Appendix 1

Mental wellbeing in Bradford and Craven

Sasha Bhat, Head of commissioning for mental wellbeing, CBMDC/NHS

Mental Health is everyone's business.

- 1 in 4 of us will have a mental health issue at any one time – some of us will require professional support at this time
- Mental Health is a continuum – on which we all sit – some people have on-going significant needs, others have fluctuating needs, and others intermittent needs.

There are 531,200 people living in the Bradford district with a further 55,600 in Craven. We are a big economy with globally successful businesses, a skilled and enterprising workforce and a distinctive identity that reflects our young, diverse and growing population.

Mental health issues will affect about 155,000 people in our locality at some time during a person's life, with approximately 6,200 people being in need of and in contact with specialist mental health services at any given time.

The risk of having a mental health disorder is affected by a combination of genetics (the physical characteristics each person is born with), personal circumstances and the environment a person lives in. Social issues such as the impact of poverty, living conditions, prejudice, discrimination, the quality of relationships, work and other activities are also very relevant.

In Bradford, there are large numbers of people living in environments that pose a high-risk of mental illness: almost 120,000 people are thought to be income deprived, and just under 1 in 3 people were economically inactive in 2015/16.1

Furthermore, in a recent survey of Bradford's housing, 18% of housing had class 1 hazards classifying them as non-decent.

Mental wellbeing strategy

In January 2017 we launched the strategy for Mental Wellbeing in Bradford and Craven. This all age strategy has been developed through extensive and detailed working with partners and stakeholders across our local health and care partnership including the involvement of families, carers and people.

Our aim for Bradford and Craven is to create environments and communities that will keep people well across their lifetime; where they are open to speak about emotions without fear of stigma and discrimination. We want to make it acceptable to acknowledge difficulties and ask for help and where those with more serious

problems are quickly supported by people with skills and understanding to support their needs.

Mental wellbeing is much more than simply not being mentally ill. It is about having positive self-esteem, good coping mechanisms and feeling in control. These are all important elements of the ambition of our strategy. We want to actively promote mental wellbeing through addressing the broader determinants and providing early interventions.

The Mental Wellbeing strategy for Bradford and Craven is guided by three overarching principles of delivery. These are:

- A focus on building resilience, promoting mental wellbeing and delivering early intervention (**Our wellbeing**, Pillar 1),
- Developing and delivering care through the integration of mental and physical health and care (**Our physical, social and mental health**, Pillar 2), and
- Ensuring that when people experience mental ill health they can access high quality, evidence-based care (**Care when we need it**, Pillar 3).

To deliver this, we have **5 strategic outcomes** which are underpinned by 48 strategic commitments which have formed the foundations of the implementation plan (see Appendix 2). Key highlights of what we are doing under each outcome are presented below:

1. **Early action, awareness and prevention**

   Outcome: People will be supported to recognise and value the importance of their mental wellbeing and take early action to maintain their mental health through improved prevention, awareness and understanding

   What we have done:

   We have delivered system wide training and awareness, this includes support and training of over 159 mental health school champions in 108 schools. We have delivered mental health awareness traning to over 1230 staff members in universal services and 150 school staff in 57 schools across Bradford and Craven have completed the Living Life to the Full training.

   We launched websites with key information and signposting, these include the Mental health matters website, the Thrive in Bradford website and MyWellbeing College portal. We have established a task and finish group to develop a district wide directory portal and secured funding to support the implementation of this.

We refreshed the Guideline telephone support line which provides mental wellbeing support and signposting from 12pm to 9pm every day of the week. The service now receives over 3836 calls per quarter, 60% of which are out of hours.

We increased the community spaces delivered by the voluntary and community services and have worked to provide sustainable funding. Our community spaces now over 304 hours of self-referral support per week in Bradford and Craven.

MyWellbeing College has developed to now offer a self-referral access, a range of guided self-help books and wider choice of support services.

We have supported a range of youth led campaigns around body positivity, self-care, anti-bullying and provided 17 young people with leadership skills.

2. Promote good wellbeing

Outcome: People will enjoy environments at work, home and in other settings that promote good mental health and improved wellbeing;

What we have done:

We are delivering high quality vocational and employment support across Bradford and Craven (see spotlight below) and our the IPS service was the first Centre for Excellent in Yorkshire.

To support older people's wellbeing and reduce isolation, we have initiated GP and peer led initiatives. The CCGs have and increased the Community Connectors programme which provides social prescribing services across all GP practices across Bradford. We have delivered successful self-care programmes across the district promoting positive mental wellbeing and resilience including the launch of

Through our Future in Mind initiatives, we have increased the consultations for Looked After and Adopted Children and delivered bespoke support to children and families who are refugee and asylum seekers. We have delivered parent training and resilience to over 286 families.

Working in partnership, we are delivering Dementia Friendly training across a diverse range of settings and groups.

We have engaged extensively with carers to understand their experiences and needs to improve our integrated carers support services.

3. **Easy access to integrated care**

Outcome: People will experience seamless care and have their physical, social and mental health needs met through services that are integrated and easily accessible;

What we have done:

In the past year we have commissioned and launched new services for Perinatal mental health support and a community eating disorder service. These services are now fully recruited to and have full case-loads.

We are committed to the integration of physical and mental wellbeing services and have progressed plans to review pathways for pain services to include psychological support. We have increasing the number of people with long term conditions who are offered specialist mental health advice/support that is personalised and will recognise the impact of other aspects of people's lives such as education, work, housing and leisure, and individual lifestyles.

Ensuring the physical health needs of people with mental health needs are recognised, supported and monitored so that overall health outcomes are in line with the general population. We have carried out key engagement with clinical forums to raise awareness of the importance of physical health checks.

Across our acute care pathway, we have increased investment in our First Response service, the intensive home treatment service and continued to develop our safer spaces provision. This has supported over 1800 people to be at home, diverted from A&E and avoid hospital admission. In the past 12 months our award winning 3 Safe Spaces have delivered around 3500 sessions of support.

We have used winter pressures investment to increase VCS provision and test out different models of working across acute settings. Core 24 testing models. The learning from this has guided further developments across our acute pathways.

Bradford has won the Positive Practice in Mental Health Award for Crisis and Acute Care in 2016 and 2018.

We established a primary mental wellbeing service pilot to provide intensive psychological therapies and support to people with complex mental and physical care needs. The service has recently undertaken an evaluation and we are now looking to revise the methodology. The service received two commendations for innovation at the Positive Practice in Mental Health Awards in 2018.

We have supported and worked with the council to review the pathways and services for people who experience domestic abuse and sexual violence.

The Youth in Mind model has supported over 500 young people with a range of peer led, community, mentor and specialist services. This has seen a reduction in the waiting list for CAMHS and the length of time young people are waiting for mental health support.

In November My Wellbeing College launched a new Telehealth Service, which is guided self-help using work books, delivered by Peer Support Wellbeing Coaches at The Cellar Trust. Access will be further enhanced in early 2019 with the introduction of video conferencing options, digitised work books and work books translates into Urdu and Punjabi.

4. **Services focussed on recovery**

Outcome: People will reach their maximum potential through services that are recovery focused, high quality and personalised and which promote independence;

What we have done:

The Youth in Mind model has delivered community based support that is focussed on supporting young people to understand and take control of their mental wellbeing and build resilience.

Our psychological wellbeing services (MyWellbeing College) is focused on delivering a range of support to support recovery and resilience (see spotlight below).

We are working with stakeholders to transform our community mental health teams and review in line with community partnerships and integrated working to ensure people have seamless access to mental health support when they need it.

