

**Agenda for a meeting of the Health and Social Care  
Overview and Scrutiny Committee to be held on  
Thursday, 15 December 2022 at 4.30 pm in the Council  
Chamber - City Hall, Bradford**  
Members of the Committee – Councillors

<b>LABOUR</b>	<b>CONSERVATIVE</b>	<b>LIBERAL DEMOCRATS</b>	<b>Green</b>
A Ahmed Godwin Humphries R Jamil Wood	A E Coates J A Glentworth	A Griffiths	C R Hickson

**Alternates:**

<b>LABOUR</b>	<b>CONSERVATIVE</b>	<b>LIBERAL DEMOCRATS</b>	<b>Green</b>
S Akhtar Shabir Hussain U H Khan J Lintern Mohammed	P W Clarke P G Sullivan	A Naylor	C Whitaker

**VOTING CO-OPTED MEMBERS:**

Susan Crowe - Bradford and Craven Co-Production Partnership

Trevor Ramsay - i2i Patient Involvement Network, Bradford District NHS Foundation Care Trust

Helen Rushworth - Healthwatch Bradford and District

**Notes:**

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.
- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

**From:**

Asif Ibrahim  
Director of Legal and Governance  
Agenda Contact: **Asad Shah**

**To:**

Phone: 01274 432280. E-Mail: [asad.shah@bradford.gov.uk](mailto:asad.shah@bradford.gov.uk)

**A. PROCEDURAL ITEMS**

## 1. **ALTERNATE MEMBERS (Standing Order 34)**

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

## 2. **DISCLOSURES OF INTEREST**

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

*Notes:*

- (1) *Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (2) *Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (3) *Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.*
- (4) *Officers must disclose interests in accordance with Council Standing Order 44.*

## 3. **INSPECTION OF REPORTS AND BACKGROUND PAPERS**

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Asad Shah - 01274 432280)

#### **4. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE**

Any referrals that have been made to this Committee up to and including the date of publication of this agenda will be reported at the meeting.

### **B. OVERVIEW AND SCRUTINY ACTIVITIES**

#### **5. RE-IMAGINING DAY SERVICES**

1 - 16

The report of the Strategic Director of Health and Wellbeing (**Document “P”**) follows the Report to the Executive Committee on 5<sup>th</sup> October 2021 that recommended the creation of a Special Purpose Vehicle (SPV) and the last update to Overview & Scrutiny Committee on 18<sup>th</sup> November 2021.

**Recommended –**

**Members are invited to comment on and/or endorse the approach detailed in the body of the report and to raise any issues /questions.**

(Jane Wood – 01274 432942)

#### **6. SHIPLEY HOSPITAL UPDATE**

17 - 40

The report of the Chief Operating Officer, Bradford and Craven Health and Care Partnership (**Document “Q”**) provides a summary of the position with regards to the next steps on Shipley Hospital. This paper, in particular in relation to a public consultation, is based on an independent review of involvement in relation to Shipley Hospital. The independent review of involvement to date has been commissioned by the Bradford District and Craven Health and Care Partnership and delivered by an independent agency, Stand.

**Recommended –**

**Members are asked to note the proposed involvement and consultation work related to Shipley Hospital.**

(Helen Farmer - 07932 946494)

**7. HEALTHY MINDS - OUR MENTAL WELLBEING STRATEGY FOR BRADFORD DISTRICT & CRAVEN 2021-2031 AND A DEEP DIVE ON IMPROVING ACCESS TO PSYCHOLOGICAL SERVICES (IAPT)** 41 - 88

The report of the Priority Director for Mental Health (**Document “R”**) provides an overview of our strategy to improving, respecting and promoting the mental wellbeing of our population to live happier, healthier and longer lives. The strategy was agreed by the Mental Health Partnership Board in 2021 and has since been refreshed as part of the reset of our system priorities by the Partnership Leadership Executive of the Integrated Health and Care Partnership Board for Bradford District and Craven. The latter part of the report takes a deep dive into the current situation within the Improving Access to Psychological Therapies (IAPT) service for adults within Bradford District and Craven (BDC). It sets out the outcomes of the IAPT service review, identifying gaps in service against national targets and the challenges faced to increasing access in line with national targets and wider pressures such as workforce and demand.

**Recommended –**

**The Committee are asked to note the strategy and deep dive report and are invited to attend the Breakfast Bite sessions and be involved as Mental Health Champions.**

(Sasha Bhat – 01274 237537)

**8. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2022/23** 89 - 94

The report of the Director of Legal and Governance (**Document “S”**) presents the Committee’s work programme 2022/23.

**Recommended –**

- (1) That the Committee notes the information in Appendix A and considers any amendments or additions it may wish to make.**
- (2) That the Work Programme 2022/23 continues to be regularly reviewed during the year.**

(Caroline Coombs – 01274 432313)

THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER

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## Report of the Strategic Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 15<sup>th</sup> December 2022

**P**

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**Subject: RE-IMAGINING DAY SERVICES**

**Summary statement:**

This report follows the Report to the Executive Committee on 5<sup>th</sup> October 2021 that recommended the creation of a Special Purpose Vehicle (SPV) and the last update to Overview & Scrutiny Committee on 18<sup>th</sup> November 2021.

**EQUALITY & DIVERSITY:**

The Public Sector Equality Duty under the Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it
- relevant protected characteristics include age, disability, gender, sexual orientation, race, religion or belief.

A full Equality Impact Assessment (EqIA) was done in advance of the consultation with people we support prior to the decision to transfer of services from Hft to New Choices Ltd.

A full Equality Impact Assessment was also completed to support the report to the Council Executive Committee (5<sup>th</sup> October 2021) in relation to the options available in relation to the transfer of services and their subsequent transformation.

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Iain MacBeath  
Strategic Director of Health and Wellbeing

**Portfolio:**

**Healthy People and Places**

Report Contact:  
Jane Wood  
Phone: (01274) 432942  
E-mail: [jane.wood@bradford.gov.uk](mailto:jane.wood@bradford.gov.uk)

**Overview & Scrutiny Area:**

**Health and Social Care**

## 1. SUMMARY

Day services are provided to people to meet their eligible adult social care needs. Day services also provide support for family carers by providing a safe occupation for their family members during the day. People have told us they want a more modern day service offer that includes more access to training, employment and volunteering opportunities. We have set up a programme called 'Re-imagining Days' and have been working with people about what changes they want to see. The council also took the step to end the former 'block contract' with Home Farm Trust who provided the majority of our day services – and have created a Special Purpose Vehicle (SPV) called 'New Choices (Bradford & District) Ltd to expedite this transformation.

## 2. BACKGROUND

The Re-imagining Days Programme began in order to modernise the day opportunities offer for individuals with a learning disabilities, moving away from the traditional model of 'day-care' to give people more choice and control over their lives and more of the type of day opportunities that they are telling us they want. The vision was developed together with the people who use Adult Social Care.

A series of events, known as 'The Big Conversation', took place in 2019 and sought the views of adults with learning disabilities and asked what makes a good life for them. This included a discussion about day opportunities.

The conclusion of that exercise was that people said they wanted:

- Somewhere to live where they feel safe and have their own front door
- Paid employment in an interesting job where they have colleagues and friends
- Someone to love, a relationship, marriage, children, grandchildren
- The opportunity to talk about their hopes and dreams and make these happen.

Feedback from people we support was gathered and used to inform the commissioning of the Day Activities Provider List (DAPL) framework. That feedback followed very similar themes. People told us they want:

- To be supported to stay healthy and well
- To be valued and have the respect of others
- To be part of communities that are important to them
- To be connected to where they live and where activities take place
- To be supported to achieve their goals
- To be in the company of friends
- To enjoy new things and become more confident
- To be more independent, learn new skills and get out and about
- To work and earn their own money

National evidence shows that the most successful and sustainable day opportunities have people who use the service at the heart of governing and constantly evolving that service.



User Led Organisations (ULOs), enable people with learning disabilities (with appropriate support) to decide the direction of the organisation to ensure it continues to deliver what people want. This is consistent with the Care Act 2014 in giving people choice and control of how and where they spend their adult social care budget.

Delivering a service in line with; **Bradford Council Plan 2021–2025**, the “**Joint Health and Wellbeing Strategy for Bradford and Airedale 2018–2023**, **Bradford Metropolitan District Council Market Position Statement (April 2020)** and the **Adult Social Care Commissioning Strategy 2022 -2027**.

In cases where an individual has more complex needs, health and social care professionals work in line with the principles laid out in NHS England’s [‘National Plan – Building the Right Support Update \(2022\)’](#). Developed jointly by NHS England, the LGA and ADASS, with active input from people who use services and their families, this document provides commissioners with a framework to develop more community services for people with learning disabilities and/ or autism who display behaviour that challenges, in order to enable people to live more independent lives in their community, with support, and closer to home.

Creating a more person-centred community-based model of support and encouraging more use of Personal Budgets and Direct Payments – two models of funding that puts the choice and buying of support in the hands of the people who use it, rather than the Council. The intention is to offer people more of what they want, to promote greater independence and encourage community engagement in order to improve outcomes. Re-aligning funding arrangements across Health and Social Care to stimulate new growth in the Health and Social Care economy

Service user empowerment is at the heart of our approach. User-led Organisations, Community Interest Companies (CIC), mutuals, charities and co-operatives will all be considered as part of the delivery models to support people who use day opportunities to co-own their services.

The terms ‘individuals with a learning disability’ is used throughout this document. This terms does not describe the uniqueness of each individual supported nor does it adequately relay the complexity or diversity of needs in relation to the service that is delivered.

Individual’s supported all have identified ‘eligible needs’ in relation to the Care Act and/or a primary health care need (Continuing Health Care). Support although *learning disability focused*, is delivered from a range of perspectives acknowledging and responding multiple needs; including any physical needs, sensory support needs, health and/or mental health support needs.

### **3. REPORT ISSUES**

#### **THE DESTINATION – ‘Smaller, Local & Led by You.’**

At this stage there are challenges in being over prescriptive in terms of **what** future services will look like, what we can say is that:

People who use these services **will** be at the centre of future delivery models, there *will be*

greater user leadership and Co-production of provision and we will develop services *on a* scale that supports this.

Service design **will** support individuals' needs being met in the communities **where** they live.

We will work to identify 'fit for purpose' buildings to support those who need building-based provision but for many we will move away from a traditional service offer to an offer that supports greater social inclusion.

The current large 'block contract' with New Choices **will** be broken up and transformed. The future market will be sustainable, diverse and focused on delivering tangible outcomes to the individuals we support. Staff will be protected through this process and their terms and conditions honoured.

In terms of **when**, change will start being noticeable to service users from their next case review (Social Work and/or Continuing Health Care). Services will start to look different from the beginning of next year i.e. January 2023, particularly if you live in Keighley or Shipley.

## **USER LEADERSHIP (citizen leadership)**

The complexities associated with enabling User Leadership are not underestimated. For many (but not all) current provision has a very traditional feel and the migration to a service lead or co-produced by the individuals it supports may seem like a significant journey. This is a reflection of the Council's failure in the past to transform services. We have recognised the need to identify resources to address these issues and to focus on what works well elsewhere as we develop future operating models.

We will ensure co-production is embedded within all the workstreams. Practical challenges will need to be addressed to ensure those who use services (and their families) are part of the workstreams and can sit directly on the programme board.

## **DAY ACTIVITIES PROVIDER LIST (DAPL) FRAMEWORK**

As detailed in the report to Overview and Scrutiny on 18<sup>th</sup> November 2021 (See background documents) The Daytime Activities Provider List (DAPL) tender was published on the 6<sup>th</sup> January 2021, was live from the 12<sup>th</sup> April 2021 and will be in place until the 5<sup>th</sup> January 2031.

It was created with the intention of:

- **Widening the range of options available to people** by encouraging new providers to apply or existing providers to provide a more diverse offer
- **Improving quality across commissioned daytime activities providers:** by introducing a quality framework and providing training for providers.
- **Improving the contractual basis on which services were offered** by running a tender process with clear expectations of Providers.
- **Putting in place a consistent, simplified payment structure for all commissioned daytime activity providers:** by standardising payment for daytime activities.

New Choices and the Commissioning team supported by Social Work leads have baselined all of New Choices Services and agreed a strategy to migrate way from the current 'block payment' to a payment structure driven by the rates associated with the DAPL and linked directly to the service individuals actually receive.

This payment migration started on 3<sup>rd</sup> October 2022, for individuals supported by New Choices in the Keighley area, and will be completed for all individuals supported by New Choices by 6<sup>th</sup> February 2023.

## **NEW CHOICES LTD 'KEY PARTNER'**

Created in response to the Councils' Executive Committee's decision on 5<sup>th</sup> October 2021 New Choices (Bradford & District) Ltd became operational on 1<sup>st</sup> April 2022 and is a key partner in this journey.

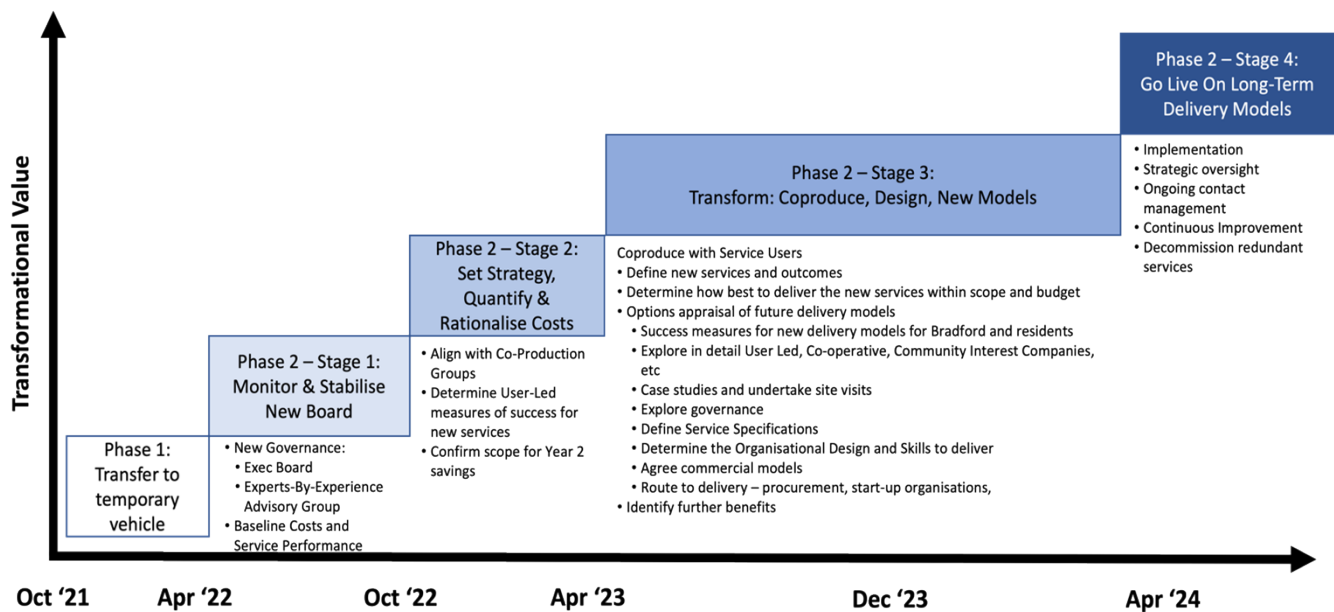
New Choices is currently delivering close to 80% of our day opportunity support to individuals with a Learning Disability, it is by far the most significant provider in the current market. Created as a temporary (Council-owned) legal entity to be transformed over two financial years (2022-24).

New Choices, in line with our Re-imagining Days strategy, and as detailed in the business plan will 'stimulate the local learning disabilities day opportunities market and systemically shrink by:-

- Drawing on insight from social work reviews and ongoing service user engagement to define the future services required
- Leveraging other community offers to tailor their support to suit the needs of individuals
- Developing new user-led/co-led organisations to address gaps in the market
- Reducing unnecessary cost'

## **NEW CHOICES – TRANSFORMATION TO DATE**

The transformation roadmap with tentative timelines shown in the figure below clearly defines the four stages of the 24-month transformation programme that the management team will deliver:



## LOCALITY FOCUSED STEPS

Driven by ‘what people want’ and in partnership with our Community Teams for Individuals with a Learning Disability (CTLD), five locality patches have been identified to support the ‘steps’ of this journey. The first is **Keighley**, the second **Shipley** followed by **South**, **City** and then **East**.

### Keighley Feedback - Social Care

A dedicated Social work reviewing service has been established within CTLD, the service has developed its *person-centred* and *outcome-focused approach* and is committed to ensuring all individuals supported by New Choices have a statutory review and up-to-date Care Act Assessment by the end of this financial year.

The current focus is those attending services in the Keighley Area with 118 statutory assessments due for completion by January.

