

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH TRANSFORMATION PLAN

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1. Our vision and summary

Mental wellbeing in Bradford district and Craven: a strategy 2016-2021 (Appendix 1) was developed through close working with district partners including CBMDC, North Yorkshire County Council and VCS organisations. The local *Future in Mind* transformation plan is embedded within our all age strategy and shares its vision of **hope, empowerment** and **support** through a focus on three strategic priorities:

- Our wellbeing,
- Our mental and physical health, and
- Care when we need it.

By 2020, we will work together with partners to ensure that children and young people:

1. will be supported to recognise and value the importance of their mental wellbeing and take early action to maintain their mental health through improved prevention, awareness and understanding
2. can enjoy environments at work, home and in other settings which promote good mental health and improved wellbeing
3. will experience seamless care and have their physical and mental health needs met through services that are integrated and easily accessible
4. can reach their maximum potential through services which are recovery focused, high quality and personalised and which promote independence
5. can expect support to be commissioned and delivered in a way that leads to increases in efficiency and enables transformation of care through reinvestment.

Achievements

Since the October 2016 refresh, some highlights of our main achievements have been:

- ✓ 67 schools now have 86 mental health champions with 100% good or very good evaluations for impact of support provided.
- ✓ Implemented a new self-harm policy across health and education settings
- ✓ Over 50 schools have accessed Living Life to the Full training
- ✓ Our Health Buddies have supported 211 children and young people reducing waiting lists
- ✓ The average waiting time from referral to treatment was 106.8 days, a reduction of 14.5 days from the average of 121.3, for CAMHS services.
- ✓ The number of Tier 4 occupied bed days decreased from 3,401 in 2015/16 to 2,651 in 2016/17.
- ✓ Bevan Healthcare are delivering schemes to provide refugee and asylum seeking children with mental health and psychological support.
- ✓ The main statutory provider is reporting against MHSDS and Data Quality in 8 of the 14 fields monitored by NHS Digital was above 95% in June 2017.
- ✓ 26 courses were held from April 2016 to March 2017 with 555 staff trained across the universal workforce in Bradford District.
- ✓ Launched the Compass Buzz school wellbeing workers project
- ✓ Established formal alignment with programs such as the SEND, B Positive and SEMH group
- ✓ Greater working with the voluntary and community sector to build support when needed

2. Background

Future in Mind

The Children and Young People's Mental Health and Wellbeing Taskforce was established by the government in 2014 to consider ways to make it easier for children, young people, parents and carers to access help and support when needed. The purpose of the taskforce was to make recommendations to ministers, and agree actions aimed at achieving better outcomes for children and young people with mental health problems. In March 2015 the taskforce published its report and recommendations: *Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing.*¹

The five key themes articulated in this report were:

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

The Five Year Forward View for Mental Health

The report of the Mental Health Taskforce, *The Five Year Forward View for Mental Health*, was published in 2016 and builds on the foundations provided by Future in Mind to recommend the system-wide transformation of the local offer to children and young people to achieve improvements in mental health and increased access to high quality healthcare.² It also recommends that Children and Young People's Local Transformation Plans should be refreshed and integrated into local area Sustainability and Transformation Plans. This is the refreshed version of the Local Transformation Plan.

The guidance on implementing the Five Year Forward View for Mental Health also emphasizes the need for a joint-agency approach, early intervention and the promotion of resilience, as well as access to high quality, evidence based treatment.³

Bradford District and Craven Sustainability and Transformation Plan (STP)

The areas of transformation envisaged by the STP include

- The prevention of illness and the improvement of general health and wellbeing
- The transformation of primary and community services, with the patient at the centre of care
- Implementing a 24/7 integrated care system
- Developing a sustainable system-wide model for urgent care.

Prevention of illness, improved wellbeing, transformation of services and the availability of 24 hour crisis care are all central to this local Future in Mind Children and Young People's Mental Health Transformation Plan.

West Yorkshire and Harrogate Health and Care Partnership

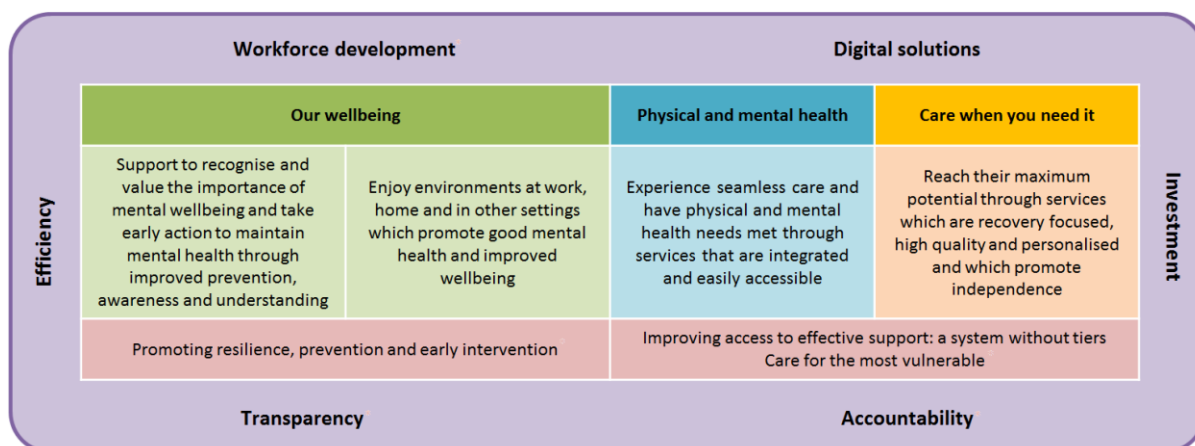
Our local STP aligns to the overarching plans for our region. We want to make sure that mental health services are integrated or combined with physical health services - this will ensure we care and treat the 'whole' person. For example, we will support people with long-term physical health conditions to cope with anxiety or depression.

We are developing services across the area to reduce the difference in the quality of mental health care that people receive in order to improve their wellbeing and make services better.

It is important to us to develop services to improve the experience of care for people in mental health crisis, and we want to reduce the number of people taking their own lives, so we are creating a region-wide multi-agency suicide prevention strategy.

Mental Wellbeing in Bradford District and Craven: a Strategy 2016-2021

This all age strategy has been developed through extensive and detailed working with partners and stakeholders, and was launched in December 2016. It addresses three principal areas: our wellbeing, our mental and physical health, and care when we need it. These areas are aligned with Future in Mind's work streams and together will help to achieve the five strategic objectives set:



■ Future in Mind objectives set within our strategic objectives of the Mental Wellbeing Strategy.

Alignment with Partnership Programmes

We work very closely with the Local Authority and other partners in line with our aim to join up services and integrate the way we work.

Good Health and Wellbeing 2013-2017

Good Health and Wellbeing 2013-2017 is a strategy to improve health and wellbeing and reduce health inequalities in Bradford and Airedale. Future in Mind is aligned with Priority 7: Improve the mental health of people in the Bradford District.

Bradford Children, Young People and Families Plan 2017 – 2020

Our *Future in Mind* plans align with our districts 'Children, Young People and Families Plan 2017-20' which sets out our vision and our priorities for children, young people and families, how we plan to achieve these, who is responsible, and what success will look like.

The plan will be monitored by [Bradford Children's Trust](#). The trust is the leadership group which brings together all of the partners who work with children and young people. There are 6 priorities of which the following are integral to the Future in Mind strategy.

- Accelerating education and attainment and achievement.
- Ensuring our children and young people are ready for life and work (resilience)
- Safeguarding the most vulnerable and providing early support
- Reducing health and social inequalities
- Listening to the voice of children, young people and families and working with them to shape services

The plan makes specific reference to the need to improve emotional wellbeing for individual young people through the opportunities offered by the Future in Mind Programme.

B Positive Pathways (BPP)

BPP is a £3.2m innovation funded project based on the successful North Yorkshire 'No Wrong Door' project. No Wrong Door seeks to prevent adolescents entering the care system and improve their long term outcomes. The model centres on a hub home with wraparound multi-agency professionals working together.

The BPP service will respond proactively and innovatively to cases that at the moment quickly escalate to full time care. Outreach workers will support young people and families in their own homes responding at the time of crisis and call on the wrap around support to enable families to work through their issues without statutory intervention. The outreach service will be offered 24/7.

BPP is aligned with the Future in Mind work stream for Vulnerable Groups, which includes Looked After and Adopted Children.

Special educational needs and disability code of practice: 0 to 25 years

Future in Mind is aligned with this code of practice, which relates to children with physical and mental health disabilities or impairments.

We have recently aligned the two strategies for SEND and Behaviour and are working to ensure we move towards a sector-led self-improving model of SEND provision where best practice is shared between schools, health and care.

Young and Yorkshire 2 (North Yorkshire Children's Trust)

Future in Mind is aligned with Priority 5: Improve social, emotional and mental health and resilience.

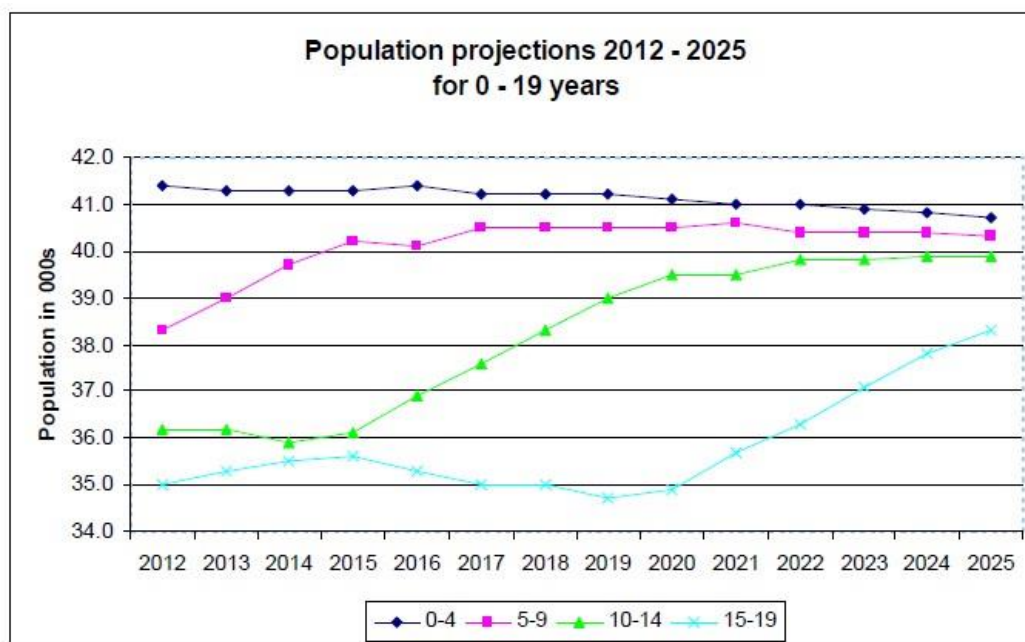
3. Health Needs Assessment

A comprehensive health needs assessment for the Bradford district was published in January 2015. It highlighted the fact that Bradford has the third highest population of children and young people in the United Kingdom and that services provided to them are under pressure from national austerity measures. Details of the Health Needs Assessment are in Section 3.

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

Based on data from national surveys, we can estimate that there are currently just under 8,500 children aged between 5 and 15 with diagnosable mental health disorders in Bradford. Between three and four children in every secondary school classroom are likely to have some form of mental health difficulty. However, the number of children with emotional or behavioural difficulties at a lower level is harder to quantify but if we applied the figure in the *Growing Up In Ireland* study to the Bradford child population between 5-15, we could estimate there to be a further 10% of children with lower level difficulties.⁴ This would equate to 17,000 children with some level of emotional or mental health difficulty in Bradford. Further, with the expected increase in population in the relevant age bands, we would expect to see a rise to 23,600 children with some level of emotional or mental health difficulty by 2025.

