

Report of the Priority Director for Mental Health to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 10th December 2022

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Subject:

Healthy Minds – our Mental Wellbeing Strategy for Bradford District & Craven 2021-2031 and a deep dive on Improving Access to Psychological Services (IAPT)

Summary statement:

This report provides an overview of our strategy to improving, respecting and promoting the mental wellbeing of our population to live happier, healthier and longer lives. The strategy was agreed by the Mental Health Partnership Board in 2021 and has since been refreshed as part of the reset of our system priorities by the Partnership Leadership Executive of the Integrated Health and Care Partnership Board for Bradford District and Craven. The latter part of the report takes a deep dive into the current situation within the Improving Access to Psychological Therapies (IAPT) service for adults within Bradford District and Craven (BDC). It sets out the outcomes of the IAPT service review, identifying gaps in service against national targets and the challenges faced to increasing access in line with national targets and wider pressures such as workforce and demand.

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1 Summary

- 1.1 Healthy Minds – Better Lives, Brighter Futures in the Mental Health and Wellbeing is our district wide strategy to promoting, respecting and improving the mental health of our population. The strategy has four key programmes of work across Children and Young People, Adult and Older Adult community mental health, Acute Crisis and Liaison and ensuring we reduce the inequalities people experience in accessing mental health support. As part of this report, there is a deep dive into the current position on the Improving Access to Psychological Therapies (IAPT) which is part of our Community Mental Health programme. The report shares the outcomes of the IAPT service review, identifying gaps in service against national targets and the challenges faced to increasing access in line with national targets and wider pressures such as workforce and demand.

2 Background

2.1 Healthy Minds Strategy – Better Lives, Brighter Futures

- 2.2 In 2016, the Health and Wellbeing Board approved a five-year strategy for Mental Wellbeing in Bradford District and Craven. This strategy was developed as a partnership between the Local Authority, the NHS and voluntary and community sector. It was ambitious in taking a broader view of mental wellbeing and considering the wider determinants that lead to poor mental health and setting a series of 60 commitments to implement the changes needed. The volume of the commitments without a strategic, commissioning and financial plan made demonstrating the effectiveness and viability of the changes challenging. An internal audit in 2018 recommended a review of the implementation plan and governance, and thus a new Partnership Board was set up to oversee a refresh and bring the strategy in line with the district wide Health and Wellbeing Strategy and the Long-Term Plan which set key targets to deliver the transformation and improvement of mental health services.
- 2.3 Following an extensive engagement process throughout 2019, including the Healthy Minds Summit, workshops to design our transformation plans, deliver CQC regulatory improvements and the report on the Accessibility of Mental Health Services in Bradford District and Craven, we developed the Healthy Minds Strategy: Better Lives, Brighter Futures. The strategy was tested during Covid as we published our Rapid Needs Assessment of Mental Health – which reported to the Health and Social Care Overview and Scrutiny Committee in December 2021.
- 2.4 The implementation plan that derives from the strategy has been further refined this year following the changes in governance arrangements as the Clinical Commissioning Groups came to an end in June 2022. An event on the 30th of September 2022 engaged with stakeholders across our Health and Care partnership.
- 2.5 There are four key programmes of transformation which include i) reducing the inequalities people with mental health experience in accessing services, ii) improving our mental health support for children and young people, iii) improving acute crisis and liaison services and iv) transforming our community mental health services. The strategy has been costed against our financial delivery plans with realistic timescales and ambitions set. The IAPT service is a key component of our community mental health model alongside other therapeutic approaches.

3 Report

3.1 Mental Health and Wellbeing Strategy

3.1.1 Our greatest asset are the people who live in our District. As a health and care system, we believe in supporting people with the best start in life and every chance to live a healthy and long life – thus fulfilling our ambition to ensure everyone can be **'Happy, Healthy at Home'**.

3.1.2 Where we live, study, work and develop relationships is important to ensure good mental wellbeing. Our District Partnership Strategy sets out our strategic ambition to improve physical and mental health outcomes, promote wellbeing, and reduce health inequalities across our entire population. By finding those who are at risk, and working together with them in a focussed way, we can proactively shape the design of our health and care services and create a healthy district.

