

Report of Bradford City, Bradford Districts and Airedale, Wharfedale and Craven Clinical Commissioning Groups and the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 2 March 2016

AD

Subject: Implementation Plan for the Mental Wellbeing in Bradford District and Craven: A Strategy 2016 – 2021

Summary statement: The Mental Wellbeing in Bradford District and Craven: A Strategy 2016 – 2021 was agreed by the Health and Wellbeing Board at its meeting of the 29th November 2016 and was formally launched at an event on the 19th January 2017. This paper provides an update on the planning and implementation process to deliver the strategy

Portfolio:

Health & Wellbeing

Report Contact: Mick James
Phone: (01274) 237686
E-mail: mick.james@bradford.nhs.uk



1. Summary

The Mental Wellbeing in Bradford District and Craven: A Strategy 2016 – 2021 was agreed by the Health and Wellbeing Board at its meeting of the 29th November 2016 and was formally launched at an event on the 19th January 2017. This paper provides an update on the planning and implementation process to deliver the strategy

2. Background

2.1 In autumn 2015 there was an external review of joint mental health commissioning in Bradford district and Craven. One of that report's recommendations was the design and delivery of a new five year strategy for the district.

Public health colleagues updated the Joint Mental Health Needs Assessment to support this and from April to October 2016 an extensive engagement and development programme took place.

This also coincided with the publication of national policies setting out the expectations and drivers for mental health transformation under the Five Year Forward View for mental health.

Despite being acknowledged as an exemplar health and care economy for a range of innovations, at that time there were a number of negative perceptions about mental health services in Bradford district and Craven. It is clear that there are many areas that need improvement and local stakeholders expressed a desire to develop a truly aspirational and ambitious all age strategy.

2.2 Mental Wellbeing in Bradford District and Craven: A Strategy 2016 – 2021 was developed through close partnership working between CBMDC, NHS and VCS providers, service users and carers. It provides a strategic direction for people of all ages and emphasizes the importance of wellbeing and support for both mental and physical health. The strategy launch on the 19th January 2017 was a huge success and has created a great sense of energy and enthusiasm in support of the implementation. We are keen to maintain this momentum. The process of implementation has begun and this paper provides an update on the progress with establishing programme structures and planning the implementation.

3. Report issues

3.1 The strategy: During the engagement to develop the strategy, people emphasised the importance of:

- the impact on our mental wellbeing of 'life events' as triggers
- keeping healthy at the times of our life when there is added risk; and

- that people wanted to see actions to strengthen mental health awareness and resilience at population level
- recognising the importance of the impact of housing, employment, education, our environment and the economy on our wellbeing

As well as housing, environment and employment, things like drug and alcohol misuse, dementia, learning disabilities, physical health and autistic spectrum conditions also play a significant part in determining people's mental wellbeing. These are mentioned in the strategy, but we have not gone into detail. This is because there are separate strategies, either already agreed or in development, that tackle these issues and we are establishing links with these programmes to ensure a seamless approach to delivery.

The overarching vision of the strategy is based on *Hope, Empowerment and Support*. The key strategic commitments to deliver this are grouped under three pillars:

Our Wellbeing

We will build resilience, promote mental wellbeing and deliver early intervention to enable our population to increase control over their mental health and wellbeing and improve their quality of life and mental health outcomes.

Our mental and physical health

Mental health and wellbeing is of equal importance to physical health. We will develop and deliver care that meets these needs through the integration of mental and physical health and care.

Care when we need it

When people experience mental ill-health we will ensure they can access high quality, evidence-based care that meets their needs in a timely manner, provides seamless transitions and care navigation.

Across the three pillars there are 48 'we will' commitment statements supported by a further 12 enabling commitments. These form the basis for the implementation plan.

3.2 The implementation plan: Initially it was proposed that implementation would be structured through three work streams: Our Wellbeing, Our Mental and Physical Health, and Care When We Need It.

Our Wellbeing

Currently there is no sub-group of the Mental Health Partnership Board to drive this but an initial meeting between the CCG and Public Health leads has agreed the leadership of this programme and has set out some initial plans as well as overall timescales and priorities.

Our Mental and Physical Health

An initial meeting of relevant stakeholders to start this programme was held on the 24th January 2017. The meeting generated a great deal of ideas about how the work can be progressed and planning has begun and milestones for 2017/18 are listed in the implementation plan. The principal risk to the delivery of this programme is that we fail to address adequately the underpinning principle that the programme should release resources from acute hospital care to reinvest in meeting the psychological needs of patients in physical health pathways.

Care When We Need It

Members of the existing Crisis Care Concordat have considered whether they would be well placed to lead this work stream, but agreed that the group's scope is too focused for effective leadership of all elements. Therefore, the Crisis Care Concordat will retain leadership for aspects of the work stream connected with the acute mental health care pathway while two new groups will be formed to progress work relating to (a) community mental health care and (b) talking therapies.

