ivielital V	Vallhaing Stratagy E Vaar Implementation Blan and Dringities							
The deliv	Vellbeing Strategy 5-Year Implementation Plan and Priorities ery of the Mental Wellbeing Strategy will be through three prin	ncipal programmes:		-				
	peing: Building resilience, promoting mental wellbeing and del			 				
	Vellbeing Strategy Implementation Plan and Priorities							
Project	Strategic Commitment Lead	2017/18	2018/19	2019/20		Standards	Finance	Update January 2017
Our Well				,	Our Wellbeing			
Mileston	es to be drafted after initial planning meeting 1 February 2017 W1 We will design and deliver a Ali Jan Haider							
20	W1 We will design and deliver a Ali Jan Haider comprehensive Mental Health	Over the life of the strategy we will train 10% of health and social care front line						Ensure that this work is embedded in the
Strat	Improvement Programme which will target	staff in Motivational Interviewing and						work to deliver the Self-Care strategy
Care	increased awareness, capacity for self-	promoting behavioural change.						
	management and the need for early	promoting behavioural change.						
Self	intervention and self care.							
		Develop a framework to guide decision						
	W2 We will ensure that Mental Health	making. Currently in planning stage						
	Improvement is a central outcome of all community investment and regeneration. Sarah Muckle							
	W3 We will develop and deliver evidence							Need to explore options for action in the
	based stigma and discrimination reduction							context of existing work being led by Judith
	programmes that focus on sustained							Kirk (CSC)
	behavioural change.							
		We will explore options for developing a						
		network of Mental Health First Aiders as mental health champions across the						
	W4 We will promote mutual support	economy, with support from existing						
	opportunities and encourage the spread of	MH focussed employment support						
	mental health Champions in organisations	pathways who have established links						
	and business. Sarah Muckle	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.	Develop proposals for the local NHS and						
	W9 As the largest local employers, we will	LA bodies to become Mindful						
	lead the way in establishing a district wide	Employers. BDCFT already signed up to						
	network of organisations that are	the Charter.						
	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							
r,	W10 We will support people to develop the							
육	skills and confidence needed to be work							
ıt sı	ready, engage with employers to enhance	With LA use EU funding to support				2017 – 2019 planning		
me	accessible job opportunities, and provide	partnership bid from BDCFT and Cellar				guidance: Increase access to		STP areas selected for targeted funding of IP
ģ	support to both individuals and employers to help more people with mental health	Trust to provide additional MH			Double access to IPS from	IPS for SMI in secondary services by 25% by April 2019		Supported previously non-recurrently funde IPS scheme provided by BDCFT with VCS
E.	problems to retain their employment. Mick James.	employment support. Develop outcomes and thresholds.			2016/17 baseline	from 17/18 baseline	18K demographic monies)	Cellar Trust
35	W20 We will tackle loneliness, fear and Ali Jan Haider	Self Care strategy currently undertaking						Need to check work currently underway
ate	isolation through supporting the further	asset mapping. Work within self-care						within Community Development (Steve
Strat	development of schemes that improve	strategy to promote social prescribing						Hartley)
Care	mental health in later life through	which will deliver required outcomes.						
elf	supporting emotional and social							
Se	connections. 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							
		Draft plan for review and approval by						
on tion:		Mental Health Partnership Board						
Action								
evention and Action		Mental Health Partnership Board				2017 – 2019 planning		
e Prevention gy and Action		Mental Health Partnership Board				guidance: Reduce suicide rates		
Suicide Prevention Strategy and Action Plan		Mental Health Partnership Board						Draft Suicide Prevention Plan circulated for review

oject Strategic Commitment	Lead	2017/18	2018/19	2019/20	2020/21	Standards	Finance	Update January 2017
	Brendan Konnadu Miele							
r physical and mental health	Kennedy, Mick James							
W6 We will adopt wellbeing n		Development of a cross agency task and					Current plans to look at	Group established and membership agree
pathways that integrate physi-	ical and Brendan	finish group to agree short and long					using existing resources to	Commence more detailed work at Febru
mental health, in which social	I care is a core Kennedy, Angel						facilitate	Task and Finish meeting
part of our strategy and we wi	rill support Moulson	Informatics, Integration & Coordination						
social function, spirituality, sel	lf-	of pathways, agree outcomes						
management and peer suppor	rt through the							
Care Act 2014.								
