

Report of the Priority Director for Mental Health to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 6th December 2023

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Subject: Healthy Minds – better lives, brighter futures. Update on work under the strategic programme for mental health

Summary statement:

This report provides an update from the Healthy Minds mental health programme for Bradford District and Craven. The main focus of the report is on the community mental health workstream which has produced an action plan for improving physical health and reducing premature mortality in people with serious mental illness (SMI), learning disabilities or with an autism spectrum condition. The report also includes an update on the work to improve our talking therapies uptake and estates provision. This work is overseen by the Healthy Minds board.

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1. Summary

- 1.1. Healthy Minds – Improving Physical Health and Reducing Premature Mortality in People with Serious Mental Illness (SMI), Learning Disabilities (LD) and Autism Spectrum Condition (ASC) for Bradford District & Craven 2023-2026 is our district wide action plan, with the overall vision that *‘People living with SMI, LD and ASC will live longer, happier and healthier lives, because of improvements in their physical health, early identification and reduction of avoidable physical illness’*.
- 1.2. These are three very different groups of people, but they share challenges in terms of physical health and disparity in health outcomes which are partly due to physical health needs being overlooked. For too many people this means living for many years with a long-term physical health condition and with reduced quality of life, as well as on average a dramatically reduced life expectancy.
- 1.3. This report outlines current and planned activity to deliver this strategy to achieve our goals of improving physical health and reducing premature mortality in these population groups.
- 1.4. This report also includes an update on NHS Talking Therapies, previously known as IAPT, outlining the national rationale for changing the name of this suite of services. Information on the local NHS Talking Therapies service is available by visiting <https://www.bdctalkingtherapies.nhs.uk/> or by calling 01274 221234.
- 1.5. **We would like to ask for the support of Members of Health and Social Care Overview and Scrutiny Committee in sharing our resources to support people with a SMI stay physically well. In addition, we continue to challenge stigma and discrimination against anyone experiencing ill health due to any mental health condition.**

2. Background

2.1. Our overall strategy for the district

- 2.1.1. Healthy Minds – is our district wide all-age strategy to ensure we are meeting the needs and promoting the lives of people with mental health, substance use needs, or living with learning disabilities or neurodiversity as they experience some of the highest inequalities in social and health outcomes.
- 2.1.2. The strategy has three key priorities; to promote better lives, respect rights and improve services. We have an operating framework that supports healthy communities to prioritise independence and prevention and creates swift access to community and specialist support when needed.
- 2.1.3. The priorities and framework were co-produced with people, their carers, our workforce and partners and has established a series of guiding principles and outcomes to measure our success.
- 2.1.4. Our strategy will aim to address the barriers and issues people have shared with us such as difficulty to access and navigate services that are fragmented, have high thresholds and criteria, need improvement in terms of quality,

support and waiting times. We will use an evidence-based framework to ensure to meet four key objectives:

- Integrate and join up our services, supporting our workforce,
- Improve access and waiting times,
- Provide high quality services that promote independence and recovery, and
- Ensure the support is close to where people live.

2.1.5. We will develop a clear service offer that supports a wide range of support delivered at a local level and specialist support delivered at scale. In order to ensure we make these changes and improvements, in dialogue with people who use our services and staff, we have agreed the following framework:

- Supporting Healthy Communities infrastructure to promote independence and build on prevention and wellbeing resources.
- Community support – support for people to stay well.
- Specialist support – support for people to get well.
- Urgent and emergency care – help when needed to be safe and avoid crisis.

2.1.6. We established the **Healthy Minds Board** to bring together health and care partners to jointly oversee and propel our commitment to achieving the best outcomes for our population. We do this by understanding need, setting strategy, outcomes, objectives and priorities and aligning resources as per the Mental Health Investment Standard, managing risk and overseeing the development and delivery of the all-age integrated mental health transformation programme and importantly, deliver on our Long-Term Plan and statutory duties while maintaining a focus on prevention, protection, early intervention and independence.

