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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Agenda for a meeting of the Corporate Parenting Panel to be held on Monday, 2 November 2020 at 4.30 pm remotely

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP
Thirkill **Farley** **Tait**	**Smith**	**Knox**

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT AND INDEPENDENT GROUP
Mohammed **Nazir** **Shafiq**	**Pollard**	**Stubbs**

NON VOTING CO-OPTED MEMBERS

Chair of Children in Care Council

Jude MacDonald	Bradford District Clinical Commissioning Group
Sue Lowndes	Bradford Education
Steven Greenbank	West Yorkshire Police

Notes:

- A webcast of the meeting will be available to view live on the Council's website at https://bradford.public-i.tv/core/portal/home and later as a recording
- Approximately 15 minutes before the start time of the Corporate Parenting Panel meeting the Governance Officer will set up the electronic conference arrangements initially in private and bring into the conference facility the Members of the Panel. The officers presenting the reports at the meeting of the Panel will have been advised by the Governance Officer of their participation and will be brought into the electronic meeting at the appropriate time.
- 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: Jill Bell
Phone: 01274 434580
E-Mail: jill.bellll@bradford.gov.uk

To:

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

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

(Jill Bell – 01274 434580)

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.

(Jill Bell – 01274 434580)

3. MINUTES

Recommended –

That the minutes of the meeting held on 7 September 2020 be

signed as a correct record (previously published).

(Jill Bell – 01274 434580)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

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

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

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic 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.

(Jill Bell - 01274 434580)

B. BUSINESS ITEMS

5. HEAD OF QUALITY ASSURANCE (QA) AND SAFEGUARDING ANNUAL REPORT INDEPENDENT REVIEWING OFFICER (IRO)/CHILD PROTECTION (CP)/AUDIT 1 - 14

The report of the Strategic Director of Children's Services (**Document "N"**) provides an overview of the Safeguarding and Reviewing Unit performance from October 2019 to end of September 2020.

Recommended –

(1) To identify further areas of work as actions for the service to focus on over the next 12 months.

(2) For the Safeguarding and Reviewing Unit to ensure that the voice of the child is central to the work that is undertaken and captured as part of the Quality Assurance arrangements.

07773 248040
07773 248040

(Amandip Johal – 07773 248040)

6. DEPARTMENT OF CORPORATE RESOURCES CORPORATE PARENTING REPORT 15 - 22

The Department of Corporate Resources provides support and activities for Looked After Children and young people across a wide range of services. The report of the Director of Corporate Resources

(**Document "O"**) provides information on this work to inform panel members.

Recommended -

That the views of Panel Members are sought on the range of activities and actions outlined in Paragraph 2 of Document "O" and on areas for further development.

(Joanne Hyde - 01274 432131)

7. CHILDREN'S AND YOUNG PEOPLE'S MENTAL HEALTH - UPDATE 23 - 150

The report of the Joint Mental Health Commissioner NHS (**Document "P"**) provides an update on progress to improve mental health support for children and young people since the last report in February 2020.

The Panel is asked to note the outcomes of the system wide review and subsequent work undertaken to improve mental health support in Bradford.

Recommendation

The panel is asked to note the action plan, highlight areas for consideration and attention and support the System Review currently underway.

(Sasha Bhat - 01274 737537)

8. WORK PLAN 2020/21 151 - 156

The Corporate Parenting Panel Work Plan 2020/21 is submitted for consideration by the Panel (**Document "Q"**)

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director of Children's Services to the meeting of Corporate Parenting Panel to be held on 2 November 2020

N

Subject:

Head of Quality Assurance (QA) and Safeguarding Annual Report Independent Reviewing Officer (IRO)/Child Protection (CP)/Audit

Summary statement:

This report provides an overview of the Safeguarding and Reviewing Unit performance from October 2019 to end of September 2020.

Mark Douglas
Strategic Director for Children's Services

Report Contact: Amandip Johal
Phone: (01274) 431620 / 07773 248040
Email: Amandip.johal@bradford.gov.uk

Portfolio:

Children and Families

Overview & Scrutiny Area:

Children's Services

1. SUMMARY

1.1 This report provides an overview of the Safeguarding and Reviewing Unit performance from October 2019 to end of September 2020.

2. BACKGROUND

A number of changes have continued to be made in the service including recruitment to strengthen the work of the unit:

- An additional Independent Reviewing Manager
- A Child Protection Co-ordinators Manager
- A Service Manager for the unit

In addition to the above, a further LADO and Regulation 44 post has been agreed; these are currently being graded before they can be advertised.

Since March 2020, all Child Protection Conferences and Child in Care Reviews have been taking place remotely due to Covid 19.

Child Protection Conferences

The number of Initial Child Protection Conferences (ICPC) being undertaken in Bradford has increased significantly over the last 12 months. It was at its highest at the end of August 2020 at 1040. At 30.9.20, 1009 children were subject to Child Protection (CP) plans showing a slight reduction.

The significant increase in the numbers of children being discussed ICPC has impacted on timeliness; this has reduced to 80% of conferences being held within 15 working days of the strategy discussion, although this remains within the required target. Review conferences have remained steady at 97.6% within timescale. To support service delivery, additional agency capacity has now been agreed for 12 months.

Core group timeliness has remained static at 88.4%. There have been recent developments to the forms used to record core groups and CP plans. These new forms have been designed with practitioners to assist with improving the quality and focus of work to reduce risk but also to make the task of recording these meetings more efficient. These new forms will be launched in LCS in the week beginning the 12 October 2020.

Audit activity has identified that thresholds are being applied consistently when decisions are being made as to whether a CP plan is required to safeguard a child. This audit activity has also highlighted challenges in relation to “step-down” arrangements due to the impact of Covid 19; challenges of seeing children and families, completing the identified work by agencies and there being a clear assessment to evidence the decision making.

There has been clear focus on reducing the number of children subject to plans for more than 2 years; this work has had a positive impact and there are now just 7 children in this cohort; this is the lowest it has ever been. This has been underpinned by the new manager leading and supporting the team with a clear focus on driving performance and practice improvement.

An additional joint review process has also been effectively implemented which requires the Child Protection Coordinator (CPC) and locality service to review the case together at 9 months to ensure that the appropriate arrangements are in place to step up or step down cases.

Breakdown of Data

Gender	
Female	504
Male	487
Unborn	18

Age	
Unborn	19
0 – 4	303
5 – 9	258
10 – 15	354
16 – 18	75

Ethnicity	
White British	479
Dual Heritage	118
British Asian / Asian	230
Black British / Black	19
Other group	133
Not known	30

One of the areas for development identified in the previous report was the challenge and resolution process. This work has now been completed. The emphasis remains on supporting good communication between the CPC and the social worker. If the issues cannot be resolved they will then be escalated to team manager followed by service manager and then to Head of Service level. This change has proved to be positive, providing a forum for open and transparent communication. A “dip sample” of the challenges that have been issued so far indicates that the most common themes leading to challenge are risks not being addressed and a lack of evidence to support a step-up or step-down process.

The advocacy service provided by NYAS (National Youth Advocacy Service) continues to support children and young people to attend or contribute to their ICPC. This continues to support the aim

to ensure that the service is child centred. Work has now been completed to include participation codes for LCS so that this is something we are able to review and report on internally. It is anticipated that this will be launched in LCS in October 2020 with the reporting pack subsequently being made available.

Areas of future focus for the CP service:

- Manage the increasing numbers of children subject to plans and driving practice improvement.
- Continuing to support child centred practice by embedding participation codes, supporting children and young people to contribute to their review process and launch child friendly plans.
- Further work to develop the reporting on the reasons for challenge as part of the data pack; this will enable a more detailed understanding of issues that have required a challenge.
- Revising the CP quality assurance forms so that they provide a greater understanding of core issues through the child protection process. This will also need to capture a clear reporting function to ensure that we are able to understand themes and practice to support practice improvement.
- Improve and develop partnership working with external agencies to ensure that conferences are quorate and that are all participating to the process.

Independent Reviewing Officers (IRO)

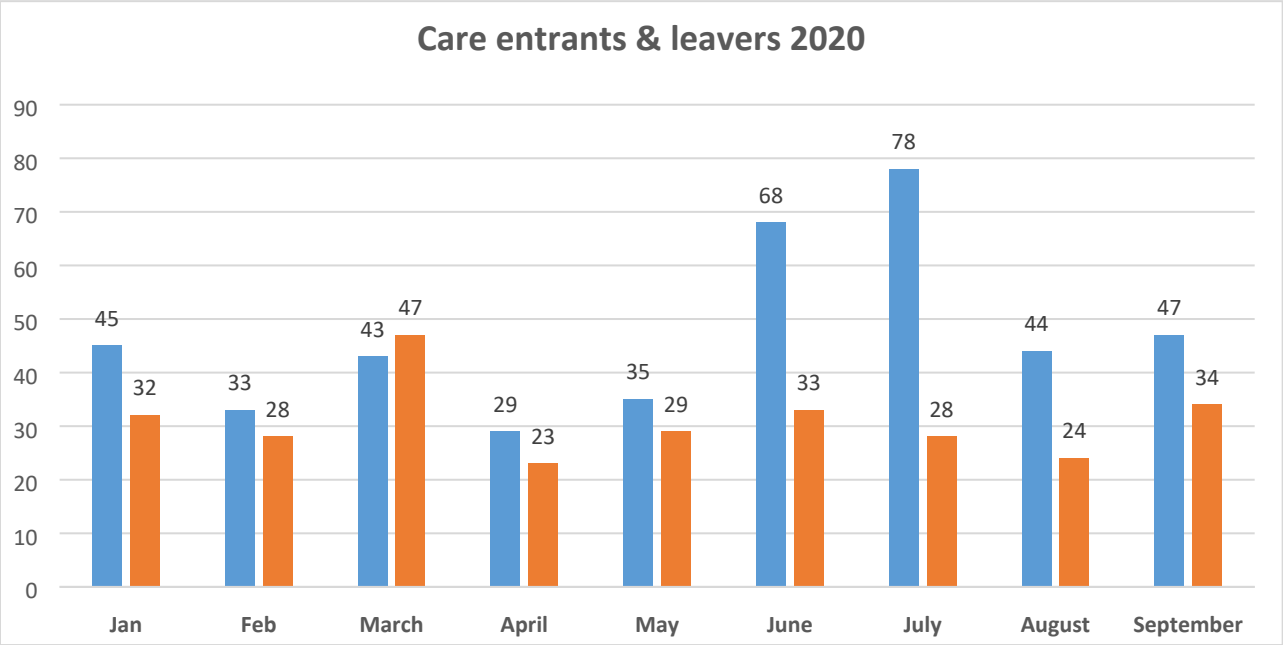
Despite a significant increase in the numbers of children in care, timeliness of reviews is positive with an in-month rate of 97% held within timescale at the end of September 2020.

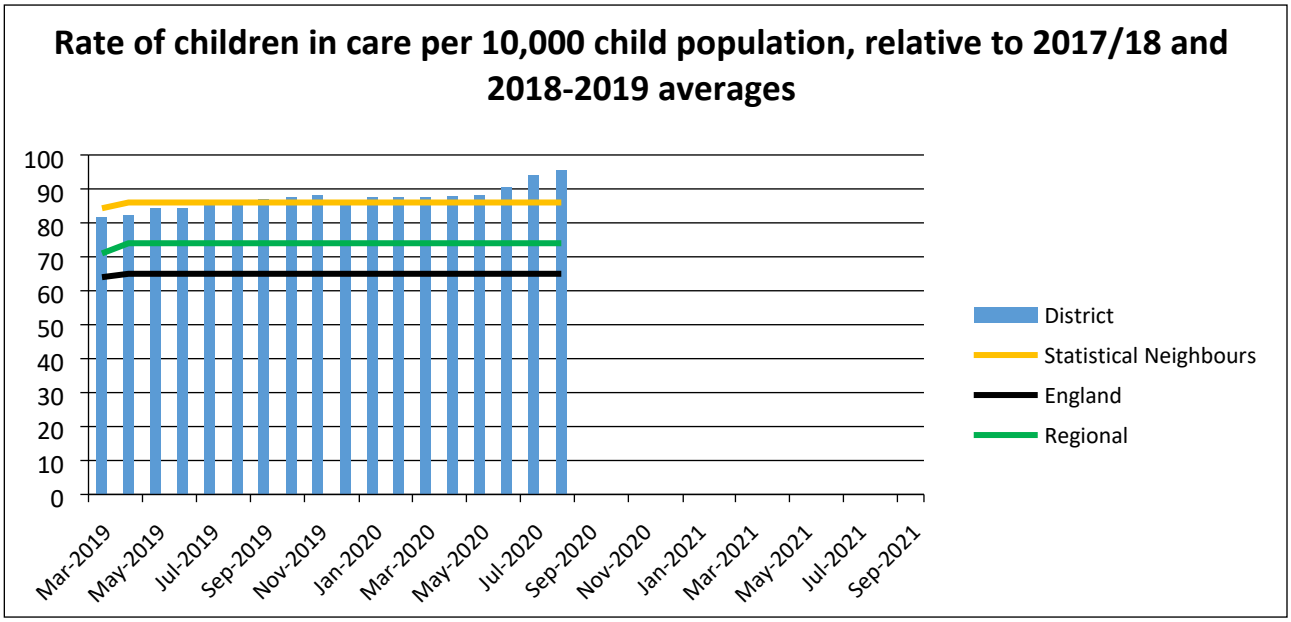
There continues to be a steady increase in the number of Children in Care from 1241 at the end of September 2019 to 1374 at the end of September 2020. This has been impacted by Covid 19; there have been significant delays in court proceedings that are deemed less urgent, typically relating to applications to discharge a Care Order. This has placed the IRO service under increased pressure and to manage this demand, additional capacity has been agreed on a 12-month basis.

IRO Establishment	14 FTE IROs
Posts filled permanently	12
Agency IROs	2
Average Caseload	83

The average IRO caseload is higher than the nationally recommended maximum.

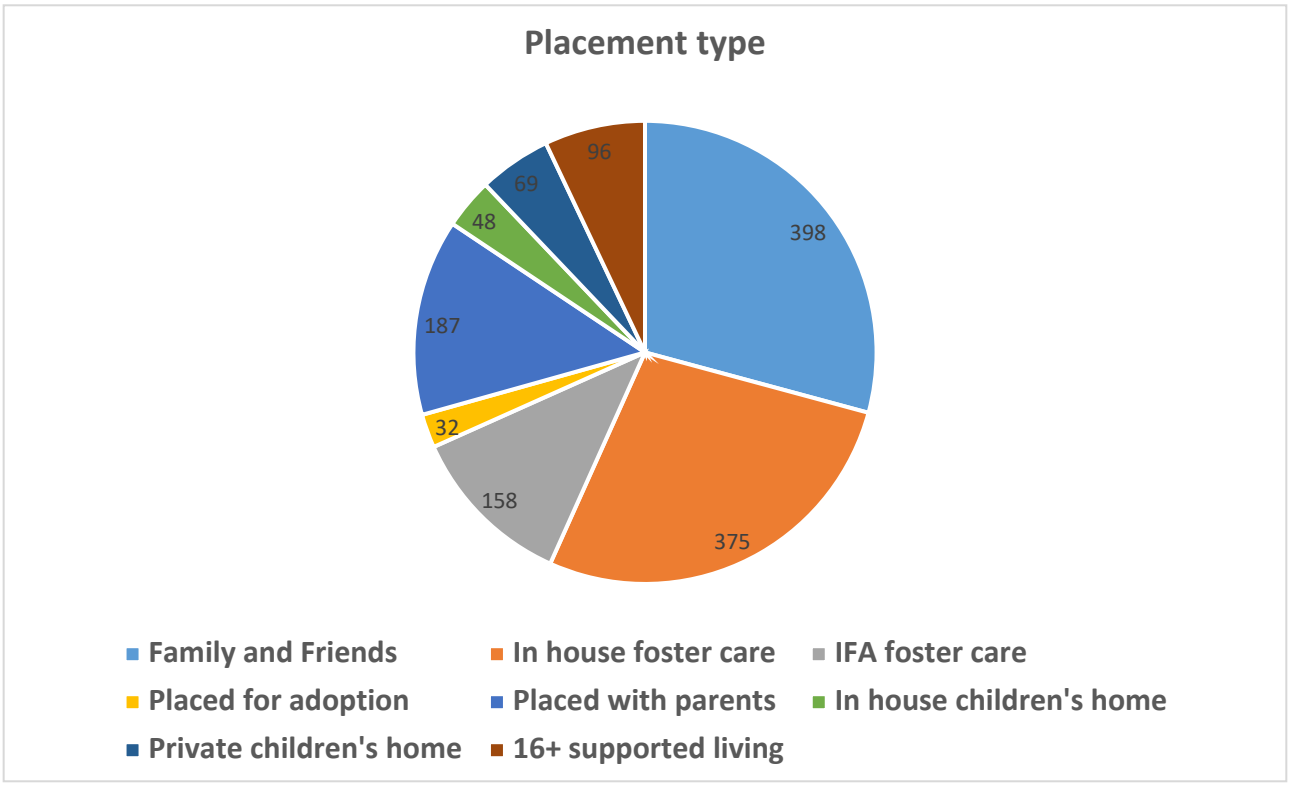
The graph below shows care entrants and leavers since January 2020:





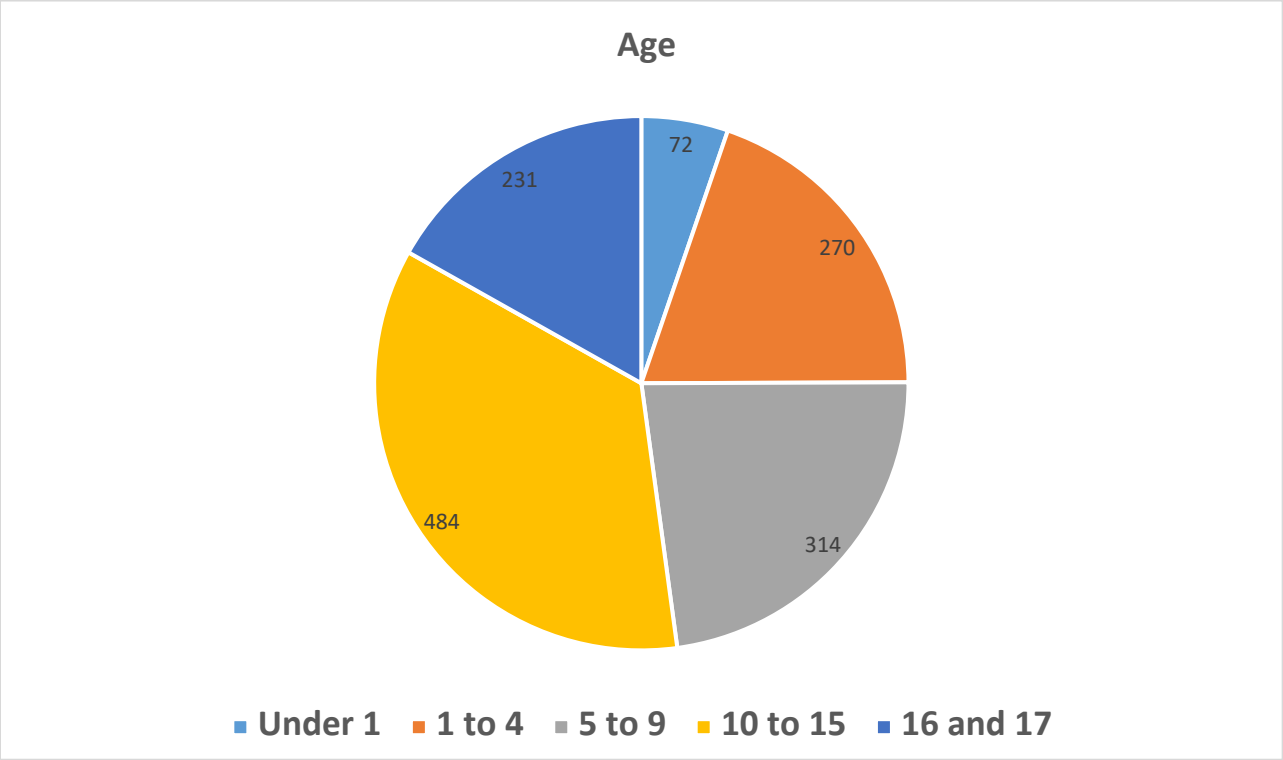
The Ofsted monitoring visit in February 2020 highlighted that there is still work to be done in achieving timely permanence for children in care. This has been a focus for the IROs but has again been impacted by Covid 19 and court capacity. To support this work further, the LCS forms have been amended to capture information regarding plans for permanence so that this can be monitored more effectively. This was launched in September 2020 and the data reporting is being developed.

The chart below shows the placement arrangements for our current child in care cohort:



Breakdown of Data

Gender	
Female	673
Male	703



Of the 234 young people aged between 16 and 17, 146 are subject to Care Orders with 76 accommodated by the Local Authority under Section 20 arrangements.

Ethnicity	
White British	821
Dual Heritage	187
British Asian / Asian	157
Black British / Black	36
Other group	150
Not known	25

As part of our improvement work, the challenge and resolution process for children in care has also been reviewed and relaunched providing a three tier system similar to that for children subject to CP plans. A dip sample of the challenges has evidenced that challenge most commonly relates to delay in care planning. It is also noted that the challenge process does result in issues being addressed.

Involvement of children in their reviews continues to evidence a high level of child participation. Feedback from IROs has highlighted that during “lockdown” children and young people have been more engaged in their remote reviews through the use of technology. From 1 October 2020 to 30 September 2020, 3451 children and young people have had the opportunity to participate in their review; it is positive to note that when children and young people have not attended, they have sent their views to the meeting so that their wishes and feelings can be considered for long term

planning. Out of 3451, only 15 children and young people did not attend the review and did not send their views.

Children and young people are still encouraged to use Viewpoint to relay their experiences of being looked after. There is a piece of work being undertaken to look at other programmes available to engage our children and young people using smarter technology, that provide apps for example that can be easily accessed from any device. We need to ensure that the right platform is provided to ensure that children and young people are able to share their experiences.

As part of continued service improvement, the Fostering IRO role has now moved under the Safeguarding Unit. We have 3 posts to undertake statutory annual foster carer reviews and to support the quality of foster carers and placements available to our children and young people; we have successfully recruited one individual permanently with another post being covered by an agency worker. The posts have been submitted to regrading panel to ensure that we have the right level of experience before we advertise the remaining vacancies. This is a new area of work for the unit and is being supported by ensuring that we have the right forms and pathways developed in LCS. The independent reviews now ensure that we are the necessary oversight and challenge to our fostering arrangements.

Areas of future focus for the IRO service:

- Manage the increasing numbers of children in care by ensuring that when children have a clear exit plan this is delivered as quickly as possible within the challenges of Covid 19. This includes looking at particular cohorts of children and young people such as those subject to Placement with Parents and those who are living with family and friends on long term fostering arrangement to ensure that the right arrangements and legal orders are in place to support long term plans of permanence.

- Review the platform that we use to capture children and young people views through the commissioning of the right platform.

- Further work to develop the reporting on the reasons for challenge as part of the data pack; this will enable a more detailed understanding of issues that have required a challenge.

- Revising the IRO quality assurance forms so that they provide a greater understanding of core issues at different points of the child's journey. This will also need to capture a clear reporting function to ensure that we are able to understand themes and practice to support practice improvement.

- Recruiting and embedding the independent fostering IRO role into the unit.

<u>Quality Assurance (QA)</u>

Work is underway to restructure the service to establish a permanent team which will allow all audit activity from Early Help, Fostering, Social worker and Youth Offending Service to be centralised. This will allow a better understanding of the child's journey whilst providing a consistent approach to auditing that will enable us to understand the service delivery. New forms and quality frameworks are being developed alongside an electronic database to provide all the information in on place.

Monthly audit compliance was 78% in June (highest return to date) but this fell back to 70% in July.

Service area breakdown of audit return rate (last 3 months)

Service Area	May	June	July	6 month Average
Central Services	60%	100%	75%	**59%**
CCHDT	33%	33%	67%	**53%**
Children in Care	100%	71%	63%	**77%**
East	90%	90%	89%	**84%**
Front Door	86%	-%	-%	**77%**
Keighley & Shipley	86%	86%	71%	**89%**
Safeguarding & Review	60%	100%	80%	**88%**
South	40%	43%	50%	**42%**
West	67%	88%	71%	**77%**
16+	33%	75%	33%	**62%**

The front door service completed audits from their own service in June and July.

There has been a committed focus on moderation to improve the consistency and quality of the audits to ensure that we are all working to the same definition of “what good looks like”. The moderation process has been strengthened by advising auditors that the discussion following moderation is mandatory. An analysis of moderations, including compliance with feedback, is being shared with heads of service to enable them to be sighted on the staff in their service who are struggling and ensure additional support is provided

For recent audits completed, more than half are now judged as satisfactory or better in terms of the quality of the actual audit and it is evident that the coaching that has been offered as part of the moderation process is being effective.

Month	Same grade at moderation	Reduced 1 grade	Reduced more than 1 grade
January	57%	38%	5%
February	53%	40%	8%
March	72%	25.5%	2.5%
April	62.5%	31%	6.5%
May	69.8%	25.6%	4.7%
June	76.7%	23.3%	-

As part of the learning process, all case files audited in June were reviewed again in August to identify whether audit actions had been completed. 10 audits in the cohort (10%) had no recommendations; this is generally because the file is considered good and no actions are required, or because the file was closed at the time of the audit. Actions for social workers focus predominantly on process rather than quality.

There is evidence from many audits that work to improve case files, especially quick fixes, is undertaken during or immediately after the dialogue between the social worker and the auditor, and auditors do sometimes regrade audits accordingly. This underlines the positive impact of the collaborative audit process.

What is not evident on the vast majority of files is management oversight or supervision records acknowledging the audit findings and setting a plan of action to address them. Only 2 files had a record that referenced the audit.

Overview and themes across key performance areas:

Performance Area	February	March	April	May	June	July
Assessment	63%↑	61%↓	64%↑	68%↑	64% ↓	70%↑
Planning	48%↑	52%↑	44%↓	40%↓	54% ↑	39% ↓
Management Oversight & Supervision	69%↑	72%↑	70%↓	64%↓	72% ↑	81% ↑
Child's voice and lived experience	50%-	51%↑	48%↓	43%↓	46%↑	40%↓

Assessment compliance averages at 64% over the past six months, and approximately one-fifth are highlighted as good. Auditors need to make more detailed comments on the quality of the work when it is graded as good, so we can achieve a fuller understanding of what we are doing well. The new Single Assessment has now been launched which will help to continue this area of work.

The audits recognised that 10 plans (out of 70) were highlighted by auditors as good in June and July 2020. Rationale included "clear about expectations" "Tailored to the young person's needs". "Clear with outcomes and timescales". There continues to be a challenge to understand plan quality across the different types of plan. An average taken over 6 months since January 2020 indicates that Child Protection Plans continue to be considered the most comprehensive. In terms of learning, auditors continue to highlight that plans are not SMART. To support this area of work, new templates for plans have been launched in the LCS system.

In June, 72% of children's case files indicated that supervision is taking place regularly. This has continued as an improving picture. In July 81% of case files were considered compliant and 19% considered good. Case files are evidencing that action tracking is becoming more evident and that good supervision is providing a clear oversight of the case with consideration of impact. There is also clear decision making recognised on a number of case files in July 2020. In terms of learning, supervision needs to be supported to be more reflective to understand the approach taken and the child's voice. To continue to support this area, a new supervision policy was launched in September 2020 with new forms in LCS that will promote reflective and engaged supervision to

capture what difference our intervention is happening.

July has the lowest report to date for compliance for this standard. This is likely in part to reflect greater rigour on the part of auditors and in part to the challenges of Covid 19 visiting, which will now influence 3 months of record keeping. Audits are reflecting that there are challenges with capturing the lived experience for children under the age of 4. Observation of very young children will be particularly difficult under social distancing visiting practice. However, auditors also raised concerns about focus being directed at the adults and older siblings. Children are not always seen alone or spoken to individually, especially in sibling groups. To strengthen this area of practice a number of actions have been completed or identified:

- Practice guidance has been completed and signed off for Heads of Service to drive improvement in this area of work.

- Mandatory induction training will include a section on how social workers can capture the voice of the child.

- Consideration is being given to look at how practice supervisors can be involved to support learning and development.

- A new thematic work stream has been created to look at how we can improve the voice and participation of children. The group will involve representations from across the service.

- A focussed practice discussion will take place in each locality in order to further emphasise the importance of obtaining and clearly recording the child's voice and lived experience.

Areas of future focus for the QA service:

- Complete restructure and recruitment for a permanent quality assurance team, bringing together all audit activity for Children's Services.

- Embed the new audit social work audit form which will form part of the new electronic database that will capture audit activity and outcomes linked to the social worker to improve learning and development for the individual.

- Continue to drive audit compliance to increase the return rate to reach the target of 80%; as of October 2020 practice supervisors will also be completing monthly audits which will provide a greater oversight and understanding of practice.

- Continue to track actions to fulfil learning cycle alongside audits being completed with the social worker.

- Measure the impact of new forms that are being launched in LCS to understand the impact of this on practice.

- Complete and embed identified actions with regarding to improving the voice of the child and understanding of the child's lived experience during Covid 19.

3. OTHER CONSIDERATIONS

3.1 None

4. FINANCIAL & RESOURCE APPRAISAL

4.1 N/A

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 N/A

6. LEGAL APPRAISAL

6.1 N/A

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

It is critical that these services are well established and a beacon of good practice to provide the quality assurance needed of children social work services to support the improvement journey.

7.2 SUSTAINABILITY IMPLICATIONS

N/A

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

N/A

7.4 COMMUNITY SAFETY IMPLICATIONS

N/A

7.5 HUMAN RIGHTS ACT

N/A

7.6 TRADE UNION

N/A

7.7 WARD IMPLICATIONS

N/A

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

N/A

7.9 IMPLICATIONS FOR CORPORATE PARENTING

Challenging and strengthening services to improve outcomes for children across Children's Services.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

N/A

8. NOT FOR PUBLICATION DOCUMENTS

8.1 N/A

9. OPTIONS

9.1 To work with colleagues to implement processes and changes to the structure to support effective service delivery.

10. RECOMMENDATIONS

10.1 To identify further areas of work as actions for the service to focus on over the next 12 months.

10.2 For the Safeguarding and Reviewing Unit to ensure that the voice of the child is central to the work that is undertaken and captured as part of the Quality Assurance arrangements.

11. APPENDICES

11.1 None

12. BACKGROUND DOCUMENTS

12.1 None

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director, Corporate Resources to the meeting of Corporate Parenting Panel to be held on 4 November 2019

O

Subject:

Department of Corporate Resources Corporate Parenting Report

Summary statement:

The Department of Corporate Resources provides support and activities for Looked After Children and young people across a wide range of services. This report provides information on this work to inform panel members.

Joanne Hyde
Strategic Director,
Corporate Resources

Report Contact: Joanne Hyde
Phone: (01274) 432131
E-mail joanne.hyde@bradford.gov.uk

Portfolio:
Children & Families

Overview & Scrutiny Area:
Children Services

1. SUMMARY

1.1 The Department of Corporate Resources provides support and activities for Looked After Children and young people across a wide range of services. This report provides information on this work to inform Panel members.

2. BACKGROUND

Following the implementation of the Social Work Act 2017 each Local Authority has responsibilities under the seven Corporate Parenting Principles. They are as follows:

- To act in the best interests, and promote the physical and mental health and well-being, of those children and young people;
- To encourage those children and young people to express their views, wishes and feelings;
- To take into account the views, wishes and feelings of those children and young people;
- To help those children and young people gain access to, and make the best use of, services provided by the local authority and its relevant partners:
- To promote high aspirations, and seek to secure the best outcomes, for those children and young people;
- For those children and young people to be safe, and for stability in their home, lives, relationships and education or work;
- To prepare those children and young people for adulthood and independent living.

Corporate Resources as an enabling service does not directly deliver services to Children in Care, however we do deliver essential services directly or in support of other directorates to support Children in Care as outlined below.

2.1 Finance

The service works closely with other Council departments to ensure effective financial arrangements are in place and activity includes:

- Works closely with services to ensure budget allocations are effective and aligned to service demands and requirements. Ensuring budget provision is provided to meet service demands and best effective care for Looked After Children.
- Supporting with financial analysis/costing for grant bidding to attract funding into the district for Children and Young People (e.g. “B” Positive Pathways programme, Social Work Teaching Partnership)

- Completion of annual statutory returns in respect of budget and spend on Children and Young People (including Looked After Children by type of placement)

- The Service governs the Council's Strategic Risk Register which includes assessments on the Council's Children's Safeguarding processes.

2.2 Procurement

Procurement Services ensures third party providers of goods, works and services are sourced in an effective manner, activity includes:

- Ensuring third party providers deliver the requirements of any contract to the required standard.

- Third party providers are asked as part of their social value offer through the procurement process to improve the employability of young people by committing a;

    - Number of hours dedicated to support young people into work (e.g. CV advice, mock interviews, careers guidance)

    - Number of weeks spent on meaningful work placements or pre-employment course;

    - Meaningful work placement (internships)

    - Employment taster day (s) for those interested in working in the particular industry

Latest returns from suppliers across these indicators (January to July (which is January to March in reality given COVID)) indicate that **232** young people in the district have been supported across these indicators.

2.3 Information Governance and Data Protection

- Children need particular protection when their personal data is collected and processed because they may be less aware of the risks involved. When processing children's personal data the need to protect them from the outset, and design systems and processes is paramount.

- Compliance with the data protection principles is central to all processing of children's personal data in order for the Council to meet the requirements of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

- The Corporate Information Governance Team and the Data Protection Officer provide advice and guidance so that the Council:

    - Complies with all the requirements of the GDPR specifically relating to children.

- Designs processing with children in mind from the outset, and use a data protection by design and by default approach.

- Ensures that processing related to children is fair and complies with the data protection principles.

- That Data Protection Impact Assessments (DPIAs) are used to help assess and mitigate the risks to children - If processing is likely to result in a high risk to the rights and freedom of children then a DPIA is always completed.

- Children's views are taken into account when designing any relevant data processing activity.

2.4 HR Services

Human Resources provides a range of services that directly and indirectly impact on young people, such as recruitment, career support and training, work experience/shadowing opportunities for young people.

All apprenticeship posts are sent to the Leaving Care team in order to enable children in care to be encourage/supported to apply for LA apprenticeships. Any child in care or care leaver who applies for an apprenticeship and who meets the basic English and Maths criteria is guaranteed an interview. At present there is one care leaver in an apprenticeship with the council. Two other care leavers commenced apprenticeships in 2018 but were unable to maintain these.

Additional Human Resources capacity is working with Children's Services to enhance the support provided as part of the improvement journey, across workforce design and planning, attraction and recruitment, on-boarding and induction, career development and management.

With specific regard to Corporate Parenting, Human Resources are:

- Reviewing our approach to reward and recognition taking account of voices of young people and what they seek from employment

- Continuing to include a 'children at the heart of all we do' award category for our Service Excellence Awards

- Working with partners across the District (most notably Health and Social Care) on workforce, Ambassadors network (careers toolkit deployed by volunteers at career events in Schools) attraction and apprenticeships

- Working with our employment and skills team to develop work experience, placements, pre-apprenticeship and apprenticeship routes for our young people

2.5 Legal Services

The Legal Teams provide a wide range of support:

- The Social Care Team provides

    - Specialist legal advice and representation to Children's Social Care, to support them in the corporate parenting role. This includes:

    - Overview of the conduct of care proceedings; permanency planning for looked after children, including placement, adoption, special guardianship and discharge of care orders and issues around children's contact with family members.

    - Input into training for those directly involved with looked after children including social workers, family centre workers and foster carers, to support better court evidence and care planning.

    The support provided has significantly increased over the past year. This is due to the large increases in numbers of cases being referred to legal for pre-proceedings input, care and discharge proceedings and also the continuing improvement journey within Children's Social Care.

- The Education, Employment and Litigation Team provides advice to Children's Services in respect of all aspects of the local authority's education duties including, for example, special educational needs which impact on, and may involve, looked after children, including appeals to the Special Educational Needs and Disability (SEND) tribunal. The team also provides employment law advice to Children's Services related to the corporate parenting role when needed.

2.6 Revenues and Benefits

Revenues and Benefits service provides support to care leavers with their Council Tax liabilities:

- Any care leaver, who is liable for Council Tax, is exempt from paying until the year after their 21st birthday. The Council currently exempt 94 care leavers under this provision

- Care leavers are also disregarded for the purpose of assessing the number of adult residents in a property for the calculation of Council Tax. This means if a care leaver has joined a single household, that household wouldn't lose the 25% single person discount. This disregard was recently extended to include care leavers up to the age of 25

- In addition to direct support, the Council's care leaver team have direct access to housing benefits experts, so that issues can be resolved at the earliest opportunity

2.7 IT Services

IT Services work closely with other Children's Services to deliver a number of key IT projects including:-

- Completed the configuration and roll-out of over 2,000 Chromebooks / iPads for vulnerable students across the District.

- Provides a wide range of systems and databases to support the delivery of service to children eg Child Protection, ContrOCC Children's & Provider Portal, Early Help, digital Process for Admissions - In year, annual and appeals (On line application automation) etc.

- Mobile Working to support Social Workers – (supporting working outside of the office, improve access to LCS, email and other essential information)

2.8 Estates & Property

The estates and property team are directly involved in a number of areas in providing the property infrastructure facilities for Children in Care.

- Providing property advice and assistance to ensure that the estate is properly managed, works effectively and meets the service's needs.

- The asset management team are working closely with the service to ensure that sufficient capacity is available throughout the Looked After Children service projects like 'staying closer' and addressing need to provide children homes fit for the future like the project ' 2 bedded homes for children.'

- Assisting with the sourcing and selection of appropriate properties to deliver peripheral projects whereby Looked After Children are working with our partners to deliver projects like the 'up-cycling shop

- Provide support to assist in the proposed refurbishment of the TFD centre in Holmewood to enable a full family hub to be created at the site

3. OTHER CONSIDERATIONS

➢ None

4. FINANCIAL & RESOURCE APPRAISAL

4.1 All activities and actions outline in paragraph 2 are funded from within existing Department of Corporate Resources budgets

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Not applicable

6. LEGAL APPRAISAL

- No legal issues arising

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

- Not applicable

7.2 SUSTAINABILITY IMPLICATIONS

- Not applicable

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

- None

7.4 COMMUNITY SAFETY IMPLICATIONS

- Not applicable

7.5 HUMAN RIGHTS ACT

- Not applicable

7.6 TRADE UNION

- Not applicable

7.7 WARD IMPLICATIONS

Actions outlined apply across the whole District and there are no specific ward implications

7.9 IMPLICATIONS FOR CORPORATE PARENTING

Activities and actions outlined in paragraph 2 are intended to improve outcomes for Looked after Children.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

Not applicable

8. NOT FOR PUBLICATION DOCUMENTS

- None

9. OPTIONS

- None

10. RECOMMENDATIONS

10.1 The views of Panel Members are sought on the range of activities and actions outlined in Paragraph 2 of this report and on areas for further development.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Joint Mental Health Commissioner NHS to the meeting of the Corporate Parenting Panel to be held on 2nd November 2020

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Subject:

Children's and Young People's Mental Health – Update

Summary statement:

This paper provides update on progress to improve mental health support for children and young people.

Irfan Alam
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Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

1.1. This paper provides the Panel with an update on progress made to review and improve mental health support for children and young people since our last report in February 2020.

1.2. The Panel are asked to note the outcomes of the system wide review and subsequent work undertaken to improve mental health support in Bradford.