We have increased our investment in the Early intervention in psychosis service and are making continued improvements. The service was recently reviewed by the National Team and highlighted as national good practice. The service has developed an At Risk Mental Service which provides short term support for vulnerable people.

Over 6000 people access First Response per month and we provide access to safer spaces. We have expanded the service to be an all age service and take referrals from police, health and social care duty teams.

We are the first site in the north of England to participate in the national research programme ENRICH, using peer support to reduce readmission to in patient units. Bradford is also leading the work to reduce Out Of Area Placements across West Yorkshire & Harrogate.

5. **Transforming services**

   Outcome: People will expect support to be commissioned and delivered in a way which leads to increases in efficiency and enables transformation of care through reinvestment.

   What we have done:

   We have worked with NHS England to develop new models of care to support children and young people accessing Tier 4 (inpatient) mental health care. As a system, we have made financial savings which have been reinvested into the service to increase the Intensive Home Treatment offer for children and young people. More importantly, children and young people have been supported to remain at home and in school or have reduced lengths of stay in hospital.

   We are working closely with all our providers to improve our information and performance reporting to ensure we understand the full extent of our investment into mental wellbeing services.

   We have worked with Early Help to develop an integrated model of support for 0-19 year olds which provides joined up mental health support.

The strategy sits in the context of our Joint Health and Wellbeing Strategy for Bradford and Airedale 2018-23: Connecting people and place for better health and wellbeing, and the West Yorkshire and Harrogate Health and Care Partnership Plan.

Next steps and opportunities

1. **West Yorkshire and Harrogate Integrated Care System**

   As the Integrated Care System matures, there are key opportunities to progress the integration of physical and mental wellbeing and look at regional models of specialist care that support more localised access to services.

2. **Enhancing access to our services**

   There are two key areas which we hope to focus on in the near future. Our aim is to ensure that all people across Bradford and Craven, are aware and can access mental health and wellbeing services and be supported to build resilience and independence. We will do this through two key activities

   a) Public health campaign – linking to the Living Well campaign for consistent health messages and self-care resources.

   b) The Wellbeing Guide – A directory that acts as an information portal to communicate accurate, timely and safe information about all aspects of mental health including what to do at times of mental health crisis.

c) Investing and improving our mental health services across all pathways and services to promote, protect and improve the mental wellbeing of people and provide sustainable and quality services.

3. Strategy refresh and our mental wellbeing event

We are now two years into the delivery of the Mental Wellbeing Strategy. We will communicate to the public, to services, service users and carers and other key stakeholders about the progress we have made, the challenges we face and review our ongoing plans. We will be holding a key event in January 2019 to kick start this work.

4. Working together across partnerships

We will build our allies and partnerships to ensure that mental health is featured in all policies across Bradford and Craven Health and Care Partnerships. We hope to build on the community role that people play and increase the number of mental wellbeing champions we have across our communities.

Spotlight reports

Spotlight: Vocational and employment services

Kim Shutler-Jones, CEO, The Cellar Trust

'This strategy will support and develop people at every stage of their recovery to become ready for work and then to access employment. We will also concentrate on supporting people having difficulty in work due to their mental health, to retain their employment, thus avoiding the risk of long-term worklessness'.

There are currently 3 commissioned mental health pre-employment and employment services delivered in Bradford District and Craven.

1. **Bradford District Foundation Care Trust – Individual Placement and Support (IPS)**
   - One to one employment support for those in secondary mental health services, who are motivated to rapid job search
   - National Centre for Excellence
   - Funded by CCGs and NHS England.

   Outcomes

   - 139 referrals received and 47 people supported into work in 2017/2018 (34% of those referred).

2. **The Cellar Trust – Pathways to Employment Service**
   - Range of pre-support for people with moderate to severe mental health problems – one to one, group, training, peer support and support through Skill Shops.
   - Employment support and job retention support.
   - This programme offers longer term support of on average 12-18 months for people who are the furthest from the job market with multiple barriers to employment.
   - Funded by CCGs and BMDC (Adult Social Care).

   Outcomes

   - 126 clients supported in total
   - 59 new clients entered the Pre-Employment Service in 2017/2018
   - 55 clients moved from the Pre-Employment to Employment Service (63%) in 2017/2018
   - 40 out of 55 clients (73%) in the Employment Service completed volunteering or work experience placements and 20 people went on to achieve paid employment in this period (36%)
   - 80% of clients participated in additional internal and mainstream education.

3. **The Cellar Trust and BDCFT – STEPs into Employment Service**
    - Employment and job retention support for people with mild to moderate mental health problems and/or physical health problems.
    - One of several local STEPs programmes, funded by the European Structural Investment Fund (ESIF) via BMDC until Dec' 2019.

Qualitative feedback

'Before I got help, I was really isolated and I was so lost, I have really blossomed and I am putting 100% into make something of my life, I think it's amazing what [this service] can do for people. Thank you so much'.

'Here you have found room for me. I haven't had that before. To be treated like a human being for a change…it isn't something I was used to'.

'It's brilliant working in the café. Heather is extremely patient and explains everything properly. If you make a mistake it doesn't matter and you can learn. I have gained a lot of confidence'.

'I now feel happy about the future and am looking forward to it Every night I used to pray I'd die in my sleep and dread the alarm going off, Now I can't wait for it to go off because I am coming here. I would like to thank you for giving me a chance'.

