Bradford District and Craven
Health and Care Partnership

ACTasONE

Healthy Minds

Our strategic plan for mental health, learning disability, neurodiversity and substance use

Please note this is a final draft and some changes may happen to layout, images and text when this is made accessible and formatted.

Dear me

By Nicky J Rae

Mind in Bradford Creative Writing Group

Dear me, I know we've had disagreements,
and that we don't always see eye to eye.
But the last thing I want for you,
is to feel like you have to say goodbye.

Dear me, I know you've been hurting a long while,
And I know you're sick of the misery.
But just keep holding on a day at a time,
And someday you'll find yourself set free.

Dear me, I know you've been crying,
I've seen your demons give chase.
Smile inside for things will get better.
Wipe those tears from off your face.

Dear me, I know your heart is breaking,
like your being shattered in two.
But please - don't give up just yet,
for the survival rate is too few.

Dear me, I see that you are struggling,
that you feel like you're on the brink.
But keep pushing forward, keep fighting,
You're much stronger than you think.

Dear me, I feel so proud of you,
you've made it out alive.
You're happy now with all you've gained,
you've reached all things for which you strived.

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Acknowledgements

We dedicate this strategy to the communities we serve across Bradford District and Craven.

Our gratitude goes to everyone - people, carers, colleagues in operational and strategic leadership and our partners - for their support in helping to deliver this plan.

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Happy, healthy at home

Healthy Minds is our strategic and system approach to achieve better lives and improve the support we offer to people with mental health, substance use needs, learning disabilities or are neurodiverse.

As a health and care system, we believe that when we 'Act as One' we can support people across Bradford District and Craven, with the best start in life and fulfil our shared purpose to ensure everyone can be 'happy, healthy at home'. This ambition was set out in our Partnership Strategy[1] which was launched in 2022, where we set out our commitment to deliver for our population and our place by meeting people where they are, working with them to access the tools and opportunities to enable them to live longer in good health.

Our Purpose

We act as one to keep people happy, healthy at home

Our Population

Supporting the delivery of our priorities and a better experience of health and care

Our Place

Making our district the best place to live, work and study

Our Partnership

Greater value through the best use of our collective resources, minimising duplication and waste

Where we live, study, work and develop relationships is important to ensure good mental and physical health and wellbeing. The coronavirus (COVID-19) pandemic has shone a spotlight on long-standing health inequalities[2] and the needs of our communities and we know that some communities struggled more than others. Our partnership approach led the way during the pandemic to come together, understand our population needs, build support and better access to care. As a district, we learned what is possible when we *Act as One*[3] to make a difference for people who need us the most.

Our Healthy Minds strategy sets our plan to promote, respect and improve the wellbeing of everyone to be active citizens, but also to prioritise our efforts for people needing access to care and support for mental health conditions, substance use, neurodivergent needs or those living with a learning disability.

This strategy sets out three clear priorities to achieve this ambition:

1. promoting better lives;
2. respecting rights; and
3. improving support.

We established the Healthy Minds Partnership Board[4] 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, measuring outcomes, clearly defining our objectives and priorities and aligning resources, managing risk and overseeing the development and delivery of the all-age integrated mental health transformation programme. This ensures we deliver on our NHS Long-Term Plan[5] and statutory duties while maintaining a focus on prevention, protection, early intervention

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and independence. This work will contribute to our West Yorkshire Integrated Care System[6] (ICS) partnership commitments.

We recognise the opportunities working closer together brings while ensuring we understand and address the unique needs of individuals with mental health conditions, substance use issues, learning disability, autism and/or other neurodiverse needs. This strategy tries to be clear where appropriate on this distinction. We have learned a lot since we published our first partnership wellbeing strategy about being ambitious and dynamic yet delivering on our commitments with realistic plans that are developed in partnership with people, our staff and carers.

We all have a part to play in making our District a great place to live, work and study. As a Partnership Board, our role is to work together and make the biggest positive difference possible to enable people to live brighter, better lives.

Councillor Susan Hinchcliffe
Leader of Council and Chair of the Health and Wellbeing Board
City of Bradford Metropolitan District Council

Professor Mel Pickup
Place Lead, Bradford District and Craven Health and Care Partnership
(NHS West Yorkshire Integrated Care Board)
Chief Executive, Bradford Teaching Hospital NHS Foundation Trust

Iain MacBeath
Strategic Director, Adult Social Care & Health for Bradford Council
Director of Integration for Bradford District Care NHS Foundation Trust
Chair of Healthy Minds Partnership Board.

Therese Patten
Chief Executive, Bradford District Care NHS Foundation Trust
Vice Chair of Healthy Minds Partnership Board.

Helen Davey
Co-chair of the Mental Health Provider Forum and VCS Lead for Mental health
Chief Executive, Mind in Bradford

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Director of Strategy, Transformation, Primary, and Community
Priority Director for Healthy Communities
Bradford district and Craven Health and Care Partnership (NHS West Yorkshire Integrated Care Board)

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Healthy Minds – overview

Context

People living with mental health conditions, substance use, learning disability or neurodiversity experience poorest life expectancy and healthy life expectancy.

We will work together to meet increasing demand for support, within a finite resource, delivering health and social care integration that is focussed on quality personalised outcomes for all.

Vision

Happy, healthy at home

Priorities

Promote better lives

Support everyone with the opportunities to live an independent, fulfilling, healthier and longer life

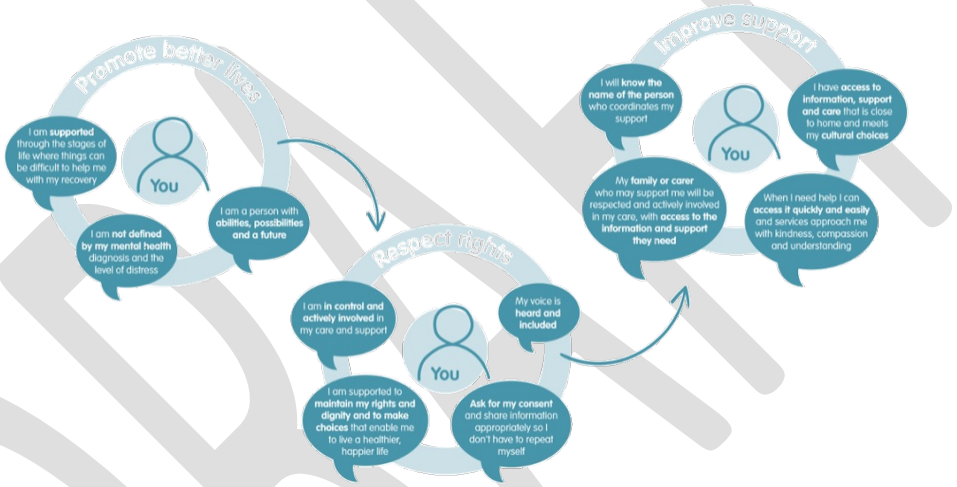
Respect rights

Involve people so they are informed to make choices and receive equitable access to opportunities

Improve support

Support people with high quality, accessible, personalised care that promotes wellbeing.

Outcomes



Delivery framework

Support in your community
Healthy communities

Support to stay well
Community support

Support to get well
Specialist support

Support when you need it
Urgent and emergency care

Guiding Principles

- Promote hope & better lives
- Happy, healthy, at home
- Kindness and compassion in our approach
- Understanding awareness of trauma
- No decision about me without me
- Co-designed
- Challenge stigma and be inclusive
- Reduce inequalities
- No wrong door to services
- Easy to move between services
- Trusted shared assessments
- High quality recovery focussed care

System enablers

- Living Well
- Reducing inequalities
- People development
- Data and outcomes
- Research and innovation

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Healthy Minds – promote, respect, improve

Bradford District and Craven is the fifth-largest metropolitan district in England spanning rural and urban areas and representing 25% of the West Yorkshire population. We have a population of 660,048 people including circa 50,000 living in Craven. (population data based on people registered with a GP practice). Younger aged people dominate a large population of Bradford, and the city has the third-highest population percentage for people aged under 16 years in England and there is a rapidly growing older population. A review by the Centre for Mental Health[7] highlights the impact our demographics, housing, poverty, age, gender and the COVID-19 pandemic has on people with mental health, substance use, neurodivergent needs or living with a learning disability. While we have challenges, the profile of both our population and district, bring with them opportunities and assets including diversity, entrepreneurship, resilience, creativity and ambition.

