

Agenda for a meeting of the Corporate Parenting Panel to be held on Wednesday 13 January 2016 at 1630 in Committee Room 1, City Hall, Bradford

Members of the Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
D Smith	Thirkill (Chair)	Leeming
	Engel	
	Tait	

Alternates:

<i>Conservative</i>	<i>Labour</i>	<i>Liberal Democrat</i>
<i>M Pollard</i>	<i>Akhtar</i>	<i>N Pollard</i>
	<i>Shaheen</i>	
	<i>Shafiq</i>	

Co-opted Members: J Pickles - West Yorkshire Police
L Donohue - Bradford Achievement Service
N O'Neill - Bradford NHS
The Chair of the Children in Care Council

Notes:

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- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.
- Light refreshments will be provided for Members.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.

From:
D Pearson
Assistant City Solicitor
Agenda Contact: Sheila Farnhill
Phone: 01274 432268
E-Mail: sheila.farnhill@bradford.gov.uk

To:



A. PROCEDURAL ITEMS

1. **ALTERNATE MEMBERS** (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. **DISCLOSURES OF INTEREST**

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

- (1) *Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (2) *Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (3) *Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.*
- (4) *Officers must disclose interests in accordance with Council Standing Order 44.*

3. **MINUTES**

Recommended –

That the minutes of the meeting held on 9 September 2015 be signed as a correct record.

4. **INSPECTION OF REPORTS AND BACKGROUND PAPERS**

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Sheila Farnhill - 01274 432268)

B. BUSINESS ITEMS

5. ADOPTION AND FOSTERING OF SIBLING GROUPS

Previous references: Minutes 7 and 18 (2014/15)

The Assistant Director (Children's Specialist Services) will present a report (**Document "I"**) which updates Members on the work being undertaken in respect of the development of a policy on the adoption and fostering of sibling groups who are in the care of the Local Authority, further to the Panel's request at the meeting held on 14 January 2015.

Recommended –

That the progress made in respect of the development of a Policy on the Adoption and Fostering of Sibling Groups be noted.

(Patsy Burrows – 01274 434349)
(Mary Brudenell – 01274 437343)

6. EMOTIONAL AND MENTAL WELLBEING OF LOOKED AFTER CHILDREN

Previous references: Minutes 14 (2013/14), 6 and 28 (2014/15)

Members will recall that the Panel received reports, in September 2014 and April 2015, in relation to Child and Adolescent Mental Health Services (CAMHS) for Looked After Children.

In response to requests by the Panel at that time, a report will now be submitted by the Assistant Director (Children's Specialist Services) (**Document "J"**) which provides an update on the work being undertaken in this area.

Members are asked to note the report and to consider whether they wish to seek further information about the issues raised therein.

(Cath Dew - 01274 437949)

7. JOURNEY TO EXCELLENCE

The Assistant Director (Children's Specialist Services) will give a presentation on 'Journey to Excellence' which is a multi agency change programme led by Children's Services. The aim is to transform the approach to family support and the provision of care for children and young people within the Bradford District.

An outline of the programme will be given together with details of proposals for the participation of looked after children linked to corporate parenting.

(Gani Martins – 01274 432904)

8. WORK PLAN 2015/16

The Panel's work plan for 2015/16 is submitted (**Document "K"**) for Member's consideration.

(Gani Martins – 01274 432904)

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THIS AGENDA AND ACCOMPANYING DOCUMENTS HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER

Report of the Assistant Director, Children's Specialist Services, to the meeting of the Corporate Parenting Panel to be held on 13 January 2016.

Subject:

Adoption & Fostering of Sibling Groups - Update

Summary statement:

This report provides an update on the request to the Assistant Director (Children's Specialist Services) to develop a Policy regarding the Adoption and Fostering of sibling groups who are in the care of the Local Authority.

Gani Martins
Assistant Director
Children's Specialist Services

Portfolio:

Children's Services

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Mary Brudenell, Service Manager
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Overview & Scrutiny Area:

Children's Services



1. SUMMARY

- 1.1 This report provides an update on the request to the Assistant Director (Children's Specialist Services) to develop a Policy regarding the Adoption and Fostering of sibling groups who are in the care of the Local Authority, made by Members at the Corporate Parenting Panel held on 14 January 2015.
- 1.2 Completion of this task remains outstanding; however, the report provides an update detailing the reasons for the delay in completing a Placing Siblings Policy and the work being undertaken to inform the Policy, with a timescale for completion.

2 BACKGROUND

- 2.1 A report was previously presented at the Corporate Parenting Panel on 14 January 2015, outlining performance in relation to placing sibling groups in fostering and adoptive placements.
- 2.2 The report identified that as a general principle, the Local Authority would want to place siblings together in recognition of the fact that sibling relationships are likely to be the most enduring of family relationships. However, the report also recognised that there are times when it is appropriate to place siblings apart; and that there are many factors which can affect the final decision to place sibling groups together or not, including the individual pathway into care, the ages and individual additional needs of the children, and the attitude of social workers, foster carers, Magistrates, Judges and Guardians. The report advised that decision-making concerning placing siblings together or apart should be informed by a comprehensive assessment of the sibling relationships.
- 2.3 The report set out an action plan for improving practice in relation to placing siblings. Actions included focus in 3 areas:
 - Placing Siblings Policy
 - Training for social workers
 - Training for foster carers
- 2.4 The recommendation of the previous report on the Adoption and Fostering of Sibling Groups was for the Assistant Director (Children's Specialist Services) to be requested to develop and promote a clear policy on the Adoption and Fostering of sibling groups. This was agreed by Members, who also requested that a progress report in relation to the Policy be presented to the Corporate Parenting Panel six months after implementation.
- 2.5 The development of a policy is an outstanding task; however, this report provides an update outlining the reasons for the delay and the work being undertaken to inform such a policy.



(2)

3. REPORT ISSUES

- 3.1 Further to the request from the Corporate Parenting Panel, the learning from a dynamic audit which was undertaken by the Permanency Working Group and which focused on the placement stability of looked after children, was analysed by the Placement Stability Group. This is a multi-disciplinary group, which is led by David Byrom, Group Service Manager, and whose aim is to improve performance in relation to the stability of looked after children.
- 3.2 The dynamic audit focused on a small cohort of looked after children who had experienced placement breakdowns. 6 of the 10 randomly selected children were part of a sibling group. The audit identified a need for a greater focus on placement stability for siblings, and within that, the importance of effective assessment to determine whether or not siblings should be placed together in fostering or adoptive families. The Placement Stability Group highlighted the value of developing a Placing Siblings Policy 'from the ground up', to increase social workers' skills in assessing and analysing sibling relationships.
- 3.4 To that end, a toolkit has been developed and is currently being piloted. It is based on the BAAF assessment "Siblings: Together or Apart" and was developed by an in-house Chartered Psychologist. The toolkit ensures that social workers use an evidence-based approach to assessing sibling relationships and facilitates the gathering of information under 4 headings:
- Strong reasons for separating siblings
 - Circumstances which make it difficult for siblings to be placed together
 - Protective factors which make placing siblings together more likely and sustainable
 - Formulating an opinion or recommendation
- 3.5 The toolkit is underpinned by e-learning on Attachment Theory and its application to practice. To date, 134 members of staff/carers across Children's Specialist Services (including social workers, foster carers and residential childcare workers) have completed the training, with a further 16 part-way through the course.
- 3.6 A Working Group, which includes representatives from the Adoption and Fostering Unit, Independent Reviewing Officers, Children's Social Care, and Family Centres, has been tasked with evaluating the effectiveness of the toolkit and the quality of assessments undertaken using it, and will meet to review the outcomes of the pilot in February 2016. The findings of this group will inform the Placing Siblings Policy, which will then be completed, with a view to implementation from April 2016

4. OPTIONS

None.

(3)



5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 The development of a Placing Siblings Policy contributes to the strategic priority of supporting and safeguarding the most vulnerable adults, children and families, and links to the Placements element of the Journey to Excellence Change Programme.

6. RECOMMENDATIONS

- 6.1 Members are asked to note the update on progress in relation to developing a Placing Siblings Policy set out in Section 3.

7. BACKGROUND DOCUMENTS

None.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. APPENDICES

None.

(4)



Report of the Assistant Director (Children's Specialist Services) to the Meeting of the Corporate Parenting Panel to be held on 13th January 2016

J

Subject:

Emotional wellbeing of Looked after children (LAC) (Mental Health Taskforce & Transformation)

Summary statement:

This paper has been requested by the Corporate Parenting Panel as a follow up report from the 22nd April, whereby Child and Adolescent Mental Health Services (CAMHS) to Looked After Children were discussed as an ongoing concern. The purpose is to ensure that children and young people within our Looked After Service receive the emotional support they need in a timely manner and that the staff are supported with their training and skills.

Gani Martins, Interim Assistant Director (Children's Specialist Services)

Portfolio:

Children's Services

Report Contact: Cath Dew Service Manager: Edge of Care Services
Phone: (01274) 437949
E-mail: cath.dew@bradford.gov.uk



1. SUMMARY

- 1.1 This paper has been requested by the Corporate Parenting Panel as a follow up report from the 22nd April 2015 whereby Child and Adolescent Mental Health Services (CAMHS) to Looked After Children were discussed.