2. BACKGROUND

2.1 In October 2019 the Health and Wellbeing Board also commissioned the Centre for Mental Health to conduct a full System Review of Children and Young People's Mental Health. The review has now concluded and the report is provided in **Appendices 1 and 2.**

2.2 As a result of the review, a new system wide Leadership team has established with membership from health and care sector and children and young people (details in **Appendix 3**) and a new charter developed to oversee the transformation and improvements needed to our mental health services for children and young people.

2.3 The Committee will receive a presentation to summarise the key aspects of the review and progress on the system wide work to date.

Progress update on previous report

2.4 The Leadership Team have also continued to deliver on key areas of improvement identified by the interim sub-group established in November 2019. The four areas of activity were:

2.5 The sub-group identified four key areas of immediate action:

- Developing a coherent **pathway** that can be understood by young people, their parents or by professionals.
- To address **the waiting list** for specialist Children and Adolescent Mental Health Services (CAMHS) treatment.
- Providing **parents** with support and advice
- **Information and communication** across the system and with children, young people and families.

2.6 **Pathway development**

Consultation with local authority, the Care Trust and VCS has concluded with the development of a framework and unified referral form and assessment process for all referrals coming into Children and Young People's Mental Health (CYPMH) services. Recruitment is underway for the dedicated Multi-Disciplinary Team (MDT) to process the referrals as part of the multi-disciplinary hub. The expectation is to have part of the team in post for December 20. The ambition of the MDT is to ensure CYP being referred into Mental Health services receive the right treatment at the right time. Once the MDT Is fully operational there is an expectation that referrals into specialist

CAMHS will reduce as other more suitable support will be made available to those who do not meet specialist CAMHS threshold which will reduce the burden on the specialist CAMHS workforce. The sub-group developed an action plan which further breaks down the above areas into smart actions.

2.7 Waiting List initiative

2.7.1 The CAMHS waiting list initiative is now underway, counsellors who specialise in working with children and young people are supporting the core and therapy waiting lists and Youth in Mind (YIM) workers are supporting the Autism waiting list. Qualitative and quantitative data is being collected as part of this work to support future sustainability by demonstrating impact. This work is also improving understanding between the CAMHS workforce and the wider YIM partnership who support children and young people's mental health.

2.7.2 A series of learning events are being scheduled between Youth in Mind and CAMHS workforces that will further enhance understanding of the different support available for children and young people. The aim of these events is so the specialist CAMHS teams can increase knowledge on some of the services offering early intervention support that are having an impact on improving the emotional wellbeing of children and young people. Work is also underway to integrate primary and community mental health workers from CAMHS in with Youth in Mind workforce as it transpires they both share many similarities in terms of the support they offer.

2.8 Parent Support

2.8.1 The Parental support session are being co-designed by the Roller-coaster parenting group and a large piece of work is taking place to ensure clear information and communications about the mental health offer is available to parents, children, services and communities. A final area is the development of a coherent communication campaign to promote awareness and understanding of mental health.

2.8.2 Rollercoaster has delivered some initial training and work is underway to map the different offers of support to parents across the district. Significant progress has been made in developing a parent to parent peer support service that will be open 7 days a week across the district. This is a joint programme of support with voluntary and community sector, Education, Special education and disability needs (SEND), & CCG all coming together to work in partnership. Psychoeducation training for parents is being piloted as part of the Mental Health Trailblazer rollout. This offer will then be bolted onto a new parental engagement programme funded by the opportunity area and rolled out across the education system. Exceed academy seeks to train PIWs (Parental Inclusion Workers) in schools on setting up structured parental support programmes. The peer support service will be one of the programmes that the Parent Inclusion Workers will recruit volunteers to support.

2.9 Partnership Working

2.9.1 A key aspect of progress has been the partnership working between the Local Authority, Health and community sectors.

2.9.2 As a result the resources and information developed by Healthy Minds has a far reach and meets the needs expressed by children and young people.

2.9.3 This partnership working has proven vital and effective in mobilising support for children and young people during the Covid-19 lockdown.

2.9.4 **Appendix 4** provides details of the resources developed for children and young people by working in partnership with children, young people, families and services.

2.10 System Review

2.10.1 The independent system wide review of children and young people's mental health services was conducted by the Centre for Mental Health and commenced in November 2019. A project team was established for the duration of the review and included colleagues from the Centre for Mental Health, the Clinical Commissioning Group, Bradford Council, Bradford District Care Foundation Trust and the Voluntary Sector.

2.10.2 The review aimed to provide a full system overview of children and young people's mental health provision in Bradford and Craven highlighting our strengths and weaknesses, assessing local demand, needs and aspirations, and identifying priority areas for improvement.

2.10.3 The review has now completed and the final report was shared with the Mental Health Partnership Board and has since been published and disseminated widely with stakeholders across Bradford and Craven. Please see **Appendix 1 and 2** for the summary and full report.

2.10.4 The review report makes key recommendations on five areas:

- Leadership, commissioning and strategy across our whole system of emotional and mental wellbeing
- Understanding the needs, data and insight to inform our planning and service provision
- Collaborative model of support – implementing the i-Thrive model across the whole pathway from early help to specialist support
- Access and navigation of the whole range of support
- Investment and resource prioritisation

2.10.5 A programme charter detailing the high level aims of the programme has been agreed and a programme plan is under development. The programme plan will detail the actions required to respond to the findings of the review and what children and young people themselves have told us needs to change. **Appendix 3** highlights the changes to governance and leadership and the interim programme plan and charter.

3. OTHER CONSIDERATIONS

3.1 The work of the Leadership team is feeding into work undertaken by the Children's Service Improvement Group and forms part of the new system governance under the Health and Care Partnership Board.

4. FINANCIAL & RESOURCE APPRAISAL

None.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 The governance structure of this work will sit within Mental Wellbeing Partnership Board and will report to the CCG's Clinical Commissioning Board and to the Health and Care Executive Board where both the Council and CCG's are represented..

6. LEGAL APPRAISAL

6.1 Not applicable.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1.1 The work of the sub-group is designed to ensure support is provided to the most vulnerable children and young people.

7.2 SUSTAINABILITY IMPLICATIONS

7.2.1 None.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

7.3.1 None.

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 There are no community safety implications arising from this report.

7.5 HUMAN RIGHTS ACT

7.5.1 None.

7.6 TRADE UNION

7.6.1 Not applicable.

7.7 WARD IMPLICATIONS

7.7.1 There are no direct implications in respect of any specific Ward.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS

7.8.1 Not applicable.

7.9 IMPLICATIONS FOR CORPORATE PARENTING

7.9.1 Members are requested to review the information presented.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

7.10.1 There may be a need for partner agencies to share data however this would only be with the express permission of the individual affected in the full knowledge of why and what it would be used for. GDPR principles relating to any individuals data and rights under the Data Protection Act 2018 will be respected.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None.

9. Options

9.1 There are no options associated with this report. Its contents are for information only.

10. RECOMMENDATIONS

10.1 The panel are asked to note the action plan, highlight areas for consideration and attention and support the System Review currently underway.

11. APPENDICES

Appendix 1: System Review summary

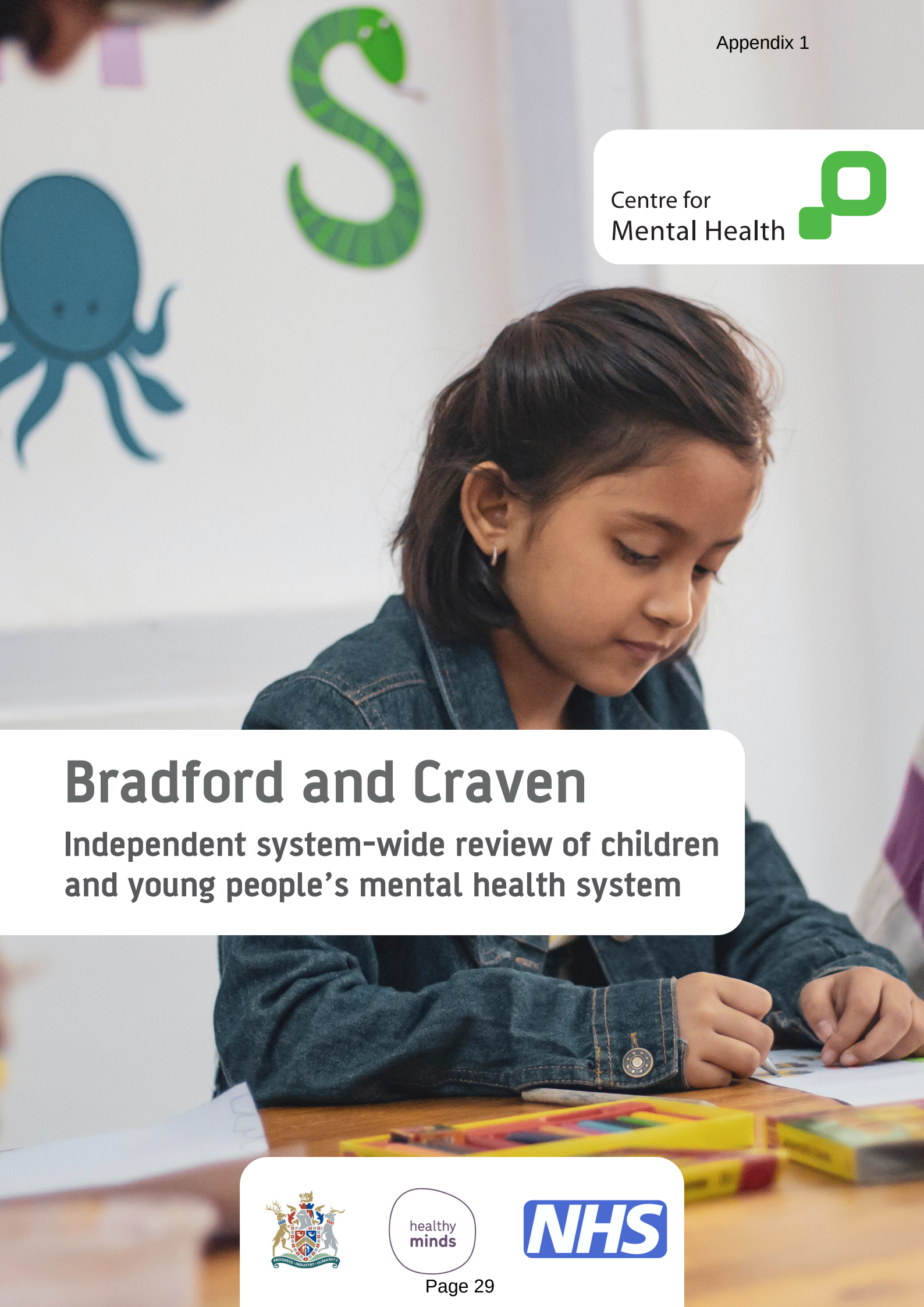
Appendix 2: System Review – full document

Appendix 3: Leadership and governance

Appendix 4: Resources for young people

12. BACKGROUND DOCUMENTS

None.



Centre for Mental Health

Bradford and Craven

Independent system-wide review of children and young people's mental health system

Centre for Mental Health

Bradford and Craven: Independent system-wide review of children and young people's mental health system

Executive summary

In December 2019, Centre for Mental Health was commissioned by NHS Bradford District & Craven Clinical Commissioning Group (CCG), City of Bradford Metropolitan District Council, and Bradford District Care NHS Foundation Trust to undertake a system-wide review of children and young people's mental health services in Bradford and Craven. The review considers the whole pathway including all NHS and Local Authority commissioned mental health and wellbeing support for children and young people aged up to 25 residing within the Bradford district and Craven area.

This report demonstrates an important commitment from Bradford and Craven system to take up the challenge to improve the mental health and wellbeing of its children and young people. The review found numerous examples of good and excellent provision across the children and young people's mental health system. We also identified a number of significant challenges that have resulted in delays or poor access to support. We make recommendations for change in response to these challenges and propose a series of both short- and long-term solutions. We recognise that a huge amount of work is currently under way to address some of the issues identified in this report and therefore we build on some of these promising approaches where relevant.

The review engaged over **450 stakeholders**, including children, young people, parents and carers, and professionals from a diverse range of backgrounds and disciplines. The review was also supported by a multi-agency Project Group of commissioners, advisors and providers covering Bradford district and Craven. We would like to thank all those who shared their views and insight to help inform this review. We have attempted to take into account and reflect all of the information shared with us.

Key findings from data about needs and services

- **Children and young people's mental health in Bradford and Craven**

  a) **Current need:**
  - It was estimated that there were around **160,032** children and young people living in the Bradford district and Craven area in 2018.
  - According to the latest NHS Digital prevalence study, around **one in eight** children and young people aged 5-19 have a diagnosable mental health disorder.[i] This equates to **15,604 of all children and young people** in Bradford and Craven.

- This report uses the iThrive framework to conceptualise need and support across Bradford and Craven and present our findings.[1]

b) **Future need and demand:**
   - **Young and growing population in Bradford city:** The overall child population (0-18) is projected to grow by 5.5% by 2025. 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 problems.
   - **Move towards 0-25 service models**: The NHS Long Term Plan (2019) sets out a move towards a 0-25 model for children and young people's mental health services. The Plan has established targets building on the NHS Five Year Forward View policy to ensure there is service reach to 18-25 year olds in the locality.
   - **The impact of Covid-19 on CYP mental health:** Children and young people (CYP) with mental health problems may be affected negatively by the impact of increased anxiety and depression around the virus and lockdown measures, including reduced access to support and social isolation. Many young people may develop new problems because of the crisis.

- **Getting advice and early stage help**

There is a range of early mental health support for children, young people, and their families in Bradford and Craven. We focus on two key services as part of our analysis, Youth in Mind and Kooth. However, we acknowledge that there is a vast range of services in Bradford and Craven that contribute to this 'getting advice and getting help' landscape, in line with iThrive model, from whom data was not collected and collated. This includes support delivered by health visitors, children looked after nurses, pastoral support teams, school nurses, nurture groups in schools, school counselling (where this exists), and other voluntary sector providers.

a) **Youth in Mind** (YiM) is a partnership, funded by the CCG, that integrates low-level and targeted emotional and mental health provision offered by health services, the youth service and voluntary and community sector (VCS) organisations. It was launched in April 2017. The partnership supports 11-19 year olds who are struggling with their social, emotional or mental wellbeing, or up to 25 for young people with additional needs.

- Last financial year, there were **1,841** referrals made to YiM. This includes a very small number of those who fall outside of the primary age range.
- The most common reason for referral into Youth in Mind services were for 'self-care issues' (**79%**), followed by anxiety (5%), depression (4%), self-harm (2%) and crisis support (2%).
- Youth in Mind services use Goals Based Outcomes (GBOs) as the programme's primary outcome measure. Overall, children and young people report improved

[1] The iThrive model conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Brief description here.

outcomes. The service has also developed a system to contribute to national NHS Mental Health Services Data Set (MHSDS) reporting.

b) **Digital support: Kooth**. Kooth is funded by the CCG and provides completely confidential emotional and mental health support for children and young people free of charge, including drop-in chat with a counsellor or therapist or access to self-help advice. The platform became fully operational in Quarter Three of 2019/20 and is therefore still relatively new.

- There has been a total of 8,258 logins made by **1,844** children and young people since the platform went live.
- **Worker hours** have been **increasing** since Quarter three and now overall, on average, exceed contracted levels by **1.6%** (266hrs a month v 264hrs contracted).
- The most common presenting issues across all genders include anxiety/stress, self-harm, bullying, family relationships and suicidal thoughts. On average, 93% of children and young people would recommend Kooth to a friend.
- Since the Coronavirus outbreak, Kooth has seen articles, discussion boards and peer to peer support centred around the following:
  - Issues around school closures & exam cancellations
  - Family relationships, such as domestic violence or concerns from young people of parents with substance misuse issues.

c) **Mental Health Champions in Schools**:

- The Mental Health Champions initiative launched in 2018/19 and is funded by the CCG.
- The service has been working to increase capacity to meet low level mental health needs within school, bringing service providers together with schools to develop an understanding of pathways and, where necessary, providing opportunities to develop and feed into more efficient pathways.
- The team consists of Educational Psychologists from Bradford Council, Primary Mental Health Workers from Child and Adolescent Mental Health Services (CAMHS), School Nurses and various local and national third sector organisations.
- There were **105 schools** involved 18/19 with an overall **target of 200**.

- **Getting help and getting more help: specialist infant, child and adolescent mental health services**

a) **Bradford and District Care NHS Foundation Trust (BDCFT)** is the main provider of both Primary Care Mental Health Workers who liaise with schools and specialist Child and Adolescent Mental Health Services (CAMHS). The Trust is commissioned to provide services by the CCG and the council.

Data challenges: In the summer of 2018, BDCFT migrated from RiO to SystmOne as the new patient record system. The Centre understands that the migration to the new system resulted in some delays in the processing of patient records. In some instances, it was not possible to migrate over all historic records due to incomplete or incompatible data fields or codes. Subsequently, a clean-up exercise was undertaken in the summer of 2019.

The Trust has since been reviewing and undertaking data improvement work, taking an iterative approach. This has involved running Rapid Process Improvement

Workshops (RPIWs), provision of reporting to enable identification of data quality issues, and targeted training to mitigate against future data issues.
Despite this, there remain ongoing and significant challenges with regards to data collection and quality and this has greatly impacted performance reporting and management. SystmOne requires significant investment to address these challenges and ensure the system is maximised and fit for purpose.

We analysed available data over the last three financial years. Below is a summary of the key findings:

Overall referrals:

- The latest NHS CAMHS Benchmarking data from the financial year 2018/19 shows there were **2,094 referrals** received by specialist CAMHS provided by BDCFT **per 100,000** population. This is significantly lower than the national average that year which was **3,658 per 100,000** children and young people.
- The overall numbers of referrals to specialist CAMHS have been relatively stable for the past three years.
- Referrals typically dip during the summer. This is likely due to reduced referrals from schools during the break.
  Multiple referrals are sometimes made about the same child. On average, roughly 1 in 20 children have had an additional referral made for them over the last three years. There can be several reasons why there may be multiple referrals relating to an individual child or young person.

- **Where are these referrals coming from?** In the financial year 2019/20, the majority of referrals come from GPs (45% in total) and via school nurses (27.3%). Nearly one in 10 (9.6%) referrals come via hospitals and 6.4% of referrals are made by professionals in social care services.
- There has been a significant increase in referrals made by school nurses over the last year, from 15.2% of referrals in 2018/19 compared to 27.3% last year. This is primarily a result of improved data collection as the previous system did not provide a code for school nursing as a source of referral.
- A very small proportion of referrals are self-referrals made by young people (2.6%) or their carers/relatives (0.6%).

- **Where do referrals go?**
- The majority of referrals are assigned to Community CAMHS (55%) and Neurodevelopmental (21%) teams according to data from the last financial year 2019/20.
- As SystmOne does not currently capture information on 'presenting need' outlined in a referral, we can make some assumptions about need and demand based on which pathways they are assigned to, particularly in relation to the Children Looked After and Adopted Children (LAAC) Pathway and the Neurodevelopmental Pathway, and the levels of complexity that may be associated with these cases.
- There is a downward trend of referrals being assigned into the primary mental health (PMH) and LAAC Pathway. This may be due to children looked after and adopted children receiving support via the Bradford B Positive Pathways (BPP) where intensive, wraparound care is provided by specialists in-house to help ease the

difficulties. Further information is required in order to understand how the BPP is managing mental health needs and preventing onward referrals to specialist CAMHS.

- **Referral acceptance rate:** Most referrals made to specialist CAMHS are assessed and accepted (68%). The national referral acceptance rate for assessment was 76% in 2018/19 (NHS CAMHS Benchmarking, 2019), therefore BDCFT are accepting slightly lower proportion of referrals.
- Children and young people who do not get accepted are signposted to other available services in Bradford and Craven or their referral is returned to the referrer requesting further details. A lower acceptance rate may also indicate there is a higher threshold, a rigid eligibility criterion in place in BDCFT, or higher levels of inappropriate referrals – which is a sign of ineffective pathways. Work has been underway to address the latter.
- Just over one in four (26%) referrals are refused, while 6% were awaiting a decision at the time of writing.

- **Caseloads:** Specialist CAMHS caseloads increased by 8% nationally in the financial year 2018/19, from 1,761 per 100,000 population (0-18 population) on 31 March 2018, to 1,906 on 31 March 2019 according to the 2018/19 CAMHS Benchmarking data.
- In Bradford and Craven, caseloads decreased by 3% over the same period from 1,725 per 100,000 on 31 March 2018 to 1,681 per 100,000 on 31 March 2019.[2] This needs to be further investigated to determine whether this is the result of data cleansing.

- **Caseloads by pathway:** There were **2,680 active caseloads** in the financial year 2019/20.
- We see a steady decline in caseloads managed by the Community CAMHS team from the start of 2019 and a sharp rise in those assigned to the neurodevelopmental team. This is likely due to the data cleansing work and the reallocation of cases.
- There is also a marginal and steady increase of caseloads assigned to the Primary Mental Health Workers (PMHW) pathway. This suggests that PMHW teams are working longer with children and young people as referrals have reduced.
- Again, this may also be the result of data cleansing and the reassignment of caseloads.

- **Waiting times:** Historic waiting times data is not available. BDCFT provided data from Q3 2018/19 to Q4 2019/20.
- Overall, the average waiting time for CAMHS has consistently fallen from Q1 to Q4 in the financial year 2019/20, for referral to assessment and for referral to treatment.
- On average, children and young people waited 26 weeks from referral to treatment (second appointment) in 2019/20. This exceeds the national average reported last year of 14 weeks in 2018/19.[3]

[2] This was calculated using 0-18 mid 2018 population estimates for Bradford and Craven.
3 NHS Benchmarking Network (2019) 2019 Child and Adolescent Mental Health Services (CAMHS) project.

- While there are currently no national waiting time targets for CYP mental health services, objectives under the NHS Constitution indicate that services should aim to achieve an 18-week target from referral to any treatment.[4]
- The reduction in referrals to BDCFT may help explain why waiting times have been going down overall. However, waiting times for some pathways remain lengthy. This may indicate issues around capacity within these pathways and the nature of complexity in the cases they are dealing with.

- **Waiting times by pathway:** The longest waiting times are experienced by children and young people on the Neurodevelopmental and LAAC pathways. Both have been reducing over the last year, in line with the overall trend.
- Children and young people on the Neurodevelopmental Pathway waited, on average, a year (52 weeks) from referral to treatment (second appointment) in the financial year 2019/20. They waited 35 weeks from referral to assessment.
- Children Looked After and Adopted Children waited on average 38 weeks from referral to specialist treatment on the LAAC Pathway, and 23 weeks from referral to assessment in 2019/20.
- The reduction of the LAAC team in 2018 may have contributed to an increase in waiting times between Q3 2018 to Q3 2019. There was an initial 9 week increase in waits from referral to treatment between Q3 and Q4 2018 with this time gradually coming down during the course of the year.

- **Missed appointments**: A significant number of referrals are missed each month, either because a patient 'Did Not Attend' (DNA) or because the appointment was either cancelled by the patient or by the Trust.
- Last financial year, there were a total of **5,804** scheduled appointments that did not take place. 65% of missed appointments were a result of DNAs, 32% were cancelled by BDCFT and 12% of appointments were cancelled by the patient.
- In 2019/20, the cost of 'Did Not Attends' is equivalent to £960,256. [5]
- The cost of cancelled appointments totalled £648,704 in the same year. It should be noted that where there are cancellations within BDCFT CAMHS, this time is not wasted and clinicians will still be working and seeing other people. Cancellations may occur months or weeks in advance and staff time is therefore redirected.
- **Outcomes:** BDCFT does not currently collect or record routine outcome data. The Trust currently uses the Friends and Family Test as an indicator of patient satisfaction.
- The Trust states that this has been identified nationally as a challenge and will start to be addressed through the 2020/21 NHS England Commissioning for Quality and Innovation (CQUIN) programme aimed at driving improvements and standards. Work is also being undertaken to develop and collect information on Special Educational Needs and Disabilities (SEND) outcomes which can be monitored alongside this.
- **System-wide outcomes**: BDCFT are currently working on developing a framework to collect and track outcomes across the system. Public Health England are also in the process of creating a national outcomes framework for assessing the mental

4 Under the NHS Constitution, no patient should wait more than 18 weeks for any treatment.

https://www.cqc.org.uk/sites/default/files/20170120_briefguide-camhs-waitingtimes.pdf

5 Using national average of cost of CAMHS contact £256 in 2018/19 based on NHS CAMHS Benchmarking.

health and wellbeing of children and young people in England which will inform the local framework.

b) **Little Minds Matter:** The Little Minds Matter: Bradford Infant Mental Health Service is a specialist Better Start Bradford project, funded by the National Lottery Community Fund and delivered by Bradford District Care Foundation Trust as part of Child and Adolescent Mental Health Services. Little Minds Matters is a pilot covering a small number of highly deprived localities within Bradford but with plans to extend. The service works with families, and the professionals that support them, during the 1,001 critical days – from conception to age two. The service became fully operational from April 2018 and is funded until August 2021.
Summary of activities:
   a. **45** families accessing direct clinical support
   b. **138** professional consultations delivered
   c. **330** health and care professionals trained in infant mental health awareness and **46** health and care professionals trained in observing and supporting parent/infant relationships.
   d. An evaluation is tracking impact over time and outcome measures will provide useful data once the programme has been in operation for longer.

c) **Eating disorder community services for children and young people**
Eating disorder services, although offered by BDCFT, are relatively low volume in the context of overall service throughput in CAMHS.
   - According to NHS CAMHS Benchmarking data, there were on average **57 referrals per 100,000** 0-18 population in 2018/19 reported by BDCFT (compared to 91 referrals nationally).
   - **98%** referral acceptance rate. This is higher than the national average (87%).

   Additional data provided by BDCFT provides a breakdown of the number of cases of children and young people waiting to be seen for routine and urgent NICE-approved eating disorder treatment in the last financial year.
   - There were **20** children and young waiting to start **routine** eating disorder treatment in 2019/20.
   - Nearly three quarters (**72%**) of routine cases were seen **within 4 weeks or less** from referral to treatment.
   - There were **3** children and young people waiting to access **urgent** NICE-approved eating disorder treatment in 2019/20.
   - 62.5% of **urgent** cases were seen **within one week or less** from referral to treatment.

- **Getting risk support: Crisis and hospital provision**

a) **Towerhurst (Safer Space):** This service is commissioned by Bradford District and Craven CCG and is provided by Creative Support. The service offers young people under 18 who are in crisis and emotionally distressed a safe place to stay overnight in a homely and non-clinical environment. The service is accessible via Creative Support, CAMHS, the Emergency Duty Team, or via another relevant professional. A

total of **59** children and young people were supported by Towerhurst in the financial year 2018/19.

- The number of admissions to Towerhurst has been rising since April 2019.

b) **Hospital admissions for mental health conditions:**

- According to data obtained via the Public Health England Fingertips tool, there were **90** children and young people from Bradford, aged 0-17 years old, admitted to hospital for mental health related conditions in the year 2018/19.[ii] This is equivalent to **63.4 admissions per 100,000** children and young people. Bradford has fewer admissions compared to the national average and to its neighbouring authorities.[iii] There were 88.3 admissions per 100,000 children and young people nationally and 69.8 per 100,000 in Yorkshire and Humber.[iv]
- This may indicate that children and young people may be having their needs effectively met within the community, through services offered by Youth in Mind and Safer Spaces.

- **Bradford Royal Infirmary (BRI):** There were **573 admissions** to paediatric beds for under 18s in 2018/19 for mental health related issues, including eating disorders and self-harm. These admissions related to **379 individual patients**.
- Of these, nearly a **quarter of patients (24%) were admitted more than once** in 2018/19. 12% of patients were admitted more than three times in the same year. Further investigation is required to understand what is driving repeat admissions.
- These numbers are much higher than the data submitted to Public Health England Fingertips because BRI admissions data includes a broader range of mental health conditions for which children and young people were assessed as having prior to their discharge.

c) **Mental health inpatient admissions**

- There were **12** children and young people admitted to an inpatient mental health ward in the financial year 2018/19 according to data provided by BDCFT.
- There were **16** children and young people admitted into CAMHS Tier 4 provision as part of the New Care Model pilot in 2018/19.
- Further investigation is required to understand admissions into inpatient provision for children and young people, including out of area placements. Currently, data is not centrally collected and reviewed.

- **Resource and spending across the CYP mental health system in Bradford and Craven**

The below is based on annual analysis conducted by the Children's Commissioner for England and NHS CAMHS Benchmarking.

a) **Overall budget:** The Children's Commissioner for England has been tracking and benchmarking CCG spend on children and young people's mental health services nationally since 2015/16.

The overall budget for CYP mental health services in Bradford and Craven has increased by 34% since 2015/16. *Future in Mind* transformation monies have largely contributed to this.[6]

b) **Spend per head:** In 2018/19, nationally CCGs spent on average £59 per child on specialist children's mental health services. This is an increase of £5 per child in cash terms (up from £54 in 2017/18).
   - Despite the increase in overall spend on CYP mental health services, Bradford District's spend per head is lower than the national average at **£48 per head** across Bradford and Craven.

c) **Cost per appointment for specialist mental health support:**
   - According to the NHS CAMHS Benchmarking report 2018/19, the cost per specialist contact is higher than national average, £476 in BDCFT compared to £256 for the national average. This may be due to the nature and management of complex cases, or where there is a significant mental health comorbidity.
   - According to 2018/19 NHS Benchmarking data, the community specialist CAMHS workforce is smaller than average in Bradford and Craven, at 62 per 100,000 CYP population compared to the national average which is 84 per 100,000 population.

d) Over the last three years, there have been a several changes to the CYP mental health landscape in Bradford and Craven.

Investments:
   - Significant investment into new initiatives and providers through Youth in Mind and Kooth.
   - Mental Health Champions in schools as part of the Schools Link pilot has seen a 68% increase in investment between 2018/19 to 2020/21.
   - CCG overall funding for the voluntary and community sector rose by 27% between 2018/19 and 2019/20.
   - Significant investment over the year in training, system support and awareness raising initiatives (from £35,739 in 2018/19 to £135,000 2019/20). This primarily went towards the development of the Healthy Minds Directory platform, providing all children and young people voluntary and community sector providers with the ability to feed data to the NHS Mental Health Data Set (MHSDS) and use a shared outcome and measurement tool (MYMUP/RCAD and SDQ), eco-mental health, extra counselling hours and awareness raising work carried out by the VCS.
   - As of January 2020, non-recurrent funding of £167,000 was awarded to BDCFT to manage their waiting list by Bradford District and Craven CCG.
   - £110,000 to the VCS for the youth crisis café in City Centre, Toller Lane and Shipley hub.
   - Specialist CAMHS delivered by BDCFT has seen a small increase of 2% over this 3-year period.

[6] The Office of the Children's Commissioner for England (2020) The state of children's mental health services. Available here: https://www.childrenscommissioner.gov.uk/publication/the-state-of-childrens-mental-health-services/ [last accessed 29 June 2020].

- Family Action was awarded £166,722 by the Department of Health and Social Care as part of the VCSE Health and Wellbeing Fund – covering a 3-year period starting March 2020. This project is bringing together and expanding existing therapeutic services and trauma support (CALM Service) for children and families in Bradford delivered by Family Action, Relate Bradford, Step 2, and Sharing Voices.

e) **Divestment:**

During the same period, there have also been significant disinvestment in local authority spending in the CYPMH system. This includes reduction in counselling provision, school nursing and health visitors, and changes to local authority contributions to the LAAC pathway.

Local authority divestment:

Context: Like all councils, Bradford Metropolitan District Council has had to reduce spending increasingly over the last few years due to the impact of the Government's austerity programme. Since 2011, Bradford Council has announced cuts of £262m while meeting rising demands for services. In this current financial year, the council's spending power is equivalent to half of what it was in 2010. This has meant that the council has had to rethink its spending plans and make tough funding decisions.

- **School nursing and health visiting:** Since the financial year 2016/17, there has been an overall reduction of spend on the local authority 0-19 pathway covering health visiting and school nursing. This amounted to reduction of £5,172,879, with around £3,000,000 being withdrawn since 2018/19 (equivalent to a 30% reduction).
- Stakeholders engaged as part of the review felt that this decision had gravely impacted on these services' ability to effectively respond to emerging or low-level mental health needs.
- In addition, due to an inadequate children's service Ofsted rating in 2018, the Local Authority started to tighten and improve its social care provision for children and young people. This has meant for the School Nursing Service that in order to respond to the increasing enquiries made of the service from Children's Social Care, primarily in relation to safeguarding cases, a further 6 working time equivalent (WTE) School Nursing staff are needed to meet this demand each working week. The incremental impact over the last couple of years has put further pressure on the essential emotional wellbeing and pastoral role of school nurses. This has further reduced resource available to meet the lower level emotional support school nurses could also provide.
- **Changes to the Children Looked After and Adopted Children (LAAC) team:** In 2018, a local authority decision was made for co-located staff to move to the 'through care' team within the local authority. The Children Looked After and Adopted Children (LAAC) team on the LAAC pathway therefore reduced by 21% in capacity based on WTE. As noted earlier and from feedback gathered from stakeholders, this decision likely impacted the capacity of the team and resulted in longer waits for patients.
- In 2015, £352,000 was taken out of the specialist CAMHS budget for low level mental health support. This resulted in a gap in provision and a loss of skilled staff which had a serious impact on the waiting list and time for children and

young people. The Future in Mind funding in 2016 subsequently plugged this gap but the service has never recovered from this.

- **Impact of youth service budget reductions:** In the same year, there were cuts made to the Youth Service which resulted in funding being withdrawn from The Buddy service (one to one support). This was replaced by funding via the Future in Mind pot (£247,750 current annual cost).
  Substance Misuse Service: In late 2019, CAMHS Substance Misuse Service (a prescribing service) was decommissioned by the Council because no individuals were being prescribed opioid substitutes. This reduced BDCFT's budget by £77,336 p/a. This support is now being delivered through arrangements with an adult provider should a child or young person require this treatment.

Savings:

- BDCFT have been working with NHS England to develop new models of care to support children and young people accessing Tier 4 (inpatient) mental health care. As a system, financial savings were made which have been reinvested into the service to increase the Intensive Home Treatment offer for children and young people. More importantly, children and young people have been supported to remain at home and in school or have reduced lengths of stay in hospital. Further work is required to gain a comprehensive understanding of savings incurred and where this has been reinvested.

What stakeholders told us about the CYP mental health system in Bradford and Craven

How we gathered information:

- We designed four separate surveys aimed at broader local providers and practitioners, children and young people (11- 15 and 16-25) and parents and carers and received **423** responses in total. The survey opened Monday 23 March and closed on Monday 27 April 2020.
- **37** interviews took place with a range of professional stakeholders, children and young people, and parents and carers.
- The below is a thematic summary of what came out of our analysis of the survey and interviews.

1. Access to CYP mental health advice and support

Summary of key quantitative findings:

The following analysis is based upon responses from stakeholders to questions based on a 5-point Likert scale. A thematic summary elaborates further on some of the experiences and perceptions of stakeholders later in the report. This is based on a thematic analysis of interviews and qualitative responses to the survey.

Children and young people:

- There were **148 responses** to the CYP survey from 76 children (aged 11-15) and 72 young people (aged 16- 25).
- **Receiving mental health help:** Children were asked whether they had received help for a mental health difficulty from someone who is not a family member or friend, and most surveyed children (**57%**) had. Of these children, most had received

help from CAMHS or their school. Less common answers were from their youth worker, support worker, doctor, CAMHS crisis team, Youth in Mind or Compass Buzz.

- **How helpful they found the help they received:** When asked how helpful available support is for children and young people who are worried and distressed, 38% of young people gave a neutral response. More young people reported that available support is 'helpful' or 'very helpful' (which totaled 35% of responses) than 'unhelpful' or 'very unhelpful' (which totaled 27% of responses).
- **How easy is it to receive help:** 48% reported that it is either 'very difficult' or 'quite difficult' to get help when they are beginning to struggle with their mental health and wellbeing. Just 7% of young people reported that it was 'very easy' to get help.
- **Knowledge of where to go for help:** When asked whether respondents knew where to go for help if they or their friend had a mental health difficulty, nearly two-thirds (63%) of children said they would know compared to 60% of young people. There was a noticeable difference for BAME children, only 42% of whom reported knowing where to go for help.
- **Where is the best place to receive mental health help:** When young people were asked for the best place to receive help with their mental health, the **GP** was the most common answer (23%), followed by **online** (20%), at **home** (13%) and at a **youth club** (13%). Interestingly, none of the BAME young people in the sample said home would be the best place to receive help with their mental health. Most of them would choose to get help with their mental health online (33%), followed by from a GP (20%) and youth club (14%). Very few children and young people also said 'school' in response to this question.

Parents/carers:

- There were **130** responses to the parents' and carers' survey.
- The majority of parents and carers who responded to the survey have accessed mental health services on behalf of their child. Just over one in ten (12%) have tried unsuccessfully to access support.
- **Accessing mental health support for their child**: Nearly three quarters (74%) of parents and carers who responded to the survey said they overall found it either 'quite difficult' or 'very difficult' to find help for their children when they have mental health problems or distress. Only one in ten (9%) felt that it was easy.
- **70%** of survey respondents felt it was either 'quite difficult' or 'very difficult' to get advice or help when their child is beginning to struggle with their mental health and wellbeing.
- **66%** said they found it 'quite difficult' or 'very difficult' to access support for their child in a crisis. One in ten (10%) felt it was 'quite easy' or 'very easy'.
- **Choice in the type of help their child received:** The majority of parents and carers who responded to the survey (67%) felt that they had no or little choice in the type of support their child or young person received. 15% felt that there was some choice and only 3% stated that there were lots of choice.
- **Outcomes:** Just under a third of respondents (32%) found the support their children accessed 'helpful' or 'very helpful'. Conversely, a similar proportion (35%) felt that the support available was 'unhelpful' or 'very unhelpful'.

Professionals:

- There were **145** responses to the professional survey.
- The majority of survey respondents worked within the education sector (40%), followed by nearly one in four respondents (24%) who said they work for a local

authority. One in five (21%) worked for a charity or non-government organisation. Mental health professionals working for the NHS made up 7% of responses and private mental health services made up 4%.

- **For emerging mental health problems:** Professionals were asked how easy they thought it was for children (aged 4- 16) to access the help they need when they begin to struggle with their mental health. 61% described this as either 'very difficult' or 'difficult' while 13% felt it was 'quite easy' or 'easy'.
- Professionals were asked the same of 17-25 year olds. Just over half (53%) felt that it was 'very difficult' or 'difficult'.
- **Access to support for mental health problems:** Over three quarters of professionals (76%) felt that it was either 'very difficult' or 'quite difficult' for 4-16 year olds with identified mental health needs to access the support they need.
- Similarly, 68% felt it was 'very difficult or 'difficult' for young people aged 17 to 25.
- **Accessing support when in mental health crisis:** 72% thought it was either 'very difficult' or 'difficult' to access help in a crisis for 4-16 year olds.
- 67% of respondents believed that it was either 'very difficult' or 'difficult' for young people aged 17-25 to access crisis mental health support.
- **Parents/carer access to help for infant mental health in Bradford and Craven:**
- The majority of professionals (62%) believe it is 'very difficult' or 'quite difficult' for parents to access infant mental health support.

The following is based on some of the most common themes that emerged from the qualitative responses to the surveys and interviews from all three groups of stakeholders.