The lived experience of people and carers is at the heart of our Healthy Minds Strategy. We have listened to people, carers and staff sharing their journeys, their challenges and their aspirations for how our services must evolve and what we must hold on to that works well. They told us why these three priorities are important, what this looks like for them in practice and what our outcomes should be:

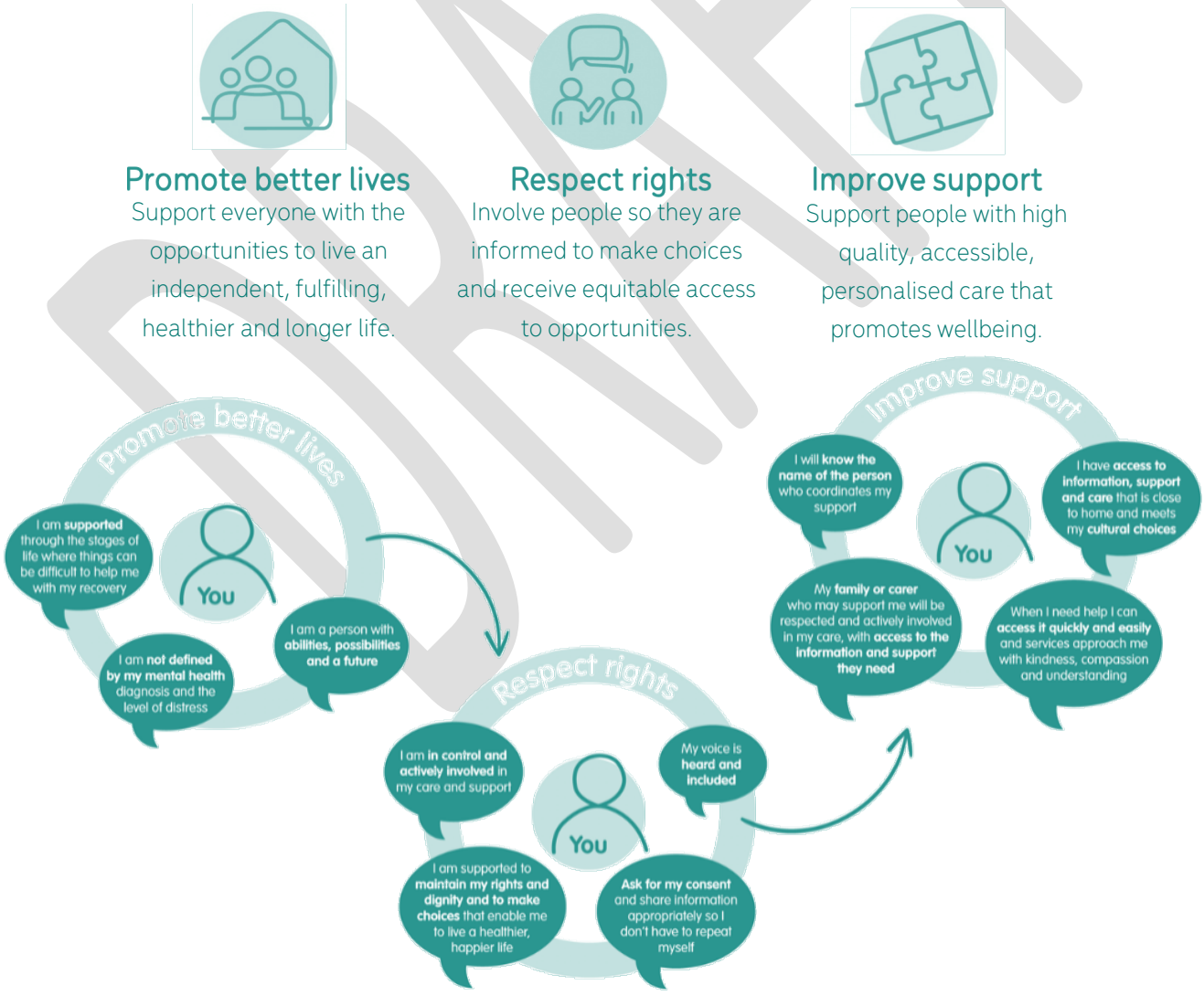

Figure 1: Healthy Minds priorities and outcomes as codesigned by people, carers and practitioners.

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People with good mental wellbeing are more likely to have positive self-esteem, maintain good relationships, live and work productively and cope with the stresses of daily life. This is important for us all, but particularly so for people with substance use issues or those who live with a learning disability and/or autism who face many challenges to their resilience. Strong community infrastructure, a society that enhances rather than degrades mental wellbeing and high quality, accessible care services are extremely important in helping people maintain their mental wellbeing and be active citizens.

However, one in four people across Bradford District and Craven will suffer from poor mental health at some point during their lives and those with a severe illness can die up to 21 years earlier than the rest of the population. The life expectancy gap for people with a learning disability is 33 years with the average age of death being 52 years, 48% of people die in hospital and only 21% where they usually live. 48% of people have 5 or more chronic health conditions[8]. Having a learning disability increases the likelihood of experiencing deprivation and poverty, and evidence shows being autistic limits the chances of people being able to work and look after their own health. The life expectancy gap for autistic people is approximately 16 years on average compared to the general population and almost 80% of autistic adults experience mental health problems during their lifetime.[9] People with substance use issues are more likely to have one or more long term chronic condition and experience barriers to access and support. For many people, mental health problems begin in childhood but stay with them and their families for life. Poorer mental health is often associated with higher rates of smoking and substance use, decreased social relationships and resilience.

These are poor health outcomes but we know that people with mental health conditions, or with substance use issues or those who live with a learning disability and/or autism experience social and economic disadvantage, prejudice and exclusion through their life journey.

In our 'big conversation' people across Bradford District told us they wanted somewhere to live where they feel safe and have their own front door, paid employment in an interesting job where they have colleagues and friends, someone to love, a relationship, marriage, children and grandchildren, the opportunity to talk about their hopes and dreams and make these happen. Together, we want to improve and promote our services, ensuring the rights of people and carers are respected and their voice is at the centre of our strategy and plans, so that everyone can live happy, healthy at home, with better lives and brighter futures.

We know people's lives are better when the organisations who provide health and care work together, particularly at the times when people most need it. We also know that sharing good ways of working makes the money go further, creates the best use of staff expertise and increases the quality and range of what we provide. This document provides a footprint to unify everyone working in our partnership in delivering the vision under the principles of the Partnership Strategy for this priority population.

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Joining up mental health, learning disability, neurodiversity and substance use

People do not fit into single categories, we all have several inter-connected aspects of our life across gender, race, conditions or responsibilities. Bringing these distinct areas together under one strategy will help strengthen our understanding of common challenges for people with these conditions. This includes challenges faced by individuals and their carers, helping services make reasonable adjustments for people who need it, and ensuring access to physical health services, education and employment opportunities. We must also continue to address the unique needs of individuals with mental health conditions and substance use issues, learning disability, autism or other neurodiversity. This strategy tries to be clear where appropriate on this distinction.

This strategy recognises that across Bradford District and Craven we have excellent areas of practice and innovation to be proud of, yet we also know that there are areas of improvement, gaps and inequalities that we need to address. This strategy describes why we are making the improvements to services in our local places and across the health and care system, what will be different as a result, and how the partnership plays its role as part of the broad District ambitions.

Our health and care organisations are working together to reduce the variation and inequalities in life expectancy and service provision. We will make a dedicated effort to prioritise people with mental health conditions, living with a learning disability, neurodiversity or substance use issues - particularly for those in minority groups or those facing additional barriers due to wider social factors as we recognise their challenges in comparison to the wider population. By using our collective expertise, money, staff and facilities we can improve outcomes; seeing fewer people in crisis, fewer people reliant on inpatient services and fewer people left behind without the support they need to lead a fulfilling, flourishing life.

If we do this, what will be different ...

Better lives	Respect rights	Improve support	
			
No Gaps – services designed for people Integrated working Better transitions	Easy to **access** Reduced waiting times Needs-led not diagnosis-led	Right care, right time High **quality** care **Valued workforce**	Support and care close to home **Clear defined support routes**
Partnership	**Population**	**Place**	**Purpose**

Act as one to keep everyone happy, healthy at home

Our strengths

Our communities

Community life, social connections and having a voice in local decisions are all factors that support good health and wellbeing. These community level determinants build control and resilience and can help buffer poor health and promote better health. We celebrate community diversity and are proud to be a City of Sanctuary that welcomes new people.

Education

Being in education, employment or training or learning new skills are associated with a reduced risk of a range of negative mental and physical health outcomes, as well as better employment prospects.

Health and care

We have a strong health and care economy which delivers specialist care and support. We are known for our innovative public services, a vibrant voluntary and community sector and powerful data and analytics through our Born in Bradford research powerhouse.

Culture and arts

Arts and culture have a positive and healing impact on wellbeing. Our district boasts a strong cultural, agricultural and arts heritage, and as a district we will be the City of Culture UK in 2025 with an impressive celebration boosting our presence and identity.

Economy and enterprise

Bradford is home to 16,600 businesses, over 4000 voluntary and community services and a £12bn economy. We are the UK's number one levelling up opportunity and we are progressing an ambitious pipeline of projects designed to benefit all our population.

Faith and spirituality

Faith and spiritual practices can play a strong positive health factor for many people. Across our district, we have a strong multi-faith partnership that provides support, connectivity and resilience for communities and neighbourhoods.