2.1.7. The strategy outlines the health inequalities people with serious mental illness, a learning disability or autism spectrum condition face and has a key workstream to address this and improve people's quality and length of life. This is the key focus of this report.

2.1.8. The work is delivered by a partnership between all health and care partners across Bradford District and Craven.

2.2. Severe Mental Illness

2.2.1. It is estimated that for people with SMI, 2 out of 3 deaths are from physical illnesses that can be prevented. Although people with SMI die prematurely from physical conditions, their SMI may still have been a significant feature in their lives, influencing both their risk of developing chronic health conditions and their access to health services.

2.2.2. Based on data from 2016 to 2018, in England, people with SMI are 4.5 times more likely to die prematurely than those who do not have SMI. This inequality

is greater for females. Females with SMI are 4.7 times more likely to die prematurely than females without SMI.

2.3. Learning Disabilities

Compared with the general population, people with a learning disability are 3 to 4 times as likely to die from an avoidable medical cause of death. Most of the avoidable deaths were because timely and effective treatment was not provided.

2.4. Autism

Autistic adults with a learning disability are 40 times more likely to die prematurely due to a neurological condition, with epilepsy the leading cause of death. On average, people on the autism spectrum die substantially earlier than people who are not autistic. A large study from Sweden in 2015 analysed a very large high-quality dataset which allowed for comparisons to be made between the general population, autistic people, and people with both autism and a learning disability. The study found that people with autism died over 16 years earlier than non-autistic people. Autistic adults with a learning disability were found to die more than 30 years before non-autistic people.

2.5. Stigma, discrimination, isolation and exclusion are all factors that can prevent people within these population groups from seeking help and accessing timely and appropriate physical health care and treatment. People with these conditions can also experience diagnostic overshadowing. This is the misattribution of physical health symptoms to part of an existing mental health diagnosis, rather than a genuine physical health problem requiring treatment.

2.6. There has been a Physical Health Steering Group in existence for many years within Bradford District and Craven whose main aim has been to increase the uptake of annual physical health checks in people with SMI. Learning Disability services and primary care also work together to offer similar annual physical health checks for people with LD.

2.7. Currently, there is no national requirement from NHS England (NHSE) to offer annual physical health checks for autistic people despite this population group facing similar challenges.

2.8. In 2023, the Physical Health Steering Group agreed that an action plan was needed as it was recognised that whilst improving uptake of annual physical health checks was an important part of the aims of the steering group, the actions taken post annual health checks (e.g., interventions such as supporting someone to stop smoking, prescribing statins for people with cardiovascular risk factors and encouraging physical activity and other interventions) were equally important if we want to reduce physical illness and reduce premature mortality in these population groups.

2.9. The action plan developed by the Steering Group was approved by the Healthy Minds Board in July 2023 and has five commitments to people with SMI, LD and ASC which are:

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- *People are proactively supported and encouraged to access physical healthcare that they need.*
 - *When people are receiving health and care services to help live with their SMI, LD or ASC they are also supported to improve their physical health.*
 - *People will have equal access to healthy living and wellbeing activities in their communities.*
 - *People will have the opportunity to influence organisations that they use for their health and care.*
 - *Our partners will identify and embed opportunities for improving the physical health of people with these conditions in their strategy, decision and policy making.*

2.10. At the heart of this strategy is ensuring that we promote better lives, respect rights and involve patients and improve support as per the Bradford District and Craven Mental Health and Wellbeing Strategy.

2.11. We recognise the need to ensure our communication resources are produced in formats that are most effective for these audiences, we do this through following best practice as well as through active involvement of our patient involvement partners and people with lived experience.

2.12. We are working with Bradford Talking Media to develop a range of information for different accessible needs, which they are coproducing with people who have lived experience. We receive a lot of positive feedback from people, and the carers of people, who have LD and SMI who access these communication resources. Please see Appendix 3.

