

Dear Therese and Cathy

The Joint Committee met today (18th March 2021). An early agenda item, stimulated by a previous request on progress with waiting times for psychological therapies, led to the exposure of several concerns. Having discussed and agreed actions with committee colleagues (Exec and Non Exec), I am formally and exceptionally escalating an alert on the current status of psychological therapies (PT).

The concerns are in the attached slide deck but I summarise as follows:

- There is likely to be a continuing rise in referrals (IPPR reported 235K less referrals this year due to pandemic and these people will manifest at some point)
- Our local demography increases need and the BAME community is especially vulnerable if English is not spoken
- Staffing ratios, benchmarked against other trusts are well below the average – based on these data, we may need 4 x as many therapists to offer all services
- Community mental health services under particular strain
- Entry point for psychologists in Bradford – Band 7, Band 8a is routine offer elsewhere (psychologists not being allowed to use doctor title is also a problem despite many staff holding clinical psych. doctorates). We are also comparatively low in 8a and 8b grades.
- Staff are consequently lost to same posts elsewhere but in higher band
- We have only one consultant psychologist (1 consultant per 100,000 population which contrast poorly with our closest neighbours; 1.4 SWYFT, 1.76 LYPFT, 2 TEWV (all per 100,000).
- IAPT is set to expand and this demands an increased complement of psychologists
- We acknowledge and welcome current thinking on how to plan/implement system improvements, some of which is in train:
 - Increased emphasis on VCS partnerships to share service delivery (we increased use of VCS previously as a temporary measure to reduce a peak but the list bounced up again afterwards)
 - Broader MDT involvement in service delivery
 - Caseload management
 - Focussed treatment
 - Staff support strategies

To reiterate a point made at committee, we know what we can control and some mitigations are in place or planned, but these have limits. Investment and system change would seem urgent priorities not least to stem the departure of valued staff but to also prevent the worsening of mental health in our community. This appears to be a more long-standing problem and we are clear this is not an oversight from yourselves. Committee members and I offer our support to you.

Many thanks

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