

## Agenda for a meeting of the Joint Health and Social Care & Children's Services Overview and Scrutiny Committees to be held on Thursday, 27 October 2016 at 4.30 pm in the Hockney Room - Margaret McMillan Tower, Bradford

### Members of the Health and Social Care Overview and Scrutiny Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Carmody Gibbons	Greenwood (Ch) Bacon (DCh) A Ahmed T Hussain Nazir	N Pollard

### Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Barker Poulsen	Berry S Hussain H Khan Mullaney Shaheen	Griffiths

### NON VOTING CO-OPTED MEMBERS

Susan Crowe	Strategic Disability Partnership
Trevor Ramsay	Strategic Disability Partnership
G Sam Samociuk	Former Mental Health Nursing Lecturers
Jenny Scott	Older People's Partnership

### Members of the Children's Services Overview and Scrutiny Committee - Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT	INDEPENDENT
D Smith(Ch) M Pollard (DCh)	Engel Mullaney Peart Shaheen Tait	Ward	Sajawal

### Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Carmody Rickard	Akhtar Bacon Abid Hussain Thirkill	J Sunderland



VOTING CO-OPTED MEMBERS:

Sidiq Ali	Parent Governor Representative
Gull Hussain	Parent Governor
Claire Parr	Church Representative (RC)
Joyce Simpson	Church Representative (CE)

NON VOTING CO-OPTED MEMBERS

Tom Bright	Teachers Secondary School Representative
Kerr Kennedy	Voluntary Sector Representative
Stephen Pickles	Teachers Primary Schools Representative
Tina Wildy	Health Representative

**Notes:**

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- 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.
- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

**From:**

Parveen Akhtar

City Solicitor

Agenda Contact: Claire Tomenson

Phone: 01274 432457

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**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. 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 Director 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.

(Claire Tomenson - 01274 432457)

## **B. OVERVIEW AND SCRUTINY ACTIVITIES**

### **4. CHILDREN'S MENTAL HEALTH**

1 - 62

The Future in Mind Locality Transformation Plan was developed in the context of Bradford and Airedale with reference to the Joint Health Needs Analysis of Emotional and Psychological Wellbeing of Children in Bradford (Public Health 2015).

The Director of Strategy, Bradford Districts Clinical Commissioning Group will present a report (**Document "A"**) which answers some specific questions asked of the commissioners in relation to access and waiting times.

**Recommended -**

**That the development of services in line with the Future in Mind Local Implementation Plan aligned with priorities within Journey to Excellence, Integrated Early years Strategy and the Early Help approach for children 0-19 years be supported.**

(Mark Vaughan – 01274 237290)

### **5. DEVELOPMENT OF AN INTEGRATED TRANSITIONS SERVICE FOR YOUNG PEOPLE WITH DISABILITIES IN BRADFORD**

63 - 74

The Strategic Director, Health and Wellbeing will present **Document "B"** which provides an update on the progress of the project plan to develop an integrated service for 14-25 year old disabled young people and their families in Bradford.

The Project Board is supported by members from the three local Clinical Commissioning Groups, the Local Authority (Children's and Adult Services), Bradford District Care Foundation Trust, Airedale NHS



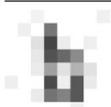
Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust working in partnership to deliver improved outcomes for young people.

**Recommended –**

**That the Committee notes the progress made and the plans for the development of an integrated transition service for young people.**

(Fred Bascombe – 01274 431185)

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



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## Report to the meeting of Joint Health & Social Care and Children's Services Overview and Scrutiny Committees to be held on 27 October 2016.

# A

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**Subject:**

**Children and Young People's Mental Health**

**Summary statement:**

Future in Mind was published in March 2015 by the government's Children and Young People's Task Force. It provides an opportunity to develop services collaboratively and challenge localities to establish a Locality Transformation Plan against the following five key themes.

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care of the most vulnerable
- Transparency and Accountability
- Developing the Workforce

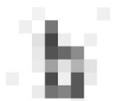
Ali Jan Haider  
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**Portfolio:**

**Health and Social Care**

**Overview & Scrutiny Area:**

**Children's Services and Health & Social Care**



## 1. SUMMARY

Future in Mind was published in March 2015 by the government's Children and Young People's Task Force. It provides an opportunity to develop services collaboratively and challenge localities to establish a Locality Transformation Plan against the following five key themes.

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care of the most vulnerable
- Transparency and Accountability
- Developing the Workforce

Guidance for the Transformation Plans was published in August 2015 with further recommendations for Eating Disorder services and crisis intervention. The Transformation plan reflects and references the local Crisis Care Concordat Action Plan and the needs of the locality based on assessment of local strengths and weaknesses. A Steering Group was established incorporating representation from health, social care, education, commissioning and participation of children and young people through Barnardos and this formed the basis for consultation on the development of the plan. The successful development of the Local Transformation Plan meant that Clinical Commissioning Groups for Bradford City, Bradford Districts and Airedale, Wharfedale, Craven were able to access funding relative to their population size and this amounted to £1.1M recurrently for five years to 2020. This had to be assigned to the various developmental projects related to Future in Mind Guidance and commitments in the Local Transformation Plan. An update and refresh of the Local Transformation Plan is required by NHS England by October 31<sup>st</sup> 2016.

This paper answers some specific questions asked of the commissioners in relation to access and waiting times.

The Future in Mind Locality Transformation Plan was developed in the context of Bradford and Airedale with reference to the Joint Health Needs Analysis of Emotional and Psychological Wellbeing of Children in Bradford (Public Health 2015).

## 2. BACKGROUND

In 2014 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’.*

A comprehensive health needs assessment 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 Clinical Commissioning Groups, 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 Health Needs Assessment 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. Against a background of reductions in services due to austerity measures and an overall increase in under 18 population in the Bradford area, Future in Mind presented an opportunity to review and transform services to meet the needs of children and young people in Bradford. With focus on access in crisis (linked to the Crisis Care Concordat Action Plan), Eating Disorders, Vulnerable Groups including Looked after Children and Links with schools, the Future in mind local transformation plan was developed as a multiagency agreement on what was needed.

### **3. REPORT ISSUES**

#### **3.1 Access**

Through Journey to Excellence Early Help Offer the development of Early Help Hubs has enabled a “single point of access” model for all referrals of children and young people. Future in Mind funding has been used to retain the role of Primary Mental Health Workers within schools and to appoint mental health specialists into the Early Help Hubs to ensure immediate access to mental health expertise at the point of referral. This enables management of the situation at the earliest stage and fast track of referral into relevant services as required.

#### **3.2 Information on the range of options being offered/provided on first contact and first referral**

There is a wide range of access to mental health support from a children and young people’s perspective dependent on the school they attend. With a number of different commissioning bodies (Clinical Commissioning Groups, Local Authority, Academies) there are differences in the services accessed by each school. All schools have access to a Primary Mental Health Worker who works closely with the School and the School Nurse. In addition to this there are school counsellors, Voluntary Sector services such as Relate,



Time to Talk, Bradford Counselling and Sharing Voices Bradford but this is not equalised across the patch. Investment has been made in order to identify access through the development of Mental Health Leads in each school and to identify the local offer from Health, Local Authority, VCS and school commissioned Counsellors so that it is clear to young people and schools how to access services in their school. Identifying individuals with key roles to play in mental health provision within each school will establish the “mental health team” for that school and will identify the pathway for access to support.

