

Report of the Director of Strategic Partnerships, NHS Bradford Districts Clinical Commissioning Group, to the meeting of Bradford South Area Committee to be held on 28th March 2019

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Subject:

UPDATE FROM NHS BRADFORD DISTRICTS CLINICAL COMMISSIONING GROUP.

Summary statement:

This report provides an update on the priorities, recent initiatives and public engagement activities by NHS Bradford Districts Clinical Commissioning Group.

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Portfolio:

**Health Wellbeing
Overview & Scrutiny Area:**

Health and Social Care

1. SUMMARY

This report provides an update on the priorities, recent initiatives and public engagement activities by Bradford Districts Clinical Commissioning Group.

2. BACKGROUND

Bradford Districts Clinical Commissioning Group was established in April 2012 in shadow form and were fully authorised in April 2013. This report provides an overview of the CCG's recent activities in priority areas.

3. OTHER CONSIDERATIONS

See report attached at appendix 1.

4. FINANCIAL & RESOURCE APPRAISAL

Not applicable.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Not applicable.

6. LEGAL APPRAISAL

Not applicable.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

None.

7.2 SUSTAINABILITY IMPLICATIONS

Increased local decision-making has the potential to create more sustainable solutions to local issues.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No specific issues.

7.4 COMMUNITY SAFETY IMPLICATIONS

There are no community safety implications arising from this report.

7.5 HUMAN RIGHTS ACT

There are no human rights issues arising from this report.

7.6 TRADE UNION

Not applicable.

7.7 WARD IMPLICATIONS

None identified.

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

Not applicable.

7.9 IMPLICATIONS FOR CORPORATE PARENTING

None.

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None.

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

None.

10. RECOMMENDATIONS

Bradford South Area Committee is asked to note the contents of this report.

11. APPENDICES

Appendix 1: Report of the Director of Strategic Partnerships

12. BACKGROUND DOCUMENTS

None

Report of the Director of Strategic Partnerships to Bradford South Area Committee

Bradford Districts Clinical Commissioning Group (CCG) is an NHS organisation that commissions (plans, buys and monitors) most of the hospital and community NHS services in the local areas for which it is responsible. Commissioning involves deciding what services are needed for diverse local populations, and ensuring that they are provided.

Services CCGs commission include:

- most planned hospital care
- rehabilitative care
- urgent and emergency care (including out-of-hours)
- most community health services
- mental health and learning disability services
- family doctor (GP) services

All three of our CCGs in Bradford District and Craven work closely together and have a shared management team. Locally, Bradford Districts and Bradford City CCGs also work as part of the Bradford Health and Care Partnership, which brings together local organisations involved in health and care with a view to making patient pathways more responsive to those who use them.

We also work as part of the wider West Yorkshire and Harrogate Health and Care Partnership on commissioning plans and decisions that would benefit from collective decisions about specific work programmes – for example, mental health, stroke and urgent care. This is done through the [Joint Committee of CCGs](#), which has delegated powers from individual CCGs to make collective decisions on behalf of the CCGs involved.

Prior to this meeting, the Area Committee requested information about young people's mental health. The first part of this report focuses on this, whilst the second gives a broader overview of some of the other work of the CCG.

Part 1: Young people's mental health

Our local transformation plan for young people's mental health was developed in the context of Bradford and Airedale with reference to the Joint Health Needs Analysis of emotional and psychological wellbeing of children in Bradford (Public Health 2015).

In January 2017 we launched the strategy for [Mental Wellbeing in Bradford District and Craven](#). This all age strategy was developed through extensive and detailed working with partners and stakeholders. 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 our Joint Health and Wellbeing strategy.

The Mental Wellbeing Strategy sets out the principles of our work and our Joint Health and Wellbeing Strategy sets out our ambition for a happy and healthy Bradford District, where people have greater control over their wellbeing, living in their own homes and communities for as long as they are able, with the right support when it is needed. Our local health and care partnerships are working towards a district where we achieve the following for our population:

- Outcome 1: our children have a great start in life
- Outcome 2: children and young people have good mental wellbeing
- Outcome 3: children and young people are living well and growing up well
- Outcome 4: Bradford District and Craven is a healthy place to live, learn and work

In **Appendix 1**, we present our refreshed Local Transformation Plan for Future in Mind. This was co-developed with children, young people, their families and with our own services. Together, we have identified 13 key areas of focus under the following five theme areas of Future in Mind.