2. BACKGROUND

- 2.1 A report tabled in September 2014 set out the context to good mental health for children and young people being everyone's business with the District's Healthy Minds Strategy (a more detailed discussion was held in the November of the previous year 2013). If the emotional needs of children in care are met they will be more likely to have stable placements and make a good transition into adulthood.
- 2.2 The report in September set out the views of children and young people in residential care and the staff within the children's homes. It set out the need to improve the emotional wellbeing support to Looked After Children in the Bradford District.
- 2.3 The findings were discussed in relation to the positive aspects of the current emotional wellbeing service and the areas for improvement as well as the Trusted Adult Model were tabled and discussed in the report on 22nd April 2015.
- 2.4 The National Children and Young People's Mental Health Taskforce was established in September 2014 to consider ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided.
- 2.5 The final report, Future in Mind – Promoting, protecting and improving our children and young people's mental health and well-being was published on the 17th March 2015 citing an urgent need for change within the delivery of emotional wellbeing services and CAMHS.
- 2.6 Five key themes provided the structure of the report:
- Promoting resilience, prevention and early intervention
 - Improving access to effective support
 - Care for the most vulnerable
 - Accountability and transparency
 - Developing the workforce
- 2.7 NHS England required the development and agreement of Transformation Plans for Children and Young People's Mental Health and Wellbeing which clearly articulated the Local Offer. The plans needed to cover the whole spectrum of services for children and young people's mental health and wellbeing from; health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.
- 2.8 Bradford's Transformation Plan has been submitted and will hopefully demonstrate robust action planning in order draw down on this investment.

2.9 Once final approval has been received a Programme Board will be established to implement the plan, the lead of this will be via the Health CAMHS commissioner across the Clinical Commissioning Groups.

2.10 The main strands of the local plan cover:

- School engagement
- Eating disorders
- Acute mental health vulnerable groups including LAC
- Single point of access and workforce development

More information can be found in **(Appendix A)**.

3. REPORT ISSUES

3.1 It is important to note the interface between Futures in Mind and Journey to Excellence.

3.2 Journey to Excellence is a multi agency change programme lead by Children's Services. It aims to transform our approach to family support and the provision of care for children and young people within the Bradford District.

3.3 Journey to Excellence goes alongside our other local priorities to improve health and education outcomes and increase employment and skills. The focus is specifically on four main areas, with the fourth area concentrating on LAC children and young people.

1. Developing our integrated Early Help offer across all key agencies:
2. Better response to young people in crisis:

Develop an integrated service across children's, adult's and health services for young people aged 14-25 years with complex health and/or disabilities Refocusing children's placement provision within the Bradford District:

- smaller children's homes
- more foster carers for teenagers
- a shared model of care across placements, health, education and other key services

3.4 A model for dedicated CAMHS team is still being developed specifically for Looked After Children (LAC) which will combine Local Authority and Health resources. This will be accelerated under the Journey to Excellence and the Futures in Mind - transformational plan **(Appendix A)**.

3.5 The model is looking at the function of a dedicated service aligning Specialist CAMHS staff, CAMHS Social Workers. There are also discussions underway about aligning the LAC Health Nurses. A draft model will be proposed by mid January at which point a detailed implementation plan will need to be agreed.

3.6 The proposed model of care within placements will deliver:

Attachment, emotional regulation and trauma informed model of care – local experience and training in PACE & Dyadic Systems

Resilience

Team Teach

Outcome Star

Signs of Safety

Building life skills for independence

3.7 The new team will support the new model of care for all placements across Bradford and be specific in its outcomes, using benchmarked performance information to improve the emotional wellbeing of children in care. There will be oversight from regional support services to ensure provision is meeting demand for those children placed within the Bradford area as well as those young people placed out of district.

3.8 The Aim of the model will be to ensure;

- **To children and young people:** We will provide you with safety, security, a sense of belonging, opportunities, experiences and life skills. We want to build trusting relationships to help you be the best that you can be.
- **To ourselves:** We aspire to develop a workforce that is therapeutically trained and supported, motivated, aspirational and highly skilled, who have the best interests of the children at the heart of everything they do.

3.9 Work has been completed as part of the Journey to Excellence on sufficiency data based on an analysis of the children cared for out of district and profiling the needs of the present residential cohort. Following this work detailed planning will take place around children who could possibly return to the district, move from residential to foster care or return home to family members. Using the model we will work closely with our partner health and education agencies in order to meet the needs for those children, and their families, who it has been assessed as being safe to return home to Bradford.

4. OPTIONS

- 4.1 For Children's Specialist Services to continue to work closely with NHS Commissioners, the LAC Health Team and CAMHS to improve the service to LAC taking into consideration the views of children, young people, the staff and the Children in Care Council.
- 4.2 To continue to develop and review the integrated model to a wider range of young people, evaluating the progress made of each individual young person in relation to their emotional well being as well as increasing their learning potential and positive outcomes achieved.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- 5.1 A sound, robust and accessible emotional wellbeing service contribute to children young people feeling safe and prepares them to achieve in school and make a successful transition to adulthood.

6. NOT FOR PUBLICATION DOCUMENTS

None.

7. RECOMMENDATIONS

- 7.1 Members are asked to note the report and consider whether they wish to seek further information about issues raised.

8. APPENDICES

Appendix A - Bradford's Children and Young People's Mental Health Transformational Plan.

9. BACKGROUND DOCUMENTS

None.

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Future in Mind



Promoting, protecting and improving our children and young people's mental health and wellbeing in Bradford, Airedale, Wharfedale and Craven

CHILDREN & YOUNG PEOPLE'S MENTAL HEALTH TRANSFORMATION PLAN

Our *Good Health and Wellbeing Strategy for 2013-2017* includes the following objectives:

- To give every child the best start in life
- To enable all children young people and adults to maximise their capabilities and have control over their lives
- To ensure young people are well prepared for adulthood
- To improve the mental health of people in the Bradford district and Craven.

Locally we have a range of initiatives and priorities for Children and Young People. Over the next 10 years *Better Start Bradford*, a portfolio of projects, will engage with over 20,000 children to improve their social and emotional wellbeing, their communication and language skills and their diet and nutrition. This programme includes a befriender scheme that will be introduced for all expectant and new mothers affected by or at risk of postnatal depression. The development of integrated services to care for the most vulnerable groups including those with special educational needs will include the introduction of new education, health and care plans. Access to urgent mental health care through the *Crisis Care Concordat*, which is an all age strategy, also emphasises access for children and young people to early and expert help.

At the same time, the Children and Young People's Mental Health and Wellbeing Taskforce was established by the government to consider ways to make it easier for children, young people, parents and carers to access help and support when needed. The purpose of the taskforce was to make recommendations to ministers, and agree actions aimed at achieving better outcomes for children and young people with mental health problems. In March 2015 the taskforce published its report and recommendations: *'Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing'*.

The report identified a number of core principles and requirements, which were considered fundamental to creating a system that effectively supports emotional wellbeing of children and young people. These principles are provided under the following themes:

- **Promoting resilience, prevention and early intervention**
- **Improving access to effective support – a system without tiers**
- **Care for the most vulnerable**
- **Accountability and transparency**
- **Developing the workforce.**

The *NHS England Forward View: putting plans into action 2015/16* expects CCGs to work with other local commissioners to invest in community child and adolescent mental health services and in children and young people's mental health. Investing in effective community services is expected to minimise the use of expensive and often out-of-area 'tier four' specialist mental health services for those with the most complex needs, and the incidence of young people being admitted to inappropriate settings. In addition, NHS England's review of maternity services, including perinatal mental health, makes recommendations on how best to develop and sustain maternity services for the future, and in a way that gives mothers more choice without compromising on safety.

In every area, women with perinatal mental illness should be able to promptly access psychological support if they need it, including both individual or group therapeutic services. If untreated, perinatal mental illness can inhibit a mother's ability to provide her baby with the sensitive, responsive care that he or she needs. To reduce the impact of perinatal mental illness on babies, mothers must get timely support from services which explicitly address their interactions with their babies; supporting mothers to give babies the physical and emotional care that they need to thrive. Without this support, maternal mental illness can have a negative impact on infant mental health.

Our clinical commissioning groups' (CCGs') *Five Year Forward View* (2014) supports the development of integrated working across children's services in order to support improvements in access and co-ordination of both universal services and services for children with special education needs and disabilities.

A comprehensive health needs assessment (HNA) was published in January 2015 outlining the emotional and social wellbeing of children and young people in the Bradford district. Commissioned from Public Health by the local CCGs, it highlighted a combination of a rising young population, high levels of poverty and social deprivation and pressure on existing services in both the statutory and voluntary sector to meet increasingly complex needs. The HNA outlined the unique position of children and young people in Bradford and the challenges faced in meeting emotional and social wellbeing needs.

The health needs assessment highlights the fact that Bradford has the third highest population of children and young people in the United Kingdom and that services provided to them are under pressure from national austerity measures. The local health and social care economy has highlighted the issue of children and young people's mental health, and has prioritised the delivery of these services.

INTRODUCTION

Future in Mind provides an opportunity to develop services collaboratively, against an evidence base and in line with what children and young people have told us they want from services. This opportunity comes at a time when the most recent health needs assessment highlighted the potential for unmet need in the under 18s group. A Children's Mental Health Strategy is in development to address some of the issues highlighted in the HNA. It has served to inform the *Transformation Plan for Children and Young People's Mental Health in Bradford District and Craven*. This plan offers the narrative, supported by a suite of annexes, describing the five year transformational plans of Bradford district and Craven for the period 2015 to 2020.