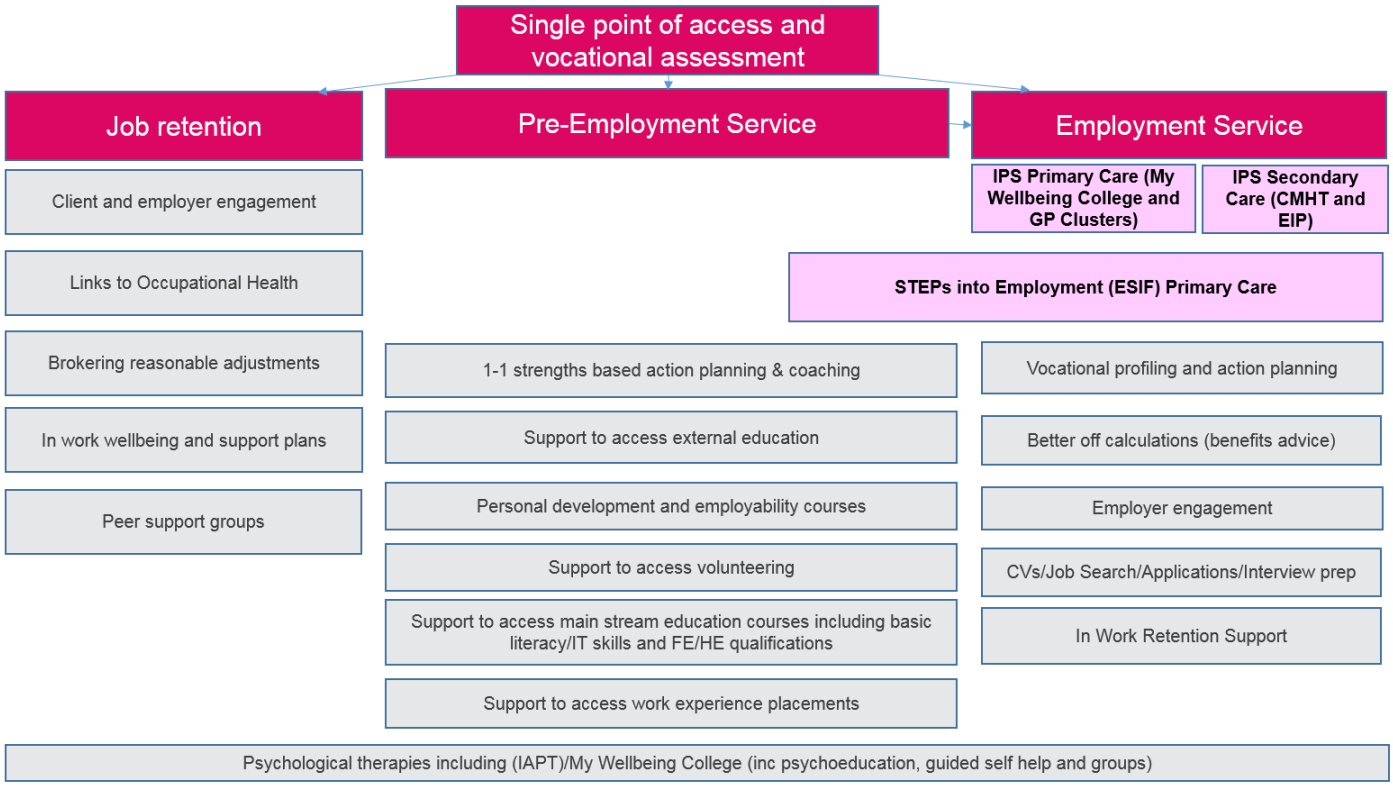
Our vision for the future

In line with the Mental Wellbeing Strategy there is an opportunity to build on the existing partnership working between the providers, as well as the links to adult social care, to develop an integrated approach to the delivery of pre-employment and employment support for people with mental health problems.

This will establish a service which integrates the provision – drawing on the collective strengths of NHS and VCS provision, and create a single point of access and assessment, where individuals would not have to worry which contract or referral pathway they are part of. In line with the strategy and aligned with the 'Care when we need it' approach - deliver a range of provision so that individuals can receive the appropriate level of support (from the most appropriate provider) determined by their needs and aspirations. The integrated approach covering pre-employment and employment/retention support would include:

- Primary care – integration with My Wellbeing College and links with GP clusters

- Secondary care – integration with Community Mental Health Teams and Early Intervention in Psychosis as well as adult social care (including The Care Act).


Single point of access and vocational assessment
Job retention
Pre-Employment Service
Employment Service
IPS Primary Care (My Wellbeing College and GP Clusters)
IPS Secondary Care (CMHT and EIP)
Client and employer engagement
Links to Occupational Health
STEPs into Employment (ESIF) Primary Care
Brokering reasonable adjustments
In work wellbeing and support plans
Peer support groups
1-1 strengths based action planning & coaching
Support to access external education
Personal development and employability courses
Support to access volunteering
Support to access main stream education courses including basic literacy/IT skills and FE/HE qualifications
Support to access work experience placements
Vocational profiling and action planning
Better off calculations (benefits advice)
Employer engagement
CVs/Job Search/Applications/Interview prep
In Work Retention Support
Psychological therapies including (IAPT)/My Wellbeing College (inc psychoeducation, guided self help and groups)

Spotlight: Psychological Therapies

Richard Carroll, Service Manager, Bradford District Care Foundation Trust

Psychological therapies in adult mental health are hosted across 3 services;

A. MyWellbeing College,
B. Community mental health psychological therapy services and
C. Intensive Psychological Therapy Services.

MyWellbeing College is a primary care service, accepting self-referrals, whilst the Community Mental Health Psychological Therapy Service and the Intensive Psychological Therapy Service are secondary care services, that is they are integrated within Community Mental Health Services. To a large extent the 3 services determine who should be seen where based on an accurate assessment of which Mental Health Cluster best represents the person's presenting needs. Increasingly all are developing their service provision to be able to deliver what's required of the care pathways linked to each of these clusters.

Clusters were developed as a system for classifying people with mental health difficulties as a means of operating a payment tariff. However, it has also provided an opportunity to broadly group people based on the severity and duration of their health and social needs.

Cluster 1-3 (and some cluster 4)

These clusters refer to someone who is experience mild to moderate anxiety and/or depression. The person has one primary presenting problem requiring psychological intervention alone. MyWellbeing College is the appropriate service to provide stand-alone psychological treatment.

Cluster 5-6 (and some cluster 4)

These clusters refer to someone who is experience moderate to severe anxiety and/or depression and there is more than one presenting mental health condition, difficulties are long standing and/or the person may experience ambivalence about working psychologically. There are also likely to be social difficulties. A broader package of psycho-social intervention will be required from a multi-disciplinary team; Community Mental Health Psychological Therapy services alongside the Community Mental Health Team (CMHT) are the appropriate service.

Cluster 7/8,

These clusters include people who have difficulties with interpersonal functioning and emotion regulation, often but not always in the context of historical trauma. A broader package of psycho-social intervention is required from a multi-disciplinary team along with intensive, sometimes multiple, psychological intervention; Intensive Psychological Therapy Services alongside Community Mental Health Team support is the appropriate service.

A. MyWellbeing College

MyWellbeing College (MWC) is an Improving Access to Psychological Therapies (IAPT) service, delivering NICE recommended evidence based step 2 and step 3 interventions for people from 16 years of age. Steps refer to intensity of intervention, step 2 being low intensity which includes 'Guided Self-Help' (GSH); also commonly referred to as psycho-education. Step 3 refers to high intensity interventions, commonly delivered 1:1 by an accredited psychotherapist.

The IAPT Manual (2018) sets out the difference between IAPT and non-IAPT psychological therapy services; IAPT services provide evidence-based psychological treatments for people with common mental health disorders (depression and anxiety). IAPT is characterised by three key principles:

1. Evidence-based psychological therapies at the appropriate dose: where NICE-recommended therapies are matched to the mental health problem, and the intensity and duration of delivery is designed to optimise outcomes.
2. Uni-disciplinary, with appropriately trained and supervised workforce: Therapists are trained and receive supervision in psychological treatments recommended by NICE for depression and anxiety.
3. Routine clinical outcome monitoring on a session-by-session basis, so that the person having therapy and the therapist offering it has up-to-date information on the person's progress. Clinical outcome monitoring is based on measurement of symptoms.

In order to encourage greater access, the service consulted Bradford residents and adopted an educational provider model similar to a 'recovery college'. The service name MyWellbeing College was also adopted following public consultation via focus groups.

Bradford residents can self-refer via telephone or register their interest online via the MyWellbeing College website (www.bmywelbeingcollege.nhs.uk). The website includes information about the various 'courses' offered by MWC and VCS partners. There is also a knowledge bank of wellbeing information that all residents can access and use at home.

A dedicated Enrolment Team takes calls and reviews the online registrations, then provide an initial assessment (30 mins) over the phone. This team arranges an appropriate course of treatment and will make onward referrals as required. The team includes Peer Support Workers who have lived experience of mental health difficulties. They also provide the coaching for people who choose to access on of our online courses (SilverCloud).

Current & Planned Courses:

Guided Self-Help Workbooks

We are introducing a workbook for each type of depression and anxiety, these are designed for people to complete at home and include information materials and

various exercises. As recommended by NICE, a Wellbeing Coach provides 6 fortnightly review sessions either face-to-face or via telephone. To date, based on demand, we have introduced workbooks for depression, general anxiety disorder and panic disorder. We are in process of introducing health anxiety, social phobia, specific phobia, Obsessive Compulsive Disorder, Post-Traumatic Stress Disorder, eating disorder. We are also currently trialling a workbook for managing anger.

Wellbeing Promotion Sessions

In 2017 we introduce a 45 min wellbeing session called StressBuster that can be delivered to large groups up to 100 people. This proved popular with local statutory organisations, Bradford University, colleges, sixth forms and employers (including Morrison's and Yorkshire Water). We subcontracted this work to local VCS and encourage participants to complete IAPT measures to determine whether they might benefit from other MWC courses. It has been a useful way encouraging people to gain access to our services. This year we are working in partnership with VCS to expand the range of these sessions to include: suicide awareness, perinatal mental health, alcohol and drug awareness.