**Options available for accessing support:** The current pathway for access into Child and Adolescent Mental Health Services (CAMHS) is routinely via the school nurse in consultation with the CAMHS Primary Mental Health Workers. CAMHS will also take direct referrals from General Practitioners and other clinicians when cases are felt to be more urgent and/or in crisis. As part of Future in Mind transformation in collaboration with Local Authority, Bradford District Care Foundation Trust are supporting the pilot of ‘early Help Hubs’ which are multi agency panels that triage and signpost referrals from families requiring support and interventions. This involves CAMHS Primary Mental Health Workers and is looking to support a model of multi-agency decision making and sign posting to ensure that support and interventions are offered at the right time, by the right service and that meets the needs of the family.

### **3.3 Timescales and waiting times for appointments through the system**

Specialist Mental Health Services for children and young people (CAMHS) are commissioned to see all urgent referrals within 24 hours and routine referrals within 13 weeks. Data since 2012 indicates the service in Bradford and Airedale has maintained this standard with them achieving a stretch target of seeing routine referrals within 11 weeks. CAMHS offers 24/7 on call Consultant cover with specialist nurses available across the 7 days 9-5pm to offer crisis and home treatment to young people with an open referral to the services.

The First Response Service offers an ageless, open door crisis response service offering direct support and intervention to anyone in mental health crisis (working to all Bradford District Care Foundation Trust Safeguarding Policy and Procedures and appropriate referral pathways for such vulnerable groups)

### **3.4 Access to psychological therapies**

Therapeutic/psychological interventions are delivered by a range of appropriately skilled, trained and accredited clinicians’ within the multidisciplinary team and modalities include: Psychotherapy to include Dyadic Developmental Psychotherapy, Eye Movement Desensitisation and Reprocessing therapy (EMDR), hypnotherapy, person centred counselling, systemic family therapy, Cognitive Behavioural Therapy, Play Therapy & Art Therapy. Waiting times for these interventions can vary but a key worker is assigned from assessment to ensure that there is access to support while the specific therapy becomes available. Children and Young People’s Improving Access to Psychological Therapy has been introduced as a means by which more people from the children’s workforce can



deliver interventions for mild to moderate mental health problems. Seven people have received the yearlong training (delivered in Salford) and have brought the skills in Cognitive Behavioural Therapy and family interventions back to the work place. This has involved specialist mental health workers and attendees from the Voluntary Sector. The next phase of training is currently being recruited to.

### **3.5 Early intervention**

Specialist CAMHS offer support to those experiencing moderate to significant mental distress with associated impacts upon attainment, functioning and risk. Primary Mental Health Workers work in schools as a conduit and support to those who are experiencing difficulties at a lower level. Their role is to directly link and work into school nursing clusters; providing consultation to school nurses, direct support to children and their families within Primary care settings and act as a fast track into specialist CAMHS or lower level support services ensuring that intervention is offered at the most appropriate level proportionate to the child and family's needs. As noted previously they are also now part of the Early Help Panel pilots. There is also a specialist mental health worker offering training to clinicians from across the Local Authority and universal services. This training is around developing understanding of emotional wellbeing and mental distress and seeks to equip staff with knowledge and understanding proportionate to their role. This supports them being able to identify any potential distress at an earlier stage and inform intervention at the earliest level. It also serves to promote mental health awareness and prevention of stress and emotional upset escalating to more serious manifestations of mental ill health. In addition, Health Visiting (HV) services provide support for parents with young children to ensure their emotional wellbeing and also the bonding and attachment between the mother and key carers and the baby is well established. In addition HV services ensure children are supported appropriately in their social and emotional development and hence are emotionally resilient.

### **3.6 Provision for early intervention in psychosis (EIP), eating disorders, self-harming**

**Early Intervention in Psychosis** - Bradford and Airedale has a well-established Early Intervention in Psychosis Team (EIP) that takes referrals from 14 upwards. EIP workers specialising in the 14-18 year old age group are embedded within CAMHS and have a clear referral pathway into the service that is direct.

**Eating Disorders** – Future in Mind has supported the development of an Eating Disorder Service in line with National Health Service England guidance for best practice issued in August 2015 to model approaches around intervening early, as soon as signs that an eating disorder is developing in order to improve opportunities for successful intervention. The team will be active in engaging with schools and children's services where early signs of eating disorders will be picked up and will be in line with the Better Access & Waiting time Standard for eating disorders services.

**Self-Harming** – The Crisis Care Concordat children and young people's sub group will have a focus on self-harm and suicide prevention and the First Response Service is accessible to all young people considering such action. Primary Mental Health Worker's



work alongside School Nurses and schools to support in presentations of self-harm and offer preventative and proactive strategies through consultation and supervision. Educational Psychology have developed a policy on responding to self-harm as part of the Mental Health Matters in Schools project which also rolled out a series of assemblies and workshops relating to emotional wellbeing and resilience.

### **3.7 Interagency working in schools**

There is a clear pathway for School Nursing and Health Visitors to refer to Primary Mental Health Workers working in CAMHS. Primary Mental Health Workers work jointly with universal services in attempting to identify and manage at emotional difficulties and mental distress at their lowest level. They offer consultation, advice and signposting, and where needed, direct support to children and their families alongside the school nurse, health visitor or in primary care. They also act as a conduit into specialist CAMHS or lower level support services ensuring that intervention is offered at the most appropriate level proportionate to the child and family's needs. For children who are classed as Younger Years, these referrals will be discussed and allocated to a member of the multi-disciplinary Younger Years Team within specialist CAMHS. This team offers interventions that are targeted at this younger age range with a focus on work with the parents or carers.

The PMHWs are aligned to School Nursing clusters, with a named PMHW for each school nursing team. CAMHS is continuing to work closely with the School Nursing lead to ensure that these links and conduits continue.



#### 4. FINANCIAL & RESOURCE APPRAISAL

The future in Mind Local Transformation Plan (LTP) has secured the funding of £1.1M for 5 years to 2020 to be allocated via CCGs according to the agreed projects in the table below:

##### Summary of Projects and funding allocation

Project	Funding £
Refocusing the role of PMHW in schools	352,000
Developing schools engagement	91,000
Early Help Access Hub (single point of access)	100,000
First Response	109,000
Eating Disorders	296,000
Looked After Children and Vulnerable Groups	186,000
Workforce Development including CYPIAPT	Separate funding stream

#### 5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Risk Management and Governance is reported through the Joint Commissioning Board to Bradford Health and Social Care Board to the Health and Wellbeing Board.

A brief amplification of the summary statement on the cover of the report, but only where necessary.

#### 6. LEGAL APPRAISAL

None



## **7. OTHER IMPLICATIONS**

### **7.1 EQUALITY & DIVERSITY**

As part of the development of the Future in Mind Local Transformation Plan we highlighted Vulnerable Groups in Bradford (p.7) and our Engagement and Involvement activity (pp 9-15) as evidence that we have given full consideration to the various needs in the area and have listened to the voices of young people. Further to this the attached Future in Mind Children and Young Peoples version of the LTP was written with participation from young people at Barnardos to demonstrate a level of engagement with the intended outcomes of this initiative

### **7.2 SUSTAINABILITY IMPLICATIONS**

The Future in Mind Local Transformation Plan is designed to be sustainable within service structures against the associated investment to 2020 through Clinical Commissioning Groups.

