



# Better lives, brighter futures

Adult Mental Health and Wellbeing

2021-2031

## VISION

**Better lives, brighter futures** for the people of Bradford district and Craven so they can live happy, healthy at home.

## PRINCIPLES

Person at the heart, family approach, strengths based approach

Physical and mental health are treated equally and together

Promotion and prevention focus, taking a wider determinants view to mental health and addressing stigma, prejudice and under representation

Our approach is founded on compassion, responsiveness, flexibility and ensuring a recovery focus is informed by the understanding of trauma, culture and context of people's lives.

We Act as One – involving everyone and working together

## OUTCOMES

I am a person with abilities, possibilities and a future

My family or carer who may support me, are actively supported and involved in my care. Give them the support, care, respect and information they need.

My voice is heard and included.

I have access to the information, support and care that meets my cultural choices.

I will know the name of the person who coordinates my support

Not repeating my story, share information appropriately. Ask for my consent.

I am in control and actively involved in my care and support

When I need help, I can access this quickly and easily

I am not defined by my diagnosis and the level of my distress

I am supported through the stages of life where things that be difficult

## COMPARITIVE SPEND. 2020/21

NHS Spend on mental health: £ 99.1 m

CBMDC spend on mental health: £ 18.0 m

Total: £117.1 m

|                             | National             | Bradford             | Difference   |
|-----------------------------|----------------------|----------------------|--------------|
| <b>18+ (NHS MH)</b>         | <b>£189 per head</b> | <b>£158 per head</b> | <b>- £31</b> |
| 18+ (Social Care)**         | £444 per head        | £380 per head        | - £64        |
| <b>18+ (Social Care MH)</b> | <b>£41 per head</b>  | <b>£33 per head</b>  | <b>- £8</b>  |

3.1% spent on VCS

\*\* figure is for all social care  
(wider determinant factor)

### NHS Spend against the Mental Health Investment Standard – How we compare to our West Yorkshire partners\*

|                          | POPULATION SIZE<br>(approx.) | MENTAL HEALTH<br>INVESTMENT SPEND<br>000s | Per head   | BENCHMARK (where we<br>should be to meet the<br>MHIS) 000s | BENCHMARK (where we<br>should be against NHSE<br>average MHIS) 000s |
|--------------------------|------------------------------|---|------------|--|---|
| <b>NATIONAL</b>          | <b>55,980,000</b>            | <b>1.4bn</b>                              | <b>189</b> |  |   |
| WAKEFIELD                | 370,000                      | 61,596                                    | 166        | 63,868   | 69,930  |
| LEEDS                    | 870,000                      | 144,098                                   | 165        | 147,517  | 165,430   |
| CALDERDALE               | 220,000                      | 35,442                                    | 161        | 38,888   | 41,580  |
| <b>BRADFORD + CRAVEN</b> | <b>620,000</b>               | <b>99,079</b>                             | <b>158</b> | <b>103,018</b>   | <b>119,180</b>  |
| KIRKLEES                 | 437,000                      | 65,721                                    | 150        | 68,394   | 82,593  |

\*Please note this data is currently being revised

# DEMAND FOR MH SERVICES

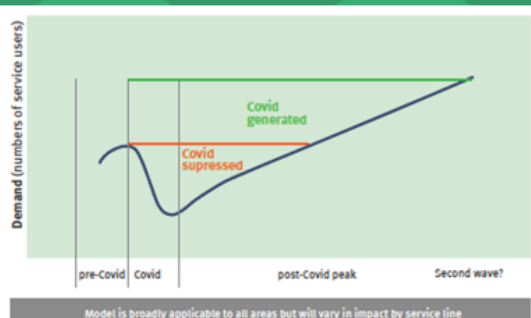


## Future demand for services

### Centre for Mental health

Forecast that up to 10 million people (almost 20% of the population) will need either new or additional mental health support as a direct consequence of the crisis)

1.5 million of those will be children and young people under 18



**Covid-suppressed**  
People known to services who have currently ceased/postpone their engagement with these services. It is assumed these will return to services over time, however, their mental health could be changed from pre-Covid state.

**Covid-generated**  
People not yet known to services, whose experiences of Covid, both direct and indirect, have caused them to develop a degree of mental illness.

**Covid-altered interventions**  
Service users in this group have remained in contact with services, but have received a changed intervention, i.e. telephone and/or video call. For some, this will result in a change in their mental health.

## Forecasting demand for mental health services

Impossible to accurately forecast but....

| Issue   | Effect   | Potential local impact                          |
|---|--|---|
| Rise in debt once temporary measures cease (local data) | Universal credit claims (Bradford)                     | 7,600 increase (44% up from March to April)     |
| Financial crash (2008) (CMH)                            | UK 500,000 more MH problems                            | equates to 4,000 for Bradford District          |
| Hong Kong SARS 2003, Financial crash (CMH)              | 7-10% national rise in suicides                        | 3-4 deaths per year Bradford District           |
| SARS 2003 patients (CMH)                                | 12 months later (20-25% PTSD; 60% depressive disorder) | impact on 11,700 known COVID cases (October)    |
| Current H&SC covid staff (BMI)                          | Anxiety (50%), sleep issues (30%), burnout             | impact on 3,700 H&SC staff already COVID tested |
| Bereavement (CMH)                                       | 7% of close relatives have complex reaction            | impact on 570 known COVID deaths (October)      |

- Some groups more vulnerable than others
- Different mental health issues for different groups of people
- Disadvantages for BAME groups
- Emerging gaps through the switch to digital delivery
- Workforce wellbeing issues to consider

Bradford's Mental Health Task and Finish Group have 23 separate work streams to co-ordinate our approach.