2. The primary unmet needs of CYP in Bradford and Craven

- Emotional needs that fall under current clinical thresholds, such as social isolation, emotional distress and the effects of poverty. Professionals described these difficulties contributing factors in later damaging and costly crises
- Common Mental Disorders such as anxiety and depression
- Therapeutic support, integrated across the whole system, for children, young people and families with histories of adverse childhood experiences
- A lack of whole system stepped approach (universal, targeted and specialist) and parenting support.
- Lack of support for Special Educational Needs and Disabilities (SEND) and neurodevelopmental needs – including access to Education, Health and Care Plans (ECHP) and effective dual diagnosis and support
- Children and young adults with multiple and complex needs
- Young adult needs – qualitative comments suggested limited support at key times when illness can escalate
- The needs of Black and Minority Ethnic (BAME) children and young people – there is a lack of culturally competent support and barrier of stigma preventing access.

3. Mental health awareness, information, and advice

- Mental health awareness across the system and amongst communities can be patchy, including issues around stigma and poor mental health literacy
- There is a lack of awareness of the local offer and effective signposting

- Targeted information and advice aimed at children and young people, parent/carers and professionals appeared to be lacking. This included resources or materials being available in clear, accessible and child-friendly formats
- Significant difficulties were reported in understanding the local landscape of support, in the availability of services and in accessing what was available. Many professionals, CYP and their families struggled to understand what was available in the local area. Geographical variability was a key theme. A few parents and carers referred to having felt forced to seek private help.

4. Access to mental health support:

- A common theme was that children and young people, parents and professionals found it challenging to access mental health advice
- There was felt to be no clear and understandable overview of what is available in the area and no clear and effective 'front door' to facilitate advice and help
- There is a lack of choice in the type of support and treatment and the way that support was offered (need for flexibility)
- Eligibility thresholds for specialist mental health support were deemed too high by non-specialist professionals working across education, social care, and the voluntary and community sector.
- There was a lack of preventative interventions and early advice and help to de-escalate difficulties which resulted in a system was orientated towards crisis
- A very medicalised model is currently operated which did not dovetail with what young people wanted
- Families struggle to navigate the system and experienced being bounced around between different services.
- Specific groups of children and young people face access barriers such Children Looked After and BAME young people.
- Children and families experience long waiting times for specialist mental health support. These are compounded by the lack of immediacy of advice as well as support and little advice and help while they wait.
- Timely access to mental health support is often undermined by unclear, convoluted, and unresponsive referral systems.

5. Current strengths:

- School-based support being described by parents, professionals and some children and young people as holding promise but being inconsistent. School-based provision of counselling and pastoral support can be effective where available. Some concerns were raised about disinvestment in some school counselling
- There are a range of services and support on offer (although awareness, navigation and access seem to be an issue)
- The VCS offer, including Youth in Mind and Better Start Bradford, is perceived as being helpful
- Crisis provision, including out of hours care (Towerhurst and Youth Cafes) was largely praised in qualitative comments – although quantitative survey responses suggested mixed views in terms of ease of access
- Professionals working across Bradford and Craven were described by stakeholders as dedicated and compassionate
- Many professionals' qualitative comments suggested that for those who accessed specialist CAMHS, care was positive. However, survey responses suggested that young people were more mixed in their reactions to the support they received.

6. **General summary of individuals' experiences of the system over the last three years:**
    - The capacity, competences, and capability of the system to meet demand and manage low level needs vary across the system
    - Generally, stakeholders feel there is not enough resource to meet high demand. The reduction in school nursing, health visitor and midwifery provision were highlighted as a particular problem with these services being described as particularly overstretched and having little to no time for universal support
    - There was a perceived lack of joined-up or integrated strategy or commissioning across local authority, CCG and VCS partners .This is reflected in services with no shared language or understanding of mental health and wellbeing
    - It was felt that governance arrangements at the strategic level could be improved, especially in building better links to Craven structures and North Yorkshire County Council, and in and ensuring that CYP and parents/carers routinely form part of governance, strategic problem solving and review of mechanisms
    - A 'blame culture' across the system has led to mistrust between some organisations and services, which has stifled whole-system problem solving and undermined partnership working.

Areas that require further exploration:

This report describes the findings from Centre for Mental Health's system-wide review of children's and young people's services in Bradford and Craven. We are grateful for the commitment and vigour of staff who have shared their wide range of experience, knowledge, and honest reflections with us. This has helped us establish a comprehensive view of the current system and the services within.

Our primary conclusion is that there is currently a valuable opportunity for leaders to create a coherent, system-wide vision for services that work together to:

- Understand the population and its needs
- Provide efficient and effective services to meet those needs
- Demonstrate consistent, measurable, and positive outcomes for improved mental health
- Give good value for money.

The vision should result in a system which inspires staff and offers a range of services easy enough for children, young people, and their families to understand, navigate and trust. It must be underpinned by outcomes data, financial information, consistent contracting arrangements, and evidence of local need; specifically:

1) Recognising that data collection requires rapid improvement
   - The transfer of data-management from RIO to SystmOne limits the accuracy and usefulness of the data gathered in 2018/19
   - There is a need to improve use of SystmOne and the training staff receive
   - Sparse outcomes data is gathered for children and young people
   - Outcomes metrics for services vary widely and do not contribute to a common health goal

These factors thwart the calculation of a realistic and statistically comparable baseline of local need and the progress toward positive outcomes, whilst also limiting the ability of leaders to communicate a shared system-wide vision. They also limit our ability to gain an accurate understanding of demand and capacity across the system.

2) Financial data is held in a variety of different places with inconsistent formatting and recording. Comparable data is needed to calculate any value-for-money, cost-per-intervention or return on investment values. A common dataset which details each service within the system, the component funding streams and basic information such as client numbers would increase the transparency of information and its usefulness in determining long-term investments.

3) Aligning contracts to an agreed set of shared outcomes and system-wide goals, by any commissioning party, would unify providers' efforts and increase the ease with which different interventions can be measured. This is currently not in place.

4) A shared commitment to meeting the needs of the population which comprises people from different cultures, faith, countries, and ethnicities. This can begin with the commitment to understand how these factors may impact on the identification of need and the offer of support.

Inevitably, system-wide change can only come through system-wide leadership. Commitment to the joint goal of optimising children's health through the shared vision of a coherent system is the requirement needed to make this recommendation a reality.

Summary observations based on key lines of enquiry

1. What are the key factors contributing to increased demand for mental health and wellbeing services for children and young people across the district? And how can we better manage need in the future?	- Overall, population growth has likely significantly contributed to increased demand for help - Nationally, there is greater awareness and focus on CYP mental health which means that more CYP and families will come into contact with services - Impact of factors such as austerity (child poverty) and rising numbers of CYP entering care or known to children's services (edge of care) - Data from Youth in Mind and Kooth suggests increased demand for early and low-level mental health support - Specialist CAMHS has seen no increase in demand based on the data. However, the data suggests that they are managing complex cases and are working with these children and young people for a longer period of time - There may also be potential bottlenecks that need further exploration within the LAAC and Neurodevelopmental Pathways - Data improvements across the system are required to understand current /unmet need and project future demand.
2. What do we know about the efficiencies, savings and investments that have been applied to children and young people's mental health support over the last three years and their impact?	- Future in Mind transformation initiatives have boosted and added capacity to the system - Investments in advice and early support provision, such as Youth in Mind, crisis cafes and Kooth are reporting good outcomes. - Investment in outcome measures and digital infrastructure for the VCS has yielded positive measurable outcomes (for example, data collection and reporting through the MYMUP Digital platform). - However, evidence suggest that some of this spending replaced existing allocations – rather than going towards new services expansion of services. For example, the allocation of funding to Buddies, the primary mental health workers, and the counselling provision were cited as examples of this. - According to specialist CYP mental health spending data gathered by the Children's Commissioner for England, spend per head is lower in Bradford and Craven than the national average and has reduced. We should be seeing incremental year on year increases but the overall trend seems to be the opposite. - Over the last two years, there have been significant local authority reduction in spend which is impacting the system. This is the result of significant funding pressures within Bradford Council and the allocation of resource to address the recommendations from the last Ofsted inspection in 2018. This includes reduced counselling, school nursing and health visiting services. This has reduced capacity within low level/universal provision and therefore these services are referring on to CAMHS.

3. What conclusions can we draw about the capability and capacity of the system to meet demand, including its ability to enable access, respond and offer the right support?	- For many of the CYP mental health services commissioned, there were no clearly defined baselines or targets set on the numbers of cases/activities expected from services. This presents challenges in drawing conclusions about how effectively the system is managing demand. - We have used the Kurtz formula to determine the levels of current need at different levels of care. However, gaps in information, particularly around the wider preventative and early support means that we are unable to provide a complete picture of unmet need. This includes data on the numbers of children and young people receiving support in educational settings (such as school counselling), early years and parenting provision. Understanding, developing and collecting centralised data on the contribution of this level of provision should be a priority for any future commissioning activity. - Currently, access to specialist mental health support is the most common challenge referenced by all stakeholders engaged as part of the review. Non-clinical professionals were often able to identify need but struggled to effectively respond or signpost CYP for further help due to a lack of understanding of what support is available. The Healthy Minds platform is seeking to address this. - For specialist CAMHS, CYP face long waiting times. - Qualitative and hospital data suggests that the system is too crisis driven and CYP needs worsen as a result. There is a need for wider upstream support. - In terms of the workforce, professionals note that there is a need to build capacity and skills of non-specialist workers to enable them to better manage and signpost effectively.
4. What outcomes do services in the district currently achieve for children and young people, and how are they measured?	- There is no system in place to draw together whole system data (school nursing, school counselling, other) and info on outcomes - Current data is not used as well as it could be to monitor whole system activity - Evidence gathered on outcomes via the engagement phase illustrates a mixed picture on CYP mental health outcomes - When they are able to access low level help or advice, CYP and families report positive outcomes. This is also true of Specialist CAMHS. For example, see Goals Based Outcomes data from Youth in Mind and Little Minds Matter - MYMUP has developed a system that allows all NHS-funded voluntary and community sector services providing mental health support to children and young people to flow data into the NHS Mental Health Services Data Set - The development of a local SEND dashboard will also help the system improve its understanding of outcomes for this group of CYP.
5. How does provision in Bradford and Craven compare to similar places, including funding for these services from commissioning through to how these resources are utilised?	- Bradford and Craven offers a wide range of high-quality support and services. - The most useful Benchmarking information is available via NHS CAMHS Benchmarking Network and Public Health England's Fingertips tool. We have drawn on this data where relevant. However, unlike in children's social care, determining a statistical neighbour for children's mental health can prove difficult due to fragmented commissioning and incompatible datasets. Once data issues for specialist CAMHS and other services are addressed and become more reliable, research can be undertaken to explore this. - Data from CAMHS Benchmarking suggests that referrals to specialist CAMHS are significantly lower than the national average and caseloads appear to be reducing while nationally they are rising. - However, data on the costs of a contact appointment appear to be higher than the national average (£256 national v £476 in Bradford and Craven). This

	may be a sign of complexity in the cases BDCFT sees, requiring more specialist input and clinician time. - According to our analysis of need using the Kurtz formula, it appears that there is a significantly higher than expected number of children and young people accessing crisis provision, particularly in relation to hospital admissions for mental health related issues.
6. What does the system feel like for children and young people, their families and professionals? To what extent can they easily navigate the system and what do they say about their experience?	- Overall, stakeholders report positive experiences when they are able to access advice or help. - However, navigating the system appears to be a significant weakness, experienced by CYP, families and professionals. This results in huge delays and an escalation in young people's needs during this time. - Timely help was a central theme, including the early identification of need through to access to specialist support and long waiting times, particularly for those with multiple or complex needs, such as Children Looked After and Adopted Children and those with neurodevelopmental difficulties. - Children and young people from Black and Minority Ethnic (BAME) backgrounds face additional barriers in getting the support they need. Fewer BAME young people said they knew where to seek help compared to their white counterparts. They were also least likely to want to access support at home. Professionals also noted there were limited culturally informed specialist mental health services. - The experiences of children, young people, families and professionals vary across geographies with rurality in Craven contributing to slightly different needs and challenges.

Our recommendations

1. Leadership, commissioning, and strategy:

i. Commit to a whole system approach to children and young people's mental health in Bradford and Craven that establishes support across a spectrum of need.
   - This approach should set out how it will meet the needs of all those aged 0-25, in line with national policy initiatives.
   - This should also be underpinned by a framework that promotes improved strategic leadership and planning and a clearer roadmap highlighting different levels of multi-agency and sector support, more integrated multi sector partnership working and improved transparency.

ii. Investment needs to be made across the whole system, especially in preventative and early help services. Where a new investment is made, funding should not be withdrawn from other children and young people's mental health support services.

iii. Commissioners across the Bradford and Craven area should work together to align and simplify commissioning and governance arrangements across the CYP and young people's pathway.

To put the strategy into action:

i. There is a need to bring multi sector practitioners, children and young people and parents/carers together to work on whole system pathways supporting people with different levels of need.

ii. There is a need to create service delivery solutions and models that routinely bring multiple sector providers together – particularly to discuss children with complex needs.

iii. Young people and parents and carers need to become a routine part of the governance, strategic planning, problem solving and review structure

iv. Performance management arrangements should link directly to the achievement of the strategy.

v. Improved outcomes tracking and feedback is required – drawing a common whole system approach together and placing CYP, family and professional feedback at the centre of measuring how successfully the system is operating.

2. Understanding the needs of children and young people: Data and insight

- Develop a logic model for change[7] setting out what outcomes they want to improve (short, medium and long term). This will enable a clearer sense of what outcomes the system hopes to achieve and can also be used as a tool to track progress over time.
- Agree a set of baseline targets and desired outcomes when commissioning a new model.
- Develop a shared set of principles and a common approach to data collection across the whole system for 0-25's mental health.
- To improve data collection and quality, all universal, targeted and specialist services should demonstrate compliance with a basic minimum dataset determined by a

[7] The Evidence Based Practice Unit has produced a step-by-step guide on how to complete a logic model: https://www.annafreud.org/media/5593/logic-model-310517.pdf

multi-agency group which includes the points below, in order to enable commissioners to assess impact, quality and value for money.

- Create and agree a dashboard locally for establishing baseline reach with young adults and a system for collecting data pertaining to young adults routinely.
- Configure recording systems to support the overarching children and young people's mental health pathway and develop a training plan to support practitioners to use it.
- Prioritise and invest in SystmOne improvement work to enhance the accuracy of user data and improve the capability of the system to support the recording of outcomes.
- Draw on the forthcoming children and young people's outcome framework (being developed by Public Health England) to agree a set of shared indicators across the CYP mental health system to identify system-wide trends and outcomes.
- Use the whole system data that is routinely and regularly collected to review progress.
- The CYP mental health system should consistently seek and use children, young people, parent and carer insight and feedback to enhance understanding of need and outcome. This framework could build on the 'You're Welcome' initiative developed by Bradford Council.

3. Access and navigation

i. Develop an integrated multi-agency 'front door' – involving access to an expert multi agency triage team.
ii. Create a clearer and more accessible map of what the menus of choices are – and what CYP can access while they wait, if necessary.
iii. Easy and swift access to advice and help (including for schools/colleges other professionals), in accessible locations. The roll out of Mental Health Support Teams (MHSTs) in Bradford city present a good opportunity to explore this.
iv. Specialist CAMHS should prioritise reducing missed appointments, including Did Not Attends and cancellations. The service should explore the implementation of the Choice and Partnership Approach which has been shown to reduce waiting times and missed appointments.[v]
v. The Safer Space Review that is currently underway should consider the findings of this report, including feedback from parents/carers about their access to crisis provision for their child or young person.

4. Model of support

i. Support should work out of multiple community portals/hubs, involve multi agency problem solving to address children and families' needs and to upskill a wider range of professionals through advice, consultation and joint working, supported by direct access to trained mental health professionals.
ii. There is a need to shift towards the effective use of specialist and consultative expertise to support and upskill community-based practitioners rather than solely focussing on clinic-based delivery.
iii. More support is needed via schools/colleges with more training of staff, more support for whole school approaches (including consistent building of resilience through PSHE), more counselling and play therapy. There is a particular need for improved support for children with and families managing SEND, behavioural and complex needs.
iv. A significant proportion of children and young people said they would turn to online support for their mental health needs. This was particularly the case for children and

young people from BAME backgrounds. Commissioners should therefore consider expanding and raising awareness of the digital offer locally.

v. Family based approach: There was a strong need articulated for strengthened parenting support and family intervention.

vi. The children and young people's mental health system should learn and adapt from the ways services have responded to the Coronavirus crisis.

Learning from innovative responses to the Covid-19 pandemic:

Practitioners delivering mental health support in Bradford and Craven have introduced some changes in the way they offer help as a result of the pandemic. Many of these adjustments have started to show promising and effective results that may continue after the lockdown ends:

- An all-age crisis helpline.
- Key worker doorstep visits to families to be able to pick up and address needs.
- Children's social prescribing service has been conducting appointments by telephone, providing email advice and keeping in touch with various community groups virtually.
- One organisation has repurposed all face to face wellness interventions to an easily accessible digital offer for children and young people aged 7-17. This includes Skype, Google Classrooms, Hangouts and telephone calls, and these are utilised to provide wellbeing check ins and general needs capturing, counselling and information and advice.
- Delivery of 150 tablets with Wi-Fi for children and young people who were digitally isolated.
- Care packs have been developed by the Youth Service covering topics such as anxiety, low mood and grief.
- Support and frequent visits to a large number of young people who are care leavers aged 16-24 and living in their own tenancies.
- Providing more education and skills to other professionals in managing low risk scenarios, supporting parents in the home environment and more education in schools to avoid crisis and unnecessary hospital attendances and admissions.
- Parent/carer support work offered by Safer Spaces (Tower Hurst) and Sharing Voices.
- Targeted support for children, young people and families from Black and Minority Ethnic communities delivered by Sharing Voices, Girlington Centre and Youth Service working with community organisations.

i NHS Digital. 2018. Mental Health of Children and Young People in England, 2017. Available: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

ii Public Health England. 2020. Fingertips tool: Child and Maternal Health. Available: https://fingertips.phe.org.uk/profile/child-health-profiles

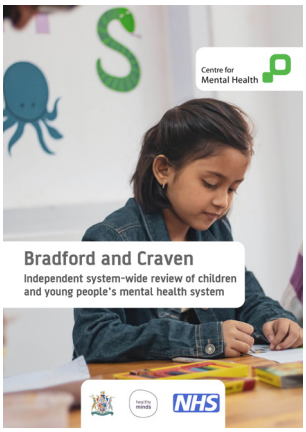
iii Ibid

iv Ibid

v Mental Health Foundation. 2009. Evaluation of the Choice and Partnership Approach in Child and Adolescent Mental Health Services in England. Available: https://www.mentalhealth.org.uk/sites/default/files/CAPA_PDF.pdf

Bradford and Craven:

Independent system-wide review of children and young people's mental health system



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Bradford and Craven

Independent system-wide review of children and young people's mental health system

Bradford and Craven: Independent system-wide review of children and young people's mental health system

Contents

1. Executive summary

In December 2019, Centre for Mental Health was commissioned by NHS Bradford District & Craven Clinical Commissioning Group (CCG), City of Bradford Metropolitan District Council, and Bradford District Care NHS Foundation Trust to undertake a system-wide review of children and young people's mental health services in Bradford and Craven. The review considers the whole pathway including all NHS and Local Authority commissioned mental health and wellbeing support for children and young people aged up to 25 residing within the Bradford district and Craven area.

This report demonstrates an important commitment from Bradford and Craven system to take up the challenge to improve the mental health and wellbeing of its children and young people. The review found numerous examples of good and excellent provision across the children and young people's mental health system. We also identified a number of significant challenges that have resulted in delays or poor access to support. We make recommendations for change in response to these challenges and propose a series of both short- and long-term solutions. We recognise that a huge amount of work is currently under

way to address some of the issues identified in this report and therefore we build on some of these promising approaches where relevant.

The review engaged over **450 stakeholders**, including children, young people, parents and carers, and professionals from a diverse range of backgrounds and disciplines. The review was also supported by a multi-agency Project Group of commissioners, advisors and providers covering Bradford district and Craven. We would like to thank all those who shared their views and insight to help inform this review. We have attempted to take into account and reflect all of the information shared with us.

Key findings from data about needs and services

- **Children and young people's mental health in Bradford and Craven**

  a) **Current need:**
  - It was estimated that there were around **160,032** children and young people living in the Bradford district and Craven area in 2018.
  - According to the latest NHS Digital prevalence study, around **one in eight** children and young people aged 5-19 have a diagnosable mental health disorder.[1] This equates to **15,604 of all children and young people** in Bradford and Craven.
  - This report uses the iThrive framework to conceptualise need and support across Bradford and Craven and present our findings.[1]

  b) **Future need and demand:**
  - **Young and growing population in Bradford city:** The overall child population (0-18) is projected to grow by 5.5% by 2025. 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 problems.
  - **Move towards 0-25 service models**: The NHS Long Term Plan (2019) sets out a move towards a 0-25 model for children and young people's mental health services. The Plan has established targets building on the NHS Five Year Forward View policy to ensure there is service reach to 18-25 year olds in the locality.
  - **The impact of Covid-19 on CYP mental health:** Children and young people (CYP) with mental health problems may be affected negatively by the impact of increased anxiety and depression around the virus and lockdown measures, including reduced access to support and social isolation. Many young people may develop new problems because of the crisis.

- **Getting advice and early stage help**

There is a range of early mental health support for children, young people, and their families in Bradford and Craven. We focus on two key services as part of our analysis, Youth in Mind and Kooth. However, we acknowledge that there is a vast range of services in Bradford and

[1] The iThrive model conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Brief description here.

Craven that contribute to this 'getting advice and getting help' landscape, in line with iThrive model, from whom data was not collected and collated. This includes support delivered by health visitors, children looked after nurses, pastoral support teams, school nurses, nurture groups in schools, school counselling (where this exists), and other voluntary sector providers.

a) **Youth in Mind** (YiM) is a partnership, funded by the CCG, that integrates low-level and targeted emotional and mental health provision offered by health services, the youth service and voluntary and community sector (VCS) organisations. It was launched in April 2017. The partnership supports 11-19 year olds who are struggling with their social, emotional or mental wellbeing, or up to 25 for young people with additional needs.

- Last financial year, there were **1,841** referrals made to YiM. This includes a very small number of those who fall outside of the primary age range.
- The most common reason for referral into Youth in Mind services were for 'self-care issues' (**79%**), followed by anxiety (5%), depression (4%), self-harm (2%) and crisis support (2%).
- Youth in Mind services use Goals Based Outcomes (GBOs) as the programme's primary outcome measure. Overall, children and young people report improved outcomes. The service has also developed a system to contribute to national NHS Mental Health Services Data Set (MHSDS) reporting.

b) **Digital support: Kooth**. Kooth is funded by the CCG and provides completely confidential emotional and mental health support for children and young people free of charge, including drop-in chat with a counsellor or therapist or access to self-help advice. The platform became fully operational in Quarter Three of 2019/20 and is therefore still relatively new.

- There has been a total of 8,258 logins made by **1,844** children and young people since the platform went live.
- **Worker hours** have been **increasing** since Quarter three and now overall, on average, exceed contracted levels by **1.6%** (266hrs a month v 264hrs contracted).
- The most common presenting issues across all genders include anxiety/stress, self-harm, bullying, family relationships and suicidal thoughts. On average, 93% of children and young people would recommend Kooth to a friend.
- Since the Coronavirus outbreak, Kooth has seen articles, discussion boards and peer to peer support centred around the following:
  - Issues around school closures & exam cancellations
  - Family relationships, such as domestic violence or concerns from young people of parents with substance misuse issues.

c) **Mental Health Champions in Schools**:

- The Mental Health Champions initiative launched in 2018/19 and is funded by the CCG.
- The service has been working to increase capacity to meet low level mental health needs within school, bringing service providers together with schools to develop an understanding of pathways and, where necessary, providing opportunities to develop and feed into more efficient pathways.

- The team consists of Educational Psychologists from Bradford Council, Primary Mental Health Workers from Child and Adolescent Mental Health Services (CAMHS), School Nurses and various local and national third sector organisations.
- There were **105 schools** involved 18/19 with an overall **target of 200**.

- **Getting help and getting more help: specialist infant, child and adolescent mental health services**

  a) **Bradford and District Care NHS Foundation Trust (BDCFT)** is the main provider of both Primary Care Mental Health Workers who liaise with schools and specialist Child and Adolescent Mental Health Services (CAMHS). The Trust is commissioned to provide services by the CCG and the council.
  Data challenges: In the summer of 2018, BDCFT migrated from RiO to SystmOne as the new patient record system. The Centre understands that the migration to the new system resulted in some delays in the processing of patient records. In some instances, it was not possible to migrate over all historic records due to incomplete or incompatible data fields or codes. Subsequently, a clean-up exercise was undertaken in the summer of 2019.
  The Trust has since been reviewing and undertaking data improvement work, taking an iterative approach. This has involved running Rapid Process Improvement Workshops (RPIWs), provision of reporting to enable identification of data quality issues, and targeted training to mitigate against future data issues.
  Despite this, there remain ongoing and significant challenges with regards to data collection and quality and this has greatly impacted performance reporting and management. SystmOne requires significant investment to address these challenges and ensure the system is maximised and fit for purpose.

We analysed available data over the last three financial years. Below is a summary of the key findings:

Overall referrals:

- The latest NHS CAMHS Benchmarking data from the financial year 2018/19 shows there were **2,094 referrals** received by specialist CAMHS provided by BDCFT **per 100,000** population. This is significantly lower than the national average that year which was **3,658 per 100,000** children and young people.
- The overall numbers of referrals to specialist CAMHS have been relatively stable for the past three years.
- Referrals typically dip during the summer. This is likely due to reduced referrals from schools during the break.
  Multiple referrals are sometimes made about the same child. On average, roughly 1 in 20 children have had an additional referral made for them over the last three years. There can be several reasons why there may be multiple referrals relating to an individual child or young person.

- **Where are these referrals coming from?** In the financial year 2019/20, the majority of referrals come from GPs (45% in total) and via school nurses (27.3%). Nearly one in 10 (9.6%) referrals come via hospitals and 6.4% of referrals are made by professionals in social care services.

- There has been a significant increase in referrals made by school nurses over the last year, from 15.2% of referrals in 2018/19 compared to 27.3% last year. This is primarily a result of improved data collection as the previous system did not provide a code for school nursing as a source of referral.
- A very small proportion of referrals are self-referrals made by young people (2.6%) or their carers/relatives (0.6%).

- **Where do referrals go?**
- The majority of referrals are assigned to Community CAMHS (55%) and Neurodevelopmental (21%) teams according to data from the last financial year 2019/20.
- As SystmOne does not currently capture information on 'presenting need' outlined in a referral, we can make some assumptions about need and demand based on which pathways they are assigned to, particularly in relation to the Children Looked After and Adopted Children (LAAC) Pathway and the Neurodevelopmental Pathway, and the levels of complexity that may be associated with these cases.
- There is a downward trend of referrals being assigned into the primary mental health (PMH) and LAAC Pathway. This may be due to children looked after and adopted children receiving support via the Bradford B Positive Pathways (BPP) where intensive, wraparound care is provided by specialists in-house to help ease the difficulties. Further information is required in order to understand how the BPP is managing mental health needs and preventing onward referrals to specialist CAMHS.

- **Referral acceptance rate:** Most referrals made to specialist CAMHS are assessed and accepted (68%). The national referral acceptance rate for assessment was 76% in 2018/19 (NHS CAMHS Benchmarking, 2019), therefore BDCFT are accepting slightly lower proportion of referrals.
- Children and young people who do not get accepted are signposted to other available services in Bradford and Craven or their referral is returned to the referrer requesting further details. A lower acceptance rate may also indicate there is a higher threshold, a rigid eligibility criterion in place in BDCFT, or higher levels of inappropriate referrals – which is a sign of ineffective pathways. Work has been underway to address the latter.
- Just over one in four (26%) referrals are refused, while 6% were awaiting a decision at the time of writing.

- **Caseloads:** Specialist CAMHS caseloads increased by 8% nationally in the financial year 2018/19, from 1,761 per 100,000 population (0-18 population) on 31 March 2018, to 1,906 on 31 March 2019 according to the 2018/19 CAMHS Benchmarking data.
- In Bradford and Craven, caseloads decreased by 3% over the same period from 1,725 per 100,000 on 31 March 2018 to 1,681 per 100,000 on 31 March 2019.[2] This needs to be further investigated to determine whether this is the result of data cleansing.

[2] This was calculated using 0-18 mid 2018 population estimates for Bradford and Craven.

- **Caseloads by pathway:** There were **2,680 active caseloads** in the financial year 2019/20.
- We see a steady decline in caseloads managed by the Community CAMHS team from the start of 2019 and a sharp rise in those assigned to the neurodevelopmental team. This is likely due to the data cleansing work and the reallocation of cases.
- There is also a marginal and steady increase of caseloads assigned to the Primary Mental Health Workers (PMHW) pathway. This suggests that PMHW teams are working longer with children and young people as referrals have reduced.
- Again, this may also be the result of data cleansing and the reassignment of caseloads.

- **Waiting times:** Historic waiting times data is not available. BDCFT provided data from Q3 2018/19 to Q4 2019/20.
- Overall, the average waiting time for CAMHS has consistently fallen from Q1 to Q4 in the financial year 2019/20, for referral to assessment and for referral to treatment.
- On average, children and young people waited 26 weeks from referral to treatment (second appointment) in 2019/20. This exceeds the national average reported last year of 14 weeks in 2018/19.[3]
- While there are currently no national waiting time targets for CYP mental health services, objectives under the NHS Constitution indicate that services should aim to achieve an 18-week target from referral to any treatment.[4]
- The reduction in referrals to BDCFT may help explain why waiting times have been going down overall. However, waiting times for some pathways remain lengthy. This may indicate issues around capacity within these pathways and the nature of complexity in the cases they are dealing with.

- **Waiting times by pathway:** The longest waiting times are experienced by children and young people on the Neurodevelopmental and LAAC pathways. Both have been reducing over the last year, in line with the overall trend.
- Children and young people on the Neurodevelopmental Pathway waited, on average, a year (52 weeks) from referral to treatment (second appointment) in the financial year 2019/20. They waited 35 weeks from referral to assessment.
- Children Looked After and Adopted Children waited on average 38 weeks from referral to specialist treatment on the LAAC Pathway, and 23 weeks from referral to assessment in 2019/20.
- The reduction of the LAAC team in 2018 may have contributed to an increase in waiting times between Q3 2018 to Q3 2019. There was an initial 9 week increase in waits from referral to treatment between Q3 and Q4 2018 with this time gradually coming down during the course of the year.

- **Missed appointments**: A significant number of referrals are missed each month, either because a patient 'Did Not Attend' (DNA) or because the appointment was either cancelled by the patient or by the Trust.

3 NHS Benchmarking Network (2019) 2019 Child and Adolescent Mental Health Services (CAMHS) project.

4 Under the NHS Constitution, no patient should wait more than 18 weeks for any treatment.
https://www.cqc.org.uk/sites/default/files/20170120_briefguide-camhs-waitingtimes.pdf

- Last financial year, there were a total of **5,804** scheduled appointments that did not take place. 65% of missed appointments were a result of DNAs, 32% were cancelled by BDCFT and 12% of appointments were cancelled by the patient.
- In 2019/20, the cost of 'Did Not Attends' is equivalent to £960,256. [5]
- The cost of cancelled appointments totalled £648,704 in the same year. It should be noted that where there are cancellations within BDCFT CAMHS, this time is not wasted and clinicians will still be working and seeing other people. Cancellations may occur months or weeks in advance and staff time is therefore redirected.
- **Outcomes:** BDCFT does not currently collect or record routine outcome data. The Trust currently uses the Friends and Family Test as an indicator of patient satisfaction.
- The Trust states that this has been identified nationally as a challenge and will start to be addressed through the 2020/21 NHS England Commissioning for Quality and Innovation (CQUIN) programme aimed at driving improvements and standards. Work is also being undertaken to develop and collect information on Special Educational Needs and Disabilities (SEND) outcomes which can be monitored alongside this.
- **System-wide outcomes**: BDCFT are currently working on developing a framework to collect and track outcomes across the system. Public Health England are also in the process of creating a national outcomes framework for assessing the mental health and wellbeing of children and young people in England which will inform the local framework.

b) **Little Minds Matter:** The Little Minds Matter: Bradford Infant Mental Health Service is a specialist Better Start Bradford project, funded by the National Lottery Community Fund and delivered by Bradford District Care Foundation Trust as part of Child and Adolescent Mental Health Services. Little Minds Matters is a pilot covering a small number of highly deprived localities within Bradford but with plans to extend. The service works with families, and the professionals that support them, during the 1,001 critical days – from conception to age two. The service became fully operational from April 2018 and is funded until August 2021.

Summary of activities:

a. **45** families accessing direct clinical support
b. **138** professional consultations delivered
c. **330** health and care professionals trained in infant mental health awareness and **46** health and care professionals trained in observing and supporting parent/infant relationships.
d. An evaluation is tracking impact over time and outcome measures will provide useful data once the programme has been in operation for longer.

c) **Eating disorder community services for children and young people**

Eating disorder services, although offered by BDCFT, are relatively low volume in the context of overall service throughput in CAMHS.

- According to NHS CAMHS Benchmarking data, there were on average **57 referrals per 100,000** 0-18 population in 2018/19 reported by BDCFT (compared to 91 referrals nationally).
- **98%** referral acceptance rate. This is higher than the national average (87%).

5 Using national average of cost of CAMHS contact £256 in 2018/19 based on NHS CAMHS Benchmarking.

Additional data provided by BDCFT provides a breakdown of the number of cases of children and young people waiting to be seen for routine and urgent NICE-approved eating disorder treatment in the last financial year.

- There were **20** children and young waiting to start **routine** eating disorder treatment in 2019/20.
- Nearly three quarters (**72%**) of routine cases were seen **within 4 weeks or less** from referral to treatment.
- There were **3** children and young people waiting to access **urgent** NICE-approved eating disorder treatment in 2019/20.
- 62.5% of **urgent** cases were seen **within one week or less** from referral to treatment.

- **Getting risk support: Crisis and hospital provision**

a) **Towerhurst (Safer Space):** This service is commissioned by Bradford District and Craven CCG and is provided by Creative Support. The service offers young people under 18 who are in crisis and emotionally distressed a safe place to stay overnight in a homely and non-clinical environment. The service is accessible via Creative Support, CAMHS, the Emergency Duty Team, or via another relevant professional. A total of **59** children and young people were supported by Towerhurst in the financial year 2018/19.

- The number of admissions to Towerhurst has been rising since April 2019.

b) **Hospital admissions for mental health conditions:**

- According to data obtained via the Public Health England Fingertips tool, there were **90** children and young people from Bradford, aged 0-17 years old, admitted to hospital for mental health related conditions in the year 2018/19.[2] This is equivalent to **63.4 admissions per 100,000** children and young people. Bradford has fewer admissions compared to the national average and to its neighbouring authorities.[3] There were 88.3 admissions per 100,000 children and young people nationally and 69.8 per 100,000 in Yorkshire and Humber.[4]
- This may indicate that children and young people may be having their needs effectively met within the community, through services offered by Youth in Mind and Safer Spaces.

- **Bradford Royal Infirmary (BRI):** There were **573 admissions** to paediatric beds for under 18s in 2018/19 for mental health related issues, including eating disorders and self-harm. These admissions related to **379 individual patients**.
- Of these, nearly a **quarter of patients (24%) were admitted more than once** in 2018/19. 12% of patients were admitted more than three times in the same year. Further investigation is required to understand what is driving repeat admissions.
- These numbers are much higher than the data submitted to Public Health England Fingertips because BRI admissions data includes a broader range of mental health conditions for which children and young people were assessed as having prior to their discharge.

c) **Mental health inpatient admissions**
   - There were **12** children and young people admitted to an inpatient mental health ward in the financial year 2018/19 according to data provided by BDCFT.
   - There were **16** children and young people admitted into CAMHS Tier 4 provision as part of the New Care Model pilot in 2018/19.
   - Further investigation is required to understand admissions into inpatient provision for children and young people, including out of area placements. Currently, data is not centrally collected and reviewed.

- **Resource and spending across the CYP mental health system in Bradford and Craven**

The below is based on annual analysis conducted by the Children's Commissioner for England and NHS CAMHS Benchmarking.

a) **Overall budget:** The Children's Commissioner for England has been tracking and benchmarking CCG spend on children and young people's mental health services nationally since 2015/16.
The overall budget for CYP mental health services in Bradford and Craven has increased by 34% since 2015/16. *Future in Mind* transformation monies have largely contributed to this.[6]

b) **Spend per head:** In 2018/19, nationally CCGs spent on average £59 per child on specialist children's mental health services. This is an increase of £5 per child in cash terms (up from £54 in 2017/18).
   - Despite the increase in overall spend on CYP mental health services, Bradford District's spend per head is lower than the national average at **£48 per head** across Bradford and Craven.

c) **Cost per appointment for specialist mental health support:**
   - According to the NHS CAMHS Benchmarking report 2018/19, the cost per specialist contact is higher than national average, £476 in BDCFT compared to £256 for the national average. This may be due to the nature and management of complex cases, or where there is a significant mental health comorbidity.
   - According to 2018/19 NHS Benchmarking data, the community specialist CAMHS workforce is smaller than average in Bradford and Craven, at 62 per 100,000 CYP population compared to the national average which is 84 per 100,000 population.

d) Over the last three years, there have been a several changes to the CYP mental health landscape in Bradford and Craven.

Investments:
   - Significant investment into new initiatives and providers through Youth in Mind and Kooth.
   - Mental Health Champions in schools as part of the Schools Link pilot has seen a 68% increase in investment between 2018/19 to 2020/21.

[6] The Office of the Children's Commissioner for England (2020) The state of children's mental health services. Available here: https://www.childrenscommissioner.gov.uk/publication/the-state-of-childrens-mental-health-services/ [last accessed 29 June 2020].

- CCG overall funding for the voluntary and community sector rose by 27% between 2018/19 and 2019/20.
- Significant investment over the year in training, system support and awareness raising initiatives (from £35,739 in 2018/19 to £135,000 2019/20). This primarily went towards the development of the Healthy Minds Directory platform, providing all children and young people voluntary and community sector providers with the ability to feed data to the NHS Mental Health Data Set (MHSDS) and use a shared outcome and measurement tool (MYMUP/RCAD and SDQ), eco-mental health, extra counselling hours and awareness raising work carried out by the VCS.
- As of January 2020, non-recurrent funding of £167,000 was awarded to BDCFT to manage their waiting list by Bradford District and Craven CCG.
- £110,000 to the VCS for the youth crisis café in City Centre, Toller Lane and Shipley hub.
- Specialist CAMHS delivered by BDCFT has seen a small increase of 2% over this 3-year period.
- Family Action was awarded £166,722 by the Department of Health and Social Care as part of the VCSE Health and Wellbeing Fund – covering a 3-year period starting March 2020. This project is bringing together and expanding existing therapeutic services and trauma support (CALM Service) for children and families in Bradford delivered by Family Action, Relate Bradford, Step 2, and Sharing Voices.

e) **Divestment:**

During the same period, there have also been significant disinvestment in local authority spending in the CYPMH system. This includes reduction in counselling provision, school nursing and health visitors, and changes to local authority contributions to the LAAC pathway.

Local authority divestment:

Context: Like all councils, Bradford Metropolitan District Council has had to reduce spending increasingly over the last few years due to the impact of the Government's austerity programme. Since 2011, Bradford Council has announced cuts of £262m while meeting rising demands for services. In this current financial year, the council's spending power is equivalent to half of what it was in 2010. This has meant that the council has had to rethink its spending plans and make tough funding decisions.