Figure 1: child population and projected increases



These figures suggest that children and young people in many parts of the Bradford district are affected by health inequalities, that is, differences in the health of different parts of the

population.⁵ There is convincing evidence that inequalities begin in childhood and widen over an individual's lifetime. By ensuring the best possible mental and emotional wellbeing for children and young people in Bradford district and Craven we intend to reduce inequalities in mental health and also in other areas that can be affected by mental wellbeing, such as physical health and the fulfilment of educational potential.

Why is children's mental health important?

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

One in 10 children between the ages of 5 and 16 has a mental health disorder.⁶ For many, this is persistent: successive national surveys show that 25% of children with a diagnosable mental health disorder still had the same disorder three years later.

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

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

Condition	Age group
ADHD	7-9 years of age
Oppositional defiant disorder	7-15 years of age
Conduct disorder	9-14 years of age
Psychosis	Late teens – early twenties
Anxiety disorders	25-45 years of age
Mood disorders	25-45 years of age

(adapted from Kessler et al, 2007)

Vulnerable groups in Bradford's population

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

Figure 3: Specific vulnerable groups within Bradford's population

Vulnerable Groups	Situation in Bradford
Children with learning difficulties and disabilities	A recent needs assessment identified 19,219 children and young people with a SEN or disability. For just over 50% (9,940 children) this need related to learning. Our local <i>Children and Young People's Health and Lifestyle Survey (2013)</i> found that children with SEN were more likely to have low self-esteem.
Refugee and asylum seekers	There are small groups of asylum seekers and refugees who come to the district who have very high levels of need, including mental health needs. Refugees are about ten times more likely than the age-matched general population to have post-traumatic stress disorder (PTSD): 9% of refugees in general and 11% of children and adolescents have PTSD. ⁷
Children with chronic physical health problems	Bradford has the highest prevalence of children in the region with complex medical conditions considered 'life limiting' – there were estimated to be 595 such children in Bradford in 2011 (Fraser, 2011). 335 children are currently receiving support through the Children with Complex Health and Disabilities team.
Lesbian, gay, bi-sexual and transgender (LGBT) young people	There are no officially available statistics on the numbers of LGBT young people in Bradford. Between 5% and 7% of the adult population are estimated to be LGBT – this would equate to 1,750 out of the 35,000 15-19 year olds in Bradford.
Looked-After Children	In 2017 Bradford was responsible for 925 Looked-After Children ⁸ . The rate of Looked-After Children per 10,000 children aged under 18 is similar to the Yorkshire and Humber average. Both rates show an increase from 2016.
Children and young people in the criminal justice system	In 2015/16 the rate of children and young people entering the Youth Justice System for the first time was 425 per 100,000. This was a decrease from the previous two years but above the average of 397 for all English metropolitan boroughs. ⁹
Children with Autism	In 2013 local GP data showed that 1061 children (0-18 year olds) were recorded as autistic on the GP clinical system. By 2017 this has increased to 1896 (nearly 80% increase).
Children from BME backgrounds	Black and minority ethnic groups have the youngest age profile, with 65.8% under 25 years of age. Of the South Asian ethnic groups, the Bangladeshi ethnic group has the youngest age profile - 42.2% are under 16 years of age and 57.4% under 24 years of age. We also have new young age residents from Eastern Europe ¹⁰ .

Recommendations of the Health Needs Assessment

The health needs assessment for Children and Young People's Mental Health makes the following recommendations:

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

4. Engagement and involvement

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

We have sought the views of children, young people and their families through the CCGs' 'Grass Roots' system,¹¹ the People's Board, engagement events with young people about self care and mental wellbeing, consultation with young people who accessed Children and Adolescent Mental Health Services (CAMHS) and psychological therapies, work with local schools, youth and arts projects, work with GP practices and universities, work with young women and children and young people from vulnerable groups, and discussions with parents and carers.

We will continue to involve children, young people and their families in the co-production of our plans and services throughout the transformation that we plan.

North Yorkshire County Council has co-ordinated additional activities covering the Craven area including The Voice, Influence and Participation team (VIP) to facilitate opportunities for Looked After Children and care leavers (Young People's Council), and Flying High for young adults with Learning Difficulties and Disabilities to meet on a regular basis to seek their views and thoughts on services which affect them in North Yorkshire including mental health services. Details of engagement and participation in North Yorkshire are in Appendix 2.

The main themes identified from our engagement to date are:

- Communication
- Access to services
- Experience of services

Providers

Schools and colleges were seen as core to providing services, with the information, support and direction offered by non-academic staff such as mentors, school nurse and even peer support leaders seen as determining factors in people choosing to access services. The importance of support available during waiting times was highlighted and the role of community support, family involvement was central during this period.

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

Local Transformation Plan summary for children and young people, parents and carers (Appendix 3)

During early 2016 Barnardo's worked with groups of children and young people to develop a version of the Local Transformation Plan that clearly outlines its background and key elements.

The summary is succinct and engaging, and has now been approved for publication through the Future in Mind governance structure. It provides clear information about our plans to this most important audience.

Youth Voice event August 2016 (Appendix 4)

The Youth Voice event involved children and young people with experience of accessing mental health services, and some parents. It provided an opportunity to ask commissioners and providers about service developments in health and education and influence developments. The views expressed supported information given during previous engagement that some children and young people might hesitate to approach a GP or school nurse about mental wellbeing issues. They also confirmed the overriding importance of being able to access staff with whom they felt comfortable.

Young people's #selfcareeverywhere work

Children and young people lead a series of workshops and events to explore the experience and service needs of mental wellbeing and physical health services. The workshops enabled young people to work with schools, local authority, NHS staff and commissioners to shape developments for mental and physical health services. Key areas of exploration included long term conditions, body image, self-esteem, confidence, mental health crisis services, stigma and discrimination and having positive relationships.

Youth in Mind

As we have developed new services as part of our Future in Mind transformation plans, including the establishment of Safer Spaces, Health Buddies and digital tools, we have constantly involved young people in the development. Films and case studies from the work have been shared.

5. Promoting resilience, prevention and early intervention (Wellbeing)

Schools Engagement

Children and young people told us:

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

Planned changes 2015-2020

Develop and implement a collaborative commissioning model with consistent reporting mechanisms and governance structures.
Future in Mind forms an integral part of the governance structure for mental wellbeing in Bradford district and Craven. This structure is reproduced at Appendix 5.
Services working in schools will focus on early intervention and the development of a workforce that can promote resilience and self care.
The Healthy Child Programme (Craven) and school nurses (Bradford) have been providing low level mental health input and have been working in partnership with Primary Mental Health Workers to manage young people’s mental health problems at the lowest level. There is now a School Nursing lead for Mental Health. The Mental Health Matters in Schools group has been reconvened to provide a forum for commissioners, providers and school staff. It reports to the Future in Mind Project Group. In addition to the Mental Health Champions project, CBMDC Early Help links with schools to provide access to an appropriate level of social care with input from Primary Mental Health Workers where this is indicated.
PMHWs will be clustered to schools acting as the link to the pathway for support and advice in relation to children and young people’s emotional health and wellbeing. They will work alongside universal services such as health visitors and school nurses being visible in the community offering support and advice to ensure care and support is offered at the right level and at the right time in the right place. PMHWs will facilitate the signposting and transition onto more intensive support in specialist CAMHS or signposting into community-based voluntary services.
Primary Mental Health Workers (PMHWs) continue to work in schools liaising with School Nurses and other staff.
Extend access to WRAP, which has been successfully implemented with children and young people to help manage mental health problems through a solution-based focus. ¹²
The Wellness Recovery Action Planning ‘WRAP’ programme was developed to support adults to mental wellbeing. In Bradford WRAP has been developed to provide a self-designed prevention and wellness process that all children and young people can use to get well, stay well and make their life the way they want it to be. It has been piloted through Barnardo’s and has had good initial feedback.

Establish Mental Health Champions in schools.



Mental Health Matters FIM Schools I

A plan to establish a network of Mental Health Champions in schools has been agreed to build capacity and confidence to address mental health in schools, develop and provide resources and guidance to school staff, parents and community partners, facilitate multi-agency work and enable swift access to specialist CAMHS professionals. The Mental Health Champions will increase capacity to meet low level mental health needs in the school environment and facilitate referral to other services including specialist CAMHS when appropriate. Budget, staffing and lead roles have been agreed. Schools in the Craven area have been invited to participate in the project.

- 86 schools attended Mental Health Champions Launch Conference in February 2017.
- 67 schools have signed up for Mental Health Champions Initiative.
- 67 schools have attended the Mental Health Champions' Network Meetings.
- Over 50 schools have accessed Living Life to the Full training and licence requests are being processed. This is a PHE recommended intervention.

Evaluations have been 100% good or very good for impact of support provided via network meetings to support Mental Health Champions to support pupils in schools.

It is estimated that each Mental Health Champion will provide targeted support to at least 10 pupils experiencing mental health difficulties or distress. This equates to involvement and impact for 670 children and young people across Bradford.

In addition to accessing specialist support from the Educational Psychology Team and CAMHS via shared supervision at network meetings, Mental Health Champions in schools are delivering psychoeducation themed assemblies for pupils with the aim of giving information, exploring self-help strategies, reducing stigma and signposting support

The potential impact on all pupils attending project schools was identified through informal pupil feedback forms and informal response from Mental Health Champions delivering the assemblies as:

- Collecting information on pupils who self harm
- Delivering robust and culturally sensitive information to pupils and parents about self harm
- Using a consistent LA wide approach to addressing self harm
- Supporting parents to have difficult conversations with pupils
- Ensuring that pupils have access to appropriate psychoeducational resources about a range of mental health matters, including 'Getting Through Tough Times'

Attendance at community events such as the 2017 Dragon Boat Festival) and the Bradford Mela helps establish community presence, raises awareness and gives the opportunity to engage with the public, including parents and young people, across a range of contexts.

A task and finish group has been established; one task will be to build in monitoring systems to provide more detail on numbers accessing the resource.

Links have been established with CAMHS for training and built into the programme for the academic year.

The project is working to establish links with parents, carers and pupils in planning and delivery by

exploring existing participation system, holding a stall at young person's engagement event on 18th November and circulating a questionnaire to collect views. Responses are currently being collated.

Momentum for Mental Health Champions has been maintained during a change in coordination of the project and two further meetings took place in October.

Barnardo's and 'Yoomee' have been commissioned to develop a website with information and advice for young people navigating adolescence, with signposting to services and real stories. This website, [Thrive Bradford](#), is now live, providing information to young people on mental health and wellbeing matters and on local services available. A campaign to publicise the site is complete and usage is being monitored.

Outcomes

- Continued attendance by school Mental Health Champions and positive evaluations of meetings.
- Website launched.
- Press article promoting the initiative and supporting the agenda of de-stigmatising mental health. ¹³
- Assemblies available and pupil evaluation available.
- Self harm protocol agreed and shared.

Challenges

- Project evaluation including measure of usefulness of resources (planned focus of Delivery Group).
- Inclusion of parent and pupil engagement in planning and delivery.
- Extension of offer to wider group of schools.
- Reduced allocation of time from Educational Psychology Team has been allocated to the project.
- Long-term sustainability of project.

Craven: North Yorkshire School Mental Health Project (Compass Buzz)

The project went live on 1st April 2017. Initially monthly meetings are being held to keep abreast of implementation and when established, the meetings will be changed to quarterly.

The project aims to improve and strengthen the support for children and young people's emotional and mental health issues across all schools in North Yorkshire. Further details on the service commissioned are outlined in the service specification and the project implementation report for April (embedded below). The project plan from the provider is also included below.

A key risk for the project is the large geographical area the project will have to cover and service will be offered based on need. The providers plan to complete an audit of schools to identify where the need is.

Key Actions completed by Compass to date (October 2017):

Number of North Yorkshire schools who have accessed Level 1 training	10
Number of staff who have accessed Level 1 training	275
Number of staff reporting increased confidence following training	128*

*105 evaluation forms have not been included as they remain to be analysed.