- 1 Promoting resilience, prevention and early intervention
- 2 Improving access to effective support: a system without tiers
- 3 Care for the most vulnerable
- 4 Accountability and transparency
- 5 Developing the workforce

Key progress since our last report to the Area Committee (March 2018) includes:

- There is strong engagement of children and young people in the programme
- Formal alignment with key programmes has been established in Council and CCGs
- There are over 150 mental health champions in schools (including senior leadership team leads) with almost 100% positive evaluations for the impact of support provided
- A new self-harm policy has been implemented across health and education settings
- Forty-nine schools have accessed *Living Life to the Full* training and 46 schools now have a licence to deliver the intervention in schools. An impact analysis to measure the outcomes achieved following the training is being undertaken.
- The Mental Health Champions (MHC) project has connected with nationally recognised initiatives for a co-ordinated approach, including Mental Health First Aid England and Anna Freud Schools Link Project
- A conference to relaunch the MHC project took place in September 2018 with the aim of doubling the number of schools engaged in the project. Over 180 young people attended the event, and 18 new schools took part.
- Data collection systems are now in place and 23 schools provided data at first collection point indicating that MHCs had supported 896 students through a combination of individual and group-based activities. Most common issues included self-harm, low mood and anxiety. A pre- and post- measure has been provided to schools to ascertain the impact of the interventions. The next data collection point is due at the end of July and will be reported in quarter two.

- Over 1000 staff across the universal workforce in Bradford District have been trained in mental health awareness
- Our Youth in Mind partners have supported almost 500 children and young people, we are in the process of revising our offer to extend this to a target of 800 young people
- The average waiting time for quarter one from referral to treatment was 108.2 days from the baseline average of 121.3, for CAMHS services
- We are delivering schemes to provide refugee and asylum seeking children with psychological and social support
- There is greater working with the voluntary and community sector to build support when needed and this has included developments with the First Response Service and Safer Spaces.
- The First Response team is working with Youth on Health to create a toolkit for tele-coaches to help them work with young people that ring in crisis as more young people use the service
- As a result of the Youth on Health Network's most recent audit of the Safer Space a colourful mural, co-designed with young people, is currently being painted in the activity room
- A showcase of positive practice on BBC4 received national recognition.
- Twelve young people have completed a leadership course and are delivering workshops to over 170 senior managers across health and social care. We are committed to offering a further leadership course to a new cohort of young people.
- Delivery of a new three-part CAMHS face-to-face training programme which features innovative whole systems 'ENGAGE Together' tools for protecting well-being, promoting relationships and supporting targeted approaches
- A Resilience Passport pilot taking place within one primary school and a further pilot is planned.
- A specialist team for perinatal mental health is operational and taking referrals
- Youth in Mind has established a 'children and young people's mental health in hospitals' working group with parent/carer involvement.
- Eleven apprentices have been recruited to the Bradford Youth Service.

Part 2: other CCG health plans and initiatives

1 GP access

Recognising that the traditional model of general practice is unlikely to be sufficient to deliver its objectives, NHS England is supporting the development of new ways of providing and commissioning services. To set out our delivery of this we have a five-year [primary medical care commissioning strategy](#), which was widely consulted on with partners and stakeholders. Bradford City and Bradford Districts CCGs published this strategy at the end of 2016. It will be refreshed during 2019, to show the progress made to date and the updated priorities, since it was first published.

A key priority within the strategy is to improve access to primary medical services, including commissioning extended hours provision. It also includes a requirement to improve the offer of digital access and improve access to technologies that promote self-care and prevention. The strategy also encourages delivery of primary care at scale and the delivery of high quality primary medical services.

The views of patient participation groups and other service users have been, and continue to be, instrumental in helping to develop extended access initiatives.