Psych-Ed Courses

We deliver two courses common to IAPT services; 'Living Life to the Full' (depression) and 'Stress Control' (anxiety). Historically we have struggled to engage local residents in this type of course. However, in August we recruited a dedicated team of Occupational Therapists to deliver these across the district and we currently have 50 people booked to attend in City CCG, 70 people in Airedale Wharfedale and Craven, 100 people in Districts CCG. We plan to convert our GSH workbooks into a group format, so that we can provide more specific focused courses in groups.

Online Cognitive Behavioural Therapies (CBT)

We use an internationally recognised system for online CBT called SilverCloud. It has a platform similar to Facebook. The materials are grouped and presented in a similar way to the GSH workbooks.

High Intensity Psychotherapy

We provide NICE recommended treatments for depression and anxiety at 'high intensity'. This includes Cognitive Behavioural Therapy, Counselling for Depression, Interpersonal Psychotherapy and Eye Movement Desensitisation Re-processing (EMDR). These treatments are all provided as weekly 1 hour face-to-face sessions, ranging from 7 sessions (panic disorder) to 20 sessions (depression). For recurrent depression treatment can be extended up to 40 sessions.

Telehealth Service

This year we have subcontracted The Cellar Trust to deliver low intensity therapy via telehealth. Due to go live in November, this service will initially deliver the coaching element for the GSH workbooks via telephone. From January 2019 we will be implementing our own telehealth system. This will provide a secure platform similar to skype which will also incorporate digital versions of the workbooks. We are

currently developing a digitised (interactive) version of the depression workbook. We are also developing a webinar based version of the depression workbook in Urdu. We have opted for webinar approach to overcome literacy barriers.

B. Community Mental Health Psychological Services

This service consists of Clinical Psychologists and Psychotherapists organised into locality based teams, which align directly with each Community Mental Health Team. The staff provide individual and group psychotherapy along with consultation to the wider Community Mental Health Team. Consultation can provide both improved formulation of a person's difficulties to improve multi-disciplinary care planning and delivery, along with support to the wider team to deliver psychologically informed treatment.

A range of psychological therapies are provided which are appropriate for people with more complex and enduring difficulties. Treatment is usually weekly, up to 40 sessions and may integrate several types of psychotherapy (CBT, EMDR, Psychoanalysis).

C. Intensive Psychological Support Therapy

This service consists of Clinical Psychologists, Psychotherapists and Occupational Therapists. Broadly speaking, multiple-therapy will be offered in parallel. This will have two functions; some therapy will be aimed at exploring the underlying factors linked to the presenting difficulties, often trauma experiences; alongside this therapy will be offered which is containing ie supports the person to cope with the distress generated from the explorative therapy. This will also be delivered as part of a broader package of treatment/care from the Community Mental Health Team.

Current & Planned Developments

Greater integration with Community Mental Health Team is in progress or planned. This will allow improved consultation, co-ordination and application of psychological treatment. The psychological services have significant expertise clinically; greater integration will allow the development of improved treatment pathways, provision of training/development and clinical supervision for Community Mental Health Team staff.

Our services are adopting a clearer model of clinical and operational leadership, greater integration of senior psychological therapy staff will assist clinically led service developments.

Both psychological services have developed greater links with voluntary community sector organisations, especially those linked to people presenting in crisis. Further development of these links will ensure improved step up and step down for people using these services; by enabling earlier, easier and timely access along with better planned and supported transition when ending treatment.

Community Mental Health Teams are embarking on an exciting transformation to develop more comprehensive recovery-based packages of care/treatment; psychological therapies will be key and at the core of this, with opportunity to develop increased recovery focused roles through workforce restructure.

Current Challenges for the service

(1) Black and Minority Ethnic (BME) access

The ethnicity of people accessing treatment does not reflect our local population, BME population is underrepresented.

In April 2018, BDCFT commissioned Hari Sewell an external specialist consultant to undertake a review of BME access to MWC. He has now completed a thorough analysis and reported recommendations that include increased engagement with BME community groups such as Sharing Voices to develop improved strategy around marketing, involvement of BME VCS organisations in service delivery and culturally adapted materials/interventions.

(2) Older people access

The age range of people accessing treatment does not reflect our local population, older people are underrepresented.

MWC is taking a similar approach to BME access, i.e. working more closely with specialist VCS organisations to develop appropriately adapted marketing, service delivery and adapted materials/interventions.

(3) Waiting Times

Both services have historically experienced long waits for treatment, in some cases up to 4 years. Significant work has been undertaken over the last two years to reduce waits through improved systems/process, along with additional investment from restructuring of existing service budgets. Waits have been reduced to maximum of two years, with most people waiting less than 18 weeks. By April 2019 the service development forecast maximum waits will be less than 18 weeks to ensure timely MDT working with Community Mental Health Teams.

Spotlight: Perinatal Mental health services

Lisa Milne, Bradford District Care Foundation Trust

The perinatal period (the period including pregnancy and the first year following the birth of a child) is a time of psychological stress and vulnerability. Perinatal mental health problems is expected to affect around 1 in 5 women and covers a wide range of conditions. However, Born in Bradford research indicates that anxiety and depression may be higher in Bradford as 40% of women identified themselves to have symptoms in the antenatal period. If left untreated, perinatal mental health can have significant and long-lasting effects on the woman and her family including long-standing effects on children's emotional, social and cognitive development (NHS England 2017). Some women experience severe mental distress and suicide is identified as the leading cause of direct maternal deaths occurring within a year after the end of pregnancy. Postpartum psychosis (the sudden onset of psychotic symptoms after childbirth) is a less common mental health issue, affecting one to two out of every 1,000 women who give birth. However, based on the recent collation of data, it appears that in Bradford prevalence of post-partum psychosis is higher.

The key difference in the provision of care for perinatal mental health problems is a more pressing need for prompt and effective care because of the impact they can have on both the woman and her baby. Perinatal mental health problems are extremely costly to society. A report by the London School of Economics and the Centre for Mental Health estimates that for each 1-year cohort of births in England, lack of timely access to high-quality perinatal mental health care costs the NHS and social services £1.2 billion and society approximately £8.1 billion. This is equivalent to almost £10,000 per birth in England. Of the societal cost, 72% relates to lost productivity resulting from the adverse impact on the child over their lifetime. Calculations were based on available evidence for certain disorders (depression, anxiety disorders and psychosis) and therefore are likely to be an underestimate.

Perinatal mental health issues impact the mother, the infant, her family and the community. Perinatal mental health issues are distressing for mothers and are associated with stigma and the fear that the woman's baby will be taken in to care, resulting in reluctance to disclose. Without treatment, perinatal mental health problems can lead to a range of adverse psychological, social, parenting and employment outcomes in the woman, including an increased risk of relapse.

Mental health problems during the perinatal period can also result in a broad range of negative outcomes in the unborn or developing baby. The risks to the infant are not inevitable and are affected by socioeconomic status, level of social support (including support for partners), parenting stress and the persistence and severity of the mental health problem. Exposure to a maternal mental health problem, and associated lifestyle factors, is associated with:

- poor pregnancy outcomes including still-birth and prematurity.
- increased risk of behavioural and emotional problems for the baby later in life
- an increased risk of impaired mother–baby interactions and parenting difficulties, particularly in women with a chronic mental illness, which in turn may have a negative impact on the baby.

The Five Year Forward View for Mental Health sets out clear objectives for improving perinatal mental health services across England. This includes expanding the provision of specialist perinatal mental health services, as well as strengthening the wider provision of care.