In addition to these school staff 28 key partners (Prevention staff and NYCC No Wrong Door staff) have completed the Level 1 training with Compass BUZZ.

Airedale, Wharfedale and Craven CCG commissioners receive papers for Compass contract management meetings and are fully informed of progress.

Single point of access

Children and young people told us they wanted:

“someone we can trust,”

“access to speak to someone when I need to,”

“to be able to book an appointment if I need to in the same week.”

Planned changes 2015-2020

Early Help Hubs provide access to care services for families with additional support needs.
The Early Help hubs have been piloted and extended across the CBMDC district. Through Future in Mind investment, Primary Mental Health Workers have been appointed into the Hubs and panels which identify the most appropriate pathway for each family.
Provide single point of access for urgent and emergency mental health needs
The First Response service provides a single point of access 24 hours a day for referrals including self-referrals for urgent and emergency mental health needs for children and young people.

6. Improving access to effective support: a system without tiers

CAMHS

Specialist CAMHS

In 2016/2017 1881 referrals were accepted into CAMHS and the active caseload was 2005 at 31 August 2017.

Pathway review and transformation is taking place working alongside [Youth in Mind](#) with a focus on improving access and growing the workforce.

CAMHS waiting times

The buddying project to support young people and reduce waiting list numbers expects to support 500 young people during 2017/18. At 30 September 2017 there were 570 children and young people on the CAMHS waiting list, a reduction of 211 from 781 at the end of September 2016.

At 30 September 2017 the average waiting time from referral to treatment was 106.8 days, a reduction of 14.5 days from the average of 121.3 at the end of September 2016.

Numbers on CYP under 18 on waiting list	Baseline 30/09/16	Latest position known 30/09/17	Quarter 3 reduction 31/12/2016		Quarter 4 reduction 31/03/2017		Quarter 1 reduction 30/06/2017		Quarter 2 reduction 30/09/2017	
			Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Total number of CYP waiting for treatment	781	570	10 (771 waiting)	78	40 (741 waiting)	-19		252 (529 waiting)		211 (570 waiting)
Average waiting time from referral to treatment (days)	121.3	106.8	1.3 (ave time is 120)	2.1	6.3 (ave time is 115)	4.9		15.5 (ave time is 105.8)		14.5 (ave is 106.8)

	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18
Number of children and young people referred in quarter	616	708	837	691	469
Average waiting time from referral to treatment (days)	121.3	119.2	116.4	105.8	106.8
Number of CYP waiting for treatment for 4 - 6 weeks	48	60	58	47	30
% waiting for 4 -6 weeks	2.1%	2.6%	2.4%	2.1%	1.4%
Number of CYP waiting for treatment for 6 - 8 weeks	44	55	69	54	39
% waiting for 6 - 8 weeks	1.9%	2.3%	2.8%	2.4%	1.8%
Number of CYP waiting for treatment for 8 - 10 weeks	34	36	50	38	33
% waiting for 8 - 10 weeks	1.5%	1.5%	2.0%	1.7%	1.6%
Number of CYP waiting for treatment for more than 12 weeks	488	412	439	245	332
% waiting more than 12 weeks	21.6%	17.6%	18.0%	11.1%	15.7%

Buddy Scheme

Trained 'buddies' will be allocated to children and young people on waiting lists for specialist mental health services. The buddies will maintain contact with and support young people until specialist therapy can begin. We anticipate that this will reduce the number of appointments that are not attended, improve use of clinical time and therefore reduce the lengths of waits. The project is based on a proposal originating with children and young people who worked with Barnardo's during 2015/16.

Since launch in April 2017 CAMHS have referred 227 young people to the Buddy Scheme. In quarter 2, onward referrals started being made to Youth in Mind partners; 4 referrals to Yorkshire Mentoring for ongoing one to one support with volunteer mentors, 40 referrals made to Barnardo's for 10-week WRAP group programmes being run at 5 venues across the district.

MYMUP Version 2 has launched; giving access to a wide range of online interventions that promote resilience, empowerment, life skills and self-care. The updated system produces comprehensive reports detailing engagement and distance-travelled. MYMUP are providing targeted one to one support around use of the digital platform; consequently there has been a surge in engagement with online interventions and profile-building.

All partners submit quarterly reports detailing progress with KPIs. The steering group meetings 3-weekly to efficiently track progress, identify and address challenges and ensure the model remains responsive and adaptable to changing need. Summary data for quarter 2 has been submitted for Buddies and WRAP. Quarter 2 data for Yorkshire Mentoring and MYMUP to be submitted end of October 2017.



KPI Monitoring
Q1&2.docx

Partners are working closely to build trusting relationships, streamline referral pathways and embed the model. At a recent full service event, attended by 60 members of staff from all partners; CAMHS, Youth Service, Yorkshire Mentoring, MYMUP and Barnardo's, successes were shared and celebrated, challenges addressed and forward planning put in place. Additionally, partners meet one to one, attend each other's team meetings, arrange locality based multi-agency lunch breaks and co-train to continue shared learning and relationship-building.

Buddies currently accept Wave 1 and 2 referrals, targeting CAMHS wait times for treatment and initial assessment, respectively. Furthermore, the flexibility and adaptability of the model allowed for an unanticipated cohort of referrals from CAMHS, of young people already receiving treatment. Buddies support this cohort in partnership with allocated CAMHS practitioners to target the reduction of DNAs and impact waiting times by facilitating move on from specialist CAMHS.

The model will open to Wave 3 referrals in quarter 3; initial plans in place to target schools with support from Sharing Voices Bradford to address underrepresentation of referrals from BME backgrounds.



Buddy Referral
Demographics Q1&2.i

The model is currently based on 5 virtual access hubs across the Bradford District and Craven; preliminary plans are in place for a crisis café in Holmewood that will be the first physical hub, offering crisis support but with a strong focus on building resilience and promoting emotional wellbeing, to reduce the need for crisis services.

Buddies provide support with building resilience, learning self-care techniques, reducing barriers to accessing local community-based services and activities, exploring interests and hobbies, building support networks, becoming more physically and socially active, getting back into education, engaging with other professionals and services and much more.



Q1 17-18 Buddies Case Studies.docx



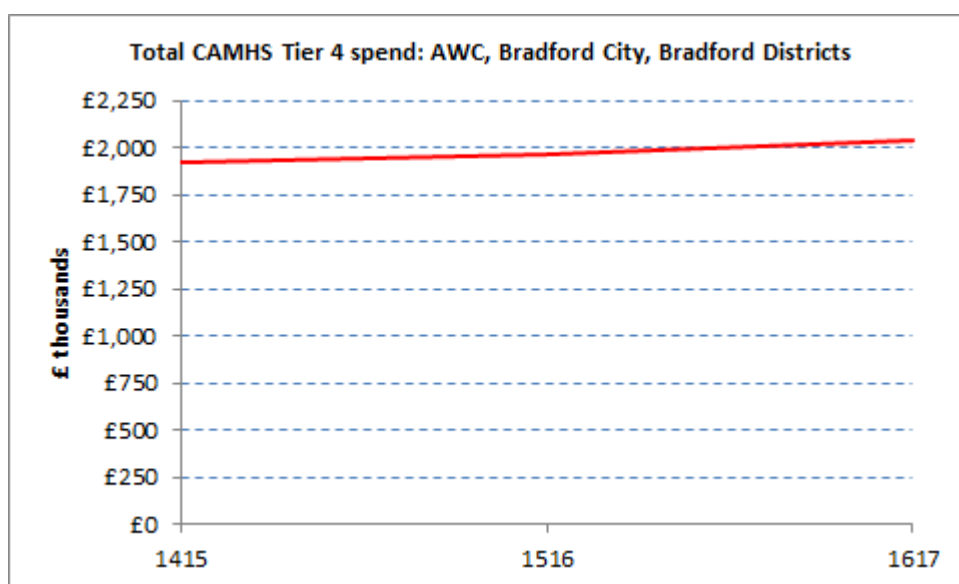
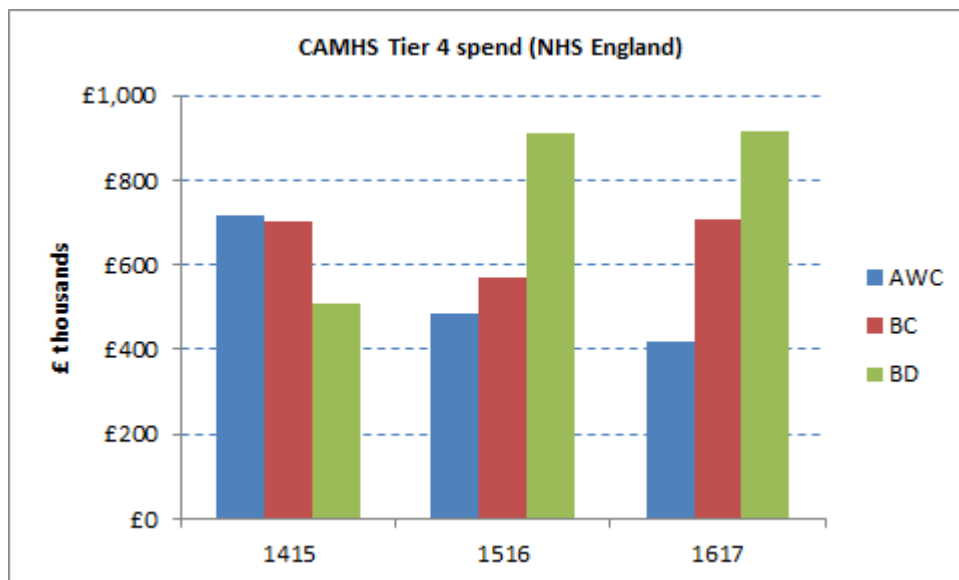
Buddies Case Studies.docx



Q2 Case Studies with Video Links & Distane

CAMHS Tier 4:

Spend and activity

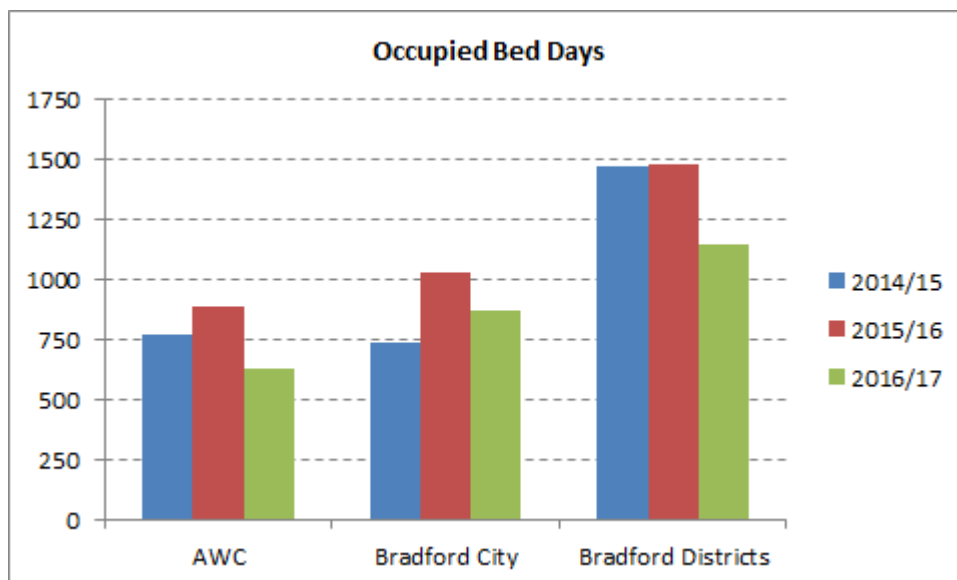


The National Specialised Commissioning Oversight Group (SCOG) decided in March 2016, that a single national procurement would not be in the best interest of patients and the approach taken

would need to strengthen the requirement for regional planning and delivery. It would need to align with, and support the move to population based commissioning and the outputs of this work would need to be embedded in local systems. To reflect this, NHS England revised its approach to one of local ownership and delivery under the umbrella of national co-ordination and oversight and is now referred to as the Mental Health Service Review (MHSR) programme.