Our vision

'...access to a comprehensive range of psychological interventions to meet the needs of a diverse young population. Services will be accessible, informed and flexible to meet the needs of children and young people in a variety of settings. This involves partners across statutory, voluntary and community services that have a shared goal supporting and safeguarding the mental health and emotional wellbeing of children and young people across the district. Access to psychological interventional help should be at the earliest opportunity for all young people to reduce risk of escalation and eventual need for specialist intervention'

To achieve this, we need to improve access to, and the quality of, services and outcomes for children up to age 18 in the Bradford district. This covers acute and urgent care, community services, child and adolescent mental health services (CAMHS), health promotion and ill health prevention.

Locally, we will:

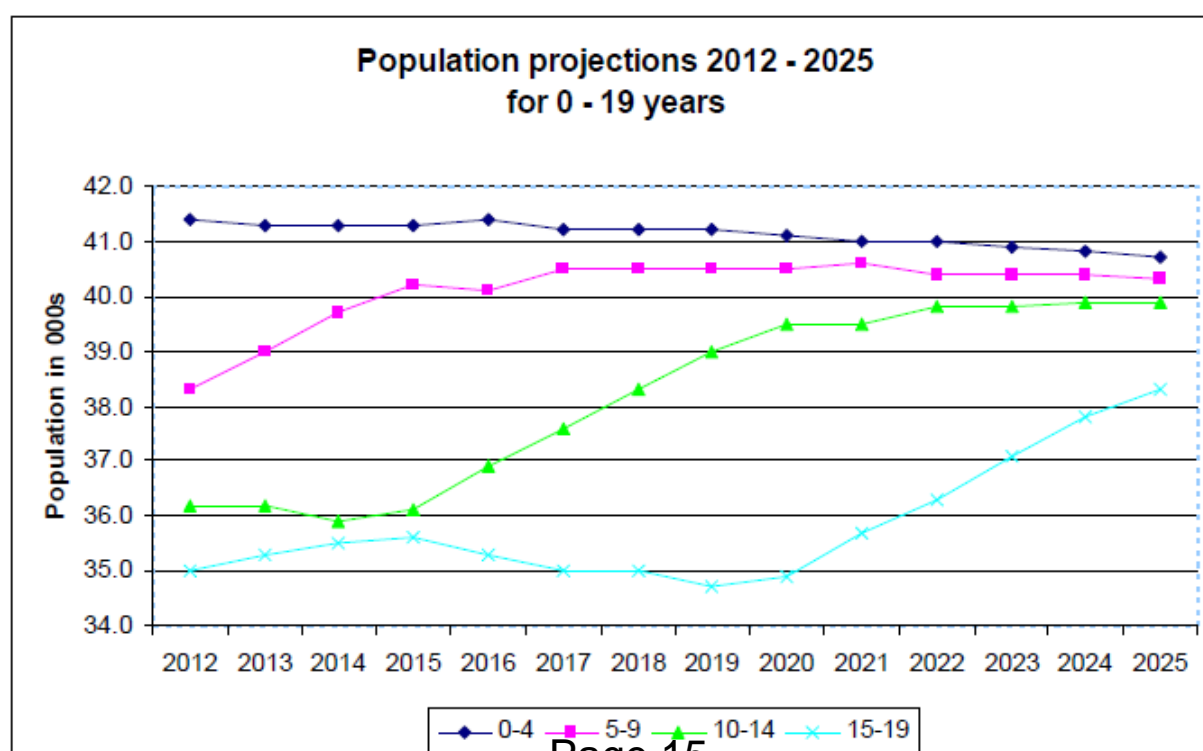
- improve resilience, prevention and early intervention services
- improve access to services and support
- improve care for the most vulnerable
- improve transparency and accountability
- develop our workforce.

THE LOCAL PICTURE – WHAT DO WE KNOW?

Bradford has the third largest child population in the UK with some risk factors which increase the likelihood of poor wellbeing and mental health, in particular the high numbers of children living in poverty. The overall child population increased by 10.5% between 2002 and 2012, and is projected to grow by a further 5.5% by 2025. This population growth is likely to be concentrated in the most deprived areas of the city where birth rates are currently highest. The 10-14 age group – a key group for the onset of mental health difficulties – is projected to grow by 10.2% in the next 10 years. Bradford’s child population has a number of factors associated with increased risk of emotional or mental health difficulties. The most significant of these is the high number of children living in poverty and disadvantaged circumstances.

Based on data from national surveys, we can estimate that there are currently just under 8,500 children aged between 5 and 15 with diagnosable mental health disorders in Bradford. Between three and four children in every secondary school classroom are likely to have some form of mental health difficulty. However, the number of children with emotional or behavioural difficulties at a lower level is harder to quantify but if we applied the figure in the *Growing Up In Ireland*ⁱⁱ study to the Bradford child population between 5-15, we could estimate there to be a further 10% of children with lower level difficulties. This would equate to 17,000 children with some level of emotional or mental health difficulty in Bradford. Further, with the expected increase in population in the relevant age bands, we would expect to see a rise to 23,600 children with some level of emotional or mental health difficulty by 2025.

Figure 1: child population and projected increases



Why is children and young people’s mental health important?

An increase in the demand for emotional and mental health services at all levels, including specialist CAMHS services, over and above a rise in proportion with the population, is likely. Prevention, promotion and early intervention will play a very important role in protecting capacity within specialist CAMHS.

One in 10 children between the ages of 5 and 16 has a mental health disorderⁱⁱⁱ. For many, this is persistent: successive national surveys show that 25% of children with a diagnosable mental health disorder still had the same disorder three years later.^{iv}

The majority of adult mental health disorders have their beginnings in childhood. It is known that 50% of adult mental health disorders (excluding dementia) have their onset before age 14 and 75% of disorders (again excluding dementia) before the mid-twenties.^v

Figure 2: The age of onset for some common adult mental disorders

Condition	Age group
ADHD	7-9 years of age
Oppositional defiant disorder	7-15 years of age
Conduct disorder	9-14 years of age
Psychosis	Late teens – early 20s
Substance misuse	18-29 years of age
Anxiety disorders	25-45 years of age
Mood disorders	25-45 years of age

(adapted from Kessler et al, 2007)

Vulnerable groups in Bradford’s population

In every child’s history and circumstances there will be factors which may help to build emotional resilience and protect them against mental health difficulties (‘protective’ factors), or others which, conversely, may make future problems more likely (‘risk’ factors). We also know that certain groups of children are much more likely to experience mental health difficulties than the population at large.^{vi}

Figure 3: Specific vulnerable groups within Bradford's population

Vulnerable Groups	Situation in Bradford
Children with learning difficulties and disabilities	A recent needs assessment identified 19,219 children and young people with a SEN or disability. For just over 50% (9,940 children) this need related to learning. Our local <i>Children and Young People's Health and Lifestyle Survey</i> (2013) found that children with SEN were more likely to have low self-esteem.
Refugee and asylum seekers	Published Home Office figures show that as of July 2014 ^{vii} around 556 asylum seekers were being supported while awaiting a decision on their claim. Sharing Voices, a BME mental health advocacy support organisation, reported working with significant numbers of refugee and asylum seeking families, many of whom had experienced severe trauma.
Children with chronic physical health problems	Bradford has the highest prevalence of children in the region with complex medical conditions considered 'life limiting' – there were estimated to be 595 such children in Bradford in 2011 (Fraser, 2011). 335 children are currently receiving support through the children with complex health and disabilities team.
Lesbian, gay, bi-sexual and transgender (LGBT) young people	There are no officially available statistics on the numbers of LGBT young people in Bradford. Between 5% and 7% of the adult population are estimated to be LGBT – this would equate to 1,750 out of the 35,000 15-19 year olds in Bradford.
Looked after children (LAC)	Bradford has a slightly lower rate of LAC per 1,000 population than the regional average. 878 children were looked after as at 31 March 2015. ^{viii} Of these, 265 are LAC by other local authorities but placed in Bradford. There are 186 LAC to Bradford who are placed out of area. The total number is 799.
Children and young people in the criminal justice system	Bradford's child health profile shows there were 284 first time entrants to the youth justice system in 2013/14, which was slightly better than the England average. The rate has shown a reduction for four consecutive years. ^{ix}

Recommendations of the Health Needs Assessment

The Bradford district and Craven Health Needs Assessment for Children and Young People's Mental Health 2015 makes the following recommendations:

1. To review and redesign services to provide maximum capacity in community and school-based interventions, protecting the capacity within specialist CAMHS and responding to what children and young people tell us about their ideal services.
2. To continue to support and expand workforce development and the 'skilling up' of workers in universal services who have day-to-day contact with children, for example through the CAMHS training programme for GP practices and school nurses.
3. To continue to promote the role of schools in supporting children's mental health and emotional wellbeing, and as potential direct commissioners of services.
4. To consider the potential of other professionals and organisations to extend the services they offer to meet need, for example VCS organisations, school nursing.
5. To plan and deliver a mental health promotion strategy for children and young people through schools and community settings.
6. To ensure that support for children who present with behavioural difficulties is considered as an integral part of the overall system for children's emotional wellbeing and mental health.
7. To continue to design services in ways that support access for children and young people from black and minority ethnic (BME) communities, particularly the South Asian community and the growing Eastern European community.
8. To create strong links between children's mental health services, early years' services and parenting and family support.
9. To consider representation from health visitors or other early years services at the Healthy Minds group.