Specialist Mother and Baby Mental Health Service (SMABS)

SMABS works with the 3-5% of women at highest risk of or experiencing severe perinatal mental illness. The service works with all women of childbearing age, within Bradford, Airedale, Wharfedale and Craven, who have a history of or are experiencing serious mental health problems and are considering pregnancy or are in the perinatal period. This includes young people under 18.

In light of the impact that perinatal mental health issues have on the infant and family, SMABS takes a whole family approach, supporting the woman her infant, her partner and where appropriate extended family. The service aims to provide a timely and compassionate service and supports best practice. This multidisciplinary team is part of integrated pathways of care and is engaged with the regional Mother and Baby Unit, mental health services, and also critical partners including maternity, health visiting, primary care and other acute services.

SMABS has been fully operational since May 2018. It is a small team consisting of, 3 CPNs, 2 therapists, 2 Nursery Nurses and a psychiatrist and is it is district wide – covering Bradford, Airedale and Craven. To be accessible and sensitive to young families' needs, most of the care is provided in people's own homes.

The team offers:

- Preconception advice to women with a history of, or current, severe mental health problems including advice and information on the risks of pregnancy and childbirth on their mental health and potential impact on the foetus/infant.
- Specialised mental health assessment, parent-infant relationship assessment and evidence based perinatal risk assessment. All women are care co-ordinated.
- Mental health care and support to women, their infants and their families, including evidence informed interventions. A range of therapeutic interventions are offered, including specialised support for the parent-infant relationship. In addition, Nursery Nurses provide practical and emotional support.
- Specialised medication advice to women and practitioners via the consultant psychiatrist.
- Accessible information and resources regarding perinatal mental health to the woman, her family and promote knowledge across the wider community.
- Proactive communication across services to the benefit of the woman's care.
- Governance and connection with wider system work is provided through the Maternity, Children's and Young People's Partnership Board and the Mental Health and Wellbeing Partnership Boards. This links in key areas such as Early Intervention in Psychoses, 0-19 early years help and Children and Young people's mental wellbeing.

The mental health services across Bradford provide care to mum's experiencing perinatal mental health issues. All mental health services in Bradford will fast-track women with perinatal mental health issues so that they are assessed and offered interventions as promptly as possible. Each mental health service has a specialist interest worker who can support practitioners in providing care to women, their infants and their families.

The majority of women with perinatal mental health issues will be appropriate for My Well-Being College. My Well-Being College is developing a new Maternal Mental Health pathway to increase accessibility to women who meet their criteria.

The First Response Service and SMABS have developed clear protocols for women in the perinatal period experiencing mental health crisis so that they are quickly assessed, and thresholds are lowered.

Intensive Home Treatment ensures that women's increased risk is recognised and provide high levels of support to women in the perinatal period.

Perinatal care plans in accordance with NICE guidance are written for all women within secondary mental health services and shared with relevant practitioners to ensure that the women received the joined-up care across the high risk early post-natal period.

Where required practitioners from other teams access SMABS for joint work to ensure that women have specialised perinatal input into their care.

Supporting the wider workforce: advice supervision, consultation and training

The team provides advice, supervision, consultation and training to the wider work force. SMABS provides a professionals' perinatal mental health advice and line Monday, Tuesday, Wednesday and Friday between 8.30-12.30 on 01274 251343. From June to October, SMABS had received 436 calls, spending 207 hours providing advice.

Consultation and supervision are provided to practitioners supporting the care of women across services.

Perinatal and infant mental health special interest group is made up of representatives from mental health services, Health Visiting (HV), Midwifery (MW), and meets every 4 months. This group ensures the dissemination of best practice and facilitates its implementation

SMABS provides a range of training to improve the quality of care for women. This includes:

- FACE Specialist Perinatal Mental Health Risk Assessment training – for mental health practitioners involved in assessment.
- Perinatal mental health training for MW - as part of MW mandatory training, ensuring each year 100% are trained.

- Perinatal mental health training for HV as part of their mandatory training - 100% HV are trained
- Perinatal mental health awareness training for Mental Health practitioners – over 80% trained
- Parent-infant relationship training - 100% of HV are trained. The training is open to all.
- Bespoke training is available on request

The training packages provided by SMABS means that the whole of the workforce is increasingly aware of perinatal mental health and working sensitively and safely with women with perinatal mental health needs and with increasing awareness of infant's needs. Care pathways have been developed to support best practice across services.

Feedback from training includes:

"Excellent training."

"All social care should have this training – I have learnt so much."

"Fantastic - good information I can use in practice."

Resources

Resources support raising awareness and facilitate professionals in providing effective support. Resources available include:

- Ready to Relate – Parent-Infant Relationship Resource Cards – Nationally recognised and available at: http://www.ennovations.co.uk/parent-infant-relationship-resource-cards
- Just Had a Baby Books (facilitated self-help booklets) are available to practitioners
- New Baby New Feelings leaflets antenatal provided by MW at booking in
- New Baby New Feelings leaflets postnatal available provided by HV at booking in
- Top Tips and Newsletter provided quarterly

Community projects

SMABS works to increase awareness, openness and transparency around perinatal mental health problems and is about to launch its Compassion for Mum's project aimed at increasing the wider community's awareness of perinatal mental well-being.

Service users

SMABS will launch its peer group in January 2019.

SMABS invites women who have used the service to be part of their Service Development Group to ensure that the service is meeting the needs of the women and families it serves.

SMABS asks for feedback from all women. Some people have not consented to share their comments. Below is a selection of feedback.

Question: What was good about your care?

- *"I was very much a part of shaping the care I received, things were at my pace and I felt confident in the experience and knowledge of my worker."*
- *"Got really good support I feel like I have come so far with the help I have received and I know where to go if I ever hit crisis again."*
- *"The positive support I have received".*
- *"Friendly and caring worker and really supportive."*
- *"A consistent space to discuss issues I was struggling with and felt unable to share with family.".*

Question: Were you seen in a place that was welcoming?

- *"All visits were in my home, easier with a baby and toddler, reduced my anxiety."*

Other comments:

- *"Very kind and understanding."*
- *"Given information about care and treatment."*
- *"Perinatal care plan shared with all involved."*

Case Study for perinatal services

Some details have been changed to protect anonymity.

Saima (not her real name) is a South-East Asian woman. Saima is married and has 3 children, her youngest was 6 weeks old when she first was assessed by mental health services. She had never experienced any mental health problems. Saima's husband rang First Response Service and described Saima as seeing and hearing things that were not there, not sleeping, appearing agitated and distressed and seeing the devil.

First Response assessed Saima and found her to be very unwell and distressed. Saima was sectioned. There were no spaces at the mother and baby unit and Saima was admitted to a BDCFT inpatient ward.

SMABS supported Saima whilst she was on the ward. Saima was very unwell and did not recall having a baby. SMABS CPN and Nursery Nurse spent time with Saima. They gradually helped her remember her infant which brought a sense of relief to Saima. SMABS enabled her to see her infant which was very important to Saima. The Nursery Nurse provided specialist breastfeeding advice and equipment as Saima wished to continue breastfeeding. The psychiatrist advised Saima and the ward regarding medication. SMABS CPN supported Saima to see her baby, working with the ward to facilitate this. The CPN also provided one to one support with her husband and sister, allowing the family to have a space to express their sadness and support them through the experience. They provided Saima and her family with information and resources, so they could, overtime, have a greater understanding of what they experienced. The CPN and Nursery Nurse also supported Saima's husband to adjust to becoming the primary caregiver for his children. SMABS supported Saima and her family through discharge from the ward. Saima and her family had regular contact with the CPN and Nursery Nurse. As Saima became well enough, Saima engaged in parent-infant therapy with an experienced therapist to help her build her relationship with her new infant and this included Video Interaction Guidance. The therapist saw Saima increase in confidence with her infant and her infant become more relaxed and engaged with Saima.

