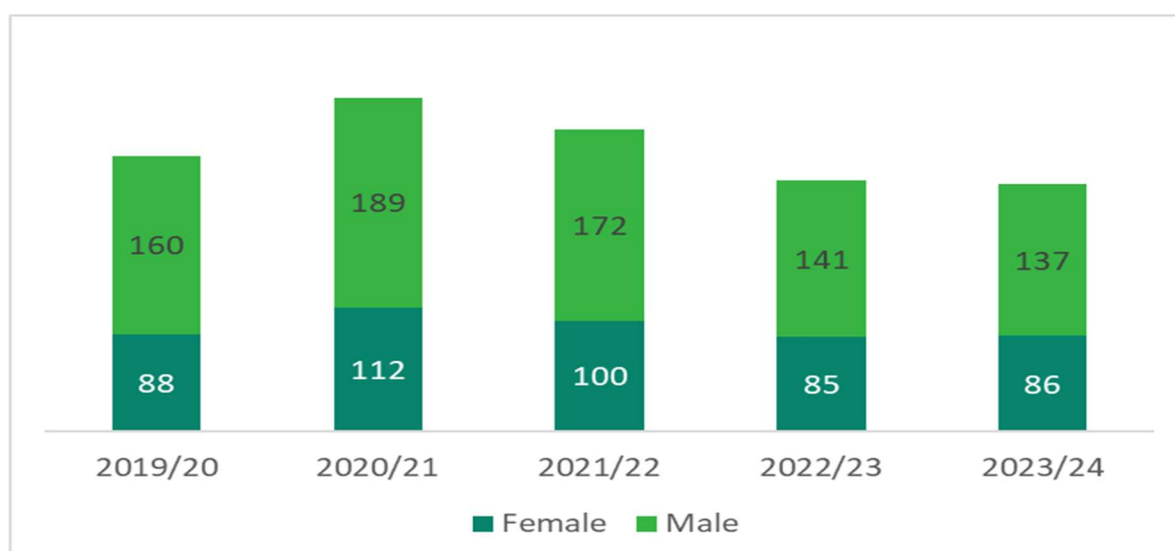
**Figure 39 Number of people with learning disabilities receiving care packages from Bromley local authority, Residential and Nursing Services only (2019/20 to 2023/24)**



**Adults with learning disabilities receiving care packages from Bromley local authority, residential and nursing services, by gender**

From 2019-20 to 2023-24, the proportion of females receiving residential and nursing care packages from Bromley showed a gradual increase. Starting at 35.5% in 2019-20, it rose to 38.6% by 2023-24. Conversely, the proportion of males showed a slight but consistent decrease over the same period, starting at 64.5% in 2019-20 and dropping to 61.4% by 2023-24. Despite this decline, males still constitute the majority of care package recipients every year, although the gender gap is narrowing slightly each year.

**Figure 40 Number of people with learning disabilities receiving care packages from Bromley local authority, by gender (2019/20 to 2023/24)**



### **Adults with learning disabilities receiving care packages from Bromley local authority, residential and nursing services, by ethnicity**

Service users of white ethnicity consistently formed the largest group, averaging 74.3% per year, with a peak at 80.1% in 2020-21. The Mixed/Multiple ethnic groups and Asian/Asian British groups showed initial increases, peaking at 2.6% and 5.7% respectively in 2021-22, before declining. Their averages were 2.0% and 4.5% across the five years. The Black/African/Caribbean/Black British group peaked at 5.0% in 2020-21 before decreasing, averaging 3.63% annually. The Other ethnic group remained small and stable, averaging 1.34%.

### **Adults with learning disabilities receiving care packages from Bromley local authority, residential and nursing services, by LD condition**

The percentage of individuals with a learning disability receiving residential and nursing care packages from Bromley has remained consistently high across the years, averaging 76%, autism 22%, Aspergers syndrome 1.7% and ASD 0.79%

### **Adults with learning disabilities receiving care packages from Bromley local authority, residential and nursing services, in borough/out of borough**

Over the five years, 72% of adults receiving residential and nursing services from Bromley local authority are out of borough (this number ranges from 172 to 192 adults). In 2023-24, it was the highest (77.5%) it has ever been in these five years compared to when it was lowest in 2020-21 (63.8%).

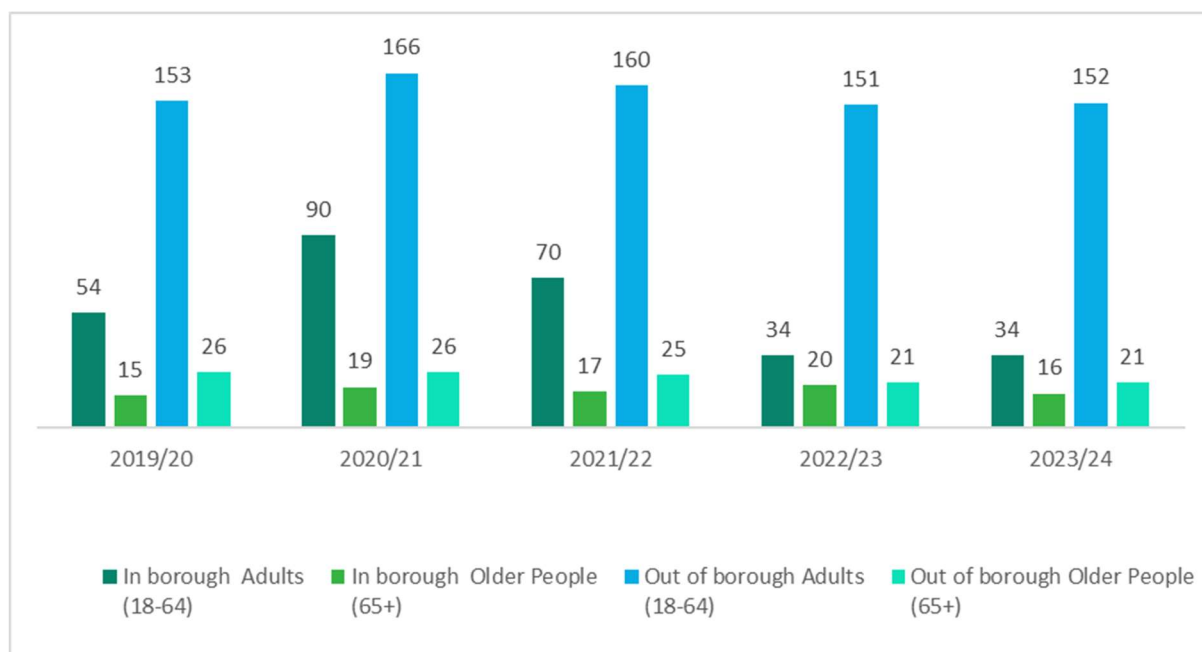
Conversely, in borough services were given to 36% (109 adults) in 2020-21. This has consistently decreased to 50 adults (22%) in 2023-24.

### **Adults with learning disabilities receiving care packages from Bromley local authority, residential and nursing services, in borough/out of borough and by age**

For the population of adults receiving in-borough residential and nursing services, older adults (aged 65+) constituted 25.5% on average (21.7% in 2019-20, 17.4% in 2020-21, and 19.5% in 2021-22). However in 2022/23 this considerably increased to 37% and in 2023-24 it was 32%. However adults aged 16-64 continue to make up a larger proportion averaging 74% of this population.

For the population of adults receiving out-of-borough residential and nursing services, older adults (aged 65+) constitute 13% on average. While adults aged 18-64 are 86.8% of this population.

**Figure 41 Number of people with learning disabilities receiving care packages from Bromley local authority, by age group and in borough/Out of borough (2019/20 to 2023/24)**



**Adults with learning disabilities receiving care packages from Bromley local authority, residential and nursing services, in borough/out of borough and by ethnicity**

The proportion of White individuals receiving residential and nursing care packages in-borough has been the highest across all years, averaging 75.1% (this is 87.7% for out of borough). Mixed/Multiple ethnic groups averaged 3.3% (1.44% for out of borough). Asian/Asian British individuals had an average of 5.4% (2.9% for out of borough). Black/African/Caribbean/Black British individuals averaged 7.9% (2.7% for out of borough). Other ethnic groups remained relatively stable with an average of 3.3% (0.9% for out of borough).