A key factor and driver in the service review has been a lack of capacity in some areas that has led to out of area placements. The proposed changes in bed numbers aim to address this and ensure that for the majority of services, the right number of beds are available to meet local demand in each area. It is predicated on the principle that there is regard to patient flows so each local area should “consume its own smoke”. As these services are specialist in nature, there is national oversight of this process but with a strong emphasis on local engagement and ownership.

The implementation of local plans will see the re-distribution of beds across the country so patients will be able to access services closer to home rather than having to travel to access appropriate services, except for a few particularly specialist services that it is uneconomic to provide in each area. NHS England is collaborating with local commissioners on the CAMHS Tier 4 bed changes in Yorkshire and the Humber to ensure the interdependencies between localities are managed effectively.



Expected reduction in admissions

Investment in First Response Service and expansion of Intensive Home Treatment as an all age service (working with CAMHS out of hours service) will have an impact on use of Tier 4. Also the development of the Safe Space through the West Yorkshire UAE Vanguard as an alternative placement in order to de-escalate crisis presentations will have a positive impact on use of Tier 4.

Crisis intervention

First Response Service developed as an all age open access crisis response service operational on a 24/7 basis. It has had a positive impact on Adult Mental Health reducing OOA placements to zero for 18 months. With access to age appropriate First Response Service, Intensive Home Treatment and Safe Space we anticipate a similar impact in Children and Young People’s Mental Health.

Eating disorders

Further development of the specialist eating disorder and Intensive Home Treatment service (formerly known as SPEEDIHT) will reduce the need for inpatient treatment of eating disorders establishing a dedicated team of professionals to deliver home based packages of care.

Children and young people with Learning Disabilities

BEST project in Bradford has been successful in providing timely assessment for children and young people with Learning Disabilities and has prevented escalation of crises to Tier 4. This service continues to be jointly commissioned between LA and CCGs.

New Care Models

Bradford District Care Foundation Trust in partnership with Leeds and York Partnership Foundation Trust, Leeds Community Healthcare Trust and South West Yorkshire Partnership Foundation Trust have been successful in a bid to NHSE to be part of the CAMHS Tier 4 New Care Models programme. This will see the alliance take control of current spend on Tier 4 provision for our local areas with a view that we will transform the community offer to children and young people in crisis and look to reduce length of stay and use of tier 4 beds thus reinvesting in community services. We are adopting a Care Navigator approach across the locality providing robust gatekeeping, bed management and facilitating of pathways and transitions. We will also ensure that across our footprint children and young people will have consistent and robust access to crisis care and home treatment. Particular focus will be given to those young people who experience high levels of emotional distress and dysregulation, potentially from the Looked After system who can often become 'stuck' within the inpatient estate. Across the alliance we are establishing a clinical network of experts to look at developing robust community pathways for this group of young people. The pilot is set to mobilise in October 17 lasting for 2 years.

Across Bradford we will look to refocus our offer of Home Treatment to young people at the point of crisis utilising both existing capacity and also reinvestment via the New Care Model successes. Key activities across 18/19 and 19/20 are

- Identify senior clinical leadership and capacity to oversee service development and pathway management for Home Treatment
- Embed the Care Navigator role into the local CAMHS pathway; creating networks, promoting best practice in managing young people in crisis across the CAMHS workforce
- Re-align and ring-fence capacity within existing CAMHS creating clear job plans around Home Treatment thus increasing flexibility and capacity to offer enhanced/intensive support at home
- Develop an offer of evidence based interventions available to young people in crisis and requiring home treatment to include the use of group based interventions
- Develop a training strategy to support the delivery of interventions
- Utilise New Care Models reinvestment to recruit additional staffing for Home Treatment from across the MDT with a breadth of skill mix acknowledging workforce challenges. This includes the recruitment of band 4 staff, PWP type roles and Allied Health Care Professionals.
- Recruit Parent Support Worker; acknowledging the importance of Parental involvement and Parent specific support. Learning from the Rollercoaster Parent Support Group available in the North East.

Early Intervention in Psychosis

Bradford and its three CCGs have a fully commissioned and NICE Compliant EIP service in line with the Better Access and Waiting Time Standard. Additional investment to expand the age range and offer of interventions were agreed in April 2016 (separate to the Future in Mind transformation developments). A full recruitment plan has been implemented with staffing now all in place. The pathway is self-referral and can be accessed across all internal and external sources.

The Service pathway is for age 14 upwards again in line with Better Access and Waiting time standards. EIP have 3 EIP practitioners co-located within specialist CAMHS embedding the pathway and ensuring referrals are expedited.

The full BDCFT offer of EIP with fidelity to the model has been in place for 11 years including EIP practitioners being embedded within specialist CAMHS. In 2015 after the announcement of the Better Access and Waiting Time standard BDCFT completed a gap analysis based on the commissioning guidance to look at workforce and service development to provide a NICE compliant offer of service, expansion of the age range and ability to meet the waiting time target. All recruitment has now been realised and capacity for the 14-18 age range is protected. Additional Psychological therapy provision has been provided to offer the extension of service to the at risk mental state group (ARMS), again in line with the Better Access and Waiting Time Standard. The service reports in line with national requirements on the waiting time standards and have completed the EIP Network Self-Assessment.

During Q2 2017/18 60 of 94 people who started treatment for a first episode of psychosis were treated within two weeks of referral.¹⁴ The age range has been extended and the team has been fully recruited to meet the NICE requirements and are meeting the 50% Better Access waiting time standard.

Crisis Care

Children and young people told us:

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

“When I need to talk, services should be made available.”

Planned changes 2015-2020

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

BDCFT CAMHS offer 24/7 cover to existing CAMHS clients via the CAMHS consultant on call 7 days per across the 24 hour period and CAMHS Community Mental Health Nurses at weekends 9am-5pm. The service responds to young people supported by CAMHS and requiring home treatment and to young people presenting at A&E following self harm.

The 24/7 First Response Service (FRS) provides a co-ordinated point of access and response 24/7 for crisis referrals across all ages and is a direct access point for all professionals, children and young people and families. All interview panels for posts with the FRS include representatives from children’s and young people’s services. CAMHS specialist practitioners are being recruited through Future in Mind to ensure that the needs of children and young people are supported when in crisis across the 24 hour period. This includes specialists with autism and learning disabilities experience so that unnecessary escalation to admission can be avoided. The FRS ensures a response that is rapid and proportionate, and provides signposting to the most appropriate setting.

First Response Service workforce

- 1.0 Band 7 Team Manager
- 14 WTE Band 6 First Responders (3.0 WTE CYP)
- 18 WTE Band 5 Tele-coaches (PWP qualification)
- 6 WTE Band 7 Advanced Nurse Practitioners
- 3.8 WTE Band 3 Support Workers

All FRS staff are beginning a period of induction and shadowing in CAMHS. This will offer FRS staff an opportunity to work alongside core CAMHS clinicians, understand the pathways and offer of interventions within the service. This will support relationships and smoothing of transitions for young people accessing the crisis pathway and ensure care is offered at the right time, in the right place by the right person.

First Response Service activity

Between January and July 2017 FRS offered triage and crisis assessment to 283 children and young people under 18.

Youth in Mind

Airedale, Wharfedale and Craven, Bradford City and Bradford Districts CCGs are working in partnership with Bradford District Care NHS Foundation Trust, Bradford Metropolitan District Council's Youth Service and four VCS providers, Creative Support, MYMUP, Barnardo's and Yorkshire Mentoring, to create an alternative offer to crisis through promoting resilience and emotional wellbeing, demonstrated by the following outcomes:

- Improve access and quality care standards for CYP in crisis
- Improved experience and quality of services for young people and their families in crisis
- Treat people closer to home
- Reduce unnecessary A&E attendance, police custody and Tier 4 / paediatric admissions for young people in emotional distress
- Improve access to CAMHS, reduce DNA appointments and maximise workforce capacity by diverting Tier 1 & 2 information and signposting into VCS
- Work more closely with the Early Help agenda, strengthen promotion of emotional wellbeing emotional resilience of children and young people in schools to shift away from crisis.

Children and young people have been involved in all recruitment into CAMHS including the development of these recent initiatives (Safer Space, Buddy scheme) and assisting with research, branding and design of information.

Safer Space

A Safer Space is open 22:00 - 10:00 seven days a week, however, following requests from referral partners and young people, 6-month trial provision Mar-Sep 2017 was put in place for a 24hr Referral Coordinator and opening hours were extended to 19:00 - 10:00. During this time referrals increased considerably; 13 admissions October 2016 to March 2017, 35 admissions April to October 2017. 65% of referrals over the latter period were made between 16:00 and 22:00. On average, young people arrive on site with 90 minutes of the initial referral enquiry.

Primary referral pathways into Safer Spaces are First Response, CAMHS and the Local Authority's Emergency Duty Team. Work is currently being undertaken to open the pathway further, to daytime Social Workers. Stakeholder engagement is ongoing with GPs, School Nurses, Mental Health Champions in schools and the VCS. Plans are in place to establish a firm, two-way referral pathway between Safer Space and Buddies, to support the integrated model.

The Safer Space is staffed by 4 WTE mental health support staff, has a team of 3 regular relief support staff and 1 PT Project Manager. Support staff have significant, wide-ranging mental health experience with children and adults, on wards, in supported accommodation and community-based/outreach. Service-specific training is provided by the Local Authority and Bradford District Care NHS Foundation Trust. A joint training programme for Safer Spaces and Buddy Scheme partners is in place, supporting upskill of the workforce. CAMHS plan provide ongoing training and clinical group supervision around risk management and staff resilience and wellbeing. Additionally, third sector partners are providing training around LGBTQ Awareness and Dependency Reduction.

Activity

The Safer Space had 20 admissions 1st July - 30th September 2017, a total of 46 admissions since opening.

Monthly updates completed for the Safer Spaces Steering Group cover referral statistics, demographics, case studies, referral source, presenting needs, feedback and challenges.



Towerhurst Update -
Sept 2017.docx

Participation by children and young people

Consultation is provided by Barnardo's Youth on Health Participation Group. The group provides guidance about service provision (referral pathways, opening times), physical environment, evaluation and involvement of service users and their families.



Safer Spaces & YIM
Participation Report -

Perinatal mental health

Building on CCG investment which was utilised to support the development of perinatal mental health pathways and training for professionals such as Midwives, Health Visitors and mental health providers to enable earlier detection and intervention for vulnerable individuals, Bradford District Care Foundation Trust were successful with their bid to NHSE for Perinatal Mental Health Community Development funding. This funding is being utilised to develop a specialized team to offer:

- specialised early assessment by a consultant perinatal psychiatrist
- early and preventative interventions using a biopsychosocial approach
- intensive intervention, specific care planning, a women- and family-centred approach
- greater continuity of care so that the women's families' experience is one of a seamless service which is flexible to the needs of service users and families.

The CCGs sponsored this proposal and will, subject to positive evaluation, continue to fund the service once the NHSE Community Development Fund allocation ends.

Colleagues in Better Start Bradford (a Big Lottery funded programme working within Bradford) have developed a number of initiatives to support women with perinatal mental health issues. The CCGs are working with Better Start Bradford to learn from their projects with a view to mainstreaming evidence based practice which is proven to improve health outcomes in this area.

Autistic spectrum

Access to FRS and IHTT is not restricted by condition. Children and young people with ASC, ADHD and other developmental disorders will have access to crisis intervention around the clock in the event of a mental health crisis.

Work has also been undertaken to review the pathway for Neurodevelopment across the CCGs and Bradford District Care Trust. A new model and costings have been proposed.

Eating disorders

Children and young people told us:

“People working with children and young people should know how to respond to eating disorders.”