- **School nursing and health visiting:** Since the financial year 2016/17, there has been an overall reduction of spend on the local authority 0-19 pathway covering health visiting and school nursing. This amounted to reduction of £5,172,879, with around £3,000,000 being withdrawn since 2018/19 (equivalent to a 30% reduction).
- Stakeholders engaged as part of the review felt that this decision had gravely impacted on these services' ability to effectively respond to emerging or low-level mental health needs.
- In addition, due to an inadequate children's service Ofsted rating in 2018, the Local Authority started to tighten and improve its social care provision for children and young people. This has meant for the School Nursing Service that in

order to respond to the increasing enquiries made of the service from Children's Social Care, primarily in relation to safeguarding cases, a further 6 working time equivalent (WTE) School Nursing staff are needed to meet this demand each working week. The incremental impact over the last couple of years has put further pressure on the essential emotional wellbeing and pastoral role of school nurses. This has further reduced resource available to meet the lower level emotional support school nurses could also provide.

- **Changes to the Children Looked After and Adopted Children (LAAC) team:** In 2018, a local authority decision was made for co-located staff to move to the 'through care' team within the local authority. The Children Looked After and Adopted Children (LAAC) team on the LAAC pathway therefore reduced by 21% in capacity based on WTE. As noted earlier and from feedback gathered from stakeholders, this decision likely impacted the capacity of the team and resulted in longer waits for patients.
- In 2015, £352,000 was taken out of the specialist CAMHS budget for low level mental health support. This resulted in a gap in provision and a loss of skilled staff which had a serious impact on the waiting list and time for children and young people. The Future in Mind funding in 2016 subsequently plugged this gap but the service has never recovered from this.
- **Impact of youth service budget reductions:** In the same year, there were cuts made to the Youth Service which resulted in funding being withdrawn from The Buddy service (one to one support). This was replaced by funding via the Future in Mind pot (£247,750 current annual cost).

  Substance Misuse Service: In late 2019, CAMHS Substance Misuse Service (a prescribing service) was decommissioned by the Council because no individuals were being prescribed opioid substitutes. This reduced BDCFT's budget by £77,336 p/a. This support is now being delivered through arrangements with an adult provider should a child or young person require this treatment.

Savings:

- BDCFT have been working with NHS England to develop new models of care to support children and young people accessing Tier 4 (inpatient) mental health care. As a system, financial savings were made which have been reinvested into the service to increase the Intensive Home Treatment offer for children and young people. More importantly, children and young people have been supported to remain at home and in school or have reduced lengths of stay in hospital. Further work is required to gain a comprehensive understanding of savings incurred and where this has been reinvested.

2. What stakeholders told us about the CYP mental health system in Bradford and Craven

How we gathered information:

- We designed four separate surveys aimed at broader local providers and practitioners, children and young people (11- 15 and 16-25) and parents and carers and received **423** responses in total. The survey opened Monday 23 March and closed on Monday 27 April 2020.
- **37** interviews took place with a range of professional stakeholders, children and young people, and parents and carers.
- The below is a thematic summary of what came out of our analysis of the survey and interviews.

1. Access to CYP mental health advice and support

Summary of key quantitative findings:

The following analysis is based upon responses from stakeholders to questions based on a 5-point Likert scale. A thematic summary elaborates further on some of the experiences and perceptions of stakeholders later in the report. This is based on a thematic analysis of interviews and qualitative responses to the survey.

Children and young people:

- There were **148 responses** to the CYP survey from 76 children (aged 11-15) and 72 young people (aged 16- 25).
- **Receiving mental health help:** Children were asked whether they had received help for a mental health difficulty from someone who is not a family member or friend, and most surveyed children (**57%**) had. Of these children, most had received help from CAMHS or their school. Less common answers were from their youth worker, support worker, doctor, CAMHS crisis team, Youth in Mind or Compass Buzz.
- **How helpful they found the help they received:** When asked how helpful available support is for children and young people who are worried and distressed, 38% of young people gave a neutral response. More young people reported that available support is 'helpful' or 'very helpful' (which totaled 35% of responses) than 'unhelpful' or 'very unhelpful' (which totaled 27% of responses).
- **How easy is it to receive help:** 48% reported that it is either 'very difficult' or 'quite difficult' to get help when they are beginning to struggle with their mental health and wellbeing. Just 7% of young people reported that it was 'very easy' to get help.
- **Knowledge of where to go for help:** When asked whether respondents knew where to go for help if they or their friend had a mental health difficulty, nearly two-thirds (63%) of children said they would know compared to 60% of young people. There was a noticeable difference for BAME children, only 42% of whom reported knowing where to go for help.
- **Where is the best place to receive mental health help:** When young people were asked for the best place to receive help with their mental health, the **GP** was the most common answer (23%), followed by **online** (20%), at **home** (13%) and at a **youth club** (13%). Interestingly, none of the BAME young people in the sample said home would be the best place to receive help with their mental health. Most of them would choose to get help with their mental health online (33%), followed by

from a GP (20%) and youth club (14%). Very few children and young people also said 'school' in response to this question.

Parents/carers:

- There were **130** responses to the parents' and carers' survey.
- The majority of parents and carers who responded to the survey have accessed mental health services on behalf of their child. Just over one in ten (12%) have tried unsuccessfully to access support.
- **Accessing mental health support for their child**: Nearly three quarters (74%) of parents and carers who responded to the survey said they overall found it either 'quite difficult' or 'very difficult' to find help for their children when they have mental health problems or distress. Only one in ten (9%) felt that it was easy.
- **70%** of survey respondents felt it was either 'quite difficult' or 'very difficult' to get advice or help when their child is beginning to struggle with their mental health and wellbeing.
- **66%** said they found it 'quite difficult' or 'very difficult' to access support for their child in a crisis. One in ten (10%) felt it was 'quite easy' or 'very easy'.
- **Choice in the type of help their child received:** The majority of parents and carers who responded to the survey (67%) felt that they had no or little choice in the type of support their child or young person received. 15% felt that there was some choice and only 3% stated that there were lots of choice.
- **Outcomes:** Just under a third of respondents (32%) found the support their children accessed 'helpful' or 'very helpful'. Conversely, a similar proportion (35%) felt that the support available was 'unhelpful' or 'very unhelpful'.

Professionals:

- There were **145** responses to the professional survey.
- The majority of survey respondents worked within the education sector (40%), followed by nearly one in four respondents (24%) who said they work for a local authority. One in five (21%) worked for a charity or non-government organisation. Mental health professionals working for the NHS made up 7% of responses and private mental health services made up 4%.
- **For emerging mental health problems:** Professionals were asked how easy they thought it was for children (aged 4- 16) to access the help they need when they begin to struggle with their mental health. 61% described this as either 'very difficult' or 'difficult' while 13% felt it was 'quite easy' or 'easy'.
- Professionals were asked the same of 17-25 year olds. Just over half (53%) felt that it was 'very difficult' or 'difficult'.
- **Access to support for mental health problems:** Over three quarters of professionals (76%) felt that it was either 'very difficult' or 'quite difficult' for 4-16 year olds with identified mental health needs to access the support they need.
- Similarly, 68% felt it was 'very difficult or 'difficult' for young people aged 17 to 25.
- **Accessing support when in mental health crisis:** 72% thought it was either 'very difficult' or 'difficult' to access help in a crisis for 4-16 year olds.
- 67% of respondents believed that it was either 'very difficult' or 'difficult' for young people aged 17-25 to access crisis mental health support.
- **Parents/carer access to help for infant mental health in Bradford and Craven:**

- The majority of professionals (62%) believe it is 'very difficult' or 'quite difficult' for parents to access infant mental health support.

The following is based on some of the most common themes that emerged from the qualitative responses to the surveys and interviews from all three groups of stakeholders.

2. The primary unmet needs of CYP in Bradford and Craven

- Emotional needs that fall under current clinical thresholds, such as social isolation, emotional distress and the effects of poverty. Professionals described these difficulties contributing factors in later damaging and costly crises
- Common Mental Disorders such as anxiety and depression
- Therapeutic support, integrated across the whole system, for children, young people and families with histories of adverse childhood experiences
- A lack of whole system stepped approach (universal, targeted and specialist) and parenting support.
- Lack of support for Special Educational Needs and Disabilities (SEND) and neurodevelopmental needs – including access to Education, Health and Care Plans (ECHP) and effective dual diagnosis and support
- Children and young adults with multiple and complex needs
- Young adult needs – qualitative comments suggested limited support at key times when illness can escalate
- The needs of Black and Minority Ethnic (BAME) children and young people – there is a lack of culturally competent support and barrier of stigma preventing access.

3. Mental health awareness, information, and advice

- Mental health awareness across the system and amongst communities can be patchy, including issues around stigma and poor mental health literacy
- There is a lack of awareness of the local offer and effective signposting
- Targeted information and advice aimed at children and young people, parent/carers and professionals appeared to be lacking. This included resources or materials being available in clear, accessible and child-friendly formats
- Significant difficulties were reported in understanding the local landscape of support, in the availability of services and in accessing what was available. Many professionals, CYP and their families struggled to understand what was available in the local area. Geographical variability was a key theme. A few parents and carers referred to having felt forced to seek private help.

4. Access to mental health support:

- A common theme was that children and young people, parents and professionals found it challenging to access mental health advice
- There was felt to be no clear and understandable overview of what is available in the area and no clear and effective 'front door' to facilitate advice and help
- There is a lack of choice in the type of support and treatment and the way that support was offered (need for flexibility)
- Eligibility thresholds for specialist mental health support were deemed too high by non-specialist professionals working across education, social care, and the voluntary and community sector.
- There was a lack of preventative interventions and early advice and help to de-escalate difficulties which resulted in a system was orientated towards crisis
- A very medicalised model is currently operated which did not dovetail with what young people wanted

- Families struggle to navigate the system and experienced being bounced around between different services.
- Specific groups of children and young people face access barriers such Children Looked After and BAME young people.
- Children and families experience long waiting times for specialist mental health support. These are compounded by the lack of immediacy of advice as well as support and little advice and help while they wait.
- Timely access to mental health support is often undermined by unclear, convoluted, and unresponsive referral systems.

5. Current strengths:

- School-based support being described by parents, professionals and some children and young people as holding promise but being inconsistent. School-based provision of counselling and pastoral support can be effective where available. Some concerns were raised about disinvestment in some school counselling
- There are a range of services and support on offer (although awareness, navigation and access seem to be an issue)
- The VCS offer, including Youth in Mind and Better Start Bradford, is perceived as being helpful
- Crisis provision, including out of hours care (Towerhurst and Youth Cafes) was largely praised in qualitative comments – although quantitative survey responses suggested mixed views in terms of ease of access
- Professionals working across Bradford and Craven were described by stakeholders as dedicated and compassionate
- Many professionals' qualitative comments suggested that for those who accessed specialist CAMHS, care was positive. However, survey responses suggested that young people were more mixed in their reactions to the support they received.

6. General summary of individuals' experiences of the system over the last three years:

- The capacity, competences, and capability of the system to meet demand and manage low level needs vary across the system
- Generally, stakeholders feel there is not enough resource to meet high demand. The reduction in school nursing, health visitor and midwifery provision were highlighted as a particular problem with these services being described as particularly overstretched and having little to no time for universal support
- There was a perceived lack of joined-up or integrated strategy or commissioning across local authority, CCG and VCS partners .This is reflected in services with no shared language or understanding of mental health and wellbeing
- It was felt that governance arrangements at the strategic level could be improved, especially in building better links to Craven structures and North Yorkshire County Council, and in and ensuring that CYP and parents/carers routinely form part of governance, strategic problem solving and review of mechanisms
- A 'blame culture' across the system has led to mistrust between some organisations and services, which has stifled whole-system problem solving and undermined partnership working.

Areas that require further exploration:

This report describes the findings from Centre for Mental Health's system-wide review of children's and young people's services in Bradford and Craven. We are grateful for the commitment and vigour of staff who have shared their wide range of experience, knowledge, and honest reflections with us. This has helped us establish a comprehensive view of the current system and the services within.

Our primary conclusion is that there is currently a valuable opportunity for leaders to create a coherent, system-wide vision for services that work together to:

- Understand the population and its needs
- Provide efficient and effective services to meet those needs
- Demonstrate consistent, measurable, and positive outcomes for improved mental health
- Give good value for money.

The vision should result in a system which inspires staff and offers a range of services easy enough for children, young people, and their families to understand, navigate and trust. It must be underpinned by outcomes data, financial information, consistent contracting arrangements, and evidence of local need; specifically:

1) Recognising that data collection requires rapid improvement
   - The transfer of data-management from RIO to SystmOne limits the accuracy and usefulness of the data gathered in 2018/19
   - There is a need to improve use of SystmOne and the training staff receive
   - Sparse outcomes data is gathered for children and young people
   - Outcomes metrics for services vary widely and do not contribute to a common health goal

These factors thwart the calculation of a realistic and statistically comparable baseline of local need and the progress toward positive outcomes, whilst also limiting the ability of leaders to communicate a shared system-wide vision. They also limit our ability to gain an accurate understanding of demand and capacity across the system.

2) Financial data is held in a variety of different places with inconsistent formatting and recording. Comparable data is needed to calculate any value-for-money, cost-per-intervention or return on investment values. A common dataset which details each service within the system, the component funding streams and basic information such as client numbers would increase the transparency of information and its usefulness in determining long-term investments.

3) Aligning contracts to an agreed set of shared outcomes and system-wide goals, by any commissioning party, would unify providers' efforts and increase the ease with which different interventions can be measured. This is currently not in place.

4) A shared commitment to meeting the needs of the population which comprises people from different cultures, faith, countries, and ethnicities. This can begin with the commitment to understand how these factors may impact on the identification of need and the offer of support.

Inevitably, system-wide change can only come through system-wide leadership. Commitment to the joint goal of optimising children's health through the shared vision of a coherent system is the requirement needed to make this recommendation a reality.

3. Summary observations based on key lines of enquiry

1. What are the key factors contributing to increased demand for mental health and wellbeing services for children and young people across the district? And how can we better manage need in the future?	- Overall, population growth has likely significantly contributed to increased demand for help - Nationally, there is greater awareness and focus on CYP mental health which means that more CYP and families will come into contact with services - Impact of factors such as austerity (child poverty) and rising numbers of CYP entering care or known to children's services (edge of care) - Data from Youth in Mind and Kooth suggests increased demand for early and low-level mental health support - Specialist CAMHS has seen no increase in demand based on the data. However, the data suggests that they are managing complex cases and are working with these children and young people for a longer period of time - There may also be potential bottlenecks that need further exploration within the LAAC and Neurodevelopmental Pathways - Data improvements across the system are required to understand current /unmet need and project future demand.
2. What do we know about the efficiencies, savings and investments that have been applied to children and young people's mental health support over the last three years and their impact?	- Future in Mind transformation initiatives have boosted and added capacity to the system - Investments in advice and early support provision, such as Youth in Mind, crisis cafes and Kooth are reporting good outcomes. - Investment in outcome measures and digital infrastructure for the VCS has yielded positive measurable outcomes (for example, data collection and reporting through the MYMUP Digital platform). - However, evidence suggest that some of this spending replaced existing allocations – rather than going towards new services expansion of services. For example, the allocation of funding to Buddies, the primary mental health workers, and the counselling provision were cited as examples of this. - According to specialist CYP mental health spending data gathered by the Children's Commissioner for England, spend per head is lower in Bradford and Craven than the national average and has reduced. We should be seeing incremental year on year increases but the overall trend seems to be the opposite. - Over the last two years, there have been significant local authority reduction in spend which is impacting the system. This is the result of significant funding pressures within Bradford Council and the allocation of resource to address the recommendations from the last Ofsted inspection in 2018. This includes reduced counselling, school nursing and health visiting services. This has reduced capacity within low level/universal provision and therefore these services are referring on to CAMHS.

3. What conclusions can we draw about the capability and capacity of the system to meet demand, including its ability to enable access, respond and offer the right support?	- For many of the CYP mental health services commissioned, there were no clearly defined baselines or targets set on the numbers of cases/activities expected from services. This presents challenges in drawing conclusions about how effectively the system is managing demand. - We have used the Kurtz formula to determine the levels of current need at different levels of care. However, gaps in information, particularly around the wider preventative and early support means that we are unable to provide a complete picture of unmet need. This includes data on the numbers of children and young people receiving support in educational settings (such as school counselling), early years and parenting provision. Understanding, developing and collecting centralised data on the contribution of this level of provision should be a priority for any future commissioning activity. - Currently, access to specialist mental health support is the most common challenge referenced by all stakeholders engaged as part of the review. Non-clinical professionals were often able to identify need but struggled to effectively respond or signpost CYP for further help due to a lack of understanding of what support is available. The Healthy Minds platform is seeking to address this. - For specialist CAMHS, CYP face long waiting times. - Qualitative and hospital data suggests that the system is too crisis driven and CYP needs worsen as a result. There is a need for wider upstream support. - In terms of the workforce, professionals note that there is a need to build capacity and skills of non-specialist workers to enable them to better manage and signpost effectively.
4. What outcomes do services in the district currently achieve for children and young people, and how are they measured?	- There is no system in place to draw together whole system data (school nursing, school counselling, other) and info on outcomes - Current data is not used as well as it could be to monitor whole system activity - Evidence gathered on outcomes via the engagement phase illustrates a mixed picture on CYP mental health outcomes - When they are able to access low level help or advice, CYP and families report positive outcomes. This is also true of Specialist CAMHS. For example, see Goals Based Outcomes data from Youth in Mind and Little Minds Matter - MYMUP has developed a system that allows all NHS-funded voluntary and community sector services providing mental health support to children and young people to flow data into the NHS Mental Health Services Data Set - The development of a local SEND dashboard will also help the system improve its understanding of outcomes for this group of CYP.
5. How does provision in Bradford and Craven compare to similar places, including funding for these services from commissioning through to how these resources are utilised?	- Bradford and Craven offers a wide range of high-quality support and services. - The most useful Benchmarking information is available via NHS CAMHS Benchmarking Network and Public Health England's Fingertips tool. We have drawn on this data where relevant. However, unlike in children's social care, determining a statistical neighbour for children's mental health can prove difficult due to fragmented commissioning and incompatible datasets. Once data issues for specialist CAMHS and other services are addressed and become more reliable, research can be undertaken to explore this. - Data from CAMHS Benchmarking suggests that referrals to specialist CAMHS are significantly lower than the national average and caseloads appear to be reducing while nationally they are rising.

	- However, data on the costs of a contact appointment appear to be higher than the national average (£256 national v £476 in Bradford and Craven). This may be a sign of complexity in the cases BDCFT sees, requiring more specialist input and clinician time. - According to our analysis of need using the Kurtz formula, it appears that there is a significantly higher than expected number of children and young people accessing crisis provision, particularly in relation to hospital admissions for mental health related issues.
6. What does the system feel like for children and young people, their families and professionals? To what extent can they easily navigate the system and what do they say about their experience?	- Overall, stakeholders report positive experiences when they are able to access advice or help. - However, navigating the system appears to be a significant weakness, experienced by CYP, families and professionals. This results in huge delays and an escalation in young people's needs during this time. - Timely help was a central theme, including the early identification of need through to access to specialist support and long waiting times, particularly for those with multiple or complex needs, such as Children Looked After and Adopted Children and those with neurodevelopmental difficulties. - Children and young people from Black and Minority Ethnic (BAME) backgrounds face additional barriers in getting the support they need. Fewer BAME young people said they knew where to seek help compared to their white counterparts. They were also least likely to want to access support at home. Professionals also noted there were limited culturally informed specialist mental health services. - The experiences of children, young people, families and professionals vary across geographies with rurality in Craven contributing to slightly different needs and challenges.

4. Our recommendations

1. Leadership, commissioning, and strategy:

i. Commit to a whole system approach to children and young people's mental health in Bradford and Craven that establishes support across a spectrum of need.
   - This approach should set out how it will meet the needs of all those aged 0-25, in line with national policy initiatives.
   - This should also be underpinned by a framework that promotes improved strategic leadership and planning and a clearer roadmap highlighting different levels of multi-agency and sector support, more integrated multi sector partnership working and improved transparency.

ii. Investment needs to be made across the whole system, especially in preventative and early help services. Where a new investment is made, funding should not be withdrawn from other children and young people's mental health support services.

iii. Commissioners across the Bradford and Craven area should work together to align and simplify commissioning and governance arrangements across the CYP and young people's pathway.

To put the strategy into action:

i. There is a need to bring multi sector practitioners, children and young people and parents/carers together to work on whole system pathways supporting people with different levels of need.

ii. There is a need to create service delivery solutions and models that routinely bring multiple sector providers together – particularly to discuss children with complex needs.

iii. Young people and parents and carers need to become a routine part of the governance, strategic planning, problem solving and review structure

iv. Performance management arrangements should link directly to the achievement of the strategy.

v. Improved outcomes tracking and feedback is required – drawing a common whole system approach together and placing CYP, family and professional feedback at the centre of measuring how successfully the system is operating.

2. Understanding the needs of children and young people: Data and insight

- Develop a logic model for change[7] setting out what outcomes they want to improve (short, medium and long term). This will enable a clearer sense of what outcomes the system hopes to achieve and can also be used as a tool to track progress over time.
- Agree a set of baseline targets and desired outcomes when commissioning a new model.
- Develop a shared set of principles and a common approach to data collection across the whole system for 0-25's mental health.
- To improve data collection and quality, all universal, targeted and specialist services should demonstrate compliance with a basic minimum dataset determined by a

[7] The Evidence Based Practice Unit has produced a step-by-step guide on how to complete a logic model: https://www.annafreud.org/media/5593/logic-model-310517.pdf

multi-agency group which includes the points below, in order to enable commissioners to assess impact, quality and value for money.

- Create and agree a dashboard locally for establishing baseline reach with young adults and a system for collecting data pertaining to young adults routinely.
- Configure recording systems to support the overarching children and young people's mental health pathway and develop a training plan to support practitioners to use it.
- Prioritise and invest in SystmOne improvement work to enhance the accuracy of user data and improve the capability of the system to support the recording of outcomes.
- Draw on the forthcoming children and young people's outcome framework (being developed by Public Health England) to agree a set of shared indicators across the CYP mental health system to identify system-wide trends and outcomes.
- Use the whole system data that is routinely and regularly collected to review progress.
- The CYP mental health system should consistently seek and use children, young people, parent and carer insight and feedback to enhance understanding of need and outcome. This framework could build on the 'You're Welcome' initiative developed by Bradford Council.

3. Access and navigation

i. Develop an integrated multi-agency 'front door' – involving access to an expert multi agency triage team.
ii. Create a clearer and more accessible map of what the menus of choices are – and what CYP can access while they wait, if necessary.
iii. Easy and swift access to advice and help (including for schools/colleges other professionals), in accessible locations. The roll out of Mental Health Support Teams (MHSTs) in Bradford city present a good opportunity to explore this.
iv. Specialist CAMHS should prioritise reducing missed appointments, including Did Not Attends and cancellations. The service should explore the implementation of the Choice and Partnership Approach which has been shown to reduce waiting times and missed appointments.[5]
v. The Safer Space Review that is currently underway should consider the findings of this report, including feedback from parents/carers about their access to crisis provision for their child or young person.

4. Model of support

i. Support should work out of multiple community portals/hubs, involve multi agency problem solving to address children and families' needs and to upskill a wider range of professionals through advice, consultation and joint working, supported by direct access to trained mental health professionals.
ii. There is a need to shift towards the effective use of specialist and consultative expertise to support and upskill community-based practitioners rather than solely focussing on clinic-based delivery.
iii. More support is needed via schools/colleges with more training of staff, more support for whole school approaches (including consistent building of resilience through PSHE), more counselling and play therapy. There is a particular need for improved support for children with and families managing SEND, behavioural and complex needs.
iv. A significant proportion of children and young people said they would turn to online support for their mental health needs. This was particularly the case for children and

young people from BAME backgrounds. Commissioners should therefore consider expanding and raising awareness of the digital offer locally.

v. Family based approach: There was a strong need articulated for strengthened parenting support and family intervention.

vi. The children and young people's mental health system should learn and adapt from the ways services have responded to the Coronavirus crisis.

Learning from innovative responses to the Covid-19 pandemic:

Practitioners delivering mental health support in Bradford and Craven have introduced some changes in the way they offer help as a result of the pandemic. Many of these adjustments have started to show promising and effective results that may continue after the lockdown ends:

- An all-age crisis helpline.
- Key worker doorstep visits to families to be able to pick up and address needs.
- Children's social prescribing service has been conducting appointments by telephone, providing email advice and keeping in touch with various community groups virtually.
- One organisation has repurposed all face to face wellness interventions to an easily accessible digital offer for children and young people aged 7-17. This includes Skype, Google Classrooms, Hangouts and telephone calls, and these are utilised to provide wellbeing check ins and general needs capturing, counselling and information and advice.
- Delivery of 150 tablets with Wi-Fi for children and young people who were digitally isolated.
- Care packs have been developed by the Youth Service covering topics such as anxiety, low mood and grief.
- Support and frequent visits to a large number of young people who are care leavers aged 16-24 and living in their own tenancies.
- Providing more education and skills to other professionals in managing low risk scenarios, supporting parents in the home environment and more education in schools to avoid crisis and unnecessary hospital attendances and admissions.
- Parent/carer support work offered by Safer Spaces (Tower Hurst) and Sharing Voices.
- Targeted support for children, young people and families from Black and Minority Ethnic communities delivered by Sharing Voices, Girlington Centre and Youth Service working with community organisations.

1. Introduction

In November 2019, Centre for Mental Health were commissioned by NHS Bradford District and Craven Clinical Commissioning Group (CCG), City of Bradford Metropolitan District Council, and Bradford District Care NHS Foundation Trust to undertake a system-wide review of children and young people's mental health services in Bradford and Craven, and to make recommendations for change to the challenges experienced across the system.

The review considers the whole pathway including all NHS and local authority commissioned mental health and wellbeing support for children and young people aged up to 25 years resident within the Bradford District and Craven CCG areas.

Key lines of enquiry

1. What are the key factors contributing to increased demand for mental health and wellbeing services for children and young people across the district? And how can we better manage need in the future?
2. What do we know about the efficiencies, savings and investments that have been applied to children and young people's mental health support over the last three years and their impact?
3. What conclusions can we draw about the capability and capacity of the system to meet demand, including its ability to enable access, respond and offer the right support?
4. What outcomes do services in the district currently achieve for children and young people, and how are they measured?
5. How does provision in Bradford and Craven compare to similar places, including funding for these services from commissioning through to how these resources are utilised?
6. What does the system feel like for children and young people, their families and professionals? To what extent can they easily navigate the system and what do they say about their experience?

Why the review was commissioned:

Children and young people's mental health services in Bradford and Craven have recently come under significant strain with reports of long waiting times, rising demand for support, funding pressures and changes to services. This includes services provided by the voluntary sector, schools and the local authority as well as by the NHS. However, there are some services that deliver good outcomes for children and young people and we want to build on them.

Several new and short-term initiatives have been introduced to address the lengthy waits and improve awareness of the children and young people's mental health offer across the system.

The nature of the demographic makeup of Bradford and Craven has been dynamic with a very diverse population base. It was estimated that there were around **160,032** children and young people living in the Bradford district and Craven area in 2018.

In Bradford, approximately 30% of the population is aged under 20, making Bradford one of the youngest cities in the country. The number of children and young people (CYP) has grown year on year to nearly 102,300 in 2018. This population is also fast growing, and services must prepare to deal with new and changing demand. This review will consider these pressures and will inform longer-term plans to improve care and support for children, young people, and their families.

Our methodology: The review was conducted between December 2019 and May 2020 and was carried out in two key phases.

Phase one: Desk-based review and analysis

- This phase was conducted between December 2019 and February 2020.
- It involved a strategy and policy review, local and national data analysis, review of local data from providers and commissioner and national data, including national benchmarking data
- Interim findings shared with Mental Wellbeing Partnership Board in February 2020.

Phase two: Engagement phase

- This phase was undertaken between March and April 2020
- We designed four separate surveys aimed at broader local providers and practitioners, children, and young people (11-15 and 16-25) and parents and carers, with 423 respondents in total. The survey opened Monday 23rd March and closed on Monday 27th April 2020. They surveys were hosted on SurveyMonkey and were disemminated widely via social media, newsletters and via emails to CYP mental health teams across Bradford and Craven
- 37 interviews took place with a range of professional stakeholders, children and young people, and parents and carers
- A thematic qualitative analysis was completed by a team of researchers and the key themes have been summarised and incorporated into our findings.

Phase three: Report development:

- The information we gathered has been analysed by a team of researchers who have ensured there is coherence in our findings. We pay close attention to the voices of children of young people and their families and practitioner insights into key issues.
- We have drawn on these insights and existing external evidence to formulate a set of recommendations for short to long term change.

2. Children and young people's mental health in Bradford and Craven

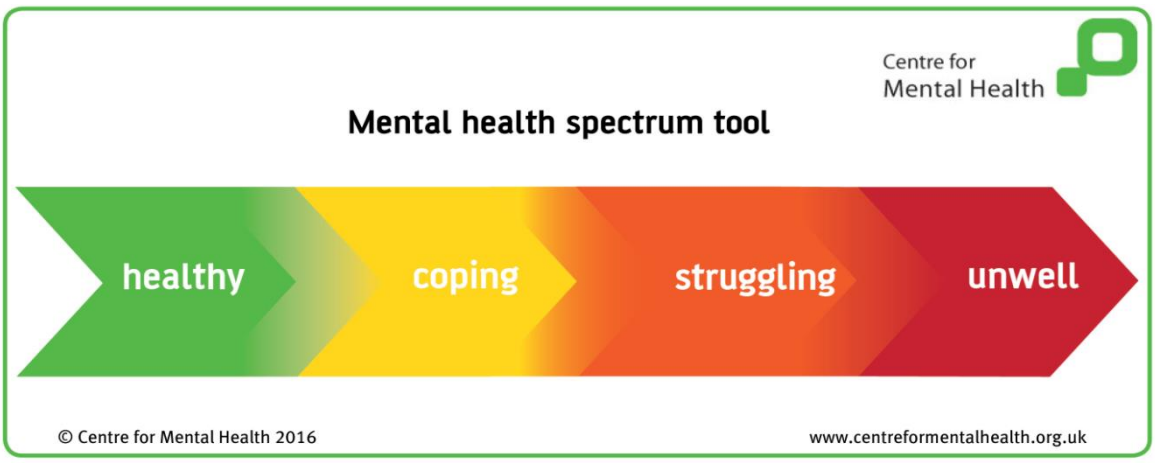
Bradford district's population is a young one, with the fourth highest proportion of under 16 year olds in England[6] with some risk factors which increase the likelihood of poor mental health. Around a quarter (23.7%) of the population are young people under 16 – equivalent to 126,200 children and young people.

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.

What do we mean by good mental health and wellbeing?

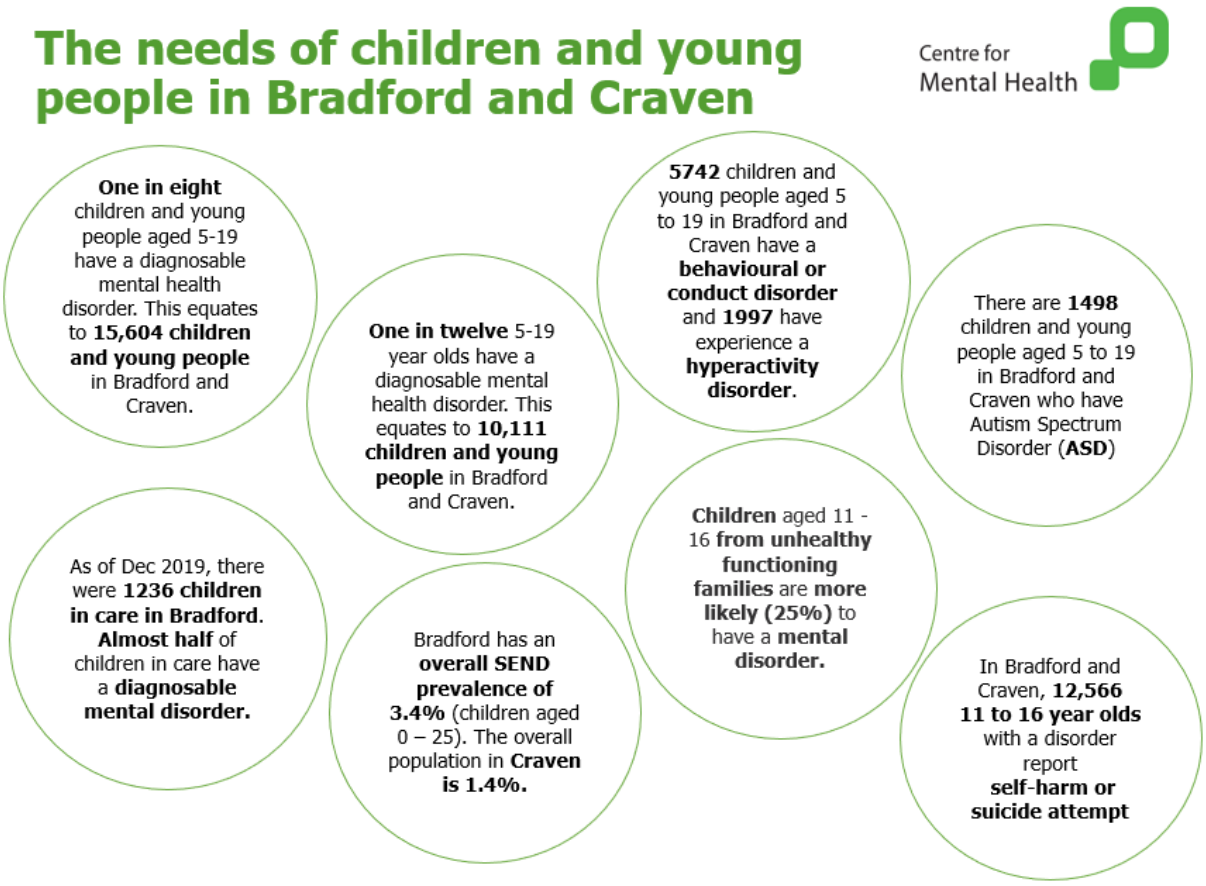
Good mental health is best thought about in terms of a spectrum (see Figure 1). It is not just about being free from illness. It is 'a state of complete physical, mental and social wellbeing…in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community'[7]. It involves social, emotional and mental wellbeing and recognises that children often communicate distress or developmental problems through their behaviour. Good mental health is also 'the foundation of healthy development and mental health problems at this life stage and can have adverse and long-lasting effects'.[8]

Figure 1: The spectrum of mental health need



The below diagram illustrates the varying needs of needs of children and young people in Bradford and Craven based upon the latest prevalence data.

Figure 2: The needs of children and young people in Bradford and Craven



The mental health of 16 to 24 year olds

The adult psychiatric morbidity survey for England looks at the scale of mental ill health in all those aged 16 and over. According to the latest survey conducted in 2014, common mental health issues such as depression and anxiety are on the increase amongst 16 to 24-year olds, with 19% reporting to have experienced them in 2014, compared to 15% in 1993.[9] There are a number of factors which may have contributed to this including greater mental health awareness, improved access to information and services, and the impact of the recession between 2008 and 2011.[10] Worryingly, the study also finds that mental health issues are on the rise among young adult women in the UK, with those in the 16-24 age group experiencing the highest rates of common mental health problems of all age categories.[11]

Analysis of GP Survey data suggests that young patients were more likely to say they had a mental health need at their last GP appointment (45.1% of 16-24 year olds compared with 40.8% of those aged 25+).[12]

- **Risk factors in children and young people's mental health**

There are groups of children and young people who are at greater risk of developing mental health problems due to a mixture of environmental, social and genetic factors.[13] The NHS

Digital study finds the prevalence of mental ill health is higher amongst vulnerable groups of children and young people. For example:

- LGBT+ young people were more likely to have a diagnosable mental health problem (34.9% compared to 13.2%)
- Mental health problems were more common in children living in lower income households (9% compared to 4.1%)
- Children living with a parent with poor mental health are the most at-risk group
- Over a third of 5-19 year olds with a mental health problem (35.6%) were also recognised as having special educational needs
- School exclusions were more common in children with a mental health problem (6.8%) than those without (0.5%)

The evidence base also points to a range of other risk factors, including poor housing, being in or leaving care, having caring responsibilities or experiencing bereavement.[1415] It is important that services, including education, recognise and respond effectively to young people who present with multiple or complex needs.

Bradford's child population experience several 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.

The ethnic and cultural diversity of Bradford district is an asset to the region. However, it also brings challenges, as being from a black and minority ethnic (BAME) group is a risk factor for poor mental health. According to the latest Census (2011) over one-quarter of the population is Asian, while black, mixed races, and other races make up less than 1% of the population, respectively. The city has one of the highest percentages of South Asians in the country.

The effects of racism, alienation, language barriers, cultural differences and limited understanding of how these communities experience services - and the impact this has on their mental health - cannot be underestimated. Mental health and wellbeing may be understood differently by different communities, and therefore approaches to improving provision must be tailored to each group.[16]

A Youth engagement exercise conducted in 2018 to inform a Joint Strategic Needs Assessment on mental wellbeing in Bradford also pointed to significant societal barriers that children and young people were acutely aware of and said they had experienced. This includes islamophobia, racism, sexism, harassment, abuse, poor housing, poverty and class status, and the impact these have on their overall health and wellbeing.

Known risk factors facing CYP in Bradford and Craven:

- **Children in care or on the edge of care:** Like many other places in the country, Bradford has seen a rise in numbers of children in care over the last three years.
- The number of children in care at the end of February 2020 was 1,246.
- As of the end of February 2020, there were 962 children subject to a Child Protection Plan. The rate has increased by 38% since the initial inspection in October 2018.
- **Child poverty:** Data suggests that children and young people growing up in poverty are four times more likely to have a mental illness than children in the best-off households.[17]

- Bradford District is ranked fifth most income deprived and sixth most employment-deprived local authority in England. 13% of the District's households are in fuel poverty, 29% of children are living below the poverty line, and 28% of households find it difficult or very difficult to cope on their incomes.[18]
- **Adverse Childhood Experiences:** 1 in 3 adult mental health conditions relate directly to adverse childhood experiences (ACEs) according to YoungMinds.[19]
- A recent Joint Strategic Needs Assessment was undertaken exploring the prevalence and impact of ACEs. It found that Bradford's high level of deprivation puts its population at increased risk of ACEs.
- The report also identified a range of factors that contribute to poor mental health outcomes including the impact of physical and emotional abuse, neglect, bullying and parental divorce.

– **How are CYP mental health needs being met in Bradford and Craven?**

Kurtz (1996) provided the following formula to estimate how many children and young people sit within each tier of need[20]. Ideally, these figures need adjustment to take into account lower levels of deprivation across most of Bradford. Applying these figures to current Bradford and Craven child and youth populations aged 5-19 years, we would expect to see roughly the following number of children in each level of need using the iThrive framework:

Level of need based on iThrive model	The national prevalence rate of 12.8%	Estimated service need in Bradford and Craven (number of children and young people)
Getting risk support	0.11	137
Getting more help	2.65	3,308
Getting help	10.04	12,533
Getting advice	15	18,725
Resilient children	All children	124,832

Using the Kurtz formula, services across Bradford and Craven could come together to determine the levels of identified and unmet need.

– **Future trends**

Analysis of the Health Survey for England by the Royal College of Paediatrics and Child Health suggests there has been an increase self- or parental-reported mental health problems between 1995 and 2014[21]. Projections based on the current trends suggest that mental health problems will increase in England by 63% by 2030 unless action is taken.[22]

- **The impact of Covid-19 on children and young people's mental health**

Children and young people with mental health problems may be affected negatively by the impact of increased anxiety around the virus, reduced access to support, and social isolation. Many young people may develop new problems as a result of the crisis and lockdown.