Historically, social work assessments have not been undertaken and where they were undertaken, did not define clearly identified outcomes that need to be achieved for the individuals who were supported by Hft. Therefore, assessing the effectiveness (and value) of the service delivered in the past has been challenging. What is clear from the Social Work feedback to date is that individuals (and their carers) value the consistency, familiarity and routine offered by the service.

It’s also clear from those supported in Keighley, that they live locally and value a local service offer.

The ‘short break element’ of the service is significant and needed, providing both respite and enabling informal (family) carers to engage in other activities, including supporting their ability to work. Services transformation will be delivered recognising this fact and in line with the partnership work currently underway to review and relaunch our short breaks strategy ‘A Short Break (Respite) Strategy for People with a Learning Disability in Bradford

2011-2014'

The people reviewed to date are predominantly in the older age range. The traditional (typically) building-based offer inherited from Hft does not appear to be valued as highly by younger people transitioning into adult social care for support.

From a statutory reviewing perspective, it has been difficult (and resource intensive) to support individuals (and their carers) who may want to consider a different way to meet their needs, which is more in line with their desired outcomes and interests. Some individuals have attended the same service for many years, it is reliable and consistent, safe and familiar, and for most people in society change is difficult and scary, even if the positives could be great. People need time, space and support to consider what change might look like and the journey to get there.

We are therefore continuing to reinforce the approach, we hold as a partnership with New Choices, that some of the transformation needs to be driven by the service itself. The service offer and degree of choice and control individuals who use the service have about the offer is what needs to change.

The initial support plan reviews undertaken by the review team have flagged up issues such as historical assessments needing to be updated, people having been in services for years without any reviews of their outcomes, people not enjoying the support they receive and not having an opportunity to make changes to their support, and individuals not having a say over service delivery. They have also identified a number of people who were unhappy in other areas of their life, such as where they live, the people they live with and the choice and control they have had over their lives. By completing these reviews, the review team have been able to work with these individuals, promote their rights, decisions and choices. This has allowed supported individuals to develop their own packages of support to meet their needs and aspirations, and lead a better life.

The review team identified a number of people who reported being very happy with the support they receive and didn't want to make any changes. We have supported them to talk about what they value about the service they receive, so we can ensure that informs the design and values of the service through the transformation.

### **What have people we support been saying to us?**

Below are some examples of feedback in the review activity. Individual '1' 'I am very happy with my new home'.

Individual '2' P is happy with his move from A Supported Living to B Supported Living Scheme. He feels safe and comfortable with the level of staff support on site at B, compared to with A as there did not used to be night time support. He has built good relationships with his support team. P feels as though he is getting along well with his fellow tenants at B.

P has also been able to have visitors arranged at place B. His niece and nephew have visited, he enjoyed spending time with them. They told him his new home was nice, which made him happy.

P is happy with his current of day service provision he attends, he does not wish to change anything about them. Following review P stopped attending New Choices the Ranch, he said he found it difficult to continue with that day service as it was difficult with him and his

mobility in the bad weather. P now attends a different New Choices service two times weekly; he enjoys the activities he engages in there.

Individual '3' ' I am really enjoying working in the charity shop, it's something I've always wanted to do'.

Individual '4' I am happy with all my services. I am proud of my work and football and I do not wish to change anything.

### **What have Carer's been saying to us?**

Following a change in day service and being able to travelling independently, A's Dad said '... he is like a new man. With more independence, he has a lot more motivation and is generally much happier on a day to day basis.'

Commenting to a Social Worker "...You have been so attentive and really listened to both staff and family about who 'B' is and also the complexity of her needs. Please would you pass this on as compliment to your manager."

Comment from independent assessor of a Student Social Worker. 'C's carer '... felt at ease and able to ask for the help she needed via the carers' assessment, because the student spoke the same language and understood his role and the support available'.

During a complex review a carer said. "... reviewing all of 'D's care package is good as we can now move forward. I think it's important because otherwise people get lost in the system and everyone thinks all is alright, but it isn't. 'D' can talk to you on her own ... and you've talked to a lot of people a few times and now we need to get together to sort out the details. "

Feedback from 'E's mother '.... this is the best package my son has had and it really suits him. I know he is happy with it all and I'm satisfied with the services offered to him.'

### **USER LEADERSHIP & CO-PRODUCTION**

People with learning disabilities have told us 'what they want'. We now need to coproduce a vision of the future, focusing on what services currently look like, and detailing what is and what isn't possible in relation to eligibility. Then working through new ways of working and what the different options might mean in terms of change for individuals, their families and carers.

Aligned with developing a shared vision of the future, we need to agree with people who use these services; what the journey will look like, details of the phases of change and how we can support their participation in the wider programme and specific workstream. Ensuring those who use the services are at the centre of our approach moving forward and are supported through every stage of the journey.

With the support of 'Equality Together' and Bradford's 'Co-Production Partnership' we are developing a series of 'Shaping the Vision' events across the district the first one was on 25<sup>th</sup> November. The programme will also link in with the existing New Choices' 'New Voices' user forum.

A communications approach with people we serve, their families and carers, and the wider professional/community networks will need to be agreed to consolidate the vision and programme plan.

By segmenting the existing related services and using a 'theme-based' design methodology that looks to identify and articulate aspirational new services, we will set out the resulting services and clearly define the enablers required to bring about the necessary change. The design will consider the success factors we will have derived from the engagement events, the various potential operating models (e.g. structure, relationships with other partners etc), the delivery models (CIC, ULO, procured to the care market etc.). By taking this approach we can be sure that we understand the reason for change and how to measure its success.

## **THE COMMISSIONING ROUTE MAP**

From a commissioning perspective *how* we get there will be governed by a **Person – Centred & Outcomes Focused** approach. Driven to improve the quality of Day Opportunity experiences for People with a Learning Disability in Bradford, *their families and carers*.

Improving Health & Social Care 'Outcomes' at both an individual and population level by developing provision to deliver against the following 12 Standards: -

1. *Person – Centred Support Focused on Outcomes.*
2. *Promoting Health & Wellbeing &*
3. *Delivering Social Value.*

The transformation process will be **Inclusive** in terms of both process and the identification of outcomes: -

4. *Coproduced with Local People, their carers and the local Community.*
5. *Ensuring positive engagement with New Choices and the wider provider network*
6. *Promoting Equality.*

The transformation will be **Commissioning Led** by the local authority recognising the contribution made by the wider organisation and key partners particularly Health with a focus on: -

7. *Effective Leadership*
8. *A Whole System Approach*
9. *Use of evidence in relation to 'what works'*

Developing a vibrant, (10) **Diverse and Sustainable Market**, where improving quality and safety is integral to commissioning decisions.

Delivering: -

11. *Value for money &*
12. *Developing the workforce*

## **PROGRAMME GOVERNANCE**

The programme's delivery and reporting structure will focus on the following 4 Domain's and

their linked Commissioning Standards;

1. Person – Centred & Outcomes – Focused
2. Inclusion
3. Leadership &
4. Market Development.

Each of these workstream in their own right and in conjunction with each other are designed to operate as transformational drivers. The four work streams feed into a six weekly Programme Board, the programme board is accountable to Health & Wellbeing's SMT & DMT.

A Revised Programme Board is now operational and chaired by the new Assistant Director for Adults with Disabilities. The lead commissioner is accountable to the Strategy & Transformation Group chaired by the Director of Health & Wellbeing.

#### **4. FINANCIAL & RESOURCE APPRAISAL**

During 2021-22 the cost of the block contract delivered by Hft was significantly reduced as a result of effective challenge for the Councils 'Hft Exit Programme.'

In 2021-22, the cost of the service run by Hft was £7.170m, against an initial forecast of £8m. The recharge/contribution from Health was £0.474m, therefore the actual cost to the Council was £6.696m.

In 2022-2023, the value of the contract with New Choices is £7.34m. The programme is working to a target spend of £7.14m and the anticipated income (recharge) from Health following their agreement to cover costs at the DAPL rates is just over £1m.

Therefore, the 2022-23 projected target cost to the Council is currently £6.14m.

As referenced above and detailed in the Exec Report (5<sup>th</sup> October) and New Choices Business Plan the transformation programme is committed to moving away for the current 'Block Contract' to payment based on actual service delivered and the rates associated with the Day Activity Provider List (DAPL).

Payments are migrating from the block contract to the DAPL rates for individuals and by 6<sup>th</sup> of February 2023 this will be complete. From this point onward payment to New Choices will be primarily based on the service they *deliver to individuals* as opposed to a 'block contract'. It anticipated this migration will support the programme achieving its target spend for the year.

#### **Service Reduction**

In February 2022 (four weeks before the service transferred) local authority records indicated that 578 individuals were supported previously by Home Farm Trust through commissioning arrangements supported by the CCG and/or adult Social Care. We know that a number of people made alternative arrangements during the pandemic and chose not to restart their traditional day services when centres reopened.

On 11<sup>th</sup> November 2022, following six months of reviewing activity and significant work



between New Choices and the Commissioning Unit to baseline the service offer, the number of people supported by New Choices was down to 483 individuals, a reduction of more than 16% (95 individuals) since the service transferred.

This is particularly significant in terms of the overall number of people supported given it's a net reduction, recognising new people have also joined the service. The overall levels of support are also reducing for a number of individuals.

## **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

The governance approach in relation to New Choices and in relation to the Re-imagining Days programme are both detailed above. New Choices and the Commissioning Team hold a Risk Log.

Risks and recommended mitigation approaches are escalated up the parallel governance structures as necessary.

## **6. LEGAL APPRAISAL**

The Council is required, when commissioning services, to consider the effect of its commissioning decisions (including those of its subsidiary companies) on the wellbeing of the people using the services. It follows that the decision to establish an SPV is one that takes into account a wide range of objective factors; financial, legal, contractual and governance; but also, be one which remains clearly in the interests of service users.

On an on-going basis the Executive should have regard to the council's obligations to carry out its duties in accordance with the principles of best value and to ensure its functions are exercised having regard to a combination of economy, efficiency and effectiveness. To ensure that best value is continuously maintained by the SPV it is important to ensure operational and strategic oversight and governance (Scrutiny) is occurs at regular intervals to ensure oversight of the company's effectiveness, efficiency and economy (savings and spend) (Best Value).

## **7. OTHER IMPLICATIONS**

### **7.1 SUSTAINABILITY IMPLICATIONS**

The transformation of services is designed to support the development of the local economy, promote our equalities agenda and contribute to environmental sustainability.

### **7.2 GREENHOUSE GAS EMISSIONS IMPACTS**

Developing a more locality-working approach is designed to reduce the demand on commissioned transport and the length of journeys. The programme will also review the use of New Choices owned vehicles and contracting of 3<sup>rd</sup> party transport services (PTS).

### **7.3 COMMUNITY SAFETY IMPLICATIONS**

People with learning disabilities are among the most vulnerable people in the community. Providing high quality care and appropriate environment is consistent with the Council's statutory duty to safeguard vulnerable adults.

## **7.4 HUMAN RIGHTS ACT**

The Human Rights Act 1998 makes it unlawful for any public body to act in a way which is incompatible with an individual's human rights. Where an individual's human rights are endangered, Local Authorities have a duty to balance those rights with the wider public interest and act lawfully and proportionately. For this report, the most relevant rights from the 16 covered in the Human Rights Act (1998) are:

- the right to respect for private and family life
- the right to peaceful enjoyment of your property (if this were interpreted broadly as enjoyment of one's home)
- the right to freedom from inhuman and degrading treatment
- the right not to be discriminated against in respect of these rights and freedoms.

The definition of adult abuse, in guidance issued under statute, is based on the concept of human rights: "Abuse is a violation of an individual's human or civil rights by any other person or persons". (No Secrets, Department of Health, 2000).

As with the equal rights considerations, the proposed changes are designed to have positive impact on service users as the changes driven by their wishes in response to assessed need under the Care Act. In line with legal requirements and Council policy, vulnerable individuals and their friends, families and advocates have been and will continue to be involved in any consultation process and planning of changes, and that planning of change is fair and proportionate, and seeks to mitigate any identified adverse impacts of decisions made.

## **7.5 TRADE UNION**

From the local authorities' perspective, the trade union issues relating to the establishment of a Special Purpose Vehicle were dealt with within the context of the Hft Exit Programme and the report to the Executive Committee (5<sup>th</sup> October 2021)

As the current services continues to reduce in size and we look to re-define and potentially re-procure elements of the service out to the market, specific consideration with need to be given to issues relating to any subsequent Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) responsibilities.

Having said that, the current difficulties faced by New Choices relating to the recruitment and retention of staff, is consistent with the challenges across the current social care job market.

## **7.6 WARD IMPLICATIONS**

The current service delivered by New Choices spans the whole district (See Appendix 1.) Ward Councillors will be briefed and involved in any of the developments or changes described in this report.

## **7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)**

NA

## **7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE**

From a Preparing for Adulthood (PfA) perspective the programme and key Social Care and Health colleagues are working with Children's Services in relation to support delivered from a SEND perspective.

## **7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT**

A formal Data Sharing Agreement between New Choices and CBMDC was developed by the programme and is in place, alongside arrangements in relation to the DPO function and a New Choices (Bradford & District) Ltd Privacy Notice.

## **8. NOT FOR PUBLICATION DOCUMENTS**

None

## **9. OPTIONS**

The focus of this report has been to detail the Re-Imagining Days Programme *approach* to supporting the wider transformational agenda and to detailing the 'changes to date' in relation to our primary provider and key partner 'New Choices (Bradford & District) Ltd.

We will honour our commitment to ensure that destination for the service as a whole will be led by those people who use our service and built on a foundation of individual plans that are; co-produced with individuals and outcome focused in terms of addressing their needs, wishes and aspirations. It is difficult to present a series of options before there has been time for these to develop and crystallise in the vision of the people we support.

The commissioning unit will, over the coming months drive forward the work to shape the market and engage with the people we support at a strategic level. Aligned with this New Choices is developing its co-production workstream with the individuals they currently support based on outcome themes that they have raised.

The social work service is delivering a series of area based reviews developing individual support plans following Care Act Assessments and feeding into the Transformation Agenda

Clinical leads are reviewing Nursing Needs Assessments and developing care plans alongside providers and CTLD.

It's envisaged that by the beginning of the new financial year New Choices current service hubs will be on their transformational pathway with any that are considered to no longer be viable identified.

Market testing in relation to the re-procurement of viable New Choices hubs will start in

May 2023. The re-procurement activity and transition to new delivery models will start the second financial quarter (July 2023) and it envisaged new services will start to be launched including 'User Lead Organisations' (ULO's) between August and November 2023

## **10. RECOMMENDATIONS**

Members are invited to comment on and/or endorse the approach detailed in the body of the report and to raise any issues /questions.

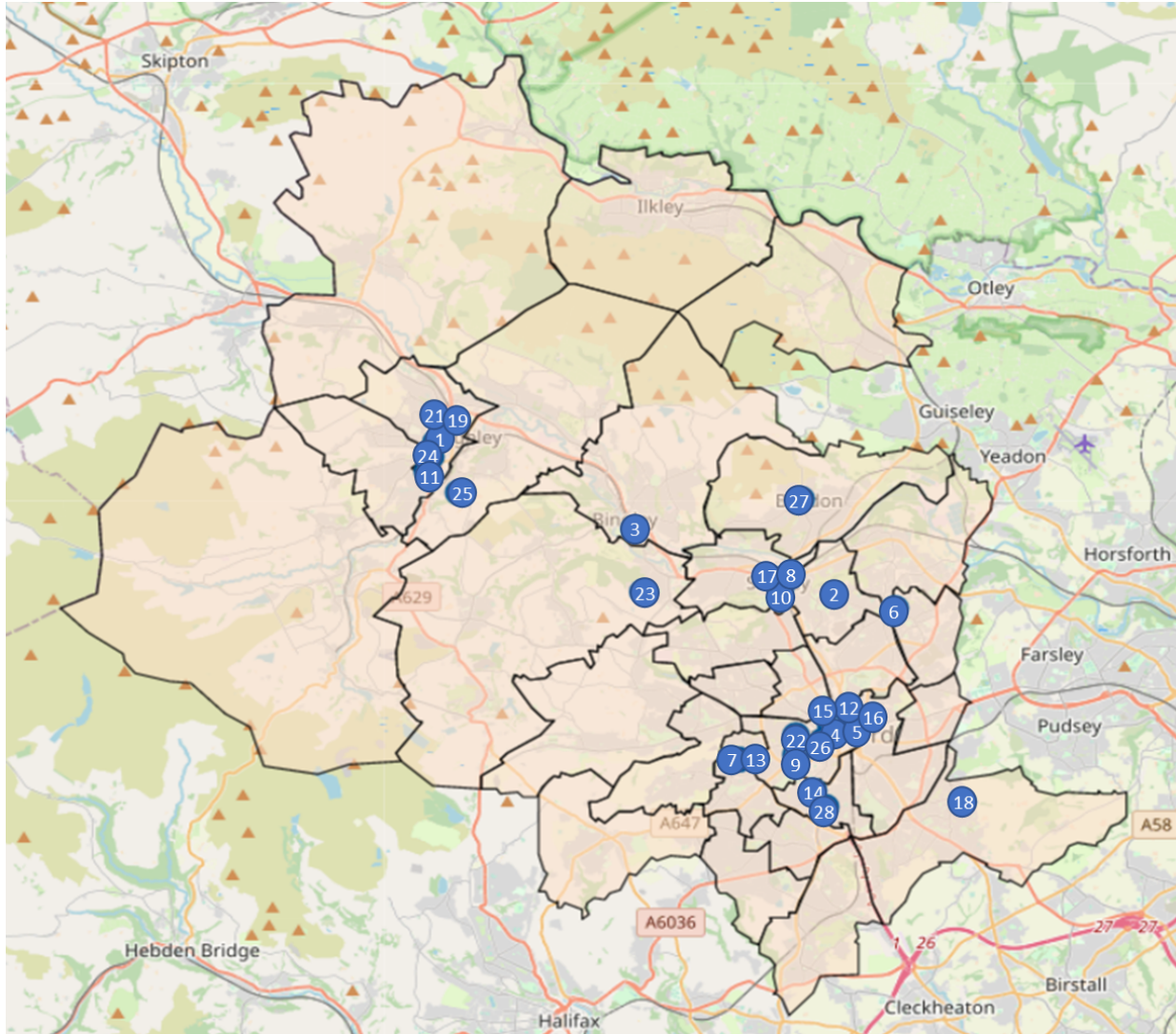
## **11. APPENDICES**

Appendix 1. New Choices Current Service Hubs by ward location.