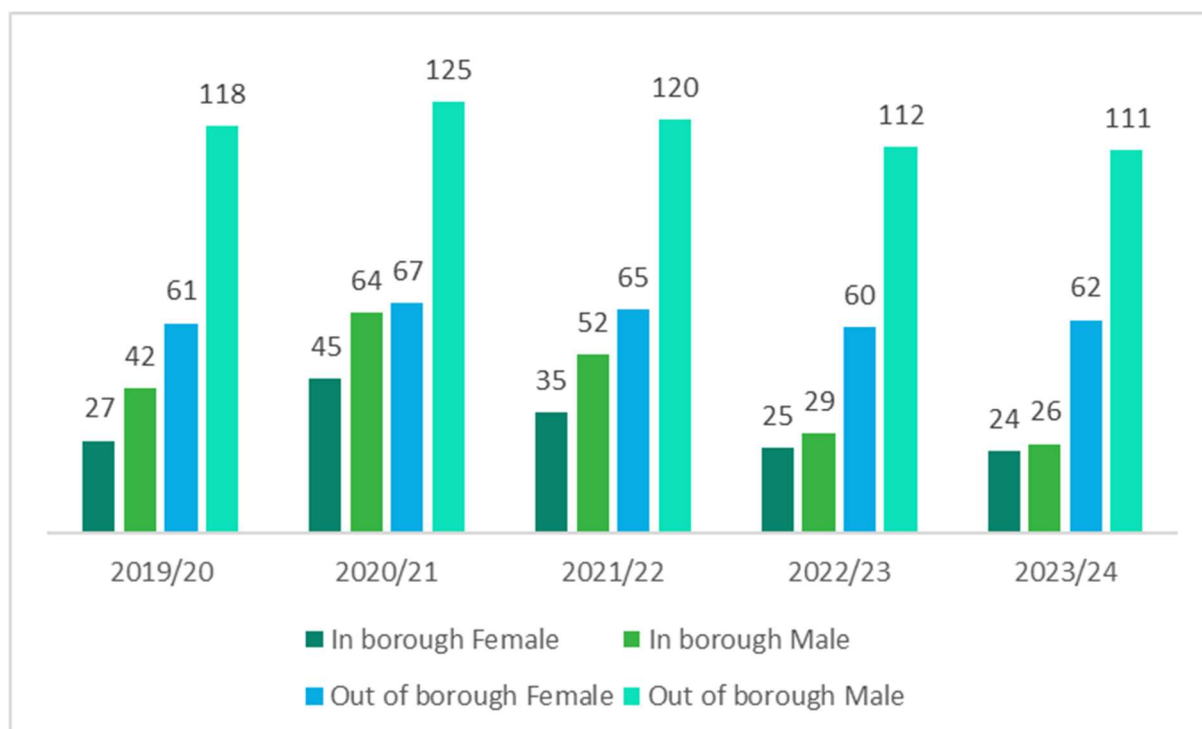
**Adults with learning disabilities receiving care packages from Bromley local authority, residential and nursing services, in borough/out of borough and by Gender**

The proportion of females receiving in-borough residential and nursing services shows a gradual increase from 39.1% in 2019-20 to 48% in 2023-24. The proportion of males, on the other hand, shows a corresponding decrease from 60.8% in 2019-20 to 52% in 2023-24. Despite this decline, males still constitute the majority of individuals receiving in-borough residential and nursing services, although the gap between genders is narrowing.

The proportion of females receiving out-of-borough residential and nursing services shows a slight increase from 34.1% in 2019-20 to 35.9% in 2023-24. The proportion of males shows a corresponding slight decrease from 65.9% in 2019-20 to 64.2% in 2023-24. Despite this decline, males continue to constitute the majority of individuals receiving out-of-borough residential and nursing services, with the gender gap remaining relatively stable.



**Figure 42 Number of people with learning disabilities receiving care packages from Bromley local authority, by gender and in borough/Out of borough (2019/20 to 2023/24)**



#### **Adults with learning disabilities receiving care packages from Bromley local authority, residential and nursing services, in borough/out of borough, by LD condition**

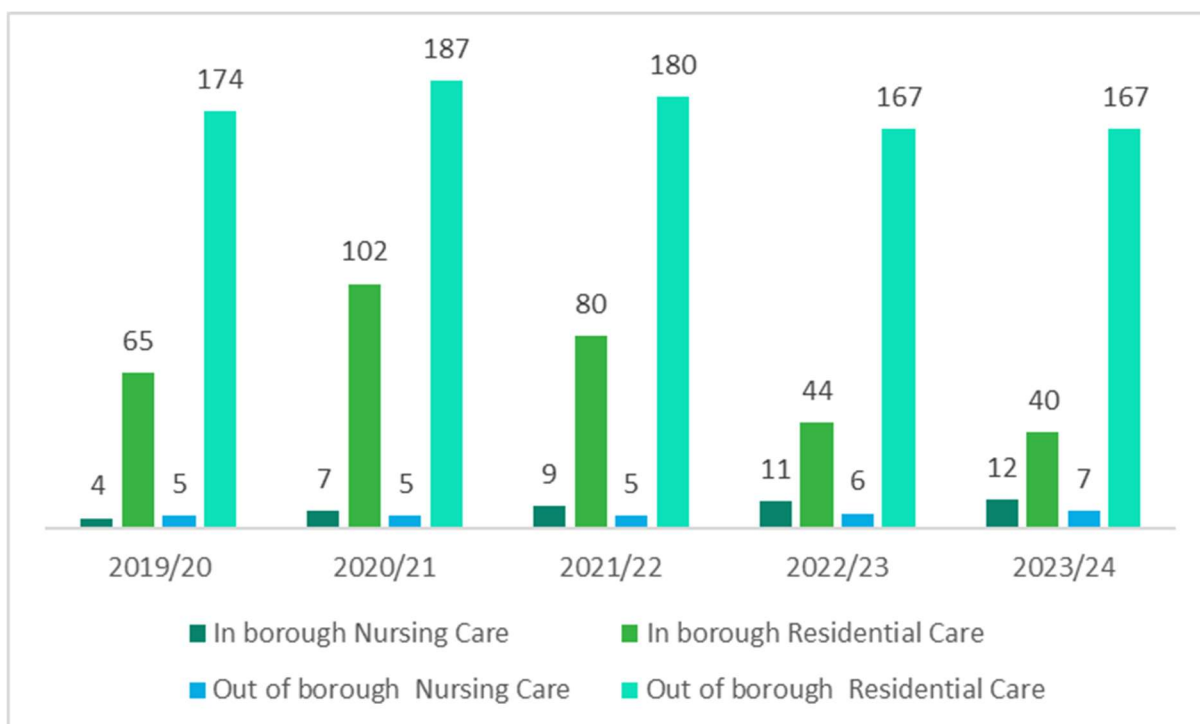
For individuals receiving out-of-borough residential and nursing services, Learning Disabilities constitute the largest group, averaging 74.8% from 2019-20 to 2023-24, peaking at 76.3% in 2023-24. Autism (excluding Asperger's Syndrome / High Functioning Autism) represented the second largest group, averaging 22.2% averaged 2.2%. ASD had the smallest proportion, averaging 1%.

For individuals receiving in-borough residential and nursing services, Learning Disabilities also made up the majority, averaging 78.6% from 2019-20 to 2023-24. Autism (excluding Asperger's Syndrome / High Functioning Autism) averaged 17.3%. Asperger's Syndrome / High Functioning Autism had a notable decrease from 18.8% in 2019-20 to around 2% by 2023-24, averaging 4.6% over the period. ASD was consistently the smallest group, averaging 0.8%, with a gradual increase from 0% initially to 2% by 2023-24.

#### **Residential care or nursing care**

Residential Care is the dominant service type both in-borough and out-of-borough. In-borough, the percentage of Residential Care started at 94.2% in 2019-20 and decreased to 80% by 2023-24, averaging 88.2% in the five years. Out-of-borough, Residential Care percentages were consistently higher, starting at 97.2% in 2019-20 and slightly declining to 96.5% by 2023-24, averaging 97.1% in the five year period.. Despite the decline in both settings, Residential Care remains the predominant type of care, indicating a strong preference over Nursing Care across both in borough and out of borough settings.

**Figure 43 Number of people with learning disabilities receiving care packages from Bromley local authority, by Residential care or nursing care and borough/Out of borough**



## 8.8. Health of people with learning disabilities

### **Key findings**

**Comorbidities:** Obesity was the most common comorbidity in the Bromley LD population, with rates rising from 21.9% in 2022 to 24.6% in 2024, significantly higher than the general England population, where obesity prevalence was 9.7% in 2021/22 and 11.4% in 2022/23. Depression affected 13.1% of the Bromley LD population in 2024, similar to the general population in England, which had a prevalence of 13.25% in 2022/23.

**Annual health checks:** The number of annual health checks for patients aged 14+ on the Learning Disability Register has steadily increased over the past three financial years, rising from 834 checks in 2021/22 to 1012 checks in 2023/24.

In 2023/24, 68.5% of the entire LD Register and 83.2% of the 14+ group received health checks, significantly exceeding the NHSE target of 75%.

There is a noticeable trend of higher health check numbers and higher completed and reviewed health action plans towards the latter months of each financial year, indicating focused efforts to meet annual targets during latter months of each financial year.

### ***Common Comorbidities of People with Learning Disabilities***

**Obesity:** In the Bromley LD population, obesity was the most common comorbidity, rising from 21.9% in 2022 to 24.6% in 2024. This is substantially higher compared to the general adult population in England, where obesity prevalence was 9.7% in 2021/22, increasing to 11.4% in 2022/23. The rates among the LD population in Bromley are more than double.

For years, it has been well-recognised that individuals with learning disabilities are more likely to be overweight or obese compared to the general population. This heightened risk is often attributed to a combination of factors, including the use of medications that have cardiometabolic side effects, poor nutritional habits, and limited physical activity. This predisposition to obesity can lead to a variety of health and social issues. Obesity notably elevates the risk of developing several health complications, such as cardiovascular disease, hypertension, stroke, diabetes, certain types of cancer, and mobility challenges.<sup>40</sup>

**Hypertension:** The prevalence of hypertension among the LD population in Bromley was 12.0% in 2022, increasing slightly to 12.0% in 2023 and 11.8% in 2024. In contrast, the general adult population in England had a higher prevalence of 13.97% in 2021/22, which rose to 14.42% in 2022/23.

**Depression:** In Bromley's LD population, depression affected 12.4% in 2022, increasing to 12.6% in 2023, and 13.1% in 2024. This is comparable to the general adult population in England, where depression prevalence was 12.66% in 2021/22, rising to 13.25% in 2022/23.