Partnership working

Our strategic partnerships are excellent. The distributed leadership model in our place and our widely known 'Act as One' approach means Bradford is a place that other systems visit for advice and learn from our partnership-led approach.

Open spaces

We are fortunate to have a range of open green spaces throughout our urban and rural areas and our district covers 142 square miles for Bradford and a vast 453 square miles in Craven. We are one of the few cities outside of London to establish a Clean Air Zone.

Food industry

Easily accessible and nutritious food can reduce health inequalities, improve health and wellbeing. We have a strategy that aims to raise the profile of good food and create a secure and sustainable food supply chain that strengthens our local economy.

Our challenges

Population

We have a population of 657,579 people including circa 50,000 living in Craven. Half of our people live in the city of Bradford, the rest live in the small towns and rural areas of Craven and the Aire and Wharfe valleys in the north of our district across a landscape that brings transport and connectivity challenges.

Life expectancy and healthy life expectancy

The maps below of Bradford District and Craven highlight the variation for both life expectancy and healthy life expectancy. Across our district, life expectancy varies in average by 9.6 years and for the population with serious mental illness or with autism can vary up to 16 years, while for learning disability by as much as 21 years (Figure 2a). Equally alarming is that the healthy life expectancy of the general population can vary by 20 years but for people with a serious mental illness or learning disability, this can vary between 20 and 33 years (Figure 2b).[10]

Figure 2a: Life expectancy

Figure 2b: Healthy life expectancy

Deprivation

We have persistently high levels of deprivation and our District is England's fifth most income-deprived area. More than a third of our population live in poverty. Whilst wards around central Bradford and Keighley appear in the 10% most deprived wards in the country, wards in the Wharfe Valley are in the 10% least deprived nationally. Almost a third of children are eligible for free school meals.

Housing

Housing has a big part to play not only in improving health and wellbeing, but also in improving financial stability for households. A third of our houses were built before 1910s and we not only need new good quality housing, but homes for a diverse population with differing need including homes for larger families and those which meet cultural needs, homes adapted for people with disabilities and homes which are inclusive and accessible for a range of needs and changing circumstances.

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Employment

The proportion of the working age population is lower in Bradford than the average for England. The impact of financial pressures and cost of living are putting pressure on some of the poorest communities across our district. Weekly wages are £68 below the national average and unemployment is above average. In-work poverty has increased in the city above average to elsewhere in England. Financial insecurity has huge implications for people's mental health and life expectancy and is the largest single factor that perpetuates mental health inequality.[11]

Children and young people

Almost 40% of children live in the poorest 20% of households are four times more likely to have serious mental health difficulties by the age of 11. Locally our Children's Services have 1587 children who are looked after and 6190 children open to children social care services – these figures are almost double national averages. Born in Bradford data shows higher than national average number of children with anxiety and depression. The health inequalities for children with learning disability and neurodiversity are widening.

Education

We have an educational attainment gap between Bradford and the rest of the country that persists and the number of people with good qualifications is relatively low. 4093 children and young people have an education, health and care plan (EHCP), 14,044 children and young people have a Special Education Needs support plan and 31% of children at age 6 are not school ready.

Investment

National funding, and local prioritisation, has historically seen mental health, learning disability, substance use and autism services under-funded. The Mental Health Investment Standard seeks to protect investment however, it is not in line with population need, rising demand or wider context of children's services and social care pressures and subject to cost-saving exercises which target mental health disproportionately as 'easy to identify' savings. Our local economy has declared a deficit budget and this will further impact on our services and communities. More work needs to be done to ensure we invest further in support for children, minority communities and trauma-informed support.

Workforce

There are significant challenges with recruitment and retention of our health, care and community sector workforce and the pandemic has had a negative impact on the wellbeing of staff. Specialist and skilled training places and access to training for our future workforce is a national issue too.

Estates

The lack of available estate and equipment to address increasing demand and the management of people in the community is a challenge. There are some specific constraints around our existing estate that need to be managed and support our ambitions to integrate and co-locate our staff and services.

Demand

There is an increasing demand for all health and care services across and our population is presenting to services with more complex conditions. Managing this alongside our targeted work to address the backlog from the Covid-19 pandemic has resulted in significant system pressures.

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COVID-19

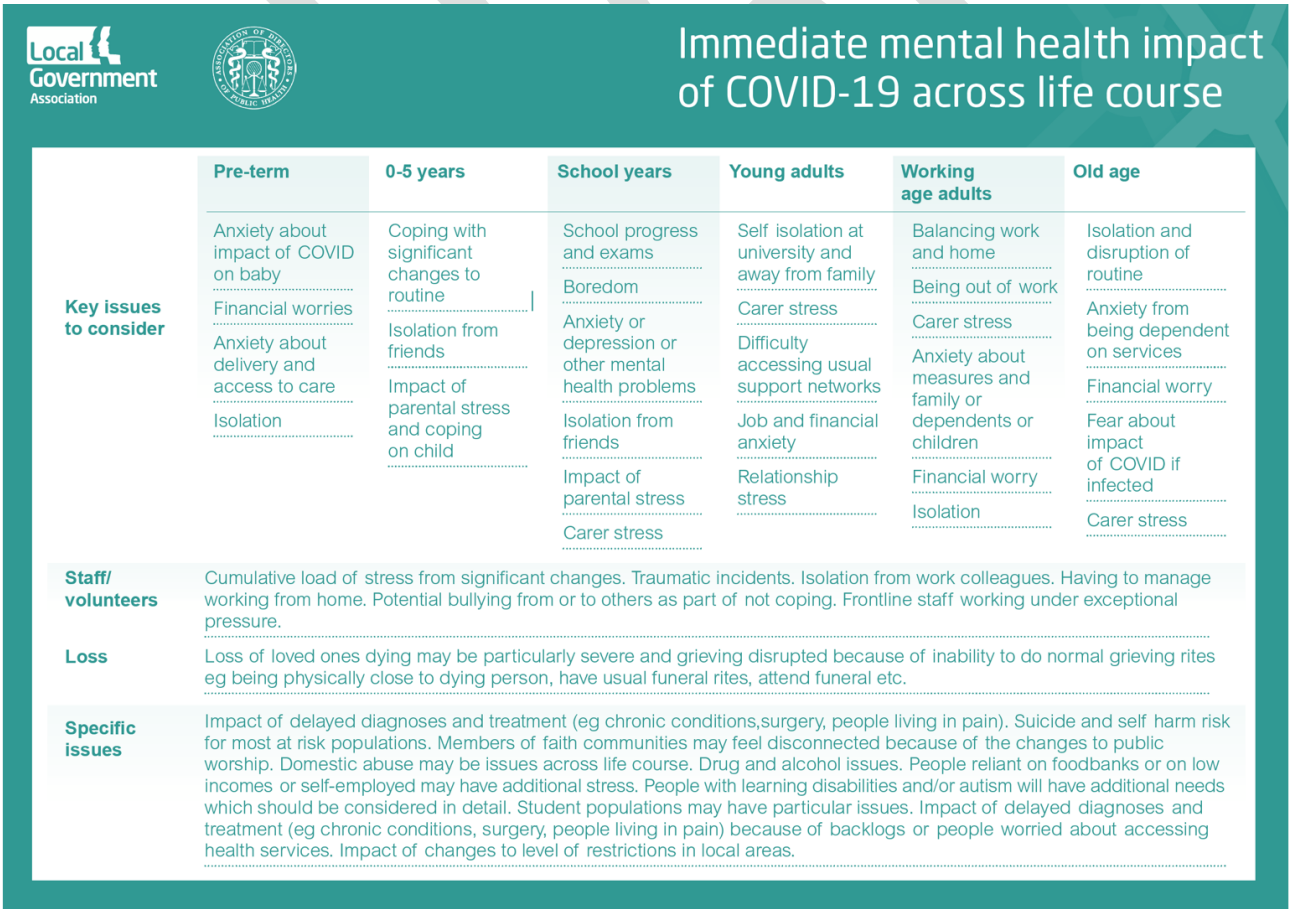
Across Bradford District and Craven, we witnessed a strong partnership between communities and services during the COVID-19 pandemic. While many people have acted in solidarity, and there are some positive benefits from this community spirit and response, evidence shows that the pandemic is having a detrimental impact on the mental health of some people and the widening of health inequalities for people who experienced challenges before the pandemic.

Young in Covid[12], a series created by young people, provides an account of how lockdowns and Covid restrictions have impacted young people in Bradford and explores some of the ways in which young people have found solutions to their problems and looks at ongoing issues such as mental health.

Our work on our Rapid Needs Review[13] and the subsequent partnership delivery of support established learning and good practice for changing and transforming the way we engage, support and care for people and is the foundation of our 'Act as One' ethos.