ENGAGEMENT AND INVOLVEMENT

The development of our children and young people's mental health transformation plan was informed by consultation with a number of key stakeholders including, most importantly, the involvement of children, young people and their families. There has also been involvement from schools, the local authority, health commissioners and providers, voluntary and community sector (VCS) and specialised commissioning colleagues. Involvement with the local Crisis Care Concordat planning group has also been important in establishing the needs of young people within this agenda. As part of the Children's Mental Health Transformation Plan^x, a survey of schools in the area has been undertaken to inform the process with regard to local access and experience of mental health services overall. This informs both this transformation plan and our overarching children and young people's mental health commissioning strategy.

As part of the children and young people's mental health strategy development we are listening to the views of young people to shape future service delivery. Children and young people were part of a CCG consultation process in 2013 and told commissioners what they want from services. This was reported in *Top Tips for Commissioners*^{xi}. This is part of a wider participation strategy in Bradford which dates back to 2007 and which has informed the development of services and the overarching *Healthy Minds* strategy.

Engaging children, young people and their families

Bradford will be the youngest city in Europe in five years, so engaging and involving young people is a real priority for us. Even now, over 40% of our city's population is under the age of 25 years. Our engagement structures include:

- Our patient networks (all three CCGs)
- Funded projects (Barnardo's, Sharing Voices, Prism Youth, Family Action)
- Third sector forum
- Young Lives
- Yorkshire and Humber Children and Young People's Clinical Senate / Patient experience network
- NHS Youth Forum
- NHS Citizen

The following section demonstrates how we have been working with children and young people. The outcome of this engagement was shared with our providers.

Showcasing work at regional and national events

Young people from our funded projects: Sharing Voices, Barnardo's and Prism Youth services, have showcased and facilitated workshops at the Yorkshire & Humber Strategic Clinical Network and the NHS Youth Forum. These were attended by young people who gave positive feedback on the services and the way young people were involved in services. In particular at the July 2014 NHS Youth Forum and the September 2014 Youth Forum meeting, young people showcased the work we are doing to improve the mental health of young people.

'Grass Roots' insight on patient experience

Grass Roots brings together 'intelligence' from a variety of sources to provide the Bradford CCGs with an understanding of what local patients, carers and stakeholders are saying about their experiences of the local NHS services. The insight is reported monthly to the Quality Committee and Governing Body.

The insight and information helps the CCGs to:

- see what people are saying about the services the CCG are responsible for planning and buying
- understand what people's experiences are of local health service provision
- identify areas for improvement and/or development in planning health services
- to enable the active participation of patients and public in decisions about the health services they use
- ensure that action is taken on the feedback

We work with local family and youth projects, Patient Opinion and Healthwatch Bradford and District to ensure we capture children's and young people's views into our *Grass Roots* report and receive upwards of 400 comments a month. Between April 2014 and July 2015, we have received 319 comments about children's and young people's views and experiences of health services and 268 of these were about mental health services. A summary of main themes around mental health of young people are:

- understanding, communication and information from clinicians and healthcare staff
- waiting times for support and access to services
- availability of local services
- limited community support and wellbeing services

- positive feedback about family experiences of systemic and CAMHS services
- support for young people with mental health and physical health conditions
- limited support for young people accessing mental health support to maintain good physical health
- poor food choices and inpatient environment
- lack of specific young people’s inpatient facilities designed to provide mental health support
- digital isolation of young people and impact on mental well being
- stereotyping, labelling, lack of training and use of stigmatising language by mental health professionals
- support for children and young people living with bereavement
- support for children and young people who have taken asylum and refuge.

Improving access to psychological therapies - engagement

- We have engaged with 268 people about their experience of using therapy services, of which 93 people were aged less than 25 years.
- The overall theme running through all the responses is communication and information. This includes how young people find out about services available in the first place and the key role that schools play in supporting young people.
- Schools and colleges were seen as core to providing services, with the information, support and direction offered by non-academic staff such as mentors, school nurse and even peer support leaders seen as determining factors in people choosing to access services. The importance of support available during waiting times was highlighted and the role of community support, family involvement was central during this period.
- It was important for people to have a flexible service and one that acknowledged the social and cultural background of people so that services were tailored to their needs. An emphasis on wider spiritual and cultural service need was highlighted.
- Young people who had accessed the service and completed treatment were overall positive about their experience. While people who had not completed treatment made conscious choices to leave treatment. Staff understanding, attitude and responsiveness were key reasons young people disengaged from services.

- The importance of working with voluntary and community groups in helping young people to understand and access appropriate low level support was underlined. They also played a vital role in involving the family and providing carer support.

Work with schools

We carried out work with schools to identify the experience of carers of young people with mental health difficulties. We have worked with local youth and art projects to run workshops, focus groups and activities. In total, we've engaged with 78 young people. Key themes included the following:

- Access to primary care services and impact of time out from school/college to attend appointments
- Confidentiality of accessing services and stigma
- Positive experiences of voluntary and community sector-based support services
- Positive experiences of systemic and cognitive and behavioural therapies
- Lack of knowledge of support for eating disorders
- Attitude and behaviour of health staff towards young people who may have self-harmed
- Issues about lack of confidence, isolation, bullying, medication, self-harm, legal highs, shisha and substance misuse, peer pressure and loss of support services.

The format of working with schools and projects was successful and will be repeated throughout the year.

Young people's transition

Young people in Bradford have influenced how NHS money will be spent to drive up quality and innovation in local healthcare services. A group of young people who have experience of using CAMHS services has been working with Bradford City CCG to highlight what matters to them in using mental health services. The young people identified a number of changes and improvements which could be made to services, based on their own experiences. One of the main issues identified was the need for an improved transition process as people move from young people's to adult mental health services. This is a now a quality and innovation (CQUIN) scheme for the service provider to significantly improve services for young people.

Primary care engagement

This is a joint project with Healthwatch and Barnardo's to look at ways of improving the participation of vulnerable groups of young people within GP practices. Parklands, Picton Medical Centre and Bilton Medical Centre have taken part in the project and consulted with parents, carers and young people themselves to find out about people's experiences of participating with their local practice. Actions were then agreed in the areas of culture, structure, review and practice. Support is now being offered to the practices to achieve one of the actions outlined in their plan and a toolkit has been developed to support further practices to engage with young people more proactively.

Working with universities & GP practices

The University of Bradford is supporting patient participation groups (PPGs) as a mechanism for students to develop transferable skills which they can include on their university or job application forms. Potential transferable skills include working as a team, interpersonal communication, and leadership. There may also be opportunities to develop skills through specific project work. Students will also gain a wider understanding of the NHS.

Young women and mental health services

We worked with a group of eight young women to explore their experience of self-harming and mental health issues and their service needs. The young women, using drama as a medium, shared their experiences of isolation, need for support, good and poor experiences of services and the importance of having opportunities to build positive relationships and self-confidence.

Takeover day

We take part in the national *Takeover Challenge* where organisations all across England invite children and young people into their organisations to take over their roles and be involved in decision-making. We have hosted up to three children and young people each year and we hope to work with Barnardo's to have larger numbers step into key roles.

The following sections sets out what we are doing next to engage and involve children, young people and their families.

Your future, your health - youth event

On 15th October 2015, we are holding an NHS youth day. Each young person will receive a health passport and be challenged to collect 'info zone' stamps from a range of info zones. In each zone experts from Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust, Bradford District Care NHS Foundation Trust's community health teams, the local CCGs, Yorkshire Ambulance Service, Barnardo's and the Bradford Youth Development Partnership will be on hand to offer tips and advice. Zones include: *Careers, Let's Keep Healthy, Let's Get Involved*, and *Let's Stay Active* and tackle issues such as emotional health and wellbeing, sexual health and relationships, drugs awareness, the effects of smoking and drinking and NHS careers. There will be resuscitation demonstrations, games and rap and graffiti artists on hand to develop works based on young people's views of healthcare. We are keen to use the event to get young people interested and involved in shaping local health services.

Community chest

The Bradford CCGs are keen to promote partnership working between practices and voluntary and community groups and ensure we are all working to achieve the CCGs' strategic priorities of *Bradford Beating Diabetes, Bradford's Healthy Hearts and Bradford Breathing Better, Mental and Maternal health and Young People*. The CCGs has a fund to and encourage projects with great ideas to help make the city a healthier place, with opportunity to bid for up to £1,000 funding to get their ideas off the ground.

- The grant funding will be for project ideas that aim to meet the above and:
- improve the health of their community
- get people involved in their practice or health services
- improve ways to help people look after their own health/self-care.

In the first wave Bradford City CCG has funded three projects. One of these aims to look at supporting young people to be involved in commissioning and planning activities by providing support and training. The projects start in November 2015 to coincide with *Self-Care Week*.

Youth network

We are also working with Barnardo's and Sharing Voices Bradford to develop a youth network. This network, although not be specifically part of the Bradford CCGs, we intend to explore opportunities to regularly feed information to and from the CCGs and Young Lives Youth Network.

NHS Citizen Assembly

Each year NHS England host a Citizen's Assembly where members of the public, patients and leaders of health commissioning at NHS England come together to discuss priority areas and influence the direction of future services. Last year we took a group of young people to share their views and experiences of using mental health services – community mental health support, crisis support and psychological therapies – to feed into the national debate about mental health services for young people. This year we will again take a group to discuss the top areas identified by young people – namely mental health, mental health and physical health support, isolation and self-harm.

Promoting involvement in Future in Mind

The above structure, work and partnerships give a foundation to involving young people. We will use the youth network to support young people to involve and shape the delivery of the projects funded. Our communications, engagement and equalities reference group will have a focused session to explore with young people, how this will be achieved with key milestones put in place and opportunities for young people to monitor these.