**Diabetes Mellitus (Type 2):** In the Bromley LD population, diabetes mellitus prevalence was 7.5% in 2022, slightly increasing to 7.4% in 2023, and 7.8% in 2024. The general adult population in England saw a prevalence of 7.25% in 2021/22, increasing to 7.45% in 2022/23.

**Non-Diabetic Hyperglycaemia:** Among the LD population, this condition affected 7.0% in 2022, increasing to 8.3% in 2024. In comparison, the general adult population in England had a prevalence of 6.1% in 2021/22, rising to 7.1% in 2022/23.

**Asthma:** Asthma prevalence in the Bromley LD population was 6.8% in 2022, rising to 7.5% in 2024. The general population in England (age 6+) reported slightly lower rates, with 6.47% in 2021/22 and 6.52% in 2022/23.

**Chronic Kidney Disease (CKD):** The prevalence of CKD in the Bromley LD population increased from 2.9% in 2022 to 3.9% in 2024, which is comparable to the general adult population in England, where CKD prevalence was around 3.32% in 2021/22, slightly rising to 3.4% in 2022/23.

**Cancer:** Cancer prevalence remained relatively stable in the Bromley LD population at around 2.5%-2.6% over the three years, which is lower than the general population in England, where cancer prevalence was 3.34% in 2021/22, increasing slightly to 3.49% in 2022/23.

**Coronary Heart Disease (CHD):** In the Bromley LD population, CHD prevalence was stable at 1.1% from 2022 to 2024, significantly lower than in the general population, where CHD prevalence was about 3%.

**Atrial Fibrillation:** Atrial fibrillation prevalence in the Bromley LD population ranged from 1.7% to 2.0% between 2022 and 2024, slightly lower than the general population, where it was around 2.09%-2.14%.

**Stroke and Transient Ischaemic Attack (TIA):** The prevalence of stroke and TIA in the Bromley LD population increased slightly from 2.3% in 2022 to 2.4% in 2024, higher than in the general population, where it was around 1.81%-1.85%. This indicates an elevated risk of cerebrovascular events in the LD population.

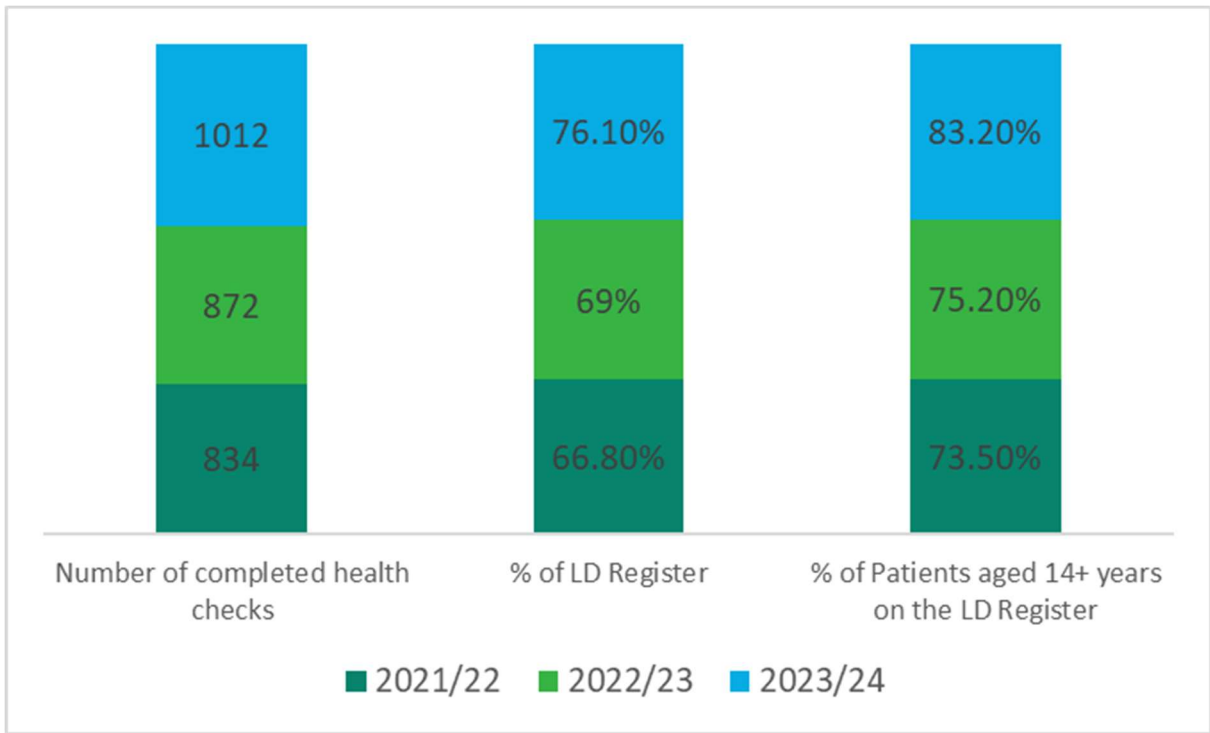
**Chronic Obstructive Pulmonary Disease (COPD):** COPD prevalence in the Bromley LD population ranged from 1.3% to 1.5% between 2022 and 2024, which is slightly lower than in the general population, where it was around 1.85%-1.87%.

**Mental Health:** Mental health issues in the Bromley LD population were reported at 0.6%-0.7% between 2022 and 2024, lower than in the general population, where the prevalence was around 0.94%-1.0%.

**Learning Disability Health Checks**

The number of annual health checks for patients aged 14+ on the Learning Disability Register has steadily increased over the past three financial years. In 2021/22, a total of 834 health checks were conducted, covering 66.8% of the LD Register and 73.5% of patients aged 14+. The following year, 2022/23, saw an increase to 872 health checks, with coverage slightly improving to 68.7% of the LD Register and 75.2% of the 14+ group, meeting the NHSE target of 75%. The most recent data for 2023/24 shows a substantial rise to 1012 health checks, with 68.5% of the LD Register and 83.2% of the 14+ group receiving checks, significantly exceeding the NHSE target. The data also reveals a trend of higher health check numbers in the latter months of each financial year, suggesting focused efforts to meet annual targets.

**Figure 44 Learning Disability Health Checks for Patients aged 14+ years old**



**Learning Disabilities Health Action Plan**

In the financial year 2023/24, 770 health action plans were completed for patients aged 14+ while 230 health action plans were reviewed. There is a trend of increased activity towards the latter part of the year, with the highest numbers recorded in the months of December to March for both completion and reviews. This pattern suggests a concentrated effort to complete and review health action plans as the financial year nears its end.

## 8.9. Employment

### ***Key findings***

Nationally, the percentage of adults with learning disabilities in paid employment has steadily declined, from 5.9% in 2018/19 to 4.8% in 2022/23. In Bromley, the trend mirrors the national decline, with the rate dropping from 6.2% in 2018/19 to 4.8% in 2022/23. Bromley's performance is slightly below the London average and generally lower than some of its statistical neighbours like Barnet and Bexley, which maintained higher employment rates.

The gap in employment rates between adults with learning disabilities and the overall population has been widening in Bromley, increasing from 74.2% in 2017/18 to 77.2% in 2021/22. This gap is consistently higher than the national and London averages, indicating a larger disparity in employment outcomes for this group in Bromley compared to other areas.

The number of adults with learning disabilities working less than 16 hours a week has decreased from 35 (5.1%) in 2019/20 to 27 (4.2%) in 2022/23. The number of clients not in paid employment but actively seeking work has increased significantly from 38 (5.5%) in 2019/20 to 91 (14%) in 2022/23.

The proportion of clients with unknown employment status decreased from 84 (12.1%) in 2019/20 to 21 (3.2%) in 2021/22, before rising again to 46 (7.1%) in 2022/23. This suggests some inconsistency in tracking employment status over the years.

### ***Proportion of adults with learning disabilities in paid employment***

Nationally, the percentage of adults with learning disabilities in paid employment has been steadily declining, starting at 5.9% in 2018/19 and decreasing to 4.8% by 2021/22, where it remained stable in 2022/23. In London, the trend mirrors the national decline but consistently shows higher percentages, beginning at 8% in 2018/19 and dropping to 5.3% in 2022/23, suggesting slightly better employment outcomes for adults with learning disabilities in the capital.

Bromley follows a similar downward trajectory, starting at 6.2% in 2018/19 and declining to 4.8% in 2022/23. Bromley's figures are generally close to the national average but slightly below the London average, indicating average to below-average performance compared to its regional peers. Compared to Outer London, Bromley's figures are generally lower than the outer London mean, which decreased from 8.9% to 5.2% over the same period.

Among its statistical neighbours, Bromley's performance is lower than Barnet and Bexley, which maintained higher employment rates (Barnet at 8.2% in 2022/23 and Bexley at 15.7%). Kingston upon Thames had a relatively stable proportion, decreasing slightly from 11.1% in 2018/19 to 8.9% in 2022/23, remaining above the national and London averages. Richmond upon Thames also experienced a decline from 15.4% to 9.1% over the same period but still maintained higher rates than Bromley. Notably, Sutton showed an increasing trend, starting below the national average at 2.5% in 2018/19 and rising to above the national average at 5.2% in 2022/23. Bromley performs better than Harrow and Redbridge, both of which experienced significant declines in recent years (Harrow at 2.5% and Redbridge at 2.0% in 2022/23). Bromley's rates are comparable to or slightly better than areas like Merton.