2.13. The Healthy Minds website – www.healthyminds.services – also provides direction and information for people to access support.

3. Report

3.1. The action plan outlines the key actions that underpin the 5 commitments that Bradford District and Craven have made to people with SMI, LD and ASC.

3.2. The Physical Health Steering Group membership has also been reviewed. Whilst the group membership already consisted of secondary care NHS representatives, primary care representatives, voluntary and community sector (VCS) representatives and Integrated Care Board (ICB) colleagues, the Group felt that regular representation from Public Health colleagues as well as colleagues from our place based Core25Plus5* team and digital and data experts was required as well as colleagues with expertise in research. This allows for greater collaboration and an opportunity to reduce duplication of effort in the various initiatives across the district, aiming to improve physical health and wellbeing. *[Core20Plus5](#) is a national programme to tackle inequalities focusing on people in the 20% less affluent neighbourhoods nationally with five clinical areas of focus - one of which is SMI. The plus five should be marginalised population groups identified at a local level - this includes people with a learning disability and autistic people

3.3. The below table outlines the key clinical priorities that the action plan covers. These are based on national and local data which show the main causes of physical illness and premature mortality. These are listed in the appendices.

Key Priorities for Improving the physical health of people with SMI, LD and ASC

Support to quit smoking

Tackling obesity and antipsychotic induced weight gain

Improving outcomes for those with respiratory disease

Reducing alcohol and substance misuse

Improve sexual and reproductive health

Medicines optimisation

Improving Dental and oral health

Reducing falls

Reducing CVD risk through medicines optimisation increasing physical activity

Health screening and vaccination programmes

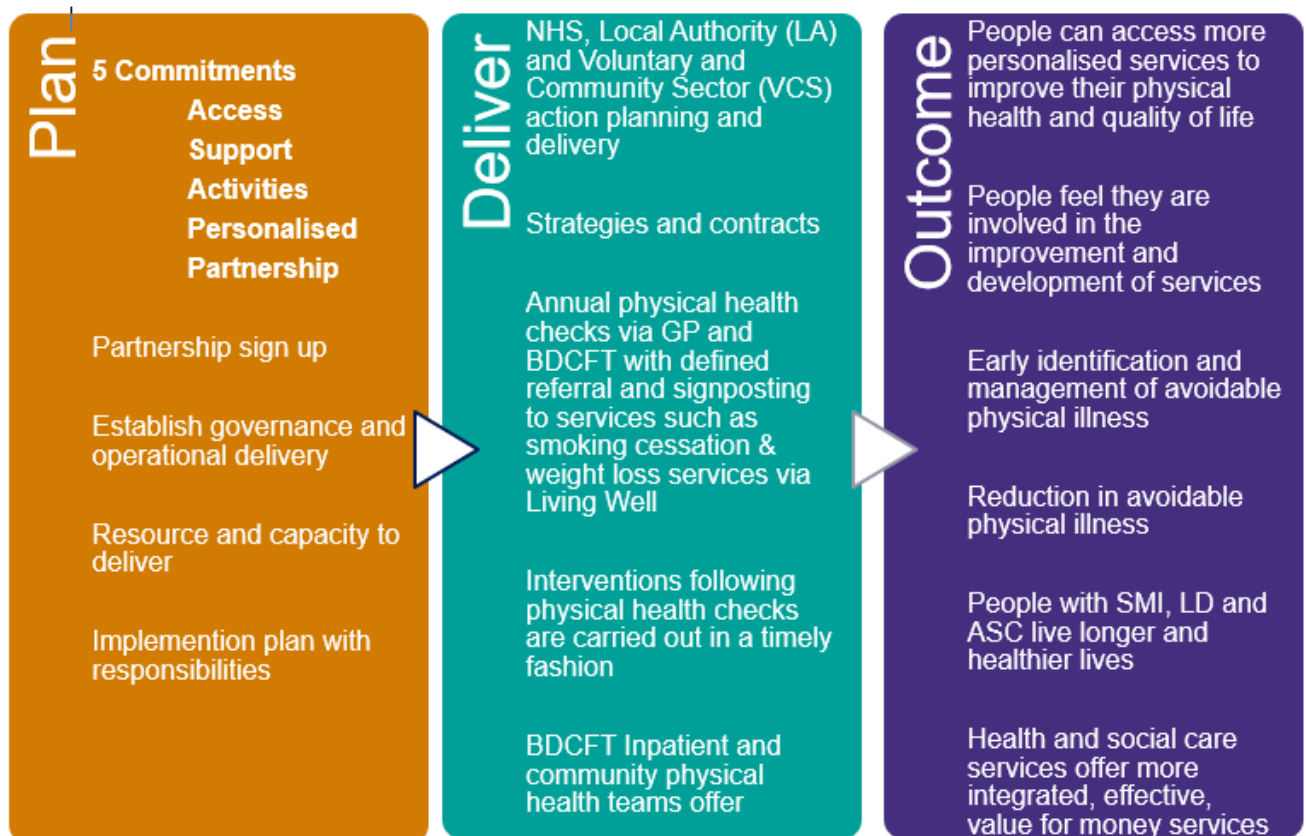
Reducing excess mortality caused by liver disease