## **8. OPTIONS**

To develop services in line with the Future in Mind Transformation Plan and associated Department of Health investment of £5.5M in 5 annual instalments. To align this with developments linked to Journey to excellence and Better Start Bradford in promoting health and wellbeing for children and young people in Bradford and Airedale.

## **9. RECOMMENDATIONS**

To support development of services in line with Future in Mind Local Implementation Plan aligned with priorities within Journey to Excellence, Integrated Early years Strategy and the Early Help approach for children 0-19 years.

## **10. APPENDICES**

1. Future in Mind Locality Transformation Plan (CCG) October 2015
2. Future in Mind Locality Transformation Plan CYP Version (Barnardos) July 2016

## **11. BACKGROUND DOCUMENTS**

Future in Mind (DOH) March 2015  
Mental Health Strategy for Bradford and Craven (CCG) October 2016  
Five Year Forward View for Mental Health (DOH) March 2016  
Crisis Care Concordat Action Plan (Bradford and Craven) October 2015  
Crisis Care Concordat CYPMH Action Plan (Bradford and Craven) September 2016



# Future

# in

# Mind

## ***Bradford District and Craven Transformational Plan Summary***

*Children and Young People's Mental Health*

*For Children and Young People,  
Parents and Carers*

***July 2016***

**Believe in  
children**  
Barnardo's

Airedale, Wharfedale and Craven  
Bradford Districts  
Bradford City  
CCGs working together  
**NHS**

Bradford District Care **NHS**  
NHS Foundation Trust

City of Bradford MDC  
[www.bradford.gov.uk](http://www.bradford.gov.uk)

# Future in Mind Children and Young People's Mental Health Transformation Plan Summary 2016

Adults in charge of health services across England have told your commissioners (those who decide how to spend money on services) in Bradford to improve children, young people and adults emotional and mental health support by spending more money in the right places and delivering these services in the right way for you.

## Facts!

A recent Bradford Health Needs Assessment 2015 tells us that ...

- ➔ Bradford has the third highest number of children and young people living here across England
- ➔ Services are struggling in some areas to support your emotional and mental wellbeing and need to rethink how they deliver services for you in future in some cases with less resources
- ➔ About 17,000 of these children and young people will need some type of help with their emotional and mental health needs and...
- ➔ Your mental health should be seen as one of the most important things for us in Bradford.

With all this information professionals across Bradford are now working together to make sure that you are all supported to be the healthiest that you can possibly be by planning to give you;



The best start in life,



Control over your lives,



Help in becoming an adult



Helping you early on with problems and



Giving you the proper help when you need it in an emergency



A report called 'Future in Mind' (created from what we know works and what children and young people say works) tells Bradford that they have the chance to work together and transform (change) mental health services by ...

1. Creating early support that helps to stop you becoming ill and that helps you cope with life's challenges
2. Making services easier to get into and move between
3. Helping all including those groups that most need support such as children and young people with learning disabilities and many more.
4. Being honest, giving you the right information and answering to those who use their services - you guys!
5. Having skilled workers that are trained to be able to help you properly.

Across Bradford with your help we want to provide a variety of **Aim!** services that are ...

**Easy to find out about, get into and use**

**That can offer emotional and mental health support at the right time**

**Works in a variety of ways**

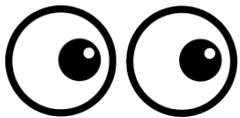
**Based in many different locations that work for children and young people**



# You're Voice Counts! What we have been told so far!!

Children and Young people in Bradford so far have helped us think about what you need from services.

You tell us that we should improve how children and young people...



1. See and talk about mental health - take away the negativity

2. Receive information,



3. Understand their rights when using a service



4. Find out about services,



5. How services communicate with them,

6. How schools support their emotional and mental health



7. How they receive support whilst waiting for services



8. How they move from Child to Adult Services



We will continue to involve children, young people and their families in a variety of ways that will influence the design and transformation of mental health services.

One way to have your say is to give us your ideas about this Transformational Plan. Please read on and let us know what you think!

# **A Snapshot of our Plans: what we will do...**

**1. AGREE HOW WE DECIDE WHAT SERVICES TO SPEND MONEY ON AND HOW WE MAKE SURE THEY ARE DOING A GOOD JOB WITH OUR MONEY**

**2. Make a Single Access Point = one place you or a worker can go to start getting you the help that you need**

**3. Improve how we help children and young people in a crisis e.g. Home Treatment rather than hospital/ a First Response Team/ smooth move into hospital if needed**

**4. Create a new and improved service for those with eating problems**

**5. Build upon a home treatment service that keeps you out of hospital**

**6. Make sure schools have mental health leads, trained school nurses and have links to expert workers.**

**7. Make it easier for you to get help by creating a community drop-in that you are comfortable visiting that can help with everything**

**8. Put expert workers in services where young people need the most help e.g. looked after, young offenders. homeless**

**9. GIVE MORE WORKERS THE SKILLS THEY NEED TO BE ABLE TO HELP YOU**

**10. Use more digital apps and websites to give you help early on**

**11. Offer help through peer mentor models like WRAP (Wellness Recovery Action Planning) groups**

**12. Recognise and use the skills in voluntary and community services who offer early emotional mental health support**



## **Bradford's Local Picture in detail!**

If you want to know more detail about;

- What we offer across the Bradford and Craven District already
- What our plans are
- How to have your voice heard and how to get involved

...then please read on...

## Young People needing the most intense treatment....



- Bradford does not have dedicated beds in a local hospital for those young people with the most difficult mental health problems. Bradford has grown a service where young people can stay at home with the right amount of specialist support rather than be sent to a hospital a long way away. A crisis service for all ages exists called First Response which has begun to build on this help at home.

We are going to...

F U T U R E

- Improve the help that we can offer away from hospital buildings in an emergency
- Improve how we assess all young people's needs including those with Autism and Learning Disabilities
- Improve the First Response Teams skills as a children and young people friendly service.
- When hospitals are the only choice we want to make this as easy as possible for young people by staying in hospital only as long as they need to with the right amount of support given when they come home.

## Young people who have an Eating Disorder....



- Bradford has a successful eating disorders service (which is attached to the First Response service above), that helps support young people all day and night (24/7) in their homes and keeps them out of hospitals where they would be away from their families.

We are going to...

F U T U R E

- Create a bigger eating disorders service that is separate from other mental health support that CAMHS (Child and Adolescent Mental Health Services) offer within the home. This service will be able to focus on its own work with eating problems and grow its own skilled staff team.

Young people who have to use a Hospital bed...



NOW

- In Yorkshire and Humber mental health services have access to 90 beds in total in Leeds, Sheffield and York. There are none available in Bradford.

We are going to...



FUTURE

- Increase the number of hospital beds available to Bradford in Yorkshire and Humber for those young people that have to go into hospital.

Crisis Care (emergency support) for young people with ASC (Autistic Spectrum Condition, Autism) and / or Learning Disabilities



NOW

- Care and Treatment reviews were created in 2014 to lower the number of young people with ASC and / or learning Disabilities going into hospital who did not need to be there.

We are going to...



FUTURE

- Improve how young people with ASC and/ or Learning disabilities get into crisis care (emergency support) and how this is managed.

Young people who are Young Offenders (who have committed a crime)



NOW

- Bradford feels that helping Young Offenders mental health needs is very important.