In this case Saima met the criteria for Early Intervention Psychosis so SMABS worked jointly with EIP, initially taking the lead and then transitioning Saima in to the longer-term care of EIP who can see people up to 3 years.

The family and Saima said that the advice and support the family had received from SMABS whilst in hospital had been very helpful. Saima described SMABS as giving her and her family hope and the ongoing care provided as being an important part of her recovery, enabling her to enjoy being a mum again.

As can be seen, Saima and her family received intensive support by the multidisciplinary team including SMABS' psychiatric nurse, nursery nurse, therapist and psychiatrist.

Spotlight: Acute Care Pathways

Kelly Barker, Service Manager, Bradford District Care Foundation Trust

Our acute mental health services are delivered by Bradford District Care Foundation Trust, working in partnership with the Police, Social Care and VCS. Prior to 2015, we had a significant need to use out of area beds at average costs of £1.8m plus per annum. With the successful introduction of the First Response Team (FRS), working in partnership with the Local Authority and the Voluntary Care Services (VCS) and creating the safer spaces agenda with a focussed strengthened Intensive Home Treatment Team (IHTT), we have successfully achieved zero general adult in patient Out of Area placements (OOA) for over 3 years.

The Trust, Council, Police and VCS partners have been national leaders in this area of work. To support the work of the Trust in managing crisis a partnership across VCS services has been developed seeing the creation of 'Safer Spaces'. We have 3 across the district offering an alternative to crisis, admission and attendance at A&E. We have a Safer Space for Children & Young People up to the age of 18 where they can stay overnight in a homely and welcoming space staffed by support workers with knowledge and experience of working with children in emotional distress and needing support and time out. This is run by Creative Support and access by our First Response Service. Haven, a day-time adult mental health service, which is open from 10am-6pm, based at the Cellar Trust in Shipley offering a range of support and interventions that look managing crisis and distress, promoting self care and peer support. Then we have Sanctuary, a night-time adult mental health service, which is open from 6pm-1am, based at Mind in Bradford.

First Response.

The FRS was set up in February 2015 to provide individuals with mental health needs in Bradford and Airedale a 24/7 response to crisis.

The service provides immediate mental health triage, risk assessment and signposting to appropriate services across the district.

The impact of this along with the acute care pathway redesign and integration with local authority has led to a reduction in admissions and subsequently a successful three years of treating people locally without using out of area acute admission placements.

Early intervention in crisis has supported the reduced number of beds used and bed occupancy has remained manageable for over three years.

Service users are signposted to internal Bradford District Care NHS Foundation Trust (BDCFT) and external voluntary services depending on the level of need. Internal services include Community Mental Health Teams, Early Intervention in Psychosis Team (EIP), Community Drug and Alcohol Teams, Child and Mental

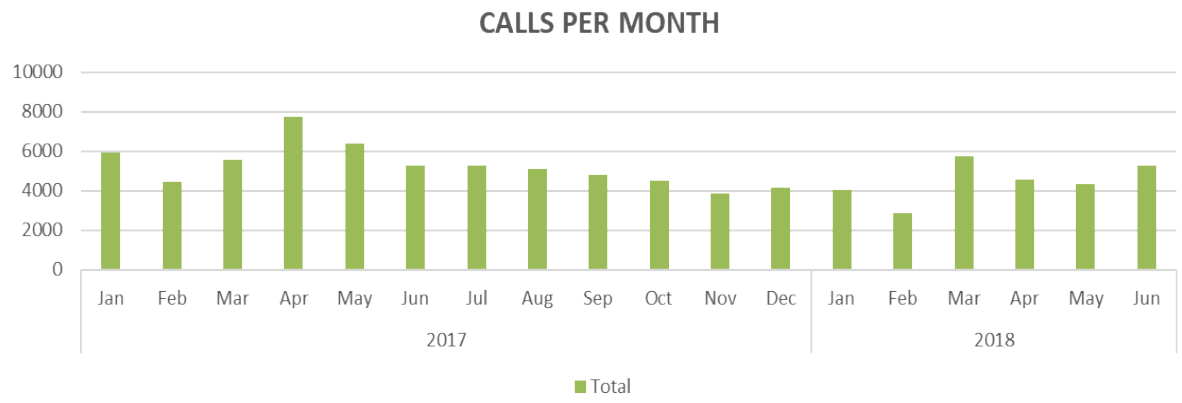
health Service (CAMHS), Improving Access to Psychological Therapies and Older Peoples Mental Health (OPMH).

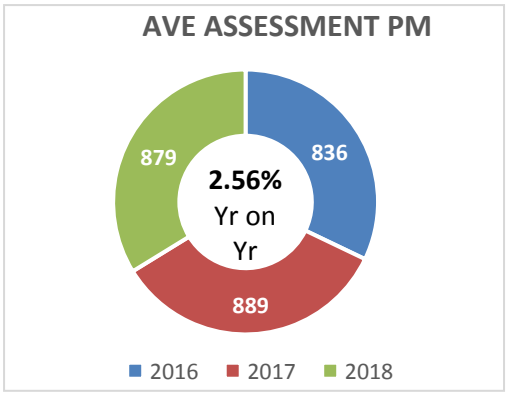
The team consists of Advanced Nurse Practitioners, Nurses and Social Workers who are allocated based on the need triaged at assessment. Qualified tele coaches are taking initial calls, completing assessments and decisions based on a validated triage scale and are trained to provide crisis de-escalation.

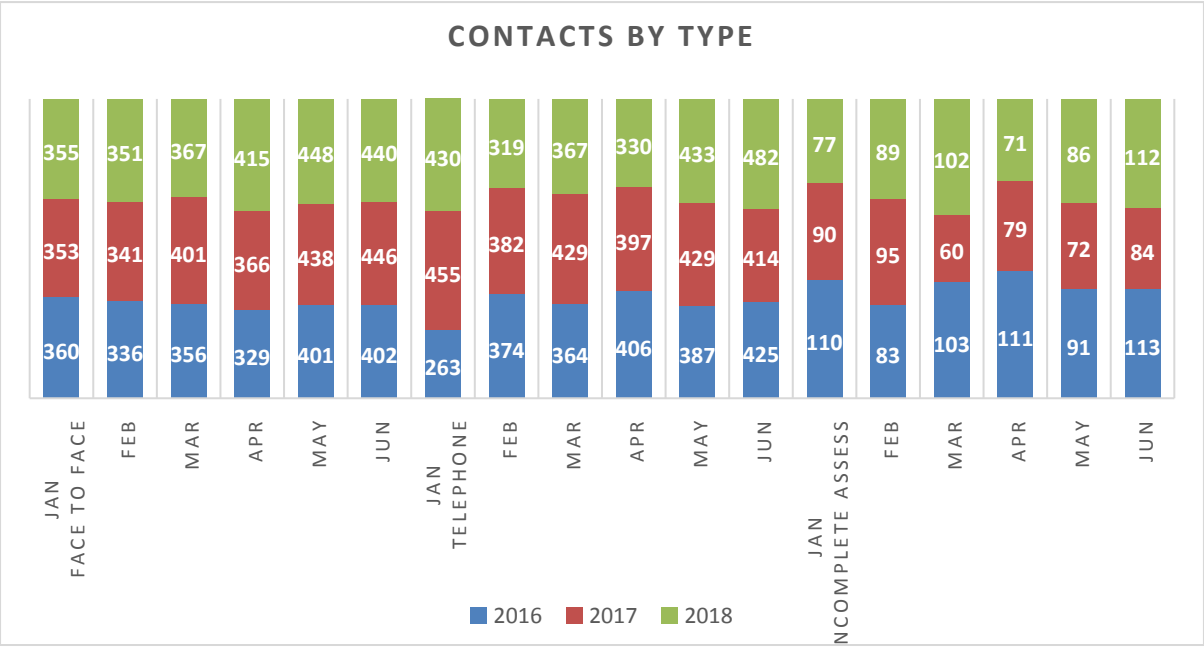
The service is available 24/7,365 days per week and take referrals from service users, professionals and families.