# DEMAND FOR MH SERVICES

CMHT = integrated health & social community mental health team  
 \* VCS based on our 4 largest VCS providers

## Access



Similar overall numbers of people accessing our services but much higher in **Q3/Q4** and may indicate higher need

## Guide-line



**8,859 calls**  
 Increased by 23%  
 1018 people (↑70%)  
 615 new ↑ (115%)

## Digital



QWELL: **342** people with **1,238** interventions  
 MyWC: **8,792** people accessed, which is less than previous year but needing more sessions.

## Support



Our CMHT & VCS\* services have supported **18,598 people**  
 2019 = 18,197

## Interventions



CMHT & VCS delivered over **77,072 interventions**  
 26% increase in activity  
 15% increase in prescribing

## Out of hours



**58%** of people access our services out of 'office' hours

## Waiting list



Each service is carrying an average waiting list of **157 people.**  
 3 Outliers have 233  
**Increase in Ψ trauma presentation and need**

## First Response



**34,414 calls**  
**14,080 people**  
 Number of people steady from previous year but increase in call volume

## Intensive Home Support



**3,389 people**  
**14,482 interventions** supported in the community / avoided admission – higher acuity  
 12% longer to discharge

## Inpatient care



Admission increase **825 to 896**  
 Increase in complexity, violence & aggression – av. discharge longer  
 3x OOA (cohorting)

## Perinatal / CYP



**55% increase** of specialist need  
 Children's demand and complexity doubled  
 Impact seen in crisis support to parents



# Healthy Minds Overview

How many looked at services or article content?

Viewed any Content  
**3,938**  
(15% of all visitors)

Visitors  
**25,108**

How many people visited our website?

Wellbeing Assistant completion  
**4,388**

How many people received a service recommendation?

Conversion  
**17%**

What proportion of people completed the Wellbeing Assistant who visited?

## KEY THEMES:



isolation & loneliness



sadness depression



stress anxiety



School/skills/employment



abuse



hearing voices



children young people

Healthy Minds exists to encourage us all to look after our minds.

We're still here to help keep your mind healthy

**Speak to someone**  
To talk about your mental health:

Call Guide-Line on 01274 594 594 or chat online: [saferpaces.app/guideline](https://saferpaces.app/guideline)

The telephone line is open 12pm to 12am everyday, for all ages.

HealthyMindsBDC @healthymindsbdc

[www.healthyminds.services](https://www.healthyminds.services)  
Open the door to local wellbeing services and resources

# FUTURE LEGISLATIVE AGENDA

## Reforming the Mental Health Act (consultation closed)

### **Legislative reforms – new guiding principles**

- Clearer, stronger detention criteria
- Giving patients more rights to challenge detention
- Strengthening patients' rights to choose / refuse treatment
- Improving support for people who are detained
- Community Treatment Orders
- Interface with the Mental Capacity Act
- Caring for patients in the Criminal Justice System
- People with learning disabilities or autism
- Children and young people
- Experiences of ethnic minority communities

### **Reforming policy and practice**

- Transforming mental health services
- Supporting people in the community
- Improving ward culture for patients and staff
- The role of the CQC
- Removing police cells as 'places of safety'
- The workforce

## Introduction of Liberty Protection Safeguards (formerly DOLS)

### **Key changes to modernise the legislation**

- Three assessments to form the basis of LPS
- Greater involvement for families
- A more targeted approach
- Extending the scheme to 16-17 year olds
- Extending the scheme to domestic settings
- New role for CCGs as responsible bodies

**Implementation by April 2022**



# OUR ICP PARTNERSHIP BOARD

09th April

**ACTasONE** Community Mental Health Transformation Programme

**SRO:** Iain MacBeath  
**Author(s):** Himanshu Garg/ Sasha Bhat

**Project Update**

- Transformation plans set by the SRO. Programme charter in development
- Transformation bid approved by NHS/DoH – formal letter received.
- It has been agreed that there will be 4 key internal workstreams: PCN, PCN, PCN, PCN
- Engagement led by Kelly Barker & Himanshu Garg; Rehab led by Dr Anita Brewin; Personality disorder led by Chris D & Dr Emma Van der Gucht; Eating disorder led by Cathy Wright with an understanding that
- Key recruitments: Head of Transformation at BDCFT and Programme manager through Local Authority
- White paper consultation on MHA completed.
- Workshops at ICS level are ongoing to finalise outcome framework, IG support, workforce requirement and operational input.
- Partnership development with PCNs and other stakeholders.
- Feedback from early implementation sites gathered and intelligence from other places on PCN engagement shared.