We are going to...



FUTURE

- Make sure Young Offenders know about mental health support in Bradford and find it easy to use, which will help them find a different path in life to take than crime.



# What we want to achieve over the next five years!

Our commissioning Plans....

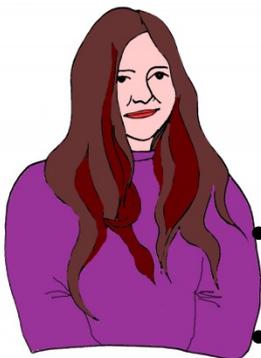


These plans look at what we will do to begin to improve the emotional and mental health support for children, young people and their families across Bradford District and Craven. Help us think how we can do this.

## Creating early support that helps you stay well.



- The Early Years Project helps parent's mental health whilst pregnant and after
- School Nurses offer early support and can receive help from Primary Mental Health Workers
- Barnardo's Bradford CCG and BDFCT have created a Transitions website [www.thrivebradford.org.uk](http://www.thrivebradford.org.uk) for 13 - 19 year olds.
- WRAP 'Wellness Recovery Action Planning' is a peer support group for young people and is going well, this is funded By City CCG and run by Barnardo's and CAMHS.



We are going to ...

FUTURE



- Develop the support that new parents receive with their mental health
- Look at the gaps in the help that you get early on and give these workers skills to be able to help you.
- Quality support through counselling services and pastoral teams offered in all schools across Bradford and Craven
- Mental health workers will link with GP'S and schools/ school nurses so that all workers have an expert to talk to for help and advice when supporting children and young people
- School Nurses to be given the skills to deliver and manage mental health needs.

- To offer support through the use of apps/ digital technology
- To enable more children and young people to attend WRAP (Wellness Recovery Action Planning) peer support groups.



Making it easier to get the help when you need it



- It is reported that some mental health services are hard to get into and can be confusing
- Services are struggling as numbers that need to use the services go up
- The 'in a crisis', emergency First Response team have set up a great service for adults. They can also do this for children and young people
- The Eating Disorders service provides a service seven days of the week since 2012 - this can be built upon



We are going to...

FUTURE

- Create a single point of access - one place where you can go to get help rather than searching around
- Improve First Response Service' skills at working with children and young people by employing children and young people mental health workers.
- To create one stop shop / drop-ins for children and young people to make it easier to get help especially for those that will not go to their doctors or formal services.
- To build a separate eating disorders service as mentioned before who can also offer advice to all workers on how to support children and young people and help them cope.
- Primary Mental Health workers role will be focused on work across more schools, more community projects linking with mental health leads in these settings. This will increase skills and a wider range of young people will be supported.



### Caring for those most in need



- CAMHS work closely with Looked After Children's Team but struggle to meet the numbers that need help.
- There is a need to have a Child Sexual Exploitation mental health worker to help those young people who have been exploited and will find it difficult to use services.
- Youth Offending Team works closely with CAMHS but again struggle to meet the numbers that need help.
- Home Treatment through CAMHS keeps children and young people out of hospital.
- CAMHS work well with children with Autism and learning disabilities. In a crisis a suitable service has been difficult to find.



We are going to\_...

F U T U R E

- Improve First Response Service skills in working with children and young people including those with Autism and Learning Disabilities.
- Develop the Home Treatment service to provide help in an emergency for those who may need to go into hospital.
- Mental health workers will be placed and have stronger links with the Looked After Teams, Child Sexual Exploitation services, Youth Offending Teams, those who are NEET (not in school or work), Homeless or in gangs.



### To be open and honest about decision making and performance



- It is difficult to get information about the need in Bradford and who we are helping due to the many services and commissioners that offer emotional and mental health support in Bradford.
- We now have one commissioner who commission's emotional and mental health services across the CCG's (Clinical Commissioning Groups) and Bradford Council.

We are going to\_...

F U T U R E

- Join up how services are commissioned and tracked how well they are doing.
- Introduce a minimum amount of information services must gather and be able to share



To give workers the skills they need to support children and young people.

- Mental health workers have gone on training to help improve how children and young people can access support.
- Training is delivered to school and other staff to help them gain the skills to support emotional and mental health needs in children and young people



F U T U R E

We are going to\_...

Extend all types of training to all professionals working with children and young people. This will improve how they are supported.

# **What we want to have achieved by the end of 2016!**

**1. To run a Single Access Point = (one place you or a worker can go to start getting you the help that you need) in one location to test out how successful it will be.**

**2. Place expert mental health workers in the First Response Team (where young people go in a crisis) so the team can gain skills working with children and young people**

**3. Split up the Eating Disorder and Intensive Home Treatment service so that they become two services focusing on their own expert areas**

**4. Expert workers link to Looked After Children Services.**

**5. Lead Mental Health Workers in schools will be selected and Primary Mental Health Workers will work across more Schools, Children's and Community services.**

**6. PLANS WILL BE MADE FOR HOW A DROP-  
IN CENTRE WILL RUN**

**7. MENTAL HEALTH TRAINING WILL  
SPREAD OUT TO WIDER WORKERS  
IMPROVING SKILLS**

**8. Improve how we involve you, consider  
you and hear your voice**

**9. Balance all needs and wishes with  
what we can afford and achieve.**

Do you have any thoughts about what we hope to achieve by end of 2016, please make your comments below.

# Final Words!



You have reached the end of our Transformational Plan Summary, we hope that you like our plans and ideas and have been motivated to let us know what you think about them.

We are dedicated to continue hearing about your experiences of the services that you have used and would want to use. We will make sure we get better at hearing your voices and listening to what you tell us. Your contribution will build on the information that you have already told us and help us to make the changes that we must make in order to Transform Emotional and Mental Health Services in the best way possible.

We have a lot to achieve over the next five years! If you want to be more involved in these changes why not think about joining the...

## *Healthy Minds, Youth on Health Network*

Children and Young People having a voice about health improvements across the District.



Please get in touch with  
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Barnardo's Healthy Minds Participation Service  
01274 481183

[nicola.swales@barnardos.org.uk](mailto:nicola.swales@barnardos.org.uk)

# Future in Mind



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

# CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

## TRANSFORMATION PLAN

### BACKGROUND

*Our Good Health and Wellbeing Strategy for 2013-2017*<sup>1</sup> 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.

There is also emphasis on *Better Start Bradford* and the development of integrated services to care for the most vulnerable groups including those with special educational needs (SEN) age 0-7 years. Access to urgent mental health care through the *Crisis Care Concordat* (2015), 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*.