3.1.3 We established the **Mental Health Partnership Board** to bring together health and care partners to jointly oversee and propel our commitment to achieving the best outcomes for our population. We do this by understanding need, setting strategy, outcomes, objectives and priorities and aligning resources as per the Mental Health Investment Standard, managing risk and overseeing the development and delivery of the all-age integrated mental health transformation programme and importantly, deliver on our Long-Term Plan and statutory duties while maintaining a focus on prevention, protection, early intervention and independence.

3.1.4 **Healthy Minds** is our strategic and system approach to achieve better lives and brighter futures for people of all ages across our District. This document sits in the context of our Partnership Strategy and sets out the specific ways in which our partnership will deliver on outcomes set by our population through extensive engagement and involvement. These eleven outcomes are defined in the words of people who access or want to access our services.

1. I am a person with abilities, possibilities and a future
2. I am not defined by my mental health diagnosis and the level of distress.
3. I am supported through the stages of life where things can be difficult.
4. My voice is heard and included.
5. I am supported to maintain my rights and dignity and to make choices that enable me to live a healthier, happier life.
6. I am in control and actively involved in my care and support.
7. Ask for my consent. Share information appropriately, so I don't have to repeat myself
8. I have access to information, support and care that meets and my cultural choices.
9. When I need help, I can access this quickly and easily and services approach me with kindness, compassion and understanding.
10. I will know the name of the person who coordinates my support
11. My family or carer who may support me, will be respected and actively involved in my care with access to information and support they need.

- 3.1.5 The needs assessment which was published in 2020 helped to refine our focus and the strategy covers how we plan to prioritise our efforts to keep our population mentally healthy and happy, whilst addressing the inequalities people with mental health problems, including those that live with severe and enduring mental illness, face in accessing support. Our ambitions support and contribute to our Integrated Care System (ICS) partnership commitments.
- 3.1.6 Our strategy will aim to address the barriers and issues people have shared with us such as difficulty to access and navigate services that are fragmented, have high thresholds and criteria, need improvement in terms of quality, support and waiting times. We will use an evidence-based framework to ensure to meet four key objectives:
- Integrate and join up our services, supporting our workforce
 - Improve access and waiting times
 - Provide high quality services and
 - Ensure the support is close to where people live
- 3.1.7 We will develop a clear service offer that supports a wide range of mental health support delivered at a local level and specialist support delivered at scale. In order to ensure we make these changes and improvements, in dialogue with people who use our services and staff, we have agreed the following key areas of focus:
- a. we will reduce inequalities in mental health;
 - b. we will improve children's mental wellbeing;
 - c. we will transform our community mental health and care services
 - d. we will improve our urgent and crisis liaison offer
 - e. we will strengthen our workforce, transform our digital and estates enablers
- 3.1.8 We are mapping the measures that matter to ensure we achieve the outcomes set by people. This will involve mapping our statutory target and performance data but also include the outcomes that have meaning for people. This work will be completed by January 2023 and will support the outcomes outlined in the Health and Wellbeing strategy and our Health and Care Partnership strategy.
- 3.1.9 As we have developed and defined the objectives of the programmes, we are now establishing key implementation plans that will consider the assets, resources and partnership contributions across our system. We are also reviewing the metrics with which we will define our success and demonstrate we have made a difference. The implementation plan and outcome metrics will be shared alongside the System wide priorities at the Partnership Leadership Executive Board in February 2023.
- 3.1.10 The Mental Health Partnership reports to the Healthy Minds Board which is chaired by a member of the Leadership Executive Board – Iain MacBeath. The board which has senior executive membership from all our partners, is responsible for overseeing the delivery of the strategy, our resources, meeting the needs of our

population and managing the risks and challenges. The Healthy Minds Board reports to the Wellbeing Board for both Bradford District and North Yorkshire (to cover Craven) via our system governance through the Partnership Leadership Executive.

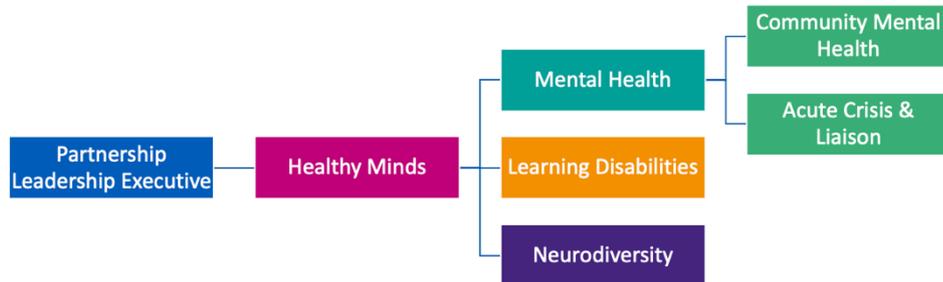


Diagram showing the governance arrangements for the Healthy Minds Board and mental health programmes.