The NSPCC has also reported a sharp rise in calls to Childline since the outbreak. In the majority of these sessions, children spoke about their mental health, including struggles with increased feelings of depression and anxiety, more frequent panic attacks, having difficulties sleeping and feeling lonely or isolated.[23] Emerging evidence is beginning to show this impact, for example, a recent survey from YoungMinds highlights that 83% of surveyed children and young people with pre-existing mental health problems believe their problems have worsened.[24]

There are numerous of studies underway to comprehensively capture and understand children and young people's experiences at this time.

3. The policy landscape (local and national)

Over the last decade there has been unprecedented policy attention focused on children and young people's mental health. This followed longstanding and unaddressed concerns over the complexity of the CYP mental health system, the lack of timely and accessible help for children and young people in mental health difficulty, children being turned away from support services, a systematic tendency to wait until children had escalated into crisis, the particular lack of appropriate service design and comprehensive support for vulnerable children, unhelpful thresholds for accessing help when children were in need, and variability in provision between regions and local areas. [25]

Across the country, children and young people's mental health services have been struggling to keep up with demand as services remain fragmented, overstretched and underfunded. Subsequently, there have been a range of new policy initiatives aimed at transforming children and young people's mental health provision with an increasing focus in prevention and promotion.

- **Local**

NHS Bradford District & Craven CCG, City of Bradford Metropolitan District Council, and Bradford District Care NHS Foundation Trust have been working together to deliver on the ambitions set out in these documents.

This includes the development and delivery of a Future in Mind Local Transformation Plan for Children and Young People's Mental Health and Wellbeing, which has clearly articulated the local offer and progress made. This plan covers the whole spectrum of services for children and young people's mental health and wellbeing, from health promotion and prevention work to support and interventions for CYP who have existing or emerging mental health problems, as well as transitions between services.

Children and young people's mental health is also outlined as a priority within an overarching all-age strategy for mental wellbeing in Bradford and Craven (2016-21).

In addition, key documents produced by the local authority include a number of commitments to children and young people's mental health, including Joint Needs Assessments on Special Educational Needs and Disabilities and Adverse Childhood Experiences, which recognise the importance of mental health promotion and coordinated support.

Bradford and Craven has recently been successful in applying to be a part of Wave 1 and 2 of the trailblazer programme to test the proposals set out in the 2017 Green Paper for Transforming Children and Young People's Mental Health. There will be the development of new Mental Health Support Teams (MHSTs) and a roll out a training scheme for a designated senior lead for mental health in schools involved in the programme.

- **National**

National policy is the primary driver for developing local approaches to enhance the emotional health, psychological wellbeing and mental health of children and young people. There are four key national policy documents which outline the objectives, expected trajectories and funding available across the children and young people's mental health

system. We have drawn on these as part of our review and have ensured our recommendations align with the national direction.

- Future in Mind (2015)
- NHS Five Year Forward View for Mental Health (2016)
- Transforming Children and Young People's Mental Health green paper (2017)
- NHS Long Term Plan and ambition to move towards a comprehensive 0-25 model (2019).

A summary of the recent and current policy documents and targets for commissioners is available via this attachment:

Summary of recent mental health policy r

4. Provision in Bradford and Craven: What the data tells us

Data limitations:
We have received a significant amount of data from Bradford District Care NHS Foundation Trust, Bradford and Craven CCG, Bradford Council and from commissioned services, such as Youth in Mind. We are very grateful for the transparency, trust and support provided to our team in analysing this data. Most of the information has been helpful in informing the review and provides a good understanding of the current offer in Bradford and Craven.

However, there remain significant challenges with data that has been previously flagged by Centre for Mental Health, including at a recent Mental Wellbeing Partnership Board in February 2020. Currently data is poor on this whole systems activity. It should be noted that data collection and reporting on children and young people's mental health is a challenge across the country and work has been underway to address this nationally. Despite this, Bradford and Craven could significantly improve their local position on data.

The gaps in data impact our ability to draw clear conclusions and comprehensively address the agreed key lines of enquiry. We have identified where there are gaps and anomalies in the relevant parts in this section.

A note on data pertaining to young adults (18 to 25-year olds): We understand that the commissioned CYP mental health services in Bradford and Craven are not currently offered to 18-25 year olds and therefore the below data does not reflect their usage of support and services.

2a. Getting advice and getting early stage help

There is a range of early mental health support for children, young people, and their families in Bradford and Craven. We focus on two key services as part of our analysis, Youth in Mind and Kooth. However, we acknowledge that there is a vast range of services in Bradford and Craven that contribute to this 'getting advice and getting help' landscape from whom data was not collected and reviewed. This includes support delivered by health visitors, children looked after nurses, parenting provision, pastoral support team, school nurses, nurture

groups in schools, school counselling (where this exists) and other voluntary sector providers.

- **Youth in Mind:**

Youth in Mind is a partnership that integrates low-level and targeted emotional and mental health provision offered by health services, the youth service and voluntary and community sector organisations. It was launched in April 2017 and covers both Bradford and Craven. The partnership supports 11-19 year olds who are struggling with their social, emotional or mental wellbeing, or up to 25 for young people with additional needs.

The Youth in Mind model consists of Health, the Youth Service and voluntary partners working together to create an integrated model that helps young people to build resilience and be less isolated, more connected, safer and in control. Youth in Mind (YIM) uses a range of ways to engage young people including drop-ins, one to one work through Buddies, WRAP group work led by Barnardo's, MYMUP's digital self-help tool, evidenced based peer support groups and longer term volunteer mentoring delivered by Yorkshire Mentoring. Additionally, support in a crisis is provided through the Safer Space at Towerhurst. Sharing Voices Bradford (SVB) are embedded within the YIM partnership as one of the key agencies to provide frontline support and raise awareness of mental health amongst young BAME communities.

Summary:

- Referral pathways into Youth in Mind services were co-developed with a range of professionals including school based, early help gateway and across the VCS, for young people with lower level needs.
- Last financial year, there were **1,841** referrals made to YiM. This includes a very small number of those who fall outside of the primary age range.
- The majority of referrals come via education services (39%), school nursing services (15%), CAMHS waiting list (11%), GP (10%) and self-referrals (6%).
- The most common reason for referral into Youth in Mind services were for 'self-care issues' (**79%**), followed by anxiety (5%), depression (4%), self-harm (2%) and crisis support (2%).
- There is fairly even usage of Youth in Mind services by gender.
- Half of service users identify as White while nearly one in five (18%) came from an Asian background. Data on ethnicity was not captured for just over a quarter of users (26%).
- Youth in Mind services use Goals Based Outcomes (GBOs) as the programme's primary outcome measure. The average initial score for GBOs completed during Quarter 4 of 2019/20 was 3.04, the average final score was 5.63, giving an average improvement of 2.58. Goals based outcomes have a reliable change of index of 2.45, so this highlights the effectiveness of the interventions delivered by the Youth in Mind partnership.

Fig 2 Youth in Mind - Source of Referrals 2019/20

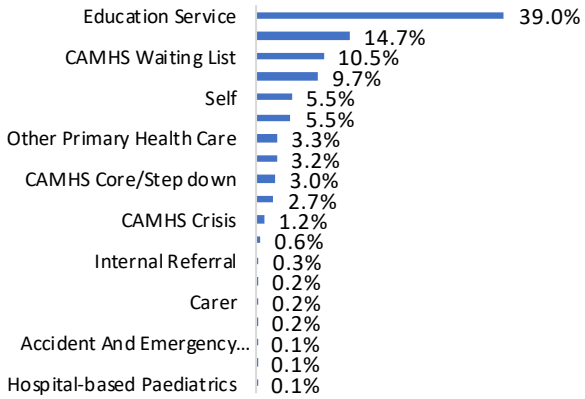


Fig 3 - Youth in Mind use by ethnicity 2019/20

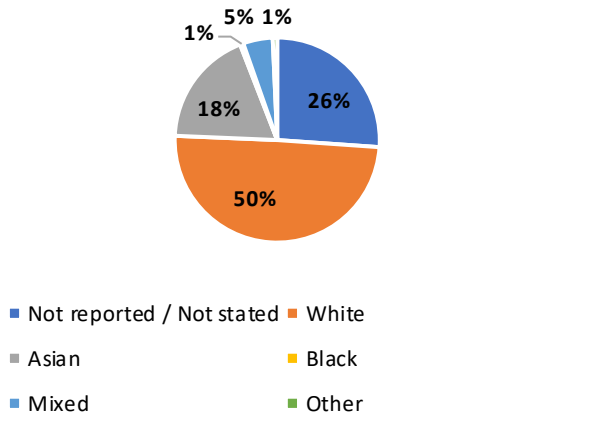


Fig 4 - Youth in Mind usage by gender 2019/20

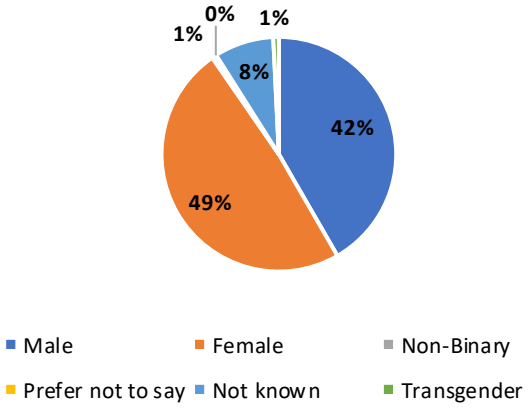
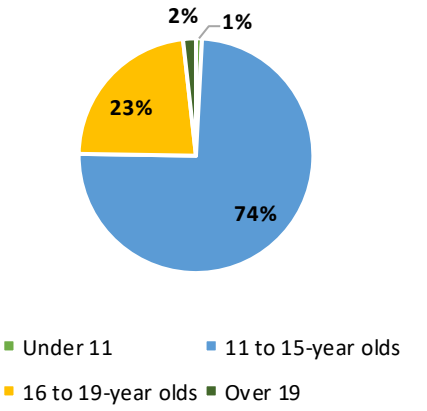


Fig 5 - Youth in Mind usage by age 2019/20



- **Kooth:**

Xenzone were commissioned by Bradford District and Craven CCG in Spring 2019 to deliver a new online platform called Kooth. Kooth is funded by the CCG and provides completely confidential emotional and mental health support for children and young people free of charge, including drop-in chat with a counsellor or therapist or access to self-help advice.

The platform became fully operation in Quarter Three of 2019/20 and is therefore still relatively new.

Summary:

- There has been a total of 8,258 logins made by **1,844** children and young people since the platform went live.
- **Worker hours** have been **increasing** since Quarter three and now overall, on average, exceed contracted levels by **1.6%** (266 hours a month v 264 hours contracted).

- The most common presenting issues across all genders include anxiety/stress, self-harm, bullying, family relationships and suicidal thoughts.
- The services is mostly used by CYP who identify as female (67%), male (27%), gender fluid (4%) and agender (2%).
- Kooth is primarily used by 10-18 year olds with nearly 69% of users being between 12 and15 years old.
- Since the Coronavirus outbreak, children and young people using Kooth have accessed articles, discussion boards and peer to peer support centred around the following:
  a. Issues around school closures & exam cancellations
  b. Family relationships, such as domestic violence or concerns from young people of parents with substance misuse issues

Table 2: Summary of Quarter 3 and Quarter 4 (2019/20) performance

	Q3	Q4	Total/Average
New Registrations	831	943	**1774**
Total Logins	3200	5058	**8258**
Unique Young People	831	1013	**1844**
% of Young People Returning	85%	83%	**84%**
% of logins out of office hours (9am-5pm Monday- Friday)	69%	70%	**70%**
BAME	33%	29%	**31%**
% of Young People who would recommend Kooth to a friend	94%	91%	**93%**
Worker Hours Utilised (counselling messaging and moderation)	733	861	**1594**

Figure 6: Kooth, number of unique service user logins in Q3-4 2019/20

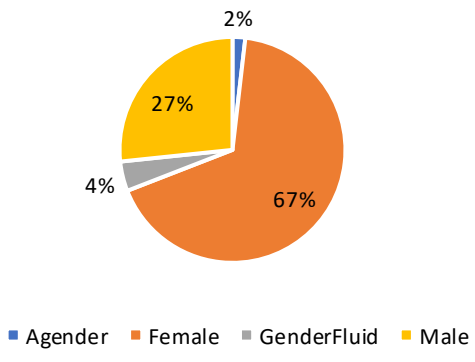
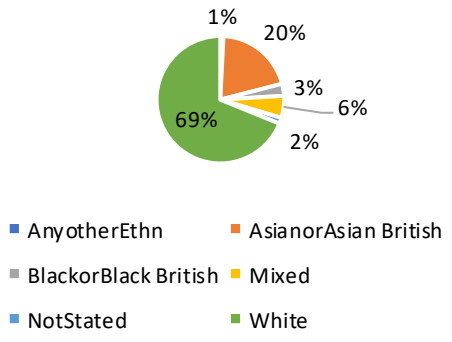


Figure 7: Kooth, ethnic breakdown of new registration average in Q3-4 2019/20



- **Mental Health Champions in Schools**:

c. The Mental Health Champions initiative launched in 2018/19 and is funded by the CCG.
d. The service has been working to increase capacity to meet low level mental health needs within school, bringing service providers together with schools to develop an understanding of pathways and, where necessary, providing opportunities to develop and feed into more efficient pathways.
e. The team consists of Educational Psychologists from Bradford Council, Primary Mental Health Workers from CAMHS, School Nursing and various local and national third sector organisations.
f. There were **105 schools** involved 18/19 with an overall **target of 200**.

2b. Getting help and getting more help: specialist infant, child, and adolescent mental health services

Bradford and District Care NHS Foundation Trust (BDCFT) is the main provider of specialist Child and Adolescent Mental Health Services (CAMHS). The Trust is commissioned by both the CCG and the council as their main provider of children's services.

Primary Care Mental Health Workers offer support for mild to moderate emotional wellbeing and mental health problems of children/young people alongside their parents/carers either in clinics and/or community settings such as GP practices, schools or, where appropriate, the home environment. The services provide multi-disciplinary community-based assessment and treatment for children, adolescents, families and carers.

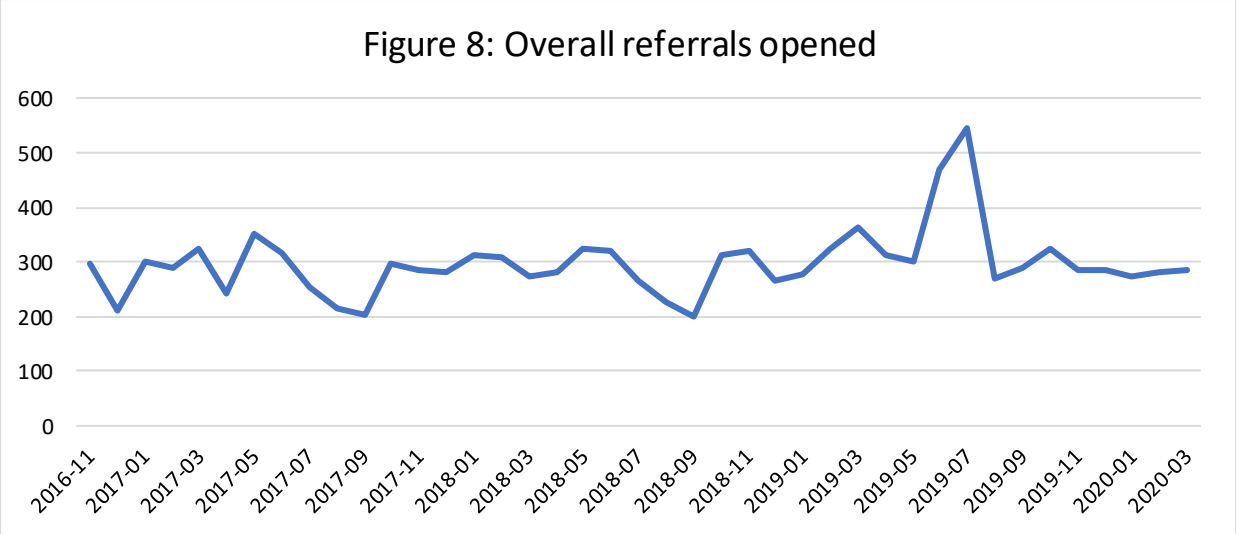
BDCFT also provides targeted services including specialist pathways for Children Looked After and Adopted Children (LAAC) and children and young people with neurodevelopmental needs. The Trust also provides a dedicated service for under 7s, a community-based eating disorder service and crisis support offered by Intensive Home Treatment Team.

Data caveat: In the summer of 2018, BDCFT migrated from RiO to SystmOne as the new patient record system. The Centre understands that the migration to the new system resulted in some delays in the processing of patient records. Furthermore, in some instances, it was not possible to migrate over all historic records due to incomplete or incompatible data fields or codes. Subsequently, a clean-up exercise of was undertaken in the summer of 2019 and the Trust has since then reviewing and updating its records at various intervals.

BDCFT notes: *'Regarding discrepancies between historical data and local reporting, there needs to be an acceptance that during 2018/19 BDCFT undertook a clinical system change and data capture was impacted whilst staff familiarity increased, and new processes were embedded. As a result, the data may not fully reflect Service Delivery. Significant work is ongoing to improve the accuracy and completeness of records.'*

a) Overall referrals

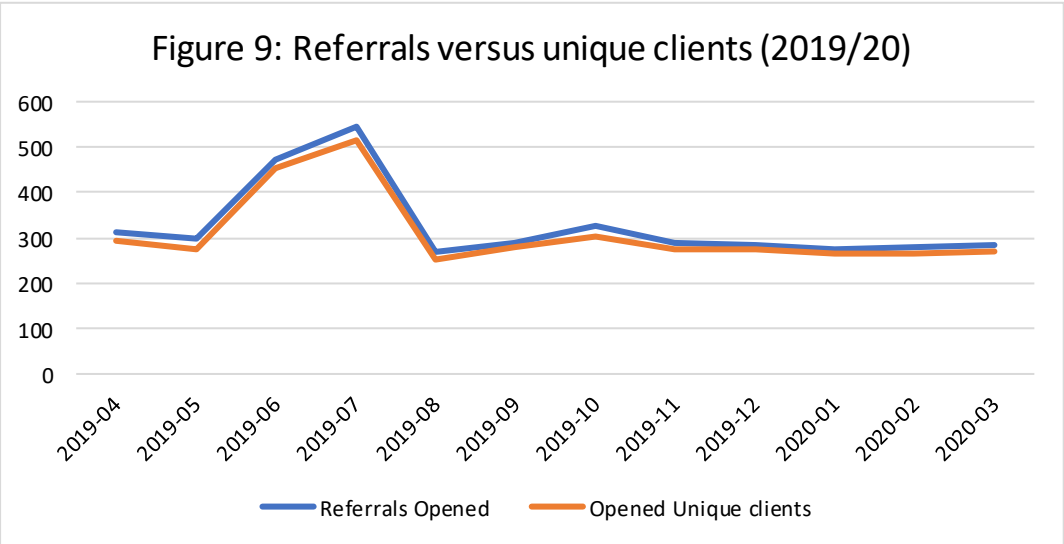
The latest NHS CAMHS Benchmarking data from the financial year 2018/19 shows there were **2,094 referrals** received by specialist CAMHS **per 100,000** population. This is significantly lower than the national average that year which was **3,658 per 100,000** children and young people.



- The overall numbers of referrals to specialist CAMHS have been relatively stable for the past three years according to Figure 4.
- Referrals typically dip during the summer season. This is likely due to reduced referrals from schools during the break.
- According to BDCFT, the increase in June-July 2019 was due to a data cleansing exercise which was undertaken by the CAMHS service.

b) Referrals versus unique clients

Multiple referrals are sometimes made about the same child. There can be several reasons to explain this. For example, it can be an indication of poor information-sharing by referrers or CYP seeking help from multiple sources. In some instances, it may be a sign of complexity in the case in which a young person may be referred to different services within Specialist CAMHS or for multiple reasons.



- On average, roughly 1 in 20 children have had an additional referral made for them over the last three years. This does tend to fluctuate markedly between 1 in 50 and almost 1 in 10.

- Furthermore, the Trust notes that SystmOne does not enable accurate identification of re-referrals, as it is not possible to fully differentiate between re-referrals and internal referrals.

c) Where are these referrals coming from?

- Referrals to CAMHS are accepted from a variety of health professionals including GPs and hospital doctors (if urgent assessment is required) as well as from school nurses and health visitors.
- The majority of referrals came from GPs (45% in total) and via School Nurses (27.3%) in 2019/20.
- Nearly one in 10 (9.6%) referrals come through via hospitals and 6.4% referrals are made by professionals in social care services.
- There has been a significant increase in referrals made by school nurses over the last year, from 15.2% of referrals in 2018/19 compared to 27.3% last year. This is primarily a result of improved data collection as the previous system did not provide a code for school nursing as a source of referral.
- A very small proportion of referrals are self-referrals made by young people (2.6%) or their carers/relatives (0.6%).

Table 3: Source of referral

Source of referral: 2019/20	
General Medical Practitioner	39.2%
School Nurse	27.3%
Hospital	9.6%
Social Care	6.4%
Community-based Paediatrics	5.9%
GP (National code: 3)	5.8%
Self-referral	2.6%
CAMHS (child and adolescent mental health teams)	0.9%
Education Services	0.9%
Carer/Relative	0.6%

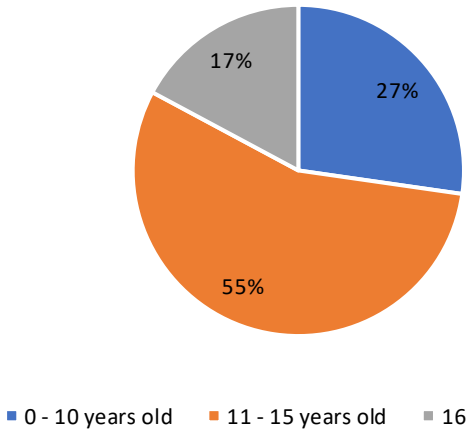
d) Who is being referred for help?

We examined and analysed demographic data to explore referral patterns for different groups of children and young people.

– **Referrals by age**

- In the financial year 2019/20, just over a quarter (27%) of referrals relate to 0-10 year olds
- Over half (55%) related to 11-15 year olds (secondary school-aged children)
- 17% of referrals relate to 16 and 17 year olds.

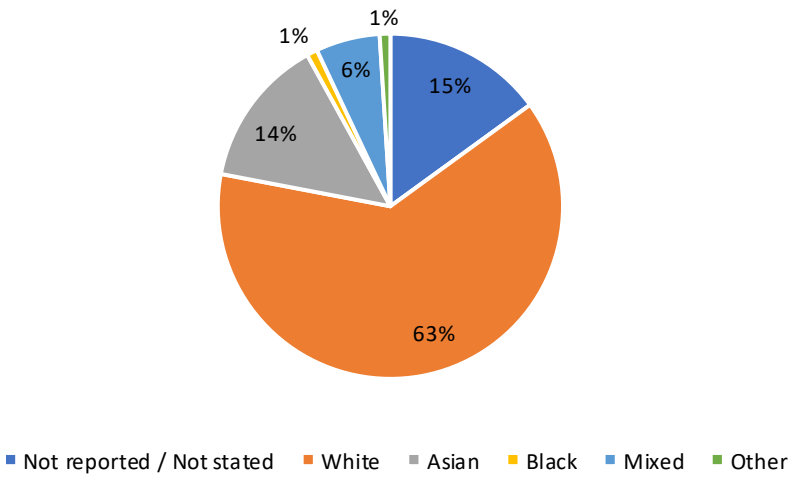
Figure 10: Referrals by age (2019/20)



– **Referrals by ethnicity**
  - Data on referrals and ethnicity shows that the majority (63%) of children and young people referred to specialist CAMHS come from a White background.
  - 14% of young people referred come from an Asian background whereas 6% identify as being of Mixed background.
  - Only 1% come from a Black background and 1% also identify as other.

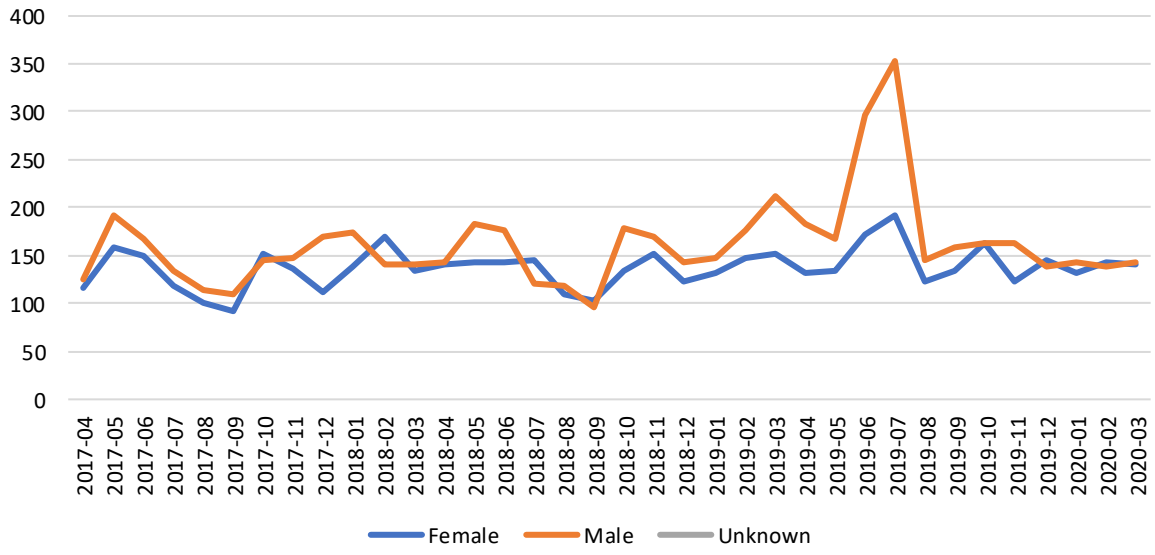
BDCFT notes that there are several issues which impact ethnicity recording and reporting:
  - Read codes are used to capture ethnicity, and analysis is impacted by the range of read code options which are available to the end user.
  - Reporting is limited to data that has been entered/updated within the Trust. Ethnicity is generally recorded within Primary Care. Developments will be undertaken throughout 2020/21 which will look to address ethnicity reporting limitations.

Figure 11: Referrals by ethnicity (2019/20)



– **Referrals by gender**
  - Overall, there are slightly more referrals of boys than of girls.
  - The significant rise in referrals of boys in the summer of 2019 is a result of the data cleansing exercise involving cases later assigned to the neurodevelopmental pathway.

Figure 12: Referrals by gender 2017/18 to 2019/20



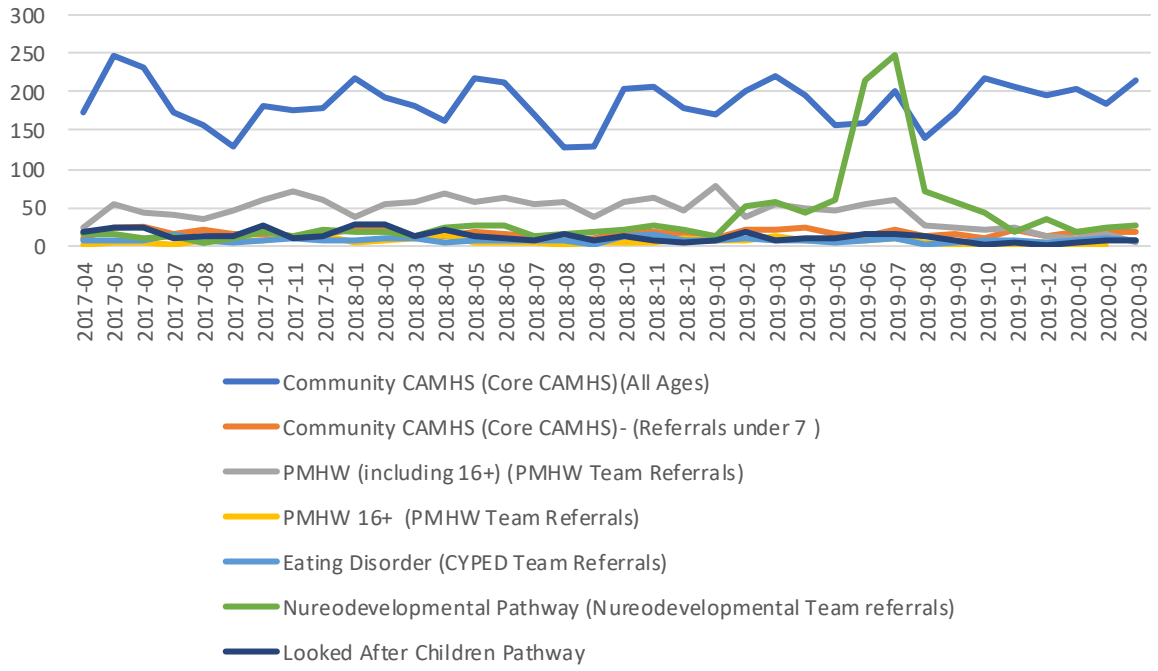
e) Referrals by pathway

As SystmOne does not currently capture information on 'presenting need' outlined in a referral, we can make some assumptions about need and demand based on which pathways they are assigned to, particularly in relation to the Children Looked After and Adopted Children (LAAC) Pathway and the Neurodevelopmental Pathway, and the levels of complexity that may be associated with these cases.

Pathway split has been possible for these services as each has a distinct team within SystmOne.

Overall referrals across the various pathways remain stable, except for the Neurodevelopmental and Community CAMHS pathways. Again, this is likely due to ongoing data cleansing work.

Figure 13: Referrals by pathway 2017/18 to 2019/20



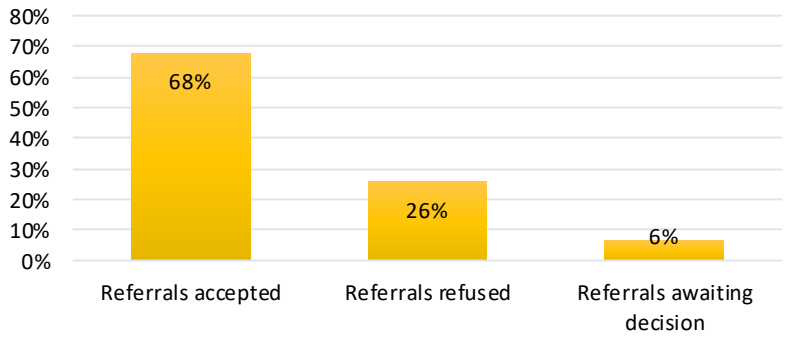
- The majority of referrals are assigned to the Community CAMHS, PMHW and Neurodevelopmental teams.
- The Primary Mental Health Workers (PMHW) Pathway (including 16+) has been showing a downward trend since about spring 2018. It is not known whether this is a result of reduced demand for this service or a re-categorisation of the children referred.
- The Looked After Children's Pathway is relatively stable; however, referrals have been reducing since September 2019. This may be due to children looked after and adopted children receiving support via the Bradford B Positive Pathways (BPP) where intensive, wraparound care is provided by specialists in-house to help ease the difficulties. Further information is required in order to understand how the BPP is managing mental health needs and preventing onward referrals to specialist CAMHS.
- BDCFT note that the Neurodevelopmental increase is due to a data cleaning process undertaken which resulted in referrals being redirected into the neurodevelopmental pathway where there was no other CAMHS need.
- Younger Years does not have its own pathway, therefore as a proxy BDCFT have provided referrals aged 0-6 who have had a referral to Core CAMHS.
- As indicated earlier, the Trust have explained that data categories' irregularities are a result of clinical system change where the previous clinical system had a different configuration option to SystmOne. As the requested data period spanned over the usage of both clinical systems, data has been coded using different option lists.

f) Referral acceptance rate

- Most referrals made to specialist CAMHS are assessed and accepted (68%).
- The national referral acceptance rate was 76% in 2018/19 (NHS CAMHS Benchmarking, 2019), therefore BDCFT are accepting a slightly lower proportion of referrals.

- Children and young people who do not get accepted are signposted to other available services in Bradford and Craven or their referral is returned to the referrer requesting further details. A lower acceptance rate may also indicate there is a higher threshold or a rigid eligibility criterion in place in BDCFT or higher levels of inappropriate referrals – which is a sign of ineffective pathways. Work has been underway to address the latter.
- However, just over one in four (26%) referrals are refused, while 6% had been waiting a decision at the time of writing.

Figure 14: Average referral acceptance rate in 19/20 average



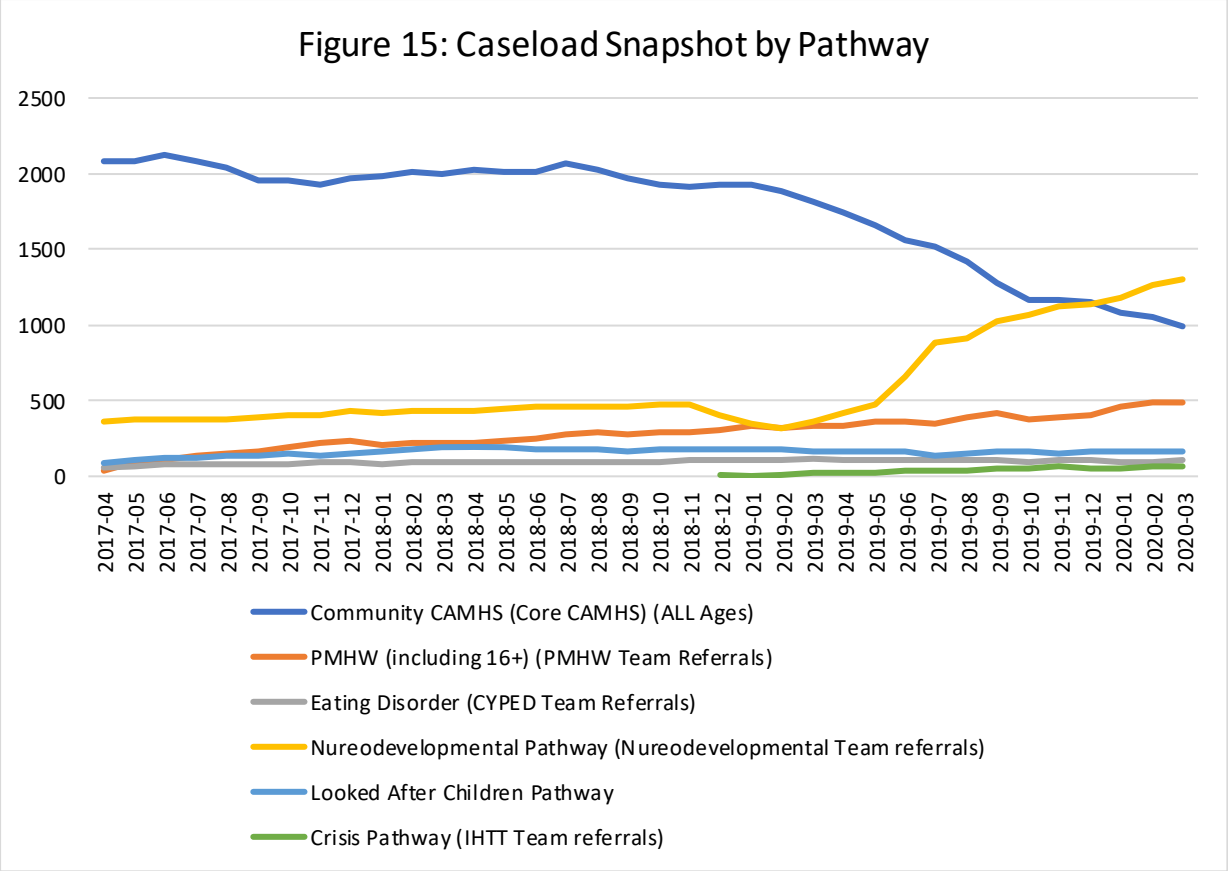
g) Caseloads

Specialist CAMHS caseloads increased by 8% nationally in the financial year 2018/19, from 1,761 per 100,000 population (0-18 population) on 31 March 2018, to 1,906 on 31 March 2019 according to the 2018/19 CAMHS Benchmarking data.

In Bradford and Craven, caseloads decreased by 3% over the same period from 1,725 per 100,000 on the 31st March 2018 to 1,681 per 100,000 31st March 2019.[8]

– **Caseloads by pathways**
  - There were **2,680 active caseloads** in the financial year 2019/20.
  - There is no way to robustly breakdown caseload by presenting need as this is not routinely collected within SystmOne. Work is ongoing to introduce data items to enable reporting by presenting need. Reason for referral data has been provided.
  - We see a steady decline in caseloads managed by the Community CAMHS team from the start of 2019 and a sharp rise in those assigned to the neurodevelopmental team. This is likely due to the data cleansing work and the reallocation of cases.
  - There is also a marginal and steady increase of caseloads assigned to the PMHW pathway as shown below. This suggests that PMHW teams are working longer with children and young people as referrals have reduced.

[8] This was calculated using 0-18 mid 2018 population estimates for Bradford and Craven.



h) Waiting times

Historic waiting times data is not available. BDCFT provided data from Q3 2018/19 to Q4 2019/20.

BDCFT currently submits waiting time data in accordance with NHS Digital's Mental Health Services Data Set (MHSDS) which gathers national data on the time between referral and second contact for children and young people accessing secondary mental health, learning disabilities and autism services.[26]

- Overall, the average waiting time for CAMHS has consistently fallen from Q1 to Q4 in the financial year 2019/20 for referral to assessment and for referral to treatment (See Figure 10).
- On average, children and young people waited 26 weeks from referral to treatment (second appointment) in 2019/20. This exceeds the national average reported last year of 14 weeks in 2018/19 (NHS CAMHS Benchmarking, 2019).

- While there are currently no national waiting times targets for CYP mental health services, objectives under the NHS Constitution indicate that services should aim to achieve an 18-week target from referral to any treatment.[9]
- The reduction in referrals to BDCFT may help explain why waiting times have been going down overall. However, waiting times for some pathways remain lengthy. This may indicate issues around capacity within these pathways and the nature of complexity in the cases they are dealing with.
- The Trust undertook a Rapid Process Improvement Workshop in March 2020 with the aim of ensuring new clients are seen with 15 working days. The actions implemented during and following the improvement week will have a positive impact on future access times.