### 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:

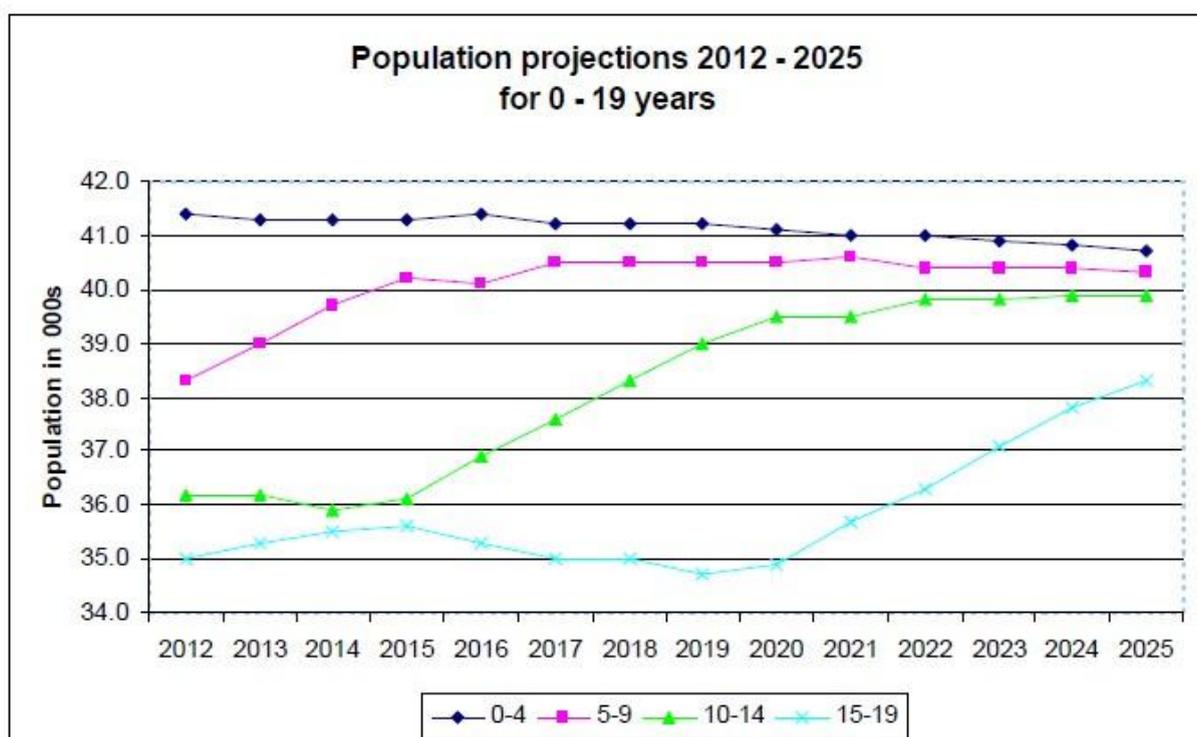
- improve resilience, prevention and early intervention services
- improve access to services and support
- improve care for the most vulnerable
- improve transparency and accountability
- develop our workforce.

## 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*<sup>ii</sup> 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’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 disorder<sup>iii</sup>. 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.<sup>iv</sup>

The majority of adult mental health disorders have their beginnings in childhood. 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.<sup>v</sup>

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

<b>Condition</b>	<b>Age group</b>
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.<sup>vi</sup>

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 <sup>vii</sup> 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, bisexual 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)	876 children were looked after as at 31 March 2013 <sup>viii</sup> , a slight decrease on the previous year. Bradford has a slightly lower rate of LAC per 1,000 population than the regional average.
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. <sup>ix</sup>

## **Recommendations of the Health Needs Assessment**

The health needs assessment for Children and Young People's Mental Health 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<sup>x</sup>, 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*<sup>xi</sup>. 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 15<sup>th</sup> 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,<sup>xii</sup> 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 point of access (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.<sup>xiii</sup>

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. We will look at the total investment in children and young people’s mental health and we will remodel and restructure services to deliver high quality mental health interventions wherever children and young people are. This will involve the development and expansion of services to work together more effectively with mental health at the core of service delivery.

### **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.<sup>xiv</sup>
- 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<sup>xv</sup>

- 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).<sup>xvi</sup>
- To extend the development of apps on the back of the success of the Bradford-based ‘Transitions’ app.<sup>xvii</sup>
- 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.<sup>xviii</sup>

### **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 (Access Hub) 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).<sup>xx</sup>
  
- 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).<sup>xx</sup>
  
- 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).<sup>xxi</sup>
  
- 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).<sup>xxii</sup>

### **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)<sup>xxiii</sup>
- 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)<sup>xxiv</sup>
- To establish specialist mental health workers with looked after children teams to promote seamless access to services (£186,000)<sup>xxv</sup>
- To base trained professionals with child sexual exploitation services to provide access to young people who have suffered sexual abuse<sup>xxvi</sup>
- 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<sup>xxvii</sup>
- 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.<sup>xxviii</sup>
- To develop links with statutory and voluntary Autism Services to promote interventions after diagnosis

### **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**

A single point of access **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

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.

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 achieved by 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.

**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*.

### Summary of Projects and funding allocation

Project	Funding £
Refocusing the role of PMHW in schools	352,000
Developing schools engagement	91,000
Early Help Access Hub (single point of access)	100,000
First Response	109,000
Eating Disorders	296,000
Looked After Children and Vulnerable Groups	186,000
Workforce Development including CYPIAPT	Separate funding stream

## GOVERNANCE

### 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

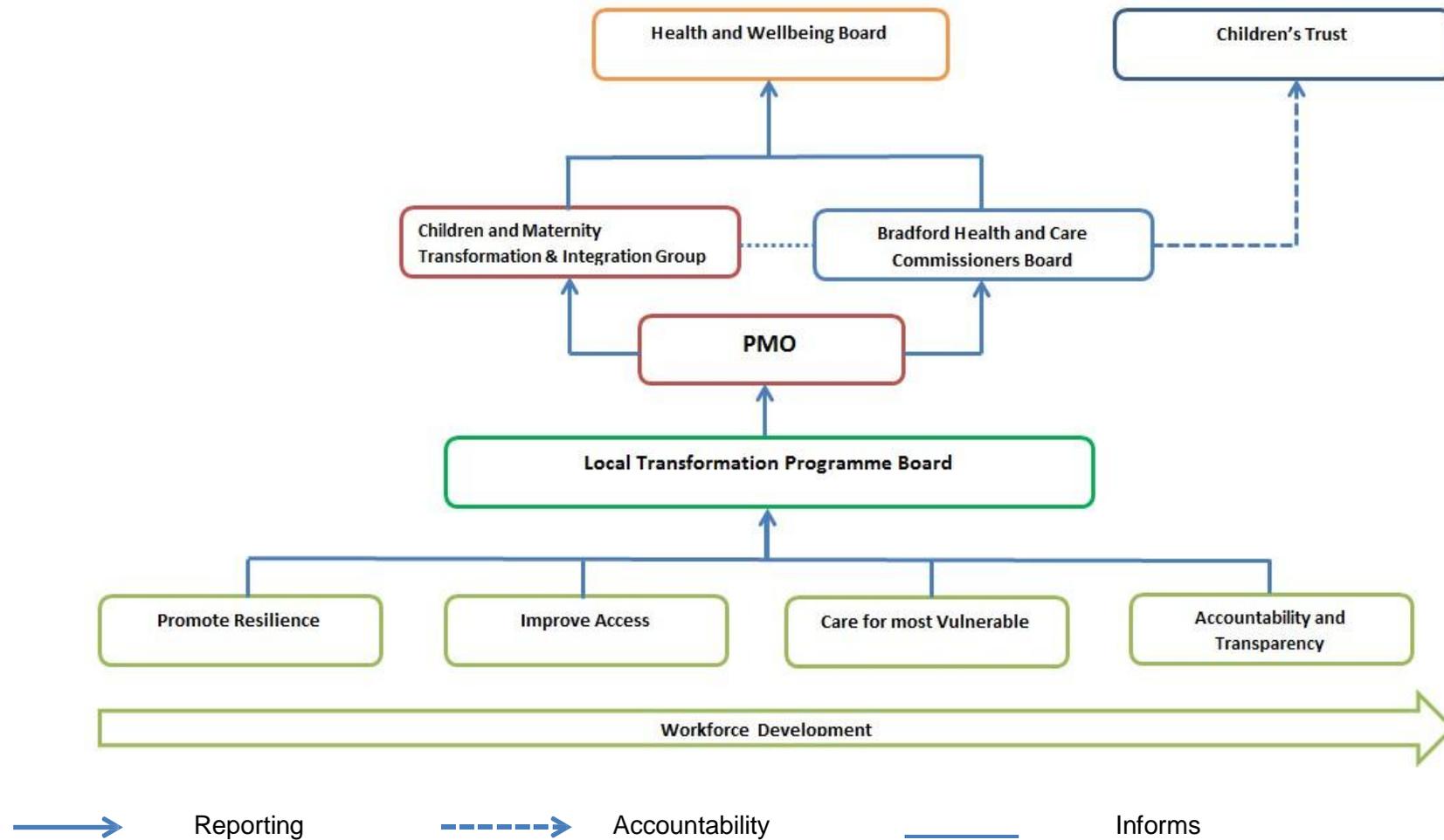
Barnardo's Participation	Bradford Schools Nursing	Relate Bradford	CYP IAPT
Behaviour Management Collaborative	Educational Psychology	Health and Wellbeing	
Bradford District Care NHS Foundation Trust	Perinatal Mental Health	Young Lives Bradford	