		Development of a cross agency task and					Current plans to look at	Group established and membership agree
W12 We will provide support	to people	finish group to agree short and long					using existing resources to	Commence more detailed work at Februa
with mental health problems		term plans for three identified themes:					facilitate	Task and Finish meeting
physical needs to navigate ser		Informatics, Integration & Coordination						
maximise wellbeing and indep	pendence. Kate Dale	of pathways, agree outcomes						
H2 We will develop a model or	Mick James,	Development of a cross agency task and					Current plans to look at	Group established and membership agre
physical and mental health se		finish group to agree short and long					using existing resources to	Commence more detailed work at Februa
whereby people can have thei	ir care poods Kennedy, Angel						facilitate	Task and Finish meeting
met at the same location as pa		Informatics, Integration & Coordination						
	art or an	of pathways, agree outcomes.						
2	Mick James,	Development of a cross agency task and					Current plans to look at	Group established and membership agre
agreed pathway of care. H4 We will develop an integra to the identification of mental secondary care pathways, to i	Brendan	finish group to agree short and long					using existing resources to	Commence more detailed work at Februa
H4 We will develop an integra		term plans for three identified themes:					facilitate	Task and Finish meeting
to the identification of mental		Informatics, Integration & Coordination						
secondary care pathways, to i		of pathways, agree outcomes						
outcomes of physical health tr	reatment.							
H5 We will further develop the approach to patients with me		Develop new model of care to expand						Agreed commissioning priority
unexplained symptoms (MUS)		services to create larger footprint and					2017/18	
Care to improve patient outco		expand population served by Feb 2017,					£151,000 GP enhanced	
efficiency.	Moulson	implementation from April 2017.					service	
emelency.	IVIOUISOII						SCIVICE	
H8 We will reduce premature	mortality				Reduction in premature			
associated with physical ill hea	alth in people	30% SMI on register receive screen			mortality (nat target not			
with severe mental illness to b	below the Angela Moulson	i,			set Local target in			
Yorkshire and Humber average	ge by 2020. Kate Dale		60% SMI on register receive screen		strategy)	5YFV		
e When We Need It			1	1	Care When We Need It			Moved to lead provider contract and bra
								the new IAPT network as MyWellbeing
								College
								Developing standard contract for
								subcontracting IAPT
W13 We will extend the Recov	very College							Development complete subject to finalis
Service model through a multi	i-provider							of IAPT subcontracts. Existing grant
network to offer online evenir	ng and							arrangements to VCS organisations rema
weekend psychological interven		Finalise subcontracts: end August 2017						unchanged.
W14 By 2020/21, 90% of peop								
access Psychological Therapie: through direct self-referral.	s wiii engage	Establish baseline for percentage of self- referrals	Use baseline to increase percentage of self-referrals		90%			
unough direct seir-referral.		reierrais	OI Sell-referrals		90%	1	+	
								Awareness training on domestic violence
								sexual assault is available for all IAPT sta
								and safeguarding procedures to support
			Review existing pathways, services,					CAMHS PMHW Capacity utilised within
			access, referral routes					Hub commenced September 2016
W15 We will ensure that local			Increase staff awareness in all					Specialist care provided by VCS organisa
services/pathways are skilled			services					in Bradford and Keighley
and meet the longer term nee			Increase access to trauma pathway					EMDR provided by BDCFT
who experience sexual assault	ε or domestic		including communications with					Workstream will also involve primary ca
violence.			health and social care professionals				1	and hospitals
			Commence programme of work					
			Consider potential positive impact					Introducing Stress Buster via locally
W19 We will provide improve	d detection							
W19 We will provide improve								
W19 We will provide improve and access to evidence based depression for older people			of IAPT services for people with Long Term Conditions					community groups for older people and older people's mental health service

Project	Strategic Commitment	Lead	2017/18	2018/19	2019/20	2020/21	Standards	Finance	Update January 2017
	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 pscyhological therapy groups				2017 – 2019 planning guidance> Additional Psychological Therapy so 19% access treatment integrated in	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	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.