Figure 16. Average time waited from referral to Treatment (i.e. referral to second appointment) in weeks

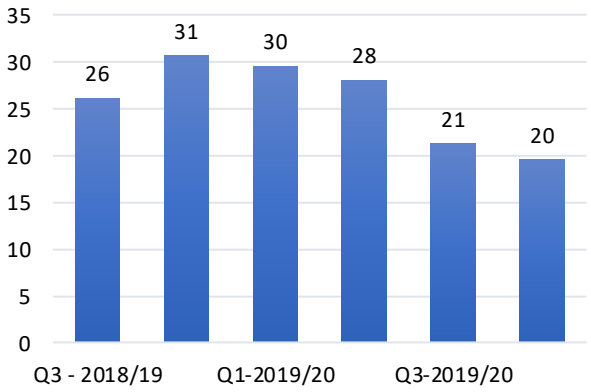


Figure 17. Time from referral to assessment (i.e. Referral to first appointment) in weeks

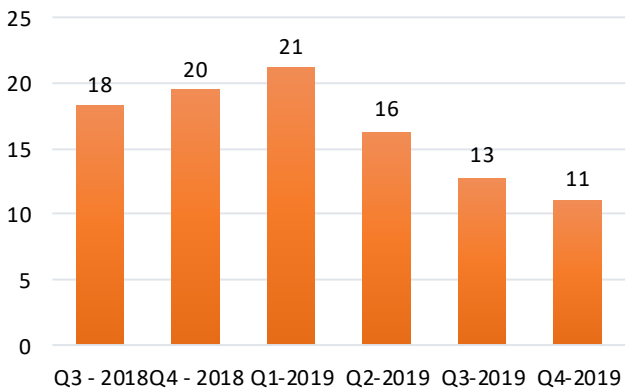
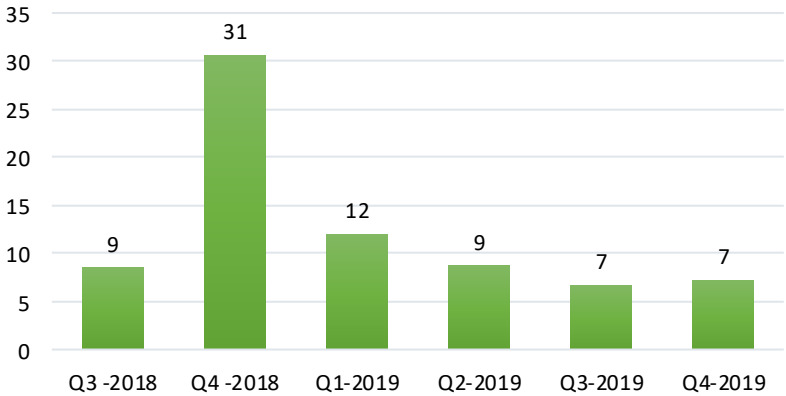


Figure 18. Time from assessment to start of treatment (i.e. Average time waitied between 1st and 2nd Appointment) in weeks



[9] Under the NHS Constitution, no patient should wait more than 18 weeks for any treatment. https://www.cqc.org.uk/sites/default/files/20170120_briefguide-camhs-waitingtimes.pdf

Waiting times by pathway:

- The longest waiting times are experienced by children and young people on the Neurodevelopmental and Looked after and adopted children (LAAC) pathways. Both have been reducing over the last year, in line with the overall trend.
- Children and young people on the Neurodevelopmental Pathway waited, on average, a year (52 weeks) from referral to treatment (second appointment) in the financial year 2019/20. They waited 35 weeks from referral to assessment.
- Looked After and Adopted Children waited, on average, 38 weeks from referral to specialist treatment on the LAAC Pathway and 23 weeks from referral to assessment in 2019/20.
- The reduction of the LAAC team in 2018 may have contributed to an increase in waiting times between Q3 2018 to Q3 2019. There was an initial 9 week increase in waits from referral to treatment between Q3 and Q4 2018 with this time gradually coming down during the course of the year.

Figure 19. Average Time Waited by Team from Referral to Treatment (i.e. Referral to second appointment) in weeks

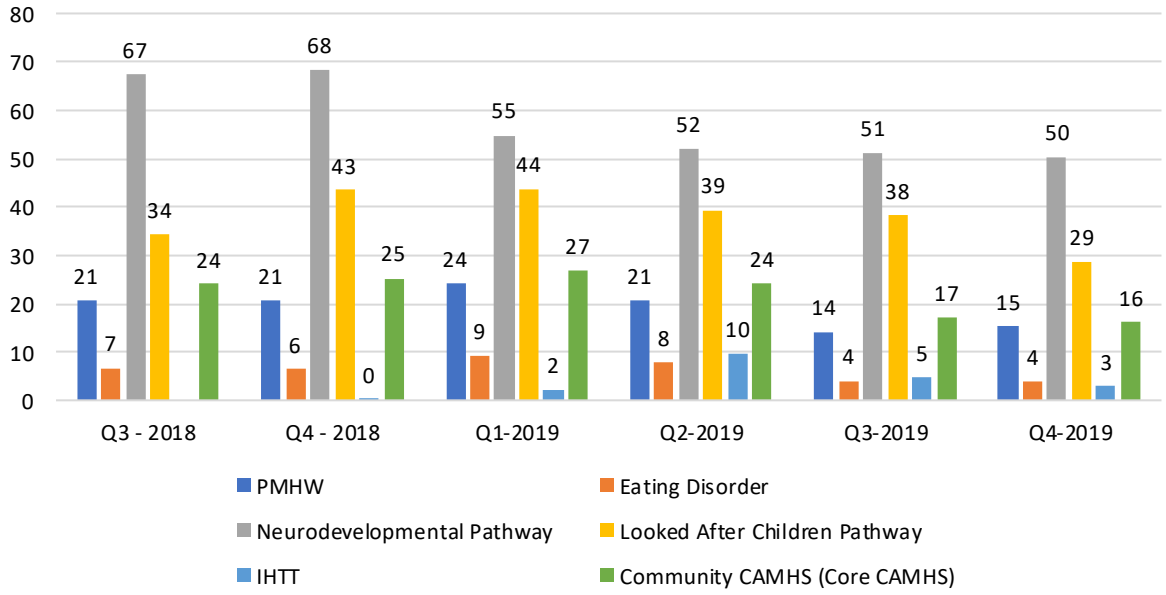
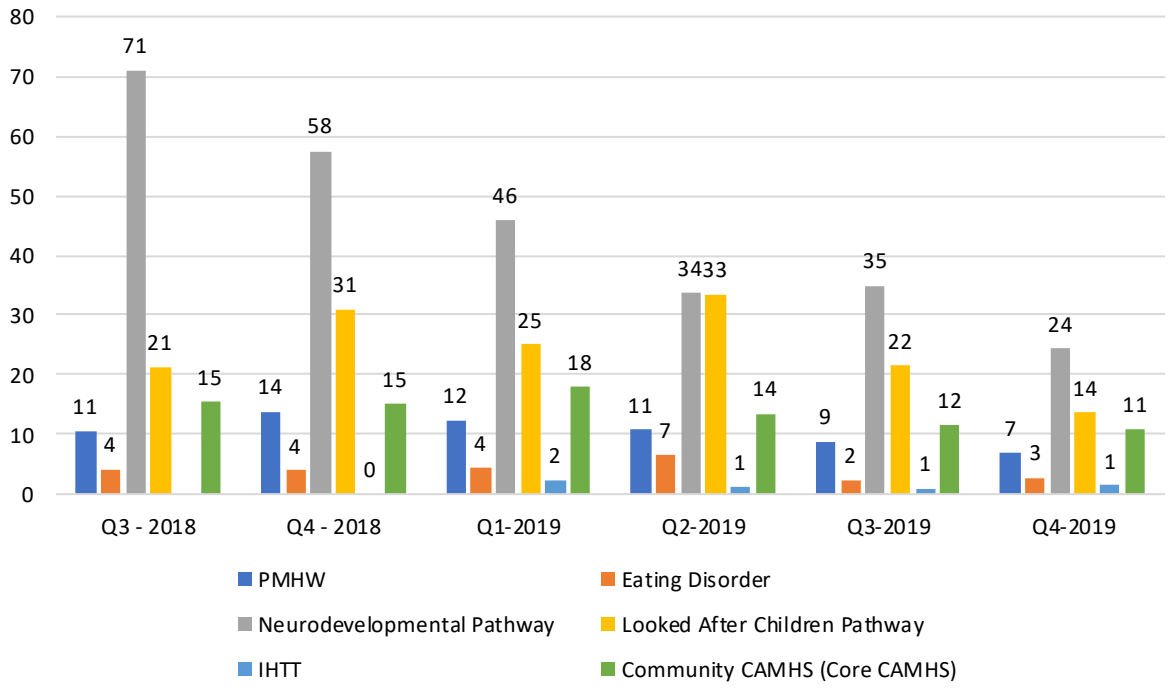


Figure 20. Average Time Waited by Team from Referral to Assesment (i.e. referral to first Appointment) in weeks by Pathway

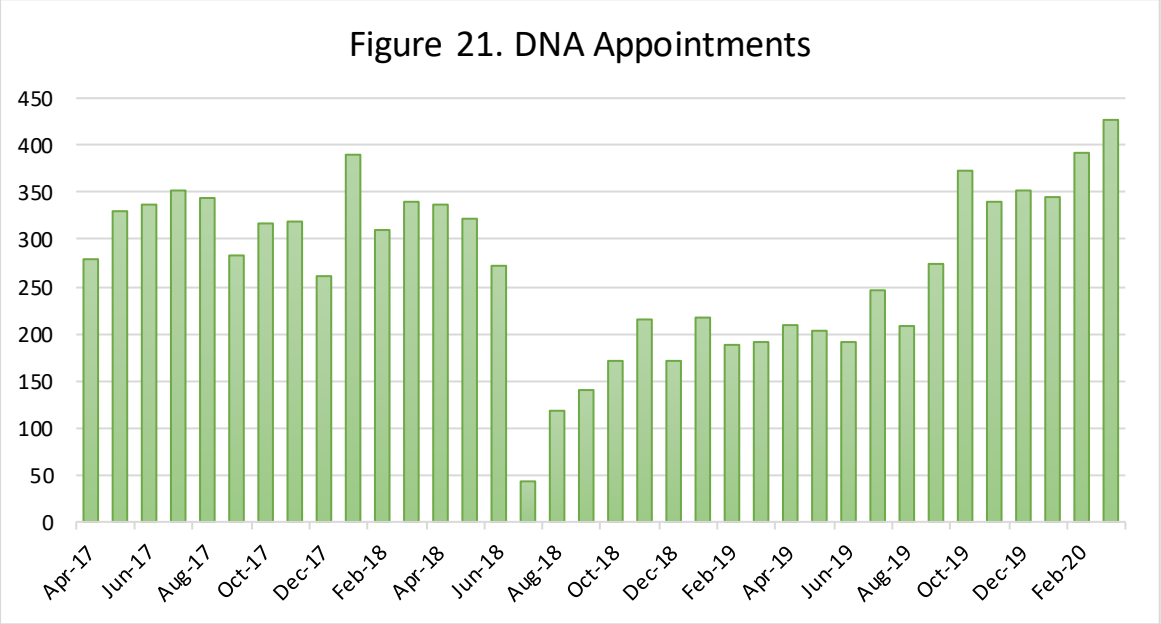


i) Missed appointments

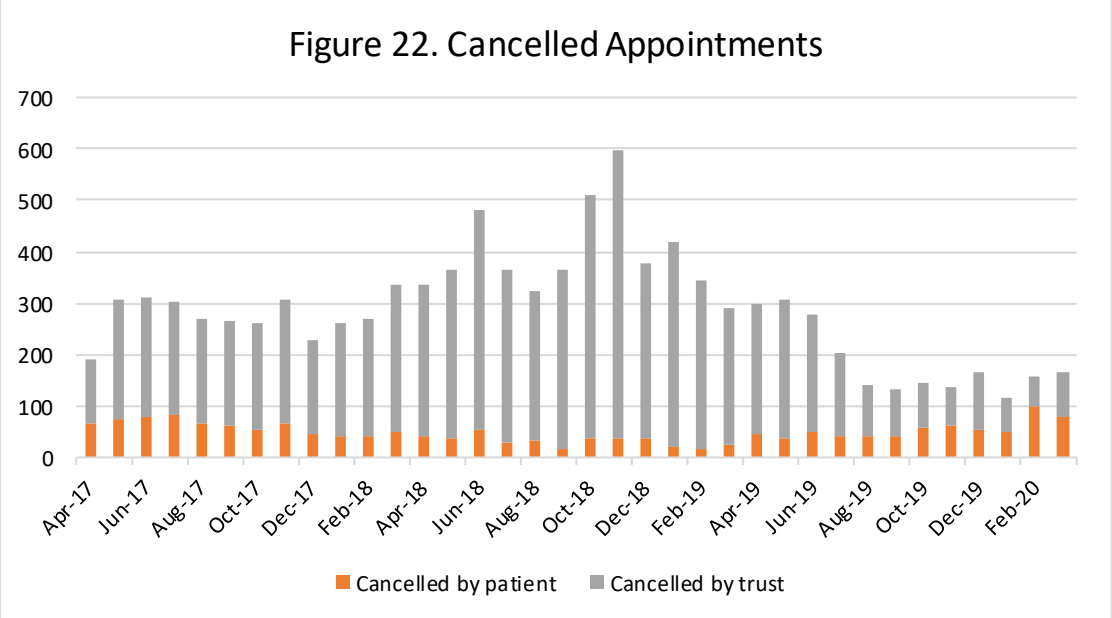
- A significant number of referrals are missed each month, either because a patient 'Did Not Attend' (DNA) or because the appointment was either cancelled by the patient or by the Trust.
- Last financial year, there were a total of **5,804** scheduled appointments that did not take place. 65% of missed appointments were a result of DNAs, 32% were cancelled by BDCFT and 12% of appointments were cancelled by the patient.
- We see a significant rise in DNAs from Q2 of 2019/20. Cancellations rates also come down during the same period. This may be due to better recording of DNAs that were previously recorded as cancellations. BDCFT notes that an element of this relates to data recording issues and familiarity with the new clinical system and outcoming of information. This is under continual review as part of CAMHS improvement plan.

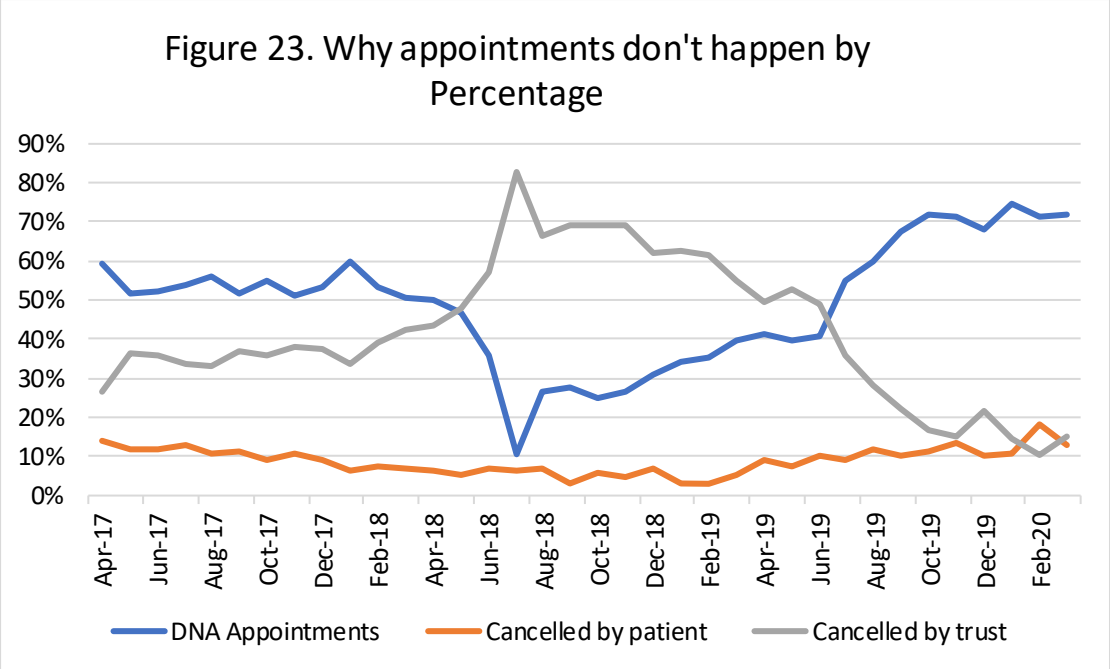
- In 2019/20, the cost of 'Did Not Attends' amounted to roughly £960,256. The cost of cancelled appointments totalled £648,704 in the same year.[10]
- It should be noted that where there are cancellations within BDCFT CAMHS, this time is not wasted and clinicians will still be working and seeing other people. Cancellations may occur months or weeks in advance and staff time is therefore redirected.

[10] Using national average of cost of CAMHS contact £256 in 2018/19 based on NHS CAMHS Benchmarking.



- In regard to Cancelled by Trust, the Trust note this includes both cancellations made by clinicians but also includes cancellations as a result of clinical system changes e.g. cancelling of rotas. There is no way to differentiate between an actual cancellation and those which are a result of routine system administration.





- We also analysed the proportion of missed appointments each month based on the caseloads open to BDCFT.
- Over time, between 1 in 6 and 1 in 4 patients miss an appointment per month because of cancellations and DNAs respectively. Children and young people who
- fail to attend their mental health appointments present both a clinical and a safeguarding risk.

j) Outcomes

BDCFT does not currently collect or record routine outcome data. The Trust currently uses the Friends and Family Test as an indicator of patient satisfaction.

The Trust states that this has been identified nationally as a challenge and will start to be addressed through the 2020/21 NHS England Commissioning for Quality and Innovation (CQUIN) programme aimed at driving improvements and standards. The 20/21 CQUIN CCG7a which extends the focus on the recording of outcome measures and evaluation of wider interventions. As part of the CAMHS improvement plan this will be reportable from Q4 (however this is based upon return to normal working following COVID-19).

System-wide outcomes: BDCFT are currently working on developing a framework to collect and track outcomes across the system. Public Health England are also in the process of creating a national outcomes framework for assessing the mental health and wellbeing of children and young people in England which will inform the local framework.

k) Little Minds Matter

The Little Minds Matter: Bradford Infant Mental Health Service is a specialist Better Start Bradford project, funded by the National Lottery Community fund and delivered by Bradford District Care Trust as part of Child and Adolescent Mental Health Services. Better Start Bradford was awarded £49 million to work with families in four wards in Bradford as part of a ten-year national programme funding by the National Lottery.

The service work with families and the professionals that support them during the 1001 critical days – from conception to age two. The service became fully operational from April 2018 and is funded until August 2021.

Little Minds Matter provides four key functions, including direct clinical work, consultation, training, and community engagement.

Summary of activities:
- **45** families accessing direct clinical support
- **138** professional consultations delivered
- **330** health and care professionals trained in infant mental health awareness
- **46** health and care professionals trained in observing and supporting parent/infant relationships.

Reported outcomes:
- Feedback from full day training – 90% found it 'very useful' or 'useful' to their professional roles
- Feedback from telephone support, advice and guidance – 100% found it 'helpful' or 'very helpful'
- Statistically significant achievement of goals: an evaluation of completed pre and post goals data (n=7 families) suggests that they were significantly closer to their goals by the end of treatment (mean=6.1, SD=1.2) than at the start of treatment (mean=2.1, SD=0.74); t(12) =7.3, p=0.0001.

An evaluation is tracking impact over time and outcome measures will provide useful data once the programme has been in operation for longer.

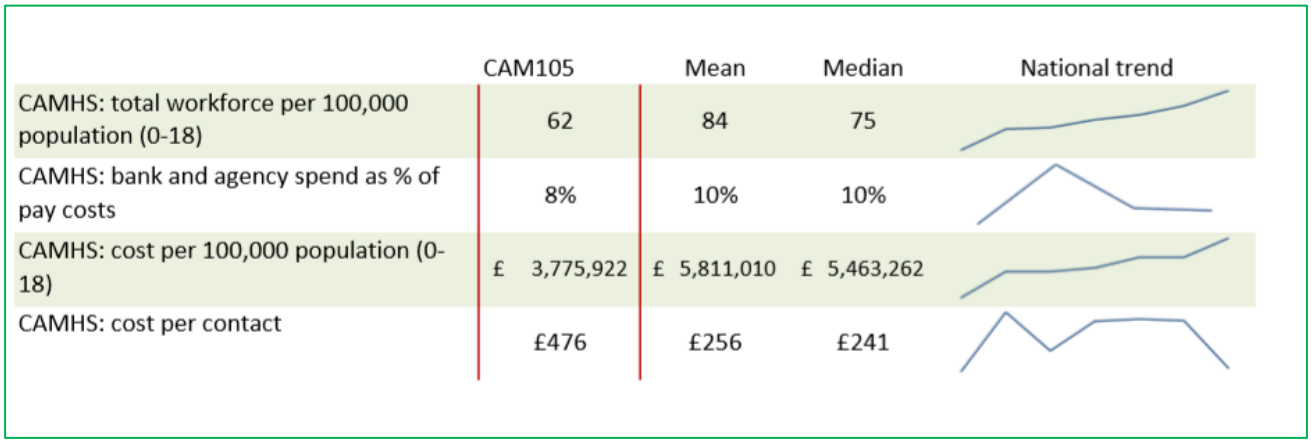
Eating disorder community services for children and young people
Eating disorder services, although offered by BDCFT, are relatively low volume in the context of overall service throughput in CAMHS.
- **57 referrals per 100,000** 0-18 population in 2018/19 (91 national average).
- **98%** referral acceptance rate. This is higher than the national average (87%).

Additional data provided by BDCFT provides a breakdown of the number of cases of children and young people waiting to be seen for routine and urgent NICE-approved eating disorder treatment in the last financial year.
- There were **20** children and young people waiting to start **routine** eating disorder treatment in 2019/20.
- Nearly three quarters (**72%**) of routine cases were seen **within 4 weeks or less** from referral to treatment.
- There were **3** children and young people waiting to access **urgent** NICE-approved eating disorder treatment in 2019/20.
- 62.5% of **urgent** cases were seen **within one week or less** from referral to treatment.

l) BDCFT workforce and finance

According to NHS Benchmarking data, the community CAMHS workforce per 100,000 population is smaller in Bradford and Craven (62) than the national average (84).

Figure 18: Community CAMHS workforce per 100,000 population (0-18)



	CAM105	Mean	Median	National trend
CAMHS: total workforce per 100,000 population (0-18)	62	84	75	
CAMHS: bank and agency spend as % of pay costs	8%	10%	10%	
CAMHS: cost per 100,000 population (0-18)	£ 3,775,922	£ 5,811,010	£ 5,463,262	
CAMHS: cost per contact	£476	£256	£241	

Source: NHS CAMHS Benchmarking 2018-19

- In the financial year 2018/19, the BDCFT CAMHS workforce employed 62 WTE per 100,000 population which is lower than average number of WTE nationally (84).
- The latest data submitted by BDCFT in May shows that there were 113.29 WTE staff in post. This is substantially higher than what was submitted to NHS CAMHS Benchmarking and therefore requires further investigation to understand these differences.
- As of March 2020, there were no vacant roles available across specialist CAMHS. In fact, there were 14.60 WTE more contracted staff members than budgeted for.

- **Distribution of caseloads across pathways and cost**

Aug 2019	EIP	Eating Disorders	Targeted services	Core Key Working Team	Neurodevelopmental	Younger Years
No. of young People	32	115	167	1415	977	70
Team cost	£73,598	£539,472	£612,263	£1,020,249	£723,621	£212,248
Cost per young person	£2,300	£4,691	£3,666	£721	£741	£3,032

- The volume and cost of caseloads vary across the pathways offered by BDCFT based on team cost based on a snapshot data from August 2019.
- The cost per young person was the highest (£4691) for those receiving community-based eating disorder support.
- This was followed by the cost of target services, such as those for children looked after and adopted children, and young people in contact with the justice system (£3666).

- These higher costs can be attributed to the level of specialism required by the workforce to respond to the risks and complexity involved in eating disorder and targeted mental health support.

2c. Getting risk support: Crisis and hospital provision

a) **Towerhurst (Safer Space):** This service is commissioned by Bradford District CCG and is provided by Creative Support. The service offers young people under 18 who are in crisis and emotionally distressed a safe place to stay overnight in a homely and non-clinical environment. The service is accessible via Creative Support, CAMHS, the Emergency Duty Team, or via another relevant professional.

- A total of **59** children and young people were supported by Towerhurst in the financial year 2018/19.
- The number of admissions to Towerhurst has been rising since April 2019.

Figure 24: Towerhurst usage (number of admissions + number of new users)

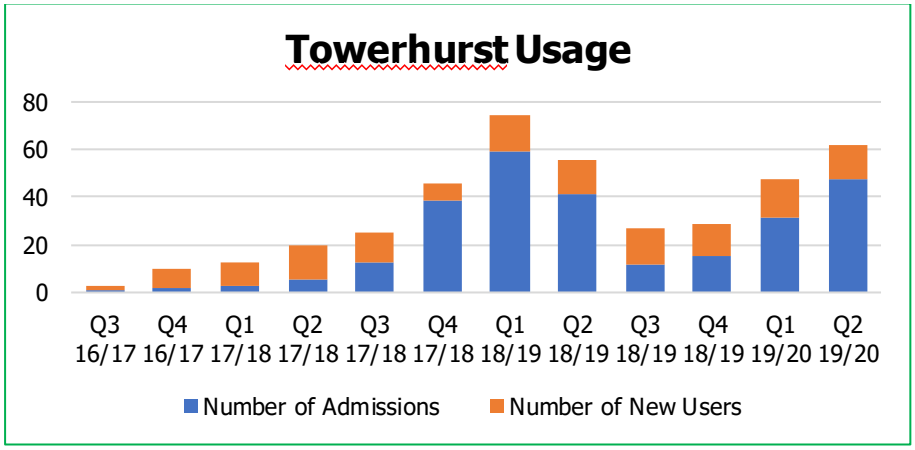
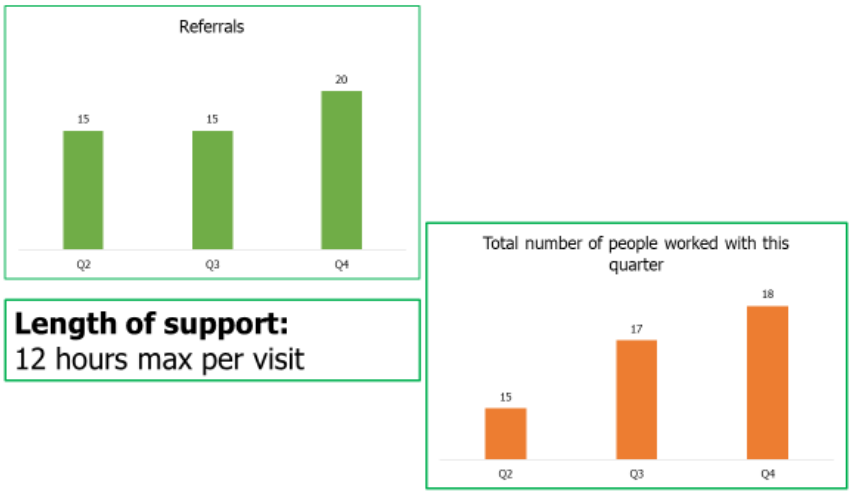


Figure 25: Towerhurst referrals and number of CYP worked with Q2 to Q4 2018/19.



b) Hospital admissions for mental health conditions:

- According to data obtained via the Public Health England Fingertips tool, there were **90** children and young people from Bradford, aged 0-17 years old, admitted to hospital for mental health related conditions in the year 2018/19.[27] This is equivalent to **63.4 admissions per 100,000** children and young people. Bradford has fewer admissions compared to its neighbouring authorities in Yorkshire and Humber.[28]
- This may indicate that children and young people may be having their needs effectively met within the community, through services offered by Youth in Mind and Safer Spaces.

- **Bradford Royal Infirmary (BRI):** There were **573 admissions** to paediatric beds for under 18s in 2018/19 for mental health related issues including, eating disorders and self-harm. These admissions related to **379 individual patients**.
- Of these, nearly a **quarter of patients (24%) were admitted more than once** in 2018/19. 12% of patients were admitted more than three times in the same year. Further investigation is required to understand what is driving repeat admissions.
- These numbers are much higher than the data submitted to Public Health England Fingertips because BRI admissions data includes a broader range of mental health conditions for which children and young people were assessed as having prior to their discharge.

c) Mental health inpatient admissions

- There were **12** children and young people admitted an inpatient mental health ward in the financial year 2018/19 according to data provided by BDCFT.
- There were **16** children and young people admitted into CAMHS Tier 4 provision as part of the New Care Model pilot in 2018/19.
- Further investigation is required to understand admissions into inpatient provision for children and young people, including out of area placements. Currently, data is not centrally collected and reviewed.

5. What stakeholders are telling us

Phase two of the review involved engagement with various stakeholders who either work or come into contact with the mental health system in Bradford and Craven.

- Survey aimed at practitioners, children and young people and parents and carers, **423** respondents in total. The survey opened Monday 23 March and closed on Monday 27 April 2020.
- **37** interviews with a range of professional stakeholders, children and young people, and parents and carers.
- Due to the Coronavirus outbreak, we were unable to deliver face to face interviews or workshops as initially planned.

Children and young people

CYP survey and interview data analysis

Two surveys were designed to ensure they were age-appropriate and could reflect the different cognitive abilities of children (11-15 years) and young people (16-25 years). Below, 11-15 year olds are referred to as children, and 16-25 year olds as young people. 76 children and 72 young people completed the surveys. Additionally, we conducted three in-depth interviews with young people. The latter included young people with SEND needs and looked after children.

Demographic information on the sample

There was a fairly balanced gender mix for children taking the survey: 55% were female and 45% were male. There was generally an even spread of young people between 12-15 years, but only 3% of respondents were 11. The majority of the sample (77%) was white. Other groups in the sample were Asian (3%), mixed (3%) and black (1%).

The sample of young people (16-25) was predominantly female (85%). Most of the sample was 16-18 years old (68%). This sample had good representation of BAME young people: Asian (31%), mixed (3%), black (1%) or other ethnic minorities (4%); and so almost 40% of the total sample were from BAME backgrounds. The data was analysed to look for differences in responses by gender and by ethnicity. Any important patterns are described below.

Children and young people's experiences of mental health support in Bradford and Craven

- **Knowledge of where to go for help**

When asked whether respondents knew where to go for help if they or their friend had a mental health difficulty; nearly two-thirds (63%) of children said they would know and 60% of young people also agreed. There was a noticeable difference for BAME children, only 42% of whom reported knowing where to go for help.

Most children who knew where to go to for help, said it would be to their teacher/school or parents. For young people who said they knew where to go for help, the most common

unprompted answers for this would be: School/teacher, GP/doctor and 'first response'. For both children and young people, going to CAMHS for help with mental health was the least common response.

All children were asked to choose from a range of options who they would most likely go to for help with a mental health difficulty, or if they felt very worried or upset. The choices, ordered from most to least popular were: Parent, friend, teacher, then youth worker. The GP, social media/helpline, school nurse, pastor/priest were less popular answers. This was consistent across white and BAME children.

When young people were asked for the best place to receive help with their mental health, the GP was the most common answer (23%), followed by online (20%), at home (13%) and at a youth club (13%). Interestingly, none of the BAME young people in the sample said home would be the best place to receive help with their mental health. Most of them would choose to get help with their mental health online (33%), followed by from a GP (20%) and youth club (14%).

- **Receiving help**

Children were asked whether they had received help for a mental health difficulty from someone who is not a family member or friend, and most surveyed children (57%) had. Of these children, most had received help from CAMHS or their school. Less common answers were from their youth worker, support worker, doctor, CAMHS crisis team, Youth in Mind or compass buzz. By contrast, only one third of BAME children had received help from someone who is not a family/friend, though the small sample size (BAME children, N=12) limits the strength of this finding. Young people were asked whether they had accessed mental health services before and 67% had. This was slightly higher, at 71%, for BAME young people (BAME young people, N=28).

When asked how helpful available support is for children and young people who are worried and distressed, 38% of young people gave a neutral response. More young people reported that available support is 'helpful' or 'very helpful' (which totalled 35% of responses) than 'unhelpful' or 'very unhelpful' (which totalled 27% of responses).

Children were asked how easy is it for children and young people to receive help when they are worried or upset, or when they have a mental health difficulty. Their average response to both questions was neutral – that is in neither difficult nor easy. Young people were more opinionated in their answers, 48% reported that it is either 'very difficult' or 'quite difficult' to get help when they are *beginning* to struggle with their mental health and wellbeing. Just 7% of young people reported that it was 'very easy' to get help. When children and young people are seeking help for their *mental health problems and distress*, 58% said it was either 'very difficult' or 'quite difficult'. Again, just 7% of young people described it as 'very easy' to get help with mental health problems and distress. This indicates that it is harder to get help when you have mental health problems and distress, than when young people are beginning to struggle with mental health.

- **Receiving help from Youth in Mind**

Youth in Mind was described in a positive light by young people who had been there. They valued the *'very understanding and approachable'* staff members. They felt they could easily

talk to them about their feelings and didn't feel judged or like the staff were telling them what to do. Another strength of Youth in Mind was young people take part in activities and games with the staff, which enabled them to bond and build trust. Therefore, wellbeing and mental health conversations took part as part of a fun safe activity, rather than being a formal, and potentially intimidating, talk with a medical professional about 'what is wrong with you'.

- **Receiving help from CAMHS**

Some young people provided negative feedback on CAMHS, specifically that the environment does not make them feel comfortable and welcome:

'The CAMHS space is so depressing. You go there and you feel like you've got a terminal illness and it's the end of the world and they don't give you much hope either. I couldn't go after a few sessions. It's far and so they need to make it more easy to get to and it wouldn't and shouldn't be difficult to have a good nice inviting space that's aimed at young people.' – Young person

Another young person stated that although support from CAMHS was good when they got it, their first impression of CAMHS had been poor:

'When I first saw them I dreaded talking to them, I was terrified … [the staff] appeared old, very drab and plain, they didn't look like they wanted to be there'. – Young person

This young person elaborated that this made them feel it would be difficult to gel with the staff at CAMHS, which was in total contrast to their experience of Youth In Mind, where the staff are perceived as very down to earth and relatable.

'I am comfortable to talk to them, it's easy to talk to them about my problems, they are relatable, they listen and they don't try and give you advice unless you want them to.' – Young person

A small number of respondents shared their perception that doctors just want to give you medication, rather than actually talk to you and help you:

'Young people need a trusted grown up to talk to, like a youth leader or teacher at school. They help more than doctors do because doctors just want to give tablets too much.' – Young person

'I saw a psychiatrist at CAMHS. In my personal opinion she did not help me that well since all she did was give me medication.' – Young person

- **Choice over getting help**

Respondents were asked how much choice children and young people with a mental health difficulty have over the type of help they get. The average response from children was neutral – neither 'no choice' nor 'a lot of choice.' For young people, the most common answer was 'a bit of choice' (36%). 12% of surveyed young people felt they had no choice over the kind of support they can get.

A young person described that in Bradford and Craven the options for young people are either NHS talking therapies or attending youth groups in specific areas like sport, which is not right for everyone. To promote choice, there need to be more types of therapy available, like play and music therapy, and a wider range of youth groups in case CYP are not interested in sport.

One young person commented that where you go to school dictates how much choice you have over the support you can receive. They felt fortunate to have Time to Talk at their school, which had connected them with a worker they really trusted and supported them through difficult family circumstances. This young person said this is not offered in all schools, which puts their friends in other schools who want to reach out for help at a disadvantage. This was particularly unfortunate for young people with parents who have stigmatizing attitudes towards mental health. They added that parents may need educating about mental health in BAME communities, where stigma against mental illness is generally higher; mental health can be perceived as 'not a real thing, which white people made up'. The young person suggested BAME parents could be educated by mental health workers who are people of colour, who may be more likely to be listened to than white practitioners.

- **Main sources of worry and upset for children and young people**

Both children and young people thought school and bullying are the main things that can make them feel worried, upset or distressed. Children and young people also mentioned social media, exams, pressure (including peer pressure), problems with family or friends, stress and mental health concerns. Below are some illustrative quotes of these themes to capture their voices:

'The stress of school and the grades that we are supposed to achieve impacts mental health a lot. The peer pressure … to look and act a certain way can affect self-esteem.' – Young person

'My family, my dad has bad mental health – this affects my family and we don't have a lot of money.' – Young person

'Everyone's different but school, not fitting in, insecurities, change, family issues [cause worry and upset]' – Young person

'Keeping up with school – especially how school pushes stuff onto us, i.e. to revise, 'If you don't revise, you won't get good grades'. Family problems, being overwhelmed with things.' – Young person

'Anxiety, stress, my disability.' – Young person

'Being yelled at, taunted in front of others at a school setting, being made to feel different from others, not being shown the light at the end of the tunnel, being treated like they are 'crazy'.' – Young person

'Issues at home, which hardly any kid would speak about. Homework is one of the most stressful things.' – Young person

- **Views from surveyed young person:**

'From personal experience, it's to do with school, pressure from school, it's relationships inside and outside of school, it's family pressure, it's social media pressure, it's abuse they [young people] could be facing from someone in the family or outside, it's what's happening in the world. For some people it might be that they are from a low income household, those factors such as poor health, nutrition and not having their own space, or facing bullying, or neglect, can also lead to mental health problems, or feeing worried/distressed or upset too, which will result in not so good grades, and then the pressure from home and school continues.'

- **What helps children and young people to feel better?**

When asked what helps children and young people to feel better when they are worried or upset, children most commonly answered 'talking to someone', or being listened to. Other important ways were time with friends, or keeping yourself distracted or busy with activities you enjoy, including listening to music, playing computer games and creative activities like painting.

Quotes from surveyed children:

'Talking to someone they [children] can trust but not everyone trusts people so they might keep it bottled up'

'Knowing that somebody is there for them'

'Distractions (mainly a friend to speak to whilst doing another activity)'

- **Young people's views on what support should be like**

Young people were asked what would help them to feel better when worried or distressed, and what this support would look and feel like. The findings below are based on qualitative answers from the 16-25 year old surveys (n= 72) and 3 in-depth interviews with young people. The latter included young people with SEND needs and children looked after.

- **Feeling listened to and understood**

Talking to a trusted person and to someone *'who understands what you are feeling'* were the most popular responses to this on the survey. Young people wanted to *'know they have someone by their side'* and *'to feel like someone is there to listen, to understand and care'* . This should be from *'someone I feel comfortable with'*. One young person said this should be from someone who has been in their situation, if possible. Young people would feel reassured to *'know they aren't alone … and that there is always a positive side and things can change and get better if they have the support that they need.'*

Young people reported it is important not to feel judged or dismissed by adults. This theme also emerged from the in-depth interviews. There was a sense that adults (including parents) can dismiss what young people feel as a phase they are going through, or that young people's feelings are not taken seriously because they are seen to *'lack life experience'.* Young people wanted to feel on the same level as the adult there are talking to. Their awareness of a power dynamic could make some young people feel less likely to open up about their thoughts and feelings.

'Young people who struggle with mental health … should have a person they can speak to over the phone, message face to face …. [they] shouldn't feel like a 'counsellor' they should just feel like someone they can speak openly to. They should be listened to without getting disregarded.'

'Someone to talk to would be the most important thing or somewhere to go. Advice can help, but it's hard to process what's going on sometimes in your head. [It's important for young people to] feel unjudged and like they have a friend.'

Research literature has found many positive outcomes of vulnerable children having a caring and supportive relationship with a trusted adult, which can:

- Help young people build confidence, develop resilience and self-esteem;
- Offset emotionally neglectful, traumatic and abusive relationships that young people might have experienced;
- Help young people to expect more positive relationships with others;
- Model alternative ways of interacting, solving problems and coping.[29]

- **Consistent responsive help**

Young people felt that it is important to have regular and consistent contact with the same person. This means that the young person does not have to repeat their story and answer lots of questions repeatedly. It also help build trust with the adult. *'I would like to see children get help through a one to one basis, whether that's online or by person, to help the child feel like they have that one person they can go to'.* Another young person commented that young people should be able to *'change the worker they are with if they don't gel with them'.*

Young people want to be able to have direct communication with the worker, so they can get *'advice and help when it is required'* through email, telephone or online, so they are not left without support between appointments. There was a sense that a worker who knows a young person well will be better able to help them: *'Help should be somebody monitoring them and actually taking action if they have a problem e.g if a child is being bullied it often isn't dealt with enough or properly in schools'.*

A few young people commented that what they tell the professional should be confidential, including from their parents, especially in situations of domestic violence or parents having stigmatizing attitudes towards mental health.

- **Speedy access to support**

Young people emphasized the need for much quicker support for mental health issues, and it was common for them to express frustration at long waiting times. This was exemplified by comments like:

'*I'd like … to be able to get help immediately – being able to talk to someone when in distress*'

[Young people] *'need help straight away – not having to wait for a referral to go through'*

'I need help for PTSD but am not getting it.'

'People are waiting months and months and the poor families have nowhere to turn'.