3.1.11 Engagement and co-production: We have continued to engage and promote the work to ensure we include the views and experiences of people and staff. A series of events took place over the last three months, and we have a focussed Breakfast Bite session on the 15th of December 2022 to share the latest updates with people. The session covers:

- Our vision for this priority
- How your feedback has changed our approach (think of three areas)
- What our focus will be for 2023-2024
- How we all connect to enablers and each other as priorities
- How to get involved

These sessions will be made available to people to access once they have aired.

3.1.12 The strategy comes to life through the work of our staff, volunteers, carers and people. We also have Mental Health Champions – Councillor Fozia Shaheen is one of the champions and has really progressed work in her constituency and supported engagement sessions with wider elected members. We would like to invite more members to become Mental Health Champions and support us to deliver the vision of the strategy.

3.1.13 As described above in 3.1.7c, we are transforming our Community Mental Health and Care services. The programme of work (as described in Appendix A) involves designing a new Core model for Community Mental Health based on a locality and community partnership footprint. As part of this model, we are improving our access to employment support, housing and support for people with substance misuse problems as well as improving our therapeutic services. We offer a range of therapeutic and talking services ranging from counselling, digital support, psychological therapies (IAPT) and intensive psychological therapeutic services. As part of this report, we are taking a deep dive into the IAPT service and providing the committee with an update on the outcomes of the IAPT service review, identifying gaps in service against national targets and the challenges faced to increasing access.

3.2 Improving Access to Psychological Therapy (IAPT)

3.2.1 What is IAPT:

The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and has transformed the treatment of adult anxiety disorders and depression in England. IAPT is widely recognised as the most ambitious programme of talking therapies in the world and in the past year alone more than one million people accessed IAPT services for help to overcome their depression and anxiety, and better manage their mental health. The model was adopted and commissioned in Bradford District and Craven in 2009.

IAPT services are characterised by three things:

- **Evidenced-based psychological therapies:** with the therapy delivered by fully trained and accredited practitioners, matched to the mental health problem and its intensity and duration designed to optimize outcomes.
- **Routine outcome monitoring:** so that the person having therapy and the clinician offering it have up-to-date information on an individual's progress.
- **Regular outcomes focused supervision** so practitioners are supported to continuously improve and deliver high quality care

3.2.2 The national priorities for IAPT service development are:

- **Expanding services** so that increased number of adults access treatment each year by 2024.
- **Focusing on people with long term conditions.** Two thirds of people with a common mental health problem also have a long-term physical health problem, greatly increasing the cost of their care by an average of 45% more than those without a mental health problem. By integrating IAPT services with physical health services the NHS can provide better support to this group of people and achieve better outcomes.
- **Supporting people to find or stay in work.** Good work contributes to good mental health, and IAPT services can better contribute to improved employment outcomes.
- **Improving quality and people's experience of services.** Improving the numbers of people who recover, reducing geographic variation between services, and reducing inequalities in access and outcomes for particular population groups

3.2.3 The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and IAPT services are prescribed by way of a manual. The IAPT Manual (also referred to as the workbook) is for all commissioners, providers, and clinicians

(including trainees) of services that deliver psychological therapies for depression and anxiety disorders in adults. It serves as an essential guide for IAPT services, describing the IAPT model in detail and how to deliver it, with a focus on the importance of providing National Institute for Health and Care Excellence (NICE)-recommended care. It also aims to support the further implementation and expansion of IAPT services.

Despite its successes, IAPT is still a work in progress. Most people suffering from anxiety or depression in the community still do not have an opportunity to access psychological therapy in a timely manner. For this reason, the NHS Long-Term Plan commits the NHS to expanding IAPT so that 1.9 million people are seen each year by 2024.

In November 2021 NHS England published new figures showing a record 634,649 people completed the NHS Talking Therapy programme in 2020/21, up around 5% on the 606,192 in the year before as many people struggled with their mental health during the pandemic despite the pressure on services from the pandemic.