COMMISSIONERS WORKING TOGETHER – NHS ENGLAND

The Yorkshire and Humber mental health specialised commissioning team works closely with identified lead commissioners in each of the 23 CCG areas across the region to ensure that specialised services feature in their local planning. This work is done collaboratively through the children and maternity strategic clinical network, which includes all relevant stakeholders.

There are a number of regional forums where collaboration take place, these include for example, the Yorkshire and Humber CAMHS steering group, specialist mental health interface group and also through individual meetings between NHS England and local commissioners. This way of working ensures that the whole pathway is considered when considering the development of services for children and young people.

The national CAMHS ‘tier 4’ service review identified Yorkshire and Humber as one of the two areas nationally that was experiencing the most significant capacity issues. These issues are regularly discussed and reviewed locally and regionally. The national pre-procurement project reported in July 2015 and recommendations about procurement of ‘tier 4’ services are due to be announced soon.

What this means for Bradford district and Craven

Bradford has an established record of trying to address the lack of local ‘tier 4’ beds by developing community services. As far back as 2006, investment was made in intensive home treatment services as an alternative to hospital. As part of more recent developments, a service was commissioned in 2012 to address the access to community-based specialist eating disorder services while extending seven-day provision to the whole district.

As an extension of the existing specialist CAMHS service, this enabled access to a service for people with eating disorders and young people who may be at risk of hospital admission to receive specialist services on a seven-day basis with access to a duty psychiatrist around the clock. This had an immediate impact on occupied bed days and particularly admissions for young people with eating disorders. In response to the NHS England review of inpatient services, this is a service which can be built on to improve access to both emergency and crisis care services consistent with the recommendations in *Future in Mind*.

While it has proved beneficial to develop these services as part of the wider specialist children’s mental health provision, there is opportunity to develop a dedicated eating disorders service, building on the resources already operating in the Bradford district. Similarly the provision of intensive home treatment can be managed separately as an

extension of the Crisis Care Concordat with children and young people having access to skilled and experienced specialist mental health workers when in crisis and requiring intensive intervention away from a hospital setting.

This will build on the success of the *First Response* service model already used in adult mental health and which has led to marked reductions in admissions and occupied bed days. It is crucial that this service works in partnership with NHS England case managers as and when hospital admission is required to ensure rapid access and early discharge as soon as this can be safely achieved with robust community follow-up.

Summary of current services provided in Yorkshire and the Humber

As of April 2015, the total number of tier 4 beds in Yorkshire and Humber is 90, with some of this capacity for patients in the East Midlands. This includes:

- **Leeds & York NHS Partnership Foundation Trust** (York) - 16 general adolescent beds, also commission deaf outpatient services
- **Leeds Community NHS Healthcare Trust** (Leeds) - eight general adolescent beds
- Riverdale Grange (Sheffield) – nine CAMHS eating disorders beds
- **Alpha Hospitals** (now part of Cygnet Hospitals (Sheffield) – 15 general adolescent beds, 12 psychiatric intensive care unit (PICU) beds
- **Sheffield Children’s Hospital** (Sheffield) – 14 beds 14-18 years, nine beds 10-14 years, seven learning disability non-secure beds 8-18 years, day care beds 5-10yrs.

Future service provision required

Across the region, we have considered in some detail what provision is required, and a summary position is below. Modelling work around bed numbers is ongoing and includes consideration of the natural patient pathways for young people from the East Midlands.

In summary:

- Adequate capacity regarding general adolescent beds in appropriate geographical locations addressing the current lack of provision in the west, north and east of Yorkshire and over provision in the south
- Access assessment arrangements that reflect the location of general adolescent services
- Eating disorders services – north and south of the hub area
- PICU – north and south of the hub area, co-located with general adolescent services

- Children – Yorkshire and Humber central geographical location
- Low secure, mixed gender – Yorkshire and Humber central geographical location
- Low secure and non-secure learning disability/autistic spectrum disorder – Yorkshire and Humber central geographical location
- Other services will continue to be provided on a regional basis, e.g. medium secure or national basis, e.g. inpatient deaf services.

Other issues relating to inpatient services

Since November 2014, arrangements for access assessments have been formalised across the region to enable equity of access to specialist services for all geographical areas by ensuring that all such assessments are undertaken by ‘tier 4’ clinicians. These arrangements are underpinned by the national referral and access assessment process for children and young people into inpatient services (*Specialised Mental Health Services Operating Handbook* protocol). In addition, care and treatment reviews (CTRs) were developed as part of NHS England’s commitment to improving the care of people with learning disabilities (LD) and/or autism (ASD). The aim is to reduce unnecessary admissions and lengthy stays in hospitals. Children and young people with a diagnosis of LD and/or ASD from Yorkshire and Humber have had access to CTRs while in hospital and often prior to referral to inpatient services.

NHS England and CCG commissioners work collaboratively across the region to ensure work is consistently carried out to understand and address local issues that influence admissions to and length of stay within CAMHS inpatient services. The variation of CAMHS provision is monitored through local and hub-wide data to help identify trends/themes. The Yorkshire and Humber mental health specialised commissioning team has positive relationships with local commissioners and this helps to ensure that local pathways work effectively to provide a whole system approach. The work undertaken with local commissioners as part of the transformation plans has aimed to ensure that the right services are in the right place, accessed at the right time and based on local people’s needs. Through the transformation plans, all opportunities for collaborative commissioning have been explored. Good examples of these opportunities are in CAMHS, eating disorders and intensive community provision.

Locally it is clear that access to crisis care for people with Autistic Spectrum Conditions and Learning Disability is something that needs to be developed in the Bradford area, with the development of services to support care and treatment reviews being key to delivering alternatives to hospital.

Work with the Youth Justice Board and Youth Offending Team (YOT) has established children's mental health as an important partner in delivery of services to this vulnerable group of young people. In the context of a high young population and high levels of social deprivation,^{xii} crime is something that young people in Bradford may be attracted to. Ensuring that young offenders have access to experienced mental health workers who will be able to establish any psychologically-based causes or consequences of criminal activity is crucial in helping young people find alternatives to crime.

Through development of an established intensive home treatment approach in the Bradford district and building on the success of the Crisis Care Concordat and *First Response* service, the transformation plan can help the service to reach any children and young people in crisis wherever and whenever they present.



COMMISSIONING INTENTIONS

Summary of Plans

- **To establish a Commissioning Model for Children’s mental health services**
- **To develop a single access system (Access Hub) on a multi-agency basis in line with Early Help strategy**
- **To develop Crisis Care Concordat and First Response Service to meet the needs of children and young people**
- **To establish separate community based Eating Disorders Service**
- **To enhance Intensive Home Treatment Service to meet the needs of children and young people**
- **To develop Schools Link project with access to Specialist Workers for all schools**
- **To design One Stop Shop or Drop in facility to enable access for young people who cannot access or are put off statutory provision**
- **To embed Specialist Workers with services for vulnerable children and young people (Looked after Children, Youth Offending Teams,)**
- **Extend training opportunities for the workforce and incorporate more people into the CYPIAPT training programme**

What Do Our Services Look Like Now? What Will They Look Like in Five Years?

These commissioning intentions provide the context for constructive engagement and indicate to our current and potential new providers how, as a commissioning body, we intend to shape the system that provides health services for the population of the Bradford district and Craven

The commissioning intentions are a product of ongoing engagement with our clinical community and stakeholders and represent our current planning and preparation for 2016/17. The Children and Maternity Transformation and Innovation Group will drive innovation and clinical excellence, act with honesty and integrity and put the interests of patients and the community at the heart of everything we do. This set of intentions outlines our current thinking on our priorities. Our strategy for greater integration and improving people's experiences of the services we commission remain at the heart of our ambition for sustainable, high quality and efficient health services. Our constant clinical focus will be on improving quality and outcomes.

We know that what we are doing currently is not enough. While we have been able to put in place some of the building blocks for change to secure a resilient and sustainable system, we know we must accelerate the pace of change and systematically improve the standards of care and outcomes our children and young people experience.

Access and waiting times

In 2014/15 1,094 children and young people were seen by specialist CAMHS services. Of these, 75% were seen within five weeks and 25% within 6-10 weeks. No-one was waiting longer than 11 weeks as a result of a successful stretch target agreed with the local CCGs . In addition to this, CAMHS-based primary mental health workers have an average of 2,000 face-to-face contacts with children and young people in schools and 500 joint contacts with school nurses to deliver mental health interventions at the earliest opportunity and divert children and young people from CAMHS referral where this is possible and appropriate.

Risks to current local service provision

Bradford CAMHS services are in a vulnerable position, especially community-based services. In particular, the Primary Mental Health Worker service, amounting to 11% of the CAMHS budget, has no secure source of funding. Due to local authority cuts, CCGs across the district have replaced funding (£350,000) on a non-recurrent basis for the last two years.

Priorities for change

Bradford's priorities for change have been developed by partners following consultation with key stakeholders including children, young people and their families, and analysis of the current data on mental health services for children and young people in the district as outlined in the health needs assessment (2015).

A detailed programme plan will be developed by lead partners on implementing and monitoring change. The priorities identified provide an initial starting point for the first changes to be implemented, however this will be updated as progress is made.

Making it happen: whole systems change

We are exploring available commissioning models for children's mental health to ensure standards, governance, access to supervision / support and equality of access across the whole district.^{xiii}

Our current model of care includes:

- the main contract for children and young people’s mental health is with Bradford District Care NHS Foundation Trust
- Bradford Metropolitan District Council has a number of services and staff working with children who have emotional and psychological wellbeing needs (looked after children teams, educational psychologists, educational social workers)
- the voluntary and community sector provide a number of services into schools to address emotional and psychological wellbeing needs
- some schools or academies employ their own school counsellors or pastoral workers to help address emotional health and wellbeing needs
- there are a number of commissioners of these services, with no single system of governance or accountability.