**Table 13 Proportion (%) of adults with learning disabilities in paid employment**

	2018/19	2019/20	2020/21	2021/22	2022/23
England	5.9	5.6	5.1	4.8	4.8
London	8	7	6.1	5.2	5.3
<b>Bromley</b>	<b>6.2</b>	<b>5.5</b>	<b>5.9</b>	<b>5.5</b>	<b>4.8</b>
Outer London Min	1.7	1.2	1	1	1.2
Outer London Mean	8.9	7.5	6.2	5.2	5.2
Outer London Max	25.6	26.8	16.8	16.4	15.7
Barnet	8.9	8.4	8.4	8.9	8.2
Bexley	17.8	17.6	16.7	16.4	15.7
Harrow	18.3	2.8	2.4	2.5	2.5
Kingston upon Thames	11.1	10.7	9.2	9.2	8.9
Merton	3.1	3.2	1	1	1.2
Redbridge	11.1	10.6	10.5	2.2	2
Richmond upon Thames	15.4	13.5	12.6	10.9	9.1
Sutton	2.5	2.6	4.8	5.1	5.2
Wandsworth	10.4	5.8	5.5	4	4.1

Source: NHS Digital. (2024). *Short and Long Term (SALT) Data Return 2023-24 Guidance*. Retrieved from [NHS Digital](#).

### ***Gap in the employment rate between those with a learning disability and the overall employment rate***

Nationally, the gap in the employment rate for adults with learning disabilities compared to the overall employment rate remained relatively stable, starting at 69.2% in 2017/18, slightly increasing to 70.6% in 2019/20, and remaining at 70.6% in 2021/22. London exhibited a similar trend, beginning at 66.7% in 2017/18 and increasing to 70% in 2021/22, indicating that while the gap remained significant, it was slightly smaller compared to the national average.

Bromley's gap followed a similar pattern, starting at 74.2% in 2017/18 and increasing to 77.2% in 2021/22. Bromley's gap was consistently higher than the national and London averages, indicating a larger disparity between the employment rates of adults with learning disabilities and the overall population. Compared to Outer London, Bromley's gap was generally higher than the Outer London mean, which increased from 66.7% to 69.5% over the same period.

Bromley's worsening trend in narrowing the employment gap for adults with learning disabilities is similar to Harrow, Redbridge, and Wandsworth, where the gaps increased significantly, indicating a worsening disparity in employment outcomes. In contrast, Barnet, Bexley and Sutton managed to reduce their gaps, demonstrating better employment outcomes for adults with learning disabilities. Merton maintained a high but stable gap, slightly better than Bromley but without significant improvement.

**Table 14 Gap in the employment rate between those with a learning disability and the overall employment rate (2019/20 to 2022/23)**

	2017/18	2018/19	2019/20	2020/21	2021/22
England	69.2	69.7	70.6	70	70.6
London	66.7	66.2	68.1	68.4	70
<b>Bromley</b>	<b>74.2</b>	<b>72</b>	<b>72.2</b>	<b>72.1</b>	<b>77.2</b>
Outer London Min	54	49.2	45.2	48.7	55.8
Outer London Mean	66.7	65.7	67.6	67.6	69.5
Outer London Max	76.7	78.6	77.8	77.7	79.1
Barnet	61.1	62.8	66.7	64.6	60.4
Bexley	59.4	59	59.8	59.3	58.2
Harrow	61	58.7	67.2	66.1	75.4
Kingston upon Thames	64	62.2	68.2	68.6	73.6
Merton	76.3	78.6	77.8	77.7	76.9
Redbridge	60	57.6	60.6	60.9	65.9
Richmond upon Thames	62	61.8	68.9	63	64.9
Sutton	76.2	76.5	75.8	73.1	72.4
Wandsworth	69.2	69.9	77.3	75.5	80.9

Source: Office for Health Improvement and Disparities (OHID): PHOF

***Long term support during the year for clients aged 18 to 64 with a primary support reason (PSR) of learning disability in Bromley***

**Total number receiving long term support aged 18-64**

This data covers four financial years (2019/20 to 2022/23). Throughout these years, the total number of clients receiving support has shown some fluctuation, starting with 692 clients in 2019/20, dropping to 638 in 2020/21, then rising slightly to 652 in 2021/22 and marginally decreasing to 650 in 2022/23.

A consistent trend across all years is the higher percentage of males compared to females receiving support. The male to female ratio has remained relatively stable, with males constituting around 60% of the supported population each year and females around 39-40%. See Table below.

**Table 15 Number and percentage of clients aged 18 to 64 with a PSR of learning disability receiving long term support (2019/20 to 2022/23)**

	2019/20		2020/21		2021/22		2022/23	
	Count	%	Count	%	Count	%	Count	%
Paid - less than 16 hours a week	35	5.1	35	5.5	34	5.2	27	4.2
Paid - 16 hours or more a week)	3	0.4	4	0.6	2	0.3	4	0.6
Not in Paid Employment (seeking work)	38	5.5	39	6.1	44	6.7	91	14
Not in Paid Employment (not actively seeking work / retired)	532	76.9	538	84.3	551	84.5	482	74.2
Unknown	84	12.1	22	3.4	21	3.2	46	7.1
Total	692		638		652		650	

NB: Percentages are based on the total number of clients aged 18 to 64 with a PSR of learning disability receiving long term support

#### **Paid employment – less than 16 hours a week**

In 2019/20, 35 (5.1%) of the total number of clients aged 18 to 64 with a PSR of learning disability were employed for less than 16 hours a week. By 2022/23 this had decreased to 27 (4.2%).

The gender distribution within this group has also seen changes. In 2019/20, there were slightly more females (19) than males (16), and this trend continued in 2020/21 with 18 females and 17 males. However, by 2022/23, the number of females had decreased to 13, while the number of males decreased to 14, reflecting the overall downward trend in part-time employment among this group.

#### **Paid employment – 16 hours or more a week**

Over the four financial years, the total number of clients aged 18 to 64 with a PSR of learning disability who are employed for 16 hours or more a week has been very minimal, not more than four clients across the four year period

Gender distribution within this group initially showed only males being employed for 16 hours or more a week. By 2022/23, however, females also started to appear in this category, with an equal number of males and females (two each).

#### **Not in Paid employment – Seeking work**

In 2019/20, 38 (5.5%) of the total number of clients aged 18 to 64 with a PSR of learning disability were not in paid employment and actively seeking work. In 2020/21 it was 39 (6.1%) and in 2021/2022 it was 44 (6.7%). By 2022/23 this had increased to 91 (14%).

In terms of gender distribution, both males and females seeking employment have shown an increase, with males increasing from 18 to 51 and females from 20 to 40 over the four years.

#### **Not in paid employment – Not actively seeking work/retired**

In 2019/20, 532 (76.9%) of the total number of clients aged 18 to 64 with a PSR of learning disability were not in paid employment and not actively seeking work/retired. In 2020/21 it was 538 (84.3%) and in 2021/2022 it was 551 (84.5%). By 2022/23 this had decreased to 482 (74.2%).

In terms of gender distribution, both males and females have shown fluctuations in their numbers. With males making up approximately 62% of this cohort over the four financial years. Initially, males numbered 335 and females 197 in 2019/20. By 2022/23, the numbers had decreased to 297 males and 185 females.

#### **Unknown employment status**

The employment status remains unknown for a significant number of these clients. This was 84 (12.1% of the total number of clients receiving long-term support aged 18 to 64 with a PSR of learning disability). However this decreased significantly to 22 (3.4%) in 2020/21 and was 21 (3.2%) in 2021/22 and then increased to 46 (7.1%) in 2022/23.



## 8.10. Housing and Accommodation

### *Key findings*

**Proportion of Adults Living Independently or with Family:** The proportion of adults with learning disabilities in Bromley living in their own home or with family has fluctuated, starting at 71.1% in 2018/19, peaking at 77.6% in 2021/22, and slightly decreasing to 75.7% in 2022/23. This is below the Outer London mean, indicating Bromley is underperforming relative to its peers.

**The proportion of clients living with family or friends** has remained the most common accommodation type, fluctuating slightly but remaining around 44% across the years. **The proportion of clients in unsettled accommodation** decreased from 28.3% in 2019/20 to 24.3% in 2022/23

### *Proportion of adults with learning disabilities who live in their own home or with their family*

Bromley's performance shows some variability over the years. The proportion started at 71.1% in 2018/19, increased slightly to 71.7% in 2019/20, then dropped to 68.9% in 2020/21 before rising significantly to 77.6% in 2021/22 and then slightly decreasing to 75.7% in 2022/23. Compared to Outer London, Bromley's figures are consistently below the mean, which ranged from 75.4% to 78.8% over the same period, indicating that Bromley is underperforming relative to the average of Outer London boroughs.

Compared to Bromley, statistical neighbours such as Sutton, Richmond upon Thames, Bexley, and Barnet have shown consistent increases in the proportion of adults with learning disabilities who live in their own home or with their family, all outperforming Bromley. While Redbridge has experienced a decrease, it still maintains a higher proportion than Bromley.