Improving physical health during the perinatal period

3.4. The action plan also covers inpatients at Lynfield Mount and Airedale Centre for Mental Health, many of whom can stay for many months and in some cases years. A Healthy Lifestyles event was run at both sites in October 2023 which promoted smoking cessation, healthy eating, physical activity and drug and alcohol harm reduction. More events are planned.

3.5. Additionally, the allied health professionals deliver walking groups, healthy meal planning and more. There is also a review of the nutritional policy underway to ensure that we are offering healthy meals and snacks to people during their admission. There is also a planned review of diabetic specialist nurse input to both sites to ensure patients with diabetes get the best possible care whilst they are on the wards.

3.6. The below outlines the delivery plan and outcomes the action plan will deliver:



3.7. A presentation to the Committee will provide some examples of the interventions we are delivering as a partnership all of which are contributing to an overall improvement in the uptake of physical health checks across our district. These include:

- 3.7.1. The Primrose Project: Primrose is a programme of research we are doing with our Primary Care partners, Bradford District Care NHS Foundation Trust, Mind in Bradford (Voluntary and Community Sector) and the University of Central London, to improve the assessment and management of cardiovascular risk in people with severe mental illnesses such as bipolar disorder, psychosis and schizophrenia.
- 3.7.2. Living Well: Delivered by our Public Health colleagues – interventions focussed on providing smoking cessation, access to physical activity and weight management for people with SMI, LD and ASC.
- 3.7.3. SMI-LE (Serious mental illness – local engagement) provides support for people under Community Mental Health Team Care co-ordination but also includes VCS community-based health engagement, peer supporters and physical activity advocates from a range of VCS organisations.
- 3.7.4. Culturally Adapted Therapy for Muslim communities – delivered by our Talking Therapies service and VCS partners.
- 3.7.5. Working with Community Partnerships – our Community Partnerships have used their Core20Plus5 funding to deliver a range of neighbourhood-based engagement, support and interventions.

4. Contribution to West Yorkshire Integrated Care System Priorities

4.1. The strategy delivers on West Yorkshire Health and Care Partnership Integrated Care Strategy which outlines 10 ‘big ambitions’, 2 of which can be delivered within Bradford District and Craven by this action plan:

- *We will increase the number of years of life that people live in good health in West Yorkshire*
- *We will reduce the gap in life expectancy between people with mental health conditions, LD and/or autism and the rest of the population.*

5. Update on Talking Therapies (Previously IAPT)

5.1. Following public consultation by NHS England it was decided that in January 2023 all Improving Access to Psychological Therapies (IAPT) Service should rebrand to NHS Talking Therapies, with a tagline - ‘for anxiety and depression’.

