



Working towards a mental health and wellbeing strategy

Bradford City and Bradford Districts Clinical Commissioning Groups (CCGs) are NHS organisations, led by family doctors and nurses. We plan and buy local healthcare services for the benefit of local people.

Along with our partners – Bradford Council and Airedale, Wharfedale and Craven CCG - we are writing a strategy (plan) for mental health and wellbeing services over the next five years. This will set out how we can develop mental health and wellbeing services and support for adults and young people living in Bradford, Airedale, Wharfedale and Craven.

We think it is very important that local people's views and wishes are reflected strongly in the plan. So, as a starting point, we have looked back at the many things that local people have told us about services over last few years. These are the thoughts of people who have used mental health and wellbeing services, their carers, families and other local people, as well as those who work in health and social care.

This document brings together those views and wishes in one place, and we'd like you to tell us whether they still reflect the types of services you would like, and where there are any new gaps.

What we have heard . . .

Strengthen mental health awareness and resilience:

- More education about mental ill-health, from school age onwards
- Better training for a wider range of staff/professionals
- Social prescribing (non-medical help) and care navigation (advice and signposting) to support early access to services, and looking at wider factors such as housing, debt, employment, isolation, discrimination, worthwhile activity and abuse
- Social models of support, including access to services that focus on wellbeing and spirituality
- Equip services to be confident in dealing with dual diagnosis
- Appropriate and responsive services that meet the needs of Black and minority ethnic (BME) people
- Focus on hope and empowerment
- Promote good mental health and approaches to prevention of poor mental health

Improving primary care and community services:

- Better understanding, compassion and access in primary care (GP surgeries)
- Improve access to psychological therapies, talking therapies and a range of supportive therapies with specific services for young people, older people, BME or gender specific groups
- Introduce a range of self-referral access points
- Extend the provision of IAPT (talking and other therapies) in community and primary care settings
- Safe spaces and access to people to talk to

- A wider role for, and focus on, services delivered by the voluntary and community sector (VCS)
- Focussed support delivered by VCS for target groups
- Develop befriending, mentoring, peer and social networks – ensuring there is focus on target groups
- Advocacy and information services
- Routine physical health checks and screening
- GP practices need easy access to information about how to identify the most appropriate patient pathway, eligibility criteria, local support and VCS groups
- Communication between practices and mental health care services, and with service users, are not always effective. There is no shared clinical system.
- GP practices would welcome access to direct support from specialists in mental health care and more structured arrangements for joint working with mental health teams. This would include support for care planning.

Quality of all services:

- Join up mental and physical health care with social care
- Design services around the needs of the person and their family
- Look at new models of care that focus on effective, appropriate and responsive services
- Have clear measures for, and understanding of, good patient experience
- Focus on outcomes
- Ensure timely access to services
- Clearly defined health and social care pathways
- Better education and training for staff, workforce and people
- Better access to specialist support – suicide prevention, self-harm, BME models of care
- Work in partnership
- Promote groups and activities that focus on social inclusion
- Support access to employment, training and worthwhile activity
- Shared decision-making and involvement of service users and carers
- Recognise inequalities, focus service improvement for people in employment, self-harm, looked after children, mental health offenders, homeless, BME and LGBTQ
- Address fear of services and value different perspectives
- Promote patient choice, the ability to get the right treatment in terms of both appropriateness and accessibility
- Effective collaboration, communication and feedback between commissioners, providers and users
- Focus on learning disabilities, autistic spectrum and respite for carers
- Dementia-friendly services
- Better support for prescribing and medication reviews
- Support people to be informed, in control and understand their choices
- Reduce waiting times
- Transition from CAMHS to adult care should be carefully planned.
- Service gaps include: eating disorder services for adults; autistic spectrum condition; psychological interventions for people with long-term conditions and medically unexplained symptoms; personality disorder pathway; clarify the future function of community mental health teams and the link to primary care.

Develop and sustain alternatives to inpatient/hospital care:

- Increase the reach and role of sanctuary
- Improved in-reach services that promote early supported discharge
- Explore “step down” models to support discharge from hospital

- Review of urgent care services and how to support admissions
- Support accelerated recovery with improved rehabilitation
- Preference for recovery-based models of care

Improve inpatient/hospital services:

- Staff training and awareness
- Integrated ways of working with VCS to support a wider range of service provision, independence, involvement in shared decision-making, spiritual and chaplaincy services
- Look at estates and the environmental design of services
- Limit out-of-area placements
- Speedier discharge from detention and/or PICU (psychiatric intensive care unit)
- Support for, and involvement of, carers
- Better management of waiting times
- Ability to make quick re-referrals when necessary

Crisis care:

- Single points of access and responsive services
- Information and awareness of how crisis presents for people, helping staff and services to be responsive
- VCS involvement to provide support for people who need crisis support

Housing and employment:

- Support for carers
- Train staff to be confident to communicate with people
- Homelessness and impact
- Explore the use of recovery colleges (which provide education as a route to recovery)
- Courses and self-care opportunities, including online support
- Services that support job coaching and increase confidence to gain employment
- Employment and training have the biggest positive impact on mental health
- Focus on recovery, goal setting, worthwhile activity, voluntary work and training opportunities
- Support for people who are in work to remain at work
- Service users should have access to comprehensive care, including links to housing and other services

Your priorities . . .

To sum up this information, we think that the most important things to put in the plan may be:

Hope and empowerment

- Prevention, promotion, early intervention, education and stigma, inclusivity
- Removing barriers to care, including recognising and addressing inequalities in mental health care

Quality services

- Access to appropriate, responsive, timely and wider choice of services
- Clearly defined and joined up pathways

- Involvement, shared decision-making and promoting patient choice, the ability to access the right treatment in terms of both appropriateness and accessibility
- Focus on use of evidence, intelligence and insight

Developing and sustaining services

- Training, development and education for workforce
- New models of care that include wider range of support (talking therapies, community, VCS provision, targeted support)
- Partnership working to provide a wider range of services and tackle the wider determinants of poor mental health, including housing and employment, recognising the full extent of people's needs
- Ensuring that the population is understood in terms of demographics and services are tailored to meet the needs of people living in rural areas, different ages, BME and LGBTQ communities.

Well-being and care

- Housing, employment, debt, isolation and wider determinants of health
- Community hubs, recovery colleges
- Single points of access to support an easy to navigate, step up/step down system

Tell us what you think . . .

Don't forget, we'd like to know whether this document reflects what you think now about mental health and wellbeing services. Are there any gaps, or anything else that you'd like to tell us that you think should be included in the mental health and wellbeing plan?

You can tell us what you think at one of our engagement meetings, or -

online at: <http://www.bradforddistrictsccg.nhs.uk/get-involved/give-us-your-views/>
by email: communication@bradford.nhs.uk.

Or, you can write to us at our freepost address:

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Bowling Old Lane, Bradford, BD5 7JR