Our future plans over the next five years

We intend to explore, implement and establish a commissioning model which clarifies and makes consistent reporting mechanisms and governance structures to protect the interests of users and providers of children’s mental health and psychological wellbeing services.

Resilience, prevention, early intervention

Children and Young People told us:

“We want to be prioritised when funding decisions are being made. Do not just fund adult services. Provide us with the right help now and we will not need to use services as an adult.”

“All staff should be confident in their ability to spot and support emotional and mental health issues. Workers we have day to day contact with and who we trust need to have these skills to help us. It is not good enough to just have individual specialist workers that cover a wide area. These workers have no chance of providing all the support needed.”

Current position

- Our *Early Years* project has already established a universal integrated care pathway including access to perinatal/parental mental health specialist nurses. This service needs to be built on to streamline access and make it less reliant on just one professional

- The current role of primary mental health workers providing specialist mental health links with schools and seeing over 2,000 young people each year is under threat from budget reductions
- Counselling is available in some schools but not others, from a variety of voluntary and community sector services and school-funded providers
- School nurses have been providing low level mental health input and have been working in partnership with primary mental health workers to manage young people's mental health problems at the lowest level
- Barnardo's, Bradford District Care NHS Foundation Trust and 'Yoomee' have been commissioned to develop a 'Transitions' application
- The Wellness Recovery Action Planning 'WRAP' for children and young people, is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be. It has been piloted in Bradford through Barnardo's has had good initial feedback.

Our future plans over the next five years

- To develop perinatal/parental mental health services, building on the good work already started through the universal integrated care pathway for 0-5 year-olds to promote attachment and bonding.^{xiv}
- Review the *Early Help* offer. This will involve mapping current provision and producing a gap analysis. The aim is to develop the wider workforce to provide proactive support to children and young people, and so release capacity in the CAMHS service to address the demand for more complex interventions.
- To promote access to counselling services, pastoral workers and mental health support in schools through extending coverage of these and providing consistency of governance support and supervision Brooks F (2012). Life stage: School Years. In: *Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays*. London: Department of Health. (£91,000)
- To promote specialist mental health links with schools and GP practices to ensure all professionals linked with child services have access to expertise in dealing with mental health issues^{xv}

- To develop a school nursing service to deliver mental health interventions at the earliest level with access to specialist mental health workers as necessary. Department of Health and Public Health England (2013).^{xvi}
- To extend the development of apps on the back of the success of the Bradford-based ‘Transitions’ app.^{xvii}
- Extend access to WRAP, which has been successfully implemented with children and young people to help manage mental health problems through a solution-based focus.^{xviii}

Improving access

Children and Young People told us:

“No waiting list – we should get help when we need it. Not months down the line when we have to rake it all up again. More services that we trust and work with should be able to refer into specialist services such as CAMHS. GPs and school nurses are the referral route but some of us will not use these as we do not know them, they may be a community GP and know our family and we worry about confidentiality, so how do we get the help we need”

Current position

- Despite increase in referrals to specialist mental health, there is a perception that services are difficult to access.
- A multitude of services and lack of consistency around access leads to confusion and inequality.
- An increasing population and complexity of mental health problems puts services under pressure.
- The Crisis Care Concordat and *First Response* service have been successful in delivering effective crisis care to adults - and this success can be extended to children and young people.
- Access to community-based specialist eating disorder services was improved in 2012 through commissioning a seven-day access service as part of CAMHS services, and this provides a platform to build on.

Our future plans over the next five years

- To develop a multi-agency single point of access for all children and young people to get help at the earliest and most convenient opportunity

- Building on the *First Response* service, new investment will be used to recruit CAMHS clinicians to work within the *First Response* service. This will create a co-ordinated point of access and response 24/7 for crisis referrals across all ages. This will provide a direct access point for all professionals, children and young people and families and ensure a response that is rapid and proportionate, and signposted to the most appropriate setting. Success in reducing Section 136 and diversion from custody has already been achieved within the adult setting and can be mirrored in children and young people’s services. By creating this pathway, existing resources within the CAMHS service will be freed up, enabling the reorganisation of pathways and development of a clear model that sees unacceptable waits for assessment and intervention reduce and caseloads return to safe and workable levels (£109,000).^{xx}
- To develop ‘one stop shops’ or drop-in centres to promote access for young people who do not wish to go to their GP or statutory services. This has been repeatedly asked for by children and young people and offers an opportunity to access young people who may be put off by formal procedures (£100,000).^{xx}
- To establish a separately managed Eating Disorder service consistent with NHS England’s commissioning standards. This includes further development and investment in the current community eating disorder pathway offered across the district. This will see the current offer move to a dedicated service offering direct access and evidence-based intervention at the earliest point. The investment will enable development of existing staff and team growth to meet local demand and ensure delivery of a NICE concordant package of care as described within the commissioning guidance. The service will also look to provide consultation and workforce development for colleagues within primary care and other settings working alongside children and young people to promote early identification of issues which may lead to eating disorders and enable them to offer support and skills to children and young people around building resilience and prevention of escalating problems. The service is already well established from the local Foundation Care Trust and discussion has taken place to develop it to the level as outlined in NHS England Guidance (£298,000).^{xxi}
- Re-focusing of the primary mental health worker role by taking the strengths from the current model and building on the *Schools Link* pilot; investment will be used to re-model and re-focus the primary mental health worker offer of service. There will be an expanded offer opening out to more schools within the district, providing a named practitioner to establish better co-ordination and links between school and providers

of more intensive mental health support. The expansion will see a targeted approach to reaching children and young people from hard to reach and vulnerable groups, ensuring they are able to access and receive interventions at the right time, right place and by the right person. The service will be able to offer a creative breadth of intervention to children and young people to promote positive emotional wellbeing and deliver targeted programmes of support to groups within schools, community settings and bespoke offers to reach vulnerable and hard to reach groups.

They will facilitate the signposting and transition onto more intensive support in specialist CAMHS or signposting into community-based voluntary services. This will see a development of a diverse workforce with practitioners from varying disciplines and professional backgrounds being recruited to meet the varying needs for our diverse population. This may include mental health practitioners, youth workers, trained counsellors who can provide an integrated and multi-disciplinary team of emotional wellbeing practitioners (£352,000).^{xxii}

Caring for the most vulnerable

Children and Young People told us:

“You feel left out and isolated at school and in lessons. You get left behind because you cannot keep up and teachers are not bothered about this as long as you do not cause trouble. If you are quiet and struggling you do not get noticed.”

“People pick on me because of my condition so I don’t go to school. Make it safe and I will go. Bullying is massive in schools. It is more online now and it is hard for schools to control. This leaves us scared, unsafe and vulnerable.”

Current position

- A specialist Looked After Children’s clinical psychologist and workers based with CAMHS have developed a model for greater integration with the looked after children team. Demand continues to be greater than capacity for this group
- Child Sexual Exploitation steering group has requested specialist workers to help with children who are victims of grooming and other exploitation as they are unlikely to take up mainstream services
- Consultant psychiatrists and specialist CAMHS community mental health nurses have a long established partnership with the local Youth Offending Team, but this is another case of demand outstripping capacity and embedded workers would help address this

- Intensive home treatment has been running in specialist CAMHS services since 2006 and this was increased in 2012. With the success of the Crisis Care Concordat and the related reduction in adult mental health bed usage, the opportunity exists to further enhance Intensive home treatment for the under 18s in partnership with the adult service
- There are a number of specialist practitioners in CAMHS (consultant psychiatrist, child psychologist, mental health nurses) who work specifically with children with autism and learning disability. Access to suitable service in crisis can prove problematic when this occurs.

Our future plans over the next five years

- To develop the Crisis Care Concordat and *First Response* service to incorporate specialist children’s mental health workers so that access to specialist intervention can be made as and when needed. This includes specialists with autism and learning disabilities experience so that unnecessary escalation to admission can be avoided (£109,000 –previously highlighted)^{xxiii}
- To develop the intensive home treatment service to support crisis response and to deliver acute intervention for young people who may be at risk of going into hospital Department of Health and Concordat signatories (2014)^{xxiv}
- To establish specialist mental health workers with looked after children teams to promote seamless access to services (£186,000)^{xxv}
- To base trained professionals with child sexual exploitation services to provide access to young people who have suffered sexual abuse^{xxvi}
- To develop and embed links with Youth Offending Teams to meet the mental health needs of young offenders promoting diversion and helping to avoid repeat offending^{xxvii}
- To establish services for children and young people who do not access schools or education and may be vulnerable through homelessness or falling in with bad crowds or gangs.^{xxviii}

Accountability and transparency

Current position

- Currently Bradford district and Craven has a the lack of consistent and robust performance information

- There is also an opportunity to commission jointly with the appointment of a joint commissioner across the CCGs and local authority
- With a number of providers and commissioners, it is difficult to get a consistent picture but there is opportunity and expectation we will do so through implementation of the children and young people’s mental health minimum data set

Our future plans over the next five years

Nationally there is a challenge around the significant gaps in data and information, delays in the development of payment mechanisms and other incentives and the complexity of current commissioning arrangements

- To establish lead commissioner arrangements across all services
- To work with services in preparation for incorporating the children and young people’s mental health minimum data set
- Data collection systems to be established in response to the widening of the mental health minimum data set to include a CAMHS minimum data set
- To ensure governance systems are in place to monitor performance against key performance indicators across all services providing children and young people’s mental health services.