Some examples of initiatives locally to improve access, include:

Extended access: With Bradford City and Bradford Districts CCGs, we commissioned an extended access service in 2017 from Bradford Care Alliance CIC. Being part of the West Yorkshire Urgent Care Acceleration Zone we were able to do this work a year earlier than most other CCGs nationally. Within Bradford there are now three hubs operational which serve 100% of the population. They operate from Westbourne Green Health Centre, The Ridge Medical Practice (Cousen Road) and Shipley Health Centre, and are open 6.30pm – 9.30pm Monday to Friday (all three hubs) and 10am - 1pm Saturday and Sunday (Westbourne Green only). There are appointments with GPs, nurses (for smear tests, blood tests, and asthma checks) physiotherapists, welfare benefit and debt advice and mental wellbeing support. Any patient in Bradford can access any of the hub locations, if the appointment is convenient to them, by telephoning their own practice to book it.

Working at scale: Our primary medical care commissioning strategy supports practices working at scale and, as a result, in 2018/19 we have seen an increase in the number of practices working in networks. We now have 10 Community Partnerships, where local practices work collaboratively, for the benefit of more joined-up patient care, with other local services such as community nursing, community pharmacy, the hospitals, the local authority and the voluntary and community sector (VCS).

Improving digital access via technologies that promote self-care and prevention:

During 2019 local practices will have the opportunity to adopt an online consultations system (funded by NHS England). Patients will be able to contact their practice via a portal linked to their own practice's website, to make an enquiry with a clinical professional, who will reply within 24 hours to provide advice, or a face-to-face appointment, promoting self-care and prevention, and helping with administrative requests such as prescription queries, sick notes, etc.

2 Bradford's Healthy Hearts

Bradford's Healthy Hearts (BHH) has now been operational for some time. We have seen some extremely positive results, recently published nationally in an NHS Right Care [case study](#). The BHH work has resulted in the optimised treatment of 21,000 people and over 200 fewer people suffering heart attacks or strokes.

The wider BHH project has been recognised regionally, and Dr Youssef Beaini, Clinical Lead for Cardiovascular Disease (CVD) for the CCG is leading this work to support roll out across West Yorkshire and Harrogate with a focus on hypertension (high blood pressure) Atrial Fibrillation (AF – an irregular heart beat) and cholesterol. The aim of this programme is to reduce the number of people who experience a cardiovascular disease incident by 10% across the area by 2021. This would mean over 1,100 fewer CVD incidents, consisting of an estimated reduction of 350 strokes and 800 heart attacks.

BHH is also running a project funded by the British Heart Foundation to identify, through community testing, individuals who may have hypertension and encourage them to attend their GP for further diagnostics and treatment as appropriate. Funding is for two years

and we have commissioned HALE, one of our community providers to undertake the testing in local areas. After testing, the results are recorded on the patient's medical record. Following the success of this community testing approach, we are expanding this service to include testing for AF.

To date we have tested some 300 people and currently (as per NICE guidelines) identified almost 50% as being at risk of having high blood pressure (and previously undiagnosed). Feedback from people tested has been very positive and this kind of "softer" intelligence will be shared as part of the project evaluation.

3 Bradford Breathing Better

Respiratory conditions are some of the most frequent reasons for hospital admission, and many of them are preventable. *Bradford Breathing Better* (BBB) – a programme across Bradford- aims to raise awareness of earlier diagnosis, improve clinical management and support self-management of respiratory disease.

With the support of this programme, we will make sure individuals are on the correct therapy and understand what their medication is and how it works. We will provide people who have a respiratory disease the tools and techniques to feel confident to manage their condition well.

The work will involve strong partnership working across primary care, secondary care and the voluntary and community sector, as well as organisations such as The British Lung Foundation and Asthma UK.

Our key work streams include improved management (including self-care) of chronic obstructive pulmonary disease (COPD) and asthma. We will also focus on the "clinical" element of smoking cessation and, working with colleagues in public health, we want to increase the number of quitters and improve the uptake of flu and pneumonia vaccinations in our at risk population.

This programme will improve outcomes for our patients, by making services accessible, reducing health inequalities and ensuring we provide patients with quality care.

We have held a number of patient events, the results of which are driving our programme, and we are looking to develop patient-led Breathe Easy Groups across Bradford to ensure our local population have peer/social support as well as clinical support.

4 Winter pressures: urgent and emergency care

Pressure on our local hospitals has increased over the winter months, often as a result of respiratory illness, but also because of the acuity of the patients being admitted.