**Table 16 Proportion of adults with learning disabilities who live in their own home or with their family (2019/20 to 2022/23)**

	2018/19	2019/20	2020/21	2021/22	2022/23
England	77.4	77.3	78.3	78.8	80.5
London	75.1	76.2	77.7	77.5	79
<b>Bromley</b>	<b>71.1</b>	<b>71.7</b>	<b>68.9</b>	<b>77.6</b>	<b>75.7</b>
Outer London Min	43.5	54.7	48.9	55.1	51.9
Outer London Mean	75.4	76.3	77.5	78.4	78.8
Outer London Max	89.1	89.3	89.7	91.1	89.2
Barnet	77.5	80	82.2	82.4	84.9
Bexley	74.6	75.7	77.4	80.9	80
Harrow	74.5	73.7	75.5	76.4	75.3
Kingston upon Thames	74.9	74.9	74.2	73.5	76.1
Merton	74.4	74.3	75.1	75	74.8
Redbridge	88	89.3	82	79	79.7
Richmond upon Thames	72.7	74.3	74.8	76.7	77.2
Sutton	76.7	77.3	77.8	77.8	78.1
Wandsworth	73.5	72.5	71.9	74.5	76.9

Source: NHS England SALT

***Long term support during the year for clients aged 18 to 64 with a PSR of learning disability, living on their own or with their family in Bromley***

**Total number receiving support living on their own or with their family**

Out of the total number of clients receiving long term support aged 18 to 64 with a PSR of learning disability, those who are living on their own or with their family in Bromley has fluctuated. This started at 496 (71.7% of the total number of clients receiving long-term support aged 18 to 64 with a PSR of learning disability) in 2019/20, decreased to 452 (70.8%) in 2020/21, increased to 506 (77.6%) in 2021/22, and then slightly decreased to 492 (75.7%) in 2022/23.

The male to female ratio has remained relatively stable, with males consistently making up around 60% of the supported population each year and females around 40%. See Table below

**Table 17 Number and percentage of clients aged 18 to 64 with a PSR of learning disability receiving long term support - living on their own or with their family (2019/20 to 2022/23)**

	2019/20		2020/21		2021/22		2022/23	
	Count	%	Count	%	Count	%	Count	%
Owner occupier or shared ownership scheme	10	2	9	2	9	1.8	9	1.8
Tenant (including local authority, arm's length management organisations, registered social landlord, housing association)	39	7.9	38	8.4	45	8.9	44	8.9
Tenant - private landlord	11	2.2	11	2.4	11	2.2	11	2.2
Settled mainstream housing with family / friends (including flat-sharing)	219	44.2	178	39.4	223	44.1	219	44.5
Supported accommodation / supported lodgings / supported group home (i.e. accommodation supported by staff or resident caretaker)	188	37.9	190	42	190	37.5	178	36.2
Shared lives scheme	27	5.4	24	5.3	26	5.1	30	6.1
Sheltered housing / extra care housing / other sheltered housing	2	0.4	2	0.4	2	0.4	1	0.2
<b>Total</b>	<b>496</b>		<b>452</b>		<b>506</b>		<b>492</b>	

**Owner Occupier or shared ownership scheme**

The data reveals the trend in. Over the four financial years, the total number of clients receiving long-term support aged 18 to 64 with a PSR of learning disability who are owner occupiers or part of a shared ownership scheme category has shown slight fluctuations but remained relatively stable. In 2019/20, there were 10 clients (7 males and 3 females), making up 2.0% of the total clients. In 2020/21, the number decreased slightly to 9 clients (7 males and 2 females), still representing 2.0% of the total. In 2021/22, the number remained at 9 clients (6 males and 3 females), representing 1.8% of the total. In 2022/23, the number remained unchanged at 9 clients (6 males and 3 females), also representing 1.8% of the total.

The male to female ratio within this category has shown minimal change, with males consistently making up a slightly larger proportion (68%) of the supported population each year.

### **Tenants (including local authority, arm's length management organisations, registered social landlord, housing association)**

Over the four financial years, the total number of these clients who are tenants has remained relatively stable with minor changes. In 2019/20, there were 39 clients (27 males and 12 females), making up 7.9% of the total clients. In 2020/21, the number slightly decreased to 38 clients (24 males and 14 females), representing 8.4% of the total. In 2021/22, the number increased to 45 clients (29 males and 16 females), representing 8.9% of the total. In 2022/23, the number slightly decreased to 44 clients (27 males and 17 females), maintaining 8.9% of the total.

### **Tenants – Private Landlord**

Over the four financial years, the total number of clients in this category has remained stable at 11 clients each year, with minor fluctuations in the gender distribution. In 2019/20, there were 11 clients (7 males and 4 females), making up 2.2% of the total clients. In 2020/21, the number remained at 11 clients (6 males and 5 females), representing 2.4% of the total. In 2021/22, the number remained stable at 11 clients (6 males and 5 females), representing 2.2% of the total. In 2022/23, the number again stayed at 11 clients (8 males and 3 females), representing 2.2% of the total.

### **Settled mainstream housing with family/friends (including flat-sharing)**

Over the four financial years, the total number of clients in this category has shown some fluctuations but remained relatively stable. In 2019/20, there were 219 clients (130 males and 89 females), making up 44.2% of the total clients. In 2020/21, the number decreased to 178 clients (105 males and 73 females), representing 39.4% of the total. In 2021/22, the number increased to 223 clients (132 males and 91 females), representing 44.1% of the total. In 2022/23, the number remained stable at 219 clients (131 males and 88 females), representing 44.5% of the total.

### **Supported accommodation/supported lodgings/supported group home (i.e. accommodation supported by staff or resident caretaker)**

Over the four financial years, the total number of clients in this category has shown minor fluctuations. In 2019/20, there were 188 clients (115 males and 73 females), making up 37.9% of the total clients. In 2020/21, the number slightly increased to 190 clients (117 males and 73 females), representing 42.0% of the total. In 2021/22, the number remained stable at 190 clients (117 males and 73 females), representing 37.5% of the total. In 2022/23, the number decreased to 178 clients (103 males and 75 females), representing 36.2% of the total.

### **Shared Lives Scheme**

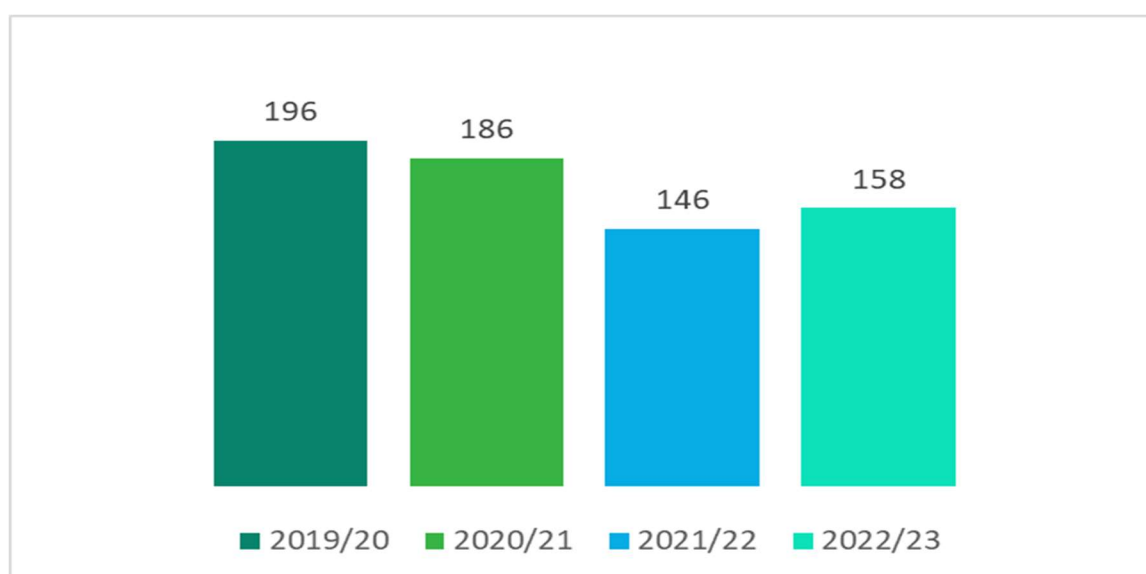
Over the four financial years, the total number of clients in this category has shown minor fluctuations. In 2019/20, there were 27 clients (13 males and 14 females), making up 5.4% of the total clients. In 2020/21, the number slightly decreased to 24 clients (11 males and 13 females), representing 5.3% of the total. In 2021/22, the number increased slightly to 26 clients (12 males and 14 females), representing 5.1% of the total. In 2022/23, the number increased to 30 clients (17 males and 13 females), representing 6.1% of the total.

### *Long term support during the year clients aged 18 to 64 with a PSR of learning disability, living in unsettled accommodation*

#### **Total number receiving support living in unsettled accommodation**

Out of the total number of clients receiving long term support aged 18 to 64 with a PSR of learning disability, those who are living in unsettled accommodation were 196 (28.3% of the total number of clients receiving long-term support aged 18 to 64 with a PSR of learning disability) in 2019/20. This decreased to 186 (29.2%) in 2020/21; 146 (22.4%) in 2021/22 and 158 (24.3%) in 2022/23. See Table below.

**Figure 45 Number of clients aged 18 to 64 with a PSR of learning disability receiving long term support - living in unsettled accommodation (2019/20 to 2022/23)**



#### **Registered care home**

Over the four financial years, the total number of clients receiving long term support aged 18 to 64 with a PSR of learning disability living in a registered care home has fluctuated. In 2019/20, there were 111 clients (75 males and 36 females), making up 56.6% of the total clients. In 2020/21, the number increased to 116 clients (77 males and 39 females), representing 62.4% of the total. In 2021/22, the number decreased to 106 clients (70 males and 36 females), representing 72.6% of the total. In 2022/23, the number slightly increased to 107 clients (74 males and 33 females), representing 67.7% of the total.