Developing the workforce

Children and Young People told us:

“All workers (especially GPs and teachers) in contact with children and young people and families should have a better understanding and knowledge about emotional and mental health needs. Emotional and mental health training should be mandatory for all staff to be able to do their job and meet our needs.”

Current position

- Bradford and Airedale were successful in applying for the fourth wave of children and young people’s improving access to psychological therapies (CYP IAPT), the training for which has been completed
- Trainees have been recruited for this year’s CYP IAPT course
- There is also an established programme of workforce development training in mental health delivered across schools and primary care with a dedicated programme coordinator

- Alongside this are training initiatives in schools through the health and wellbeing educational provision.

Our future plans over the next five years

- To extend roll out of CYPIAPT training to incorporate the voluntary and community sector, school nurses and counsellors
- To incorporate principles of CYPIAPT into workforce training programmes
- To align workforce training programmes to ensure equal coverage and access to all providers of children's services.

IMMEDIATE PRIORITIES – WHAT CAN BE DONE OVER THE MONTHS TO APRIL 2016

An **Access Hub** with contribution from all key stakeholders will be piloted within one area defined by School or GP Cluster group in order to promote speed and ease of access to the relevant service.

Specialist CAMHS workers, currently providing a “Duty” service will be based with **First Response Service** in order to promote experience within the service. The 24 hours/day, 7 days/week nature of the service will require investment to ensure Children and Young People's Mental Health coverage throughout service hours.

The **Intensive Home treatment Team** and the **Community-based Eating Disorders Service** will need to be managed as separate entities and as teams outside the standard specialist provision. Some of that resource can come from the existing workforce but there will need to be investment in order to meet the Access and Waiting Times Standard. The distinct teams can be established initially by April 2016

Releasing workers to link up with **Looked After Children Teams** can be done relatively quickly but will need planning in terms of numbers required and possible backfill into existing roles. This may be possible for April 2016.

Currently **Primary Mental Health Workers** are aligned to schools and this can continue to April 2016. With additional resource the established system can be **extended to give greater coverage against the model outlined in the 2015, “Schools Link pilot” bid**. The identification from schools of Mental Health Leads will enhance this role and the role of School Nurses, Educational Psychologists and Educational Social workers together with Voluntary and Community Sector providers will ensure greater choice and support.

The **Drop-in-Centre** for Children and Young People will need to be worked up as a concept with all relevant stakeholders and will need to establish a clear operational policy.

Children and Young People's IAPT will continue to be rolled out and will become part of the aligned workforce development training. Trainees on the Fifth Wave have been appointed and will start training this year. This will require a level of planning and organisation and will be achieved in time for April 2016

The challenge posed by the need for clearer data collection and Key Performance Indicators will be addressed through the Quality Performance Group and will require an interim system prior to roll out of the **CAMHS MDS**. This can be put in place as part of the NHS standard contract negotiations.

The CCGs and local authority will commission consistently with the requirements of *Future in Mind*. The key deliverables from these priorities will form the basis of our implementation plan for children and young people's mental health for the next five years.

Commissioning for good patient experience: the poorest care is often experienced by those least likely to provide feedback, make complaints, exercise choice or have family speak-up for them. Patient experience should be on a par with other elements of quality, with clinical effectiveness and patient safety. There is an incomplete picture of the patient experience across the range and breadth of services for children and young people. We aim to build on existing capacity and capability in ourselves and our providers to act on patient feedback. We will build the skills and tools to analyse different sources of feedback, identify key issues that need to be addressed and then put in place service improvement plans that deliver an improved experience. We will triangulate this with formal reporting to pinpoint areas for further scrutiny to give feedback on the quality of services and staff a powerful incentive to make improvements to the services they provide.

Commissioning for value: as partners we need to balance the need to improve quality and improve access with the feasibility of making improvements. Therefore, we will focus on programmes and identify value opportunities, moving away from commissioning focused on organisational boundaries. Value exists where our health economy is an outlier and therefore will yield the greatest improvement to clinical pathways. We will deliver value to our population by reviewing available indicative data on quality, spend and outcome to highlight the top priorities and opportunities for transformation and improvement. The programme areas that offer the greatest initial opportunity for transformation and improvement are parental mental health, children and young people's improving access to psychological therapies and community-based eating disorders services. During the transformation plan lifecycle we will consider the allocative efficiency of our commissioning.

Commissioning for systems of care: to a large degree, the public will judge our success on the quality of services we commission that they use. We will co-commission with our partners and ensure our patients and their families are fully included in all aspects of service design and change. Systems of care, provided by dynamic and adaptable networks, are able to deliver improve value without always requiring extra funding. Transformed services offer a modern model of integrated care and will be increasingly focused on supporting patients to maximise care for themselves through the design and delivery of systems of care.

Service transformation will require culture change. The *Future in Mind* transformation fund enables us to make sustainable transformational change over a planned period that brings with it the resources to meet the recognised gaps in services and re-balance the provision of our services. This may mean integrating specific services or integrated provider organisations to bring focus to the outcomes rather than the organisational form. Systems will need more responsive and patient-centred, across the seven-day week for those in crisis, so that we increasingly become more adaptive and responsive. We plan to move to services that are increasingly in line with the models of good practice set out in *Future in Mind*.



GOVERNANCE

Our Local Transformational Plan has been developed by a partnership of stakeholders taking a multi – agency. We are committed to work together to achieve better outcomes for children young people and their families.

Commissioning organisations

L A Adults' Commissioning Service	L A Children's Commissioning Service	L A Public Health
Airedale Wharfedale & Craven CCG	Bradford City CCG	Bradford District CCG

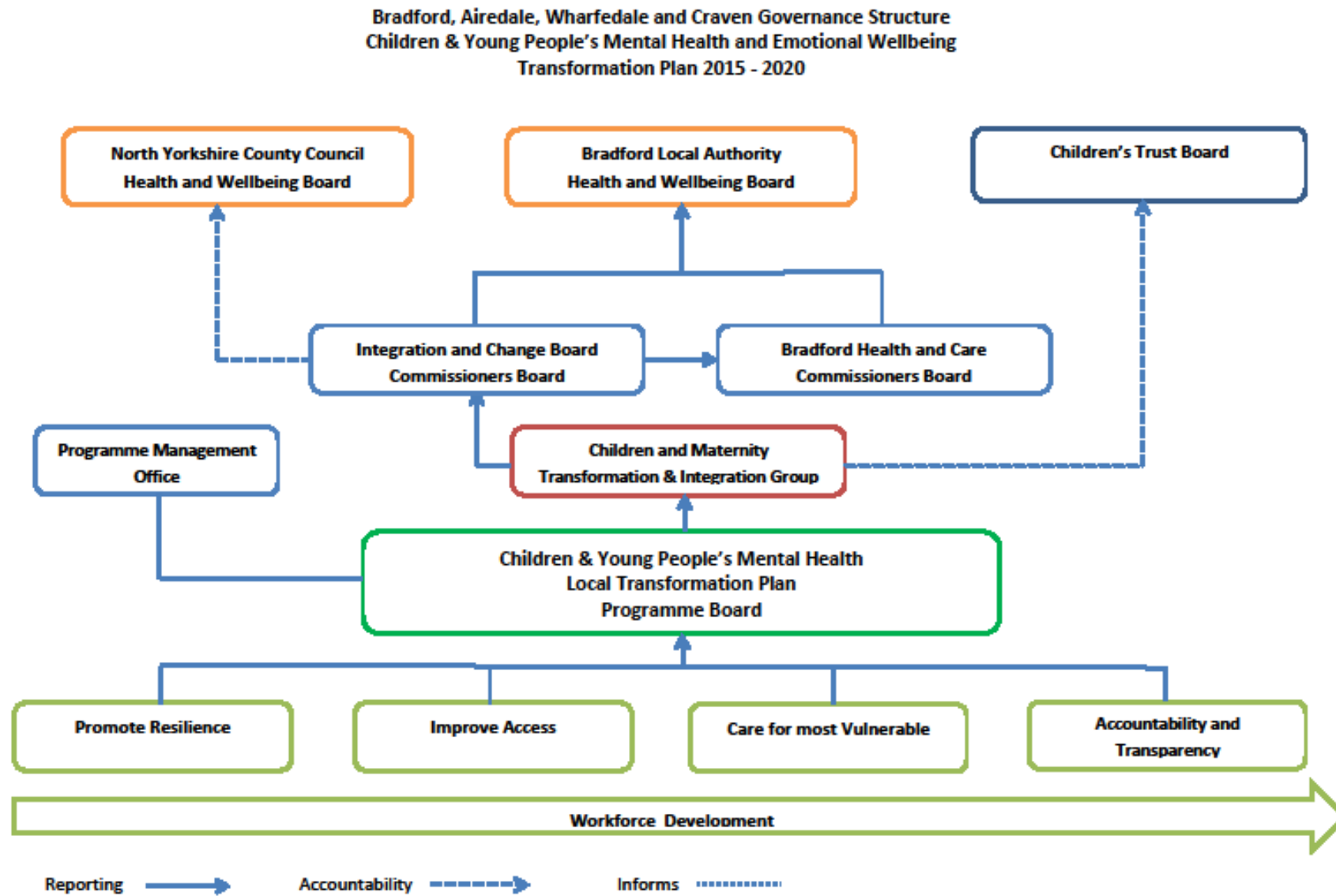
Provider organisations

Barnardo's Participation	Bradford Schools Nursing	Relate Bradford	CYP IAPT
Behaviour Management Collaborative	Educational Psychology	Health and Wellbeing	
Bradford District Care NHS Foundation Trust	Perinatal Mental Health	Young Lives Bradford	

Advisory organisations

Bradford Children's Trust	Bradford Healthy Minds	Safeguarding Children's Board	Youth Justice Board
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Figure 4: Whole system committee structure



Key: Whole System Committee Structure

Children and Young People's Local Transformation Programme Board: a multi-agency group board provides strategic oversight of the local transformation programme and manages risks and issues. The lead commissioner monitors the CYPMH dashboard and reports into the board provides assurance that the programme is managed and ensures that the programme will delivery of the benefits as mandated by Bradford Health Care Commissioners group and the Health and Wellbeing Board.