5.2. The IAPT acronym was deterring people from using the services as it was not clear what IAPT or Improving Access to Psychological Therapies means. The name described a policy ambition but said little about the nature of the service. Because of this, many services developed unique local names. The Bradford service had been named ‘My wellbeing college’ which did not indicate the nature of the service. This meant it was not always obvious to the public that services delivering the IAPT promise were available in every part of the country. The rebranding was deemed critical in raising the profile of the therapy services and removing barriers to access for people. From Wednesday 16 August 2023 people accessing support were able to self-refer online at Bradford and Craven Talking Therapies <https://www.bdctalkingtherapies.nhs.uk/> or by calling 01274 221234.

5.3. Health professionals can still refer people to the service through the Trust’s Single Point of Access, using the Adult Mental Health Referral form. The service is being delivered by the same staff, providing the same quality service to people in Bradford, Airedale, Wharfedale and Craven

5.4. The improved website offers self-help resources, ability to self-refer to the service and contact information for several organisations who can support people who find themselves in mental health crisis or requiring urgent mental health support.

5.5. The three main KPIs within Talking Therapies are Access (numbering of people entering the service, Recovery, and Waiting Times. The services KPIs have improved with recovery and waiting list KPIs being maintained within target. Whilst the access target is below the national target, this continues to increase on an upward trajectory with the service and has significantly improved throughout this financial year. For our current performance position, please see Appendix 2.

5.6. The NHS Long-Term Plan set the national minimum requirement access figures for 2023/24 with the expectation that Talking Therapies access figures should be 20,845 for Bradford. Since the release of the Long-Term plan, NHS England recognised the impact that Covid had on Taking Therapy services as well as the significant issues with recruitment of qualified therapists that is national problem. As a result, NHS England have since revised the targets set out in the Long-term plan, and the 2023/24 Bradford access target now is 17012. There would be a significant investment required to mitigate the shortfall and reach 2023/24 targets.

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- 5.7.** The service is currently outsourcing work to Xyla, which is a private third-party company that provides therapists trained within the Talking Therapies models and delivers therapy remotely. This is due to capacity issues within the service, with vacancies, sickness and maternity leave. Xylas has had a positive impact on waiting lists and access KPIs. Improvement with Internal processes within the service have meant that over the last 6 months the service is outsourcing less to Xyla, and if vacancies can be filled this will continue to reduce.
- 5.8.** Vacancies within the service currently stand at a high level, with issues nationally of not being able to recruit qualified staff. The service has tried to mitigate capacity issues with using Xyla as above. The service currently has 10 Band 7 vacancies and 9 Band 5 for qualified staff despite a proactive and rolling advertisement campaign. Recruitment remains a significant challenge for the service.
- 5.9.** During 2021/22 as part of the Reducing Inequalities in Communities project, the service worked in partnership with Leeds University and VCSE providers to undertake a research study for culturally adapting therapy, for people from a Muslim background. The research study showed positive outcomes for the people who received the adapted therapy, including better recovery and engagement. The ICB has now decided that this will be rolled out to the Talking Therapies service as business as usual.

