

Mental Wellbeing Strategy 5-Year Implementation Plan and Priorities									
The delivery of the Mental Wellbeing Strategy will be through three principal programmes:									
Our wellbeing: Building resilience, promoting mental wellbeing and delivering early intervention									
Mental Wellbeing Strategy Implementation Plan and Priorities									
Project	Strategic Commitment	Lead	2017/18	2018/19	2019/20	2020/21	Standards	Finance	Update January 2017
Our Wellbeing			Our Wellbeing						
<i>Milestones to be drafted after initial planning meeting 1 February 2017</i>									
Self Care Strategy	W1 We will design and deliver a comprehensive Mental Health Improvement Programme which will target increased awareness, capacity for self-management and the need for early intervention and self care.	Ali Jan Haider	Over the life of the strategy we will train 10% of health and social care front line staff in Motivational Interviewing and promoting behavioural change.						Ensure that this work is embedded in the work to deliver the Self-Care strategy
	W2 We will ensure that Mental Health Improvement is a central outcome of all community investment and regeneration.	Sarah Muckle	Develop a framework to guide decision making. Currently in planning stage						
	W3 We will develop and deliver evidence based stigma and discrimination reduction programmes that focus on sustained behavioural change.								Need to explore options for action in the context of existing work being led by Judith Kirk (CSC)
	W4 We will promote mutual support opportunities and encourage the spread of mental health Champions in organisations and business.	Sarah Muckle	We will explore options for developing a network of Mental Health First Aiders as mental health champions across the economy, with support from existing MH focussed employment support pathways who have established links with the employer market in the district.						
	W7 We will ensure local housing and regeneration policy and planning creates public and private housing which provides a safe, stable environment that promotes community cohesion and mental wellbeing.								
Employment support	W9 As the largest local employers, we will lead the way in establishing a district wide network of organisations that are passionate about and committed to mentally healthy workplaces with all health and local authority services achieving a mental health charter mark. We will proactively share best practice and facilitate small to medium enterprises to engage through accessible training and tools.	Sarah Muckle	Develop proposals for the local NHS and LA bodies to become Mindful Employers. BDCFT already signed up to the Charter.						
	W10 We will support people to develop the skills and confidence needed to be work ready, engage with employers to enhance accessible job opportunities, and provide support to both individuals and employers to help more people with mental health problems to retain their employment.	Mick James.	With LA use EU funding to support partnership bid from BDCFT and Cellar Trust to provide additional MH employment support. Develop outcomes and thresholds.				Double access to IPS from 2016/17 baseline	2017 – 2019 planning guidance: Increase access to IPS for SMI in secondary services by 25% by April 2019 from 17/18 baseline	£78,000 IPS employment support workers (60K 5YFV + 18K demographic monies)
Self Care Strategy	W20 We will tackle loneliness, fear and isolation through supporting the further development of schemes that improve mental health in later life through supporting emotional and social connections.	Ali Jan Haider	Self Care strategy currently undertaking asset mapping. Work within self-care strategy to promote social prescribing which will deliver required outcomes.						Need to check work currently underway within Community Development (Steve Hartley)
Suicide Prevention Strategy and Action Plan	H3 We will develop the role of VCS and Community groups to provide access to early intervention support which improves personal resilience.								