Planned changes 2015-2020

Clients receive prompt access to a NICE-approved package of care

BDCFT CAMHS already has a well-established pathway to provide intensive care at home for children and young people with Eating Disorders. This service is recurrently funded by Airedale, Wharfedale and Craven CCG, Bradford City CCG and Bradford Districts CCG. To respond to the new Access and Waiting Time Standard to be implemented from April 2016, the service reviewed the current pathway and provision and completed a gap analysis of required provision and associated investment. The gap analysis identified a recruitment and workforce plan to expand and develop the service between 2015 and 2020, including recruitment of a team manager, dietitian, additional consultant psychiatry, psychological therapy and assistant psychologist. Recruitment to Eating Disorders service is partially complete and phased implementation is taking place.

All referrals are being seen within the better access and waiting time standard. Information systems are in place to measure waiting times and NICE-concordant interventions in line with commissioning guidance. The Community Eating Disorders service is affiliated to the QNCC / CCQI.

Additionally as part of CYPIAPT development outcome measures related to evaluating interventions for Eating Disorders are being added to the RiO system.

The team have developed their clinical pathway in line with The Maudsley model and clinical pathway. This includes mapping outcome measures and qualitative feedback tools to support ongoing service development. The team are delivering training to the wider workforce and supporting early detection and identification within schools via the MH Champions in Schools Project and Workforce Training plan with Sue Sykes.

Junior MARSIPAN groups are in operation across the Acute Hospital Sites led by ED Consultants and Paediatrician.

The Children and Young People’s Eating Disorders service is affiliated to the Royal College of Psychiatry (RCPSych) Centre for Quality Improvement (CCQI) and Quality Network for Community CAMHS (QNCC).

Activity

From October 2016 –October 2017 there has been 83 new referrals. This is exceeding predicted referral rates and trajectory is being monitored across 17/18 for review with commissioners in 18/19.

There is an active caseload of 86 clients.

Workforce

The team staffing structure has been developed in line with the commissioning guidance and consists of:

Role	WTE	Additional Skill set, Offer & training
Consultant Psychiatry	1.1	Multi Systemic Family Therapy
Team Manager/Nurse	1	
Specialist ED Nurse	2.6	CYPIAPT Family Therapy for ED
Support Worker	1	Evidence Based Practice Module CYPIAPT, Phlebotomy
Specialist ED Dietctian	0.6	
Family Therapist	1.8	Supervisor for FT.
CBT	1	Also Nurse by background.
Clinical Psychologist	1	CBT & FT skills.
Assistant Psychologist	1	
Team Admin	1	

7. Caring for the most vulnerable: Vulnerable Groups

Children and young people told us:

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

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

Planned changes 2015-2020

To establish specialist mental health workers with looked after children teams to promote seamless access to services. ¹⁵

CCG funding was agreed for £186,000 per year for 5 years in addition to the existing provision of 2.6 WTE (Whole Time Equivalent) Psychological Therapists. These funds have been used to create four new additional WTE posts.

In addition, CBMDC Be Positive Pathways Programme will fund a Speech and Language Therapist, an Occupational Therapist and Life Coaches.

Appointees are expected to be in post at the beginning of December and the model is expected to be fully operational from 1 January 2018. They will work with the wider multi-agency Be Positive Programme. The role is to work closely with teenagers at the edge of care or in care and is based on North Yorkshire ‘No Wrong Door Model’. Working in a therapeutic way based within the 3 of the Bradford Specialist Children’s Homes. Referrals will be made by the Social Workers.

Access has been improved through the addition of a Consultation Clinic model that is available to all, regardless of presentation or severity of need. The broader range of therapists and therapies on offer means that the most appropriate therapeutic approach can be considered based on client need rather than service availability. Therapies offered by the members in team include Art Psychotherapy, Cognitive Behaviour Therapy, Dyadic Developmental Psychotherapy, EMDR, Filial Therapy, Family Therapy, Play Therapy, Solution Focused Therapy, Theraplay, and Therapeutic Parenting. The team is composed of:

- Clinical Lead – Clinical Psychologist (0.71)
- Art Therapist (0.80)
- Assistant Psychologist (1.00)
- Clinical Psychologist (1.00)
- Play Therapist (0.40)
- Play Therapist (0.50)
- Psychological Therapist (1.00)
- Therapeutic Social Workers (2.7) (Assimilation into the team to be complete by July 2017)
- Psychological Therapists (1.2)

To align Primary Mental Health Worker capacity with child sexual exploitation services to provide access to young people who have suffered sexual abuse. ^{16, 17}

The Child Sexual Exploitation hub liaises with CAMHS specialist workers to advise on cases relating to children who are victims of grooming and other exploitation as they are unlikely to take

up mainstream services.
To establish services for children and young people who do not access schools or education and may be vulnerable through homelessness or falling in with bad crowds or gangs. ¹⁸
The Youth Offending Team accesses a dedicated CAMHS nurse and consultant psychiatry time.
To develop links with statutory and voluntary Autism Services to promote interventions after diagnosis
Two transition nurses are based in CAMHS for Autistic Spectrum Disorder and Learning Disabilities.
Provide specialist programmes to meet the mental health care needs of refugee and asylum-seeking children
<p>Bevan Healthcare are in the second year of their children and young person’s mental health programme, and are delivering a number of schemes to engage with the mental health and psychological support needs of refugee and asylum seeking children in Bradford. The one-to-one counselling sessions have been extremely successful with 30 children seen and discharged, receiving positive feedback from both schools and families. The antenatal programme engaged 28 women in the first year, and due to changes in the allocated midwife for BHC and the renovation work to the group wellbeing space, the next round is due to start at the end of this month (Nov 17). 39 children attend the After School Club in the Wellbeing Centre, offering educational and socialisation support for refugee and asylum seeking children between 5-12 years old, run by qualified teachers who volunteer their time. The Country Trust has partnered with us in taking 57 children and their parents on Farm Experience Days at Gazegill Organic Farm; here children are able to experience the British countryside, learn about animals and utilize English language skills. During the summer, Bradford City Community Foundation provided two days of football coaching sessions to unaccompanied asylum seekers between 14-17 years old, with some accompanied children also involved.</p> <p>The main challenges for the service relate to being able demonstrate quantitatively the change made through these structures of mental health support, though the service often makes use of more qualitative mechanisms including case studies and interviews. Bevan Healthcare have been looking to partner with a locally-based children’s mental health organisation as previously we have worked with CHUMS based in Bedford and this distance has proved challenging. Thus far, we have been unable find an organisation with the capacity to work with us to provide more group-based psychological therapies. Issues with language barriers are eased by the use of high quality interpreters provided by Enable2, though we continue to grapple with the concept of ‘mental health’ which often comes as a foreign concept or with associated stigmatisation – this can often require significant input whilst trying to engage a family or child initially. Timely and appropriate levels of care can be seen as a challenge, with considerable waiting lists for CAMHS. Reimbursement of travel costs is also a significant issue which can often secure attendance and engagement for these vulnerable groups.</p>

Activity for the Looked After and Adopted Children’s Team

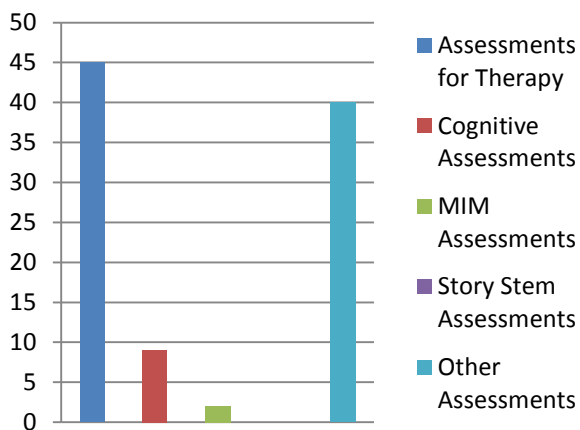
Direct Clinical Work

Referrals for Direct Work can be made from Social Workers, School/LAC Nurses, GPs and Paediatricians. The LAAC Team received 59 referrals for direct work from the 1st November 2016 to the 30th April 2017; the breakdown of this is shown in Table 1. Twenty-seven of these were accepted for consultation in the LAAC consultation clinic and twelve were redirected to other services. Twenty referrals into the LAAC team were accepted for assessment.

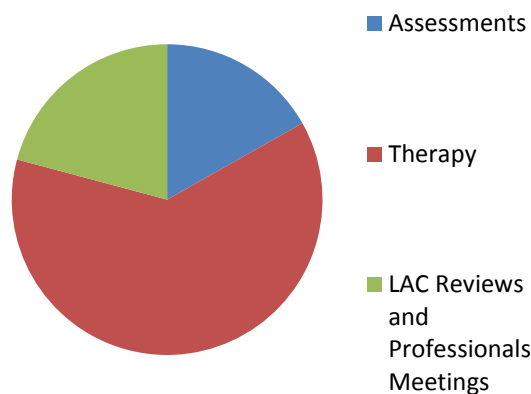
Table 1. Direct Referral Information

1 st November 2016-30 th April 2017	
Total Number of Referrals for Direct Work	59
Number of Referrals Accepted for Assessment	20
Referrals Redirected to Other Services	12
Referrals Accepted for Consultation Only	27

1 st November 2016-30 th April 2017 (Number of Sessions)		
	No.	%
Assessments	96	17
Assessments for Therapy	45	47
Cognitive Assessments	9	9
MIM Assessments	2	2
Story Stem Assessments	0	0
Other Assessments	40	42
Therapy	356	62
Art Therapy	39	11
Dyadic Developmental Psychotherapy	19	5
Family Therapy	4	1
Filial Therapy	0	0
Individual Therapy	59	17
Other	71	20
Play Therapy	94	26
Therapeutic Parenting	70	20
Theraplay	0	0
LAC Reviews and Professionals’ Meetings	119	21



Bar Chart displaying the number of different assessments completed by the LAAC team from the 1st November 2016 to the 30th April 2017



Pie Chart displaying the distribution of different sessions completed by the LAAC team from the 1st November 2016 to the 30th April 2017

Indirect Clinical Work

1) Consultation Clinic

The consultation clinic can be accessed by *any* professional or carer working with a looked after child, an adopted child, or a child on a Special Guardianship Order (SGO). The team offer 4-5 consultation slots per week, across Fieldhead and Hillbrook. These take place over an hour and a half and are usually offered by two members of the CAMHS-LAAC team. Consultations offer an opportunity to think in depth about a child's difficulties or presentation, reflect on a child's experiences and early development and draw on psychological expertise. They can also be utilised to think about the network of care around a child and to consider plans for the child with regard to home and school placements and psychological therapy needs.

Clinicians provide a written summary on the consultation for all attendees and all attendees are asked to complete a feedback form at the end of every consultation.

Breakdown of Consultation Data

1st Nov 2016 – 30th April 2017	
Number of consultations attended	58
Number of consultations cancelled	14
Number of cases discussed in Consultation Clinic	51
Number of cases attended for a second consultation	7
Total number of professionals and carers who attended	131

2) Children's Home Staff Consultation

Consultations were offered to all eight mainstream Local Authority Children's Homes in Bradford District. In addition the team began offering consultation to a Children's Home which also provides a Residential Service for children with Learning Disabilities from February 2017. These consultations were offered on a monthly basis. In total, 32 Children's Home Consultations took place in the six month period. Two Child and Adolescent Psychotherapists also contribute to this service from the wider CAMHS team. Group Supervision for this work takes place monthly with Ben Lloyd (Head of psychological therapies in CAMHS).