6. Lynfield Mount Estate Update.

- 6.1.** The redevelopment of Lynfield Mount Hospital (LMH) continues to be a strategic priority for Bradford District Care NHSFT, as well as BDC Health and Care Partnership and the wider West Yorkshire ICS. The poor quality of the LMH estate directly impacts on patient care and outcomes, and results in significant and growing financial pressures as a result of escalating maintenance and emergency repair costs and the need to send large numbers of patients “out of area” and/or to private sector providers.
- 6.2.** A £90m bid for national funding (under the government’s “New Hospital Programme”) was rejected earlier this year. The Care Trust continues to lobby at regional and national level, as well as exploring alternative funding solutions at a West Yorkshire ICS level. The Trust has also worked up a phased plan which would allow some of the redevelopment to take place if a smaller amount of funding (c£45m) was to be made available. However, the scarcity of capital funding in the NHS is prohibiting progress and, unfortunately, other regulatory and technical barriers prevent more innovative solutions being pursued with third parties. The Care Trust is using some of its very limited capital funding (c£7m per annum) to do minor improvements and preparatory work, but significant additional investment is needed through alternative regional and/or national routes. In the meantime, costly mitigating measures continue to be applied in order to maintain patient safety.

7. Options

- 7.1.** There are no options associated with the strategy or service deep dive

8. Recommendations

8.1. The Committee are asked to note the action plan and the plans to achieve Bradford District and Craven's vision of improving health and reducing premature mortality in these population groups and are invited to use their influence to raise awareness of the health inequalities faced by these population groups.

8.2. Note the updates regarding Talking therapies and the LMH estate.

9. Background documents

9.1. There are no background documents

10. Not for publication documents

10.1. There are no not for publication documents

11. Appendices

Appendix 1: References

Makurah, L. (2018) *Health Matters: Reducing Health Inequalities in mental illness*, UK Health Security Agency. Available at <https://ukhsa.blog.gov.uk/2018/12/18/health-matters-reducing-health-inequalities-in-mental-illness/> (Accessed: 3 March 2023).

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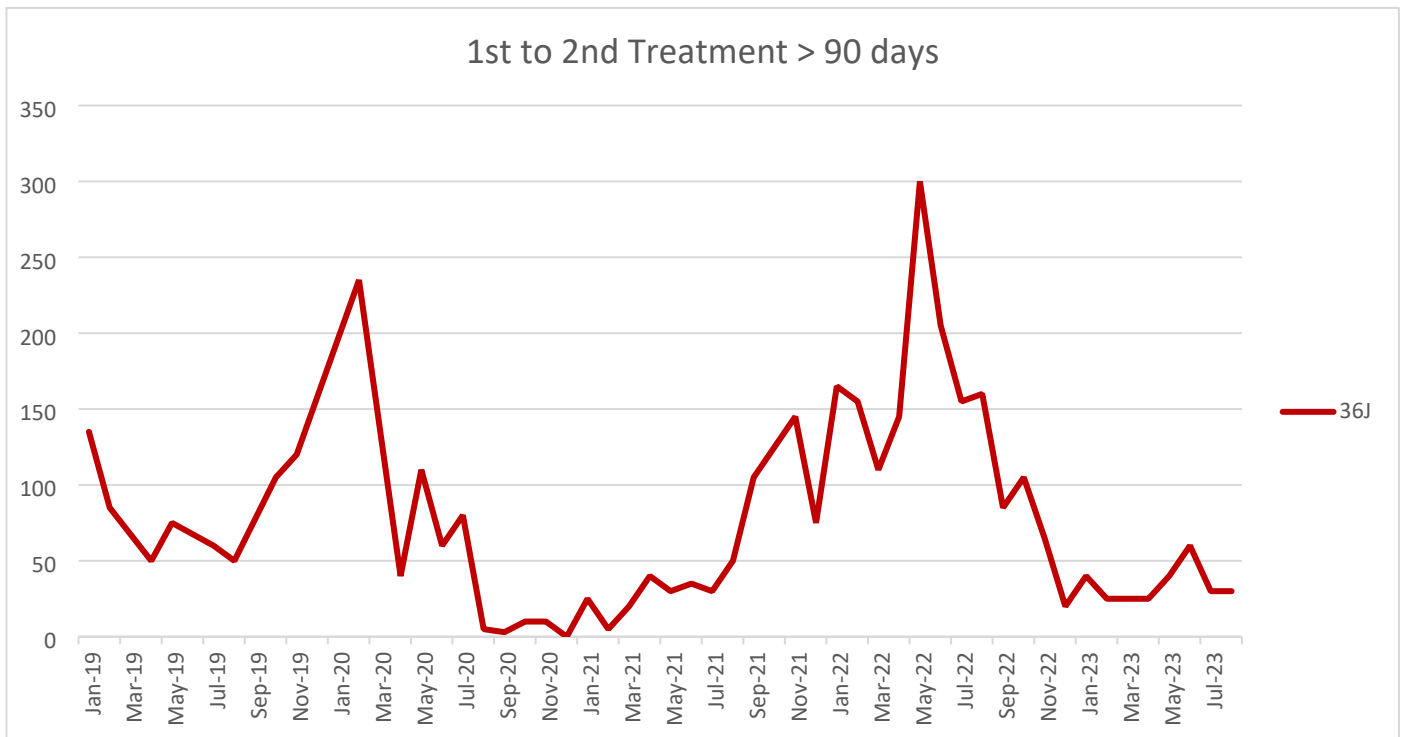
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West Yorkshire Integrated Care Strategy 2023 (2023) *West Yorkshire Integrated Care Strategy 2023 :: West Yorkshire Health & Care Partnership*. Available at: <https://www.wypartnership.co.uk/publications/west-yorkshire-integrated-care-strategy> (Accessed: 14 June 2023).