## **12. BACKGROUND DOCUMENTS**

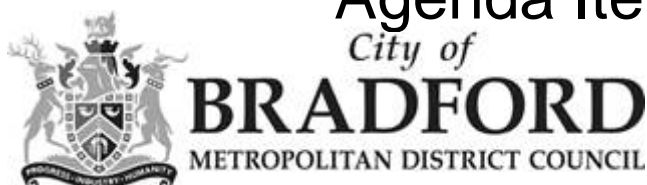
Report to Overview & Scrutiny Committee on 18<sup>th</sup> November 2021 - [RE-IMAGINING DAY SERVICES REPORT ON PUBLIC WEBSITE](#)

Appendix 1 New Choices Service Hubs by Ward Location.



Key	Service Name	Post Code	Ward Name
1	New Choices - ACE	BD21 2JZ	Keighley Central
2	New Choices - Age UK	BD18 1HX	Windhill and Wrose
3	New Choices - Cornerstones	BD16 1AH	Bingley
4	New Choices - Culture Fusion	BD1 2EP	City
5	New Choices - Connected Community Support	BD1 2EP	City
6	New Choices - E4	BD10 8EW	Eccleshill
7	New Choices - FAB 1	BD7 2TA	Great Horton
8	New Choices - FAB 2	BD18 2LZ	Windhill and Wrose
9	New Choices - Grange Interlink	BD7 1PX	City
10	New Choices - Lifeworks	BD18 3EU	Shipley
11	New Choices - New Shoots	BD21 1JS	Keighley Central
12	New Choices - North Parade	BD1 3HZ	City
13	New Choices - North Park House	BD7 2TA	Great Horton
14	New Choices - Outcome Adventure @ Park Lane	BD5 0LN	Little Horton

15	New Choices - Piccadilly	BD1 3NU	City
16	New Choices - Radio 119	BD1 3SH	City
17	New Choices - Shipley Resource Centre	BD18 2LZ	Windhill and Wrose
18	New Choices - Springfield	BD4 0DA	Tong
19	New Choices - Strawberry Street	BD21 3BA	Keighley Central
20	New Choices - Supported Employment & Volunteering	Not mapped	service provided at location as directed by each client
21	New Choices - The Gatehouse	BD21 3BG	Keighley Central
22	New Choices - The Learning Zone	BD7 1JP	City
23	New Choices - The Mews	BD16 1AQ	Bingley Rural
24	New Choices - The Oaks	BD21 1QB	Keighley Central
25	New Choices - The Ranch	BD21 5QX	Keighley East
26	New Choices - The Science Park	BD7 1HR	City
27	New Choices - Unique Voices	BD17 5NH	Baildon
28	New Choices - Women's Day Service	BD5 7AS	Little Horton



## Report of the Chief Operating Officer, Bradford and Craven Health and Care Partnership to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 15<sup>th</sup> December 2022

**Q**

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**Subject: SHIPLEY HOSPITAL UPDATE**

**Summary statement:** This paper provides a summary of the position with regards to the next steps on Shipley Hospital. This paper, in particular in relation to a public consultation, is based on an independent review of involvement in relation to Shipley Hospital. The independent review of involvement to date has been commissioned by the Bradford District and Craven Health and Care Partnership and delivered by an independent agency, Stand.

---

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**Portfolio:**  
**Healthy People and Places**

## 1. Summary

This report provides the Committee with information on an independent review that has been carried out in relation to the involvement work undertaken on Shipley Hospital, and outlines the required next steps. The independent review has been commissioned by the Bradford District and Craven Health and Care Partnership and delivered by an independent agency, Stand.

This independent review and its recommendations will support the restarting of involvement activities in relation to Shipley Hospital. The previous involvement activities had to be paused in March 2020 as our health and care system responded to COVID-19. The report reflects and recognises the period of time that has passed as a direct consequence of the COVID-19 global pandemic and the need to involve people before a final decision is made on any proposals.

The review has examined the involvement activities which took place in 2019 in the light of the subsequent pandemic in order to make recommendations on the next steps for involvement. The independent review, which is available as an appendix to this update paper, recommends that we will need to carry out a formal consultation on our proposal when considering legal and policy considerations.

HOSC received two papers on Shipley Hospital in August 2019 and February 2020.

In summary the key points to note are as below.

- A short consultation will take place in early 2023, with the intention of this starting shortly after the Christmas and New Year period comes to an end.
- The consultation will focus on the move of physiotherapy services provided by Bradford Teaching Hospitals NHS Foundation Trust that are delivered from the Shipley Hospital site. The consultation is asking people which site the service should be delivered from in the future as Shipley Hospital is no longer a viable option due to the age and condition of the building.
- Physiotherapy services are the final services now delivered from Shipley Hospital. The age and structure of the building mean it is not possible to improve the standard to that of a modern, purpose-built, health facility.
- The consultation will be open to all residents across the place served by Bradford District and Craven Health and Care Partnership and we will offer different opportunities for people to share their views.
- Please note there are two physiotherapy services provided from Shipley, community and outpatient. Outpatient physiotherapy would relocate to Eccleshill where this service is already provided from, in addition, pre-Covid 19, the service would provide clinics from GP practices across the district and this can be reinstated in line with



patient demand. This paper covers the arrangements for the community physiotherapy.

- A citizens panel is being recruited to provide an independent assessment of the feasibility study undertaken to date. This will help determine if Westbourne Green, our preferred location for the community physiotherapy services, is the most appropriate location for these services. We will use the views of the citizens panel to ensure people sharing their views in the consultation can consider sites that members of the citizens panel believe could offer a viable alternative site for physiotherapy services.
- Bradford District and Craven Health and Care Partnership Board is a committee of the NHS West Yorkshire Integrated Care Board, with delegated responsibilities. The consultation process will be overseen and assured by members of the Bradford District and Craven Health and Care Partnership Board and reported to the NHS West Yorkshire ICB.
- **We would like to offer members an opportunity to visit both Shipley Hospital and our current preferred site, Westbourne Green.**

## 2. Background

This independent review and its recommendations will support the restarting of involvement activities in relation to Shipley Hospital. The previous involvement activities had to be paused as our health and care system responded to COVID-19. The report reflects and recognises the period of time that has passed as a direct consequence of the COVID-19 global pandemic and the need to involve people before a final decision is made on any proposals.

The review has examined the involvement activities which took place in 2019 in the light of the subsequent pandemic in order to make recommendations on the next steps for involvement. The independent review, which is available as an appendix to this update paper, recommends that we will need to carry out a formal consultation on our proposal when considering legal and policy considerations

Built over 100 years ago, Shipley Hospital (at 98 Kirkgate, Shipley BD18 3LT) is a large, converted house. Over time, it was a maternity home and a community hospital. Today, physiotherapy services occupy the ground floor. The first-floor inpatient ward was closed in May 2010 because of fire safety issues.

Although it is safe to provide services to patients on the ground floor, the building continues to pose issues for staff and patients due to its age and condition. Frequently there are issues with the roof and the fabric of the building, with temporary remedial works needed on a regular basis.

Following the request by Bradford Teaching Hospitals NHS FT (BTHFT) Radiology department in 2019 to vacate Shipley Hospital, this prompted a review of services located there and subsequent engagement with the public. HOSC have received two papers on Shipley, and members of the committee have visited the site previously.

The age and structure of the building mean it is not possible to improve the standard to that of a modern, purpose-built, health facility. This is why the future of the hospital is under review. If the current service were to be moved to other locations, the hospital could be closed and proceeds from its sale returned to the NHS. Our understanding is that 50% of the proceeds from the sale can be reinvested by NHS West Yorkshire Integrated Care Board to improve the patient environment in one or more local services, with the other 50% going to the Department for Health and Social Care.

There have been reports from members of the public that there is a covenant on the hospital building, placed there as a condition of its donation by Norman Rae. Having conducted a review, Bradford Council has confirmed that they do not have any record of such a covenant existing, therefore the NHS is free to dispose of the site as it sees fit. Although one of our recommendations is that any subsequent involvement process asks people to share any evidence they have of such a covenant.

Working closely with NHS Property Services (NHSPS) and Community Health Partnerships (CHP) we have undertaken a site suitability survey and a feasibility study to identify sites that can offer a sustainable solution that ensure we can provide health and care in safe, modern and high-quality environments. As part of this study, we have carried out an assessment of Shipley Hospital that confirms that a complete redevelopment of the site would be needed due to the age and structure of the building.

Based on the site suitability assessment it is evident that a major refurbishment would be very expensive, therefore not providing value for money for the taxpayer from a capital perspective and such a project would not fit the criteria for the Government's New Hospitals Programme. The ongoing maintenance and remedial works that are regularly carried out at Shipley Hospital further demonstrate that the site is creating additional financial pressures. It has been agreed that immediate remedial actions will be undertaken to ensure that the site is water-tight over winter 2022 prior to the public consultation that will determine the future site to provide community physiotherapy services.

A detailed review by NHSPS has established that the existing condition of the building is deficient in meeting current Health Building Note and Health Technical Memorandum standards and has a significant backlog maintenance requirement that is unable to justify value-for-money. This has resulted in the delivery of the existing services from Shipley Hospital becoming unsustainable.

As part of a feasibility study undertaken by NHSPS and CHP, several local buildings in close adjacency to Shipley Hospital were considered as options for the relocation of the Community Physiotherapy team, and the conclusion of that Options Appraisal determined Westbourne Green Community Hospital (WBG) as being the preferred option. In total five sites were considered during this options appraisal which are as follows:

- I. Shipley Hospital (NHSPS)
- II. Eccleshill Hospital (NHSPS)
- III. Undercliffe Health Care Centre (CHP)
- IV. Westbourne Green (CHP)
- V. Canalside Health Centre (CHP)

The public consultation will ask people for their views on moving the service to Westbourne Green, while giving people an opportunity to influence this decision. This will be an open and transparent process and the reasons that Shipley Hospital is not being included as a site to host this service will be outlined as described above. We will ensure that people's views shape our final decision alongside any instructions from NHS England as part of the service change and assurance process.

Prior to going out to consultation, we will share the existing feasibility study carried out by NHSPS and CHP with our citizen forum so they can assess the work undertaken and review the sites that were considered as part of this process. Through patient and public involvement, evaluation criteria can be developed to provide a ranked list of factors of viable options for the relocation of services from Shipley Hospital. The previous steps, looking for possible solutions, have already been completed by NHS Property Services. This additional evaluation will provide an opportunity for citizen involvement in the feasibility study process.

**It is worth noting that this is a public consultation open to anyone covered by our place-based partnership across Bradford District and Craven.**

### 3. Report issues

Following discussions at previous HOSC meetings and the previous engagement work we undertook, we are developing an updated involvement plan based on the principles and framework of public consultation which includes:

- An issues document and narrative setting out the key information and outlining why Shipley Hospital is no longer a viable and affordable option. The narrative and consultation also contains a call for the public to provide information about Norman Rae's covenant if available as we have been unable to find such a covenant;

- Clear demonstration where our consultation process is open to public influence – in line with statutory guidance and the Gunning Principles - by providing a mechanism to allow the public to submit feedback on our proposals which are assessed in the same way;
- Involvement activities, timeline for reporting, decision making and how these fits with a public consultation.

Following this, we will then develop proposals in line with legislation and guidance using an open proposal development process involving stakeholders (citizen forum) and public representatives.

We are planning to undertake a public consultation on Shipley and we expect this to take no longer than six weeks based on the independent guidance we have received from Stand. Stand have also produced an independent review of involvement activities relating to Shipley Hospital and this report is being used to determine our planning for the consultation alongside all statutory guidance.

We are currently anticipating that – even in any worst-case scenario - the latest the consultation period will be concluded by is before the end of March 2023 which means we will not be affected by any pre-election guidance ahead of local elections. Our assumption is that a General Election will not be held before the scheduled local elections taking place in May 2023. We would like to invite members of HOSC to undertake a site visit to Shipley Hospital prior to the consultation commencing, this site visit would also include Westbourne Green.

We anticipate a total project timeline of minimum six and maximum nine months covering pre-consultation business case, final decision making and through to the first stage of implementation. However, we are aware that external factors could change our anticipated timelines.

We will continue to be guided by Stand to ensure we benefit from independent guidance and to develop technical capabilities across our place-based partnership to understand the revised processes to follow for service change following the recent legislative changes as per the Health and Care Act 2022.

There are some refurbishment works that are required at Westbourne Green whilst we have access to capital funding in 2022/23. We believe it appropriate to progress with these refurbishment works as there are a number of services that could utilise this space due to the flexibility it offers.

#### 4. Options

Not applicable

5. **Contribution to corporate priorities**

Not applicable

6. **Recommendations**

Members are asked to note the proposed involvement and consultation work related to Shipley Hospital.

7. **Background documents**

Involvement Review Shipley Hospital

8. **Not for publication documents**

None

9. **Appendices**

Independent review of our involvement activities

**APPENDIX A: Independent review of involvement activities**

**Shipley Hospital**  
**An independent review of involvement activities**

Prepared by Stand  
September 2022

## Contents

Introduction	3
Purpose of the report	3
Information about Stand	3
Background to Shipley Hospital	3
Involvement with stakeholders and the public	4
Feedback from Health Overview and Scrutiny	5
Impact of the pandemic	5
Options development	6
Legal and policy considerations	6
Recommendations	7
Next steps	8
Appendices	8
Appendix one - strategic involvement plan	9
Appendix two - strategic options development plan	11
Appendix three- desk and document review – available on request	13

## Introduction

# Purpose of the report

This report is an independent review of involvement in relation to Shipley Hospital. It has been commissioned by the Bradford District and Craven Health and Care Partnership. This independent review and its recommendations will support the restarting of involvement activities in relation to Shipley Hospital building on work that has taken place prior to the pandemic. The report reflects and recognises the time that has passed as a direct consequence of the COVID-19 global pandemic and the need to involve people before a final decision is made on any proposals.

The review has examined the involvement activities which took place in 2019 in the light of the subsequent pandemic in order to make recommendations on the next steps for involvement.

# Information about Stand

Stand is a specialist consultancy which focuses on NHS service change and brings together an expert community of engagement practitioners and service change leaders with substantial experience in engaging people to inform policy, strategy, service design and transformational change programmes. Stand's best-practice public engagement and consultation approaches bring the voices of local people into the heart of decision-making to meet the organisation's objectives and obligations. Stand has worked on some of the most challenging health and care projects in the UK.

Find out more: <https://wearestand.co.uk/>

## Background to Shipley Hospital

Built over 100 years ago, Shipley Hospital (at 98 Kirkgate, Shipley BD18 3LT) is a large, converted house. Over time, it was a maternity home and a community hospital. Today, physiotherapy services occupy part of the ground floor. The first-floor inpatient ward was closed in May 2010 because of significant fire safety issues. Although it is safe to provide services to patients on the ground floor, the building continues to pose issues for staff and patients due to its age and condition. Frequently there are issues with the roof and the fabric of the building, with temporary remedial works needed on a regular basis.

Sadly, the age and structure of the building mean it is not possible to improve the standard to that of a modern, purpose-built, health facility.