	C16 We will develop housing, education, employment and social care and support systems for people leaving prison, forensic care or other forms of custody								
		Peter Roderick	Draft plan for review and approval by Mental Health Partnership Board February 2017					2017 – 2019 planning guidance: Reduce suicide rates by 10% against the 2016/17 baseline	Draft Suicide Prevention Plan circulated for review

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Our physical and mental health		Brendan Kennedy, Mick James								
	W6 We will adopt wellbeing models and pathways that integrate physical and mental health, in which social care is a core part of our strategy and we will support social function, spirituality, self-management and peer support through the Care Act 2014.	Mick James, Brendan Kennedy, Angela Moulson	Development of a cross agency task and finish group to agree short and long term plans for three identified themes: Informatics, Integration & Coordination of pathways, agree outcomes					Current plans to look at using existing resources to facilitate	Group established and membership agreed. Commence more detailed work at February Task and Finish meeting	
Wellbeing Service	W12 We will provide support to people with mental health problems and complex physical needs to navigate services to maximise wellbeing and independence.	Angela Moulson, Kate Dale	Development of a cross agency task and finish group to agree short and long term plans for three identified themes: Informatics, Integration & Coordination of pathways, agree outcomes					Current plans to look at using existing resources to facilitate	Group established and membership agreed. Commence more detailed work at February Task and Finish meeting	
	H2 We will develop a model of integrated physical and mental health services whereby people can have their care needs met at the same location as part of an agreed pathway of care.	Mick James, Brendan Kennedy, Angela Moulson	Development of a cross agency task and finish group to agree short and long term plans for three identified themes: Informatics, Integration & Coordination of pathways, agree outcomes.					Current plans to look at using existing resources to facilitate	Group established and membership agreed. Commence more detailed work at February Task and Finish meeting	
	H4 We will develop an integrated approach to the identification of mental ill health in secondary care pathways, to improve the outcomes of physical health treatment.	Mick James, Brendan Kennedy, Angela Moulson	Development of a cross agency task and finish group to agree short and long term plans for three identified themes: Informatics, Integration & Coordination of pathways, agree outcomes					Current plans to look at using existing resources to facilitate	Group established and membership agreed. Commence more detailed work at February Task and Finish meeting	
	H5 We will further develop the targeted approach to patients with medically unexplained symptoms (MUS) in Primary Care to improve patient outcomes and efficiency.	Mick James, Brendan Kennedy, Angela Moulson	Develop new model of care to expand services to create larger footprint and expand population served by Feb 2017, implementation from April 2017.						2017/18 £151,000 GP enhanced service	Agreed commissioning priority
	H8 We will reduce premature mortality associated with physical ill health in people with severe mental illness to below the Yorkshire and Humber average by 2020.	Angela Moulson, Kate Dale	30% SMI on register receive screen	60% SMI on register receive screen			Reduction in premature mortality (nat target not set Local target in strategy)	5YFV		
	Care When We Need It									
	W13 We will extend the Recovery College Service model through a multi-provider network to offer online evening and weekend psychological interventions.		Finalise subcontracts: end August 2017						Moved to lead provider contract and branded the new IAPT network as MyWellbeing College Developing standard contract for subcontracting IAPT Development complete subject to finalisation of IAPT subcontracts. Existing grant arrangements to VCS organisations remain unchanged.	
	W14 By 2020/21, 90% of people who access Psychological Therapies will engage through direct self-referral.		Establish baseline for percentage of self-referrals	Use baseline to increase percentage of self-referrals		90%				
	W15 We will ensure that local services/pathways are skilled to recognise and meet the longer term needs of people who experience sexual assault or domestic violence.			Review existing pathways, services, access, referral routes Increase staff awareness in all services Increase access to trauma pathway including communications with health and social care professionals					Awareness training on domestic violence and sexual assault is available for all IAPT staff and safeguarding procedures to support CAMHS PMHW Capacity utilised within CSE Hub commenced September 2016 Specialist care provided by VCS organisations in Bradford and Keighley EMDR provided by BDCFT Workstream will also involve primary care and hospitals	
	W19 We will provide improved detection and access to evidence based treatment of depression for older people			Commence programme of work Consider potential positive impact of IAPT services for people with Long Term Conditions					Introducing Stress Buster via locally community groups for older people and our older people's mental health service	

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Improving Access to Psychological Therapies	H6 We will increase access to IAPT from 15% - 25% prevalence providing an additional 7,500 treatments per year, 5,000 of whom will have Long Term Conditions		12-month pilot Confirm intentions for potential resource shift to services providing both physical and mental healthcare and psychological therapy groups	Access is 19% of estimated prevalence		Access is 25% of estimated	2017 – 2019 planning guidance> Additional Psychological Therapy so 19% access treatment integrated in Primary Care	2017/18 Bid submitted to NHS England to fund 12-month pilot (£240,000 approx). 2018/19 £123,000 CCG funding committed to support IAPT targets. Intention to supplement this with savings from LTC care demonstrable from 2017/18 pilot	Introduction of Stress Buster sessions across the district. Direct access (no referral required) and provide referral pathway into wider IAPT service. These will be offered in a range of settings, including education providers, employers and retailers. Sessions can accommodate up to 100 people.