Locally, we know that the number of people seeking help via our child and adolescent mental health services (CAMHS) services has increased by 32% and our Talking Therapies services by 24% than before the pandemic. Our Community Companions service which supports older people with mental health conditions or learning disabilities and our wellbeing, counselling and Safer Spaces have all seen an exponential rise in their referrals. Our services are not seeing demand return to pre-pandemic levels.

The behaviours and environments needed to curtail the spread of COVID-19 are known risk factors for mental health difficulties. The diagram below shows potential health impacts of COVID-19 across the life course which we will factor into our programmes of work.



Working together – our principles and framework

Our ambition is to move away from a system that is based on thresholds and tiers to enable people to access information, advice, support and care based on their needs.

Working together with people accessing our services, their carers, with staff and stakeholder partners we shared experience and expertise on understanding how we improve the support available. The result is we have adopted, and adapted, the evidence-based model called i-Thrive[14] to provide a systemic framework for our services to support children, young people, adults and older adults to be happy, healthy at home and have agreed a series of clear guiding principles to deliver and improve our support.

Each of the groupings are distinct in terms of the needs and/or choices of the individuals and enable us to ensure we have the right workforce, skill mix and resources required to meet the needs and choice of people. We will underpin this with our focus on public health, addressing inequalities and maintaining mental wellbeing through effective prevention and protection strategies that are community based.

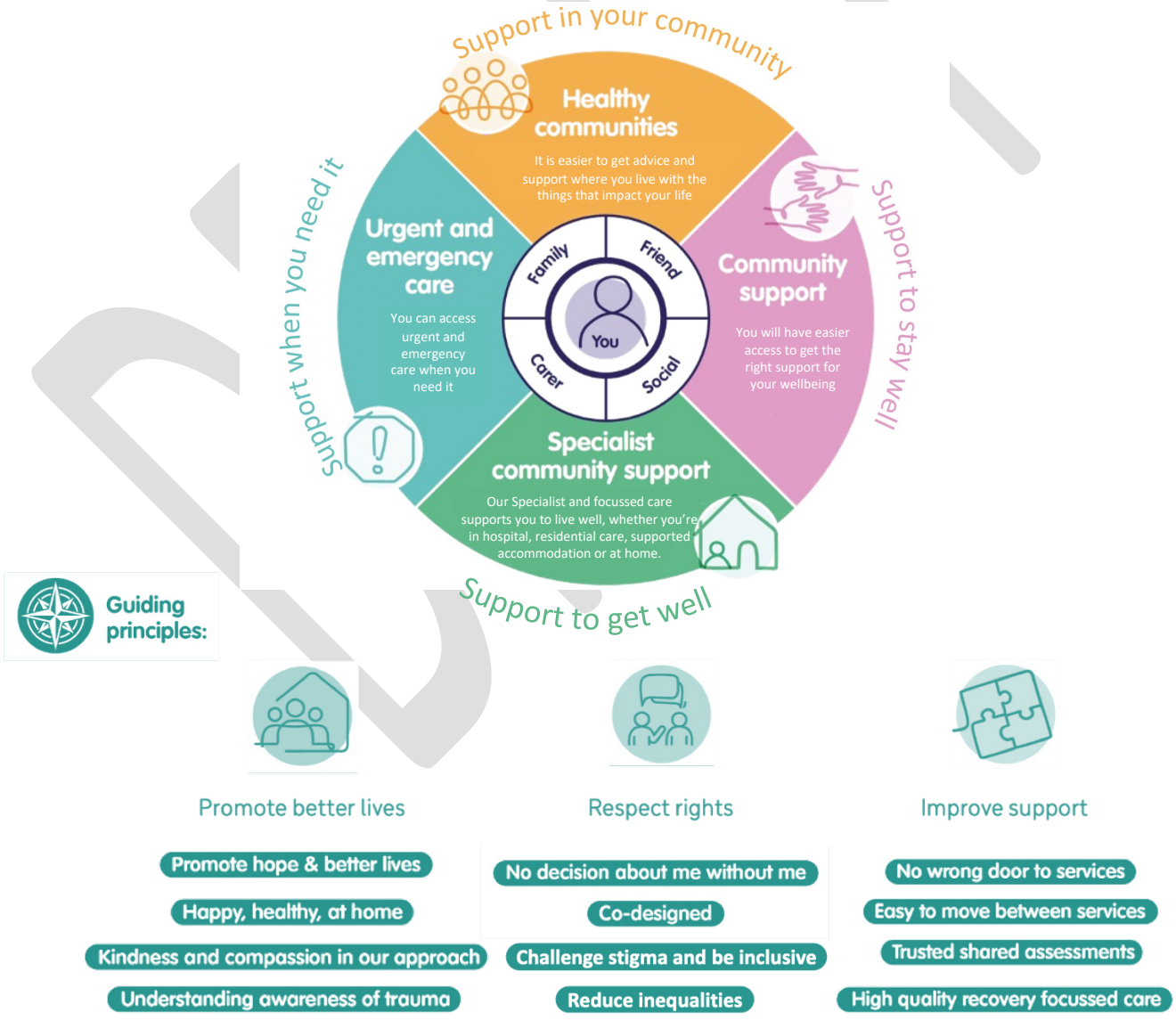


Figure 3: Our framework and guiding principles codesigned by people, carers and practitioners

Our work programmes

The above framework is how the Healthy Minds Partnership will deliver our work, both meeting the statutory commitments and improving our services through transformation and investment. It is a framework that easily enables integration with our wider health and care partnership priorities to ensure we are holistically supporting the health and care needs of people of all ages. The principles, co-designed, ensure we are guided by what matters.

If the above provides the *how* we will deliver our priorities, then the below diagram provides a description of *what* we will do. It is a high-level overview of what approach and areas of work we have agreed, through coproduction, and we will govern this through the Healthy Minds Partnership.

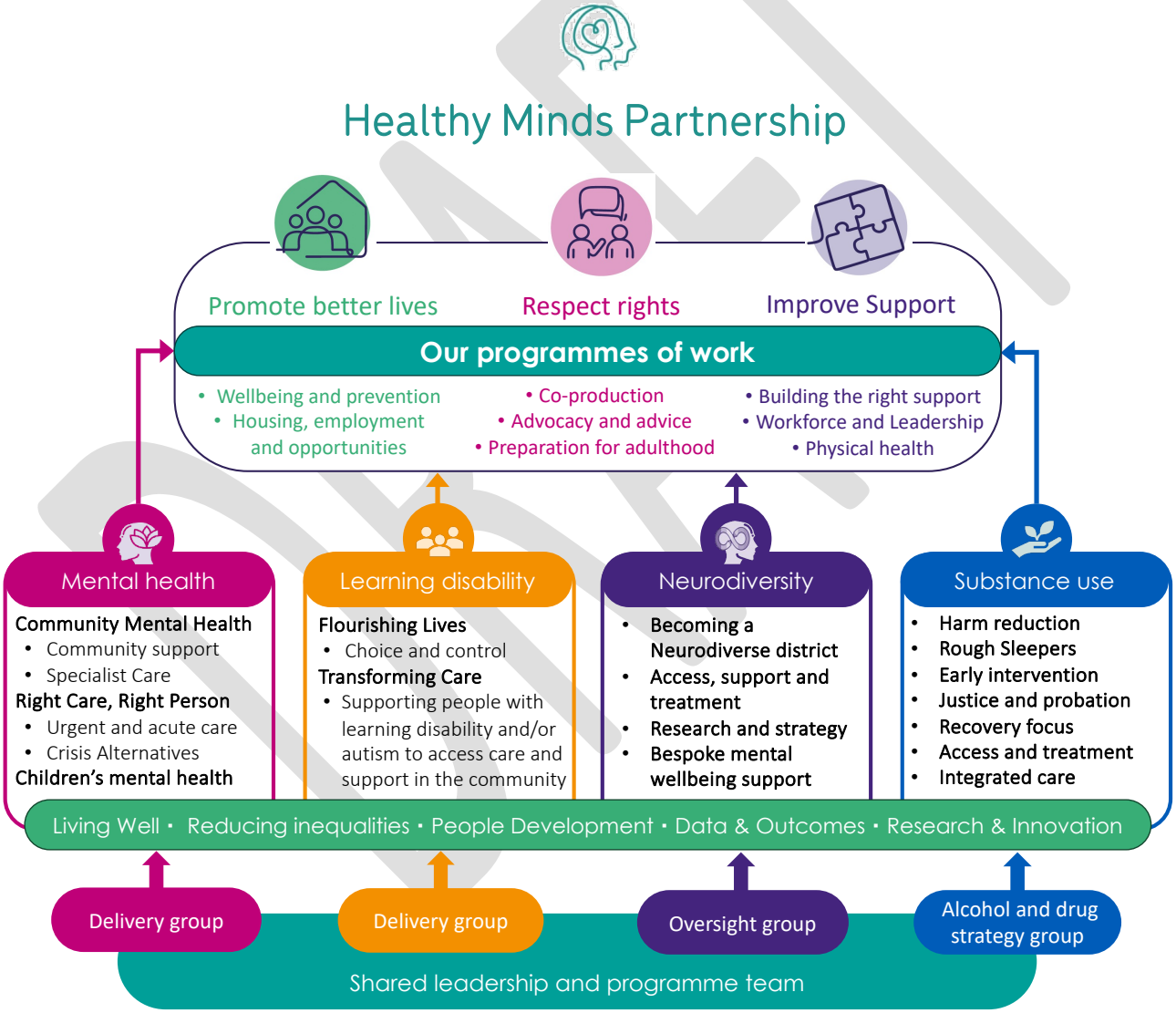


Figure 4: Our Healthy Minds programme structure

Mental health

People's mental health and wellbeing can change and anyone can develop a mental health problem. But the factors that increase the risk of poor mental health or promote good mental health, are not distributed equally across our district. This means that certain communities or groups are more likely to have poor mental health and to find it more difficult when they try to get help.