This is why the future of the hospital is under review. If the current service were to be moved to other locations, the hospital could be closed and proceeds from its sale returned to the NHS. Our understanding is that 50% of the proceeds from the sale can be reinvested by NHS West Yorkshire Integrated Care Board to improve the patient environment in one or more local services, with the other 50% going to the Department for Health and Social Care.



There have been reports from members of the public that there is a covenant on the hospital building, placed there as a condition of its donation by Norman Rae.

Having conducted a review, Bradford Council has confirmed that they do not have any record of such a covenant existing, therefore the NHS is free to dispose of the site as it sees fit. Although one of our recommendations is that any subsequent involvement process asks people to share any evidence they have of such a covenant.

## **Involvement with stakeholders and the public**

The most recent stakeholder involvement process began in mid-2019, with a visit to Shipley by members of the City of Bradford Metropolitan District Council's Health Overview and Scrutiny Committee (HOSC). Elected members viewed the building and the clinical commissioning group briefed them on the situation in relation to the deteriorating condition of Shipley Hospital.

Consequently, a report was presented to HOSC later in 2019 setting out discussions between the Trust and NHS Property Services (NHSPS) and outlined potential options, and recommendations to engage local people. At this stage, there was still the possibility of keeping the hospital open.

HOSC requested that a plan be formulated to involve the public, with a draft plan being completed in October 2019. The plans for engagement involved a survey, face-to-face conversations, press releases, a webpage, and a frequently asked questions document being prepared.

The activities in the plan were led by NHS Bradford District and Craven Clinical Commissioning Group (CCG) and supported by engagement activities through the community and voluntary sector.

In December 2019 the engagement phase concluded, and the final engagement report was prepared by the CCG's involvement lead. The report set out the view of people who had responded to the involvement activities.

Most people said that keeping services in the area would be preferable. However, they would accept proposals for an alternative site if the information given during any future involvement process provided honest explanations and detailed information about the options that were considered. This would form part of a transparent decision-making process which would reassure them that the right decisions were being made.

People also expressed concern about the impact on the local area if the site was redeveloped into for example housing.

A further summary of the feedback is contained as Appendix three.

## Feedback from Health Overview and Scrutiny

In early March 2020, the engagement feedback report was presented to the City of Bradford Metropolitan District Council's Health Overview and Scrutiny Committee (HOSC), with the intention stated that there would be a public consultation.

The HOSC resolved that the CCG should go ahead and develop a business case for consultation, and commissioners should return to the HOSC to provide a report on the consultation process and its findings around any future proposed closure of Shipley Hospital, including details of travel planning to alternative provision.

They also agreed with the CCG's recommendation to involve the Clinical Senate which should be contacted to provide independent clinical advice on any future proposed options to close Shipley Hospital and relocate services. The committee also asked, should disposal of the Shipley Hospital site go ahead, that every consideration be given to the provision of lifetime homes or extra care housing. A public consultation was planned to begin in May 2020.

## Impact of the pandemic

March 2020 saw the global COVID-19 pandemic, with a wide range of impacts, including the suspension of local elections and activity being paused to help the NHS and its partners to deal with the public health emergency. This included suspending the move towards a public consultation for Shipley Hospital that would include proposals for moving the final remaining service to another site.

As a direct consequence, there has been a delay in developing the business case for consultation. This delay has also seen the implementation of the Integrated Care Act (2022) which disestablished NHS Clinical Commissioning Groups and established Integrated Care Boards, transferring the statutory responsibilities for service change to the new bodies.

The proposal that will inform the consultation will be overseen by the Bradford District and Craven Health and Care Partnership Board, which is a committee of the NHS West Yorkshire Integrated Care Board. This will ensure that place-based leadership, governance and assurance is provided during the development of the business case and throughout the consultation.

## Options development

In January 2022, nearly two years since the pandemic first reached the UK, NHS Property Services developed a technical options appraisal which concluded that there were two viable options for services at Shipley Hospital:

- Relocation to a public/private building: Repurpose of space for use as healthcare.
- Relocation to a building within the NHS portfolio: Repurpose of space (if necessary) for physio service.

The technical appraisal also concluded that keeping services in the hospital was not a viable course of action. The reason is primarily because the state of the building means that the site is not conducive to providing a modern healthcare service.

In addition, a major refurbishment would be exorbitantly expensive, therefore not providing value for money for the taxpayer from a capital perspective and such a project would not fit the criteria for the Government's New Hospitals Programme.

Their conclusion was that keeping the hospital open in any form did not represent value for money for the public in both revenue and capital terms, therefore the only viable options were relocation, either to a building within the NHS' portfolio (preferred) or to a public/private building.

While this has been a technical appraisal, in line with the legislation and the guidance set out in 'Planning and Assuring Service Change for Patients' our recommendation is that there should be wider stakeholder, patient and the public involvement in options development.

### **Legal and policy considerations**

NHS bodies in England each have a duty to involve patients and the public (by means of providing information, consultation, or in other ways") in:

- a) Planning commissioning arrangements;
- b) In the development and consideration of proposals for changes services;
- c) Decisions they make

A complex balance of factors informs whether a public consultation is required. One of those factors takes into consideration whether a promise to consult has been made. A promise to consult stakeholders on a particular matter creates a legal requirement to conduct that consultation.

There have been repeated statements made that the engagement work that has already been conducted was in preparation for a formal public consultation. These statements were made in public, reported in the media, and made to the HOSC. It's highly likely these statements create a legitimate expectation that a public consultation will be conducted on this matter. Any decision to proceed without a public consultation should be informed by appropriate legal advice.

Recent amendments to the National Health Service Act mean West Yorkshire Integrated Care Board (ICB) has replaced NHS Bradford District and Craven Clinical Commissioning Group as the statutory decision maker for this matter. Guidance issued in support of the Act has signalled changes to HOSCs' powers to refer contested service reconfiguration proposals to the Secretary of State for Health and Social Care as regulations for the Secretary of State's new intervention powers are developed.

Standard service change practice in normal times gives involvement feedback a two-year shelf-life. This project is past that timeframe and there has been the COVID-19 pandemic in between. The COVID-19 pandemic can be seen as a fundamental

change of circumstances, therefore good practice considerations from the Consultation Institute recommend that pre-pandemic involvement is 'sense-checked'. These factors, and previous undertakings open the ICB to the risk of successful challenge if the programme proceeds to implement a change to services at Shipley Hospital without further patient and public involvement activity.

It's worth noting that citing *Nettleship v NHS South Tyneside CCG and Sunderland CCG [2020] EWCA Civ 46*, NHS England's guide to the legal duties for service change tells us: "*There is no duty to carry forward to public consultation, where it is required, proposals that in the view of the commissioners are unrealistic, unviable or unsustainable.*"

## Recommendations

In the light of the issues highlighted above, the following recommendations would mitigate risks. These are:

1. Establish a team to mobilise resources, identify risks and oversee the project.
2. Develop an updated involvement plan based on the principles and framework of public consultation to:
  - Include a narrative setting out the key information. It should also contain a call for the public to provide information about Norman Rae's covenant if available or other ideas about moving services from Shipley Hospital.
  - Demonstrate that the process is open to influence by providing a mechanism to allow the public to submit ideas which are assessed in the same way
  - Include involvement activities, timeline for reporting, decision making and how these fits with a public consultation

A draft strategic involvement plan is included at Appendix one with indicative timescales to help outline key milestones, interdependencies and to assure statutory processes are followed.

3. Develop proposals in line with legislation and guidance using an open proposal development process involving stakeholders (citizen forum) and public representatives. A transparent process will go a long way to providing assurance to HOSC and the wider public.

The options development plan should:

- Include an options development process involving a balanced representation of people
- Develop a set of evaluation criteria based on what is important to patients from feedback which can be used to assess options – include weighting and scoring

A draft strategic options development plan is included at Appendix two.

### **Next steps**

Agreement to support the recommendations as above by the relevant decision makers.

Once agreed, detailed work on the relevant plans and timescales as above and formal consultation with the HOSC to gain their input.

### **Appendices**

To note: timings in the plans are subject to Bradford District and Craven Health and Care Partnership and its appointed suppliers and representatives providing required source materials, feedback and sign off in a timely manner.

- Appendix one - draft strategic involvement plan
- Appendix two - draft strategic options development plan
- Appendix three – desk and document review

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# Appendix one - strategic involvement plan

\*indicates interdependency with appendix two

Milestone	Actions	Narrative	Timing and interdependency
Governance 1	Detailed involvement plan	Draft fuller paper and include options development information* in appendix two used for governance purposes and shared with HOSC	Weeks 1 and 2
Governance 2	Strategic timetable	Map out key governance points and agree timescales for business case development *Map out interdependent activities from the options development phase in appendix 2	Weeks 1 and 2
Reducing inequalities	Review of impact assessments	Information used to inform audience targeting (along with stakeholder mapping) *Interdependent with recruitment for options appraisal and stakeholder mapping below	Weeks 3 and 4
Narrative development	Narrative document production	Key document to set out the background and all the issues around Shipley Hospital and what is happening	Weeks 5 and 6
Strategic communications 1	Stakeholder mapping	Review of key stakeholders to target to inform participation in the options development phase* appendix 2 – also include targeted participants from impact assessment review as above	Weeks 1 to 6

Milestone	Actions	Narrative	Timing and interdependency
Strategic communication s 2	Communication s plan	Plan for supportive communications activities to raise awareness and promote involvement including graphic design interdependent with narrative development as above	Weeks 5 and 6
Strategic involvement 1	Involvement mechanisms	Agreement on key questions to ask and mechanisms for feedback (eg survey) to inform evaluation criteria in phase 2 options development and assessment*	Weeks 5 and 6
Strategic involvement 2	Involvement operational activity	Agreement on operational activities and support for delivery of the plans	Weeks 8 to 12
Governance 3	Analysis and reporting	Agreement of resources for analysis and publication of draft report*interdependent for phase two	Weeks 12 to 14

## Appendix two - strategic options development plan

\*indicates interdependency with appendix one

Milestone	Actions	Narrative	Timing and interdependency
Evaluation criteria	Creation of evaluation criteria	Thematic review of insights from phase one to create draft evaluation criteria	Weeks 8 to 12
Options	Recruitment of	*Informed by stakeholder analysis and impact assessments from phase	Weeks 1 to 6



appraisal	participants	one Targeted to ensure a balance of stakeholders	
Evaluation criteria	Weighting	Activities with stakeholders to weight the criteria	Weeks 8 to12
Options appraisal	Scoring	Activities with stakeholders to applying the criteria to the options	Weeks 8 to 12
Governance	Analysis and reporting	*Data cleansing, coding of themes and reporting.	Weeks 12 to 14

# Appendix three- desk and document review

## Desk review – Shipley Hospital Involvement

This review provides a narrative based on a desk review of key documents in relation to the involvement of patients, public and stakeholders in considerations for the future of Shipley Hospital.

The document list is included at the end.

## Background

Built over 100 years ago, Shipley Hospital (at 98 Kirkgate, Shipley BD18 3LT) is a large, converted house. Over time, it was a maternity home and a community hospital. Today, outpatient services and a support group occupy the ground floor. The first-floor inpatient ward was closed in May 2010 because of significant fire safety issues.

Although it is safe to provide services to patients on the ground floor, the building continues to pose issues for staff and patients due to its age and condition. Frequently there are issues with the roof and the fabric of the building.

Sadly, the age and structure of the building mean it is not possible to improve the standard to that of a modern, purpose-built, health facility.

This is why the future of the hospital is under review. If the current services move to other locations, the hospital could be closed and proceeds from its sale returned to the NHS.

## Involvement so far

The stakeholder involvement process began in mid-2019, with a visit to Shipley by members of the City of Bradford Metropolitan District Council's Health Overview and Scrutiny Committee (HOSC). Elected members viewed the building and the clinical commissioning group briefed them on the situation in relation to the deteriorating condition of Shipley Hospital.

Consequently, a report was presented to HOSC later in 2019 setting out discussions between the Trust and NHS Property Services (NHSPS) and outlined potential options, and recommendations to engage local people. At this stage, there was still the possibility of keeping the hospital open.

HOSC requested that a plan be formulated to engage the public, with a draft plan being completed in October 2019. The plans for engagement involved a survey, face to face conversations, press releases, a webpage, and a frequently asked questions document being prepared.

The activities in the plan took place, led by Bradford CCG and supported by engagement activities through the community and voluntary sector.

## What the people of Shipley think

In December 2019 the engagement phase concluded, and the final engagement report was prepared by Bradford CCG's involvement lead. The report set out the view of people who had responded to the involvement activities.

The majority of people who replied said they were supportive of Shipley Hospital remaining open, 77% of people wanted the NHS to explore repairing the building, and 45% wanted to look at moving services to local GP surgeries.

Most people said that keeping services in the area would be preferable. However, they would accept proposals for an alternative site if the information given during any future involvement process provided honest explanations and detailed information about the options that were considered. This would form part of a transparent decision-making process would reassure them that the right decisions were being made.

People also expressed concern about the impact on the local area if the site was fully redeveloped.

Feedback from local people was collected as part of the engagement report in 2019. Key summary points:

- Most people who responded were aware of the services provided at Shipley Hospital
- Around 70% of people who responded had some experience of Shipley Hospital
- Over half of other respondents said their experience of Shipley Hospital was longer than three years ago, with almost a third of respondents describing experiences longer than ten years ago
- Over half of people with recent experience of outpatient services had driven to access these services
- People's feedback about their experience of outpatient services was mostly positive, particularly around the attitude of staff working in these services
- When it comes to the future of outpatient services, almost a third of people talked about the importance of keeping outpatient services in the local area, in order to meet the needs of local people
- People also raised concerns about travel times, access to public transport and problems with parking at the main Bradford hospital sites
- Three quarters of people felt that we should explore the option to repair the building and retain services at Shipley Hospital
- Around half of people wanted to explore the option of moving services into local GP surgeries
- People wanted to be assured that local views and the impact on patients would be taken into account when making decisions.
- A significant amount of feedback from people made mention of either being born there, or having a family member born there, so Shipley's past as a maternity hospital may explain the emotional link that many local residents feel.

### Business case development

In October 2019 a strategic sense check was prepared by Bradford CCG and NHS Property Services which further outlined the planned relocation and proposed closure for the first time which also included keeping the site open.

In early March 2020, the engagement feedback report was presented to the City of Bradford Metropolitan District Council's Health Overview and Scrutiny Committee (HOSC), with the intention stated that there would be a public consultation.

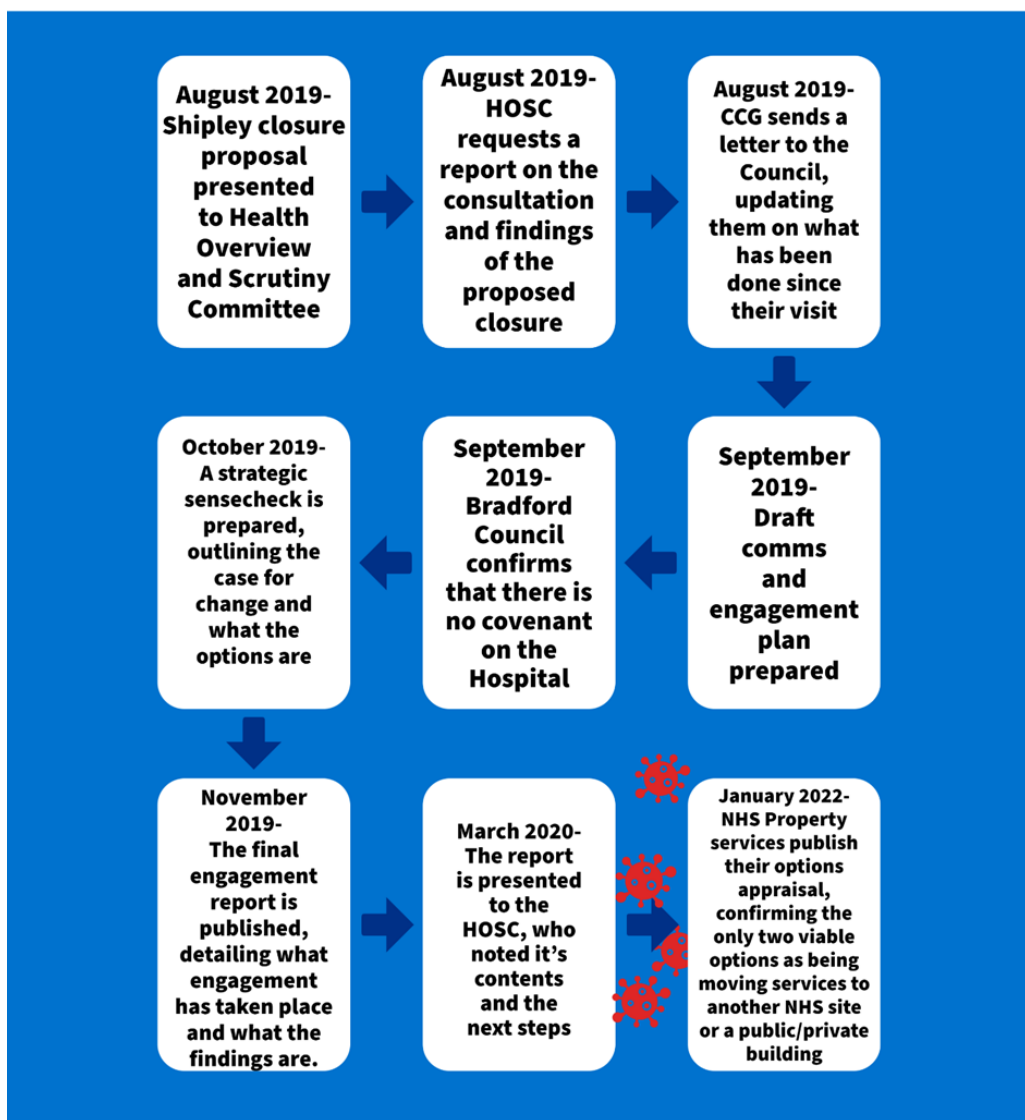
The HOSC resolved that the CCG should go ahead and develop a business case for consultation, and commissioners should return to the HOSC to provide a report on the consultation process and its findings around any future proposed closure of Shipley Hospital, including details of travel planning to alternative provision.