#### **Staying with family/friends as a short term guest**

The data reveals the trend in long-term support for clients aged 18 to 64 with a PSR of learning disability who are staying with family or friends as short-term guests. Over the four financial years, the total number of clients in this category has shown some fluctuations. In 2019/20, there were 21 clients (10 males and 11 females), making up 10.7% of the total clients. In 2020/21, the number decreased to 17 clients (8 males and 9 females), representing 9.1% of the total. In 2021/22, the number slightly increased to 19 clients (9 males and 10 females), representing 13.0% of the total. In 2022/23, the number decreased to 15 clients (8 males and 7 females), representing 9.5% of the total.

## 8.11. Transportation

### *Key findings*

Cannon Cars and Clover Cars are the top two providers, accounting for 78.3% of all trips to and from day centres. A significant proportion of trips cater to clients from relatively less deprived areas. For instance, Astley Centre, the most frequently visited location, accounts for 168 weekly trips, with 76 of these trips serving clients from less deprived areas (IMD deciles eight and nine).

The total cost for transportation services per week is £14,063.02, with an average cost of £75.61 per trip. Average trip costs decrease as deprivation increases. Hence, clients from the most deprived areas (IMD decile 1) have the lowest average daily trip cost at £36, while those from less deprived areas (IMD deciles 9 and 6) have the highest daily average costs, at £205.9 and £207.8

Adult transport services provided by Adult Social Care (ASC) typically cater to individuals who require assistance in travelling to various day centres, medical appointments, social activities, and other essential services. These services are designed to support adults with physical disabilities, mental health issues, learning disabilities, and older adults who may have limited mobility or no access to private transportation.

The transportation services are often arranged through contracted providers who are responsible for ensuring safe, reliable, and comfortable journeys for service users. The aim is to help maintain users' independence, facilitate access to care, and enhance their quality of life by connecting them to the necessary services and activities. Transport can be regular (e.g., daily trips to day centres) or ad-hoc (e.g., medical appointments), and the routes and costs may vary based on the service user's needs and their geographical location.

### **Caseload**

As of April 2023, there were 94 adults using transport services under Adult Social Care (ASC) and undertaking 562 weekly trips with the possibility of a client taking at least two trips per week and a maximum of 10 trips per week to and/or from a day centre.

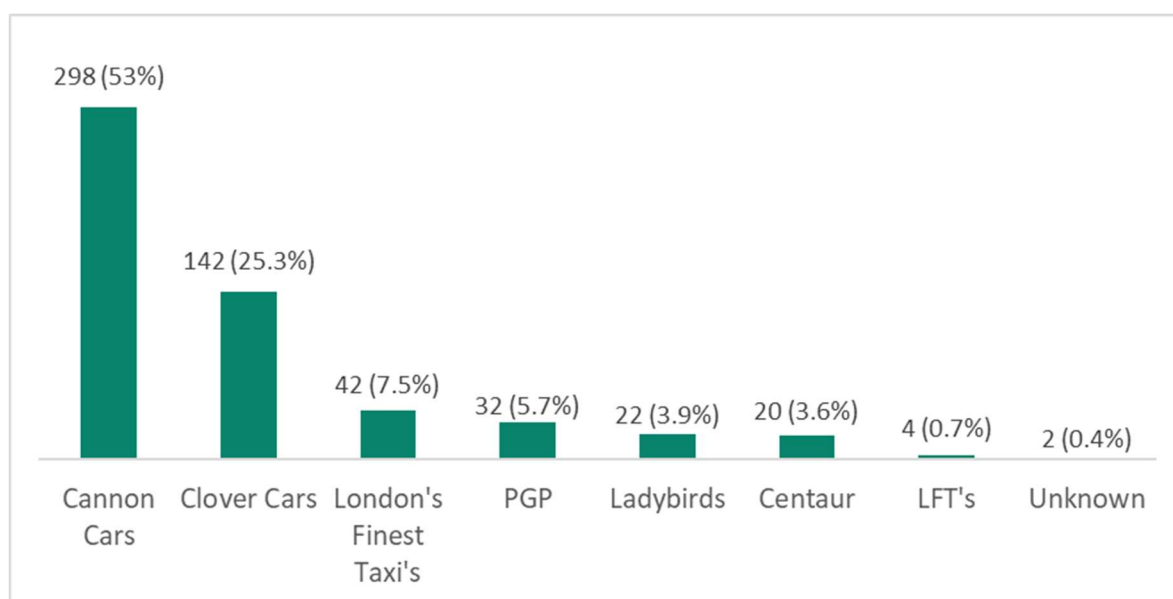
### **Adult Transportation Service Providers**

There were at least seven providers of these transportation services as of April 2023. Cannon Cars is the most frequently used provider, accounting for 53% of all transportation services with 298 trips per week. Clover Cars is the second most utilised provider, making up 25.3% of the total trips with 142 uses.

The data shows a high concentration of usage among the top two providers, with Cannon Cars and Clover Cars together accounting for 78.3% of all trips. This concentration suggests a reliance on a few key providers, which could be both an advantage in terms of coordination and a risk if service disruptions occur with these primary providers

London's Finest Taxi's and PGP account for 7.5% (42 trips) and 5.7% (32 trips) of the services, respectively. Ladybirds, Centaur, and LFT's have relatively low usage, accounting for 3.9% (22 trips), 3.6% (20 trips), and 0.7% (four trips) respectively.

**Figure 46 Number and percentage of trips per provider (April 2023)**



### **Service Providers by Deprivation**

Cannon Cars, the most frequently used provider, serves clients from a wide range of deprivation levels, with the highest number of trips occurring for clients from the IMD decile of four (70 weekly trips) and eight (56 weekly trips). Additionally, Cannon Cars also serves 34 weekly trips for clients from the least deprived areas (IMD decile ten).

Clover Cars, the second most utilised provider, also serves a range of IMD deciles, with the majority of trips occurring in areas with an IMD decile of eight (48 trips). This is followed by services to areas with deciles two, three, seven, and nine, each showing moderate usage. Other providers, such as Centaur, Ladybirds, LFT's, London's Finest Taxi's, and PGP, have a more limited and focused range of trips. For instance, London's Finest Taxi's predominantly serves clients from areas with IMD decile nine (26 trips), while PGP has a higher concentration of trips in deciles four and seven.

### **Transportation to Day Opportunities and by Deprivation**

There were at least 15 day centres that clients needed transportation for. The analysis of the top six most visited centres, based on deprivation levels, shows that a substantial number of trips were for clients who come from relatively less deprived areas. For example, out of 562 weekly trips, to and/or from day centres. 226 (40%) of these were for clients from less deprived areas (IMD decile eight, nine and ten).

There were 168 weekly trips to Astley Centre. Of these, 76 trips were for clients from less deprived areas (IMD deciles eight and nine) with 48 trips for IMD eight and 28 trips for IMD nine. Meanwhile, twenty trips were for clients from a more deprived area (IMD decile four).

Cotmandene Centre had 96 weekly trips. The majority of these trips, 30 in total, were for clients from an area with an IMD decile of nine, indicating a relatively less deprived clientele. In contrast, 14 trips were for clients from a moderately deprived area (IMD decile eight).

Saxon Centre had 82 weekly trips. Of these, 36 trips were for clients from more deprived areas (18 trips for IMD decile four), while 36 trips catered to clients from less deprived areas (26 trips for IMD eight and ten trips for IMD nine).

There were 68 weekly trips to the Jubilee Centre. Of these, 34 trips were split between clients from less deprived areas and more deprived areas (IMD deciles eight and four), with fourteen trips for IMD eight and 20 trips for IMD decile four.

Kentwood had 44 weekly trips, with the majority (20 trips) for clients from a less deprived area with an IMD decile of nine, and only two trips for a client from an area with an IMD decile of eight.

Scadbury Centre had a total of 42 weekly trips. Of these, 16 trips were for clients from more deprived areas (IMD decile four). Additionally, just four trips cater to clients from moderately deprived areas (IMD decile eight), while eight trips serve clients from less deprived areas (IMD decile nine).

Centres like the Methodist Church have fewer weekly trips – 18 weekly trips. At the lower end of the spectrum, centres such as Linden Lodge, Scotts Project, Mencap, and others have minimal trips, ranging from from two to eight weekly trips.