Access to Psychological Therapies	H7 We will ensure that services provide a balanced range of effective therapies as well as pharmacological interventions that are culturally appropriate and effective D4 Movelli up to Parks with the Pa							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
Improving	P4 We will use the "Pathways and Packages" approach to commission evidence based care to meet people's needs		Develop pathways	Implement currency					IAPT is system ready for clustering Clustering of patients to commence in April 2017 at point of suitability assessment
	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. Workforce development is cross cutting
	W17 We will improve the awareness and understanding of mental health for all people working with children and young people.	Sue Sykes							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.
lind	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
Future in Mind	C2 We will develop a community based service for young people with eating disorders to support care delivery at home	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	Workforce plan in place and being recruited to for completion by Jan 2017 QNCC ED self assessment tool to be utilised to create service action plan 17/18
	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	health team which interfaces with local	WY Perinatal Mental Health Steering Group	Complete recruitment to service Implement service LA and NH2 commissioners work with			Increased access to specialist PNMH support	SYFV 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 NPS Collimisationers 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.

Project		Lead	2017/18	2018/19	2019/20	2020/21	Standards	Finance	Update January 2017
	C7 We will complete a review of the current								
	model of CMHT and redesign services to								
	meet future needs, ensuring that the needs								
P	of people with Personality Disorder and							2017/18 £160,000 CMHT	
1	dual diagnosis, or within criminal justice							Advanced Nurse	
	services are incorporated into future			Develop and implement pathways				Practitioners (demographic	
	pathways			linked to clustering pathways				monies)	
	C8 We will design and implement a clear			2, ,					
	pathway of care to meet the needs of								Pathway for people with borderline
l ľ	people with a personality disorder in the			Develop and implement pathways					personality disorder already exists in BDCFT
	community.			linked to clustering pathways					Psychological Therapies service
	C9 We will design and implement a clear			8 pannaga					,
	pathway of care to meet the needs of		Review demand and capacity of children a	and young people's Eating Disorders	Commence development				Low intensity intervention and online
l l	adults with eating disorders.		service		of adult service				package available but low uptake
	C12 We will ensure improved access for								
	older people to addiction services.								
	, , , , , , , , , , , , , , , , , , ,								
	C14 We will recommission the local								
	diagnostic pathway for Autism for adults to								
	improve access, quality and outcomes								Agreed commissioning priority for 2017/18
	, , , , , , , , , , , , , , , , , , , ,								8 F
1	C17 We commit to the identification and								Gate keeping assessment completed by FRS
	prioritisation of access to services by armed								identifies whether the referral is a current/ex
	forces veterans in line with the Bradford								armed force member and prioritises access t
	Community Covenant Pledge.								services
	C18 We will ensure the needs of people								DCI VICCS
	with dual diagnosis are embedded within								
	agreed multi agency pathways of care.								
 	ogreed muiti agency patriways of care.								
									Complete:
									FRS already offering service to CYP.
								2017/18	Specialist CAMHS offering weekly
ı /	ca war all a standard and								
	C3 We will extend access to crisis care							Vanguard funding for Safer	consultation, case discussion and training.
	through the First Response Service (FRS) by							Spaces £228,000	Recruitment ongoing. Case tracking of under
	appointing CYPMH specialists within the								18 activity within FRS to support learning and
1	team.		Complete						pathway development.
									FRS independent service user evaluation
1									report published 2016
1									Feedback from Safer Spaces: Haven,
5									Sanctuary, Towerhurst (annual or as
ු පී	C10 We will use stakeholder feedback to								required) through life of strategy.