Another young person said that while they were on a waiting list, they had completely forgotten they were on it. He described feeling '*ghosted by CAMHS',* which suggests that he felt invisible and unimportant. In contrast, one young person praised Bradford youth service: *'once you're with the youth service they don't just drop you, like CAMHS does'.* It should be noted this young person had not actually been to CAMHS, as they felt too put off by their friends' experiences of long wait times and feeling that the service didn't want to help them.

Therefore, young people value a service/worker's stickability. This means being persistent, reliable and consistent in a relationship over time, which helps a young person recognise that the worker is on their side, is not put off by any challenging behaviour and is not looking for any payback.[30] The same young person suggested the quality of a service should be rated by the quality of their support, rather than the quantity of people they support: '*it should be a journey – if you fall down they help you and stick by you'.*

Young people emphasized that help needs to be accessible much more quickly, and that during long waiting times mental health issues can worsen: *'A quicker access route is needed – Phone calls, online help, easy access without having to wait. During that wait things could get much worse'.* Young people should be *'able to access professional support quickly and not be added to a waiting list for 18 months. The help would allow them to get back to normal as fast as possible or at least have assistance on how to manage and cope with their mental health issues.'* Another young person stated that *'I would like to see them [young people] supported knowing that there is someone there especially if they are on a waiting list. To have someone check in and just have an understanding conversation.'*

- **Flexibility and youth-friendly spaces**

As friends were one of the most popular places for young people looking for advice or support, they valued having a good space to be with them: *'Friends can help a lot as they know what it's like* [to be worried and upset], *so it would be good if there were spaces and places to go where you could meet people your own age and then know there is more support available if you need it.'* This could be at a youth club or a safe youth space where young people can express their feelings. A variety of support would ideally be on offer, such as social support (with group and one-to-one options), talking/music/play therapies, and creative activities.

Easy accessibility to mental health and wellbeing support was also important, which should be available in *'places young people go to: schools, college, faith centres, youth/community centres, cafes so … they don't have to go out their way to access help'*. Another young person emphasised that a holistic approach to wellbeing should be taken; they should receive help for their mental health, *'Everywhere. E.g. therapy, nature walks, art and [have] ideas online'*. Another young person said, *'It depends on where the young person feels most safe' so that they will feel comfortable opening up'* – so having a range of places you could get help at would be helpful.

When accessing help for their mental health, one young person said, *'Most importantly it wouldn't feel like something that's above them [young people] - something that feels*

"normal" and "acceptable" and okay to do.' This would be the ideal situation, but young people were well aware of stigma against mental health, so for activities such as counselling, it ought to be delivered so that '*[other] people don't know what they're doing there.'* For example, one young person really valued using Time To Talk services at their school but needed to pretend to go to the dentist each time she left lessons, to avoid being teased by her peers.

Parents and carers

Parent/carer engagement in children and young people's mental health is important as they play a key role in identifying mental health difficulties, seeking support, and managing their child's needs at home. Many parents and carers often feel that they are not involved in their child's mental health care, with only 34% feeling confident in knowing where to find opportunities to get involved according to a national survey conducted by YoungMinds.[31]

Parents and carers were invited to take part in a survey which ran for the same period as the CYP and professional surveys. We also arranged interviews with a smaller number of parents/carers with the help of participation colleagues working for the Youth in Mind service and Bradford Council.

- There were **130** responses to the parents and carers survey.
- Centre for Mental Health conducted **three** in-depth interviews with parents of children and young people with identified mental health needs.

Demographic information:

The profile of the respondents to the parent and carer survey was as follows:

Gender:

- Male: 14%
- Female: 85%
- Prefer not to say: 1%

Ethnicity:

- White: 86%
- Asian: 7%
- Mixed: 3%
- Black: 1.5%
- Prefer not to say: 1.5%
- Other: 1%

The majority of parents and carers (67%) who responded to the survey have accessed mental health services on behalf of their child. Just over one in ten (12%) said they have tried to access support but have not received the help they need.

Have you accessed mental health services for your child/young person before?

a. Yes, I have: 67%
b. I have not: 20%
c. I have tried to access mental health services for my child/young person before, but they have not received support yet: 12%
d. I'm not sure: 1%

1. The needs of children and young people in Bradford and Craven

- **Neurodevelopmental and SEND needs**

Several parents/carers noted significant challenges in finding help for children and young people with suspected neurodevelopmental needs such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Many of these parents sought support from specialist CAMHS and reported unsatisfactory experiences including delays in assessment and access to help or being told they do not meet the criteria for services.

'They get turned down for consultation at CAMHS if they already have a diagnosis, in my example Autism. We are told that they do not meet the criteria. Even after they have attempted to hurt themselves and others. And when they have significant emotional distress. The service offered in Bradford is appalling and so inadequate it is beyond laughable.' – Parent

'We have a child who is being assessed for ADHD, months and months passed before we were seen, then only half the work was completed in the appointment, so we were due to be sent out the remainder of the work. This had to be chased up by us, and we were told our worker was off ill so there was no plan for us to be dealt with, and no knowledge of when our worker would be back…' – Parent

Some parents and carers also described the challenges they face in getting their child an Education, Health and Care Plan (EHC Plan). These parents/carers felt that being approved for this plan will help their child access the mental health care they are entitled to.

'Referral to CAMHS takes a long time. It is difficult to get an EHCP for your child and if you do apply, they stop your application at the Panel. No one knows what they are doing in both services and the therapies offered are not engaging with young people.' – Parent

'Parents and carers being able to gain access to services at timely intervals for their child and not have to 'fight' services for every outcome for their child. i.e. EHCPs for children.' – Parent

- **The impact of social media**

Two of the parents interviewed described their growing concern about the impact of digital and social media on their child's mental health. This included concerns about the time spent online but also the risks their child may encounter, such as cyberbullying.

'Online has a big impact, all their content comes from the online world and means that they do not leave the house' - Parent

- **School-related pressures**

The three parents interviewed as part of the review identified a number of school-related pressures which they felt were detrimental to their child's mental health and wellbeing.

'There is a lot of school pressure, for example, exam pressure (GCSEs in particular) these have the potential to affect them rest of their life.' - Parent

'Anxiety and other mental health problems are made worse. This is down to specific teachers' lack of awareness' - Parent

One parent also highlighted behavioural difficulties in school as an area of unmet need. They felt that many children and young people did not receive the right type of therapeutic help to help manage their behaviour and that this sometimes fuelled feelings of anxiety in these children.

- **The impact of physical conditions on mental health**

One parent noted that children and young people with physical and mental conditions do not always have their needs recognised or met. This was because they felt that the most prominent health need tended to dominate that young person's needs. In this instance, the child had been struggling with a longstanding bowel condition that the parent had suspected linked to anxiety and childhood trauma.

2. Strengths in Bradford and Craven provision

- **Positive experience and relationship with professionals**

The biggest strength in Bradford and Craven provision noted by parents and carers were their experiences with practitioners working in the mental health system. Parents described them as caring, dedicated, and compassionate workers who had built a trusting relationship with children and parents alike.

'Once you finally access the specialist teams at CAMHS they are brilliant. Access to a team of psychiatry, art therapy, OT worked together has transformed my child's experience. If only she'd been able to get to this sooner.' – Parent

'To be quite honest the only strengths come from a portion of the workforce who are very caring and dedicated to their jobs. However, this is counter balanced by a section that are very judgemental and have absolutely no positive impact on the people they are supposed to be helping.'– Parent

'The willingness and enthusiasm to help from the staff even if they struggle themselves to get answers from their line managers.'- Parent

- **School-based emotional and mental health support**

School based support, where available, was mostly described as effective by parents and carers as it offers young people a range of help including counselling, peer to peer support and youth work.

'Some schools/SENCOs are proactive, supportive and simply 'angels' who genuinely care for the child and its future.'- Parent

Some parents found the youth worker roles in schools particularly helpful:

'*Support offered by schools is key as they know the child as an individual, they work with youth workers who can offer support in the local area and work better with the local GPs.' – Parent*

'For children with simpler issues or just needing a little extra help at certain times/events, the youth support service in schools is easily accessible. My daughter was able to access some counselling in

school funded by school however, the NHS provision/system should not have to be bailed out by schools and charities.' – Parent

Effective support in primary schools was also cited by some parents and carers:

'My younger daughter's primary school have been very supportive. Early help have been good.' - Parent

'Support is better in Primary schools.' - Parent

- **There are a range of support options available in Bradford and Craven, including a good VCS offer**

Many parents and carers felt that were a good range emotional and mental health support available for children and young people across Bradford and Craven. This included a perceived diverse range of effective voluntary and community sector organisations

'Bradford has a lot of different organisations that could be accessed.' - Parent

'There are a number of charities able to offer high quality therapeutic work with children and young people by highly trained therapist. They just need more funding to be able to provide more and reduce their waiting lists.' - Parent

- **Good experience of crisis care provision**

Crisis care support was described as positive and child friendly where parents and carers had experience of using these services.

'Crisis support is good. The high-level support by Tower Hurst, Sharing Voices and the cafe on north parade.' - Parent

- **Growing digital support**

Parents were aware of a growing digital mental health provision in Bradford and Craven and seems to be a good resource according to some survey respondents:

'Kooth seems to be a good resource for younger young people to engage with.' – Parent

3. <u>The main challenges and gaps</u>

- **Poor access to help and support**

The biggest difficulty identified by parents and carers is helping their child get the help they need; this was primarily due to inadequate or very limited access to mental health support. This primarily ranged from access to GP mental health care, specialist CAMHS and school-based mental health support based on the qualitative responses and interviews.

Nearly three quarters (**74%**) of parents and carers who responded to the survey said they overall found it either quite difficult or very difficult to find help for their children when they have mental health problems or distress. Only one in ten (**9%**) felt that it was easy.

In terms of access to support for their child/young person who is in mental health crisis, **66%** parents said it was quite or very difficult. One in ten (**10%**) felt it was quite or very easy.

Some of the reasons cited by respondents included a perceived gatekeeping of specialist mental health services:

'Almost impossible to access help, gatekeepers fob you off with parenting classes! Support is very limited and generally accessed through attending general hospital during crisis. Help is short lived then on, once child has calmed.' - Parent

'Do not know where to go. GP gatekeeper and do not have much knowledge on what is out there.' – Parent

- **Poor information about what services are available and poor signposting contribute to delays**

There is a sense from parents and carers that the professionals they come into contact with are not always aware of the services and local offer resulting in poor signposting and delays to help. Some families also find themselves being referred between several organisations before they get the right type of support for their child or young person.

'Doctors don't seem to know where to recommend you next when you've seen them. There isn't easy access to further help for children or guidance for parents, sadly.' – Parent

'They are passed from pillar to post as no one wants to take the responsibility for the referral. You have to see your child suffer and no-one will help' – Parent

'No one wants to talk about, run through what the issue is and offer advice. I have had to ensure all resolutions on my own through my own energy, research, time & effort.' – Parent

- **Lack of early identification and early intervention**

The lack of early identification of mental health problems and early help was described as a huge gap by many parents and carers. **70%** of survey respondents felt it was either quite difficult or very difficult to get advice or help when their child is beginning to struggle with their mental health and wellbeing.

Parents and carers felt that they often had to wait until their child's needs reached crisis support in order to qualify and be referred for support.

'It seems that a child has to reach crisis point before they get the help they need, no early intervention. Numerous parents have told me they have cried out for help but got nowhere.' - Parent

'More support before my child became more serious[ly] ill. It is quicker response when they became serious[ly] ill. Quicker response at the beginning stages.' – Parent

- **Barriers to support faced by specific communities and the impact of racism**

Around a third of the Bradford District population come from a Black and Minority Ethnic (BAME) background.[32] Children and young people from BAME communities may face experience racism and discrimination which can both negatively impact their mental health and their access to services. A couple of parents and carers who responded to the survey identified racism as a specific issue in terms of their child's access to help.

'No-one listens to your concerns. It's really difficult to get someone to take note and refer your child to the appropriate agencies. A lot cherry picking going on. There's too much systematic racism towards black and Asian children.' – Parent

One parent felt that racism is overlooked by mental health services as a factor that directly affects their child's mental health.

'…The staff are really knowledgeable and skilled but also seem to forget to be human and remember each child is different and they have wider needs that have an impact on their mental health. Racism is a big issue for how my child experiences life and the impact on their mental ill health and the staff don't seem to recognise this or know how to support and don't see it as their role so discharge. It's very disheartening' – Parent

- **Long waiting times for specialist CAMHS**

Many parents and carers expressed their frustration about the lengthy waits for specialist mental health provision in Bradford and Craven.

'The waiting lists are so long by the time you get the support your situation has got worse and now need more complex help' - Parent

'The wait for initial assessment with no advice or access to other support. The wait from initial assessment to getting a CAMHS worker and the lack of support in between with no advice on what to do or what to look for when child was having suicidal thoughts.' - Parent

Several parents and carers stated that they had to pay for private mental health care for their child due to significantly long waiting times.

'Long waiting lists ended up paying private for help. I had to get a bank loan to do this' – Parent

'It's upsetting, my daughter had a break down all we [received] was a phone call. I had to pay for support and that was limited due to financial implications. My daughter is still struggling and there is nothing we can do' – Parent

Some parents felt that pressurised into going private:

'Doctors slow to refer to CAMHS as believe it to be overwhelmed. Try to persuade parents that private route only option.' - Parent

'Being told very long waiting lists and pressure to pay for private counselling instead' – Parent

- **Limited choice in the type of support their child gets**

The majority of parents and carers who responded to the survey (**67%**) felt that they had no or little choice in the type of support their child or young person received. 15% felt that there was some choice and only 3% stated that there were lots of choice.

- **Lack of dedicated support and advice for parents and carers**

Parents of children and young people with identified mental health problems require help and advice to ensure they respond appropriately. However, many respondents to the survey struggled to access this type of support or felt that it was lacking.

'No support for parents, service is slow in seeing young people and offers no support to the rest of the family.' – Parent

'Maybe parents and carers could be offered more support. I was always present when my daughter had meetings perhaps some time when parents could talk about problems, they face would be useful*.'* – Parent

- Stigma

One parent expressed their worry about the stigma associated with mental ill-health and whether they might be blamed if they sought support.

'Worried about stigma, worried it will be on their child's records for life, worried others might think it was my fault.' – Parent

- **Limited school-based mental health support**

Parents and carers described patchy mental health support across schools in Bradford and Craven. School nurses were noted as an effective but limited resource by parents and carers.

'School nurses too stretched across too many schools' – Parent

Some schools do not have a good understanding of mental health problems which can make it challenging for school staff to spot the signs of emerging difficulties and provide the right support. For example, some schools may apply punitive measures to manage behaviour, such as through exclusions, instead of offering a therapeutic response, according to respondents.

'Think school have a lack of understanding of children with mental health problems. GPs just seem to pass the buck when I've spoken to them.' – Parent

'School impose behaviour policy and exclude instead of helping.' – Parent

- **Perceived lack of knowledge of specific conditions by professionals, such as neurodevelopmental disorders**

A small number of respondents to the parents and carers survey felt that the mental health professionals they encounter lacked a clear and comprehensive understanding of the different types of difficulties young people presented with. This included conditions such as autism, dyspraxia, mutism, and Obsessive-Compulsive Disorder (OCD).

'Lack of understanding and knowledge of specific conditions such as autism, dyspraxia, selective mutism, OCD.' - Parent

'No one understands autism who are working with these children except CAMHS I suppose but they are useless.' – Parent

- **Lack of age-appropriate support**

Some parents felt that there is insufficient support available for older adolescents who may be transitioning between child and adult mental health services.

'Not enough services for the appropriate age as well. Teenagers seem to be treated as either 'children' or 'adults' when they aren't really either.' – Parent

Another parent raised concerns about access to support by young people aged 16 and 17 as they are expected to navigate between child and adult mental health services. Parental input and support can be difficult due to the age of consent for this group.

- **Lack of CAMHS capacity and resources**

Several parents and carers noted that they felt that specialist CAMHS were overstretched and underfunded. This often was cited as a reason for the reported lengthy waits and inadequate access to support.

'CAMHS are under a lot of strain. Their workload is terrible. They are good people trying to do their best but they don't have the resources. They care and I feel this leaves them feeling stressed.' – Parent

'CAMHS - underfunded and only seem to support those with a clear diagnosis. Parents and cares have to 'fight' for every service they receive and for every outcome which will help our children.' - Parent

'Lack of resources - seems a child has to be in crisis/meet a very high threshold before they can access support.' – Parent

Some survey respondents also noted high staff turnover within some services which also adds to the delay and can make it difficult for children and families to build a therapeutic relationship with a practitioner.

'A huge shortage of professionals.' - Parent

'The primary mental health worker role at CAMHS is useless. We've had 3 because of staff illness etc and none of them have had the skills or knowledge to help. It's just been a layer between the family and the professionals who can actually develop a therapeutic relationship and put things in place. Having PMHWs meant information was lost, referrals not made quickly enough, and added another person for a very anxious child to deal with.' – Parent

- **Mental health support offers a mixed picture of outcomes**

As part of the survey, parents and carers were asked for their views about how helpful they found the support available for children and young people who have mental health problems and distress.

The responses show a mixed picture with just over a third of respondents (35%) reporting that they found the support their children accessed 'very unhelpful' or 'unhelpful'. Conversely, a similar proportion (32%) felt that the support available was in fact helpful or very helpful. Just under a third (29%) felt neutral or in between about the helpfulness of services.

Only one parent gave their reasoning which was for why they found the help available unhelpful:

'I have had some years of help for which I am very grateful, but none of it has been very effective, except for the personal interaction with some staff who have allowed me to download issues and

concerns and listened and been supportive in their responses. Also, I have had excellent medical support from them in diagnosis of my child's problems and support of medication regimes.' – Parent

4. Suggested improvements

Parents and carers made a number of suggestions on how mental health support could be improved from children, young people and their families. Below are the key and most common suggestions they made.

- **Children and young people require easy and swift access to mental health help**

Many parents and carers felt there was a great need for more easy and quick access to mental health support for their children. They believed that this would help prevent the escalation of their difficulties.

'Access to immediate help, counselling so they feel accepted & understood rather than labelled.' – Parent

- **Effective early intervention support**

Respondents also felt that early intervention support should be prioritised, including in schools and the community.

'Proactive support from school and earlier intervention. Things seem to need to reach crisis point before an agency will intervene despite me, a parent, trying to access help and talk to numerous professionals for weeks.' – Parent

'*It's good that Sharing Voices can go in to schools but there needs to be more happening in communities that are about engagement and inclusion activities to make kids stronger and better to cope with the bullying and racism and their self-esteem and health issues.'* – Parent

- **Mental health and wellbeing should be prioritised and embedded within the school and college community**

Parents wanted to see a greater promotion of mental health, including through improved mental health literacy amongst pupils and school staff. Some parents also believed that schools could offer pupils a safe space to access confidential support. Peer to peer support for pupils and parents alike was also seen as a potentially beneficial approach that schools could help facilitate. Ultimately, parents wanted to see funding going towards provision in schools to ensure a whole school approach to mental health and wellbeing can be achieved.

'Start in schools, teachers should know who to go to for advice for children, children and young people should also know who their first point of call is, services should recognise if they're the right kind of support and, if not, be able to point people in the right direction.' – Parent

- **Mental health support in Bradford and Craven should be provided in a more integrated way**

Parents and carers wanted to see more integrated support across the health, children's services, education, VCS, adult services, justice, and other key agencies.

'I would like a central, responsive portal specially for young people and children, with joined up support so school and medical professionals are working together - it all just feels like you are just

lucky if you can get some support and you have to take what you can get, but if that "seam" of support dries up, you then have to go and look again yourself for more help - there is no follow up to make sure care and support continues for as long as the young person needs it.' – Parent

- **Equip parents and carers with the support and information they need**

'The parents coping with these children are on the edge themselves with no support. Specialised, individualised mental health support is needed urgently and just doesn't seem to exist. Parents should be able to self-refer to CAMHS or a social worker, instead the child has to see more people which is difficult for them to then be told they can't refer.' – Parent

- **Tailored or dedicated support for young people preparing for the transition between child and adult mental health services**

'A service that will help my son transition into adulthood. He will be 18 this year and have been told he will not be eligible for adult mental health services. I feel we will be back to square one with no support at all.' – Parent

- **Services should provide flexible and outreach mental health support where appropriate**

'Help needs to be delivered in a familiar and safe environment (home/school etc) try and remove clinical settings to enable the child or YP to focus on the issue rather than exacerbating any problem with additional worry about being in a clinical setting.'- Parent

'Different ways to engage with children rather than traditional patient/therapist room. Art classes, sport and focus on the child's interests to engage.' – Parent

- **Low level/non-clinical mental health support should be prioritised**

This may include universal or targeted services, such as counselling, youth work interventions or open access provision.

'I would like to see them receiving warm empathetic support, counselling that is humanistic. My concern is the labelling of their problems and the danger of them pathologising these. There also needs to be more awareness around parental alienation.' - Parent

'More youth provisions and open access sessions.' – Parent

- **Improved GP awareness and provision could offer some mental health support while children and families are waiting for specialist CAMHS**

'All GPs should be able to offer some young people's wellbeing sessions with specialist workers so that a child can access medical/ psychological support when they need it rather than be put on a wait list. This would release much more time at the serious level because far fewer children would escalate and reach a crisis point. It would also help the young people to see that most of what they are feeling is perfectly normal for their stage of development and will pass as puberty passes.' – Parent

- **Key or specialist workers for children with multiple or complex needs**

'One to one support from a dedicated key worker. Someone they know and trust. Maybe text or online support. There needs to be more from the point of diagnosis. Autism is a lifelong condition and we have specialists in other medical conditions so why not ASD?' – Parent

- **A wellbeing college for children and young people in Bradford and Craven**

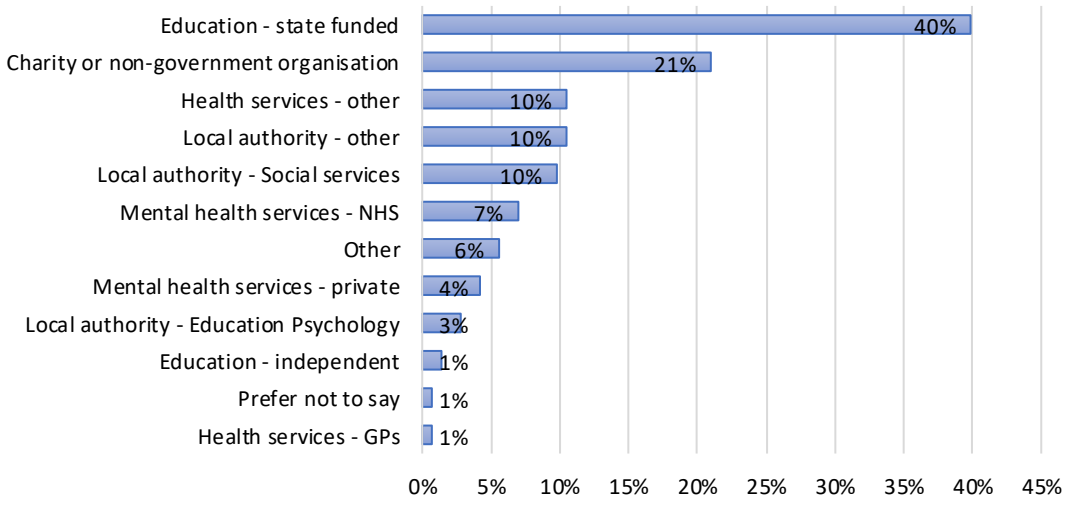
'The wellbeing collage is a great idea for adults - something like this where a child/parent can self-refer or a parent can access for advice/support for their child would be great.' – Parent

Professional stakeholders

Bradford and Craven has a diverse workforce providing information, advice and support to children, young people, and families in need of mental health help.

- Interviews: **26** With a range of professionals working in Bradford and Craven, including clinicians, voluntary sector leaders and practitioners, local authority practitioners, education professionals,
- Survey respondents: **145** responses.

Figure 26: What sector do you work in?



NB: professionals were asked to tick as many as appropriate

The majority of survey respondents worked within the education sector (40%), followed by nearly one in four respondents (24%) saying they work for a local authority. One in five (21%) work for a charity or non-government organisation. Mental health professionals working for the NHS made up 7% of responses and private mental health services totalled 4%. Around 1% of respondents worked within General Practice.

1. The needs of children and young people in Bradford and Craven

The key presenting issues and areas of unmet needs:

As part of our survey and interviews, we asked professionals what the most commonly unmet needs of children and young people in Bradford and Craven were. Below is a summary of the most common responses.

- **Subthreshold emotional needs**

Many professionals noted that there was not a clear enough understanding or support available for children and young people with subthreshold needs. This included support for issues such as low mood, relationship difficulties, or feelings of isolation and loneliness.

'at that low level I am thinking of people who might be in school or are not in school or who are isolated, there might have been a bereavement, there may be family break-up. They don't meet the threshold for diagnosis – self harm or bullying. Things that don't meet the CAMHS service criteria but which impact on their wellbeing.'

'CAMHS are inundated with ASD and ADHD assessments and the lower level mental health issues such as low mood, depression etc get left behind until the situation gets so bad they then become crisis'.

Some practitioners also noted that there are geographical differences associated with need and that the needs of children and young people in Craven is not consistently represented in the data.

'Craven has a lot of differences from Bradford i.e. rurality. Isolation and lack of life experience. There is high functioning anxiety etc rather than deprivation etc.' – Non-Specialist

- **Parenting support, capacity building and whole family working**

There is a lack of whole system parenting support and evidence-based parenting interventions reported. This means lack of early cost-effective NICE guidance compliant support means that children with simpler mental health difficulties are being left until matters escalate potentially clogging up more expensive specialist CAMHS resources.

'I get a lot of referrals for what you could describe [as] behavioural problems and parenting. I am not so involved with the younger age referrals. I am getting these from social care usually.'

'So little family support, parenting support, living in challenging environment'.

- **Self-harm and suicide**

Children and young people who experience self-harm and suicidal ideation do not always have consistent and timely access to support. Some professionals noted that young people would often go to Accident and Emergency to source this type of support.

'CYP-teenagers with more significant anxiety, self-harm and suicidal intentions not getting immediate support unless they present at A&E. In addition this is the first year (in 18 years of practice) where I have attended a critical incident for suicide of a 9 year old hanging.' – Non-specialist

- **Social and emotional learning and competences among children and young people and families**

Several professionals who were engaged as part of the review believed that awareness raising and resilience building across educational settings in Bradford and Craven were either lacking or inconsistent. This also includes the adoption and implementation of a whole school approach to mental health and wellbeing which would see mental health incorporated within the curriculum and wider school culture.

'Raising awareness and understanding of mental health issues, including reducing stigma towards those experiencing difficulties.' - Specialist

'Lessons delivered in school from an early age around mental health issues, social and emotional wellbeing would give young people more of an understanding and how they may be able to deal with any issues they have themselves.' - Specialist

- **Adverse Childhood Experiences**

It is evident that there is greater awareness of ACEs across Bradford and Craven. Professionals also consistently referenced the prevalence of Adverse Childhood Experience (ACEs) on children and young people's mental health and the lack of coordinated responses to tackling them.

'ACEs are becoming more talked about, which is good, but there is a gap in supporting parents to understand their own (ACEs) and parenting courses. Schools TRY to bridge that gap, but these are often once a child starts experiencing bad outcomes and don't start early enough. Parenting courses are a gap.' – Non-Specialist

'Biggest gap is for children who have attachment difficulties and conduct disorders as a consequence of home environment. Support is limited and they find it difficult to engage in the support on offer. Most deprived backgrounds don't access support in the same ways and don't see access early enough.' – Specialist

'Tackle wider determinants of mental ill health having interventions for young people experiencing adverse childhood experiences' – Non-Specialist

- **Effects of poverty**

The effects of poverty and austerity on the Bradford and Craven community were noted by a number of professionals as a cause of concern and one that may be contributing to rising demand amongst some communities.

'Families living in poverty puts a lot of pressure on the parents which then transfers to the CYP' - Strategic Lead

'Poverty and diversity go hand in hand; specialist school nursing provision shows significantly higher levels of children with complex needs which adds a layer of challenge in delivering services. Within CAMHS there is a tiny pool of staff who have expertise in LD and mental health, due to commissioning practices.' – Specialist

- **Anger and behaviour as a form of communication of psychological distress**

Responses to behaviour was identified as an area of unmet need by a broad range of professionals. Many felt that professionals and families lacked an understanding of how to identify and respond to persistent poor behaviour. There is a poor understanding of drivers of poor behaviour which may be mental health related, particularly within educational settings.

'Children's behaviour is largely misunderstood and help is not sought on time.'

'…behaviour isn't about a child wanting to be difficult, behaviour is about a child expressing their need.'

'There has been improved awareness recently. In terms of SEN, social and emotional mental health needs are more recognised and seen as a valid area of need. But behaviour is not being seen as a symptom of an unmet need rather than its own problem.' – Non-Specialist

'There are gaps in provision around school refusal and lack of attendance. Social and school anxiety disorders not seen as clinically significant and not receiving psychological support.' – Specialist

- **SEND support**

Professionals identified several issues relating to unmet special educational needs and disabilities (SEND). Unmet SEND support was often described as a factor negatively impacting on children and young people's mental health, particularly where there were unmet Social, Emotional and Mental Health (SEMH) needs identified.

'[In] children with disabilities SEND mental health is exacerbated due to lack of support'

'Children may be on the SEND register for SEMH reasons but I feel that this is an area of SEND that is least supported and trained for.'

'Autism assessments show significant unmet needs.' – Strategic Lead

'Children who have Asperger's or high functioning autism. They lack the access to support from social care or CAMHS because they are subthreshold and don't have a learning disability as such. There's a lack of expertise around their autism.' – Specialist

- **Perinatal and parent infant mental health support**

The perinatal mental health service is small in context of birth rate, deprivation, and unmet needs, with significant funding gap in terms of being able to provide gold standard perinatal care.

'There is a service but it only supports the top of the pyramid (only 3-5% with some kind of support get any support from the service), [it] focuses on the most severe. There is also a mother and baby scheme (Better Start Bradford) but lottery funded and only covers three parts of the district. This is not sustainable and there isn't full coverage. It is a large pilot.' – Strategic Lead

This needs to be seen in the context of nationally driven developments. The Specialist Mother and Baby Mental Health service (SMABS) team is following the national trajectory for growth and is supposed to support the most severe, it is a specialist service. It should also be noted that Better Start Bradford is also part of a national scheme to provide support to the most deprived area of Bradford.

- **Dedicated support for infants**

Professionals noted that infant provision is not universally available across Bradford and Craven and currently presents a gap in provision that is likely to lead to unmet need for infants.

'There is no infant service. I work in CAMHS and the service we have is a better start service so only for a select few people and not commissioned to reach the whole population'

'So, there isn't a service infrastructure for services at the infant age. That's very much an unmet need. Most services are targeted towards parents with poor MH rather than infants with attachment difficulties. So, the only ones that cover that are the perinatal mental health services – so services that might support the parent not the infant.'

The traditional CAMHS services starts from the age of 3 upwards – and even then 3-6 is very limited at that age range.

2. Strengths in Bradford and Craven provision

Professionals who shared their views identified a number of strengths in the current provision of CYP mental health support. This includes:

- There is a consensus that mental health support in Bradford and Craven is generally good when you can access
- Pathways are clearer within crisis care*: 'Clear pathway for PTSD, self-harm (but there are waiting times). Pathways are clearer where the severity of need is higher.'* - Specialist
- Early years support good but limited: *'Early years – Little Minds Matter, a good parent/infant model run by the trust but is small and doesn't cover whole of Bradford. Working with early years models but limited pot of money so tough decisions about where to invest.'*
- Partnership working is effective in some areas: *'A positive is that there have been more meaningful partnerships between statutory services and the VCS recently. For example through Youth in Mind. This may have happened because of financial restraints on the LA/NHS but is still to be welcomed.'* - Non specialist (VCS)
- One specialist interviewed felt there was a positive coming together as a system and a willingness to see different roles a part of a whole system pathway. For example, the role of the VCS was cited as being valuable in helping to manage waiting times. One practitioner noted that the local area was ready to create a system where all children and young people did not come CAMHS – but had access to better support earlier. This has however been hindered by concerns around funding.
- Some practitioners can see increasing and more varied services – particularly voluntary and community sector and Youth in Mind work. There are also a number of promising pilots underway (although pilots result in patchy and uncoordinated provision).
- Most practitioners see a real potential in expanding work in schools – but this could be further enhanced by incorporating access to trained professionals, upskilling and advice as part of the offer to schools.
- Many felt that a real asset was the dedicated and passionate workforce in Bradford
- Once a young person accessed specialist CAMHS, provision was generally good – but it was exceptionally difficult to access.
- *'Strengths – relationships are such that there is a real willingness and commitment to look at different ways of working. But remodelling, redesigning [is] a definite challenge.'* – Strategic Lead

3. The main challenges and gaps

CYP access to mental health help

As part of our survey, professionals were also asked about their views on how easily accessible mental health support is for children and young people in Bradford and Craven. This includes access to a broad range of services including GPs, specialist CAMHS, VCS support and school-based mental health.

- **Access for CYP with emerging mental health problems:**

Professionals were asked how easy they thought children (aged 4-16) receive the help they need when they begin to struggle with their mental health. **61%** described this as either 'very difficult' or 'difficult' while **13%** felt it was 'quite easy' or 'easy'.

They were asked the same of 17-25 year olds. Just over half (**53%**) felt that it was 'very difficult' or 'difficult' while slightly more professionals felt that it was easier for young adults (16%).

- **Access support for CYP with recognised mental health problems:**

Over three quarters of professionals (76%) felt that it was either 'very difficult' or 'quite difficult' for 4-16 year olds with identified mental health needs to access the support they need. Only 5.5% thought that it was either 'very easy' or 'quite easy'. The remaining were neutral. Similarly, 68% felt it was 'very difficult or 'difficult' for young people aged 17-25 and only 7% thought it was somewhat easy.

Some of the challenges cited by professionals included long waiting times (often with multiple waiting periods), poor triaging of cases and an overall unsatisfactory referral experiences and processes. One specialist practitioner noted:

'Those children have nowhere to go, as they don't have a diagnosis but can't access specialism. 18 months to 2 years for autism and learning disabilities.' – Specialist

Some practitioners highlighted specific issues that limited access to CYP mental health provision in the Craven area.

'Would want to see more therapeutic services offered across Craven. And not expecting families to travel over an hour for support for specialist services.' – Specialist

'Some of the Bradford initiatives such as Buddying, WRAP courses didn't get filtered through to Craven. Craven a bit forgotten, perhaps.' – Non-Specialist

- **Access support for when CYP are in mental health crisis:**

Professionals were also asked about how easy they thought it was for children and young people in Bradford and Craven to access mental health crisis care. 72% thought it was either 'very difficult' or 'difficult' to access this help for 4 to 16-year olds, whereas 11% thought it was easy.

Respondents felt that it was slightly easier for young people aged 17 to 25 to access crisis mental health support, with 67% of respondents believing that it is either 'very difficult' or 'difficult'. 12% felt that access was 'quite easy' or 'very easy'.

'Crisis support – harder to filter through to Craven.' Non-Specialist

- **Parents/carer access to help for infant mental health in Bradford and Craven:**

The majority of professionals (**62%**) felt that it is 'very difficult' or 'quite difficult' for parents to access infant mental health support. Around a third (31%) felt neutral and around 8% believed it was either 'very easy' or 'quite easy'.

- **Summary of common challenges and gaps in relation to CYP access to mental health help**

Respondents identified a range of common challenges and gaps that impacted children and young people's access to mental health support across all levels of need. This includes:

- No clear front door for help which contributes to delays
- There is a lack of whole system integration and planning, including strategy, commissioning, and communication.
- There is a postcode lottery across the area and lack of consistency even within a single service provision
- There are ongoing gaps in the CYP mental health system that influences access, such as:
  - Not enough prevention or early intervention supporting emotional/psychological sub threshold needs
  - Subsequent orientation toward and preoccupation with crisis response and management
  - Poor transitional provision between child and adult services
  - System and services not culturally competent
  - Disinvestment across the system have influenced wider mental health support, particularly local authority support
- General challenges associated with the style and delivery of specialist mental health support, such as:
  - Non outreaching, engaging and CYP friendly style of service
  - Non person-centred and providing time-limited support
  - There is a lack of immediate, accessible advice and support
- The value of the VCS in terms of mental health support is underestimated
- Stigma, for CYP and their families, relating to mental health impeded engagement.

4. **<u>Capacity and demand across the CYP mental health system:</u>**

There is a perception that there is not enough resource to meet high and increasing demand. Many professionals felt that there has been prolonged and significant under-funding of the children and young people's mental health system.

'There used to be something called BAS (Bradford Autism Support) but there is a gap there now.' – Specialist

'Looking at relative spend on mental health services, more [is being] spent on adults, leaving not a lot for children. This is evident in key performance measures in CAMHS: LAC very poor, has been for some time. Simply not capacity in the system' - Strategic Lead

'Craven isn't as well-resourced and is a huge geographical area. Every service travels so much but is expected to travel and still deliver the same amount of support. There is not a lot of transport on offer.' - Specialist

- **The impact of school nursing service divestment**

A couple of years ago it was decided that school nurses ought to do the referring to CAMHS, because GPs do not have the time to have the proper conversation with the children and young people. According to professionals, school nurses were like care navigators for children and young people and went to consultation sessions to discuss children needing support. This worked well. However, in recent years, the level of support offered by them has reduced due to the reduction in the numbers of school nurses in recent years. One interviewee noted that:

'There is a gap in school nurses. Only 12 nurses across [the] whole of Bradford. There have been massive cuts to school nurses and health visitors. i.e. nurses covering 2-3 secondary schools each when each school needs some pastoral support. But there is a strategic will to push this.' – Strategic Lead

- **High thresholds**

Many professionals who shared their views described rising and high thresholds and involve a range of exclusion criteria. This has been described as a 'defensive' system where demand is currently exceeding capacity.

"Quite a lot of activity feels like (and is described as') being focused on almost stopping CYP getting help – and that's not to say that staff aren't working hard and that there's not lots going on but the system is focused on that type of defensive activity" – Non-specialist

Bradford has a very high threshold and there's a very high level of need in Bradford. Cos there's a lots of Physical health needs and emotional need; and it seems to be very difficult to get a EHCP" – Specialist

- **Workforce challenges**

Some professionals suggested there were workforce gaps and challenges which impacted staff's ability to effectively triage and manage cases. There was a perception that caseloads are too high and that staff feel they often lack the time and are carrying a high level of risk.

"The authority is stretched at the moment, there isn't a full capacity of staff to meet the need required and there's a massive turnover of staff." – Specialist

"Workers being overloaded with cases therefore frequency of sessions not regular enough to make sustainable change." – Non-specialist

"Specialist support having waiting lists that make the service feel inaccessible and they are carrying a lot more risk as well." - Specialist

An interviewee raised concerns about the lack of staff specialising in treatment for children and young people with complex needs, such as those with special educational needs (SEN) and trauma.

'There is a very small amount of staff who can do the really complex cases – SEN and trauma and parenting problems – not enough resource for workers in this important area.' – Specialist working in statutory services

One professional felt that there was not sufficient representation and diversity within the mental health workforce in Bradford and Craven.

"Lack of representation of protected characteristics groups within mental health field. They do not fully reflect & mirror the communities they deliver services too."- Specialist

5. Competences and capability

- **General whole system lack of common understanding of CYP mental health**

Professionals who were interviewed as part of the review described a lack of common language and understanding of CYP mental health across the system.

'Not a good understanding of mental health problems or off the therapies that can help, and what therapies are available to children.' – Specialist

- **A lack of whole system training**

Several professionals who took part in the review felt that the training offer across the CYP mental health system was both inconsistent and inadequate. This has resulted in insufficient upskilling and capacity building of particularly those working outside of specialist CAMHS.