**Table 18 Major deprivation levels of clients served by day centres and total number of trips to and from centres (March 2024)**

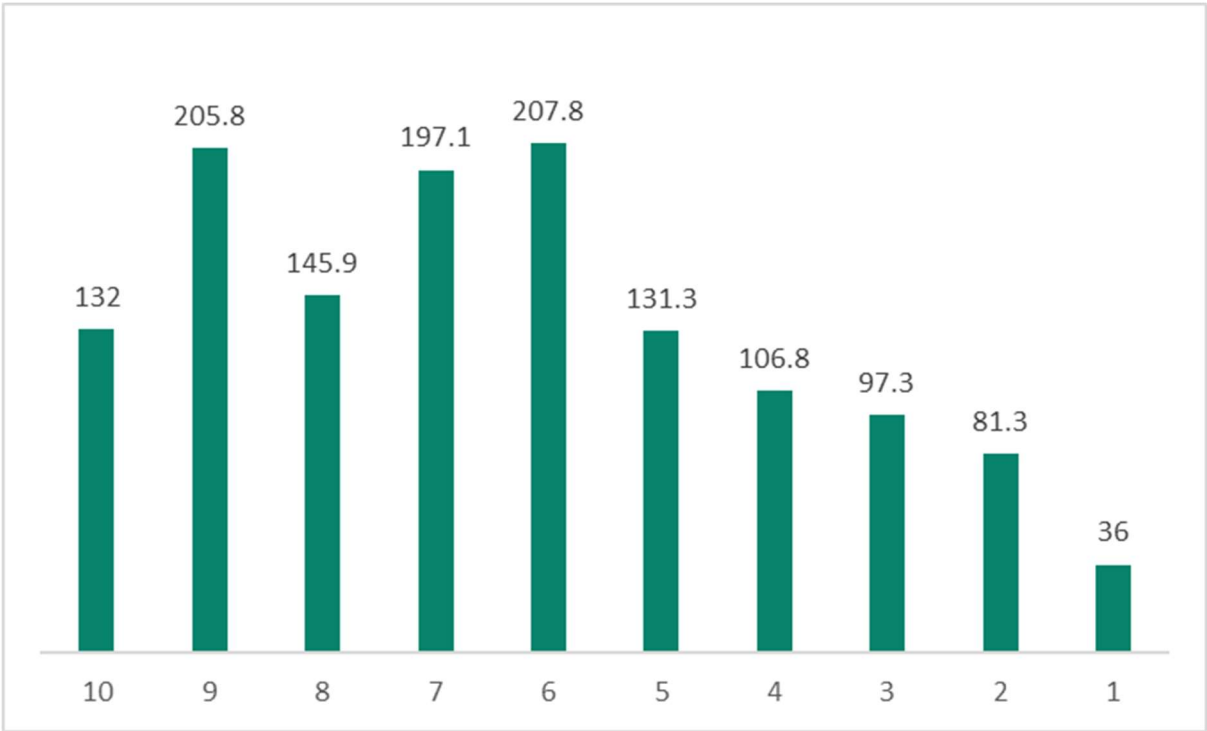
Centre	Deprivation level of areas served (IMD decile)	Number of trips per IMD decile	Total Number of Trips to and/or from centre
Astley	4	20	168
	8	48	
	9	28	
Cotmandene	8	14	96
	9	30	
Jubilee Centre	4	20	68
	8	14	
Kentwood	8	2	44
	9	20	
Methodist Church	4	8	18
	9	2	
Saxon	4	18	82
	8	26	
	9	10	
Scadbury	4	16	42
	8	4	
	9	8	
Princess Christian Farm	10	6	6
Mencap	10	6	6

### Cost of Transportation

As of April 2023, the total cost spent per week on all trips (to and from day centres) was £14,063.02. This comes down to an average cost of £75.61 spent in a week on transportation per trip.

In terms of the cost of transportation by deprivation, the data also shows that the average cost of trips decreases as the level of deprivation increases. Clients from the most deprived areas (IMD decile one) have the lowest average trip cost at £36, while those from less deprived areas (IMD deciles nine and six) have the highest average trip costs, at £205.9 and £207.8, respectively. This trend suggests that trips for clients from more affluent areas tend to be longer or use more expensive providers, while trips for clients from more deprived areas are shorter or use more cost-effective options. The gradual increase in average costs from IMD decile two (£81.3) to decile nine (£205.9) further reinforces this pattern, with some fluctuations at specific deciles.

**Figure 47 Cost (£) of weekly transportation per deprivation status (IMD deciles) for April 2023**



8.12. Transition

*Key findings*

344 CYP were registered on the ITR as of June 2024, most of whom are aged between 15-19 years. 40.7% of CYP on the ITR are actively engaged in the Referral and Transfer process, ensuring continuity of care, with 33 individuals receiving Occupational Therapy as part of their transition support

Transitioning for young people with learning disabilities in Bromley involves a comprehensive and structured process aimed at ensuring a smooth shift from children's services to adult services. This transition is crucial for maintaining continuity of care and supporting the young person's development and independence.



The transition process for young people with learning disabilities in Bromley is meticulously designed to ensure comprehensive support and seamless service provision. It begins with a thorough assessment of the young person's needs, encompassing health, education, and social care, conducted by transition nurses and other professionals to create a detailed transition plan that includes input from the young person and their family. This multi-agency approach involves coordination between health services, education providers, and social care professionals, ensuring integrated support for the young person.

The Referral and Transfer (R&T) process guarantees no gap in service provision, with transition nurses or key workers playing a pivotal role in coordinating referrals to appropriate adult services. EHCP are updated during the transition to reflect current needs and future goals, outlining the necessary support across various areas. Emphasising person-centred planning, Bromley ensures the young person's preferences and aspirations are central to the planning process, promoting independence and self-advocacy. Families receive critical guidance and support from the transition team, including information on benefits, grants, and other resources, to help navigate the complexities of transitioning from children's to adult services

### *Intensive Transition Register*

The ITR helps identify CYP who require additional support during the transition phase, ensuring that their needs are met comprehensively. This includes those with learning disabilities, autism, ADHD, and other conditions as defined by the Equalities Act 2010. The register assists in planning services and interventions that cater specifically to the unique requirements of these individuals, promoting better outcomes and smoother transitions.

To be included in the ITR, young people must have a confirmed diagnosis of a learning disability and be registered with a local GP within Bromley. The referral process is managed by the transition nurses who work closely with families and other professionals to ensure that all necessary assessments and plans are in place before the transition to adult services.

### **Caseload and demographics**

As of June 2024, there were 344 CYP on the ITR in Bromley. This cohort includes 26 CYP (7.6%) aged 14, with the majority (224, 65.1%) aged between 15-19 years, 93 (27%) aged 20-24 years, and one individual aged 25. The data on services received indicates that direct payments are the most prevalent form of support, utilised by 116 CYP (45.3%). Residential placements cater to 30 CYP (11.7%), and respite services are used by 34 CYP (13.3%). Additionally, Riverside SPC is accessed by 40 CYP (15.6%), while supported living arrangements are utilised by 14 CYP (5.5%). Mencap services support 15 CYP (5.9%).

Regarding diagnoses, a significant majority of the CYP on the ITR, 291 individuals (85.3%), are diagnosed with autism or learning disabilities. Anxiety and related disorders affect 27 CYP (7.9%). The remaining diagnoses include bipolar and mood disorders (1.47%), substance misuse (1.47%), and less frequent conditions such as eating disorders, personality disorders, and schizophrenia, each affecting 0.29% of the population.

140 (40.7%) of CYP on the ITR are in the Referral and Transfer process and 33 of them are open to Occupational Therapy.

## 8.13. Conclusion

For SEL ICB (Bromley) there is a clear priority to address the issue of unmet mental health and learning disability needs across the borough's population and ensure that those people who need access and referral to mental health and wellbeing as well as learning disability services are actively engaged with.

There is no real divide between mental health and physical health and yet services are separate and hard to access for particular protected groups. Public Mental Health remains a priority for the UK, and Bromley Council and SEL ICB (Bromley).

Accurate collection of primary care prevalence data and commissioning services must remain a priority to ensure need is being identified and met.

The Bromley MH and Wellbeing Strategy and Learning Disabilities Integrated Strategy are both key initiatives that look to improve and offer essential services for those in Bromley facing mental health challenges and learning disabilities.

Using the evidence gathered from this needs assessment, we can begin to highlight how these aims are being achieved.

The Bromley MH and Wellbeing Strategy sets out the joint vision of Bromley Council and NHS SEL ICB (Bromley) and is built on 5 pillars, including prevention, early intervention, multi-disciplinary approach to treatment, complex and long term support and recovery and rehabilitation.

### **A number of key achievements include:**

- The roll out of three mental health support teams (MHSTs) to Bromley schools.
  - Increased capacity for early intervention and prevention within schools.
  - Improved access to mental health support for children and young people.
  - Reduced stigma around mental health in educational settings.
- Agreement on a new integrated NHS/voluntary sector Single Point of Access (SPA)
  - Simplified access to mental health services for adults.
  - Reduced waiting times for assessment and treatment.
  - Improved coordination between different service providers.
- Opening of the Bromley Mental Health and Wellbeing Hub, an innovative NHS/voluntary sector partnership between Oxleas NHS Foundation Trust and Bromley Mind. The new hub is a “single point of access” for adults seeking help with mental health and wellbeing challenges.
  - Provides a central location for information, advice, and support.
  - Offers a range of services, including talking therapies, peer support, and employment support.
  - Increased accessibility for people with mental health needs.
- Established mental health practitioner roles in GP Practices (Primary Care Networks)
  - Improved integration of mental health care within primary care settings.
  - Increased access to mental health support for patients.
  - Early identification and intervention for mental health concerns.

- Rolled out improved employment support services for people with mental health challenges including the Individual Placement Scheme (IPS) service.
  - Increased employment opportunities for people with mental health conditions.
  - Improved economic and social outcomes for individuals in recovery.
  - Reduced stigma around mental health in the workplace.
- Commenced a large scale transformation programme of mental health recovery services, enabling 80+ people to live more independently taking on tenancies.
  - Increased access to supported housing for people with mental health needs.
  - Improved quality of life and independence for individuals in recovery.
  - Reduced reliance on hospital-based care.
- Established a new joint funding panel across Bromley Council, Oxleas NHS Foundation Trust and the SEL ICB to agree packages in a joined up way.
  - Improved coordination and efficiency in funding mental health services.
  - Ensured that resources are used effectively to meet the needs of the population.
  - Promoted collaboration between different stakeholders.

The Bromley Learning Disabilities Integrated Strategy 2024-2029, aims to create an environment in Bromley where individuals and communities can thrive and where people can lead healthier and more independent, self-reliant lifestyles.