Local NHS organisations, regional and sub-regional organisations, the local authority and voluntary sector services work closely together on a year-round basis so that services can cope with additional pressures on the system, and winter has been no exception to this. A range of initiatives has been rolled out over the winter months to support the local system, as well as a public information campaign to reduce unnecessary visits to hospital, encourage and prepare people for self-care, where appropriate and to look after their neighbours

As a system we continue to work together to transform services and ensure the right capacity is available in the right location. This has included:

- managing unwell children and young people in the community; the Ambulatory Care Experience has won a national Health Service Journal award and is nominated for a second British Medical Journal award.
- arranging extra GP cover over Christmas and new year and Easter holiday;
- creating a 'green zone' at Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) for minor ailments and injuries, including refurbishment.
- commissioning and implementing an extended GP hours scheme to provide additional GP consulting time.
- via NHS 111, implementing direct booking into primary care and direct booking of bank holiday primary care additional services'
- support for frail elderly patients after treatment in A&E by Carers' Resource [Home from Hospital](#);
- establishing '[Community Connectors](#)' and mental health peer educators social prescribing scheme in primary care – this involves Hale, The Cellar Trust and Sanctuary and working with people who have social issues to reconnect them with NHS and community services to help with their individual needs;
- continuing the multi-agency integrated discharge teams (MAIDT) to identify and manage complex discharges from hospital. Also inputting social care and occupational therapy into ED to prevent admission .
- boosting [First Response](#) and [Safer Spaces](#) capacity to better support patients in mental health crisis.

5 Accountable Care Bradford now known as Integrated Care System (ICS)

We continue to build an integrated care system (previously referred to as an accountable care system). This system will result in a change in the way that health and care commissioners and providers work together to take a population health management approach to the provision and commissioning of care. It requires all organisations to be aligned, use the same words, same ethos, same vision and same measures of success.

Bradford District and Craven is one of six places of the West Yorkshire and Harrogate Health and Care Partnership. We are delivering services in 'place' through two local health and care partnerships which comprises of 13 community partnerships.

Community partnerships are the building block to the development of the ICS and are a new way of delivering community health, care and wellbeing services together, through locally led partnerships, covering communities of 30-60,000 people. They have been created to give community-based staff and local people the opportunity to say what is important to them, based on local information, to ensure that future health, care and wellbeing services meet their needs.

Each community partnership has a community leadership team which is working together to share their knowledge, ideas and expertise. They support each other in understanding their roles and how they can work better together to improve the lives and experiences of people in the local community. These teams include people from a variety of health, social care and voluntary sector organisations and include staff from GP practices, community

nursing, mental health services, community pharmacy, care homes, home care, voluntary organisations, social workers, the council ward officers, local councillors and hospital staff.

6 Care Navigation

Along with the two other CCGs in Bradford district and Craven, we have recently worked with our GP practices to introduce a new initiative called Care Navigation.

Reception teams at GP practices across Bradford District and Craven have been trained to help patients to find the best service for their needs, so they receive the right care more quickly. It is a confidential service available only for adults over the age of 18 years. Receptionists will not offer clinical advice; and patients may choose not to use the service and book a GP appointment instead.

By working this way, it helps to free up time for GPs to care for patients with complex or serious health conditions that can only be managed by a doctor. More importantly though, it means people are seen first by the clinician that is best placed to help them with their health needs.

7 'Looking out for our neighbours' campaign

'Looking out for our neighbours' is a campaign (launching 15 March), created by the West Yorkshire and Harrogate Health and Care Partnership, that aims to get people looking out for each other – especially those that are most vulnerable – so that they can stay happy, healthy and connected. This can help reduce demand on health and care services through early help and preventing ill-health.

Although lots of people in West Yorkshire and Harrogate are already doing great things to help those around them, there is still more we can all do to positively impact on the wellbeing of others. A neighbour pack is available, alongside a range of resources, via ourneighbours.org, to help everyone collectively to make a positive impact across the region.

Ali Jan Haider
Director of Strategic Partnerships
Bradford Districts CCG

14 March 2019

Appendix 1

Future in mind: Bradford and Craven

Promoting, protecting and improving our children and young people's mental health and wellbeing

BRADFORD AND AIREDALE, WHARFEDAILE & CRAVEN HEALTH AND CARE PARTNERSHIPS

Future in mind: Bradford and Craven

Promoting, protecting and improving our children and young people’s mental health and wellbeing

Table of Contents

Introduction 3

Mental wellbeing in Bradford and Craven.4

Our Context 6

Listening and involving children, young people and key stakeholders.9

Progress to date 10

What we will do? 12

How will we know we have made a difference?..... 16

Introduction

This publication is a refresh of our local transformation plan and describes the progress made and the next steps for improving the mental health and wellbeing of children and young people in Bradford and Craven across our local health and care partnership.