Since the Healthy Minds summit in 2019, we set out to move away from siloed, hard-to-reach services towards joined up care and whole population approaches and establishing a revitalised purpose and identity for mental health services. And while we have delivered some excellent, award-winning work, we know more needs to be done around three big areas: community mental health, acute care settings and children and young people's mental health.

Addressing these challenges brings an opportunity to get support, closer to where people live with healthy communities becoming a central hub of support, promoting easy access rather than referring people on and into other organisations as a gateway into secondary care.

Developing priority actions

Delivering our NHS Long-Term Plan requirements means we've made some progress to improve our services. The protected investment gave an opportunity to: address the historic gaps in service investment and work towards radically changing the design of community mental health care.

We have established programmes of work that aim to transform the present offer and it is not envisaged that these will stop as we strive for better mental health for everyone. This includes looking to strengthen the early help and preventive offer, developing our community mental health services and transforming the way we deliver acute and emergency support for people presenting with mental health crisis. Our Healthy Minds Partnership is vital in progressing this and we will establish an Alliance structure, in keeping with our West Yorkshire partners, to deliver our ambitions.

Reducing stigma, developing trust within and between communities, improving services, and working across organisational boundaries to meet people's physical and mental health needs, is dependent upon changing how we think and feel about mental health and relies upon organisations and systems working together in new ways.

What have people and carers told us about services that we need to address:

- People stuck between primary care and secondary mental health services
- People not 'fitting into boxes' and needs not being met
- Long waiting times, referrals going to wrong service, multiple assessments and hand offs – pathways and service exclusions are not working for our population
- Lack of sufficient evidence-based treatment and psychological therapy waiting lists
- People being seen and described as a "risk"
- People struggling to access support for wider determinants e.g., housing, money, employment, social support and early help
- Physical health inequalities and poor physical health outcomes

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Promoting better lives

Promote wellbeing and supporting people to live an independent, healthier and fulfilling life with the aim helping people being part of their local communities.

Respecting rights

Deliver community led support that promotes choice and centres the respect and dignity of people to reduce inequalities and uphold their Human Rights.

Improving support

- We will establish new and integrated models of primary and community mental health care to support adults and older adults who have severe mental illnesses, so that they will have greater choice and control over their care and be supported to live well in their communities.
- We will establish more comprehensive round the clock mental health crisis services across our district that are able to meet the continuum of needs and preferences for accessing crisis care, whether it be in communities, people's homes, emergency departments or inpatient services.

What we will do:

Healthy communities

We're making it easier to get advice, guidance and practical help where people live with the things that can support their mental wellbeing within their communities.

- Promote and develop services that are hyper-local and support people reach for their hopes and dreams and connect to opportunities that make these happen.
- Support the coproduction and mobilisation of the Core Model[15] in alignment with Healthy Communities
- Promote our Healthy Minds online directory and assistant to offer people advice and information (available through https://www.healthyminds.services/)

Community support – supporting people stay well

People will have easier access to the right support for their mental and physical health, and wellbeing when and where they need it.

- Connect a range of multi-professional and multi-agency teams to deliver needs led support when people need it and support them to maintain their wellbeing.
- Drive the improvements to embed the Serious Mental Illness (SMI) Physical health pathway
- Develop and implement referral pathways with substance use, domestic abuse and advocacy services
- Design a system approach to the personalised co-ordination of care (moving away from the current Care Programme Approach[16] (CPA) arrangements)
- Carers support and prevention

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Specialist community support – supporting people get well

Our specialist and focused care support people to recover and live well, whether they're in a hospital, residential care, supported accommodation or at home.

- Personalised care met by a multi-disciplinary team approach that provides
- Eating disorders: support the development of our community-based integrated eating disorder offer focussing on early intervention and improved physical health monitoring
- Community rehabilitation: support a review of the current pathway and make recommendations to develop community and specialist rehabilitation offers that offer integrated health and care support
- Complex emotional needs: develop and improve pathways for people to receive specialist trauma informed support
- Increase and diversify the workforce including new roles

Urgent and emergency care

Deliver 24/7 urgent and emergency care that will provide people the support they need when they experience a mental health crisis

- Support the move to an integrated urgent care mental health telephone crisis and support line
- Support the development of a clear plan to support 111 mobilisation and align pathways with community mental health services and specialist rehabilitation support
- Deliver a crisis house offer and expand our safer space offers that provide people with alternatives to crisis admissions and emergency visits
- Design our mental health liaison to be an all-age service so that any person experiencing a mental health crisis in an acute setting receives the appropriate response or outcome to meet their needs and have an evidence-based care package
- Increase our in-reach support, reduce inpatient admission stays and eliminate out of area placements.

What will be different

- Joined up our services with a skilled and confident workforce,
- Improved access and reduced waiting times to evidence-based interventions based on need,
- High quality personalised services that promote independence and recovery, and
- Support that is close to where people live.

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SPOTLIGHT – Bradford Crisis House

The Bradford Crisis House is an alternative to a hospital admission for adults over 18, who live in Bradford District and Craven, whose recovery would be better supported in a residential community setting This is a partnership between Bradford District Care NHS Foundation Trust, social care (Bradford Council) and Creative Support (a community sector organisation).

In the first 10 weeks of opening, the service welcomed 20 people, the average length of stay was five days and 19 people did not require an ongoing hospital admission.

The house provides a safe homely space where guests receive therapeutic short-term support when experiencing a mental health crisis. The service has been co-designed by people and has been a long ambition expressed by people who have experienced crisis admission in the past.

Crisis support workers staff the house and are available to support guests 24/7 during their stay, helping them throughout their crisis. In addition to this support, all guests have a daily one-to-one contact session with the Intensive Home Treatment Team (IHTT) workers. This partnership between IHTT and crisis support workers, ensures guests receive the appropriate therapeutic support during their stay, and that the correct follow-on support is set up when guests leave the service. People can stay for up to seven days.

Some of the presenting reasons for people's crisis were:

- suicidal thoughts
- recent trauma
- low mood and anxiety
- loss of job
- bereavement
- psychotic symptom
- feeling unsafe at home
- self-neglect
- depression
- end of relationship
- intrusive thoughts

Feedback by people who have stayed include:

> "My time here has been really helpful, staff have been really empathetic and non-judgemental. Staff have provided helpful distractions and techniques to help regulate my emotions".
>
> "Very good time, appreciate all the support and help. Nice environment and people. Great caring staff who are very helpful and are always wanting to support. I feel calmer after this experience, a big thanks to all the staff working here, legends."
>
> "I have been well looked after, staff are very professional and supportive. Lots of time spent listening to me and providing reassurance and life direction."

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Children and Young People's Mental Health

In 2020, we carried out a system review[17] of our mental health support for children and young people. This highlighted key areas of need and good practice and a clear plan for improving the support we offer to children, young people and families. Brighter Futures is our roadmap that resulted and we will continue to deliver on the recommendations set out in the report and transform services in line with the NHS Long-Term Plan. This strategy gives us an opportunity to pause, reflect and align our efforts in achieving the outcomes and to further the aims of Future in Mind, the national strategy that focuses on children and young people's mental health and wellbeing.

Promote better lives: A focus on prevention, early help and enabling positive mental wellbeing and greater opportunities to thrive at school or at home.

Respect rights: Involving children, young people and families, supporting informed choice, and keeping children safe.

Improve support: Improve access to evidence-based support, integrating children's mental health services with a needs-led outcome focus using the i-Thrive model.

i-THRIVE takes a needs-led approach to support, has the voice of children and young people at the heart of decision making and focuses on creating a proactive prevention offer based on collaboration and partnership working.