Crisis Care	deliver continuous improvement in the								Compliments and generic feedback (FFT,
ò	operation of First Response.						2017 – 2019 planning		service user and carer forum, individual
	.,								
1 1									
							guidance> Eliminate out of		feedback)
							area placements for non-		Safer Spaces Steering Group governance to
							area placements for non- specialist acute care by		Safer Spaces Steering Group governance to be provided through BDCFT Quality and
		Simon Long					area placements for non-		Safer Spaces Steering Group governance to
		Simon Long	Work with Physical-Mental Health				area placements for non- specialist acute care by	National funding for Liaison	Safer Spaces Steering Group governance to be provided through BDCFT Quality and
		Simon Long	steering group and Crisis Care Concordat				area placements for non- specialist acute care by 2020/2021	National funding for Liaison services and A&E Liaison	Safer Spaces Steering Group governance to be provided through BDCFT Quality and
-		Simon Long					area placements for non- specialist acute care by		Safer Spaces Steering Group governance to be provided through BDCFT Quality and
-		Simon Long	steering group and Crisis Care Concordat to identify impact of enhanced service				area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning	services and A&E Liaison plus	Safer Spaces Steering Group governance to be provided through BDCFT Quality and
	C11 We will ensure our local acute	Simon Long	steering group and Crisis Care Concordat to identify impact of enhanced service to plan allocation of resource from				area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning guidance> Delivery of MH	services and A&E Liaison plus 2017/18	Safer Spaces Steering Group governance to be provided through BDCFT Quality and
	C11 We will ensure our local acute providers have all-age Mental Health	Simon Long	steering group and Crisis Care Concordat to identify impact of enhanced service to plan allocation of resource from 2020/21 onwards.				area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning guidance> Delivery of MH access and Quality Standards	services and A&E Liaison plus 2017/18 £70,000 Care Home Liaison	Safer Spaces Steering Group governance to be provided through BDCFT Quality and Safety Committee and Crisis Care Concordat
	C11 We will ensure our local acute providers have all-age Mental Health Llaison teams in place and by 2020/21 will		steering group and Crisis Care Concordat to identify impact of enhanced service to plan allocation of resource from 2020/21 onwards. Stakeholder engagement: identify acute				area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning guidance> Delivery of MH access and Quality Standards inc 24/7 access to CRHT and	services and A&E Liaison plus 2017/18	Safer Spaces Steering Group governance to be provided through BDCFT Quality and Safety Committee and Crisis Care Concordat Awaiting outcome of bid submitted for
	C11 We will ensure our local acute providers have all-age Mental Health Llaison teams in place and by 2020/21 will	Simon Long Mark Vaughan, s	steering group and Crisis Care Concordat to identify impact of enhanced service to plan allocation of resource from 2020/21 onwards. Stakeholder engagement: identify acute				area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning guidance> Delivery of MH access and Quality Standards	services and A&E Liaison plus 2017/18 £70,000 Care Home Liaison	Safer Spaces Steering Group governance to be provided through BDCFT Quality and Safety Committee and Crisis Care Concordat
	C11 We will ensure our local acute providers have all-age Mental Health Llaison teams in place and by 2020/21 will		steering group and Crisis Care Concordat to identify impact of enhanced service to plan allocation of resource from 2020/21 onwards. Stakeholder engagement: identify acute				area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning guidance> Delivery of MH access and Quality Standards inc 24/7 access to CRHT and MH Liaison	services and A&E Liaison plus 2017/18 £70,000 Care Home Liaison	Safer Spaces Steering Group governance to be provided through BDCFT Quality and Safety Committee and Crisis Care Concordat Awaiting outcome of bid submitted for
	C11 We will ensure our local acute providers have all-age Mental Health Llaison teams in place and by 2020/21 will		steering group and Crisis Care Concordat to identify impact of enhanced service to plan allocation of resource from 2020/21 onwards. Stakeholder engagement: identify acute				area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning guidances Delivery of MH access and Quality Standards inc 24/7 access to CRHT and MH Liaison	services and A&E Liaison plus 2017/18 £70,000 Care Home Liaison expansion	Safer Spaces Steering Group governance to be provided through BDCFT Quality and Safety Committee and Crisis Care Concordat Awaiting outcome of bid submitted for