It focuses on eight priorities, namely:

- Safeguarding
  - Robust safeguarding procedures are in place to protect adults with learning disabilities from abuse and neglect.
  - Increased awareness of safeguarding issues among service providers and the community.
  - Improved reporting and investigation of safeguarding concerns.
- Planning and delivering services in partnership with residents and carers
  - Increased involvement of people with learning disabilities and their carers in service planning and delivery.
  - Improved responsiveness of services to the needs and preferences of individuals.
  - Greater empowerment and self-advocacy for people with learning disabilities.
- Supporting families and communities to stay independent through preventative support and early help
  - Increased access to preventative support and early intervention services for families with learning disabilities.
  - Improved support for carers to maintain their own wellbeing.
  - Reduced reliance on formal care services.
- Your care, your way – personalisation, choice, and control
  - Increased use of direct payments and personal budgets to give individuals greater control over their care.
  - Wider range of support options to meet individual needs and preferences.
  - Promotion of self-determination and independence.

- The best place to live – help to stay at home or the best possible alternative
  - Increased access to suitable housing options for people with learning disabilities.
  - Improved support for independent living.
  - Reduced reliance on out-of-borough placements.
- Working in partnership across Local Authority and NHS Services – care and health integration
  - Improved coordination and collaboration between health and social care services.
  - Holistic approach to meeting the needs of people with learning disabilities.
  - Reduced fragmentation of services.
- Supporting all care and health services in Bromley to be the best – working in partnership and shaping the local care and health market.
  - Continuous quality improvement of services for people with learning disabilities.
  - Effective commissioning and procurement of services.
  - Strong partnership working between the local authority, NHS, and the voluntary sector.
- Managing our resources well – providing for money through efficient and effective care and health services.
  - Efficient and effective use of resources to provide high-quality services.
  - Value for money in service delivery.
  - Sustainable funding for learning disability services.

## 9. References

- 1 <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- 2 Cresswell-Smith, J., Amaddeo, F., Donisi, V., Forsman, A. K., Kalseth, J., Martín-María, N., ... & Walhbeck, K. (2018). Determinants of multidimensional mental wellbeing in the oldest old: a rapid review. *Social Psychiatry and Psychiatric Epidemiology*, 54(2), 135-144. <https://doi.org/10.1007/s00127-018-1633-8>
- 3 Connor, C., Valliere, N. D., Warwick, J., Stewart-Brown, S., & Thompson, A. (2022). The cov-ed survey: exploring the impact of learning and teaching from home on parent/carers' and teachers' mental health and wellbeing during covid-19 lockdown. *BMC Public Health*, 22(1). <https://doi.org/10.1186/s12889-022-13305-7>
- 4 Elnaem, M. H., Mubarak, N., T., M. S. K., Barakat, M., Abdelaziz, D. H., Mansour, N. O., ... & Fathelrahman, A. I. (2022). Assessment of mental wellbeing of undergraduate pharmacy students from 14 countries: the role of gender, lifestyle, health-related, and academic-related factors. *Frontiers in Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.1011376>
- 5 Lo, M., Hinds, D. A., Tung, J. Y., Franz, C. E., Fan, C., Wang, Y., ... & Chen, C. (2016). Genome-wide analyses for personality traits identify six genomic loci and show correlations with psychiatric disorders. *Nature Genetics*, 49(1), 152-156. <https://doi.org/10.1038/ng.3736>
- 6 Evans, G. W. (2003). The built environment and mental health. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 80(4), 536-555. <https://doi.org/10.1093/jurban/jtg063>
- 7 Roberts, M. J., Colley, K., Currie, M., Eastwood, A., Li, K., Avery, L. M., ... & Irvine, K. N. (2023). The contribution of environmental science to mental health research: a scoping review. *International Journal of Environmental Research and Public Health*, 20(7), 5278. <https://doi.org/10.3390/ijerph20075278>
- 8 Yamashita, T., Kim, G., Liu, D., & Bardo, A. R. (2020). Associations between perceived environmental pollution and mental health in middle-aged and older adults in east asia. *Asia Pacific Journal of Public Health*, 33(1), 109-112. <https://doi.org/10.1177/1010539520960993>
- 9 Verhoog, S., Eijgermans, D. G. M., Fang, Y., Bramer, W. M., Raat, H., & Jansen, W. (2022). Contextual determinants associated with children's and adolescents' mental health care utilisation: a systematic review. *European Child & Adolescent Psychiatry*, 33(7), 2051-2065. <https://doi.org/10.1007/s00787-022-02077-5>
- 10 Campion, J., Bhui, K., & Bhugra, D. (2012). European psychiatric association (epa) guidance on prevention of mental disorders. *European Psychiatry*, 27(2), 68-80. <https://doi.org/10.1016/j.eurpsy.2011.10.004>
- 11 Bhugra, D. and Ventriglio, A. (2023). Geographical determinants of mental health. *International Journal of Social Psychiatry*, 69(4), 811-813. <https://doi.org/10.1177/00207640231169816>
- 12 Oswald, T. and Langmaid, G. (2021). Considering ecological determinants of youth mental health in the era of covid-19 and the anthropocene: a call to action from young public health professionals. *Health Promotion Journal of Australia*, 33(2), 324-328. <https://doi.org/10.1002/hpja.560>
- 13 Saxon, L., Shepard, B., Muralidharan, A., & Roy, K. (2016). Coping strategies and mental health: Assessing resilience in conflict-affected communities. *Journal of Conflict and Health Studies*, 10(3), 150-168.
- 14 Li, F., Luo, S., Mu, W., Li, Y., Ye, L., Zheng, X., ... & Chen, X. (2021). Effects of sources of social support and resilience on the mental health of different age groups during the covid-19 pandemic. *BMC Psychiatry*, 21(1). <https://doi.org/10.1186/s12888-020-03012-1>
- 15 Muniandy, M., Richdale, A. L., Arnold, S. R. C., Trollor, J. N., & Lawson, L. P. (2021). Inter-relationships between trait resilience, coping strategies, and mental health outcomes in autistic adults. *Autism Research*, 14(10), 2156-2168. <https://doi.org/10.1002/aur.2564>
- 16 <https://www.nhs.uk/conditions/learning-disabilities/>
- 17 Grigorenko EL, Compton DL, Fuchs LS, Wagner RK, Willcutt EG, Fletcher JM. Understanding, educating, and supporting children with specific learning disabilities: 50 years of science and practice. *American Psychologist*. 2020 Jan;75(1):37–51.
- 18 MacIntyre, G. and Stewart, A. (2011). For the record: the lived experience of parents with a learning disability – a pilot study examining the scottish perspective. *British Journal of Learning Disabilities*, 40(1), 5-14. <https://doi.org/10.1111/j.1468-3156.2010.00669.x>
- 19 Thompson, S. (2023). Disability, religion, and gender: exploring experiences of exclusion in india through an intersectional lens. *Social Inclusion*, 11(4), 314-325. <https://doi.org/10.17645/si.v11i4.7129>
- 20 National Audit Office (NAO). (2017). *Local authority spending on learning disability services*.
- 21 <https://assets.publishing.service.gov.uk/media/5a750e7740f0b6397f35d52d/4-page-summary.pdf>

- 
- 22** <https://www.ons.gov.uk/visualisations/censusareachanges/E09000006/>
- 23** GLA Demography 2018-based Population Projections
- 24** Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey, NHS Digital
- 25** Bromley Child JSNA Section 4: Established Needs 2022
- 26** [https://assets.publishing.service.gov.uk/media/5a7a0893ed915d6d99f5cab0/DFE-RR226\\_Report.pdf](https://assets.publishing.service.gov.uk/media/5a7a0893ed915d6d99f5cab0/DFE-RR226_Report.pdf)
- 27** OHID, Fingertips, Child and Maternal Health Profiles
- 28** OHID Public Health Profiles. Original source: Department for Education, Statistical Collections: Special educational needs in England (for both numerator and denominator)
- 29** <https://cds.bromley.gov.uk/documents/s50098929/HWS%20Review%209%20June%202022.pdf>
- 30** <https://www.mentalhealth.org.uk/england/explore-mental-health/statistics/most-common-diagnosed-mental-health-problems-statistics>
- 31** <https://cds.bromley.gov.uk/documents/s50058043/JSNA%20Mental%20Health%20and%20Suicide.pdf>
- 32** <https://www.pansi.org.uk/index.php?pageNo=402&areaID=8338&loc=8338>
- 33** <https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer/understanding-anxiety-and-depression-lgbtq>
- 34** <https://fingertips.phe.org.uk/search/self%20reported%20wellbeing#page/6/gid/1/pat/6/par/E12000007/ati/501/are/E09000006/iid/22301/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>
- 35** <https://commonslibrary.parliament.uk/research-briefings/sn06988/>
- 36** Demand Management Programme 2022/23, Learning Disabilities Adult Social Care Caseload and the Provision of Housing with Care Needs
- 37** <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/how-common-learning-disability>
- 38** OHID Fingertips: <https://fingertips.phe.org.uk/>
- 39** <https://lginform.local.gov.uk/dataAndReports/search/10674?text=learning+disability>
- 40** UK Government. Obesity and weight management for people with learning disabilities: guidance [Internet]. 2020 [cited 2023 Mar 7]. Available from: <https://www.gov.uk/government/publications/obesity-weight-management-and-people-with-learning-disabilities/obesity-and-weight-management-for-people-with-learning-disabilities-guidance>