What we will do:

Thrive (Healthy Communities)

Prevention and promotion: Work with communities, children and young people to co-create what works to protect their wellbeing

Healthy Minds in Schools: Whole school approaches with our Healthy Minds resource pack for schools, Healthy Minds champions, charter, wellbeing practitioners and support teams,

Get advice (support in your community)

Healthy Minds website: Our digital doorway to information, advice and support and embed this with Living Well Schools

Get Help (support to stay well)

Easy access: Implement the Thrive framework and establish a one front door

Get more help (support to get well)

Improve waiting and range of support

Safeguarding (support when you need it)

Focus on children who need more support and have trauma informed approaches.

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What will be different

We will increase the early intervention and prevention approach for children and young people

We will join up services so children and young people experience seamless care and support

We will reduce waiting to access evidence-based support

We will support children, young people and families to live their full potential

SPOTLIGHT – Know Your Mind

10-year-old Asian British boy, Sanjeev* was referred to the Know Your Mind (KYM) service through our joint worker in Primary Care. He was experiencing pains in his body caused by anxiety and was unable to attend school. He was on a reduced timetable of two half days per week. Sanjeev had experienced separation trauma in 2021 when his mum remarried and he had to leave his home and move in with his dad and half-brother with whom he had a turbulent relationship.

During Sanjeev's "get to know you" session with his KYM worker, he explained that he was struggling to sleep, experiencing high levels of anxiety and having distressing thoughts about death. Using the goals-based outcomes (GBO) self-rated outcome measure, Sanjeev set a goal with his KYM worker to "return to school and feel more confident there" and rated current state as 2/10 at the start of support.

Sanjeev and his KYM worker worked alongside mum, dad and the school nurture team, tailoring our approach around Sanjeev's goal. Over a period of 8-weekly 1-1 sessions, the KYM worker engaged Sanjeev in a range of activities that "got him into his body", reflecting and addressing trauma. This included physical games, drama-based grounding exercises, voice work for confidence, breathing exercises to help regain control of heightened emotions and psychoeducation around intrusive thoughts, anxiety and the physical effects of anxiety. They also did work together with Sanjeev, dad and school staff around boundaries and confidence-building within the home and school settings.

At the end of the 8-week support with KYM, Sanjeev had made significant progress towards his goal; he is now attending school on a full-time schedule, is always on time to school, is feeling happy in his friendship circle and is excited about transitioning to year 6. He stated that he no longer experiences pain in his body and has improved his relationship with mum and dad. He also stated that he no longer thinks about death and instead thinks about the universe and questions relating to life and recognises that these are "existential thoughts" which lots of people with great minds think about.

Sanjeev rated his progress against his goal at the end of support as 9/10, an increase of +7 from the 2/10 he rated the goal at the start of support. The reliable change index (indicating statistically significant change) for GBO is +3 or more. Sanjeev also gave all of his support sessions with his KYM worker a 5/5 satisfaction score and stated, "It's been really fun and now I know about all the different types of emotions and what I can do to feel better".

Know Your Mind is a service delivered by our Youth in Mind lead provider, Mind in Bradford.
*Names have been changed for confidentiality.

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Learning disability

People with learning disabilities have the same aspirations as everyone else – to be happy and healthy at home. Evidence suggests they can have a much shorter life expectancy that the general population - with 6 out 10 people with learning disabilities dying before the age of 65, compared to 1 out of 10 for people from the general population. Those with epilepsy and from minority ethnic backgrounds were more likely to die younger[18]. This means we need to ensure that not only are health services making reasonable adjustments to ensure that they are accessible to everyone but that as a district we are supporting people with learning disabilities to live as healthy a life as possible - ensuring they have access to employment, good housing, physical activity and can enjoy choice and exercise their rights.

The NHS Long Term plan identifies that work will be done to tackle causes of morbidity and preventable deaths for people with learning disabilities. There is also a focus on ensuring people with a learning disability can live in the community, with the right support[19]. This means we need to provide accessible, equitable and empowering opportunities for people of all ages in all areas of their lives.

Promote better lives

- Help people with learning disabilities to achieve their aspirations.
- Work together to reduce health inequalities and therefore the number of preventable deaths.

Respect rights

- Uphold people's rights.
- Work with people with lived experience prioritising co-production in our work

Improve support

- Ensure that people get the right support at the right time in their local community or least restrictive setting.
- Build strong connectivity with health and care services, to support safe and effective transitions.
- Work in partnership with providers from both the independent and voluntary sector to improve access to support.

The overarching focus for our programme is to reduce health inequalities – we will work to reduce the gap in life expectancy for people with learning disabilities. This includes goals such as ensuring that 75% of people aged over 14 on the primary care learning disabilities register will have an annual health check and accessible health action plan. We continue to work to this target and achieved it in 2022/23 and this will continue to be a priority across the district.

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The STOMP and STAMP (stopping over medication of people with learning disabilities) programmes are also key areas of work for both children and adults with learning disabilities, with antipsychotic prescribing rates higher in these populations than those without learning disabilities. This prescribing can be appropriate at times, but to ensure this is the case, regular medication reviews are required, and medication should never be seen as the first port of call – for many people having choice and control over their lives can help reduce the need for medications.

The findings from our local Learning Disability Mortality Review (LeDeR) reports, engagement with the Learning Disabilities Improvement Standards within NHS trusts and the roll out of the mandated learning disabilities and autism awareness training across all Care Quality Commission regulated providers will also help improve awareness across services of the need to make reasonable adjustments in order to support people with learning disabilities to access the right support at the right time. This should reduce barriers to services such as routine cancer screening offers or hospital admission pathways that can at time make it difficult for people to get the health care they need.

To deliver this work we are focusing on several cross-cutting areas, improving early intervention and prevention (particularly for age range 0-25 years), market development (including more housing options), service developments and increasing workforce capacity and capability.

What we will do

Healthy Communities:

Flourishing lives - we will work with people with learning disabilities so that they enjoy choice and control, can exercise their rights and meet the outcomes they want to achieve in areas that are important to them.

Support to stay well:

Building the right support - we will review our commissioned services to improve early intervention services, identify any gaps or duplication, develop more housing options, to ensure people have the right support in the right place, at the right time.

Physical health - stopping over medication of people with learning disabilities and improving the physical health of people with learning disabilities

Preparation for adulthood - we will work across the system, to ensure smooth transitions for young people, as they prepare for adulthood

Support to get well and support when you need it:

Transforming Care – we will reduce inappropriate hospital admissions and the number of people with a learning disability in locally commissioned inpatient settings through access to joined up community services and effective crisis support. This will include having good local resources in place and access to specialist support as required (including robust Care and Education Treatment Review (CETR), Care and Treatment review (CTR) and Dynamic Support Register (DSR) systems).

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What will be different

People with learning disabilities can access universal health services through reasonable adjustments and all have health action plans

Improved health and outcomes of individuals with learning disabilities.

More people are accessing support within their local communities and living independently.

There will be a wider range of support and accommodation options for people with learning and physical disabilities.

More people will have Direct Payments and Individual Service Funds

We will reduce the number of avoidable admissions to our Assessment and Treatment Unit (ATU)

SPOTLIGHT - Respiratory Pathway and Keeping My Chest Healthy Digital Hub

In response to the high rates of respiratory issues for people with learning disabilities highlighted by Learning Disability Mortality Review (LeDeR), Bradford District Care NHS Foundation Trust (BDCT) clinicians supported by the Working Academy at the University of Bradford, working in partnership with people with learning disabilities, their families and carers to co-produce a digital resource.

The respiratory pathway and website will support people to manage their respiratory health at home by providing of suite of accessible videos and text guidance available in multiple languages. The site is enabled for use on both tablets and phones and can be accessed by scanning the QR code that is embedded in an individual's Keeping My Chest Healthy care plan.

The Keeping My Chest Healthy digital hub is due to launch in early September 2023. The development of the digital hub has followed on from the respiratory pathway and screening work that has been done by BDCT's learning disability health support team.

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Neurodiversity

Neurodiversity is a viewpoint that brain differences are normal and to be expected, rather than deficits. It includes attention deficit disorder, autism, dyslexia and dyspraxia and other neurodivergent difference. These are 'spectrum' conditions, with a wide range of characteristics, which share some common features in terms of how people learn and process information.

We want Bradford District and Craven to become a neurodiverse friendly district. We need to improve understanding of neurodiversity among the general population as well as those working with neurodiverse individuals, and we need a culture change so we are a district where neurodiverse people's strengths are embraced and can thrive.

We need to build capacity across the district, to adapt environments to be more neurodiverse friendly. This includes making resources available, where needed. We will use the opportunities that Bradford City of Culture 2025 brings to accelerate this ambition.

Current systems are failing neurodivergent individuals, leading to poorer education, health, and job outcomes. This costs us socially, economically, and culturally. Our disconnected systems contribute to inefficiency, lack of understanding, and fragmented support. This results in a disjointed experience for individuals and families.

Developing a Neurodiversity Strategy for Bradford District and Craven.