On 3rd November 2022 NHSE began a period of engagement with colleagues and stakeholders on the new name for IAPT services. Patients, carers professionals and the public can be involved in the period of engagement on the new name by completing the online survey to gather views on the proposed elements of the brand refresh and to understand potential implications at a local level. The survey takes just a couple of minutes to complete and is open from 1 November 2022 to 16 December 2022.

[Stakeholder Survey: Improving Access to Psychological Therapies \(IAPT\) Rebranding \(office.com\)](#)

The NHS England and Health Educational England national IAPT programme teams are also using existing meetings and forums throughout November and December to engage with key stakeholders. For further information, please contact the team by emailing England.MentalHealth@nhs.net

3.2.4 Bradford District and Craven Service

Bradford IAPT service is currently provided and delivered by Bradford District Care Foundation Trust (BDCFT) the service was known by the name of My Wellbeing College. However, following consultation, the name has been changed this year to My Wellbeing IAPT.

[MyWellbeing IAPT Service Bradford – Talking through life's ups & downs | Airedale, Wharfedale, Craven \(bmywellbeingiapt.nhs.uk\)](#)

The service currently offers evidence-based treatments for a range of common mental health issues such as low mood, anxiety, sleep problems and stress. Interventions are offered following an assessment of an individual's need and could include group or individual therapy via online, telephone or face to face sessions. My Wellbeing IAPT Service is suitable for individuals who are aged 16 or over and are registered with a GP in the Bradford, Wharfedale, Airedale and Craven area.

3.2.5 Referring into IAPT services

Patients can refer into the service in the following ways:

- GP/ Health professional referral – Referrals are sent to Single of Point of access and the First Response team triages the referral.
- Self-Referral – Patients can self-refer through the service website by completing an online form or by calling the administration team, who register the client details and demographic information over the telephone.

Once a referral has been received, an initial assessment appointment is made. The current waiting time for an initial assessment is 2 weeks from referral.

Following the assessment, the most suitable course of intervention and treatment will be offered based on a Stepped Care Model designed to promote least intensive interventions first. In IAPT terms these are referred to as Step 2 and Step 3 interventions. Below is a list of the interventions and treatments currently available from the Bradford District and Craven IAPT service, their delivery modality and the average waiting times.

Intervention	Step	Delivery Options	Average Wait from Referral
Low Intensity Cognitive Behavioural Therapy (CBT)	2	Video, Telephone, Face: Face	8 weeks
SilverCloud Computerised CBT	2	Online	2 weeks
Psycho-Education Courses	2	Online	4 weeks
High Intensity CBT	3	Video, Telephone, Face: Face	12 weeks
Counselling for Depression	3	Video, Telephone, Face: Face	16 weeks
EMDR (Trauma Therapy)	3	Video, Face: Face	12 weeks
Therapeutic CBT Group	3	Online	6 weeks

If the assessment concludes that the patient would benefit from alternative interventions, or is not ready for talking therapies, a referral will be made to the relevant service, or signposting information will be provided.

3.2.6 IAPT review findings/issues

In 2021/22 a review of the IAPT service was carried out. The review covered:

- Demographics
- Increased demand for services
- Post Covid Modelling
- Access
- Workforce
- Performance

3.2.7 Demographics

There were 654,764 patients registered with a GP in Bradford District and Craven CCG area on 1st November 2022 with wide variation in population demographics across this geographical area. Bradford District and Craven is an ethnically diverse area, with the largest proportion of people of Pakistani ethnic origin in England. One in four people describe themselves as Asian/Asian British compared to one in 10 for England and there is a high proportion of the population in Bradford City and Keighley who identify as being from a Black, Asian or Ethnic Minority background. Conversely, the wards of Ilkley, Wharfedale and Craven are predominantly white.

The proportion of the working age population is lower in Bradford than the average for England. However, the largest increase in the population has been in older people, and this is predicted to further grow, bringing with it the challenges associated with managing increasing long term conditions and the potential impact on the social care sector.

In recent years NHS England have recognised that certain categories of people are less represented within IAPT these include, older people, perinatal women and those from a BAME community. The Bradford IAPT service reflects this.

IAPT services are expected to plan to meet the needs of their local population, and this should include and address the inequalities for older people, in co-production with patients and carers recognising the diversity within the population. The NHS Long Term Plan and NHS Mental Health Implementation plan 19/20 – 23/24 set out that the NHS will ensure consistent access to mental health for older adults with common mental health needs.