Table 10. Number of Consultations delivered by the LAAC team to Children's Homes in Bradford

Children's Home	Number of Consultations Nov 2016 – April 2017
The Hollies	0
First Avenue	5
Meadowlea	6
Newholme	6
Owlthorpe	2
Rowan House	5
Sky View	4
Valley View	3
The Willows	1

3) Consultation to LAC Social Work Teams

Consultation to LAC Social Workers took place monthly at Sir Henry Mitchell House. These 30-minute consultations slots offer an opportunity for the screening of cases that might need a direct referral into the LAAC Team. They can also offer support and advice at a general level. When a more in depth consultation is required to think psychologically about a child's presentation or issues within the system around the child, social workers are encouraged to book into the CAMHS-LAAC Consultation Clinic (described above).

Between 1st November 2016 and 30th April 2017, five consultation sessions took place at Sir Henry Mitchell House. During these sessions, a total of 25 young people were discussed.

8. Accountability and transparency

Current position

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

With a number of providers and commissioners, it is difficult to get a consistent picture but there is opportunity and expectation we will do so through implementing the lead provider framework and reviewing data collected through the MHSDS.

There is an opportunity to commission jointly with the appointment of a joint commissioner across the CCGs and the Local Authority. We have now established new governance and frameworks for reporting. Maintaining transparency and accountability through joint working with the People's Board and the delivery group partners, will ensure shared understanding and learning.

Priorities for change

- Commissioner access to robust data on demand, activity and outcomes.
- Analysis of data and measurement of Local Transformation Plan impact.
- Effective joint commissioning to transform services and improve outcomes across Bradford district and Craven, with shared ambition, robust governance, and clear communication between commissioners, statutory and VCS providers.
- Demand in schools for emotional support needs is not routinely monitored.

Progress to date

- Work stream outcomes, milestones and metrics drafted.
- Children and Young People's Mental Health Local Transformation Plan aligned with Sustainability and Transformation Plan (CCG), all-age mental wellbeing strategy (CCG) and B Positive Pathways (Local Authority).
- Governance arrangements for implementation integrated with all-age mental wellbeing governance structure and delivery group.

Planned changes 2015-2020

To establish lead commissioner arrangements across all services Current commissioning governance arrangements are detailed at Appendix 5.
To work with all services providing care for mental health and emotional wellbeing in preparation for incorporating the children and young people's mental health minimum data set into MHSDS, including the establishment of data collection systems.
The main statutory provider is reporting against MHSDS. Data Quality in 8 of the 14 fields monitored by NHS Digital is above 95% in June 2017. 90% of records have a valid entry in Ethnic Category Code and only 2% of records have a valid entry in Primary Reason for Referral (31% in England).
As part of CYPIAPT much work has been done within Specialist CAMHS to promote and embed the use of Routine Outcome Measures. Significant amounts of work have gone into developing IT systems to ensure that outcome measures are available within the electronic patient record.
A navigable map of outcome measures has been developed guide clinicians in their use. IT systems have been developed to ensure that Routine Outcome Measures are available within the electronic patient record. An outcome measures champion has been identified by BDCFT. The outcomes measures champion will support the roll out of team training and education in the use of outcome measures for co-production, feedback and transparency.

9. Developing the workforce

Children and young people told us:

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

“Someone I can relate to.”

“Someone who understands.”

“Someone who talks to you on a level that you are comfortable with.”

“The right person.”

“Everyone should be trained because if only one worker is trained then the young people may not feel comfortable with that worker and they would then have no-one else to go to that is knowledgeable enough to help.”

Planned changes 2015-2020

New CAMHS Training programme

The journey begins with a CAMHS e-learning package of core universal emotional wellbeing education providing more staff with awareness of universal level actions that meet the well-being needs of children and young people. Content also covers when to contact colleagues who are competent in targeted approaches and who can support universal action. Following piloting of the draft package with key stakeholders, the final version is planned for launch within the wider workforce in November 2017. A new rolling programme of three ½ day face-to-face skills based courses will commence in December to follow-on from the e-learning using innovative whole systems tools to protect CYP emotional well-being and promote resilient relationships. With input from PMHWs, helpful practice will be learnt surrounding referral routes and supporting targeted approaches. Schools and vulnerable groups (looked after children and young people) settings are becoming increasingly interested in the tools. Finally, topic based CAMHS courses will continue to be a vital part of the programme with input from specialist CAMHS and voluntary sector partners e.g. Family Action and Barnardo's.

The NHS England Schools Competency Framework has informed the new multi-agency CAMHS programme by providing clear recommended activity for core competency groups working at a universal level within the setting. The e-learning will reach the areas of the workforce who traditionally have not accessed universal CAMHS training. The multi-agency offer of the CAMHS training programme will continue to ensure that good practice is shared among the wider Comprehensive CAMHS workforce.

Mental Health Champions/Schools Engagement

The school setting is where the schools engagement and workforce development work streams converge. The whole school approach is consistent with the whole systems approach of this CAMHS training programme and includes the well-being of staff. From November 2017, Mental Health Champions will receive the face-to-face training to inform the Senior Leadership Team and

support access by their colleagues in the wider workforce. Collaboration with the Schools Engagement work stream has begun on a shared MHCs online platform to support practitioners in the wider workforce. Discussions have also begun for a more large scale audit of training needs.

Resilience Passport

The Resilience Passport Pilot has been successful in securing charitable funding for the production of 50 passports. The Passport is a tool for use with pupils in year 5 approaching their SATS to help them develop helpful everyday habits and communication skills to meet their resilience needs including those surrounding cultural identity. The Passport uses an innovative well-being battery conceptualisation designed in partnership with the Barnardo's Participation group including children and young people who continue to provide positive feedback on its usefulness. Training linked to the Passport focuses on how to use the tool in order to maximize the benefit to pupils on this emotionally demanding journey. A parental and staff well-being feature to the tool will support the use of the tool within the home as well as the workplace. Project management and evaluation is being undertaken in partnership with the BDCNHSFT business support team – iCare. Roll-out is planned for June 2019 and will consider the use of the Passport for other significant life transitions such as entering and leaving care.

Support to other work streams (Vulnerable Groups, Crisis Care and Eating Disorders)

Training needs identified within Crisis Care have resulted in Safer Spaces staff joining the Buddies in receiving tailored topic based CAMHS training following previously delivered core competency training. Looked after children practitioners have benefited from tailored training in adolescent brain development and risk taking behaviour and will receive tailored self-harm training in October 2017. The training will support activities aimed at developing CYP resilience and will increase staff confidence. Discussions are underway with the eating disorders team to develop a universal training strategy to support early intervention activities.

To extend roll out of CYPIAPT training to incorporate the voluntary and community sector, school nurses and counsellors with financial support from NHS England during Q3 and 4 2016/17. In Wave 6 The partnership are seeking to send 5 candidates from a breadth of services onto the evidence based practice module which will widen the skill set of the wider. Supervision will be provided by trained CYP IAPT supervisors within specialist CAMHS.

To incorporate principles of CYPIAPT into workforce training programmes.

To align workforce training programmes to ensure equal coverage and access to all providers of children's services.

BDCFT is currently mapping current pathways against NICE guidance to look at skill gaps. A workforce and training plan will be developed in response to this in early 2018.

Develop the CYP IAPT workforce

Bradford and Airedale were successful in applying for the fourth wave of children and young people's improving access to psychological therapies (CYP IAPT), the training for which has been completed. Trainees have been recruited for this year's CYP IAPT course.

There is also an established programme of workforce development training in mental health delivered across schools and primary care with a dedicated programme coordinator.

Specialist CAMHS services provided by Bradford District Care NHS Foundation Trust in partnership

with Barnardo's are members of the North West CYP IAPT collaborative. The partnership have been engaged since Wave 4 of the programme and have successfully trained 6 specialist CAMHS staff in CBT, Family Therapy and parenting. These skills are being utilized within specialist CAMHS services widening the offer of evidenced based interventions. In Wave 5 the partnership supported a voluntary sector organization in sending a member of their workforce on the CYPIAPT Programme with specialist CAMHS offering supervision and support throughout. The partnership are now targeting the wider workforce outside specialist CAMHS to address the need for skills and understanding around promoting emotional health and wellbeing at all levels thus ensuring that resilience is built and help is sought at the earliest stage.

Wider CAMHS and VCS staff continue to be supported to access CYPIAPT training including:

Evidence based practice: 2 colleagues from VCS services completed and practising, 2 Core CAMHS staff currently undertaking, 6 staff from across core CAMHS and VCS services are attending the next planned course.

Service Lead Course: 3 core CAMHS managers have completed and 2 more managers are enrolled on the next course starting October 2017.

Family Therapy for Eating Disorders: 1 Eating Disorders team member is enrolled on the course commencing January 2018.

Routine outcome monitoring with improved supervision

CYPIAPT outcome measure are being mapped to the clinical pathways alongside NICE guidelines for interventions. All core CYPIAPT outcome measures are now available on RIO. A set of core standards around the use of outcome measure are now in place. Staff are engaged in a rolling programme of training and support around the use of outcome measures to include the use within team meetings, case load management, supervision and appraisal. Outcomes Champions are in place across the Core CAMHS teams.

CAMHS Workforce

For Community CAMHS only

SUMMARY OF CAMHS WORKFORCE

All figures by WTE for 2016/17 gear end outturn staffing

	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Consultant Psychiatrist	Other Medical	Total wte
Medical												5.62		5.62
Qualified Nursing					25.83	10.00								35.83
Support worker / Unqualified Nursing Staff		4.55												4.55
Clinical Psychology			2.00			0.67	1.63		1.00					5.36
Psychotherapy				1.00	4.80	4.24	3.54							13.58
Therapists				0.60	2.73	1.51								4.84
Allied health professionals						0.60								0.60
Social worker														-
Education (staff employed by CAMHS)														-
Inpatient Operational Management														-
Other														-
Admin								0.63	0.07	0.07				0.78
Total	-	4.55	2.00	1.60	33.36	17.02	5.23	0.63	1.07	0.07	-	5.62	-	71.16

Family Therapy

Of the staff included in the matrix above, how many are trained in family therapy? (Meriden level or equivalent)

Family Therapists	0.6	WTE
Other Staff e.g. Clinical Psychologists	7.7	WTE

Workforce planning

BDCFT services will develop to extend provision originally focused on Adult Mental Health to work with specialists in Children and Young People's Mental Health and extend access to people of all ages (crisis care), or to develop structures specific to children and young people (Schools Engagement, Vulnerable Groups), thus increasing the skill base and service access to children, young people and their families. This will maximize the contribution of the current workforce and extend access to skilled care to wider populations.

Service	Staff group	wte	Timescale
First Response (crisis)	CAMHS specialist	3.0	August 2016 (complete)
Eating Disorders	Team manager		
Eating Disorders	Dietitian		
Eating Disorders	Consultant psychiatrist		
Eating Disorders	Psychological therapy lead		
Eating Disorders	Psychological therapist		
Eating Disorders	Assistant psychologist		
Schools Engagement	Primary Mental Health Workers (additional)	4.0	Complete
Single Point of Access (Early Help Hubs)	Primary Mental Health Workers	2.4	Complete
Vulnerable Groups	CAMHS social workers	3.0	Complete, ring-fenced from current workforce
Vulnerable Groups	Lead LAAC therapist	0.71	Complete
Vulnerable Groups	LA social workers	tbd	From current workforce, September 2016
Vulnerable Groups	Psychological therapist	2.0	September 2016
Vulnerable Groups	Assistant psychologist	tbd	September 2016
Schools Engagement	Project administrator	0.5	tbd
Schools Engagement	Educational psychologist	0.3 (0.2 Future in Mind, 0.1 core funding)	tbd
Vulnerable Groups (CSE hub)	Primary Mental Health Worker	0.4	Complete
Vulnerable Groups (Youth Offending Team)	Nurse specialist and consultant psychiatry	1.0	Complete

10. Finance

Funding allocation 2016/17

Scheme	Allocation
Primary Mental Health Workers	352,000
Schools Links Project	91,000
Community Eating Disorder Service	298,000
Crisis Care	109,500
Model of therapeutic integrated care for vulnerable children and young people including LAAC	186,000
Single Point of Access: PMHWs appointed to Early Help Hubs and Panels	100,000
Total	1,136,500

Funding allocation 2017/18

Scheme	Allocation
Primary Mental Health Workers	350,000
Schools Links Project	91,000
Community Eating Disorder Service	298,000
Crisis Care	109,500
Model of therapeutic integrated care for vulnerable children and young people including LAAC	188,000
Craven (schools)	30,000
Bevan House	50,000
Other	20,500
Total	1,137,000

11. Governance

Commissioning governance arrangements are detailed at Appendix 5.