### 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

Governance going forward for the 5 Year Children & Young People’s Mental Health and Emotional Wellbeing Transformation Plan – Oct 2015



## **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

<b>CAMHS and mental health support provision to and in schools</b>	
Mental health support in school	Children and Young People are able to access high quality services through the provision and maintenance of a link between individual schools and MH services
Avoidance of unnecessary referral to CAMHS	- Children and young people are provided with the most appropriate services without automatic referral to CAMHS.
<b>Access Hub (single point of access)</b>	
CAMHS Wait Times	All Children and Young People are able to access MH services which are appropriate to their needs - 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	
<b>First Response Service</b>	
Access to specialist services	Children and Young People are able to access specialist C&YP MH assessment and interventions as and when they are required in times of crisis - 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.
<b>Intensive Home Treatment</b>	
Intensive home treatment	Children and young people with mental health needs are managed at home where possible.
<b>Community-based Eating Disorder Service</b>	
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.
<b>Looked after Children</b>	
Providing support to looked after children	Children who are Looked After (LAC) have equitable access to MH services and their MH needs 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.

<b>Workforce Development including Children and Young People IAPT</b>	
CYP IAPT services	<p>All Children and Young People are supported to manage their MH needs through access to appropriate preventative services and support</p> <ul style="list-style-type: none"> <li>- 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.</li> </ul>
Resource to ensure delivery of services	<ul style="list-style-type: none"> <li>- 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.</li> </ul>
An educated and skilled workforce	<ul style="list-style-type: none"> <li>- 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,</li> </ul>
<b>Perinatal mental health / infant bonding</b>	
Review of potential measures underway through the Better Start Bradford and Born in Bradford research studies.	

**END**

## References

- <sup>i</sup> Bradford and Airedale Health and Wellbeing Board, 2013
- <sup>ii</sup> <http://www.growingup.ie>
- <sup>iii</sup> Green et al, 2004
- <sup>iv</sup> Parry-Langdon et al, 2008
- <sup>v</sup> Kessler et al, 2007
- <sup>vi</sup> Joint Commissioning Panel for Mental Health, 2013
- <sup>vii</sup> Bradford Local Migration Profile, July 2015
- <sup>viii</sup> Bradford Looked After Children Strategy 2014-2016
- <sup>ix</sup> Bradford District's Children, Young People and Families Plan 2015-2016
- <sup>x</sup> Future in Mind, Department of Health, 2015
- <sup>xi</sup> Top Tips for Commissioners, Barnardo's 2013
- <sup>xii</sup> Bradford Children and Young People's Health Needs Assessment, 2015
- <sup>xiii</sup> Commissioning models for Children and Young People's Mental Health, Capsticks 2015
- <sup>xiv</sup> Bauer A, Parsonage M, Knapp M, Lemmi V and Adelaja B (2014) The costs of perinatal mental health problems. London: Centre for Mental Health
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- <sup>xx</sup> Top Tips for Commissioners, Barnardo's 2013
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- <sup>xxii</sup> Future in Mind,(2015) Ch 5 Improving Access to effective support- a system without tiers DoH
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- <sup>xxvii</sup> Youth Justice Board for England and Wales (2014) Joint Guidance on mental health in the youth justice system. GOV.UK
- <sup>xxviii</sup> Equality and Health Inequalities Team (2014). Guidance for NHS commissioners on equality and health inequalities legal duties. Leeds: NHS England

## **Report of the Strategic Director, Health and Well Being to the Joint Meeting of the Children's Services & Health and Social Care Overview and Scrutiny Committees to be held on 27th October 2016.**

# **B**

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### **Subject:**

**Progress Report on the development of an integrated transitions service for young people with disabilities in Bradford.**

### **Summary statement:**

This report informs members of the progress of the project plan to develop an integrated service for 14-25 year old disabled young people and their families in Bradford

The project board is supported by members from the three local Clinical Commissioning Groups, the Local Authority (Children's and Adult Services), Bradford District Care Foundation Trust, Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust working in partnership to deliver improved outcomes for young people.

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### **Portfolio:**

Health and Social Care

### **Overview & Scrutiny Area:**

Children's Services and Health and Social Care

## **1. SUMMARY**

- 1.1. This report outlines plans to provide young people with disabilities and their families with improved information and support into adulthood and independence. It also describes the work done so far. Historically at a local and national level families have described their experience as one of fragmented services delivered by a number of organisations each with quite clear separations in their responsibilities and a divide between provision for those under and over 18.
- 1.2. The present work has its origins in the programme that supported the implementation of the Children & Families Act 2014. A key aspect of the Act was the objective of integrating assessment and provision of support via a single education health and care plan(EHC) for each child whose needs were eligible and subject to continuing eligibility an entitlement to an EHC up to age 25. The 14 to 25 offer was described within a framework of objectives set out as preparation for adulthood. The guidelines state that preparation for adulthood should begin within the EHC from academic Year 9 when students reach 14 and the integration of 14-25 services supports continuity of planning and support during this period as well as providing greater opportunity for a single professional to co-ordinate planning at this critical time of change.
- 1.3. The leadership of this transferred to Adult & Community Services in November 2015 when officers agreed A&CS would lead the development and bring together social care support to young disabled people from 14 up to 25. A project team with representation from the Clinical Commissioning Groups (CCG's), Local Authority (Children's and Adult Services), Bradford District Care Foundation Trust (BDCFT), Airedale Hospital Foundation Trust (AHfT) and Bradford Teaching Hospital Foundation Trust (BTHfT) is working together to deliver a more integrated approach with improved outcomes.