As part of the RIC strategy (Reducing Inequalities in City) the Bradford IAPT service was given funding to be part of a research study to look at outcomes for providing culturally adapted therapy for Muslim clients with depression. This is in collaboration with VCS partners who have been trained to deliver culturally adapted therapy. The recruitment for this research is ongoing until January 2023, and then outcomes will be provided.

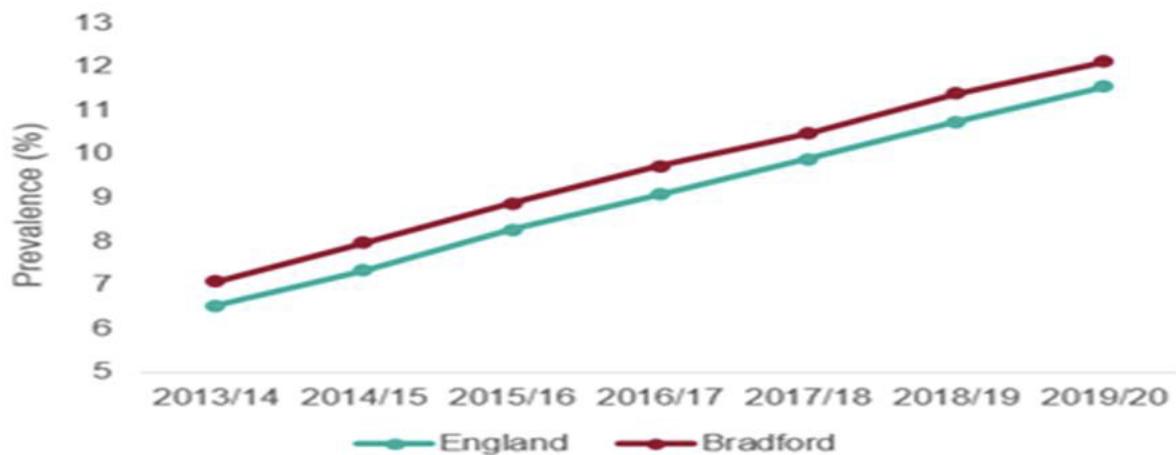
3.2.8 Increased demand for services

The number of adults in England experiencing some form of depression has doubled since the start of the pandemic.

Bradford District has an above average incidence of mental health conditions per percentage of the population which is a similar profile to other larger cities in the West Yorkshire footprint. Indicators for depression and anxiety suggest that they have higher incidence than is generally expected (Public Health Fingertips data 2017).

Depression prevalence rates for both Bradford and England have been increasing steadily over the years. The latest figures (2019/20) state that Bradford's depression prevalence was at 12.1%, slightly above the National average of 11.6%, and equates to 54,178 people in Bradford who may be suffering from depression.

Depression prevalence (<18 years), 2013/14 to 2019/20



In addition to the high level of prevalence across Bradford, the service has seen an increase in the complexity of mental health problems since Covid, including the number of people presenting with the problems of PTSD. The Cognitive Behavioural Therapy waiting list is made up of 40% PTSD cases, and the rest of this is the other depression and anxiety disorders. Increased PTSD cases can lead to staff burnout and vicarious trauma. This is significantly higher than the national average, where 8% of PTSD cases make up the step 3 waiting list.

3.2.9 Post Covid demand modelling

Public Health submitted a post covid needs assessment in Summer 2020 identifying areas of most need following the pandemic that estimated an additional 4,000 people with new mental health conditions, the potential for there to be a 10% rise in suicide and significant post-traumatic stress disorder in frontline staff.

The needs assessment also highlighted the increased impact on black and minority ethnic communities, people with a high level of poor wellbeing and mental health conditions, older people, and other vulnerable groups. This resulted in additional short-term investments including creating the freephone number for Guideline, creation of a workbook for use with older people with long-term conditions to encourage attendance at IAPT. IAPT is evidence based to work well with older people but is not utilised well by older people across Bradford and Craven. An all-age online resource was developed locally to support prevention.

South-West Yorkshire Partnership NHS Foundation Trust (SWYFT) and the Centre for Mental Health have produced modelling tools to look at new the potential demand for mental health services owing to the pandemic. The SWYFT model projects an increase in overall demand starting at in Jan- April 2021 of 46% gradually reducing to 2019 demand profiles in October 2023. Increased mental health demand of 34% is projected over winter 2021. Calculated new demand specifics are shown in the table below that indicates how demand might be experienced.