The Future in Mind Project Delivery Board consists of commissioners (NHS and Local Authority including Public Health), contracting and engagement representatives, the principal statutory provider and representatives from schools and the VCS. Its role is to implement the Local Transformation Plan. It reports to the Joint Mental Health Commissioning Board, whose role is to provide strategic direction, monitor progress in implementing the plan, and perform a 'scrutiny role' for the oversight of service quality.

The Mental Wellbeing Partnership Board is accountable to District-wide bodies representing both health and social care (Bradford Health and Social Care Commissioners, Health and Wellbeing Board).

The Local Transformation Plan has a Programme Lead (Head of Mental Health Commissioning, CCGs and LA) and a Senior Responsible Officer (Director of Strategy, NHS Bradford Districts CCG). As well as reporting to the Joint Mental Health Commissioning Board it makes bi-monthly reports on risks and progress against milestones to the Programme Office of Bradford City and Bradford Districts CCGs and monthly reports to the Programme Office of Airedale, Wharfedale and Craven CCG.

The programme milestones and risk register form Appendix 6 of this refreshed plan.

12. Measuring impact

Local and national metrics are listed in Appendix 7.

In addition to these overall metrics each work stream will develop and use indicators to monitor progress of implementation.

13. APPENDICES

Appendix 1: Mental Wellbeing in Bradford district and Craven: a strategy 2016-2020

[Mental wellbeing in Bradford District and Craven: a strategy 2016-2021](#)

Or type the following address in to your browser

<http://www.bradforddistrictscg.nhs.uk/seecmsfile/?id=1131>

[The easy read version of the strategy can be found here.](#)

Or type the following address in to your browser

<http://www.bradforddistrictscg.nhs.uk/seecmsfile/?id=1184>

Appendix 2: Engagement with children and young people in North Yorkshire including Craven

The Voice, Influence and Participation team (VIP) facilitate opportunities for looked after children and care leavers (Young People's Council), and young adults with Learning Difficulties and Disabilities (Flying High) to meet on a regular basis to seek their views and thoughts on services which affect them in North Yorkshire

The Flying high group have met with managers to look at ensuring CYP have access to therapists who know how to work with someone with a disability such as autism. They have also discussed the issue of older young people with SEND being asked to access CBT Mental Health services online and the difficulty of this for young people with visual impairment or learning disability.

The Young People's Council have met with Children's Social Care Senior Managers to discuss how looked after young people and care leavers are supported by mental health services. The YPC also told looked after children health nurse managers about their experiences of being supported by their General Practitioners (GP's). Their recommendations about what works well for them was fed back to GP's. Members of the Youth Executive have shared their thoughts with the Health and Wellbeing Board in July 17 and have also met with senior managers from Tees, Esk and Wear Valley to see how they can work together to help support initiatives aimed at helping young people deal with mental health problems.

The YPC and Flying High, along with representatives from other youth voice groups across the county, are represented on the North Yorkshire Youth Executive which was formed in February 2017 and which now meets to campaign on issues important to young people.

Other groups represented -

- Harrogate and District NHS Foundation Trust - Young Peoples Panel
- Harrogate Youth Council
- LGBT+
- Military Kids Club
- Police and Crime Commissioner - Young Peoples Panel
- Young Advisors
- Young Carers

The Youth Voice Executive are currently focussing on 3 topics, they are:

1. Developing Resilience and Emotional Wellbeing
2. Transport
3. Curriculum for Life

The VIP are supporting the running of both area youth voice groups and county wide meetings which will take place throughout the year, where young people can meet with others to work together locally and to meet with local managers and senior decision makers.

British Youth Parliament – to enable the views of young people in North Yorkshire to be heard regionally and nationally we also work with and support our 3 members of the youth parliament (MYPs) who meet regularly with other MYPs from across Yorkshire and the Humber and who attend the annual sitting in the House of Commons along with over 600 young people from across the United Kingdom in November each year.

October 2017

Appendix 3: Local Transformation Plan summary for children and young people, parents and carers



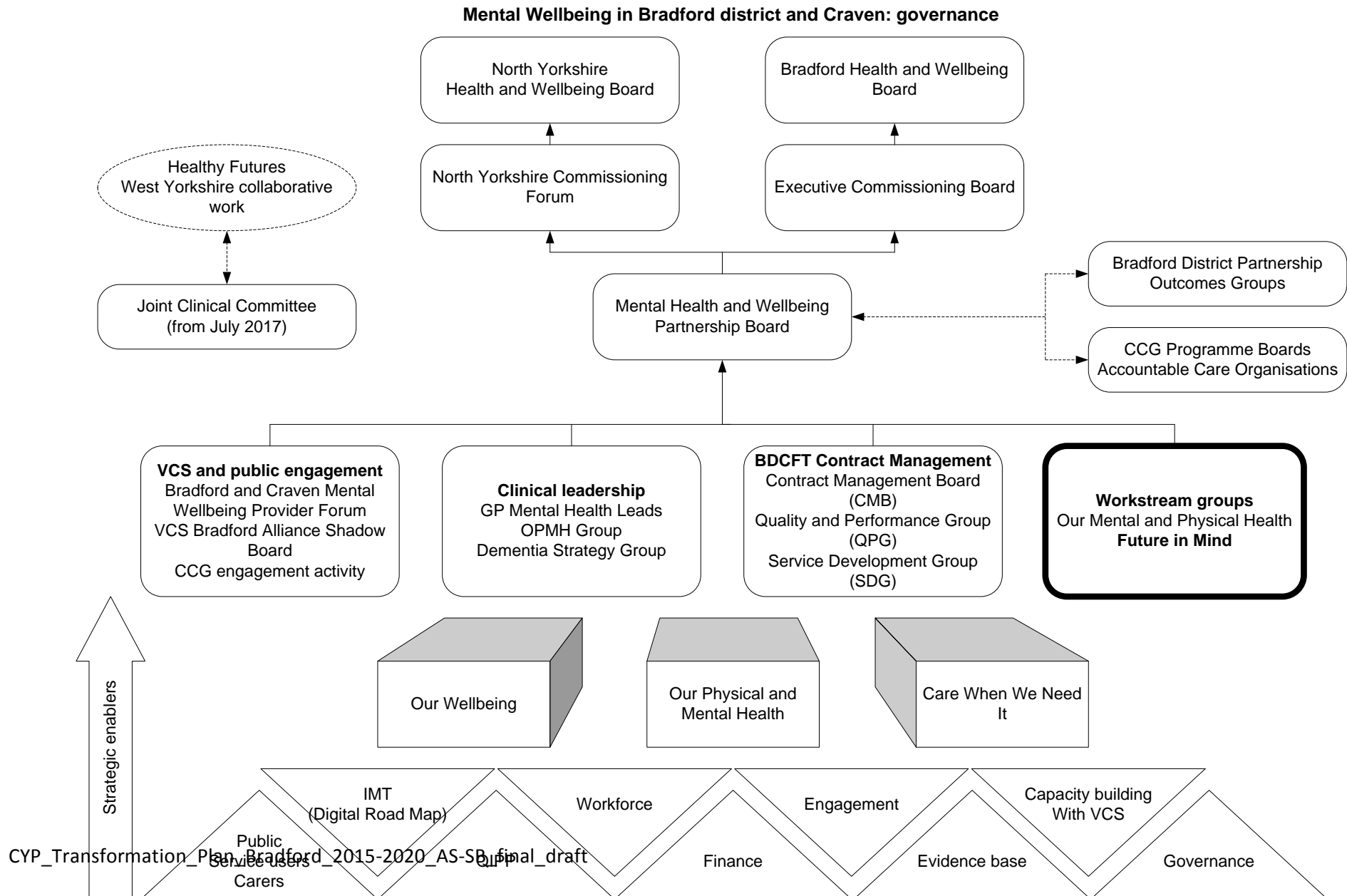
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Appendix 4: Bradford Youth Voice event findings



FiM Youth Voice
Event Consultation Fi

Appendix 5: Governance structure



Appendix 6: Outcomes and milestones

Outcomes and milestones

CYP1.0 Schools Liaison and Prevention		
Outcomes	PMHWs provide specialist support working closely with school staff and children	
	Increased awareness among schoolchildren and school staff of mental health and wellbeing	
	Improved mental health and resilience for children and young people	
	Reduction in stigma attached to mental health issues	
	Schools are supported to identify children and young people at risk of mental health issues	
	Children with low level need are supported in school environment	
	Clear access routes to specialist services where need for these is identified	
	Easier access to appointments	
	Clearly defined roles with regard to MH responsibilities for staff groups in schools	
	Choice of routes of access to mental health services	
	School Nursing Mental Health lead with clearly defined role	
	Implement relevant recommendations from School Nursing review	
		Timescale
Milestones	CYP1.1 Clinical resource freed to contribute to work stream - complete	Apr-16
	CYP1.2 Reconvene Mental Health Matters in Schools Group - BMDC + key partners	Jun-16
	CYP1.3 Review MH promotion materials from other areas and develop action plan for production of materials to meet local needs	
	CYP1.4 Go Live for Thrive Bradford website and publicity campaign	Jun-16
	CYP1.5 Identified mental health champion in every school to link into CAMHS	Apr-16
	CYP1.6 Identify relevant recommendations from School Nursing review	Sep-16
	CYP1.7 Every school to have access to a named school nurse: complete	
	CYP1.8 Deliver self-harm strategies and prevention of self-harm in schools	
	CYP1.9 Develop a mental health pathway for schools	
	CYP1.10 Design One Stop Shop or Drop In facility to enable access for young people who cannot access statutory provision	Mar-17
	CYP1.11 Embed specialist workers with services for vulnerable children and young people (Looked After Children, Youth Offending Teams): links with Special Needs schools complete. CAMHS also have direct links with YOT and Drug and Alcohol services for children and young people	Mar-17

	CYP1.12 For referrals to CAMHS and VCS for children and young people, map sources of referrals and type of care need. Obtain intelligence on demographic of demand	Dec-16
	CYP1.13 Define referral routes to VCS providers	
	CYP1.14 Ensure training and resources available to schools	Mar-17
	CYP1.15 Design processes for ongoing involvement in work stream development and implementation by children and young people	Sep-16
	CYP1.16 CYP IAPT available in schools	Dec-17

CYP2.0 Single Point of Access		
Outcomes	Need is identified as early as possible	
	An appropriate level of support is provided at the earliest and most convenient opportunity	
	Children and young people have access to one stop shops with staffing from a range of agencies	
	Children and young people have access to an age-appropriate safe space	
	People working with children and young people in a wide range of organisations can access training and advice	
	Parents and families can access support and advice	
	Clear pathways from Single Point of Access to services for different care needs and levels of acuity including specialist CAMHS	
		Timescale
Milestones	CYP2.1 Implement Early Help Hub pilots in Keighley and East Bradford	April 2016
	CYP2.2 Evaluate Early Help Hub pilots	
	CYP2.3 Identify learning from Early Help Hub pilots	
	CYP2.4 Review Early Help Hub pilot model to identify elements supporting emotional wellbeing	
	CYP2.5 Receive national guidance on Single Point of Access	
	CYP2.6 Agreement on local Single Point of Access model	

CYP3.0 First Response Service		
		Timescale
Milestones	CYP3.1 Revised FRS service specification included in contract with BDCT	
	CYP3.2 Recruit interim staff through agency	Ongoing
	CYP3.3 Utilise existing resource to staff service pending recruitment to full team	