They also requested that the Clinical Senate should be contacted to provide independent clinical advice on any future proposed options to close Shipley Hospital and relocate services. The committee also asked, should disposal of the Shipley Hospital site go ahead, that every consideration be given to the provision of lifetime homes or extra care housing.

A public consultation was planned to begin in May 2020.

March 2020 saw the global COVID-19 pandemic, the suspension of local elections with involvement projects like Shipley Hospital reprioritised to free up capacity to deal with the developing public health emergency.

As a direct consequence, there has been a delay in developing the business case for consultation. Nearly two years later in January 2022 NHS Property Services developed an options appraisal for Shipley Hospital. Their conclusion was that keeping the hospital open in any form did not represent value for money for the public in both revenue and capital terms, therefore the only viable options were relocation, either to a building within the NHS portfolio (preferred) or to a public/private building.



Options

developed so far

As part of their options appraisal, NHS Property Services concluded that there were two viable options for services at ShipleY Hospital:

- Relocation to a public/private building: Repurpose of space for use as healthcare.
- Relocation to a building within the NHS portfolio: Repurpose of space (if necessary) for physio service.

The options appraisal also concluded that keeping services in the hospital was not a viable course of action. This was primarily because the state of the building means that the site is not conducive to providing a modern healthcare service. In addition a major refurbishment would be exorbitantly expensive, therefore not providing value for money for the tax payer from a capital perspective.

Patient and public involvement requirements

NHS bodies in England each have a duty to involve patients and the public (by means of providing information, consultation, or in other ways”) in:

- a) Planning commissioning arrangements;
- b) In the development and consideration of proposals for changes services;
- c) Decisions they make.

A complex balance of factors informs whether a public consultation is required. One of those factors takes into consideration whether a promise to consult has been made. A promise to consult stakeholders on a particular matter creates a legal requirement to conduct that consultation.

There have been repeated statements made that the engagement work that has already been conducted was in preparation for a formal public consultation. These statements were made in public, reported in the media, and made to the HOSC. It's highly likely these statements create a legitimate expectation that a public consultation will be conducted on this matter. We recommend that any decision to proceed without a public consultation should be informed by appropriate legal advice.

Other issues to consider

There have been reports from members of the public that there is a covenant on the hospital building, placed there as a condition of its donation by Norman Rae. Having conducted a review, Bradford Council confirmed that they do not have any record of such a covenant existing, and consequently the NHS is free to dispose of the site as it sees fit.



## Report of the Priority Director for Mental Health to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 10<sup>th</sup> December 2022

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### Subject:

Healthy Minds – our Mental Wellbeing Strategy for Bradford District & Craven 2021-2031 and a deep dive on Improving Access to Psychological Services (IAPT)

### Summary statement:

This report provides an overview of our strategy to improving, respecting and promoting the mental wellbeing of our population to live happier, healthier and longer lives. The strategy was agreed by the Mental Health Partnership Board in 2021 and has since been refreshed as part of the reset of our system priorities by the Partnership Leadership Executive of the Integrated Health and Care Partnership Board for Bradford District and Craven. The latter part of the report takes a deep dive into the current situation within the Improving Access to Psychological Therapies (IAPT) service for adults within Bradford District and Craven (BDC). It sets out the outcomes of the IAPT service review, identifying gaps in service against national targets and the challenges faced to increasing access in line with national targets and wider pressures such as workforce and demand.

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Sasha Bhat  
Deputy Director of integration & Transformation  
Priority Director and SRO for Mental Health

### Portfolio:

**Healthy People and Places**

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## **1 Summary**

- 1.1 Healthy Minds – Better Lives, Brighter Futures in the Mental Health and Wellbeing is our district wide strategy to promoting, respecting and improving the mental health of our population. The strategy has four key programmes of work across Children and Young People, Adult and Older Adult community mental health, Acute Crisis and Liaison and ensuring we reduce the inequalities people experience in accessing mental health support. As part of this report, there is a deep dive into the current position on the Improving Access to Psychological Therapies (IAPT) which is part of our Community Mental Health programme. The report shares the outcomes of the IAPT service review, identifying gaps in service against national targets and the challenges faced to increasing access in line with national targets and wider pressures such as workforce and demand.

## **2 Background**

### **2.1 Healthy Minds Strategy – Better Lives, Brighter Futures**

- 2.2 In 2016, the Health and Wellbeing Board approved a five-year strategy for Mental Wellbeing in Bradford District and Craven. This strategy was developed as a partnership between the Local Authority, the NHS and voluntary and community sector. It was ambitious in taking a broader view of mental wellbeing and considering the wider determinants that lead to poor mental health and setting a series of 60 commitments to implement the changes needed. The volume of the commitments without a strategic, commissioning and financial plan made demonstrating the effectiveness and viability of the changes challenging. An internal audit in 2018 recommended a review of the implementation plan and governance, and thus a new Partnership Board was set up to oversee a refresh and bring the strategy in line with the district wide Health and Wellbeing Strategy and the Long-Term Plan which set key targets to deliver the transformation and improvement of mental health services.
- 2.3 Following an extensive engagement process throughout 2019, including the Healthy Minds Summit, workshops to design our transformation plans, deliver CQC regulatory improvements and the report on the Accessibility of Mental Health Services in Bradford District and Craven, we developed the Healthy Minds Strategy: Better Lives, Brighter Futures. The strategy was tested during Covid as we published our Rapid Needs Assessment of Mental Health – which reported to the Health and Social Care Overview and Scrutiny Committee in December 2021.
- 2.4 The implementation plan that derives from the strategy has been further refined this year following the changes in governance arrangements as the Clinical Commissioning Groups came to an end in June 2022. An event on the 30<sup>th</sup> of September 2022 engaged with stakeholders across our Health and Care partnership.
- 2.5 There are four key programmes of transformation which include i) reducing the inequalities people with mental health experience in accessing services, ii) improving our mental health support for children and young people, iii) improving acute crisis and liaison services and iv) transforming our community mental health services. The strategy has been costed against our financial delivery plans with realistic timescales and ambitions set. The IAPT service is a key component of our community mental health model alongside other therapeutic approaches.



### **3 Report**

#### **3.1 Mental Health and Wellbeing Strategy**

3.1.1 Our greatest asset are the people who live in our District. As a health and care system, we believe in supporting people with the best start in life and every chance to live a healthy and long life – thus fulfilling our ambition to ensure everyone can be **'Happy, Healthy at Home'**.

3.1.2 Where we live, study, work and develop relationships is important to ensure good mental wellbeing. Our District Partnership Strategy sets out our strategic ambition to improve physical and mental health outcomes, promote wellbeing, and reduce health inequalities across our entire population. By finding those who are at risk, and working together with them in a focussed way, we can proactively shape the design of our health and care services and create a healthy district.

3.1.3 We established the **Mental Health Partnership 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.

3.1.4 **Healthy Minds** is our strategic and system approach to achieve better lives and brighter futures for people of all ages across our District. This document sits in the context of our Partnership Strategy and sets out the specific ways in which our partnership will deliver on outcomes set by our population through extensive engagement and involvement. These eleven outcomes are defined in the words of people who access or want to access our services.

1. I am a person with abilities, possibilities and a future
2. I am not defined by my mental health diagnosis and the level of distress.
3. I am supported through the stages of life where things can be difficult.
4. My voice is heard and included.
5. I am supported to maintain my rights and dignity and to make choices that enable me to live a healthier, happier life.
6. I am in control and actively involved in my care and support.
7. Ask for my consent. Share information appropriately, so I don't have to repeat myself
8. I have access to information, support and care that meets and my cultural choices.
9. When I need help, I can access this quickly and easily and services approach me with kindness, compassion and understanding.
10. I will know the name of the person who coordinates my support
11. My family or carer who may support me, will be respected and actively involved in my care with access to information and support they need.

- 3.1.5 The needs assessment which was published in 2020 helped to refine our focus and the strategy covers how we plan to prioritise our efforts to keep our population mentally healthy and happy, whilst addressing the inequalities people with mental health problems, including those that live with severe and enduring mental illness, face in accessing support. Our ambitions support and contribute to our Integrated Care System (ICS) partnership commitments.
- 3.1.6 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 and
  - Ensure the support is close to where people live
- 3.1.7 We will develop a clear service offer that supports a wide range of mental health 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 key areas of focus:
- a. we will reduce inequalities in mental health;
  - b. we will improve children's mental wellbeing;
  - c. we will transform our community mental health and care services
  - d. we will improve our urgent and crisis liaison offer
  - e. we will strengthen our workforce, transform our digital and estates enablers
- 3.1.8 We are mapping the measures that matter to ensure we achieve the outcomes set by people. This will involve mapping our statutory target and performance data but also include the outcomes that have meaning for people. This work will be completed by January 2023 and will support the outcomes outlined in the Health and Wellbeing strategy and our Health and Care Partnership strategy.
- 3.1.9 As we have developed and defined the objectives of the programmes, we are now establishing key implementation plans that will consider the assets, resources and partnership contributions across our system. We are also reviewing the metrics with which we will define our success and demonstrate we have made a difference. The implementation plan and outcome metrics will be shared alongside the System wide priorities at the Partnership Leadership Executive Board in February 2023.
- 3.1.10 The Mental Health Partnership reports to the Healthy Minds Board which is chaired by a member of the Leadership Executive Board – Iain MacBeath. The board which has senior executive membership from all our partners, is responsible for overseeing the delivery of the strategy, our resources, meeting the needs of our

population and managing the risks and challenges. The Healthy Minds Board reports to the Wellbeing Board for both Bradford District and North Yorkshire (to cover Craven) via our system governance through the Partnership Leadership Executive.

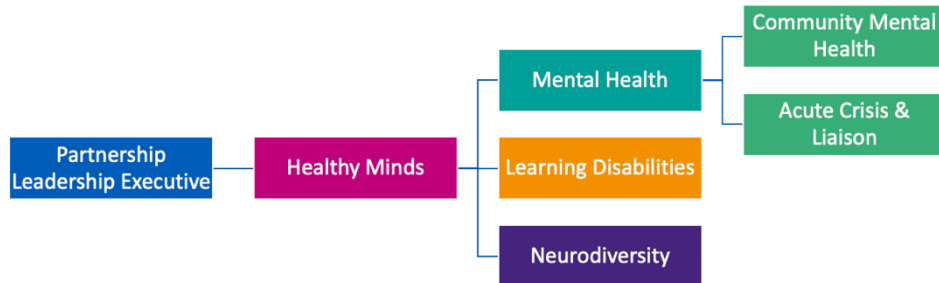


Diagram showing the governance arrangements for the Healthy Minds Board and mental health programmes.

3.1.11 Engagement and co-production: We have continued to engage and promote the work to ensure we include the views and experiences of people and staff. A series of events took place over the last three months, and we have a focussed Breakfast Bite session on the 15<sup>th</sup> of December 2022 to share the latest updates with people. The session covers:

- Our vision for this priority
- How your feedback has changed our approach (think of three areas)
- What our focus will be for 2023-2024
- How we all connect to enablers and each other as priorities
- How to get involved

These sessions will be made available to people to access once they have aired.

3.1.12 The strategy comes to life through the work of our staff, volunteers, carers and people. We also have Mental Health Champions – Councillor Fozia Shaheen is one of the champions and has really progressed work in her constituency and supported engagement sessions with wider elected members. We would like to invite more members to become Mental Health Champions and support us to deliver the vision of the strategy.

3.1.13 As described above in 3.1.7c, we are transforming our Community Mental Health and Care services. The programme of work (as described in Appendix A) involves designing a new Core model for Community Mental Health based on a locality and community partnership footprint. As part of this model, we are improving our access to employment support, housing and support for people with substance misuse problems as well as improving our therapeutic services. We offer a range of therapeutic and talking services ranging from counselling, digital support, psychological therapies (IAPT) and intensive psychological therapeutic services. As part of this report, we are taking a deep dive into the IAPT service and providing the committee with an update on the outcomes of the IAPT service review, identifying gaps in service against national targets and the challenges faced to increasing access.

## 3.2 Improving Access to Psychological Therapy (IAPT)

### 3.2.1 What is IAPT:

The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and has transformed the treatment of adult anxiety disorders and depression in England. IAPT is widely recognised as the most ambitious programme of talking therapies in the world and in the past year alone more than one million people accessed IAPT services for help to overcome their depression and anxiety, and better manage their mental health. The model was adopted and commissioned in Bradford District and Craven in 2009.

IAPT services are characterised by three things:

- **Evidenced-based psychological therapies:** with the therapy delivered by fully trained and accredited practitioners, matched to the mental health problem and its intensity and duration designed to optimize outcomes.
- **Routine outcome monitoring:** so that the person having therapy and the clinician offering it have up-to-date information on an individual's progress.
- **Regular outcomes focused supervision** so practitioners are supported to continuously improve and deliver high quality care

### 3.2.2 The national priorities for IAPT service development are:

- **Expanding services** so that increased number of adults access treatment each year by 2024.
- **Focusing on people with long term conditions.** Two thirds of people with a common mental health problem also have a long-term physical health problem, greatly increasing the cost of their care by an average of 45% more than those without a mental health problem. By integrating IAPT services with physical health services the NHS can provide better support to this group of people and achieve better outcomes.
- **Supporting people to find or stay in work.** Good work contributes to good mental health, and IAPT services can better contribute to improved employment outcomes.
- **Improving quality and people's experience of services.** Improving the numbers of people who recover, reducing geographic variation between services, and reducing inequalities in access and outcomes for particular population groups

### 3.2.3 The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and IAPT services are prescribed by way of a manual. The IAPT Manual (also referred to as the workbook) is for all commissioners, providers, and clinicians

(including trainees) of services that deliver psychological therapies for depression and anxiety disorders in adults. It serves as an essential guide for IAPT services, describing the IAPT model in detail and how to deliver it, with a focus on the importance of providing National Institute for Health and Care Excellence (NICE)-recommended care. It also aims to support the further implementation and expansion of IAPT services.

Despite its successes, IAPT is still a work in progress. Most people suffering from anxiety or depression in the community still do not have an opportunity to access psychological therapy in a timely manner. For this reason, the NHS Long-Term Plan commits the NHS to expanding IAPT so that 1.9 million people are seen each year by 2024.

In November 2021 NHS England published new figures showing a record 634,649 people completed the NHS Talking Therapy programme in 2020/21, up around 5% on the 606,192 in the year before as many people struggled with their mental health during the pandemic despite the pressure on services from the pandemic.

On 3<sup>rd</sup> November 2022 NHSE began a period of engagement with colleagues and stakeholders on the new name for IAPT services. Patients, carers professionals and the public can be involved in the period of engagement on the new name by completing the online survey to gather views on the proposed elements of the brand refresh and to understand potential implications at a local level. The survey takes just a couple of minutes to complete and is open from 1 November 2022 to 16 December 2022.

[Stakeholder Survey: Improving Access to Psychological Therapies \(IAPT\) Rebranding \(office.com\)](#)

The NHS England and Health Educational England national IAPT programme teams are also using existing meetings and forums throughout November and December to engage with key stakeholders. For further information, please contact the team by emailing [England.MentalHealth@nhs.net](mailto:England.MentalHealth@nhs.net)

#### 3.2.4 Bradford District and Craven Service

Bradford IAPT service is currently provided and delivered by Bradford District Care Foundation Trust (BDCFT) the service was known by the name of My Wellbeing College. However, following consultation, the name has been changed this year to My Wellbeing IAPT.