Calculated <u>New Demand</u>					
Bradford	Ages 19-64	Apr-Sep21	Oct21-Mar22	Apr-Sep22	Oct22-Mar23
Primary Care	Moderate anxiety (CIS-R 12-17)	1183	3961	0	0
	Moderate depression (CIS-R 12-17)	985	2604	1408	2041
IAPT	Moderate anxiety (CIS-R 12-17)	394	1320	0	0
	Moderate depression (CIS-R 12-17)	328	868	469	680

Calculated <u>New Demand</u> 65+					
Bradford	Ages 65+	Apr-Sep21	Oct21-Mar22	Apr-Sep22	Oct22-Mar23
Primary Care	Moderate anxiety (CIS-R 12-17)	387	1294	0	0
	Moderate depression (CIS-R 12-17)	322	851	460	667
IAPT	Moderate anxiety (CIS-R 12-17)	68	228	0	0
	Moderate depression (CIS-R 12-17)	57	150	81	118

This indicates a higher demand for mild to moderate anxiety and moderate depressions for primary care and IAPT

3.2.10 Access target

The Mental Health Five Year Forward View set an increasing access target for IAPT services between 2016 – 2019. The introduction of the NHS Long Term Plan increased this target further. The National access figures in 2022/23 for Bradford is 19,612. Currently BDCT are established to support 11,304. Access figures represent the number of people who enter treatment within the service, within a single year period.

Following a CQC review of service in 2019 it was agreed through the MHL D partnership board and the CEO's of both the CCG and BDCFT that any funding would be diverted into the areas requiring improvement. These were generally around inpatient services so funding that was otherwise agreed to increase access to IAPT was diverted.

This meant that agreed targets at that point in time were capped at 16.4% (11,304) when IAPT access target should have been at 19% (15,235).

2020 Covid Pandemic required all non-essential services were closed and limited face to face contact was allowed unless in extreme emergency. Most community services moved on-line, and staff were diverted from non-essential roles to essential roles. As a result, My Wellbeing IAPT saw a significant drop in referrals to their service as GPs were closed, in addition to various other VCS services that could have directed individuals to the My Wellbeing service.

The NHS Long-Term Plan set the national minimum requirement access figures for 2023/24 IAPT access figures at 20,845. No targets have been set after this time. There would be a significant investment required to mitigate the shortfall and reach 2023/24 targets.

3.2.11 Workforce

NHS England require all staff working within IAPT services to have the relevant qualifications as set out in the IAPT manual. [IAPT Manual \(england.nhs.uk\)](https://www.england.nhs.uk/publications/iapt-manual/) This poses recruitment challenges for IAPT services as it has been nationally recognised there is a shortage of qualified staff. In recent months trainee positions have also become more difficult to fill, and IAPT services are not able to expand in line with National Trajectories.

Since Covid, several private companies have started offering IAPT provision, and remote only contracts to staff. This has become something that NHS IAPT services cannot compete with, as NHS England have stated that services should include some face to face provision to meet patient choice. A survey conducted within the Bradford IAPT service showed that most employees would prefer to work at home, and a number of staff have left to go to services which offer remote only contracts.

BDCT IAPT service is currently experiencing a significant level of vacancies within the service. The recruitment process has been unsuccessful in finding suitably qualified recruits. Earlier in the year there were no applications at all for 3 clinical posts that had been advertised.

This position to recruit and retain workforce is not unique to BDCT. However, compared to other West Yorkshire ICB IAPT services, Bradford appears to have been the most unsuccessful following advertising vacancies.

In 2022/23 BDCT invested Mental Health Investment Standard funding into IAPT, to allow the access target to increase to 19% (15,235). This was for a total of 14.7 clinical posts, and 2 admin support. The clinical vacancies are still vacant as below, as there is a national shortage of qualified staff. Some of these posts will be filled by current trainee posts over the next financial year.

On the 1st of November the service has 10.7 band 5 and 3 band 7 clinical posts vacant. The Bradford IAPT service is currently outsourcing some of its provision to a third-party company – Xyla Digital therapies, who provide remote video and telephone therapy.