	C11 We will ensure our local acute providers have all-age Mental Health Llaison teams in place and by 2020/21 will		steering group and Crisis Care Concordat to identify impact of enhanced service to plan allocation of resource from 2020/21 onwards. Stakeholder engagement: identify acute			Expand EIP capacity so	area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning guidance> Delivery of MH access and Quality Standards inc 24/7 access to CRHT and MH Liaison	services and A&E Liaison plus 2017/18 £70,000 Care Home Liaison expansion	Safer Spaces Steering Group governance to be provided through BDCFT Quality and Safety Committee and Crisis Care Concordat Awaiting outcome of bid submitted for
	C11 We will ensure our local acute providers have all-age Mental Health Liaison teams in place and by 2020/21 will meet the "Core 24" standards.		steering group and Crisis Care Concordat to identify impact of enhanced service to plan allocation of resource from 2020/21 onwards. Stakeholder engagement: identify acute trust leads				area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning guidance> Delivery of MH access and Quality Standards inc 24/7 access to CRHT and MH Liaison 2017 – 2019 planning guidance> Expand EIP capacity	services and A&E Liaison plus 2017/18 £70,000 Care Home Liaison expansion	Safer Spaces Steering Group governance to be provided through BDCFT Quality and Safety Committee and Crisis Care Concordat Awaiting outcome of bid submitted for
	C11 We will ensure our local acute providers have all-age Mental Health Liaison teams in place and by 2020/21 will meet the "Core 24" standards.		steering group and Crisis Care Concordat to identify impact of enhanced service to plan allocation of resource from 2020/21 onwards. Stakeholder engagement: identify acute trust leads	Expand EIP capacity so 53%		60% experiencing first	area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning guidance> Delivery of MH access and Quality Standards inc 24/7 access to CRHT and MH Liaison 2017 – 2019 planning guidance> Expand EIP capacity so 53% experiencing first	services and A&E Liaison plus 2017/18 £70,000 Care Home Liaison expansion	Safer Spaces Steering Group governance to be provided through BDCFT Quality and Safety Committee and Crisis Care Concordat Awaiting outcome of bid submitted for £409,000 funding in 2018/19.
	C11 We will ensure our local acute providers have all-age Mental Health Liaison teams in place and by 2020/21 will meet the "Core 24" standards. W18 We will develop an evidence based pathway for people at risk of psychosis to		steering group and Crisis Care Concordat to identify impact of enhanced service to plan allocation of resource from 2020/21 onwards. Stakeholder engagement: identify acute trust leads	Expand EIP capacity so 53% experiencing first episode start NICE		60% experiencing first episode start NICE	area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning guidance> Delivery of MH access and Quality Standards inc 24/7 access to CRHT and MH Lialson 2017 – 2019 planning guidance> Expand EIP capacity so 53% experiencing first	services and A&E Liaison plus 2017/18 £70,000 Care Home Liaison expansion No additional investment	Safer Spaces Steering Group governance to be provided through BDCFT Quality and Safety Committee and Crisis Care Concordat Awaiting outcome of bid submitted for £409,000 funding in 2018/19. EIP have implemented an At Risk Mental
	C11 We will ensure our local acute providers have all-age Mental Health Llaison teams in place and by 2020/21 will meet the "Core 24" standards. W18 We will develop an evidence based pathway for people at risk of psychosis to reduce the risk of transition to psychosis.		steering group and Crisis Care Concordat to identify impact of enhanced service to plan allocation of resource from 2020/21 onwards. Stakeholder engagement: identify acute trust leads	Expand EIP capacity so 53%		60% experiencing first	area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning guidance> Delivery of MH access and Quality Standards inc 24/7 access to CRHT and MH Lialson 2017 – 2019 planning guidance> Expand EIP capacity so 53% experiencing first	services and A&E Liaison plus 2017/18 £70,000 Care Home Liaison expansion	Safer Spaces Steering Group governance to be provided through BDCFT Quality and Safety Committee and Crisis Care Concordat Awaiting outcome of bid submitted for £409,000 funding in 2018/19.