[MyWellbeing IAPT Service Bradford – Talking through life's ups & downs | Airedale, Wharfedale, Craven \(bmywellbeingiapt.nhs.uk\)](#)

The service currently offers evidence-based treatments for a range of common mental health issues such as low mood, anxiety, sleep problems and stress. Interventions are offered following an assessment of an individual's need and could include group or individual therapy via online, telephone or face to face sessions. My Wellbeing IAPT Service is suitable for individuals who are aged 16 or over and are registered with a GP in the Bradford, Wharfedale, Airedale and Craven area.

### 3.2.5 Referring into IAPT services

Patients can refer into the service in the following ways:

- GP/ Health professional referral – Referrals are sent to Single of Point of access and the First Response team triages the referral.
- Self-Referral – Patients can self-refer through the service website by completing an online form or by calling the administration team, who register the client details and demographic information over the telephone.

Once a referral has been received, an initial assessment appointment is made. The current waiting time for an initial assessment is 2 weeks from referral.

Following the assessment, the most suitable course of intervention and treatment will be offered based on a Stepped Care Model designed to promote least intensive interventions first. In IAPT terms these are referred to as Step 2 and Step 3 interventions. Below is a list of the interventions and treatments currently available from the Bradford District and Craven IAPT service, their delivery modality and the average waiting times.

<b>Intervention</b>	<b>Step</b>	<b>Delivery Options</b>	<b>Average Wait from Referral</b>
Low Intensity Cognitive Behavioural Therapy (CBT)	2	Video, Telephone, Face: Face	8 weeks
SilverCloud Computerised CBT	2	Online	2 weeks
Psycho-Education Courses	2	Online	4 weeks
High Intensity CBT	3	Video, Telephone, Face: Face	12 weeks
Counselling for Depression	3	Video, Telephone, Face: Face	16 weeks
EMDR (Trauma Therapy)	3	Video, Face: Face	12 weeks
Therapeutic CBT Group	3	Online	6 weeks

If the assessment concludes that the patient would benefit from alternative interventions, or is not ready for talking therapies, a referral will be made to the relevant service, or signposting information will be provided.

### 3.2.6 IAPT review findings/issues

In 2021/22 a review of the IAPT service was carried out. The review covered:

- Demographics
- Increased demand for services
- Post Covid Modelling
- Access
- Workforce
- Performance

### 3.2.7 Demographics

There were 654,764 patients registered with a GP in Bradford District and Craven CCG area on 1<sup>st</sup> November 2022 with wide variation in population demographics across this geographical area. Bradford District and Craven is an ethnically diverse area, with the largest proportion of people of Pakistani ethnic origin in England. One in four people describe themselves as Asian/Asian British compared to one in 10 for England and there is a high proportion of the population in Bradford City and Keighley who identify as being from a Black, Asian or Ethnic Minority background. Conversely, the wards of Ilkley, Wharfedale and Craven are predominantly white.

The proportion of the working age population is lower in Bradford than the average for England. However, the largest increase in the population has been in older people, and this is predicted to further grow, bringing with it the challenges associated with managing increasing long term conditions and the potential impact on the social care sector.

In recent years NHS England have recognised that certain categories of people are less represented within IAPT these include, older people, perinatal women and those from a BAME community. The Bradford IAPT service reflects this.

IAPT services are expected to plan to meet the needs of their local population, and this should include and address the inequalities for older people, in co-production with patients and carers recognising the diversity within the population. The NHS Long Term Plan and NHS Mental Health Implementation plan 19/20 – 23/24 set out that the NHS will ensure consistent access to mental health for older adults with common mental health needs.

As part of the RIC strategy (Reducing Inequalities in City) the Bradford IAPT service was given funding to be part of a research study to look at outcomes for providing culturally adapted therapy for Muslim clients with depression. This is in collaboration with VCS partners who have been trained to deliver culturally adapted therapy. The recruitment for this research is ongoing until January 2023, and then outcomes will be provided.

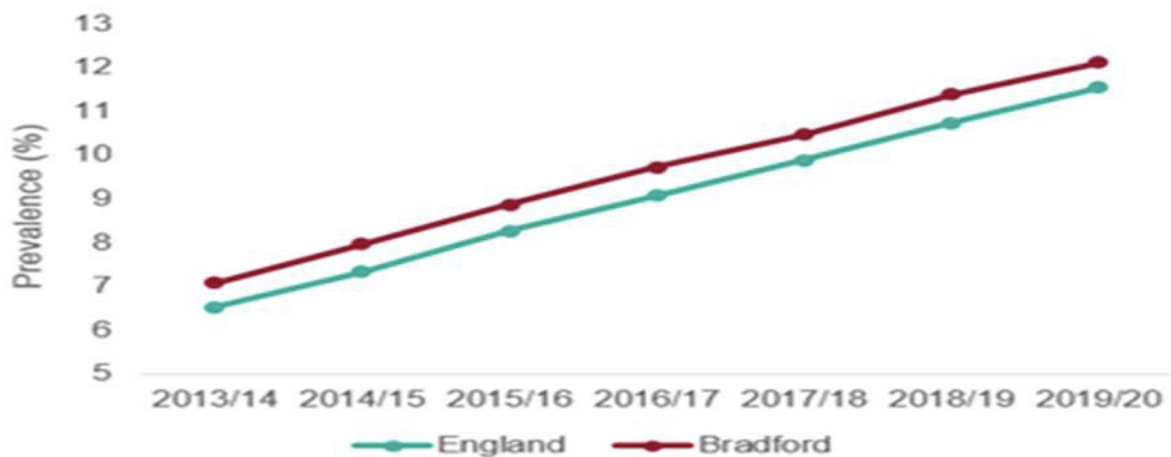
### 3.2.8 Increased demand for services

The number of adults in England experiencing some form of depression has doubled since the start of the pandemic.

Bradford District has an above average incidence of mental health conditions per percentage of the population which is a similar profile to other larger cities in the West Yorkshire footprint. Indicators for depression and anxiety suggest that they have higher incidence than is generally expected (Public Health Fingertips data 2017).

Depression prevalence rates for both Bradford and England have been increasing steadily over the years. The latest figures (2019/20) state that Bradford's depression prevalence was at 12.1%, slightly above the National average of 11.6%, and equates to 54,178 people in Bradford who may be suffering from depression.

Depression prevalence (<18 years), 2013/14 to 2019/20



In addition to the high level of prevalence across Bradford, the service has seen an increase in the complexity of mental health problems since Covid, including the number of people presenting with the problems of PTSD. The Cognitive Behavioural Therapy waiting list is made up of 40% PTSD cases, and the rest of this is the other depression and anxiety disorders. Increased PTSD cases can lead to staff burnout and vicarious trauma. This is significantly higher than the national average, where 8% of PTSD cases make up the step 3 waiting list.

### 3.2.9 Post Covid demand modelling

Public Health submitted a post covid needs assessment in Summer 2020 identifying areas of most need following the pandemic that estimated an additional 4,000 people with new mental health conditions, the potential for there to be a 10% rise in suicide and significant post-traumatic stress disorder in frontline staff.

The needs assessment also highlighted the increased impact on black and minority ethnic communities, people with a high level of poor wellbeing and mental health conditions, older people, and other vulnerable groups. This resulted in additional short-term investments including creating the freephone number for Guideline, creation of a workbook for use with older people with long-term conditions to encourage attendance at IAPT. IAPT is evidence based to work well with older people but is not utilised well by older people across Bradford and Craven. An all-age online resource was developed locally to support prevention.

South-West Yorkshire Partnership NHS Foundation Trust (SWYFT) and the Centre for Mental Health have produced modelling tools to look at new the potential demand for mental health services owing to the pandemic. The SWYFT model projects an increase in overall demand starting at in Jan- April 2021 of 46% gradually reducing to 2019 demand profiles in October 2023. Increased mental health demand of 34% is projected over winter 2021. Calculated new demand specifics are shown in the table below that indicates how demand might be experienced.



Calculated <u>New Demand</u>					
Bradford	Ages 19-64	Apr-Sep21	Oct21-Mar22	Apr-Sep22	Oct22-Mar23
Primary Care	Moderate anxiety (CIS-R 12-17)	1183	3961	0	0
	Moderate depression (CIS-R 12-17)	985	2604	1408	2041
IAPT	Moderate anxiety (CIS-R 12-17)	394	1320	0	0
	Moderate depression (CIS-R 12-17)	328	868	469	680

Calculated <u>New Demand</u> 65+					
Bradford	Ages 65+	Apr-Sep21	Oct21-Mar22	Apr-Sep22	Oct22-Mar23
Primary Care	Moderate anxiety (CIS-R 12-17)	387	1294	0	0
	Moderate depression (CIS-R 12-17)	322	851	460	667
IAPT	Moderate anxiety (CIS-R 12-17)	68	228	0	0
	Moderate depression (CIS-R 12-17)	57	150	81	118

This indicates a higher demand for mild to moderate anxiety and moderate depressions for primary care and IAPT

### 3.2.10 Access target

The Mental Health Five Year Forward View set an increasing access target for IAPT services between 2016 – 2019. The introduction of the NHS Long Term Plan increased this target further. The National access figures in 2022/23 for Bradford is 19,612. Currently BDCT are established to support 11,304. Access figures represent the number of people who enter treatment within the service, within a single year period.

Following a CQC review of service in 2019 it was agreed through the MHL D partnership board and the CEO's of both the CCG and BDCFT that any funding would be diverted into the areas requiring improvement. These were generally around inpatient services so funding that was otherwise agreed to increase access to IAPT was diverted.

This meant that agreed targets at that point in time were capped at 16.4% (11,304) when IAPT access target should have been at 19% (15,235).

2020 Covid Pandemic required all non-essential services were closed and limited face to face contact was allowed unless in extreme emergency. Most community services moved on-line, and staff were diverted from non-essential roles to essential roles. As a result, My Wellbeing IAPT saw a significant drop in referrals to their service as GPs were closed, in addition to various other VCS services that could have directed individuals to the My Wellbeing service.

The NHS Long-Term Plan set the national minimum requirement access figures for 2023/24 IAPT access figures at 20,845. No targets have been set after this time. There would be a significant investment required to mitigate the shortfall and reach 2023/24 targets.

### 3.2.11 Workforce

NHS England require all staff working within IAPT services to have the relevant qualifications as set out in the IAPT manual. [IAPT Manual \(england.nhs.uk\)](https://www.england.nhs.uk) This poses recruitment challenges for IAPT services as it has been nationally recognised there is a shortage of qualified staff. In recent months trainee positions have also become more difficult to fill, and IAPT services are not able to expand in line with National Trajectories.

Since Covid, several private companies have started offering IAPT provision, and remote only contracts to staff. This has become something that NHS IAPT services cannot compete with, as NHS England have stated that services should include some face to face provision to meet patient choice. A survey conducted within the Bradford IAPT service showed that most employees would prefer to work at home, and a number of staff have left to go to services which offer remote only contracts.

BDCT IAPT service is currently experiencing a significant level of vacancies within the service. The recruitment process has been unsuccessful in finding suitably qualified recruits. Earlier in the year there were no applications at all for 3 clinical posts that had been advertised.

This position to recruit and retain workforce is not unique to BDCT. However, compared to other West Yorkshire ICB IAPT services, Bradford appears to have been the most unsuccessful following advertising vacancies.

In 2022/23 BDCT invested Mental Health Investment Standard funding into IAPT, to allow the access target to increase to 19% (15,235). This was for a total of 14.7 clinical posts, and 2 admin support. The clinical vacancies are still vacant as below, as there is a national shortage of qualified staff. Some of these posts will be filled by current trainee posts over the next financial year.

On the 1<sup>st</sup> of November the service has 10.7 band 5 and 3 band 7 clinical posts vacant. The Bradford IAPT service is currently outsourcing some of its provision to a third-party company – Xyla Digital therapies, who provide remote video and telephone therapy.

In terms of mitigation, BDCT have been working with internal partners to create and deliver a clear external communication strategy and HR process which includes improving onboarding oversight as well as significant online social media presence which will hopefully improve the existing challenging workforce issues

### 3.2.12 Performance

IAPT service have several KPI's they have to deliver. The 3 main KPI's are access (number of people entering treatment), waiting times, and recovery. Below is a spreadsheet containing the most up to date national data.



iapt-month-Aug-2022  
-final-data.xlsx

At a West Yorkshire ICB IAPT level Bradford IAPT had the lowest access rates to the service in May 2021 (3.63% against the national 6.25%) Bradford's access rate has fallen since then to 2.6% at August 2022.

However, the service is performing well against the 6 week and 18 week waiting time standard; exceeding the expectation and recovery rates in line with national requirements (*See appendix D for West Yorkshire IAPT performance data*).

Based on demographic information Bradford District and Craven can be directly compared to Birmingham and as such our benchmarked performance is at a suitable level. (*See appendix C for comparison data*).

### 3.2.13 Future service developments

Future service provision models are being discussed and developed.

There is a gap relating to current provision, that relies on a range of options (face to face, online, telephone contact). The balance of provision is currently weighted towards face-to-face contact, however to deliver targeted work, a more bespoke approach will need to be considered to ensure that we are aligned to the required level of service nationally relating to an Improving Access to Psychological Therapy service. (IAPT).

The shift in increasing demands on the service in both higher numbers and increased complexity of those patients presenting to IAPT will mean consideration for different ways of working become necessary.

Given the current recruitment issues both nationally and at place, a step change in service provision consisting of a blended model meaning utilisation of more online provision needs to be considered and developed.

This potentially increases access for those living within ethnic communities as currently The Kooth and Qwell data do show a higher proportion of BAME representation. Kooth.com is a free, online counselling and emotional wellbeing platform which is available to young people aged 11-18 years.

Qwell is a free online counselling and well being platform for adults over 18 years. Patients can access peer support communities, self-help materials or engage in drop-in or booked one-to-one online chat sessions with our experienced counsellors. It is designed to work alongside traditional NHS services such as IAPT services and provides an immediate alternative for those who chose not to engage in more structured services.

We have a project in partnership with Leeds University, BDCFT and the VCS (Womenzone, Roshni Ghar and Inspired Neighbourhoods) that is looking to see the outcomes for people with culturally adapted methods of therapeutic services. This work is ongoing and we will be reviewing the outcomes to inform service delivery.

### 3.2.14 Digital inclusion

Through the use of our digital technologies, we have learned that certain demographics prefer to use this method to access services, for example, we have seen access double for younger population from Black, minority and ethnic communities using Kooth and Qwell. However, we also recognise the barriers some of our population face in accessing digital technologies and having the means to digital devices. In 2020, in partnership with Bradford Talking Media – who took the lead – we were able to deliver devices to people with mental health or learning difficulties and/or who were isolated. We preloaded access to the Healthy Minds website, the IAPT site and other useful available support. BTM volunteers were able to show and support people to use the devices. This programme received a tremendous amount of positive feedback and we hope to continue to build in a digital inclusion package to our Healthy Minds strategic transformation plans. We will continue to support face to face provision too. This work was funded through the Reducing Inequalities in Communities programme and is being evaluated both by Leeds University for the individual project and overall by Bradford Health Information Research department (hosted by Bradford Teaching Hospital NHS Foundation Trust and Bradford University). Finally, we have also commissioned the Centre for Mental Health to carry out a review of the support and access to mental health services for people from diverse and ethnic communities and this launched in December and will conclude by April 2023 with recommendations made for commissioners, service providers and service improvement.

## **4 Options**

4.1 There are no options associated with the strategy or service deep dive.

## **5 Contribution to corporate priorities**

5.1 The strategy delivers on our corporate priority to improve the health of our population and give everyone the best start in life. It delivers outcomes set out in our Partnership Strategy as well as the district plan for ‘all of our population to be healthy, well and able to live independently for as long as possible’ (District plan: Better health, better lives).

## **6 Recommendations**

6.1 The Committee are asked to note the strategy and deep dive report and are invited to attend the Breakfast Bite sessions and be involved as Mental Health Champions.