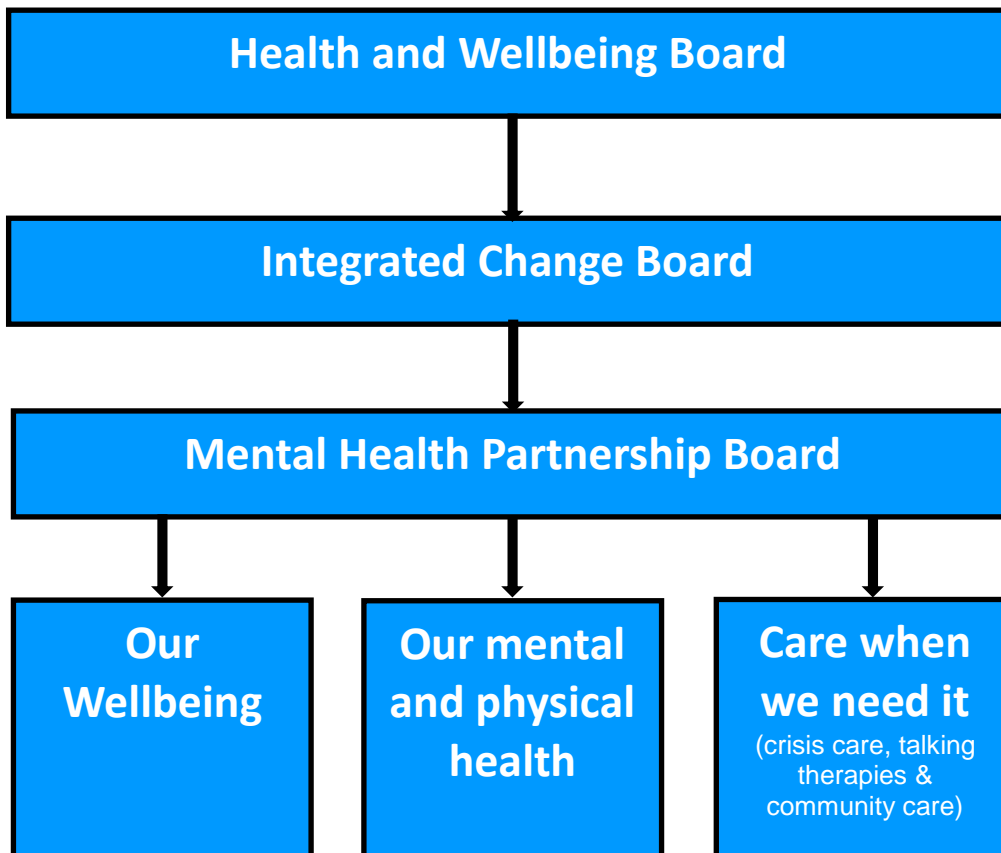
It is thus vital that the additional groups required are formed as soon as possible and commence their formal reporting to the Mental Health Partnership Board. The other area that will require picking up as a matter of priority are the cross cutting themes, but these can realistically only start to be addressed once the other work streams are delivering clear, detailed plans.

At the current time, the Implementation Plan is being populated in more detail on an ongoing basis as projects within the programme start to emerge. It is developing at a rapid pace with updated versions being produced on a very regular basis to accommodate this. In addition it should be noted that some of the actions are already complete or nearing completion

The resource commitments for 2017/18 and 2018/19 are noted in the outline Implementation Plan presented with this paper.

3.3 Governance

The following governance structure has been agreed for the Mental Health programme.



3.4 Ongoing engagement

The Mental Health Programme is committed to ensuring that the planning and implementation of the strategy will continue to build on the very effective and comprehensive engagement with a broad range of stakeholders.

3.5 Outcome framework

The agreed outcome framework is presented as Appendix B.

The commissioning support unit has commenced work on establishing a dashboard based on these agreed outcome measures, though there is not at this stage clarity about how quickly that work will be completed.

3.6 Current delivery

Work on implementation is underway and a number of individual projects have already been delivered.

- *Our Wellbeing* - For children and young people, commissioning of a 'buddy system' with the VCS to work with specialist providers of CAMHS to address emotional and psychological distress

- *Our mental and physical health* - Further development of the primary care wellbeing service that provides psychological support to people with medically unexplained symptoms
- *Care when we need it* - Re-procurement of the wellbeing navigation service which provides services to adults with a serious and enduring mental health problem. Successful bids for expanding perinatal services and development of IAPT. Extended access to crisis care through the First Response Service (FRS) by appointing CYPMH specialists within the team. Developed a dedicated looked after and adopted children therapy team to deliver support, consultations and supervision to those teams working with these vulnerable groups.
- *Overarching* - The Joint Mental Health Commissioning Board has become the programme board for the implementation of the strategy, informing the future integration of services.

4. **Contribution to corporate priorities**

The Implementation Plan reflects the ambition of the agreed *Mental Wellbeing in Bradford District and Craven: A Strategy 2016 – 2021* as well as the district plan for 'all of our population to be healthy, well and able to live independently for a long as possible' (District plan: Better health, better lives).

5. **Recommendations**

That activity undertaken on the development and delivery of an implementation plan for the Mental Wellbeing Strategy for Bradford district and Craven be noted and that the Committee provide any feedback and/or comments.

6. **Background documents**

Link to *Mental Wellbeing in Bradford District and Craven: A Strategy 2016 – 2021* (<http://www.bradfordcityccg.nhs.uk/be-informed/our-publications/our-strategies/>)

7. **Not for publication documents**

None

8. **Appendices**

Appendix A: Implementation Plan for the Mental Wellbeing in Bradford District and Craven: A Strategy 2016 – 2021

Appendix B: Outcome Framework for the Mental Wellbeing in Bradford District and Craven: A Strategy 2016 – 2021