	C11 We will ensure our local acute providers have all-age Mental Health Liaison teams in place and by 2020/21 will meet the "Core 24" standards. W18 We will develop an evidence based pathway for people at risk of psychosis to reduce the risk of transition to psychosis. Ge We will improve access for people		steering group and Crisis Care Concordat to identify impact of enhanced service to plan allocation of resource from 2020/21 onwards. Stakeholder engagement: identify acute trust leads	Expand EIP capacity so 53% experiencing first episode start NICE		60% experiencing first episode start NICE	area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning guidance> Delivery of MH access and Quality Standards inc 24/7 access to CRHT and MH Lialson 2017 – 2019 planning guidance> Expand EIP capacity so 53% experiencing first	services and A&E Liaison plus 2017/18 £70,000 Care Home Liaison expansion No additional investment	Safer Spaces Steering Group governance to be provided through BDCFT Quality and Safety Committee and Crisis Care Concordat Awaiting outcome of bid submitted for £409,000 funding in 2018/19. EIP have implemented an At Risk Mental
	C11 We will ensure our local acute providers have all-age Mental Health Liaison teams in place and by 2020/21 will meet the "Core 24" standards. W18 We will develop an evidence based pathway for people at risk of psychosis to reduce the risk of transition to psychosis. C6 We will improve access for people		steering group and Crisis Care Concordat to identify impact of enhanced service to plan allocation of resource from 2020/21 onwards. Stakeholder engagement: identify acute trust leads	Expand EIP capacity so 53% experiencing first episode start NICE		60% experiencing first episode start NICE	area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning guidance> Delivery of MH access and Quality Standards inc 24/7 access to CRHT and MH Lialson 2017 – 2019 planning guidance> Expand EIP capacity so 53% experiencing first	services and A&E Liaison plus 2017/18 £70,000 Care Home Liaison expansion No additional investment	Safer Spaces Steering Group governance to be provided through BDCFT Quality and Safety Committee and Crisis Care Concordat Awaiting outcome of bid submitted for £409,000 funding in 2018/19. EIP have implemented an At Risk Mental State service
arly intervention in Psychosis	C11 We will ensure our local acute providers have all-age Mental Health Liaison teams in place and by 2020/21 will meet the "Core 24" standards. W18 We will develop an evidence based pathway for people at risk of psychosis to reduce the risk of transition to psychosis. C6 We will improve access for people experiencing a first episode of psychosis to a NICE approved care peakage within 2		steering group and Crisis Care Concordat to identify impact of enhanced service to plan allocation of resource from 2020/21 onwards. Stakeholder engagement: identify acute trust leads	Expand EIP capacity so 53% experiencing first episode start NICE		60% experiencing first episode start NICE	area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning guidance> Delivery of MH access and Quality Standards inc 24/7 access to CRHT and MH Lialson 2017 – 2019 planning guidance> Expand EIP capacity so 53% experiencing first	services and A&E Liaison plus 2017/18 E70,000 Care Home Liaison expansion No additional investment required	Safer Spaces Steering Group governance to be provided through BDCFT Quality and Safety Committee and Crisis Care Concordat Awaiting outcome of bid submitted for £409,000 funding in 2018/19. EIP have implemented an At Risk Mental State service Currently exceeding target of 50% patients
Early Intervention in Psychosis	C11 We will ensure our local acute providers have all-age Mental Health Liaison teams in place and by 2020/21 will meet the "Core 24" standards. W18 We will develop an evidence based pathway for people at risk of psychosis to reduce the risk of transition to psychosis. Ge We will improve access for people experiencing a first episode of psychosis to a NICE approved care package within 2 weeks of referral from 50% to 60% by		steering group and Crisis Care Concordat to identify impact of enhanced service to plan allocation of resource from 2020/21 onwards. Stakeholder engagement: identify acute trust leads	Expand EIP capacity so 53% experiencing first episode start NICE		60% experiencing first episode start NICE	area placements for non- specialist acute care by 2020/2021 2017 – 2019 planning guidance> Delivery of MH access and Quality Standards inc 24/7 access to CRHT and MH Lialson 2017 – 2019 planning guidance> Expand EIP capacity so 53% experiencing first	services and A&E Liaison plus 2017/18 E70,000 Care Home Liaison expansion No additional investment required No additional investment	Safer Spaces Steering Group governance to be provided through BDCFT Quality and Safety Committee and Crisis Care Concordat Awaiting outcome of bid submitted for £409,000 funding in 2018/19. EIP have implemented an At Risk Mental State service Currently exceeding target of 50% patients accessing treatment within 2 weeks. Routine