Our strategy is centred around embracing neurodiversity - the belief that people experience the world in unique ways, and differences in thinking and behaviour are not shortcomings but valuable perspectives. This strategy encompasses both neurodivergent individuals, who have conditions like autism, ADHD, and dyslexia, as well as those who share some traits but don't meet clinical diagnosis thresholds, often referred to as 'non-neurotypical'.

Bradford has valuable research through Born in Bradford, renowned for understanding neurodivergent conditions and translating research into practical applications. We must capitalise on this knowledge to bridge the gap between research and practice.

What we will do

Whilst we complete this work, we are trying hard to make improvements and have a programme of work to support this.

Better lives

- Coproduction - our core ethos is enabling neurodivergent people, their families and their carers to not only have their voices heard on what they think is important but to give them the power to make the changes they want to see.

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- Data and outcomes – we will improve the collection and quality of data on neurodiversity used across the health and care system to support the needs of neurodivergent people and their families.

Respecting rights

- Preparation for adulthood - we want every young neurodivergent person to have a clear pathway for transition from being a child to being an adult which is developed at the right time for the person and includes access to a range of suitable timely support. We will improve transitions into adulthood through earlier discussion, planning, information and advice and guidance.

- Reducing inequalities – is a specific focus, but also features intrinsically across the other programme areas. We want to develop a better understanding of the inequalities neurodiverse people face and improve people's health outcomes.

Improve support

- Building the right support - children, young people and adults who are neurodiverse have the right to the same opportunities as anyone else and should be treated with dignity and respect. They should have a home within their community and get the support they need to live healthy, safe and ordinary lives, that include relationships, education, training, employment and access to good healthcare. We will reduce inappropriate hospital admissions and length of stay by enhancing community capacity.

- Mental health and physical health - we know that we need to address the physical and mental health inequalities that exist for neurodivergent people. Neurodiversity is not a mental health condition, but often, due to a lack of recognition of their neurodivergent traits and because of inappropriate support, many children and adults on the neurodivergent spectrum experience mental ill health. Through this strategy we will develop more appropriate community support, we can prevent people reaching crisis in the first place and that no neurodiverse person will have to stay in an institution because there is nowhere else to go.

- Workforce - neurodivergent people are no different to neurotypical people. Neurodivergent people have skills to bring to the workplace and with the right support, they make a valuable contribution in the work environment. Through this programme of work, we will develop confidence in employers to develop inclusive recruitment approaches and recognise the value and benefits that neurodivergent people bring to the economy and improve their own mental wellbeing and quality of life.

- Increased diagnostic capacity – we will understand the emerging needs for people who are neurodivergent, build our diagnostic capacity and work with schools to recognise needs and provide early support and help.

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What will be different

Bradford District and Craven to become a neurodiverse friendly district.

More people are accessing support within their local communities to live independently.

There will be a wider range of support and accommodation options for people with Autism and Sensory Impairments

SPOTLIGHT: The Early Years profile tool

Bradford Opportunity Area worked with local schools, representatives from the Department for Health and Social Care, Public Health and Bradford District Care Trust to fund a school pilot study with the Centre for Applied Educational Research (CAER), which found a strong link between the scores children received within their Early Years Foundational Stage Profile (EYFSP), and the later diagnosis of autism.

Autism affects up to 700,000 people in the UK and it can be incredibly resource intensive and lengthy to reach a diagnosis. Delayed diagnosis can lead to problems for the child down the line, such as behavioural issues and lower attainment levels. Families of children with autism have previously reported that support was not in place early enough for their children and this programme aimed to address this.

The project set out to show that by assessing children on one day in their school by a member of school staff using the EYFSP, we can achieve a quicker diagnostic process, as well as ensuring autism is picked up earlier in a more convenient and less disruptive process.

The project led to improved screening processes which involved both, parents and teachers as well as clinicians. Children with autism received a diagnosis and full report, while children with other support needs were referred to other specialist support. The project received positive feedback from all Bradford schools involved in the trial. The guidance provided to schools and families will help ensure children receive the best and most appropriate support to help them achieve their full potential.

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Substance use

We want to create a system where no one person with substance use issues falls through the gaps. We will treat addiction as a chronic health condition, where people who need it can easily access support and treatment. We will address system gaps by introducing effective pathways and better integration.

The Alcohol and Drugs Strategic Group, accountable to the Combating Drugs Partnership, is working with local and national partners to deliver the following strategic priorities of the national 10-year drug strategy 'From harm to hope' with particular focus currently on the priority to 'improve treatment and recovery systems' by breaking supply chains and achieve a generational shift in the demand for drugs.

Promote better lives

We want to create a system where everyone with a substance use issue has access to opportunities to live life to their potential.

Respect rights

We want to create a system where no one person with substance use issues falls through the gaps.

Improve support

We will treat addiction as a chronic health condition, where people who need it can easily access support and treatment.

We will address system gaps by introducing effective pathways and better integration.

What we will do

There will be two main principles guiding improvements to substance use access and treatment:

1. Everyone's job: a joint approach from drug and alcohol and mental health providers and commissioners is required to meet the needs of people with co-occurring conditions.
2. No wrong door: providers in mental health, drug and alcohol treatment and other providers should have an open door to people experiencing co-occurring conditions and treatment should be accessible through every contact point, making every contact count.

Our priorities for the Bradford District and Craven are:

Healthy Communities

- Prevention starts early in life
- Criminal justice system: continuity of care between prison and community and enhanced partnership recovery activity

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Support to stay well

- Early identification and wider health: screening, reducing stigma and engagement for all
- Support people to maintain stable tenancies

Support to get well

- Support the recovery from treatments for drugs and/or alcohol use in the long-term
- Alcohol support: screening, early advice and a range of support packages
- Support when you need it – no wrong door for people with substance use issues accessing urgent and crisis support

Delivery and accountability through local strategic and operational groups consisting of wider partners.

What will be different

Easy access for people with substance use needs to get physical and mental health support

Recovery: more people successfully recover from drugs and/or alcohol use in the long-term

Reduce harm and the number of alcohol and drug related deaths

Secure investment for services to deliver high quality recovery focussed care

Work with housing providers and employers to enable better support services for people with substance use needs

SPOTLIGHT – Integrated Outreach

The Integrated Outreach Team (IOT) support people with severe and enduring mental health issues, who have difficulty engaging in mainstream services. The team have an established link with the substance use treatment provider, New Vision Bradford (NVB) who manage people with substance use and mental health issues.

The IOT coordinator has protected time with the Clinical Medical Lead at NVB, to access supervision and clinic time that is flexible for people who struggle to attend appointments. Good relationships, joint review meetings and community visits, means that both teams have an identified link person, who can offer advice or contact details from the wider community. This increases knowledge and support for both the IOT and NVB.

This partnership working has reduced waiting time for service users who need to be restarted on opiate substitute treatment therefore reducing the risk of overdose – and overall had a positive effect on reducing risk and improving care for people who would otherwise not be able to access mental health and /or substance use treatment.

System enablers: Working with the enabler programmes

Living Well is Bradford District's whole system approach to obesity and improving wellbeing. Our vision is to create a district where we are all making it easier for everyone to live a healthy and active lifestyle. We aim to enable the places and organisations in which we live, work, learn and play to promote health and wellbeing by making it easier for people of all ages to adopting healthier behaviours and become better able to care for themselves.

The Reducing Inequalities Alliance aims to inspire a shared vision for reducing inequalities in health (and the determinants of health). Building confidence and skills in our workforce to reduce inequalities: we want to make reducing inequalities part of everything we do as a workforce. We will support individuals and organisations to know how their work is helping to address inequalities. We are committed to reducing inequalities, and to achieve this we need to develop a clearer understanding of 'what works.' A key function of the Alliance is to create the time and space to share learning with our partners, so that we can do this together.

The Digital, Data, Intelligence and Analysis enabling programme is to best support the needs of our population and the requirements of our colleagues through providing class leading enabling digital technology.

We also have an ambition to make the data that partner organisations hold work harder, to enable population health insights that will improve health outcomes, and by giving health and social care professionals all the information they need wherever they are working. Our 'Data as One' work will continue to draw all the organisations in the partnership closer together, mitigating perceived administrative barriers for the VCS sector (e.g., supporting information governance accreditation) and establishing closer working with the local authorities.

Our People Development priority: our services are not possible without the workforce who deliver them and we will support, invest and develop our people. The workforce programme has a focus on growing leadership, recruitment and retention, developing new ways of working and the wellbeing of our staff.

Research and innovation We have a strong ethos and track record of healthcare research collaboration within the Bradford District and Craven area which has been in existence for many years. This enabler supports the development, delivery and dissemination of research ideas including the development of people to create new research and deliver research studies that improve the mental health, learning disability and autism services we design and deliver.

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Measuring our success

Bradford District and Craven Health and Care Partnership has developed its Joint Forward Plan:

- To provide a single view on how the partnership will operationalise its strategy.
- To provide clarity for the Partnership Board so it can hold our system to account for the measurement and delivery of our key transformational objectives.
- To enable NHS West Yorkshire Integrated Care Board (ICB) and NHS England to understand how our plans deliver the West Yorkshire Joint Forward Plan and Integrated Care Board Strategy.