Bradford is the youngest city in Europe, with 29% of our population under 20. Our children and young people are the future and we want them to grow up safe and well and to realise their full potential, have high aspirations for themselves and their neighbourhoods and to become adults who help to drive the prosperity of our District.

The Future in Mind document published by the Department of Health in 2015 highlighted that many mental health conditions in adulthood show their first signs in childhood and, if left untreated, can develop into conditions that need regular care. Future in Mind set out clear ambitions to promote, protect and improve the mental health and wellbeing of children and young people and, in 2016, our local health and care partnership published our first transformation plan to implement the Future in Mind objectives.

Our greatest asset as a District is our children and young people and it is their voice and involvement that is shaping and improving our services. Through their shared experiences, expertise and ideas they have ensured that we focus our plans for improving mental wellbeing services on what matters to them.

We welcome the way our local health and care partnership, spanning NHS, Local Authority, Police, Community and independent sector have listened, learned and committed to working to address the mental wellbeing of children and young people and this commitment is strengthened through priorities in key district strategies.

We face challenges across our District and in this refreshed plan we set out the priorities for children, young people and families' mental wellbeing, how we plan to achieve these, who is responsible, and what success will look like. Our approach to achieving the best for children, young people and families is driven by our aspirations for our citizens, but we are very clear that the solutions will be a partnership between the people of Bradford and Craven and the organisations that deliver services.

We are proud to be able to set out such an ambitious plan that seeks to tackle the determinants of poor mental health in such a comprehensive manner. We look forward to being able to demonstrate the impact of our work and take this opportunity to thank all those involved in delivering our plans.

¹There are two local health and care partnerships across Bradford and Craven which involve the clinical commissioning groups, the District and County councils, the hospital foundation trusts, primary and community care providers, and the independent and community sector.

Mental wellbeing in Bradford and Craven.

Bradford is the youngest city in Europe, with 29% of our population under 20 and nearly a quarter under 16. Our children and young people are the future and we want them to grow up in a Family Friendly place where every child, young person and family is safe and well. We want them to realise their full potential, have high aspirations for themselves and their neighbourhoods and to become adults who help to drive the prosperity of our District. Our plans to achieve this are set out in our [Children, Young People and Families Plan](#).

Childhood has a profound effect on adult lives. Many mental health conditions in adulthood show their first signs in childhood and, if left untreated, can develop into conditions that need regular care. We now know that half of all mental illnesses start before the age of 14 years, over two thirds start by the age of 18 years and that one in ten young people under the age of 16 will have a diagnosable mental health disorder^{2,3}. The Future in Mind government paper published in 2015 set out clear ambitions to promote, protect and improve the mental health and wellbeing of children and young people.

Our greatest asset as a District is our children and young people and it is their voice and involvement that is shaping and improving our services. Through their shared experiences, expertise and ideas they have ensured we focus our plans for improving mental wellbeing services on what matters to them, namely good quality information and resources for self-care, addressing inequalities and tackling stigma, building emotional strength and resilience, working with parents, schools and communities in a joined-up way and to ensure that access to evidence based mental health support is timely and responsive. Our engagement and involvement of children, young people and families has been varied and continuous and we regularly review and reflect on our learning and understanding to inform our progress. We also share our learning with other programmes of work to influence system wide responses to improve mental wellbeing.

In January 2017 we launched the strategy for [Mental Wellbeing in Bradford and Craven](#). This all age strategy has been developed through extensive and detailed working with partners and stakeholders across our local health and care partnership including the involvement of families, children and young people.

Our aim for Bradford and Craven is to create environments and communities that will keep people well across their lifetime; where they are open to speak about emotions without fear of stigma and discrimination. We want to make it acceptable to acknowledge difficulties and ask for help and where those with more serious problems are quickly supported by people with skills and understanding to support their needs.

2 [Young Minds Mental Health Statistics. ONS.](#)

3 [Future in Mind, Department of Health 2015.](#)

Mental wellbeing is much more than simply not being mentally ill. It is about having positive self-esteem, good coping mechanisms and feeling in control. These are all important elements of the ambition of our strategy. We want to actively promote mental wellbeing through addressing the broader determinants and providing early interventions.