Appendix 2: Talking Therapies

Headline figures

Access (updated)							
	Entering therapy (M031)		6 week waits (M053)		18 week waits (M055)		
	BDCFT	Target	6-week	BDCFT	18 Week	BDCFT	
			Target		Target		
Apr-23	780	730	75%	76%	95%	100%	25
May-23	755	730	75%	84%	95%	98%	40
Jun-23	840	730	75%	83%	95%	100%	60
Jul-23	905	730	75%	87%	95%	99%	30
Aug-23	795	730	75%	90%	95%	99%	30
Sep-23	835	730	75%	93%	95%	100%	
Oct-23	1008	780	75%	93%	95%	91%	
Nov-23		780	75%		95%		
Dec-23		780	75%		95%		
Jan-24		830	75%		95%		
Feb-24		830	75%		95%		
Mar-24		830	75%		95%		



Outcomes (updated)

	Recovery Rate (M192)			Reliable Improvement (M186)		Deterioration (M1010)	
	England	BDCFT	Target	Actual		Actual	
				England	BDCFT	England	BDCFT
Apr-23	51.1%	55%	50%	67.7%	76%	5.9%	5%
May-23	50.5%	51%	50%	67.3%	68%	5.7%	6%
Jun-23	50.6%	50%	50%	67.3%	69%	5.8%	7%
Jul-23	50.3%	49%	50%	66.8%	68%	5.8%	4%
Aug-23	49.8%	51%	50%	66.3%	70%	6.0%	7%
Sep-23		55%	50%		74%		
Oct-23		49%	50%		66%		
Nov-23			50%				
Dec-23			50%				
Jan-24			50%				
Feb-24			50%				
Mar-24			50%				

Activity

	Attended Appointments		DNA Rate		Cancelled By Service		England
	England	BDCFT	England	BDCFT	England	BDCFT	
Apr-22	74.1%	73.2%	10.1%	10.6%	4.7%	5.5%	10.5%
May-22	74.9%	73.8%	9.8%	9.1%	4.5%	5.4%	10.2%
Jun-22	75.1%	71.8%	9.8%	9.2%	4.2%	7.2%	10.3%
Jul-22	74.9%	73.8%	9.5%	8.4%	4.7%	5.7%	10.2%
Aug-22	74.6%	72.2%	9.8%	8.8%	4.7%	7.7%	10.2%
Sep-22							
Oct-22							
Nov-22							
Dec-22							
Jan-23							
Feb-23							
Mar-23							

Appendix 3. Easy Read leaflet for SMI – please see attached.

End of report.