In terms of mitigation, BDCT have been working with internal partners to create and deliver a clear external communication strategy and HR process which includes improving onboarding oversight as well as significant online social media presence which will hopefully improve the existing challenging workforce issues

3.2.12 Performance

IAPT service have several KPI's they have to deliver. The 3 main KPI's are access (number of people entering treatment), waiting times, and recovery. Below is a spreadsheet containing the most up to date national data.



iapt-month-Aug-2022
-final-data.xlsx

At a West Yorkshire ICB IAPT level Bradford IAPT had the lowest access rates to the service in May 2021 (3.63% against the national 6.25%) Bradford's access rate has fallen since then to 2.6% at August 2022.

However, the service is performing well against the 6 week and 18 week waiting time standard; exceeding the expectation and recovery rates in line with national requirements (*See appendix D for West Yorkshire IAPT performance data*).

Based on demographic information Bradford District and Craven can be directly compared to Birmingham and as such our benchmarked performance is at a suitable level. (*See appendix C for comparison data*).

3.2.13 Future service developments

Future service provision models are being discussed and developed.

There is a gap relating to current provision, that relies on a range of options (face to face, online, telephone contact). The balance of provision is currently weighted towards face-to-face contact, however to deliver targeted work, a more bespoke approach will need to be considered to ensure that we are aligned to the required level of service nationally relating to an Improving Access to Psychological Therapy service. (IAPT).

The shift in increasing demands on the service in both higher numbers and increased complexity of those patients presenting to IAPT will mean consideration for different ways of working become necessary.

Given the current recruitment issues both nationally and at place, a step change in service provision consisting of a blended model meaning utilisation of more online provision needs to be considered and developed.

This potentially increases access for those living within ethnic communities as currently The Kooth and Qwell data do show a higher proportion of BAME representation. Kooth.com is a free, online counselling and emotional wellbeing platform which is available to young people aged 11-18 years.

Qwell is a free online counselling and well being platform for adults over 18 years. Patients can access peer support communities, self-help materials or engage in drop-in or booked one-to-one online chat sessions with our experienced counsellors. It is designed to work alongside traditional NHS services such as IAPT services and provides an immediate alternative for those who chose not to engage in more structured services.

We have a project in partnership with Leeds University, BDCFT and the VCS (Womenzone, Roshni Ghar and Inspired Neighbourhoods) that is looking to see the outcomes for people with culturally adapted methods of therapeutic services. This work is ongoing and we will be reviewing the outcomes to inform service delivery.

3.2.14 Digital inclusion

Through the use of our digital technologies, we have learned that certain demographics prefer to use this method to access services, for example, we have seen access double for younger population from Black, minority and ethnic communities using Kooth and Qwell. However, we also recognise the barriers some of our population face in accessing digital technologies and having the means to digital devices. In 2020, in partnership with Bradford Talking Media – who took the lead – we were able to deliver devices to people with mental health or learning difficulties and/or who were isolated. We preloaded access to the Healthy Minds website, the IAPT site and other useful available support. BTM volunteers were able to show and support people to use the devices. This programme received a tremendous amount of positive feedback and we hope to continue to build in a digital inclusion package to our Healthy Minds strategic transformation plans. We will continue to support face to face provision too. This work was funded through the Reducing Inequalities in Communities programme and is being evaluated both by Leeds University for the individual project and overall by Bradford Health Information Research department (hosted by Bradford Teaching Hospital NHS Foundation Trust and Bradford University). Finally, we have also commissioned the Centre for Mental Health to carry out a review of the support and access to mental health services for people from diverse and ethnic communities and this launched in December and will conclude by April 2023 with recommendations made for commissioners, service providers and service improvement.

4 Options

4.1 There are no options associated with the strategy or service deep dive.

5 Contribution to corporate priorities

5.1 The strategy delivers on our corporate priority to improve the health of our population and give everyone the best start in life. It delivers outcomes set out in our Partnership Strategy as well as the district plan for ‘all of our population to be healthy, well and able to live independently for as long as possible’ (District plan: Better health, better lives).

6 Recommendations

6.1 The Committee are asked to note the strategy and deep dive report and are invited to attend the Breakfast Bite sessions and be involved as Mental Health Champions.

7 Background documents

7.1 None.

8 Not for publication documents

8.1 None.

9 Appendices

Strategy:

- A. **Strategy** – Healthy Minds; Better Lives, Brighter Futures
- B. Easy read version

IAPT

- C. [NHS Long Term Plan » Adult mental health services](#)
- D. [Five Year Forward View \(england.nhs.uk\)](#)
- E. <https://www.england.nhs.uk/wp-content/uploads/2018/06/the-iapt-manual-v5.pdf>