Our strategy sets out three high level strategic priorities for the next five years:

Our wellbeing: building resilience, promoting mental wellbeing and early intervention. **Our mental and physical health:** developing and delivering care through the integration of mental and physical health and care.

Care when we need it: ensuring that when people experience mental ill health they can access high quality, evidence-based care.

The Mental Wellbeing strategy provided the framework to our [Future in Mind Local Transformation Plan](#) to achieve better mental wellbeing outcomes for children, young people, their family and carers. The transformation plan sits in the context of our Joint Health and Wellbeing Strategy for Bradford and Airedale: [Connecting people and place for better health and wellbeing](#), and the [West Yorkshire and Harrogate Health and Care Partnership Plan](#).

We face challenges across our District and in September 2018, we took the opportunity to bring our partnership together and reflect on our progress, learning and feedback over the past three years. This has informed our refreshed plans in which we set out the priorities for children, young people and families' mental wellbeing, how we plan to achieve these, who is responsible, and what success will look like. Our approach to achieving the best for children, young people and families is driven by our aspirations for our citizens, but we are very clear that the solutions will be a partnership between the people of Bradford and Craven and the organisations that deliver services.

The Future in Mind implementation plan is driven by a shared vision:

To promote, protect and improve the mental health and wellbeing of children and young people living in Bradford and Craven.

Our partnership have adopted the five core principles of Future in Mind that are considered fundamental to creating a system that effectively supports emotional wellbeing of children and young people. These principles are provided under the following themes:

1. Promoting resilience, prevention and early intervention
2. Improving access to effective support: a system without tiers
3. Care for the most vulnerable
4. Accountability and transparency
5. Developing the workforce.

Our plans are organised to keep us focussed on achieving these aims, while also reflecting the context in which we work in Bradford and Craven and the views and needs of children and young people.

Our Context

In 2015 we published a comprehensive health needs assessment (HNA) into [children's mental health, emotional and social wellbeing](#). As a partnership, we recognise the need to update the HNA and while this will be one of the first actions of our refreshed plan, it is important to reflect on the information presented in the findings of the HNA.

The City of Bradford Metropolitan District Council has one of the largest populations of children and young people of any local authority in the country, coupled with high levels of risk factors which are known to increase the likelihood of poor wellbeing and mental health in children and young people. This includes the high number of children living in poverty. 22% of children in the District live in poverty; children from the most disadvantaged 20% of households are three times as likely to have a mental health difficulty as the most advantaged 20%.

In every child's history there will be factors which help to build emotional resilience and protect a child from mental ill health, and other factors which have the opposite effect, contributing to poor mental health and wellbeing. Understanding the role of these factors helps us to identify population groups who may be at higher risk of having poor mental wellbeing, or experiencing mental, social or emotional difficulties.

Children in the most deprived wards of the District also show poor levels of social and emotional development when they start school, which is associated with poorer social, emotional and mental health outcomes later in childhood. Children and young people with better health and wellbeing are likely to achieve better academically. Effective social and emotional competencies are associated with greater health and wellbeing, and better achievement. A positive association exists between academic attainment and physical activity levels of children. While all children and young people can experience mental ill-health, there is an association between inequality and mental illness. Some groups of children and young people including care givers, those from poor and disadvantaged backgrounds, and from refugee and asylum-seeking families, and disabled, LGBT and looked-after children, are more vulnerable to mental health problems. This can be because of individual attributes such as low self-esteem, difficulties communicating and physical illness and/or because of their social circumstances and the environment in which they live including poverty, poor housing, parental substance use, and family and neighbourhood violence. The table below describes these vulnerable groups in the context of the Bradford District population.

Having one or more adverse childhood experiences such as having a parent with mental illness, or experiencing neglect, abuse, conflict or bereavement can also affect mental health and wellbeing, and predispose children to mental ill-health for many years, or even decades. This is an inequalities issue whereby disadvantaged and vulnerable children and young people are at greater risk of exposure to adverse childhood experiences.