First Response Activity

First Response has seen year on year increases in calls coming into the service. We are averaging 5000 calls per months with a 2% rise in demand for services.







Age of referrals

Pathways are in place within FRS which ensures that signposting to the most appropriate services are seamless.

Collaborative working with CAMHs and a defined clinical pathway ensures that children and young people are supported appropriately.

Face to face assessments by age 2017

Count of age group

Age group	Total
0 – 9	1
10-19	230
20-29	696
30-39	592
40-49	416
50-59	348
60-69	132
70-79	30
80-89	25
90-99	3
(blank)	2192
Grand Total	**4665**

Ethnicity of referrals

Ethnicity is recorded within the clinical records and the data for 2017 is identified below.

The FRS team reflects the diverse population of Bradford with around 53% being from a Black and Minority Ethnic Background (BME).

There are leads within the service that access BME communities through community centres, mosques and voluntary services in Bradford and Airedale to increase the number of service users from BME backgrounds accessing First Response Service. Telephone interpreting is used within FRS.

Face to face assessments by Ethnicity 2017

Count of Ethnicity

Ethnicity	Total
Any Other Group	6
Asian or Asian British - Any other background	26
Asian or Asian British - Bangladeshi	48
Asian or Asian British - British	12
Asian or Asian British - Indian	50
Asian or Asian British - Mixed Asian	2
Asian or Asian British - Other/Unspecified	6
Asian or Asian British - Pakistani	498
Asian or Asian British - Punjabi	3
Black or Black British - African	30
Black or Black British - Any other background	2
Black or Black British - British	7
Black or Black British - Caribbean	21
Black or Black British - Nigerian	1
Black or Black British - Other/Unspecified	4
Black or Black British - Somali	2
Mixed - Any other mixed background	32
Mixed - Black and Asian	1
Mixed - Black and White	6
Mixed - Other/Unspecified	14
Mixed - White & Asian	61
Mixed - White & Black African	4
Mixed - White & Black Caribbean	18
Not Known	181
Not Stated (Client Refused)	6
Not Stated (Not Requested)	120
Other Ethnic Groups - Any Other Group	9
Other Ethnic Groups - Arab	3
Other Ethnic Groups - Chinese	3

Other Ethnic Groups - Filipino	1
Other Ethnic Groups - Iranian	7
Other Ethnic Groups - Kurdish	3
Other Ethnic Groups - Malaysian	2
Other Ethnic Groups - Muslim	1
Other Ethnic Groups - North African	2
Other Ethnic Groups - Other Middle East	2
Other Ethnic Groups - Vietnamese	1
White - All Republics of former USSR	6
White - Any other background	56
White – Bosnian	4
White – British	3044
White – English	96
White – Greek	1
White – Irish	24
White - Irish Traveller	1
White – Italian	3
White - Other European	36
White - Other Republics of former Yugoslavia	6
White - Other/Unspecified	158
White – Polish	24
White – Scottish	2
White - Serbian	4
White – Turkish	1
White – Welsh	4
(blank)	
Grand Total	**4665**

Triage and referral to Voluntary sector partners

In the previous 12 months 1282 service users have been assessed by FRS and signposted to the Haven & Sanctuary safer spaces. 70% of attenders to the Haven (547) were referred due to self-harm or suicidal ideation.

FRS assessed and sign posted 34 children & young people to a dedicated CYP safer space.

FRS have actively engaged with the Bradford & Airedale Acute trusts and by working in partnership with statutory and third sector organisations a reduction in regular attenders utilising A&E in Bradford & Airedale of over 20% has been achieved.

FRS are responsible for the supporting admission to adult acute beds, the bed manager is located within the acute community services and out of hours an Advanced Nurse Practitioner is responsible for supporting admission.

FRS are made aware of all Mental Health Act assessments (MHA) and will seek to assess where a MHA is felt inappropriate.

The developments of the safe spaces which include Mind Sanctuary, Cellar Trust Haven and the Towerhurst Safer Space for children and young people have provided diversion from acute care and supported us in our vision of Care Closer to Home.

Patient Feedback

Patient feedback is utilised in team meetings and supervision to enhance the quality of the service provided to service users.

The service holds carer and staff meetings on a monthly basis to ensure experiences of the service are acknowledged and action plans devised jointly to improve service provision.

Friends and family feedback for FRS is ascertained from service users and FRS scores our service at 89.19.

Area	Recommend	Not Recommend	Total Responses	Extremely Likely	Likely	Neither Likely or Unlikely	Unlikely	Extremely Unlikely	Don't Know
First Response Service	82.14%	14.29%	28	16	7	1	1	3	0
Summary	82.14%	14.29%	28	16	7	1	1	3	0

Intensive Home Treatment Team (IHTT)

The IHTT provides a 24 hour service to individuals in times of acute crisis for a period of up to 28days.

The service provides care based on a structured care plan, risk assessment and in partnership with the voluntary care services.

The impact of this along with the acute care pathway redesign and integration with local authority has led to a reduction in admissions and subsequently a successful three years of treating people locally without using out of area acute admission placements.

The team consists of Advanced Nurse Practitioners, Nurses, occupational therapists and Social Workers who are allocated based on the need triaged at assessment.

The service is available 24/7,365 days per week and referrals from service users, professionals and families are triaged via first response.

In 2015 the First response service was initiated which requisitioned IHTTs previous role of supporting admission and crisis assessment.

The changes to each service allowed for greater access to crisis support via FRS and enhanced the capacity within IHTT to provide crisis support to service users in the community.

The introduction of Crisis teams in 2002 outlined in the “Improvement, Expansion, and Reform” (Department of Health,2002) clarified that “When using service mapping data to estimate a baseline for the number of people in receipt of crisis resolution services the national assumption is that when fully staffed a crisis resolution team will have a caseload of 20-30 users”.

Bradford has over the past three years pioneered new ways of providing crisis care and the expansion of IHTT services has been integral in ensuring service users can receive crisis care at home negating the need for inpatient admission.

Year on year there has been a substantial increase in admissions to IHTT caseloads. With us seeing a 12% increase in admissions to IHTT in the last year alone. The figures below do not include the number of service users who are supported via telephone support so numbers.

A snap shot on the 25th May of IHTTs current caseload in Bradford was 67 and Airedale 53. Between April 17- March 18 IHTT accepted a total of 2367 admissions into IHTT with the average length of stay being 19 days.

The following has been enacted to safely provide crisis support services to individuals in their home environment:

- Changes to IT (Agile working/ case load management via intranet)
- Implementation of Advanced Nurse Practitioners (ANPs) to each team
- Dedicated Consultant
- Safety Huddles & dedicated multi-disciplinary handovers
- Fully recruited to all posts
- Staffing flexibility to meet demand (The ability to move resources from each IHTT & FRS)
- Utilisation of Bank staff where the need dictates no Agency usage to ensure the appropriately trained staff are providing the service
- All IHTT staff are trained in psychological approaches and supervision provided on a monthly basis.