There were also references to the need for improved training in specific areas, such as in trauma-based responses. One practitioner suggested there was a need for an ongoing offer of training across a range of topics.

'Regular ongoing in-depth training around specific issues - self harm, dealing with adolescents with mental health issues, anxiety, working with young people around anger and emotions' – Non-specialist

- **Building and strengthening capacity of non-clinical staff**

Many professionals felt that the capacity across the CYP mental health system could be boosted by improving the competences and capabilities of non-clinical staff. Staff working in schools and colleges were especially identified as requiring more support to help build their skills and better integrate them into the system. One interviewee felt that the roll out of mental health support teams (MHSTs) presents an opportunity to address this. Other professionals noted:

'Schools need some support to be equipped to make the right referrals or be taken seriously by the agency receiving referrals.' - Specialist

'For teachers - not receiving appropriate training to spot the signs of anxiety or other mental health issues. In addition, training to then deal with these signs.' - Specialist

'Moving towards an idea where an education professional's opinion is taken seriously will need more training and skill building for professionals.' – Non-Specialist (education)

6. Governance

Professionals expressed some concerns about strategic and commissioning decision-making in Bradford and Craven. It was noted that there has been a lot of work to better streamline and integrated decision-making.

'It is getting there. Before they had a MH partnership board which was focused on adults. Future in Mind was a lot more operational. There's now a dedicated children's mental health partnership board which look beyond the spending of Future in Mind monies and looks more at children's mental health more widely.' – Strategic Lead

On Mental Wellbeing Partnership Board *'CEO of care trust chairs the board which is a bit of a conflict.'* – Strategic Lead

A couple of professionals interviewed highlighted that governance arrangements were not as effective as they could be in terms of strategic planning in the Craven area.

'Governance is where there is the most disconnect. North Yorkshire in complex when it comes to feeding into health-led areas of governance. There are multiple STPs and CCGs, which is complex. The Craven CYP partnership looks into North Yorks perspective but isn't locked into and doesn't feed into the wider Bradford CCG governance work. It is quite complex trying to feed into health-led governance from North Yorks routes.' – Strategic Lead

'The rurality of craven presents its own challenge. There is an assumption that rural cyp might use more online stuff, e.g. Kooth. But this is not clear from the Kooth figures. In Craven, you have to work much harder to bring people together (both system stakeholders and families). There is a commissioning disconnect between County Council and NHS authorities. They have to work harder to bring about coordinated commissioning. Some services experience high staff turnover. Craven is a rural area where it's hard to attract new workers. They are normally drawn from Harrogate or Bradford.' – Strategic Lead

'Feels that individual governance within care trust etc. is putting children's mh at the forefront. Not sure how robust the children's arrangements have been. Thinks they ask questions, demand information, but haven't been fully engaged in a 'ward to board' type of approach.' - Specialist

7. Outcome tracking

The mental health system in Bradford and Craven is overall is weak on outcomes and in capturing what is the ultimate benefit of these services. Across the system, there are a range of tools used:

- Friends and family test
- Compliments and complaints
- STAR measure
- Goal-based outcomes
- Pre and Post measures such as Strengths and Difficulties Questionnaire (SDQ).

'There is far too much of a preoccupation with waiting lists. We do not catch the outcomes of NHS services well and sometimes we are making decisions based on the data we have, rather than what is real or actual. There is a big lack of data on the VCS sector.' - Specialist

One interviewee noted they need to be much more ambitious and aspirational in regard to the outcomes they are measuring. They say obsessing over measuring how quickly we can get someone to the top of the waiting list is very limiting. In other places they are aiming to have no child in inpatient care , which is much more ambitious and really focusing on a preventative approach to mental health problems. They think that they should try and reduce the demand for CAMHS and have a far stronger non specialist approach in universal services children and young people use.

'The aim would be that there is no waiting list for CAMHS and that CAMHS actually shrinks because not many children and young people need it anymore. Because they have been helped much sooner and prevented from getting on mental illness in the first place.' - Strategic lead

'As system tracking outcomes is something we are not good at. It is inconsistent. We have narrative and anecdotal but in terms of hard facts on child recovery we don't have this as a system. We are playing in the dark a little bit. The system needs to agree a core set of common measures that we use and use robustly.'– Specialist

'There is not enough time to celebrate good practice.' - Specialist

- **Proposed solutions for outcomes tracking:**

Most professionals wanted outcomes to be tracked through systematic and regular tracking of CYP/parent/carer and professional feedback and experiences. They would like results from this tracking to inform whole system planning and problem solving.

One professional felt that hospitals should be set and need to meet targets for providing CYP support.

"They only act when they have targets on them e.g. 4 hours to get to A&E. [There] needs to be a target for all CYP on the waiting list for mental health and ASD support."– Non-specialist

8. Key changes seen in the last three years:

- **Some increases in provision**

Several professionals noted that there were some hopeful investments made over the last three years that has increased provision, including the development of new services such as Youth in Mind and Kooth.

'Buddies had received 1684 in 2020: 'We are not tinkering around the edges here; this isn't a service that is taking 50-60 referrals. We are outstripping the number of services to specialist services.' – Non-specialist

Some of these initiatives were welcome but had be driven by a pilot or short-term funding, such as Little Minds Matter project, which may not be sustainable in the long-term.

Recent approaches to eating disorder care and crisis provision through Safer Spaces were also welcomed changes by professionals. Professionals also saw a lot of potential in evolving school and college-based mental health support.

- **Improved partnership working**

Partnership and multi-agency working have improved over the last three years according to some professionals consulted.

`*Links with Community services, such as Youth Service, it works as a model.'*– Non-specialist

- **A decline in/or reduced services**

A significant number of professionals felt that the one of the biggest changes to occur over the last three years was the reduction in services for children and young people. This was largely the result of chronic funding challenges experienced across key agencies, particularly in relation to the local authority budget. This reduction in services was also cited as a factor in the increased and long waiting times for support from specialist mental health services.

"We are trying to manage increased demand for services after 10 years of austerity and service cuts." – Strategic Lead

Reduced support for children looked after and care leavers:

Professionals cited particular challenges around the support available to children looked after, adopted children and care leavers. Services aimed at this group have been struggling to manage demand effectively due to frequent changes of social workers, conflicting demands due to the prioritisation of Ofsted improvement and rising numbers of children coming into contact with social care services according to professionals. Two professionals noted:

'Have seen reductions elsewhere in the system which impacts CAMHS. Used to have more LA social workers collocated alongside CAMHS. Losing relationships with local authority which affects capacity to deliver. Both to provide but to work across organisations.'

'Looked After Children services were more integrated in the past. Social care pulled staff out of team due to resource. This has impacted the services due to loss of ability to discuss / peer support. Shared responsibility on risk has been lost as a result. New process now for consultation.' – Specialist

9. Suggested improvements

Professionals shared a range of solutions to help improve outcomes for children and young people cross the system.

Most commonly referred to suggestions:

a) A more whole-system collaborative, consultative and upskilling model of working supporting broader professionals, CYP and families. Support should be delivered out of multiple community portals/hubs
b) Accessible location and improved style of help was considered crucial. This involved:
    - Personalised/face to face/holistic/user shaped help
    - Located in familiar and accessible places and at accessible times for CYP/families (outreaching)
    - Providing immediate advice and support with signposting on where necessary
    - A non-medicalised model and approach
    - All age-model
c) Immediate/timely, accessible and locally provided advice and support offering a menu of options (including face to face, digital) – with support offered while they wait should they need more help
d) A more joined up whole-system approach, including on strategy development
e) Improved prevention and early intervention provision
f) Improved roadmap for support with better strategic communication and transparency
g) Support needed via schools with more training of staff, more support for whole school approaches, more counselling. Play therapy and support for children with SEND, behavioural and complex needs support to be available as part of this

- A need was identified for better communication and joint working between schools and CAMHS/others
- A need was identified for more effective curriculum supporting social and emotional competences in CYP (through PSHE)

h) Improved investment in the whole system (rather than just piecemeal commissioning)
i) Parenting support and family interventions need to be more widely available.

Least commonly referred to suggestions:

j) Improved whole system joined up commissioning and coordination of activity to create a series of whole system pathways
k) More direct access to trained and expert assessment, advice and help for those with sub threshold and psychological difficulties to improve and support de-escalation. This expertise should be more closely and systematically integrated with front line support (and not based in a clinic)
l) Improved and more expert triage through a single point of access and clearer front door
m) More proactive crisis/out of hours support for CYP and families
n) Improved confidence and competences among workers to help them effectively talk about mental health issues and to develop a shared language across the whole system
o) Greater promotion and awareness raising of mental health and wellbeing.

6. Resource and spending across the CYP mental health system in Bradford and Craven

There is currently no central system for recording and tracking investments and spend across the CYP mental health system in Bradford and Craven. This presents a huge challenge in understanding where resource is required and in making decisions about future investments and efficiencies. The transparency and status of the budgets held by the local authority, CCG, and wider partners (such as schools) should become a critical consideration for partners in light of future demand and further public sector spending pressures.

The importance of clear joint local agreements about a commissioning approach, commissioning priorities, outcomes measurement and the management of low volume, high cost episodes and joint funding became increasingly clear to us.

The below is based on what information we were able to source based on annual analysis conducted by the Children's Commissioner for England and NHS CAMHS Benchmarking.

- **Overall budget:** The Children's Commissioner for England has been tracking and benchmarking CCG spend on children and young people's mental health services nationally since 2015/16.
  The overall budget for CYP mental health services in Bradford and Craven has increased by 34% since 2015/16. *Future in Mind* transformation monies have largely contributed to this.[11]
- **Spend per head:** In 2018/19 CCGs nationally spent, on average, £59 per child on specialist children's mental health services. This is an increase of £5 per child in cash terms (up from £54 in 2017/18).
  - Despite the increase in overall spend on CYP mental health services, Bradford District's spend per head is lower than the national average at **£48 per head** across Bradford and Craven.

- **Cost per appointment:** According to the NHS CAMHS Benchmarking report 2018/19, the cost per specialist contact is higher than national average (£476 in Bradford compared to £256 for the national average). This may be due to the nature and management of complex cases, or where there is a significant mental health comorbidity.

Over the last three years, there have been a several changes to the CYP mental health landscape in Bradford and Craven. This information was provided by Bradford District and Craven CCG and City of Bradford Metropolitan District Council.

Investments:

- Significant investment into new initiatives by the CCG and providers through Youth in Mind and Kooth.
- Mental Health Champions in schools as part of the Schools Link pilot has seen a 68% increase in investment between 2018/19 to 2020/21.
- CCG overall funding for the voluntary and community sector rose by 27% between 2018/19 and 2019/20.
- Significant investment over the year in training, system support and awareness raising initiatives (from £35,739 in 2018/19 to £135,000 in 2019/20). This primarily went towards the development of the Healthy Minds Directory platform, establishing all

[11] https://www.childrenscommissioner.gov.uk/publication/the-state-of-childrens-mental-health-services/

children and young people VCS providers with the ability to feed data to the NHS Mental Health Data Set (MHSDS) and use a shared outcome and measurement tool (MYMUP/RCAD and SDQ), eco-mental health, extra counselling hours and awareness raising work carried out by the VCS.

- Non-recurrent funding of £167,000 to BDCFT to manage their waiting list.
- £110,000 to the VCS for the youth crisis café in City Centre, Toller Lane and Shipley hub.
- Specialist CAMHS delivered by BDCFT has seen a small increase of 2% over this 3-year period.
- Family Action was awarded £166,722 by the Department of Health and Social Care as part of the VCSE Health and Wellbeing Fund – cover 3-year period starting March 2020.This project brings together and has expanded existing therapeutic services and trauma support (CALM Service) for children and families in Bradford delivered by Family Action, Relate Bradford, Step 2, and Sharing Voices.

- **Divestment:**
  During the same period, there have also been significant disinvestment in local authority spending in the CYPMH system. This includes reductions to counselling provision, school nursing and health visitors and changes to local authority contributions to the LAAC pathway.

  Local authority divestment:

  Context: Like all Councils, Bradford Metropolitan District Council has had to reduce spending increasingly over the last few years due to the impact of the Government's austerity programme. Since 2011, Bradford Council has announced cuts of £262m while meeting rising demands for services. In this current financial year, the Council's spending power is equivalent to half of what it was in 2010. This has meant that the Council has had to rethink its spending plans and make tough funding decisions.

  - **School nursing and health visiting:** Since the financial year 2016/17, there has been an overall reduction of spend on the local authority 0-19 pathway covering health visiting and school nursing. This amounted to reduction of £5,172,879, with around £3,000,000 being withdrawn since 2018/19 (equivalent to a 30% reduction).
  - Stakeholders engaged as part of the review felt that this decision had gravely impacted on these services' ability to effectively respond to emerging or low-level mental health needs.
  - In addition, due to an inadequate Children's service Ofsted rating in 2018, the local authority started to tighten and improve its social care provision for children and young people. This has meant that in the School Nursing Service, in order to respond to the increasing enquiries made of the service from Children's Social Care (primarily in relation to safeguarding cases), a further 6 WTE School Nursing staff are needed to meet this demand each working week. The incremental impact over the last couple of years has put further pressure on the essential emotional wellbeing and pastoral role of school nurses. This has further reduced resource available to meet the lower level emotional support school nurses could also provide.
  - **Changes to the Children Looked After and Adopted Children (LAAC) team:** In 2018, there was also a Local Authority decision made for co-located staff to move to the 'through care' team within the local authority. The Children Looked After and Adopted Children (LAAC) team on the LAAC pathway therefore reduced by 21% in capacity based

on WTE. As noted earlier and from feedback gathered from stakeholders, this decision likely impacted the capacity of the team and resulted in longer waits for patients.

- In 2015, £352,000 was taken out of the specialist CAMHS budget for low level mental health support. This resulted in a gap in provision and a loss of skilled staff which had a serious impact on the waiting list and time for children and young people. The Future in Mind funding in 2016 subsequently plugged this gap but the service has never recovered from this.
- **Impact of youth service budget reductions:** In the same year, there were cuts made to the Youth Service which resulted in funding being withdrawn from The Buddy service (one to one support). This was replaced by funding via the Future in Mind pot (£247,750 current annual cost).
- **Substance Misuse Service:** In late 2019, CAMHS Substance Misuse Service (a prescribing service) was decommissioned by the Council because no individuals were being prescribed opioid substitutes. This reduced BDCFT's budget by £77,336 p/a. This support is now being delivered through arrangements with an adult provider should a child or young person require this treatment.

- **Savings:**

BDCFT have been working with NHS England to develop new models of care to support children and young people accessing Tier 4 (inpatient) mental health care. As a system, financial savings were made which have been reinvested into the service to increase the Intensive Home Treatment offer for children and young people. More importantly, children and young people have been supported to remain at home and in school or have reduced lengths of stay in hospital. Further work is required to gain a comprehensive understanding of savings incurred and where this has been reinvested.

7. Recommendations

1. Leadership, commissioning, and strategy:

i. Commit to a whole system approach to children and young people's mental health in Bradford and Craven that establishes support across a spectrum of need.
   - This approach should set out how it will meet the needs of all those aged 0-25, in line with national policy initiatives.
   - This should also be underpinned by a framework that promotes improved strategic leadership and planning and a clearer roadmap highlighting different levels of multi-agency and sector support, more integrated multi sector partnership working and improved transparency.

ii. Investment needs to be made across the whole system, especially in preventative and early help services. Where a new investment is made, funding should not be withdrawn from other children and young people's mental health support services.

iii. Commissioners across the Bradford and Craven area should work together to align and simplify commissioning and governance arrangements across the CYP and young people's pathway.

To put the strategy into action:

vi. There is a need to bring multi sector practitioners, children and young people and parents/carers together to work on whole system pathways supporting people with different levels of need.

vii. There is a need to create service delivery solutions and models that routinely bring multiple sector providers together – particularly to discuss children with complex needs.

viii. Young people and parents and carers need to become a routine part of the governance, strategic planning, problem solving and review structure

ix. Performance management arrangements should link directly to the achievement of the strategy.

x. Improved outcomes tracking and feedback is required – drawing a common whole system approach together and placing CYP, family and professional feedback at the centre of measuring how successfully the system is operating.

2. Understanding the needs of children and young people: Data and insight

i. Develop a logic model for change[12] setting out what outcomes they want to improve (short, medium and long term). This will enable a clearer sense of what outcomes the system hopes to achieve and can also be used as a tool to track progress over time.

ii. Agree a set of baseline targets and desired outcomes when commissioning a new model.

iii. Develop a shared set of principles and a common approach to data collection across the whole system for 0-25's mental health.

iv. To improve data collection and quality, all universal, targeted and specialist services should demonstrate compliance with a basic minimum dataset determined by a multi-agency group which includes the points below, in order to enable commissioners to assess impact, quality and value for money.

[12] The Evidence Based Practice Unit has produced a step-by-step guide on how to complete a logic model: https://www.annafreud.org/media/5593/logic-model-310517.pdf

v. Create and agree a dashboard locally for establishing baseline reach with young adults and a system for collecting data pertaining to young adults routinely.
vi. Configure recording systems to support the overarching children and young people's mental health pathway and develop a training plan to support practitioners to use it.
vii. Prioritise and invest in SystmOne work improvement to enhance the accuracy of user data and improve the capability of the system to support the recording of outcomes.
viii. Draw on the forthcoming children and young people's outcome framework (being developed by Public Health England) to agree a set of shared indicators across the CYP mental health system to identify system-wide trends and outcomes.
ix. Use the whole system data that is routinely and regularly collected to review progress.
x. The CYP mental health system should consistently seek and use children, young people, parent and carer insight and feedback to enhance understanding of need and outcome. This framework could build on the 'You're Welcome' initiative developed by Bradford Council.

3. Access and navigation

i. Develop an integrated multi-agency 'front door' – involving access to an expert multi agency triage team.
ii. Create a clearer and more accessible map of what the menus of choices are – and what CYP can access while they wait, if necessary.
iii. Easy and swift access to advice and help (including for schools/colleges other professionals), in accessible locations. The roll out of Mental Health Support Teams (MHSTs) in Bradford city present a good opportunity to explore this.
iv. Specialist CAMHS should prioritise reducing missed appointments, including Did Not Attends and cancellations. The service should explore the implementation of the Choice and Partnership Approach which has been shown to reduce waiting times and missed appointments.[33]
v. The Safer Space Review that is currently underway should consider the findings of this report, including feedback from parents/carers about their access to crisis provision for their child or young person.

4. Model of support

i. Support should work out of multiple community portals/hubs, involve multi agency problem solving to address children and families' needs and to upskill a wider range of professionals through advice, consultation and joint working, supported by direct access to trained mental health professionals.
ii. There is a need to shift towards the effective use of specialist and consultative expertise to support and upskill community-based practitioners rather than solely focussing on clinic-based delivery.
iii. More support is needed via schools/colleges with more training of staff, more support for whole school approaches (including consistent building of resilience through PSHE), more counselling and play therapy. There is a particular need for improved support for children with and families managing SEND, behavioural and complex needs.
iv. A significant proportion of children and young people said they would turn to online support for their mental health needs. This was particularly the case for children and young people from BAME backgrounds. Commissioners should therefore consider expanding and raising awareness of the digital offer locally.
v. Family based approach: There was a strong need articulated for strengthened parenting support and family intervention.
vi. The children and young people's mental health system should learn and adapt from the ways services have responded to the Coronavirus crisis.

Learning from innovative responses to the Covid-19 pandemic:

Practitioners delivering mental health support in Bradford and Craven have introduced some changes in the way they offer help as a result of the pandemic. Many of these adjustments have started to show promising and effective results that may continue after the lockdown ends:

All-age crisis helpline.
Key worker doorstep visits to families to be able to pick up and address needs.
Children's social prescribing service has been conducting appointments by telephone, providing email advice and keeping in touch with various community groups virtually.
One organisation has repurposed all face to face wellness interventions to an easily accessible digital offer for children and young people aged 7-17, this includes Skype, Google Classrooms, Hangouts and telephone calls, these are utilised to provide wellbeing check ins and general needs capturing, counselling and information and advice.
Delivery of 150 tablets with Wi-Fi for children and young people who were digitally isolated.
Care packs have been developed by the Youth Service covering topics such as anxiety, low mood and grief.
Support and frequent visits to a large number of young people who are care leavers aged 16-24 who are living in their own tenancies.
Providing more education and skills to other professionals in managing low risk scenarios, supporting parents in the home environment and more education in schools to avoid crisis and unnecessary hospital attendances and admissions.
Parent/carer support work offered by Safer Spaces (Tower Hurst) and Sharing Voices.
Targeted support for children, young people and families from Black and Minority Ethnic communities delivered by Sharing Voices, Girlington Centre and Youth Service working with community organisations.

Examples of new or alternative models of CYP MH support:

Examples of new and good practice models

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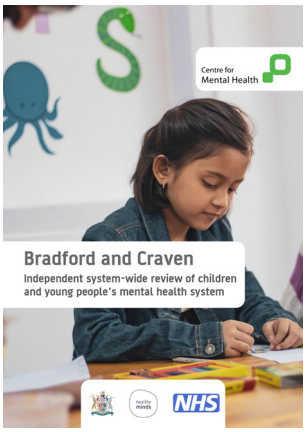
Bradford and Craven:

Independent system-wide review of children and young people's mental health system



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Mental Health Partnership

Children and young people

Governance and roles

Programme Charter: C&YP Mental Health Programme

Our vision:
Brighter futures for children and young people to thrive and achieve their potential.

Context:
Mental health problems often develop early. According to the NHS Long Term Plan, between the ages of 5–15 one in every nine children has a mental disorder. Half of all mental health problems are established by the age of 14 and three quarters established by 24 years of age.

Bradford's district's population is a young one, with the fourth highest proportion of under 16 year olds in England, with a number of local risk factors that increase the likelihood of poor mental health. In addition, the overall child population is set to increase by a further 5.5% by 2025. The 10-14 age group, a key age group for the onset of mental health difficulties, is projected to grow by 10.2% in the next 10 years.

Problem statement:
Children, young people and families in Bradford and Craven find it difficult to get help at an early stage if they are experiencing mental health issues. Accessing help when children and young people are experiencing mental distress is also reported to be difficult.

Children, young people, families and professionals have told us that there is insufficient early intervention and prevention approaches for children and young people locally, and a lack of consistent school based support, which often leads to our specialist services and crisis support being the default offer. Additionally, children and young people often face delays and long waiting times to access the support they need.

In Scope

- Early mental health intervention
- Social care, education and health
- Children in vulnerable situations
- Specialist mental health
- Crisis support including A&E/Hospital
- Age 0-25
- Perinatal Mental Health

Out of Scope

- Autism assessment
- Tier 4 level CYPMH

Overall aim: To work as a whole system to promote, protect and improve children and young people's mental wellbeing to enable them to thrive and lead full, happy and healthy lives.

Promoting resilience, prevention and early intervention
We will work together with schools, communities and universal services to promote good mental wellbeing, building knowledge and skills around emotional resilience and self-care. We will take early action to prevent mental health problems from developing and support children and young people as soon as any problems arise.

Improving access to effective support: a system without tiers
Children, young people, parents and carers will be able to access a range of mental health support via a new, easy to navigate, single multi-disciplinary pathway. We will ensure children and young people have access to the right support at the right time, and they have choice and control over how, where and when that support is provided.
We will reduce waiting times for services and offer alternative provision for those who are waiting to prevent the escalation of needs wherever possible.
We will have a robust, multi-disciplinary crisis response offer for those who need it and a coordinated care and support response for children, young people and families following a crisis.

Care for children in vulnerable situations
There will be a clear joined up approach for those children, young people and families who need further support, may have a greater risk of developing mental health problems or may find it more difficult to access help. We will ensure services provided are evidence based and coordinated, so people do not fall between gaps in provision.

Leadership, accountability and transparency in commissioning and delivery of services
We will establish governance and programme structures to facilitate a system wide coordinated approach to improving children and young people's mental health, a collaborative approach to commissioning, accountability and effective decision making supported by clear data, insight and outcome measures.
The voice of children, young people and families will be heard throughout our governance and decision making structures, supporting effective solutions to the problems identified, led by the young apprentices.

Developing the workforce
We will develop and maintain a skilled, confident, integrated workforce across our partnership that can provide a diverse range of high quality, evidence based services centred on the needs and aspirations of children and young people.

Quality Impact

For CYP and families:
Open access, flexible support without barriers
Choice of approaches and promote control
We are outcomes focussed based on CYP self-defined needs
Our services and support provide hope, encouragement and good health

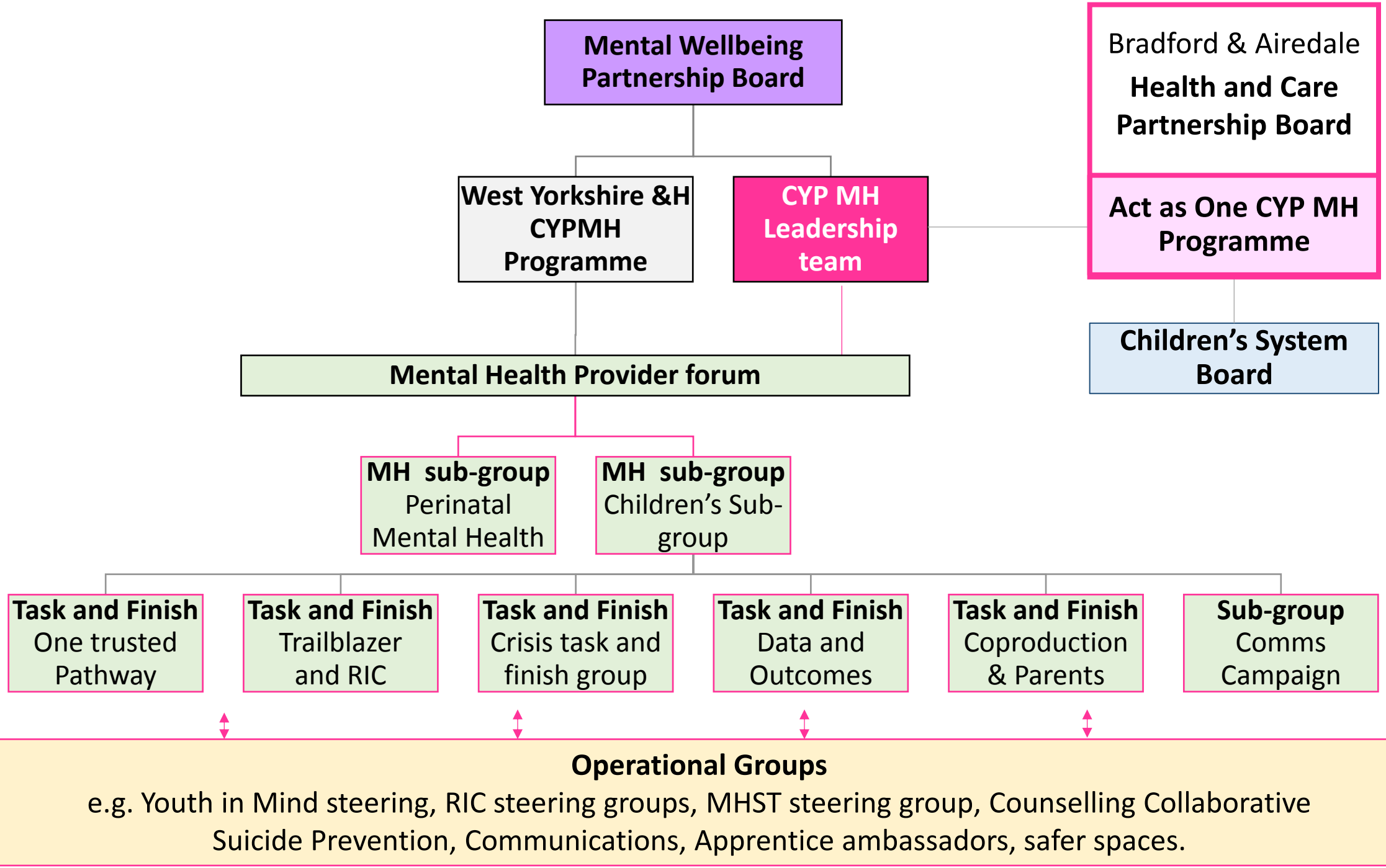
For staff
We support our workforce to feel confident, skilled and empowered to deliver high quality evidence based care that is safe, flexible and responsive to needs.

Measurements

Description of Measure	Baseline	Target by:
School readiness (attendance, attainment) Exclusions, detention/isolation/restriction/NEET/YOT/EHCPs School survey, resilience, physical activity Children living in poverty, care leavers, children in care, placement stability. BAME CAMHS referral, access and waiting Self-harm presentations and admissions , A&E conveyance Prescribing/SMI/ED, Hate crime index, domestic abuse Crisis services – safer spaces, First Response, s136 Community / parental engagement	System wide baseline measures to be established across CCG, LA, Social Care, Public Health, BDCFT	To be scoped and target date to be confirmed

Mental Health Governance

Governance level	Role	Membership type	SRO / Lead	Members	
Partnership Board	• Setting strategic direction • Understanding need • Accountability and risk • Decision making and resource allocation	Director and exec level, SRO	Helen Hirst (WY) Therese Patten (Place) Admin: Sheron Jarret Board support: Ash Alom/Gordon Todd	BDCFT – CEO/COO BDCFT – SRO - CYP, WY ICS / CCG (Director/AD) BTHFT AD LA – AD PH – Consultant GP / Primary care CP/PC VCS Mental health provider chair Apprentice/Lived experience	Therese Patten / Patrick Scott David Sims Helen Hirst / Ali Jan, tba Sarah Turner Irfan Alam, Jane Wood Duncan Cooper Angela Moulson Helen Davey tba
Leadership team	• Programme management and support • Transformation programmes (CYP, Crisis, Community) • Assurance • Reporting	Clinical, senior and associate director/ managerial leads	David Sims (CYP) Admin (Catherine Smith/officers)	CYP leadership team David Sims, Irfan Alam, Helen Ioannou, Ali Jan Haider, Sasha Bhat, Mark Hindmarsh, Joanne Tooby, Duncan Cooper, Kay Rushworth Krystal Hemingway, (KH), Apprentices x 3, Dawn Lee Sub-group chaired by KH	All age leadership team Angela Moulson, Kelly Barker, Nadia Khan, Duncan Cooper, David Armitage, Helen Davey, VCS+ vacancy x2, Ishtiaq Ahmed, Gordon Todd, Lucy Clews, Kris Farnell, Louise Atherton
Provider Forum	• Operational steer • Information sharing, insight and intelligence • Co-production	Provider and programme management	Kelly Barker (BDCFT) Helen Davey (VCS) Nadia Khan (Care) Richard Fawcett (CYP)	Co-chaired by Kelly Barker and Helen Davey All provider members Counselling Collab, BAME Collab, OPMH and Perinatal MH group	
Operational delivery	• Operational delivery • Task and finish	Delivery and programme lead	Provider led Admin (Providers)	BDCFT and providers	


Mental Wellbeing Partnership Board
Bradford & Airedale Health and Care Partnership Board
West Yorkshire &H CYPMH Programme
CYP MH Leadership team
Act as One CYP MH Programme
Children's System Board
Mental Health Provider forum
MH sub-group Perinatal Mental Health
MH sub-group Children's Sub-group
Task and Finish One trusted Pathway
Task and Finish Trailblazer and RIC
Task and Finish Crisis task and finish group
Task and Finish Data and Outcomes
Task and Finish Coproduction & Parents
Sub-group Comms Campaign
Operational Groups
e.g. Youth in Mind steering, RIC steering groups, MHST steering group, Counselling Collaborative Suicide Prevention, Communications, Apprentice ambassadors, safer spaces.

Covid19

Outbreak Control Board

Public Service Executive

Health & Care Silver

Bronze work streams

* Includes mental wellbeing partnership and community partnerships

Wellbeing Board

Executive Board

Health & Care Partnerships *

System Programmes

- Ageing Well
- Heart Disease
- Respiratory
- Diabetes
- Access to Care
- CYP MH
- Better Births

System Enabling Strategies

- Workforce
- Digital
- Estates
- Population Health
- Communications
- Engaging People
- Living Well
- Prevention & Early Help

System Committees

- Finance & Performance
- Quality
- Clinical Forum
- Strategy

ICP Development

- Leadership
- Governance & Decision making
- Resourcing and supporting our partnership

In the context of wider partnerships

Wellbeing Board

Infrastructure Support

- Public Service Executive Group
- Scientific Advisory Group
- Shared Comms and Engagement
- community voice and influence
- Equalities
- partnership secretariat/ support

Social, economic, and environmental wellbeing of the population

Strategic Partnerships

- Childrens System Board
- Cultural Place Partnership
- Economic Partnership
- Health & Care Executive Board
- Safer Communities Partnership
- Stronger Communities Partnership
- Sustainable Development Partnership

Themes across all partnerships

- Reducing inequalities
- Prevention & Early Help
- Asset based community development approach

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Corporate Parenting Panel 2020/21 Forward Plan

Conservative	Labour	Lib Dem
Cllr Dale Smith	Cllr Carol Thirkill (Chair)	Cllr Susan Knox
	Cllr Adrian Farley (Dep Chair)	
	Cllr Angela Tait	
Alternates	**Alternates**	**Alternates**
Cllr Mike Pollard	Cllr Sarfraz Nazir	Cllr Brendan Stubbs
	Cllr Nussrat Mohammed	
	Cllr Mohammed Shafiq	

Non-voting Co-opted Members	
Inspector Kevin Taylor (awaiting replacement)	West Yorkshire Police, Partnerships
Sue Lowndes	Education and Learning Strategic Manager, Education
Jude MacDonald	Designated Nurse – Safeguarding Children and LAC, CCG Collaboration
The Chair of the Children in Care Council	

CORPORATE PARENTING PANEL

Date and Venue	Type of Meeting / Venue	Agenda Items	Lead Officer / Report Author	Deadline for report to DD/AD	Chair's briefing	Report deadline to Secretariat	Publication of Papers
29th June 2020	**City Hall**	• Report of the Virtual School on education for CLA children who are not in education pre and post 16. This report to include a summary on education for CLA during the COVID crisis	**Jonathan Copper**	**5th June**	**9th June**	**16th June**	**19th June**
		• Reg 44 report directly to the Chair . Suzanne Lythgow to joining the meeting for a report on Children's Homes during the COVID crisis	**Suzanne Lythgow**	**5th June**	**9th June**	**16th June**	**19th June**
		• Report on social work arrangements during the COVID crisis • Progress in relation to the key issues raised in the Ofsted report and the Improvement Plan	**Irfan Alam**	**5th June**	**9th June**	**16th June**	**19th June**
		• Report on support for Care Leavers living independently during the COVID crisis,	**Kirsty Askew**	**5th June**	**9th June**	**16th June**	**19th June**

		including and update on digital inclusion in this group					
Date and Venue	**Type of Meeting / Venue**	**Agenda Items**	**Lead Officer / Report Author**	**Deadline for report to DD/AD**	**Chair's briefing**	**Report deadline to Secretariat**	**Publication of Papers**
20th July 2020	**Business Meeting Committee Room 1 City Hall**	• Appointment of Co opted Members	Chair	1st July 2020	2nd July 2020	7th July 2020	10th July 2020
		• Regional Adoption Agency: Annual report for Bradford focusing on the achievements and the challenges.	Michelle Rawlings One Adoption West Yorkshire	1st July 2020	2nd July 2020	7th July 2020	10th July 2020
		• Children Placed out of Bradford: Report on the numbers of children; services offered; challenges and sufficiency plans	Mark Trinder (Deferred to Sept)	1st July 2020	2nd July 2020	7th July 2020	10th July 2020
		• Citizenship and Passports update with a focus on Brexit planning	Rachel Curtis	1st July 2020	2nd July 2020	7th July 2020	10th July 2020
		Forward Plan	**Lead Officer / Report Author**	**Deadline for report to DD/AD**	**Chair's briefing**	**Report deadline to Secretariat**	**Publication of Papers**
7th September 2020	**Meeting to be held remotely**	• Wi Fi Access & Mobile Connectivity for YP	Emma Collingwood	12th August 2020	19th August 2020	25th August 2020	28th August 2020
		• Children Placed out of Bradford: Report on the	Mark Trinder (Deferred from July 2020)	12th August 2020	19th August 2020	25th August 2020	28th August 2020

		numbers of children; services offered; challenges and sufficiency plans					
		•		12th August 2020	19th August 2020	25th August 2020	28th August 2020
		Forward Plan	**Lead Officer / Report Author**	**Deadline for report to DD/AD**	**Chair's briefing**	**Report deadline to Secretariat**	**Publication of Papers**
2nd November 2020	**Meeting to be held remotely**	• Head of QA and Safeguarding annual report to include IRO/CP/Audit	Amandip Johal	7th October 2020	14th October 2020	20th October 2020	23rd October 2020
		• Corporate Services : Corporate Parenting Report	Joanne Hyde	7th October 2020	14th October 2020	20th October 2020	23rd October 2020
		• Report on Emotional and Mental Wellbeing of Looked After Children	Sasha Bhat	7th October 2020	14th October 2020	20th October 2020	23rd October 2020
		Forward Plan	**Lead Officer / Report Author**	**Deadline for report to DD/AD**	**Chair's briefing**	**Report deadline to Secretariat**	**Publication of Papers**
18th January 2021	**Meeting to be held remotely**	• Viewpoint- what are young people telling us: Report and discussion	Amandip Johal	23rd December 2020	30th December 2020	5th January 2021	8th January 2021
		• Report from the Homelessness Review	Kirsty Askew	23rd December 2020	30th December 2020	5th January 2021	8th January 2021
		• Leaving Well App feedback on views	Amandip Johal	30th December 2020	5th January 2021	8th January 2021	23rd December 2020

		• Corporate Parenting Report: Place	Steve Hartley	30th December 2020	5th January 2021	8th January 2021	23rd December 2020
		• Children's rights and advocacy services	Amandip Johal	30th December 2020	5th January 2021	8th January 2021	23rd December 2020
		• Sufficiency Strategy	Irfan Alam/Mark Trinder	30th December 2020	5th January 2021	8th January 2021	23rd December 2020
		Forward Plan	**Lead Officer / Report Author**	**Deadline for report to DD/AD**	**Chair's briefing**	**Report deadline to Secretariat**	**Publication of Papers**
8th March 2021	**Meeting to be held remotely**	• Permanence	Richard Fawcett	10th February 2021	17th February 2021	23rd February 2021	26th February 2021
		• Post 16 Service	Kirsty Askew	10th February 2021	17th February 2021	23rd February 2021	26th February 2021
		• Health Services for Children Looked After: CCG and health partners	Ali Jan Haider	10th February 2021	17th February 2021	23rd February 2021	26th February 2021
		• Detailed report on Mockingbird Programme and implementation in the Bradford District	Mark Trinder	10th February 2021	17th February 2021	23rd February 2021	26th February 2020
		Forward Plan	**Lead Officer / Report Author**	**Deadline for report to DD/AD**	**Chair's briefing**	**Report deadline to Secretariat**	**Publication of Papers**
5th April 2020	**Meeting to be held remotely**	• Education report on children not in	Jonathan Cooper	10th March 2021	17th March 2021	23rd March 2021	26th March 2021

		mainstream education, not in education and post 16					
		• Reg 44 report on children's homes	Suzanne Lythgow	10th March 2021	17th March 2021	23rd March 2021	26th March 2021
		• Corporate Parenting Report: Health and Wellbeing		10th March 2021	17th March 2021	23rd March 2021	26th March 2021

Future Work Plan 21/22 Municipal Year

(1) Progress report on the Wi FI access and mobile connectivity for Bradford Care Leavers - Emma Collingwod

(2) Sufficiency Strategy – Irfan Alam