Table: Groups at higher risk of experiencing mental, emotional or social difficulties

Population Group	Bradford District Context
Children with learning difficulties & disabilities	A HNA identified 19,219 children and young people with a special educational need or disability. For 9,940 children this need related to a disability. Our local Children & Young People’s Health and Lifestyle Survey (2013) found that children with special educational needs were more likely to have low self-esteem.
Refugees & asylum seekers	Published Home Office figures show that as of July 2014 around 400 asylum seekers were being supported while awaiting a decision on their claim. Sharing Voices, a BME advocacy support organisation, report working with significant numbers of refugee and asylum seeking families, many of whom have experienced severe trauma.
Children with chronic physical health problems	The District has one of the highest prevalence’s in the region of children with complex medical conditions considered to be life limiting. In 2011 it was estimated that there were 595 such children in the District. As of 2015, 335 children were receiving support through the Children with Complex Health and Disabilities Team.
LGBT young people	Survey estimates suggest that between 5 and 7% of the adult population are LGBT. This would equate to 1,750 young people aged 15-19 in the District.
Looked after children	927 children were looked after at March 31 st , 2017. In 2016, 73% of looked-after children in Bradford completed a strengths and difficulties questionnaire. Of these children, the emotional and behavioural health of 60% was assessed as “normal”, 10% as “borderline” and 30% as of “concern”. This is better than the results for both England and the region.
Children and young people from BME communities	For most ethnic minority groups, twice as many people anticipate or fear harassment and this has profound effects on their wellbeing and ability to participate in civic society. There is a substantial association of ethnic and racial harassment with worse mental health and also fear of accessing of services.
Children & young people in the justice system	In 2017 there were 270 first time entrants to the youth justice system in Bradford.

Promoting children’s emotional and social wellbeing, as well as helping children to develop resilience and the coping skills to deal with adverse experiences, is essential for children to grow into healthy and happy adults, and to protect them from a range of poor outcomes.

Figure 2 identifies a number of ways to promote mental wellbeing throughout childhood and our aim is to ensure that the services we develop and deliver are able to provide and signpost to support that achieves these outcomes for our children and young people.



Figure 2: Factors which promote good wellbeing and resilience in children and young people
(source: Mental Health Foundation)

Listening and involving children, young people and key stakeholders

Our work, from design to delivery, is informed and led by children and young people.

Listening to their voices is why we have taken a full overview of our progress to date and refreshed our priorities going forward. We have a shared commitment to continually listen and build a dialogue to ensure our programme of work is continually informed and shaped by the lived experiences of children, young people, their families and carer givers across Bradford and Craven

The work of the Future in Mind programme is carried out by the Future in Mind Delivery Group, which has members from multi sector providers, commissioners and stakeholders, and we engage and involve young people through various methods ranging from direct involvement in service development, stakeholder events to. Key themes from our engagement and involvement of children, young people, families, carers, care givers and providers have highlighted consistent themes. These include:

- Good quality information so that children, young people and families can make informed choices about the services they access and can be involved and active in decisions about their care.
- Opportunity and diverse range of activities, resources and spaces for children, young people and families to access within their communities. Focussing on building emotional strength and resilience.
- Address stigma and inequalities through collaborative approaches which are designed and led by children and young people.
- Access and responsiveness of services that are joined up, collaborative and provide flexibility.
- Waiting times to access support and services need to be reduced.
- Young people find it really useful when professionals work in a more joined up way; particularly linking services up with schools.
- Increasing the range of services and approaches available as children grow up to reflect cultural, digital and community-based needs.
- Social and economic opportunities including apprenticeships, workforce development and training that is youth led.

We regularly produce engagement reports which the Delivery Group reflect and implement into our work plans and we are committed to continuing to do so.

Progress to date

We started our Future in Mind transformation plans in 2016. Since then, we have published quarterly reports which document our journey, the achievements and progress we have made against the original plans. A summary of our key successes includes:

1. Promoting resilience, prevention and early intervention

- Strong engagement of children and young people in the programme
- Established formal alignment with key programmes across the Councils and NHS
- Over 150 mental health champions in schools (including Senior Leadership Team leads) with almost 100% positive evaluations for the impact of support provided
- A total of 77 schools have accessed Living Life to the Full training and 53 schools have been provided with a licence to deliver the intervention in schools.
- Mental Health Champions (MHC) project has connected with nationally recognised initiatives for a coordinated approach, including Mental Health First Aid England and Anna Freud Schools Link Project.
- Over 1200 staff across the universal workforce in Bradford District have been trained in mental health awareness.
- Data collection systems are now in place, 23 schools provided data at first collection point indicating that MHCs had supported 896 students across these 23 schools through a combination of individual and group-based activities. Most common issues included self-harm, low mood and anxiety. A pre and post measure has been provided to schools to measure the impact of the interventions.