CYP3.4 Recruit specialists in children's and young people's mental health	November 2016
CYP3.5 All FRS employees receive training in CYPMH	Ongoing
CYP3.6 Align Children's IHT workers with Adult IHT	January 2017
CYP3.7 Co-locate LA Emergency Duty Team with FRS	
CYP3.8 Consider regional age appropriate s136 suite with other localities	
CYP3.9 Agree model for all-age Intensive Home Treatment service	September 2017

CYP4.0 Community based Eating Disorders		
Outcomes	Prompt access to care	
	Clients receive NICE approved package of care	
	Timescale	
Milestones	CYP4.1 Complete team by recruitment to posts	Sep-16
	CYP4.2 Full service operational	Mar-17
	CYP4.3 Communication with stakeholders (roadshows, events with GPs)	Mar-17
	CYP4.4 Report against waiting times standards by Q1 1617	Mar-17
	CYP4.5 Direct access and self-referral to service	Mar-20

CYP5.0 Vulnerable Groups		
	Timescale	
Milestones	CYP5.1 Submit proposal for Specialist Looked After and Adopted Children team	Complete
	CYP5.2 Revise proposal with reference to allocated budget	Complete
	CYP5.3 Decision on whether to progress project	Complete
	CYP5.4 Utilise existing resource to staff service pending recruitment to full team	Ongoing
	CYP5.5 Recruit to specialist team of therapists	March 2017
	CYP5.6 Develop service to provide extended support for looked after children identified as vulnerable	March

		2017
	CYP5.7 Align with specialist services from CYP MH provision to provide specialist support where need is identified	
	CYP5.8 Identify services towards other vulnerable groups	

CYP6.0 Transparency and accountability		
Outcomes	MHSDS data of an agreed level of data quality is available to eMBED analysis team	
	Reports derived from MHSDS data are available to contract management forums	
	Data from Social Care and Education is available to inform service design and client outcome monitoring	
		Timescale
Milestones	CYP6.1 Map information available for Social Care and Education	Jun-16
	CYP6.2 Identify any obstacles to availability of Social Care and Education data	Jun-16
	CYP6.3 Providers commence reporting against MHSDS - complete	Jan-16
	CYP6.4 HSCIC publish provider level DQ reports - complete	Apr-16
	CYP6.5 eMBED consolidate access to MHSDS submissions	
	CYP6.6 Yorkshire DMIC make MHSDS data available to eMBED analysis team	
	CYP6.7 eMBED analysis team identifies Data Quality areas for improvement (i) BDCFT (ii) sub-contracted providers	
	CYP6.8 Data Quality improvements agreed with providers	
	CYP6.9 eMBED analysis team develops methodology to report against performance indicators	
	CYP6.10 eMBED analysis team develops methodology to monitor PbR and other commissioning requirements	
	CYP6.11 Data Quality improvements achieved	

CYP7.0 Workforce		
Outcomes	Menu of flexible training options developed for universal settings staff	
	CYP workforce aware of the recommendations regarding emotional well-being knowledge and skills relevant to different levels of employment practice and service provision e.g. Common Core of skills and knowledge	
	CYP workforce able to negotiate an appropriate plan of professional development with their managers based on practitioner and service need	
	CYP workforce aware of the variety of settings where it is possible to develop relationships that foster resilience	
	CYP workforce aware of the range of emotional well-being knowledge and skills development opportunities within Bradford District	

	CYP workforce benefit from support of peers engaged in similar resilience building activity	
	CYP workforce aware of the benefits of early intervention in emotional well-being	
	Improved access to training for school staff and others who work with children and young people	
	CYP workforce has increased awareness of choice of routes of access to mental health services	
	CYP workforce has more awareness of strategies to provide support	
	CYP workforce is supported to provide effective care to children and young people with mental health care needs	
		Timescale
Milestones	CYP7.1 Establish what constitutes Universal Services CYPMH training	
	CYP7.2 Map current training and identify gaps	
	CYP7.3 Map training requirements for CYPMH across children's workforce	
	CYP7.4 Design process for children and young people to influence Workforce work stream	
	CYP7.5 Identify CYP MH workforce development champions across mainstream services and specialist CAMHS	
	CYP7.6 Develop plan to ensure full coverage of training requirements across children's workforce	
	CYP7.7 Expand opportunities for WRAP training (Wellness Recovery Action Plan)	Ongoing
	CYP7.8 Expand training opportunities for community and faith organisations to raise awareness of services available	
	CYP7.9 Expand opportunities for training in cultural competence for staff working with children and young people	
	CYP7.10 Extend CYP IAPT training to School Nurses	

Appendix 7: Metrics

Local metrics

Work stream		Measure	Rationale
	Overarching	Has the CCG developed and published a local transformation plan which has been assured, includes baseline data and is this plan updated and republished annually?	National requirement: CYP MH transformation milestone
		Are the Children and Young People's Eating Disorder Team commissioned by the CCG providing a service in line with the model recommended in the access and waiting time standard?	National requirement: CYP MH transformation milestone
		Are the Children and Young People's Eating Disorder Team commissioned by the CCG part of the relevant quality assurance network?	National requirement: CYP MH transformation milestone
		Does the CCG have collaborative commissioning plans in place with NHS England for tier 3 and tier 4 CAMHS?	National requirement: CYP MH transformation milestone
		Has the CCG published joint agency workforce plans detailing how they will build capacity and capability including implementation of Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) transformation objectives?	National requirement: CYP MH transformation milestone
		CCG spend of additional funding for CYP MH	National requirement: NHSE finance tracker
		Number of children and young people commencing treatment in NHS-funded community services	National requirement from Q3 2016/17
		Recovery metric to be developed pending introduction of national requirement	National requirement from 2018/19
		Number of children accessing CAMHS who self harm	Monitor trend in numbers accessing CAMHS who self harm
	School readiness - % achieving a good level of development at the end of reception	Monitor well-being and development in early years	
CYP1.0	Schools Liaison and Prevention	Referrals from school staff to specialist CAMHS as a percentage of school staff contacts with an emotional wellbeing component	Estimate the proportion of emotional and mental health support need that is met in schools
		State-funded primary and secondary schools: % of persistent absentees, having 38 or more sessions of absence	Identify change in numbers absent from school

Work stream		Measure	Rationale
		New cases of "children in need": rate of new cases identified during year, per 10,000 aged <19	Children who require additional support from LA to maintain health/ development/ prevent harm
		Rate of 16-18 year olds not in education, employment or training	Monitor numbers of young people unable to reach their full potential
CYP2.0	Single Point of Access	To be determined	Awaiting national guidance
CYP3.0	First response: crisis care	First response clients aged under 19 receiving assessment within 4 hours as a proportion of referrals for people aged under 19	Monitor prompt access to care
		Total bed days in CAMHS tier 4 per CYP population	National requirement; monitor effectiveness of crisis care in supporting unwell CYP in the community
		Total CYP in adult in-patient wards/ paediatric wards	National requirement; monitor effectiveness of crisis care in supporting unwell CYP in the community
		Mortality from suicide <19 years	Trends in suicide prevention
CYP4.0	Community based Eating Disorder service	Percentage of clients (routine) who start treatment within 4 weeks from first contact with a designated healthcare professional	Monitor prompt access to care
		Percentage of clients (urgent) who start treatment within 1 week from first contact with a designated healthcare professional	Monitor prompt access to care
		Service provides NICE-concordant care (y/n)	
		Recovery metric to be determined	Effectiveness of service in treating eating disorders

Work stream		Measure	Rationale
CYP5.0	Vulnerable Groups	Emotional wellbeing of looked after children (PHOF 2.08)	Well-being of vulnerable groups
CYP6.0	Transparency and accountability	NHS number CCGs percentage completeness	Monitor data quality
		Ethnic Category Code CCGs percentage completeness	Monitor data quality
		CCGs Source of referral for mental health percentage completeness	Monitor data quality
		Programme governance structures are in place and evidenced by (1) Terms of Reference and (2) Minutes	Provide assurance that programme governance structures are in place
		Number of complaints (upheld?) to children's mental health services	Acceptability of services to service users and their families
CYP7.0	Workforce	Schools, colleges and academies where a member of staff has completed training in [tbd] as a percentage of all schools, colleges and academies	Monitor access to training for school staff

Local dashboard



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National metrics

Implementing the Five Year Forward View for Mental Health includes additional nationally reported metrics to demonstrate progress at CCG / STP level:

Metric	Source	Availability
CYP MH transformation milestones	CCG IAF / Unify From Q1 2016/17	CCG IAF / Unify From Q1 2016/17
CCG spend of additional funding for CYP MH	NHSE finance tracker	From Q1 2016/17
Number of CYP commencing treatment in NHS-funded community services	MH SDS From Q3 2016/17	MH SDS From Q3 2016/17
Proportion of CYP with an eating disorder receiving treatment within 4 weeks (routine) and 1 week (urgent)	MH SDS / Unify From Q1 2016/17	MH SDS / Unify From Q1 2016/17
Proportion of CYP showing reliable improvement in outcomes following treatment	MH SDS 2018/19	MH SDS 2018/19
Total bed days in CAMHS tier 4 per CYP population; total CYP in adult in-patient wards/paediatric wards	MH SDS From Q2 2016/17	MH SDS From Q2 2016/17

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- ¹⁰ **Links to data:** <https://www.nomisweb.co.uk/census/2011/qs201ew>
<https://www.nomisweb.co.uk/census/2011/dc2101ew>
<https://www.nomisweb.co.uk/census/2011/qs601ew>
<https://www.nomisweb.co.uk/census/2011/dc6201ew>
<https://www.nomisweb.co.uk/census/2011/qs302ew>
<https://www.nomisweb.co.uk/census/2011/qs303ew>
<https://www.nomisweb.co.uk/census/2011/dc3201ew>
<https://www.nomisweb.co.uk/census/2011/ks209ew>
- ¹¹ Grass Roots is an ongoing mechanism of collecting feedback from people and carers who use NHS services. Insights are collected from a wide range of sources including direct and real time feedback, feedback from Healthwatch, social media, NHS Choices, patient opinion, staff, voluntary and community sector, carers, patient groups and networks.
- ¹² Copeland, M. (2015). *WRAP and Recovery Books* [online]. Available at <http://mentalhealthrecovery.com/> [Accessed 18 October 2016].
- ¹³ http://www.thetelegraphandargus.co.uk/news/15595101.The_Mental_Health_Champions_who_are_helping_to_improve_young_minds_in_Bradford/
- ¹⁴ Bradford District Care NHS Foundation Trust (2017). *Integrated Performance Report October 17* [online]. Available at <http://www.bdct.nhs.uk/wp-content/uploads/2017/10/Item-14-Trust-Board-Report-October-17-FINAL.pdf> [Accessed 25 October 2017].
- ¹⁵ *The Mental Health of Looked-After Children* (2002) [online]. London: The Mental Health Foundation. Available at https://www.mentalhealth.org.uk/sites/default/files/mental_health_looked_after_children.pdf [Accessed 18 October 2016].

¹⁶ *Domestic violence and abuse: multi-agency working: Public health guideline* (2014). National Institute for Health and Care Excellence. Available at <https://www.nice.org.uk/guidance/ph50/resources/domestic-violence-and-abuse-multiagency-working-1996411687621> [Accessed 18 October 2016].

¹⁷ Casey, L. (2015). *Report of Inspection of Rotherham Metropolitan Borough Council*. London: Department for Communities and Local Government [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/401125/46966_Report_of_Inspection_of_Rotherham_WEB.pdf [Accessed 18 October 2016].

¹⁸ NHS England / Commissioning Strategy / Equality and Health Inequalities Unit (2015). *Guidance for NHS commissioners on equality and health inequalities legal duties*. Leeds: NHS England [online]. Available at <https://www.england.nhs.uk/wp-content/uploads/2015/12/hlth-inqual-guid-comms-dec15.pdf> [Accessed 18 October 2016].