IHTT also facilitates leave plans and early discharge for current inpatients and aims to provide 3 day post discharge follow up to all service users.

Age of referrals

The IHTT service is currently commissioned for adults aged 18-65. The service is provided for over 65s if they are currently on the case load of adult community mental health teams.

The age of referrals is as follows:

16-17:	1%
18-65:	96%
66-81:	3%

Ethnicity of referrals

Ethnicity is recorded within the clinical records and the data for 2017/18 identifies the service user's ethnicity as:

White British	63%
Asian or Asian British	18%
Other	19%

Patient Feedback

Patient feedback is utilised in team meetings and supervision to enhance the quality of the service provided to service users.

The service holds carer and staff meetings on a monthly basis to ensure experiences of the service are acknowledged and action plans devised jointly to improve service provision.

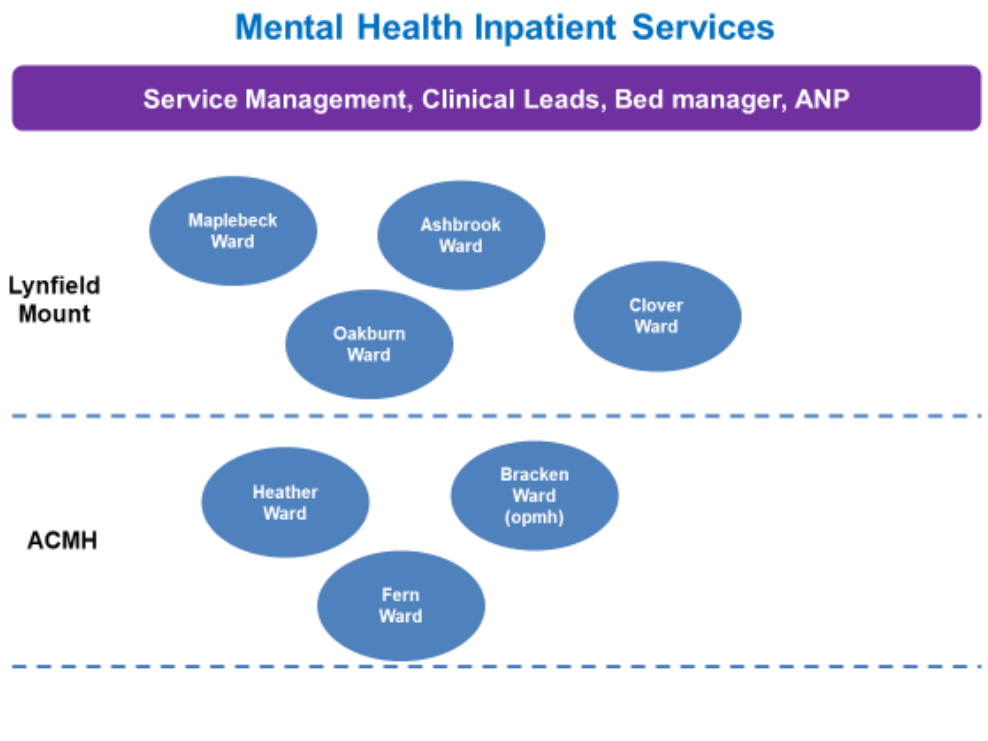
Friends and family feedback for IHTT is identified below.

Branch	Returns	Safe	Caring	Responsive	Effective	Well led
Bradford Home Treatment Team	56	92.69%	92.99%	91.11%	89.91%	95.38%
Total	**56**	**92.69%**	**92.99%**	**91.11%**	**89.91%**	**95.38%**
Benchmark	**-**	< 79 < 89 <= 100	< 79 < 89 <= 100	< 79 < 89 <= 100	< 79 < 89 <= 100	< 79 < 89 <= 100

Acute Inpatient Services

BDCFT provides adult inpatient services across 2 sites; Lynfield Mount Hospital and Airedale Centre for Mental Health. Lynfield Mount has 2 male wards both 21 beds, 1 female ward with 25 beds and a Psychiatric Intensive Care Unit (PICU) mixed ward with 10 available beds, 7 of which are commissioned for patients within the Bradford Airedale and Craven area.

Within Airedale Centre for Mental Health we have 1 male ward 15 beds, 1 female ward 19 beds and a 21 bedded Older Peoples Ward that is mixed.



As noted within the paper BDCFT has reviewed and refreshed its approach to responding and managing an individuals' care during periods of crisis resulting in no Out Of Area beds being used for general adult mental health admissions.

Additionally, work has been undertaken to review and understand issues impacting upon the length of stay for individuals within our inpatient wards. These issues are multifactorial and cross the boundaries of health, social care, housing, benefits and deprivation. Considering the impacts that our FRS and IHTT services have had on the pathway we now see only those with the highest level of need, risk and complexity entering our inpatient wards thus meaning their length of stay may be longer in order to support recovery and ensure that their transitions back into community are safe and robust.

We conducted an evaluation of the first 100 admissions to our acute wards across December 2017 and January 2018. This evaluation has informed our insight and learning into developing improvements to the service.

As part of continual service development and improvement we have considered the current model of care delivered within our inpatient setting, used service evaluation to understand the needs and challenges within the demographic accessing our services and reviewed the success we have already had in reducing length of stay culminating in a revised workforce model and vision for the care we provide to those accessing inpatient care.

Vision for the service

- To have safely staffed wards that are equipped with the range of skills and experience to offer quality, evidence based care, focused on compassion, recovery and prevention.
- To provide a range of integrated support to facilitate recovery
- To provide care at the right time and in the right place ensuring 'Care Closer to Home'
- To improve the experience of patients, their families and our staff teams
- To ensure our estate is 'fit for purpose' and is supportive of recovery.

Outcomes

- A revised workforce model with improved recruitment and retention
- Strong, accessible, committed & visible leadership with an emphasis on support and development
- Embedding a positive and proactive approach to care with a focus on recovery
- A positive safety culture
- Reducing incidents
- Reducing restrictive practice and interventions
- Better recovery outcomes
- Reducing length of stay
- Greater staff engagement; happier & healthier staff
- Improving the experience for people who use our services

Already we have seen a reduction in occupied bed days, attributed to a focused approach on Criteria Led Discharge, the introduction of senior clinical support roles, and a deliberate senior presence on the wards focusing on quality, staff support and development and real time problem solving. Inpatient admissions in the last 18 months have increased by 17% however occupied bed days excluding leave have reduced to 83.3%, with occupancy being 89.3% including leave.

Introducing purposeful and visible clinical leadership onto the wards on a daily basis has seen an improvement in staff morale and well-being, staff initiating and proactively reviewing treatment plans to improve recovery and minimise incidents.

A recruitment drive into new roles within the inpatient areas has commenced. Across every ward in addition to traditional nursing roles there will be dedicated psychological therapy provision, Occupational Therapy and Occupational Therapy Assistants. There is a developing 7 day a week programme of structured activity across both sites with service user led engagement and development.

To address issues identified in relation to housing and social support we have a dedicated Housing Social Worker & Housing and Benefits Support Workers who target those admitted with issues in these areas. They support proactive discharge planning to avoid delays and ensure that we have addressed the holistic needs of the person at the point of admission through to discharge.

Summary

Our ambition for our mental health services is to have a prevention, recovery and wellness focus for people and carers. Supporting people, carers and their families to be resilient and reach their full potential, drawing upon their own resources and those of their local community.

By working in partnership across a system we are able to wrap around a person and their family to meet their needs in a holistic and responsive way. This move away from fragmented services with gaps is a direction towards services that fit together and are seamless. Most recently, Bradford has won the Positive Practice in Mental Health Award for Crisis and Acute Care in 2016 and 2018.