## 7 Background documents

7.1 None.

## 8 Not for publication documents

8.1 None.

## 9 Appendices

Strategy:

- A. **Strategy** – Healthy Minds; Better Lives, Brighter Futures
- B. Easy read version

IAPT

- C. [NHS Long Term Plan » Adult mental health services](#)
- D. [Five Year Forward View \(england.nhs.uk\)](#)
- E. <https://www.england.nhs.uk/wp-content/uploads/2018/06/the-iapt-manual-v5.pdf>

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Bradford District and Craven  
Health and Care Partnership



# Better lives, brighter futures



Mental Health and Wellbeing Strategy  
2021-2031



# VISION



Better Lives, Brighter Futures  
promoting, respecting and improving  
the mental health of everyone to live  
happy, healthy at home





NHS

The NHS Long Term Plan

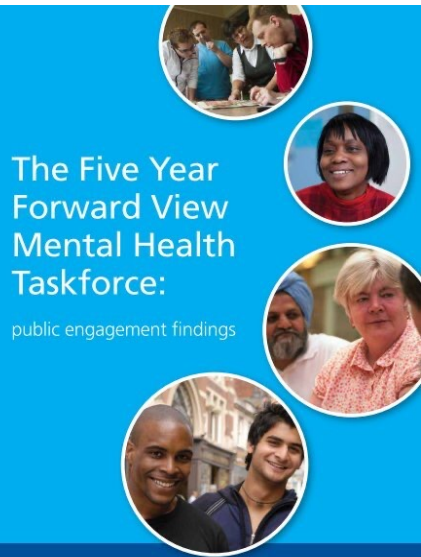


## NHS Long Term Plan and the Five Year Forward View Mental Health Taskforce (report from the independent Mental Health Taskforce to the NHS in England)

- co-production with people with lived experience of services, their families and carers;
- working in partnership with local people, private and voluntary sector organisations, recognising the contributions of each to improving mental health and wellbeing;
- identifying needs and intervening at the earliest appropriate opportunity to reduce the likelihood of escalation and distress and support recovery;
- designing and delivering person-centred care, underpinned by evidence, which supports people to lead fuller, happier lives; and,
- underpinning the commitments through outcome-focused, intelligent and data-driven commissioning.

### Key areas:

- Children and young people's mental health
- Perinatal mental health
- Adult mental health: secure care pathway
- Health and justice
- Suicide prevention
- Adult mental health: common mental health problems
- Adult mental health: community, acute and crisis care
- Testing new models of care
- A healthy workforce
- Infrastructure and hard-wiring





West Yorkshire Health and Care Partnership - Better health and wellbeing for everyone: Our five year plan states a series of commitments and deliverables for mental health programmes to achieve by 2025.

1

**We will increase the years of life that people live in good health** in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.



2



We will achieve a 10% **reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism** and the rest of the population by 2024 (approx 220,000 people). In doing this we will focus on early support for children and young people.



5

**We will reduce suicide by 10%** across West Yorkshire and Harrogate by 2020/21 and achieve a 75% reduction in targeted areas by 2022.





Our local strategies set out our vision and plans to improve the health and wellbeing of all our population – together contributing to the overall vision to support people to live **happy, healthy at home**

## Better Lives, Brighter Futures – promote, respect, improve

Our greatest asset are the people who live in Bradford District and Craven. As a health and care system, we believe in supporting people with the best start in life and every chance to live a healthy and long life – thus fulfilling our ambition to ensure everyone can be ‘**Happy, Healthy at Home**’.

Where we live, study, work and develop relationships is important to ensure good mental wellbeing. Our **Partnership Strategy**<sup>1</sup> sets out our strategic ambition to improve physical and mental health outcomes, promote wellbeing, and reduce health inequalities across our entire population. By finding those who are at risk, and working together with them in a focussed way, we can proactively shape the design of our health and care services and create a healthy district.

We established the **Healthy Minds Partnership Board**<sup>2</sup> 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.

**Healthy Minds** is our strategic and system approach to achieve better lives and brighter futures for people of all ages across our District.

This document sits in the context of our Partnership Strategy and sets out the specific ways in which our partnership will deliver on outcomes set by our population through extensive **engagement and involvement**.

It covers how we plan to prioritise our efforts to keep our population mentally healthy and happy, whilst addressing the inequalities people with mental health problems, including those that live with severe and enduring mental illness, face in accessing support. Our ambitions support and contribute on our **Integrated Care System**<sup>3</sup> (ICS) partnership commitments.

We all have a part to play in making our District a great place to live and thrive. As a Partnership Board, our role is to work together and make the biggest positive difference possible.

**Iain MacBeath, Strategic Director of Health & Wellbeing, CBMDC**<sup>4</sup> and **Therese Patten, Chief Executive, NHS BDCFT**<sup>5</sup>,

Chair and vice chair of the Health and Care Partnership Board for Mental Health, Learning Disability and Neurodiversity.

## Introduction

The lived experience of people and carers are at the heart of our Mental Wellbeing Strategy. We have listened to people share their wellbeing journeys, their challenges, their aspirations and their vision for how mental health services must evolve and develop.

We know people's lives are better when the organisations who provide health and care work together, particularly at the times when people most need it. We also know that sharing good ways of working makes the money go further, creates the best use of staff expertise and increases the quality and range of what we provide. This document provides a footprint to unify everyone working in our partnership in delivering the vision for our population.

## Design principles

- Person at the heart, family approach, strengths based approach
- Physical and mental health are treated equally and together using our Healthy Minds system approach
- Promotion and prevention focus, taking a wider determinants view to mental health and addressing stigma, prejudice and under representation
- Our approach is founded on compassion, responsiveness, flexibility and ensuring a recovery focus is informed by the understanding of trauma, culture and context of people's lives.
- To promote Healthy Minds as an underpinning strategy to all our work
- We Act as One – involving everyone and working together

## How to use this strategy

This strategy aims to make it easy to incorporate the vision, purpose and priorities into your own life – as a person or carer who can direct their care and support, as a professional supporting someone or as a provider planning the delivery of services. In doing so, we achieve the following:

- Provide a unified vision, our purpose, our outcomes and priorities to protect, promote and improve the mental wellbeing of our population.
- Show how we can all play a part in achieving this and know what measures to use to achieve our purpose.

## How we developed this strategy

This strategy has been developed by a task group set up by the Mental Health Partnership Board. Members of this group supported a wide scale district wide series of surveys and focus groups that culminated in a report titled "Accessibility of Mental Health Services in Bradford District and Craven" and through a series of events and workshops across the district.

## Who is responsible for delivering the strategy

We have established a system partnership group called the Mental Health Leadership Team who represent all our system partner organisations and oversee the delivery of operational and strategic programmes of work.



**Mental Health Partnership Leadership Team**

# Our communities – population and partnerships



## Strengths

These factors help to protect and promote better mental well-being for everyone.



Open spaces



Food Industry



Social Enterprise



Culture & Arts



Faith & Spirituality



System Working



Community Sector

## Challenges

We have inequalities that affect the mental wellbeing of our population, acknowledging them, means we can work to address them together.

**7,839**

People on the Serious Mental Illness register and 15,000+ using anti-psychotic medication

**45,728**

People diagnosed with depression which is 1% of population & higher than national average

**853**

Inpatient admissions across all our local and out of area wards for working age adults.\*\*

**61 years of age**

People with a mental health illness can die 20 years earlier than the general population

**60%**

who attend A&E have not been in touch with any health services  
500 people attend per day

**1477 children**

waiting for an autism assessment

**83% of people with LD**

go without regular physical activity

**68%**

have experienced discrimination and hate

**MHLDN NEEDS**

Account for the main reason of school absence

**20 years less**

3x risk of premature death and a reduced life expectancy of about 20 years. Suicide accounts for 25% of these deaths

**Employment**

121,000 people are income deprived, 1 in 3 people are economically inactive and only 5.6% of people with LD in work

**23%**

Live in housing classed as Hazard 1, .i.e. non-decent and a growing number of people who are homeless

**Avoidable death**

People with a serious mental illness/learning disability are more likely to die from avoidable medical cause of death

Data from Anna Freud Centre, Centre for Mental Health and Bradford district and Craven Health and Care Partnership.

# Our approach – key principles

Meeting the  
needs of the  
population

Easy access  
to support

Act as One  
Working as a  
system

Workforce  
development

Coproduction



## Three big outcomes for mental health: Promote, Respect, Improve

### Promote

#### Promote Better Lives

1. I am a person with abilities, possibilities and a future
2. I am not defined by my mental health diagnosis and the level of distress.
3. I am supported through the stages of life where things can be difficult.

### Respect

#### Respect Rights & Involve

4. My voice is heard and included.
5. I am supported to maintain my rights and dignity and to make choices that enable me to live a healthier, happier life.
6. I am in control and actively involved in my care and support.
7. Ask for my consent. Share information appropriately, so I don't have to repeat myself.

### Improve

#### Improve Support

8. I have access to information, support and care that is close to home and meets my cultural choices.
9. When I need help, I can access this quickly and easily and services approach me with kindness, compassion and understanding.
10. I will know the name of the person who coordinates my support
11. My family or carer who may support me, will be respected and actively involved in my care with access to information and support they need.





# Our Transformational Programmes of Work with Integration at Heart

## Enabling programmes

**REDUCING INEQUALITIES** Linked to RIA

Working together to reduce health inequalities and close the health gap in Bradford & Craven; so everyone can live healthier, happier and longer lives.

- Suicide prevention
- Reducing inequalities with a focus on ethnic minority communities
  - Perinatal mental health
- Living Well & Healthy Minds self-care and prevention
  - Wider determinants of health & wellbeing

**CHILDREN & YOUNG PEOPLE**

Working together to promote, protect and improve children and young people's mental wellbeing to enable them to achieve their potential & lead a full healthy life.

- Easy access: Thrive Framework
  - Responsive Crisis support
- Models of care and a focus on children who are vulnerable
  - Prevention and promotion
  - Healthy Minds in Schools
  - Improve waiting times & access

**COMMUNITY MENTAL HEALTH**

Working together to transform our community Community mental offer to promote, respect, and improve people's mental wellbeing.

- Community focussed model of support
- Support for complex needs and dual diagnosis
- Physical health & wellbeing integration
  - Embed employment support
  - Early intervention and prevention
  - Therapeutic models of support
    - Older adults and carers
- Community supported living and housing
  - Healthy Minds

**URGENT CARE & ACUTE LIAISON**

To work together to provide the right support for people experiencing a crisis at the right time in their community or least restrictive setting

- 111 First - integration with First Response and Guideline access
- Intensive Home Support expansion
- Safer spaces and alternatives to crisis support for all age
- Acute hospital mental health liaison
  - High quality inpatient care that is close to home



**Digital & IT**  
System1 units  
Shared EPR  
Assisted Technologies

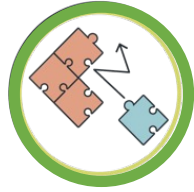
**Workforce**  
Retention, new and integrated roles

**Coproduction and Communication**  
Involve, develop new roles and shared collateral

**Smarter Workspaces**  
Review of all spaces and co-location potential

**Planning and review**  
Services and review cycle – linked to WY and LTP

## Delivery of the strategy with key aims



Fragmentation and  
moving between services



Partnership working  
**Integration**  
Better transitions  
Co-location

**Great place to work**



Thresholds and other  
barriers to access



Easy to **access**  
Reduced waiting times

**Easy access for all**



Difficulties in getting  
appropriate high quality care



Right care, right time  
**High quality**

**High quality care**



Distance from  
community



**Community** partnership model  
Care close to home  
Home First

**Healthy communities**

# Framework

Our ambition is to move away from a system that is based on thresholds and tiers to enable people to access information, advice, support and care based on their needs. We have adopted the evidence based model called i-Thrive across our children and young people's services and aim to make this an all-age approach through adults to older adults mental health.

Each of the groupings are distinct in terms of the needs and/or choices of the individuals and also enable us to ensure we have the right workforce, skill mix and resources required to meet these needs and choices.

We will underpin this with our focus on public health, addressing inequalities and maintaining mental wellbeing through effective prevention and protection strategies that are community based.



# Developing our current service offer

**Self-care and prevention** – things you can do to proactively look after your health and mental wellbeing

**Mental health helpline** – someone to listen and signpost you to help or support

**Wellbeing support** – community wellbeing delivered by the voluntary and community sector

**Talking therapies** – one to one or group support and psychological therapies

**GP services** – your GP services can refer you to secondary mental health services or prescribe medication

**Community mental health** – offer support, education and treatment for certain mental health illnesses

**Alternatives to crisis services** – community based crisis support to proactively keep you out of hospital and deteriorate

**Acute and liaison psychiatry** – hospital based crisis support to support you getting home and manage certain mental illnesses

**Crisis and emergency** – help and support during a crisis or emergency services

**Specialist services** – treatment and support delivered by specialists for certain mental health illnesses



# Advice and support

**This way**

**This way**

Guide-Line for advice and  
signposting

Call 08001 884 884 8am –  
12am (midnight) or chat  
online

<http://www.mindinbradford.org.uk/chat/>

Visit our site  
[www.healthyminds.services](http://www.healthyminds.services)

for a host of information,  
services, articles and  
resources for mental health  
and self-care



**Vision: Better Lives, Brighter Futures promoting, respecting and improving the mental health of everyone to live happy, healthy at home**

**Strategic objectives: integration of services; easy access; high quality care and care in your community**

Community mental health	Acute crisis and liaison mental health	Reducing inequalities
<p>Transform our community mental health offer to promote, respect and improve people’s mental wellbeing</p>	<p>Providing the right support for people experiencing a crisis at the right time in their community or least restrictive setting</p>	<p>To promote the health of people and reduce the inequalities gap in access and support</p>
<p><b>Core Model</b> A new, inclusive generic community-based enablement offer based on redesigning community mental health services in and around our primary care networks with community connectivity, recovery focus, embedding Living Well and new roles, additional roles reimbursement (ARRS), peer support, etc.</p> <p><b>Care provision – therapeutic support</b> Providing evidence based and trauma informed interventions that support that meet individual, cultural and therapeutic needs, including improved access to psychological therapies.</p> <p><b>Care provision – early intervention in psychosis</b> Maintaining the 60% early intervention in psychosis access standard and ensuring services achieve 95% NICE concordance</p> <p><b>Employment support and workforce development</b> Supporting people to participate in the Individual Placement and Support programme and a range of skills, apprenticeships, training and employment opportunities for people and carers.</p> <p><b>Digital support</b> Improving shared care and use of digital technologies</p>	<ul style="list-style-type: none"> <li>• <b>First Response / 111:</b> Access via NHS 111 providing rapid blended mental health assessment, brief interventions and ‘open access’ to ongoing support, meaning that people and families can self-refer, including those not already known to services and widen to include Guide-Line signposting/advice.</li> <li>• <b>Intensive Home Treatment:</b> A blended team providing intensive home treatment to reduce distress, minimise potential for immediate harm, provide an alternative to hospital admission, support to solve acute social or interpersonal crisis and access to a short term crisis provision.</li> <li>• <b>Safer spaces:</b> A range of complementary and alternative crisis services to A&amp;E and admission within our local mental health crisis pathways based in the community, including crisis café and safe spaces and expansion of peer support.</li> <li>• <b>Mental Health Liaison:</b> Both our general hospitals will have on site mental health liaison services and Bradford Royal Infirmary will meet the full ‘Core 24’ standard for adults and older adults.</li> </ul>	<p><b>Care Provision – physical Health and wellbeing – serious mental illness (SMI)</b> Increasing the number of people with SMI receiving a comprehensive physical health check and associated interventions. To adopt a whole system approach to ensuring people with SMI are recognised, supported and have access to care and reduce variation in avoidance physical health conditions and access to healthcare.</p> <p><b>Focused support – the access and needs of people from diverse and ethnic minority populations.</b> This will include ensuring we have good engagement and community development, using intelligence and coproduction to improve the access, appropriate responsive of services and increasing the representation in our workforce.</p>
<p><b>West Yorkshire focussed support</b> Improving access and treatment for adults and older adults with a mental health diagnosis of ‘personality disorder’, eating disorders and in need of mental health rehabilitation.</p>	<ul style="list-style-type: none"> <li>• <b>Inpatient therapeutic offer:</b> The improved therapeutic offer from inpatient mental health services and will contribute to a reduction in length of stay in acute inpatient mental health settings and the elimination of out of area placements</li> </ul>	<p><b>West Yorkshire focussed support – suicide prevention</b> To achieve the ICS ambition to reduce the number of suicides.</p>

# How we will measure our outcomes

## Promote better lives

1. I am a person with abilities, possibilities and a future
2. I am not defined by my mental health diagnosis and the level of distress.
3. I am supported through the stages of life where things can be difficult.

### Measures 1 – 3

- Access to education, School readiness, employment, housing
- Access to early intervention offers (Guideline, Qwell, FRS, EIP, Recovery rates, length of stay, etc.)

## Respect rights

4. My voice is heard and included.
5. I am supported to maintain my rights and dignity and to make choices that enable me to live a healthier, happier life.
6. I am in control and actively involved in my care and support.
7. Ask for my consent. Share information appropriately, so I don't have to repeat myself

### Measures 4 – 7

- Evidence of involvement at all levels of practice /governance
- MCA, advocacy, serious mental illness checks, social etc
- Evidence of shared care planning
- Integrated/shared systems, act as one working/feedback

## Improve access to support

8. I have access to information, support and care that meets and my cultural choices.
9. When I need help, I can access this quickly and easily and services approach me with kindness, compassion and understanding.
10. I will know the name of the person who coordinates my support
11. My family or carer who may support me, will be respected and actively involved in my care with access to information and support they need.