Work streams and sub-groups: multi-agency groups to deliver the priorities of the local CYPMH transformation plan.

Bradford Health and Care Commissioner Group: a multi-agency strategic group which provided the mandate for this initiative.

Children's and Maternity Transformation and Integration Group: a multi-agency strategic group which has oversight of all programmes delivering outcomes for children services and responsible for coordinating programmes in its portfolio.

Health and Wellbeing Board: highest level strategic multi-agency body with political members. Has strategic oversight for Bradford's health and social care economy. Responsible for signing off the Bradford Children and Young People's Mental Health Local Transformation Plan.

Portfolio Management Office: the PMO manages the portfolio of programmes and coordinates reporting. It receives monthly highlight reports from all programmes within its remit.

Financial allocation: An option appraisal was undertaken by partners across the voluntary care sector, education and health commissioners and providers. The funding is allocated directly to each clinical commissioning group and is pooled together to achieve this plan. In total £1.1million every year for five years.

MEASURING HOW WELL WE ARE DOING

The CAMHS data set is now incorporated into the mental health services data set (MHSDS) which has been approved through the Health and Social Care Information Centre process for collection from January 2016. A national prevalence survey is to be undertaken every five years. During 2015/16 NHS England has introduced access and waiting time standards in mental health services and transforming care metrics:

Mental health access waits:

- Improving Access to Psychological Therapies (IAPT)
6 weeks and 18 weeks waiting times
- Early Intervention in Psychosis NICE approved care package
- Liaison Psychiatry: acute trust model

Transforming care metrics include:

- Total number of patients in inpatient beds for mental and/or behavioural healthcare who have either learning disabilities and/or autistic spectrum disorder (including Asperger's syndrome).
- Numbers of admissions to inpatient beds for mental and/or behavioural healthcare who have either learning disabilities and/or autistic spectrum disorder (including Asperger's syndrome).
- Numbers of patients discharged to community settings.
- Patients without a care coordinator.
- Patients not on the register.
- Patients without a review in the last 26 weeks.

Data will be supported through HSCIC.

Locally, in support of our transformation plan we are giving consideration to key outcome measures under each of the work areas – see figure 5 for list of potential outcomes. Work on outcome measures is underway and where possible we intend to use outcome metrics from routinely collected data sources.

Figure 5: List of potential outcomes

Access Hub	
CAMHS Wait Times	All children and young people, including children with learning disabilities and/or ASC, have access to a local CAMHS service according to need No-one should wait longer than 10 weeks from referral to assessment.
Safeguarding	All referrals are directed in accordance with need - including safeguarding.
Re-contacts	
Patient Satisfaction	
First Response Service	
Access to specialist services	Access is provided to specialist interventions as and when needed. This includes specialists with ASC and LD experience so that unnecessary escalation to admission can be avoided.
Intensive Home Treatment	
Intensive home treatment	Children and young people with mental health needs are managed at home where possible.
Community-based Eating Disorder Service	
Children with eating disorders	Children with eating disorders are provided with support to maintain their independence and remain in the community where possible.
Healthy diets	Children are supported to maintain a healthy diet and healthy weight.
Accessible eating disorder services	All children and young people should have access to a local comprehensive child and adolescent community-based eating disorder service according to their need.
Looked after Children	
Providing support to looked after children	The mental as well as physical health needs of looked after children are met, monitored, reviewed and maintained.
Emotional wellbeing of looked after children (5-16 years)	Looked after children are supported to ensure that the impact of stressful life events and adverse childhood experiences are minimised.

CAMHS and mental health support provision to and in schools	
Mental health support in school	High quality services are provided to all pupils who require them through the provision and maintenance of a link between schools and mental health services.
Avoidance of unnecessary referral to CAMHS	Children and young people are provided with the most appropriate services without automatic referral to CAMHS.
Children and Young People IAPT	
CYP IAPT services	All children and young people, including children with learning disabilities and/or Autistic Spectrum Conditions, have access to psychological therapies as required according to an assessment of their need. All children and young people, assessed as requiring access to psychological therapies are provided with the service, and the service is monitored against outcomes to ensure that the service user's needs have been met.
Resource to ensure delivery of services	There are adequate numbers of workers trained throughout the system to provide Children and young people IAPT services as required by the demand for services.
Workforce development	
An educated and skilled workforce	Members of universal services workforce are able to identify and deal with mental health problems at an early stage, so improving future prospects and health outcomes,
Perinatal mental health / infant bonding	
Review of potential measures underway through the Better Start Bradford and Born in Bradford research studies.	

Version date: Friday 16th October 2015

END

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Corporate Parenting Panel – 2015/16

Conservative	Labour	Lib Dem
Cllr Dale Smith	Cllr Carol Thirkill (Chair)	Cllr Tracey Leeming
	Cllr Sinead Engel (Dep Chair)	
	Cllr Angela Tait	
Alternates	Alternates	Alternates
Cllr Mike Pollard	Cllr Sameena Akhtar	Cllr Nicola Pollard
	Cllr Fozia Shaheen	
	Cllr Mohammed Shafiq	

Non-voting Co-opted Members	
Jonathan Pickles	West Yorkshire Police
Lynn Donohue	Senior Achievement Officer, Bradford Achievement Service
Nancy O'Neill	Bradford NHS
The Chair of the Children in Care Council	

Corporate Parenting Panel Date/Venue	Report/Author	Deadline for Reports to Secretariat
8th July 2015 4.30 pm – 6.00 pm Committee Room 1	<ul style="list-style-type: none"> ▪ <i>Appointment of Co-opted Members</i> ▪ <i>Changes to Quality Assurance Role and Responsibilities (Reg 44) and Member visits to Residential Homes – Suzanne Lythgow</i> ▪ <i>Work Plan</i> 	25 th June 2015
9th September 2015 4.30 pm – 6.00 pm Committee Room 4	<ul style="list-style-type: none"> ▪ <i>Performance Report on the Outcomes for LAC - to include a focus on the role of the YOT and their work with LAC and the Judgements for Children's Homes – Dave Preston</i> ▪ <i>Residential Care Review – Verbal report from David Byrom</i> ▪ <i>Work Plan</i> 	26 th August 2015
11th November 2015 4.30 pm – 6.00 pm Committee Room 1	<ul style="list-style-type: none"> ▪ <i>Educational Outcomes – to include a breakdown in the figures in respect of ethnicity and location (to constituency level) – Mike Latham</i> ▪ <i>Report on the Virtual School and how it operates, once the additional staffing is in place, to include an update in respect of the work being undertaken to improve the attendance of young people in Residential Care – Mike Latham</i> ▪ <i>Complaints (to include an update in respect of the implementation of the recommendations contained in Document 'C' – CPP 19th November 2014) Irina Arcas</i> ▪ <i>Work Plan</i> 	29 th October 2015
13th January 2016 4.30 pm – 6.00 pm Committee Room 1	<ul style="list-style-type: none"> ▪ <i>Progress report in relation to the Policy on the Adoption & Fostering of Sibling Groups six months after implementation – Patsy Burrows/Mary Brudenell</i> ▪ <i>Emotional wellbeing of LAC (Mental Health Taskforce & Transformation)- Cath Dew</i> ▪ <i>Journey to Excellence – Mark Anslow</i> ▪ <i>Work Plan</i> 	29 th December 2015
9th March 2016 4.30 pm – 6.00 pm Committee Room 4	<ul style="list-style-type: none"> ▪ <i>Independent Reviewing Officer Service, CSE and Missing Children – Frank Hand</i> ▪ <i>Further report on the Single Point of Contact for the Leaving Care statistics – Vaughan Chapman</i> 	25 th February 2016

	<ul style="list-style-type: none"> ▪ <i>Further report on the Educational Outcomes for LAC (to include Dept for Education data; comparison with the national figures and those for LA's within the Yorkshire & Humber region; comparison with yp who are not looked after; the reasons why some yp are not entered for GCSE's; outcomes at 5,7,11 & 16; an assessment of whether LAC are catching up with their peers and, if so, by what point in their education – Mike Lathan</i> ▪ <i>Work Plan</i> 	
<p>27th April 2016</p> <p>4.30 pm – 6.00 pm</p> <p>Committee Room 4</p>	<ul style="list-style-type: none"> ▪ <i>Update on refugee/asylum seeking LAC - Di Watherston</i> ▪ <i>Residential Care Review - David Byrom</i> ▪ <i>Work Plan</i> 	14 th April 2016
<p>Items for Inclusion on the Panel's Work Plan for 2016/17 in due course</p> <p>(1) Review of Exit Interview Process</p> <p>(2) Update on the Work of the Virtual School</p>		