**Activities Planned for Next Period**

- Complete programme charter with SRO
- Communication support to be finalised.
- Financial baseline for community mental health across health and care with clarification on funding of ARRS.
- Establish data streams, reporting and governance oversight for workstreams with SRO
- Strategy and commissioning alignment planned
- Workshops at both Trust and systems level to give momentum to the project.

**Clinical Lead:** Dr Himanshu Garg  
**Programme Manager:** To be recruited (currently supported by CCG team)

**Issues**

- Data and baselines may not be easily available and potential to have a data gap across all mental health programmes to ensure quality and evaluation.
- Balance between national, ICS and place priorities/demands.
- Secondary care funding of ARRS posts at PCN is not clear.
- Covid-19 continues to put heavy demand on the services in terms of resource and provision.
- Avoid any duplication of work between workstreams as well as ICS & place.
- Momentum to the transformation needed with alignment of workstreams through a leadership meeting.

**Risks**

- Covid-19 pressures with increased demand and new evidence.
- Existing workforce gaps and impact on it in the light of transformation.
- Resource and demand/capacity (some work taking place at ICS level to support demand management).
- If there is inadequate gap analysis and mapping of resources at the start of the programme.
- If the outcome framework is not clearly defined that the progress could not be measured.

**Support & Decisions**

- Complete resource review of programme support.
- Support and prioritisation of work by health and care.
- Alignment of all the mental health programmes among each other as well the other physical health Act as One programmes.
- Alignment of ongoing work at informatics department in regards to sharing of records between primary & secondary care.

**ACTasONE** Crisis and Liaison Acute Mental Health Services / Highlight Report

**Apr 2021**

**Clinical Lead:** Ash Khan  
**Programme Manager:** Louise Atherton/ Sasha Bhat

**Issues**

- NHSE have not as yet confirmed the expectation re Core 24 this may make implementation of the model within the timeframes expected difficult.
- Baseline data has been received but it is difficult to track of outcomes anonymised data.
- NHSE requirement for freephone access for crisis support has introduced additional work to the workstream around 111 access.

**Risks**

- Timelines very tight on Core 24 and Crisis alternatives delays in information needed from NHSE makes this one very tight. However as far as possible plans have been put in place to mobilise as soon as possible.
- There are risks in terms of resource to guide any process however a possible solution is being scoped.

**Support & Decisions**

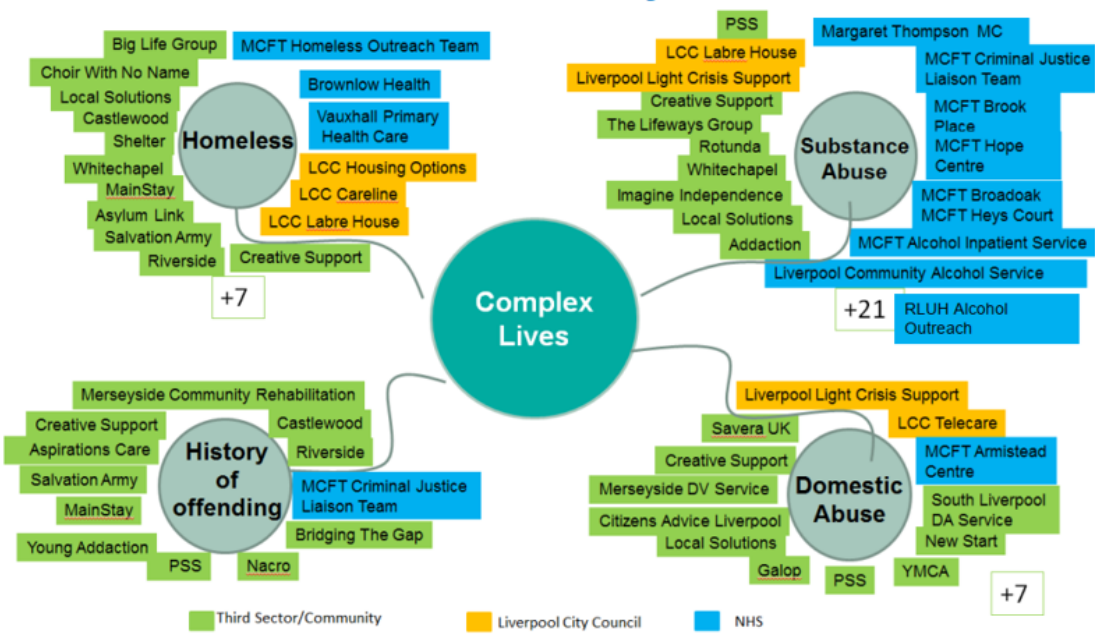




# TACKLING THE WIDER DETERMINANTS

Some learning from Merseyside on a strong partnership to tackle the wider determinants when looking at mental health...

However our current offer often concentrates on conditions, rather than the family



# TACKLING THE WIDER DETERMINANTS

A strong partnership approach to tackling the wider determinants when looking at mental health...