## **2. BACKGROUND**

- 2.1. This work represents a response to the duties and guidance from recent legislation and practice guidance on transition and preparation for adulthood in particular:
  - 2.1.1. Child and Family Act 2014
  - 2.1.2. Care Act 2014 together with accompanying statutory and good practice guidance
  - 2.1.3. "Better Life Outcomes" Preparing for Adulthood programme (PfA) 2013
  - 2.1.4. "From the pond into the sea – Children's transition to adult health services", Care Quality Commission 2014
  - 2.1.5. Mental Capacity Act 2005
- 2.2. It also addresses the findings of local consultation with families and young people undertaken in 2013 and 2015 which confirmed that local experience was very much as reported nationally. A lack of information about help available, repeating

the same story to multiple professionals, fragmented service response and little sense of the young person being at the centre of planning what is their future.

- 2.3. The challenges had been summarised well and often and are set out well in DoH guidance, ***“A transition guide for all services - key information for professionals about the transition process for disabled young people”***; **DoH; 2007**. The guidance stated that transition from childhood to adulthood is difficult to get right because:
- The process must be individual to the needs and aspirations of each young person.
  - It is a fluid process, spread out over a number of years.
  - Local options for disabled young people are often limited and support can be patchy and inconsistent.
  - These challenges are compounded by young people’s moves from one service to another at different ages across social care, health and education services.
  - Each of these transitions is likely to occur independently of each other, which means that disabled young people and their families may repeatedly have to deal with new agencies and professionals, retelling their story each time.
  - Eligibility criteria are set by social care services to manage their limited resources and different eligibility criteria often apply when they move on to adult services.
  - The process of bringing a group of appropriate people together to plan, agree and implement a local strategic transition protocol is in itself a challenging piece of work.
- 2.4. Work has been progressing initially under the direction of the programme to implement the SEND reforms of the Child & Family Act and guidance about transition planning/preparation for adulthood from both the Department for Education and Department for Health and now continues as a workstream in both the Journey to Excellence programme in Childrens and the Transforming Care programme in Adults. A blueprint for the service reflecting both the Districts New Deal priorities, the SEND Code of Practice and the Preparation for Adulthood principles.
- 2.5. In response to the Care Act the care market is being developed to provide better choice, quality and value through the new commissioning frameworks for care services, the development of technology to keep people safe and independent, the online market place using the Connect for Support platform and the self care developments to strengthen prevention.
- 2.6. There are strong links with the Transforming Care Programme that is operating in parallel with this project. This is an all age change programme focusing on improving services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. This will drive system-wide change and enable more people to live in the community,

with the right support, and close to home.

- 2.7. The programme endorses the view that children, young people and adults with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their own community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives.

### **3. REPORT ISSUES**

#### **3.1. Promoting Independence and Choice**

The ethos of the Care Act and the guidance on preparing for adulthood is one of maximising independence, promoting ambition and aspiration to live independently. Assessments and services are being shaped to support this. Assessments seek to be asset based building on people's strengths and their own priorities rather than overly focusing on deficits and disability. Professionals are being encouraged to move away from traditional practice which at times resulted in a dependency culture with people being over protected and denied opportunities to take positive risks and maximise their independence and quality of life.

#### **3.2. Council Funding – Constraints**

The project needs to work within the constraints of the Council's savings programme and therefore has to seek new ways of delivering support within existing resources and enabling people to access the existing resources of the community wherever possible. Current budgets in Adult Services for disability are under considerable pressure. The promotion of personal budgets, direct payments and plans to develop individual service funds seek to achieve greater choice and control for individuals whilst also bearing down on the costs associated with traditional service solutions.

#### **3.3. Personal Budget Entitlements**

Whilst direct payments have been established in adult and children's social care for some years take up has not been high and following work done with 'In Control' children's service have now launched a resource allocation system for children with disabilities and this is being rolled out to existing service users as well as being the default for new assessments. It is too early to report on the impact as this was only launched in July 2016, but it will represent a new approach to determining levels of support in line with the personalisation model of resource allocation. Whilst assurances have been given to families that this is not linked with budget reductions it will alter the way in which respite care is allocated and hopefully lead to more flexible solutions if people choose to use their budget to access other forms of support. There will also be further benchmarking undertaken to monitor how allocation of support pre and post adulthood compare to ensure any variation is based on need rather than a

difference of approach. There are also provisions for personal budgets for educational support that will be developed as well.

**3.4. Decision Making and Panels.**

It is recognised that there is a need to streamline decision making and wherever possible bring agencies together to make a co-ordinated decision about a support plan and how that is resourced. Work has been done to map current arrangements and we have begun to revise arrangements so that commissioners/budget holders can co-ordinate arrangements. It is complex due to the volume of work being done and the difficulty of co-ordinating all of the work taking place and the interdependencies.

**3.5. Continuing Health Care.**

The provision of care funded under the continuing health care frameworks represents a challenge to care delivery as the framework for under 18's is quite different to that covering adults so there is a need to review eligibility in anticipation of this milestone with a significant potential for changes in funding which can either result in some loss of support or a transfer of some or all responsibility to other agencies or health providers. This can impact on the local authority's social care or educational provision.

**3.6. Education Health and Care Plans.**

The Council is undertaking a major review and conversion workload associated with migration of existing special needs statements to the new framework and a significant increase in requests for an assessment under the new framework. It is also reviewing the experience so far of the new approach and how well it is achieving the aims of integrating planning and support. There is potential to take the ambitions of a single plan for young people further as a result of this.

**3.7. Integration.**

Whilst this report focuses on the integration of the work of the children with complex health and adult social care transitions teams, the ambition is to develop from the current collaborative working in the hub a much greater degree of integration in planning and delivering support to young people. Over half of the disabled young people seeking support as young adults have not received support from children's social care. Often their needs have been met with support from family and their educational provision.

**3.8. Outcomes – Preparing for Adulthood.**

The Preparing for Adulthood (PfA) programme is funded by the Department for Education as part of the delivery of the SEN and disability reforms. It aims to identify and deliver the necessary activities required to support young people with SEND in the successful transition to adulthood outlined in the four PfA life outcomes. These are:

- Higher education and or employment – this includes exploring different employment Paid employment (including self-employment)
- Good health
- Independent living (choice and control over your life and support and good housing options)
- Community inclusion

**3.9. User Engagement and Co-production.**

Young people and families have been consulted about their experience of services and a Transition Forum has been monitoring the project alongside the SEND reforms and are able to comment on and influence the project. There is also a vacant position on the project board for user representation although the engagement with the forum provides a broader level of involvement.

**3.10. Progress Report on the formation of the transitions (preparing for adulthood team14-25) service –**

A Project Board oversees the change plans with representation from Council and Health bodies and is supported by a transitions forum representing young people and their families. Plans cover workforce and workforce development, finance, information systems, well as modelling future demand and capacity and are aligned with work within the 'Journey to Excellence' in children's services and the Transforming Care programme that focuses on learning disability in adults. Transitions is broader than learning disability and so the work on the autism strategy will also be important in supporting the service as it features significantly in the needs of the young people supported. We are also currently engaging mental health services to ensure there is alignment with working arrangement there for people needing support from those services as they are currently outside the scope of this project.

3.11. In September 2014 a single transitions team for young people with a disability was developed within adult services and began 'hot desking' to support a multi-disciplinary hub based at Future House to share information and co-ordinate service delivery as part of the new arrangements for single education health and care plans. In April 2015 funding from the Better Care Fund Care Act was used by Adults to increase the size of the team, including a 1.0 WTE team manager. The team now has 12 WTE staff. In November 2015 the whole team has co-located with Children's Social Care, Education and Children's Continuing Health Care Nurses to form an integrated hub based at Margaret McMillan Towers.