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Project	Strategic Commitment	Lead	2017/18	2018/19	2019/20	2020/21	Standards	Finance	Update January 2017
	P3 We will significantly expand the use of								
	personal budgets to enable people to		All newly assessed people to have						Care Act fully implemented: LA staff trained
	achieve greater choice and control over		personal budgets. Management of						in use of SystmOne. Increase in number of
	their own care and support.	Mark Trewin	budgets will be offered by LA.	-					people with Individual Care Budgets
	P4 We will use the "Pathways and								Christoping implemented within FIR
	Packages" approach to commission						EVEL/2047 2040 - L		Clustering implemented within EIP
	evidence based care to meet people's						5YFV/2017 – 2019 planning		NICE approved packages of care available for
Workford	needs						guidance>		all EIP patients, linked to cluster
WOIKIOIC	e								
	H1 We will improve the knowledge and								
	awareness of mental health within the								
	Primary Care workforce to enable a more								
	holistic approach to patient management.								
	P5 We will develop a mental health								
	workforce plan to deliver the outcomes set								
	out in this strategy.								
ASC									
	C15 We will contribute to the development								
	and implementation of Autism strategies								
	for both children and adults in Bradford								
	district and Craven.								
Engagem									
	P1 We will seek the views of people with a								
	lived experience, families and carers and								
	professionals to design and deliver services								
	to support this strategy.								
	C13 In view of the critical role of carers, we								
	will actively seek their feedback and								
	contribution to the future design of								
	services.								
Evidence	P2 We will base our commissioning								
	decisions, service design and delivery								
	models on the best evidence available and								
	build on our partnerships with academic								
	institutions to evaluate innovations								
	delivered locally.								
Capacity									
Capacity	P6 We will work with the VCS sector to help								
	build their capacity to respond to the								
	priorities set out in this strategy								
Governar									
	P8 The Joint Mental Health Commissioning								
	Board will become the Programme Board								
	for the implementation of this strategy,								
	informing the future integration of services.	Complete							
Finance									
	P9 We will commit to protecting the								
	current level of investment in real terms in							2047 2040 -	2047/40
	MH services, recognising the importance of effective MH and wellbeing interventions in							2017 – 2019 planning guidance> Increase baseline	2017/18 investment standard met. 2018/19 current plans if delivered meet investment
-	reducing the overall health and care bill. P10 We will rigorously review the use of							spend to meet MHIS	standard.
	those protected resources to ensure their								
	effective use.								
	P11 We will articulate the case for								
	additional investment through the								
	appropriate QIPP and business planning								
	processes.								
Informati									
	P12 We will support the development of								
	integrated records, which will facilitate the								
	delivery of this strategy.								
	P13 We will support the use of							2017/18 £122,000	
	collaboration tools which will improve the							Acute Care Pathway: IHTT	
	quality and efficiency of the management							community infrastructure	
	of crisis.					<u> </u>		(demographic monies)	
	P14 We will support the implementation of								
	digital applications to facilitate self care								
	and therapeutic interventions.								
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