A link to our local plan can be found on our partnership website[20].

Making a difference

The 11 statements developed in our priority ambitions are the measures of success defined by our communities. To be successful we must deliver each of them to a high quality, and in a way that makes a noticeable difference in people's lives.

To help us understand how we are doing, we will work with community groups and our partners to develop our measures and ensure we are delivering on the statutory and strategic commitments we have as a system partner in our health and care partnership.

We will also conduct a series of deep dives with our Reducing Inequalities Alliance to ensure we understand the data and our outcomes, developing actions that address variance and areas of improvement. Our first deep dive on Serious Mental Illness (SMI) and physical health checks has led to the development of a full cross agency action plan.

Promoting better lives	1	**Creating opportunities:** "I am a person with abilities, possibilities and a future"
	2	**Needs led, not diagnosis led:** "I am not defined by my mental health diagnosis and the level of distress."
	3	**Promoting independence:** I am supported through the stages of life where things can be difficult.
Respecting rights	4	**Listening to people:** "My voice is heard and included"
	5	**Human rights:** "I am supported to maintain my rights and dignity and to make choices that enable me to live a healthier, happier life
	6	**Working together:** "I am in control and actively involved in my care and support"
	7	**Respecting people:** "Ask for my consent. Share information appropriately, so I don't have to repeat myself."
Improving support	8	**High quality services:** "I have access to information, support and care that meets and my cultural choices"
	9	**Improving support:** "When I need help, I can access this quickly and easily and services approach me with kindness, compassion and understanding"
	10	**Working together:** "I will know the name of the person who coordinates my support"
	11	**Supporting carers:** "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."

Table 1: Our outcomes as defined by people and carers

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	How we measure success	Measure exists
Healthy Communities	Life expectancy for people with mental health, learning disability, neurodiversity	Yes
	Healthy life expectancy for people with mental health, learning disability, neurodiversity	Yes
	Access to employment support such as Individual Placement support (IPS)	Yes
	Working age adults in mental health, learning disability, neurodiversity services in paid employment	Yes
	People with mental health, learning disability, neurodiversity living in their own home	No
	Vaccinations for people with learning disabilities	Yes
	Physical health checks for people with serious mental illness, learning disabilities	Yes
	Carers satisfaction survey	Yes
	Carers receiving direct payments	No
	School readiness	Yes
	Access to prevention and early help	No
Community support	Talking therapies access (previously known as IAPT)	Yes
	Talking therapies recovery	Yes
	Core community mental health service contacts	Yes
	Prescribing rates for people with serious mental illness, learning disabilities and neurodiversity	Yes
	Number of people receiving individual service funds or personal health budgets	No
Specialist support	Dementia diagnosis	Yes
	Autism diagnosis	Yes
	Perinatal mental health access	Yes
	Adult and older adult discharge mental health	Yes
	Inpatient care for learning disabilities	Yes
	Alcohol specific hospital admissions	Yes
	Completion of alcohol treatment	Yes
	Completion of drug treatment	Yes
	Safeguarding measures	Yes
Urgent and emergency care	Unplanned admissions to mental health services within 30 days of an inpatient discharge	Yes
	Out of area placements	Yes
	A&E mental health attendance	Yes
	Mental health bed occupancy (length of stay)	Yes

Table 2: Our measures

Conclusion

This strategy sets out the range of work that the mental health, substance use, learning disability and neurodiversity programme and the wider partnership will take forward in the next five years. During this time our work will continue to evolve, and we will over this period place greater emphasis on some areas than others depending on need, capacity and opportunity.

The Healthy Minds Partnership board considers this a live document. It sets our stall out for the changes we want to see, and it informs our measures of success. But we will continue to revisit our commitments, to check our progress and change our workplans accordingly.

We also know that five years is a long time in the NHS and local government. National policy and the political landscape will shift significantly over this time and may well have an impact on our ambitions. We will review, at least annually, whether the strategy still holds true, reporting any significant variance to the programme board.

Finally, we hope that this strategy will support our staff and partners to work together to do this and improve the experience of people, their carer's and their families accessing our services. It is deliberately ambitious in a world where NHS funding is compromised and where mental health, learning disability, neurodiversity and substance use services have been underinvested in for years.

Our Bradford District and Craven Health and Care Partnership Is built on our ethos of 'Act as One', through this ethos we can realise our ambition of people living 'happy, healthy at home'.

Our partnership is what makes this strategy possible and together, we can deliver for the communities we serve.

Thank you.

Healthy Minds Leadership Team

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Notes on this strategy

Please note, this strategy is a live document and we invite continued feedback and input via https://www.surveymonkey.co.uk/r/HM_strategy_draft_21

How we developed this strategy

This strategy has been developed by a task group set up by the Healthy Minds Partnership Board. Members of this group supported a wide scale district wide series of surveys and focus groups that culminated in a report titled "Accessibility of Mental Health Services in Bradford District and Craven", and through a series of subsequent events and workshops across the district.

About our Healthy Minds Partnership

Our Healthy Minds Partnership is made up of all the health and care organisations that support local people. We recognise that each organisation will have their own commitments and duties to fulfil but together, we can deliver on the ambition for our place. The Partnership purpose is clear, to add value by working together. We do this by:

1. Understanding the needs of and the inequalities faced by our population as well as the strengths and assets in our communities.
2. Setting strategy, outcomes, objectives and priorities and aligning resources, e.g., Mental Health Investment Standard, Service Development Funds and the joint commissioning plan[21]
3. Overseeing the development and delivery of the integrated programmes of work that the Healthy Minds Partnership is responsible for (see figure 4 above). In our oversight, we will ensure we are:
    - Delivering our work in line with our statutory duties and commitments
    - Applying innovation, best practice and embedding a prevention and life-course approach to transform the support and care we deliver
    - Supporting our workforce
4. Identifying and enabling shared risk and governance as system partners.

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Contacting us

Our Partnership

Information about our partnership and work can be found at: https://bdcpartnership.co.uk/healthy-minds/

How can you get involved or get in touch with us

If you would like to get involved in our Healthy Minds programmes of work, please get in touch with us by email at wellbeing@bradford.nhs.uk. We have a range of opportunities including volunteering, peer support roles, involvement roles, engagement and workforce vacancies.

Alternative formats

An Easy Read version of this document is available.

For copies of this strategy in alternative formats or further details, please get in touch with us at the email address: wellbeing@bradford.nhs.uk

Support

We also have a range of tools and resources hosted at www.healthyminds.services including a directory of our services.

Social Media

You can engage with us via social media through the following accounts:

Twitter – @healthymindsBDC and @ActasOneBDC

Instagram – @healthyminds.bdc and @bradfordcravenhcp

You can also find us on facebook/ LinkedIn / TikTok – Search for Healthy Minds or Bradford District and Craven Health and Care Partnership.

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References

[1] Bradford District and Craven Health and Care Partnership Strategy

[2] Health inequalities are the avoidable, unfair and systematic differences in health between different groups of people.

[3] Act as One https://bdcpartnership.co.uk/about-us/#about-us-sections

[4] A Partnership for Mental Health, Learning Disability and Neurodiversity operating under the Health and Care Partnership for Bradford District and Craven and brings together statutory and community health and care partners.

[5] NHS Long-Term Plan https://www.longtermplan.nhs.uk

[6] Integrated Care Systems (ICS) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. - You can find out about the West Yorkshire ICS here and the Bradford District and Craven Health and Care Partnership here.

[7] A review of the mental health needs of ethnic and culturally diverse communities across Bradford District conducted by the Centre for Mental Health and to be published in October 2023. A copy of this can be found by going to this page.

[8] West Yorkshire Integrated Care Board LeDeR - Learning from Lives and Deaths of People with a learning disability and autistic people Annual Report 2022/23

[9] Source: National Autism Strategy (www.gov.uk)

[10] Data source: Office of National Statistics 2016-2020 and NHS England 2019.

[11] World Health Organisation

[12] Young In Covid by the Khidmat Centres

[13] Rapid Needs Review by Public Health

[14] i-Thrive – http://implementingthrive.org

[15] Community mental health framework

[16] The Care Programme Approach (CPA) is a package of care for people with mental health problems.

[17] Copies of the Centre for Mental Health report on Children and Young People's Mental Health in Bradford District and Craven can be accessed by emailing wellbeing@bradford.nhs.uk

[18] Learning Disability Mortality Review (LeDeR) report into the avoidable deaths of people with learning disabilities

[19] Building the right support for people with a learning disability and autistic people (www.gov.uk)

[20] Joint Forward Plan

[21] A copy of our Joint Commissioning Plan can be obtained from wellbeing@bradford.nhs.uk

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Healthy Minds

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Bradford District and Craven Health and Care Partnership

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