3.12. Transition duty has been established working closely with the children's services single point of contact to ensure a better response to new contacts and request for assessment.

3.13. Increasing capacity in the team and co-location have led to tangible benefits for young people who are engaged in planning for moving on from school and or children's social care much earlier. Whereas 3 years ago young people often

reached 18 before an adult social worker was able to offer advice and or assessment. Last year planning began with the annual review at 17 and this year we are making joint visits at 16 and earlier assessment and identification of needs enables planning for adulthood to commencing sooner.

- 3.14. More proactive work with schools and colleges is taking place and the team are spending time with young people in school to support discussions about aspirations for the future. There is a focus on access to mainstream services and independent living and reducing reliance on traditional social care. Whilst 138 new entrants of working age began receiving financial support from the Council during 2015/16 a number of these were outside the scope of a transition service by reason of age approximately 100 came from transitions either at 18 or as they subsequently left school year 14, or whilst in the further education system. Significantly the team were able to enable a number of young people to develop support systems independent of social care by means of advice on financial support, help for carers and access to training and employment.
- 3.15. The CCG's have this year confirmed permanent funding for transition nurses based with the respective care trusts to support young people as their health services change from the familiar arrangements of childhood into GP led adult health provision. This helps to ensure information is shared and care transfer planned so that support is provided with greater continuity. They are also able to support the co-ordination of health support with help from education and social care.
- 3.16. We are extending the scope of the transitions service to begin from 14 and are reconfiguring the workforce to support the changes. We are forming a 14 -25 team managed within adult services that brings together (6FTE plus Manager) posts from the Children's Complex Health & Disability Team (CCHDT) and the existing adults team. A remodelled 0-14 CCHDT service will remain with Childrens Services. The enlarged transition service will be led by a newly established Transitions Manager (using Care Act funding). This post will take forward the development of transition planning across health and social care and oversee council responsibilities for disabled children and young adults. After some recruitment difficulties we hope to make an appointment from the current applicants shortly. Once staff have been confirmed in the new service a staff development plan will support them with their new responsibilities. Protocols for the new teams will be agreed between departments and with health colleagues to formalise standards and working arrangements.
- 3.17. Adult & Community Services migrated to 'SystemOne', a new digital care record system on the 22 August 2016. This is a shared system with local health partners that links to the NHS spine, a national database of basic patient details i.e. NHS number, Name, Date of Birth. This provides the basis for shared care record between health and social care professionals. The transitions project has an ICT workstream to support the changes and deal with data governance and

access to systems. Relevant records for the 14 – 25 age group are currently held in three systems within the Council in addition to any stand alone school or college records. The social workers (who) will in the medium term need to access and record work in two social care systems based on the age of the young person as well as ensuring compliance with working practices under the Children Act and the Care Act. They will also need to share information with other agencies.

- 3.18. Training and development for the staff will be essential as the legal and policy context is different in Children's and Adults and both will be enacted in the new team. The most significant training and development for the team will be in strength based assessment and there will be a need to commission support planning and brokerage options for young people and their families to support the use of personal budgets (social care, education and health). In April 2016 the Bradford District & City CCG's confirmed permanent funding for 5 transition nurses across the health providers to support young people with complex health needs with preparation for adulthood and access to health care co-ordinated by the GP rather than by paediatrician as is the case in childhood.
- 3.19. The Local Offer website and supporting alternative media will support public access to information for young people and their families. This will co-ordinate with the Connect for Support site which provides access to service provision for adults and is designed to become a market place for providers and customers with the goal of not only providing information but an on line market place for obtained support using a personal budget.

#### **4. FINANCIAL & RESOURCE APPRAISAL**

There are no financial proposals in this progress report for appraisal although a copy has been shared.

#### **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

The programme maintains a risk log for the change programme but there are no significant risks to highlight at this point.

#### **6. LEGAL APPRAISAL**

None

#### **7. OTHER IMPLICATIONS**

##### **7.1 EQUALITY & DIVERSITY**

The changes being made are designed to improve access to support for all and those who are disadvantaged are over represented in the user group.

## 7.2 TRADE UNION

Consultation has taken place with Unions on the plans for reconfiguring the workforce. There are no reductions in jobs but some posts transfer between children's and adult services.

## 7.3 WARD IMPLICATIONS

All wards, as it is a District wide service.

## 8. NOT FOR PUBLICATION DOCUMENTS

None

## 9. RECOMMENDATIONS

- 9.1 That the Committee notes the progress made and the plans for the development of an integrated transition service for young people.

## 10. APPENDICES

### Appendix 1

#### Details and Costs on new entrants to service including young people coming into adult services

Residential Home	Client Numbers	Average Cost Per week	In Year Costs	Full Year Costs
2012/13	8	1,255.15	396,289	523,578
2013/14	13	1,522.90	523,504	1,032,308
2014/15	9	1,021.04	228,799	479,157
2015/16	8	1,240.21	320,030	517,344

Nursing Home	Client Numbers	Average Cost Per week	In Year Costs	Full Year Costs
2012/13	3	448.86	33,123	70,215
2013/14	0	0.00	0	0
2014/15	0	0.00	0	0
2015/16	2	675.50	55,347	70,445

Overall (Residential + Nursing)	Client Numbers	Average Cost Per week	In Year Costs	Full Year Costs
2012/13	11	1,035.25	429,412	593,793
2013/14	13	1,522.90	523,504	1,032,308
2014/15	9	1,021.04	228,799	479,157
2015/16	10	1,127.27	375,377	587,789

Source - COMMCARE  
 Reports  
 Includes all new entrants

Day Care	Client Numbers	In Year Costs	Full Year Costs
2012/13	72	229,375	229,375
2013/14	33	164,788	164,788
2014/15	40	154,760	154,760
2015/16	34	144,468	144,468

Block contract for day services has taken additional people into the service since 2012/13 at no additional cost except where 1:1 support has been required. 78 in 2014/15 and 67 in 2015/16

Home Care + Other	Client Numbers	In Year Costs	Full Year Costs
2012/13	82	588,839	588,839
2013/14	99	720,233	720,233
2014/15	88	891,166	891,166
2015/16	104	1,703,943	1,703,943

Overall Day Care + Home Care	Client Numbers	In Year Costs	Full Year Costs
2012/13	154	818,214	818,214
2013/14	132	885,021	885,021
2014/15	128	1,045,926	1,045,926
2015/16	138	1,848,411	1,848,411

Source - COMMCARE  
 Reports  
 Figures include all new clients with spend  
 Assumed all in year costs are for full year  
 Age Profile N/A on reports

Direct Payments	Client Numbers	In Year Costs	Full Year Costs	Average Age at entry Years
2012/13	32	185,764	256,302	36.1
2013/14	35	307,066	417,114	31.0
2014/15	42	237,897	319,882	30.8
2015/16	44	342,244	494,084	33.2

Source - COMMCARE  
 Reports  
 2015/16 Excluding ILF clients

Overall Summary	Client Numbers	In Year Costs	Full Year Costs
2012/13	197	1,433,390	1,668,309
2013/14	180	1,715,591	2,334,443
2014/15	179	1,512,622	1,844,965
2015/16	192	2,566,032	2,930,284

**12. BACKGROUND DOCUMENTS**

None.

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