### Measures 8 -11

- Healthy Minds, voluntary community sector offer, diversity and inclusion
- First Response, MWC, ED, etc Range of support on offer on Healthy Minds, community, cultural, faith competencies & models of care
- Named coordinator and integrated plans
- Carers Support plan
- Feedback from Grass Roots and people

# Summary

- Why we are here** To deliver better lives and a brighter future for everyone in Bradford district and Craven
- Our vision** Everyone can live *happy, healthy at home*
- Our purpose** To promote, respect and improve positive mental health of all our communities throughout their life journey
- Our objectives** The improvement of our mental health services involves the Integration of services; Easy access; High quality care and Care in your community
- Our values** We listen, we care, we deliver; we see the whole person and are inclusive, we *Act as One*
- Our focus** For the *people* we serve and the *staff* we support we have these main priorities:
- 1) we will reduce inequalities in mental health;
  - 2) we will improve children's mental wellbeing;
  - 3) we will transform our community mental health and care services and
  - 4) we will improve our urgent and crisis liaison offer
  - 5) we will strengthen our workforce, transform our digital and estates enablers





# Your feedback

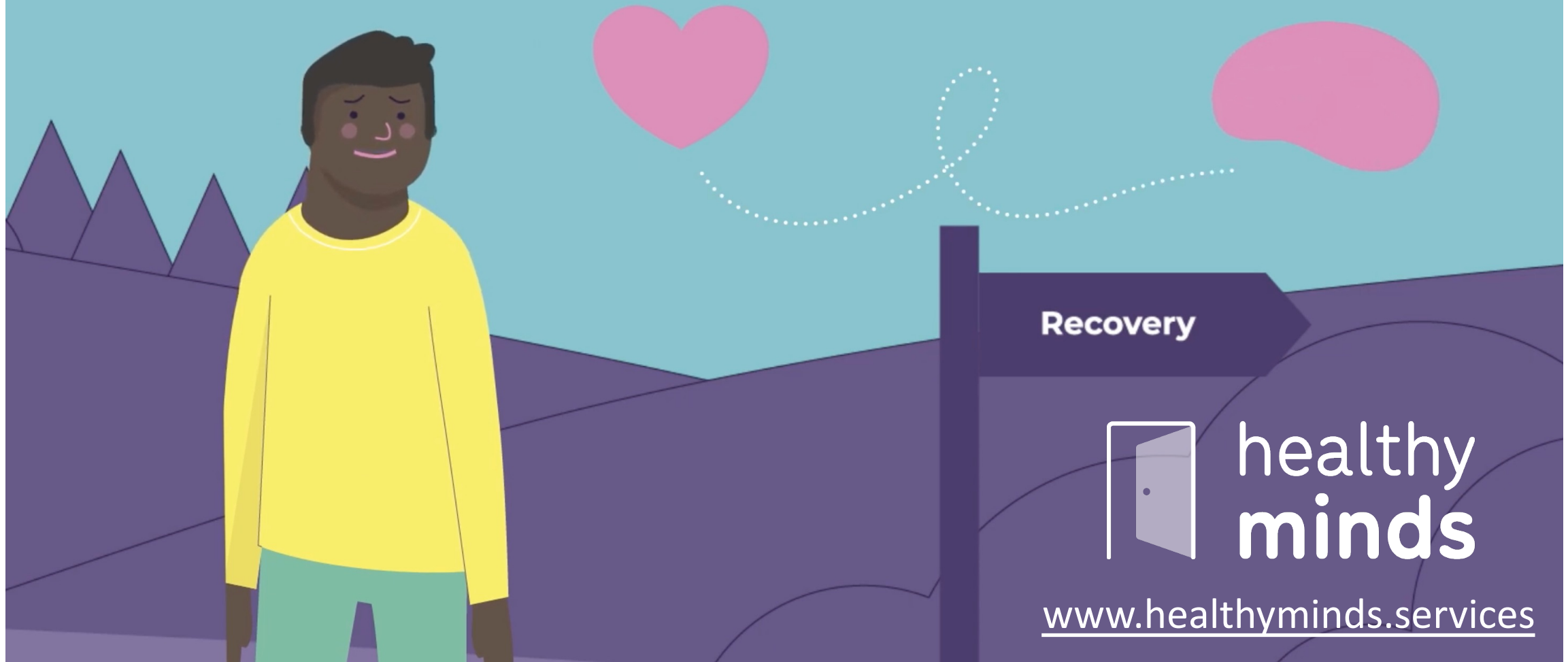
**Please note, this strategy is a live document and we invite continued feedback and input via**

**[https://www.surveymonkey.co.uk/r/HM\\_strategy\\_draft\\_21](https://www.surveymonkey.co.uk/r/HM_strategy_draft_21)**

**For copies of this strategy in alternative formats or further details, please contact [wellbeing@bradford.nhs.uk](mailto:wellbeing@bradford.nhs.uk)**



For support and advice visit Healthy Minds



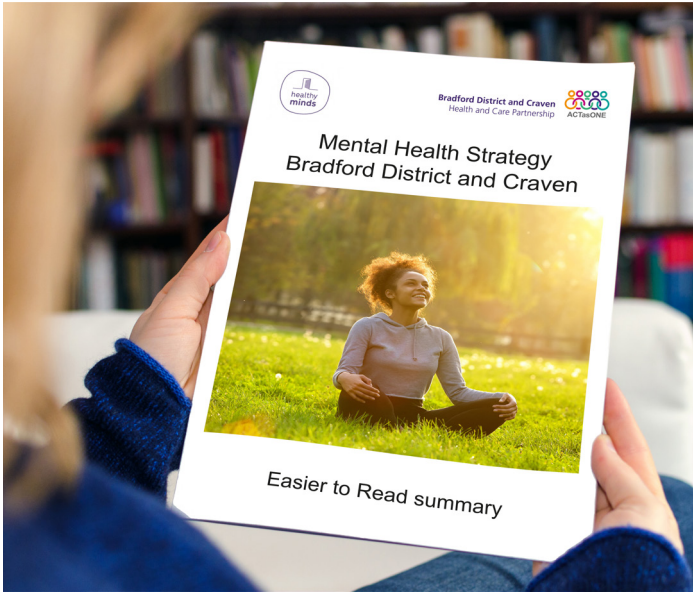
 healthy  
minds  
[www.healthyminds.services](http://www.healthyminds.services)



# Mental Health Strategy Bradford District and Craven



## Easier to Read summary



This is an easier to read summary of our mental health and wellbeing strategy.

A strategy is a plan. It sets out all the things we will do to make sure everyone in the Bradford District and Craven can have good mental wellbeing.



Our plan is for everyone, this includes people who use our services and carers, people who provide the services like doctors, nurses, therapists, voluntary sector organisations and others.

It is also for people who choose what services to buy (commissioners) to meet the needs of our communities.

## How did we develop our plan?



To help us make our plan we spoke to lots of different people.

We spoke to people who use our services, carers, people who work in our services and others.



We held workshops such as the Healthy Minds Summit workshops and engaged with the Mental Health Provider Forum.

The forum invites the voluntary and community sector (Bradford and Craven), NHS, and Bradford Council to work together to improve the mental health and wellbeing of people living in the district.



We looked at documents like the health needs assessments from public health at Bradford Council and Craven District Council. The assessments help us get a better understanding of our communities and the needs that exist.

We also used information from other places like the Friends and Family Test (FFT).



This feedback is given to GP surgeries and case studies of people sharing their experiences.

This strategy is part of the Bradford District and Craven Health and Care Partnership Strategy (November 2021), which sets out the goals for the organisation to reduce health inequalities and improve population health and wellbeing for the people of Bradford District and Craven.

## About our communities



There are 654, 764 people living in the Bradford District and Craven.

There are lots of open spaces like parks and countryside for people to enjoy.



We have a good food industry and lots of theatres, museums, galleries and so on.

We are a very diverse district. This means that a lot of people from different backgrounds and cultures live here.



Our NHS, councils, community sector organisations, and other organisations work well together.

All these things help people to have good mental wellbeing.



However, we also face lots of challenges.

There are people living in the district who have serious mental illness (this might also be called SMI) and many people have been diagnosed with depression.



Some people must be admitted to hospital because of mental illness.

Some people go to hospital for support when we should provide it in the community or at their home.



People with serious mental illness who live in our district are more likely to die 20 years younger, than people who live in other parts of the country because of physical health conditions.



People with mental health issues and/or learning disabilities are more likely to experience discrimination and hate crime.

Many people live in poor housing, are on a low income and do not have jobs.

## Our plan in a summary:



**Why we are here** – to deliver better lives and a brighter future for everyone in the Bradford District and Craven

**Our vision** – this is what we want to happen – everyone can live happy, healthier at home

**Our purpose** – this is what we are here to do - to promote, respect and improve positive mental health of all our communities throughout their life journey

**Our values** – these are the things that are important to us - we listen, we care, we deliver; we see the whole person and are inclusive, we work together to act as one



**Our Focus** – these are the main things that we will work on - for the people we serve and the staff we support we will: reduce inequalities (making sure that everyone has the same chance of having good mental wellbeing), improve children's mental wellbeing, transform our all age community mental health services, improve our urgent and crisis offer, strengthen our workforce, transform our digital and estates support to deliver our work.

We want the following statements to be true for everyone who lives in Bradford District and Craven:





## Promote better lives

1. I am a person with abilities, possibilities and a future
2. I am not defined by my mental health diagnosis and the level of distress.
3. I am supported through the stages of life where things can be difficult.



## Respect rights

4. My voice is heard and included
5. I am supported to maintain my rights and dignity and to make choices that enable me to live a healthier, happier life
6. I am in control and actively involved in my care and support
7. Ask for my consent. Share information appropriately, so I don't have to repeat myself.



## Improve access to support

8. I have access to information, support and care that meets my needs and my cultural choices
9. When I need help, I can access this quickly and easily and services approach me with kindness, compassion and understanding



10. I will know the name of the person who coordinates my support
11. My family or carer who may support me, will be respected and actively involved in my care with access to information and support they need.

To deliver our strategy we will do the following five objectives:



1. Join services up
2. Make services easier to access
3. Good quality services to meet your support needs
4. Support closer to where you live
5. Have the best workforce to deliver your services



## Reducing inequalities

We will make sure that everyone has the same chance of having good mental wellbeing.

Some of the things we will do are:

- Stop people from getting ill in the first place by helping them to practice good self-care
- Improve the physical health of people with serious mental illness
- Cut down on the number of women who have mental ill health because of pregnancy or when their babies are first born
- Improve services for people from Black, Asian and minority ethnic communities
- Reduce the amount of people who die by suicide
- Looking at the other things that can affect people's mental health such as where they live and how much money they have





## **Children and young people**

Some of the things we will do are:

- Have one pathway so it is easy for all children and young people to access support
- Have good models of care and focus on children who are vulnerable
- Better understand the things that can affect young people and children's mental health
- Make sure that we support young people to stop them going into crisis



## **Community mental health**

Some of the things we will do are:

- Have more support in the community
- Improve access to talking therapies
- Support people into work
- Work with older adults and carers
- Good support for people with complex or multiple needs



## Urgent care and liaison

Some of the things we will do are:

- Bring together First Response, Guide-Line and NHS 111 services so people experiencing crisis can have support whenever they need it
- Expand our home support services and support in the community when people experience crisis
- Have high quality inpatient hospital support close to where people live



To support the above work to happen we will do the following:

- Improve our digital support to share information and have better support technologies
- Support our workforce and have new types of roles like peer support workers
- Have good communication and work together with people to coproduce our services
- Review our buildings and bring teams to work together
- Plan and review our services together with people who use them

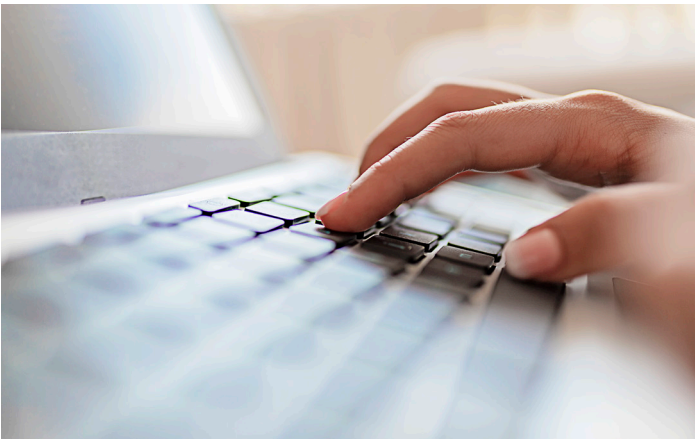


We have a range of services for mental health, and we want to make sure this support is available to everyone who needs support and advice.



We have looked at the ways we will know that we have achieved our strategy.

We will measure the progress and share this with people.



We will continue to listen and hear feedback from people. You can share your views by visiting this link:

[https://www.surveymonkey.co.uk/r/HM\\_strategy\\_draft\\_21](https://www.surveymonkey.co.uk/r/HM_strategy_draft_21)



For copies of this strategy in alternative formats or further details, please contact:

[wellbeing@bradford.nhs.uk](mailto:wellbeing@bradford.nhs.uk)



## **Report of the Director of Legal and Governance to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 15 December 2022**

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**Subject: HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2022/23**

### **Summary statement:**

This report presents the Committee's work programme 2022/23

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**Portfolio:**

**Healthy People and Places**

Report Contact: Caroline Coombes

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## 1. Summary

1.1 This report presents the Committee's work programme 2022/23.

## 2. Background

2.1 Each Overview and Scrutiny Committee is required by the Constitution of the Council to prepare a work programme (Part 3E – Overview and Scrutiny Procedure Rules, Para 1.1).

## 3. Report issues

3.1 **Appendix A** of this report presents the work programme 2022/23. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over coming year.

3.2. Best practice published by the Centre for Public Scrutiny suggests that 'work programming should be a continuous process'<sup>1</sup>. It is important to regularly review work programmes so that important or urgent issues that come up during the year are able to be scrutinised. In addition, at a time of limited resources, it should also be possible to remove projects which have become less relevant or timely. For this reason, it is proposed that the Committee's work programme be regularly reviewed by Members throughout the municipal year.

## 4. Options

4.1 Members may wish to amend and / or comment on the work programme at **Appendix A**.

## 5. Contribution to corporate priorities

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2022/23 reflects the priority outcomes of the Council Plan, in particular, 'Better Health, Better Lives' and 'Living with Covid-19'<sup>2</sup>. It also reflects the guiding principals of the Joint Health and Wellbeing Strategy for Bradford and Airedale 'Connecting people and place for better health and wellbeing'.

## 6. Recommendations

6.1 That the Committee notes the information in **Appendix A** and considers any amendments or additions it may wish to make.

6.2 That the Work Programme 2022/23 continues to be regularly reviewed during the year.

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<sup>1</sup> Hammond, E. (2011) *A cunning plan?* p. 8, London: Centre for Public Scrutiny

<sup>2</sup> Our Council Plan: Priorities and Principles 2021-25 <https://www.bradford.gov.uk/councilplan>



7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

9.1 **Appendix A** – Health and Social Care Overview and Scrutiny Committee work programme 2022/23

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# Democratic Services - Overview and Scrutiny

## Appendix A

### Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

#### Work Programme

Agenda	Description	Report	Comments
<b>Thursday, 19th January 2023 at City Hall, Bradford</b> <b>Chair's briefing 05/01/23. Report deadline 09/01/23</b>			
1) Changes to non-residential care charges	Approval sought to start consultation due to go to Exec 6 Dec 2022	Iain Macbeath	
2) Cancer	Outcomes of the lung cancer pilot programme and update on cancer waiting times target performance	Janet Hargreaves	Resolution of 4 July 2019 (postponed from April 2020)
3) Keighley Healthcare Estate	Update	Robert Madden	Resolution of 22 Sept 2020
<b>Thursday, 16th February 2023 at City Hall, Bradford</b> <b>Chair's briefing 01/02/23. Report deadline 06/02/23</b>			
1) Respiratory Health in Bradford District	Update	Public Health	Resolution of 22 November 2018 to have an update in 2 years
2) 0-19 Children's Public Health Services	Update on performance with Bradford District Care Trust	Contact: Liz Barry	Resolution of 23 June 2022
3) Hospital discharges/NHS/ Adults/Finance update	Referral from Corporate OSC - 10 Nov 2022	Iain Macbeath	Resolution of 24 November 2022
<b>Thursday, 23rd March 2023 at City Hall, Bradford</b> <b>Chair's briefing 08/03/23. Report deadline 13/03/23</b>			
1) Adult Autism	The Committee has resolved its expectation that 80% (256) of the projected number of assessments will have been delivered by March 2023. Report to also include a plan to ensure the sustainability and continued improvement of the service	Walter O'Neill	Resolution of 17 March 22
2) Health & Wellbeing Commissioning Update and Intentions - Adult Social Care 2023	Annual report	Contact: Holly Watson	Resolution of 17 March 22
3) ICS/ICB/ICP update	Placed-based Lead and Partnership independent chair to be invited to attend	Contact: James Drury	

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