	H7 We will ensure that services provide a balanced range of effective therapies as well as pharmacological interventions that are culturally appropriate and effective P4 We will use the "Pathways and Packages" approach to commission evidence based care to meet people's needs			Develop pathways	Implement currency			Implemented MyWellbeing College website with online and telephone self-referral Implemented Self-Referral Hub, to take telephone self-referrals and provide immediate suitability assessment	Monitoring/reporting of IAPT interventions is in place
									IAPT is system ready for clustering Clustering of patients to commence in April 2017 at point of suitability assessment
Future in Mind	W16 We will develop a network to deliver mental health and emotional support in each school to promote mental wellbeing amongst young people							2017/18 £91,000 Mental Health Champions in Schools	Future in Mind funding has secured Primary Mental Health Worker provision recurrently (April 2016) Appointees to vacant posts all now in place PMHW capacity mapped to new 0-19 pathway cluster model *PMHW lead is part of the Public Health-led Future in Mind workstream for school engagement including MH Champions in School, workforce development, network of schools based support for emotional health and wellbeing.
	W17 We will improve the awareness and understanding of mental health for all people working with children and young people.	Sue Sykes							Workforce development is cross cutting workstream. Workforce and Training post in place at BDCFT. Existing workforce training plan in place. Being revisited and planned in context of schools engagement work.
	C1 We will establish mental health expertise within the entry point to children's services to enable access to early help/mental health services.						2017 – 2019 planning guidance> More MH services for C&YP with 32% access to evidence based services April 2019 and all areas part of CYP IAPT by 2018	Buddy Scheme (Barnardo's) £232,000 (NHSE non-recurrent)	Primary Mental Health Workers aligned with Early Help points of access to children's social care
	C2 We will develop a community based service for young people with eating disorders to support care delivery at home in order to reduce Hospital admissions.	Mark Vaughan	Implement service action plan	95% target for access within 1 week (urgent), 4 weeks (routine)			Services to be compliant with Better Access Waiting time standard by April 2020.	2017 – 2019 planning guidance> Commission community eating disorder teams so 95% of C&YP receive treatment within 4 weeks for routine and 1 week for urgent referral	2018/19 £324,000 NHSE funding for Future in Mind
C4 We will develop a dedicated Looked After and Adopted Children therapy team to deliver support, consultations and supervision to those teams working with these vulnerable groups.	Complete								Business case and funding agreed in June 2016. This included some new investment and also LA CAMHS social worker capacity being ringfenced. CAMHS health have recruited to posts and will all be in post by Jan 2017. Already offering extended consultation into Childrens' Homes.
Perinatal Mental Health	C5 We will work with partners to develop a West Yorkshire specialist perinatal mental health team which interfaces with local evidence based pathways.	WY Perinatal Mental Health Steering Group	Complete recruitment to service Implement service			Increased access to specialist PNMH support	5YFV 2020/21 increased access to specialist PNMH support		December 2016 successful bid to NHSE for local service BDCFT to develop service CCG to confirm funding arrangements
	W8 We will develop a range of social and supported housing options for people with mental health care needs		LA and NHS commissioners work with providers of residential and nursing care to improve quality of care and meet contractual quality standards Joint scoping of requirements for jointly commissioned services LA and NHS jointly retender accommodation services for people with mental health care needs (September 2017)						Supported living and personalised support frameworks already developed. Either can be used to provide specialist support at home for existing and changing client needs. LA has commissioned housing providers for people leaving forensic care / criminal justice system or who have a challenging history of living in the community to meet needs and reduce delayed transfers of care.