2. Promoting resilience, prevention and early intervention

- Implemented a new self-harm policy across health, care and education settings.
- Our Youth in Mind partners have supported more than 500 children and young people, we revised our offer to extend this to a target of 800 young people. The average waiting time for quarter one from referral to treatment was 108.2 days from the baseline average of 121.3, for CAMHS services.
- Greater working with the voluntary and community sector to build support when needed, this has included developments with the First Response Service, Emergency Duty team and Safer Spaces.
- Our safer spaces have provided a total of 187 young people sanctuary. 60% of young people reported that if they had not come to the Safer Spaces they would have hurt themselves or made an attempt on their life.
- Showcase of positive practice on BBC4 received national recognition.
- Developed new models of care to establish an intensive home treatment team for children and young people to avoid admission and reduce length of stay in hospital and away from home.

- Work with NHS England led by young people has brought in extra investment to develop youth led self-care initiatives.
- Youth in Mind have established a 'Children and Young People's Mental Health in Hospitals' Working Group with parent/carer involvement.
- Delivery of a new 3-part CAMHS face-to-face training programme which features innovative whole systems 'ENGAGE Together' tools for protecting well-being, promoting relationships and supporting targeted approaches

3. Care for the most vulnerable

- We are delivering schemes that provide trauma informed psychological and social support to refugee and asylum-seeking children.
- We have supported youth-led campaigns to tackle bullying, young men's health, body confidence and self-care.
- Specialist Team for Perinatal Mental Health is operational and taking referrals
- We have established a community-based eating disorder service.
- Recruitment and establishment of a specialist peri-natal service.

4. Accountability and transparency

- Strong leadership and partnership arrangements in place between all stakeholders including children and young people.
- Governance arrangements updated to ensure sharing of information and pathway designs.
- Data and governance work-stream in place to build better information sharing
- 12 Young people completed a Leadership course and delivered workshops to over 170 senior managers across health and social care. We are committed to offering a further leadership course to a new cohort of young people and in the meantime, we have connected with other regional wide leadership programmes to provide children and young people with opportunities to influence policy and practice.

5. Developing the workforce.

- Eleven apprentices recruited to Bradford Youth Service.
- Shared training and skills building opportunities across the system and increased the number of people accessing training opportunities.
- Open day events to promote awareness of range of roles to volunteer, peer support, access training and employment opportunities available in children's young people mental health services.

What we will do?

Reflecting on our achievements and the engagement with children, young people and families and providers, our Delivery Group have identified eleven key priorities that help to focus our intentions going forward. We present these under the themes of Future in Mind and each priority has a set of key deliverables which we will hold ourselves accountable to delivering:

Promoting resilience, prevention and early intervention

Priority 1: Information, awareness and tackling stigma and misconceptions about mental health and wellbeing

1. Develop a district wide campaign to address the level of information, signposting and access to mental wellbeing services.
2. Support the youth led campaign to address bullying and harassment and develop the City of Youth

Priority 2: Working with schools and communities to build skills, resilience and promote good mental wellbeing and self-care

3. Expand our program in schools including the development of a consistent offer which outlines a coherent range of support available to schools and communities.
4. To work with parents, care givers, carers and families to support their own wellbeing and support self-care as well as developing a better understanding about the needs of the person they care for.
5. To build on the good work already started through the universal integrated care pathway for 0-5-year-olds to promote attachment and bonding.
6. Extend access to WRAP and other digital tools, which have been successfully implemented with children and young people to help manage mental health problems through a solution-based focus.
7. Establish young people friendly zones, including drop in centres which provide a community-based alternative to statutory services and are clearly identified by the Living Well brand.

Improving access to effective support: a system without tiers

Priority 3: To deliver a single front door for children and young people to access joined up services in a timely way

8. Deliver a district wide multi-agency single point of access for children, young people and families to access support and advice for mental health at the earliest and most convenient opportunity.

9. Transform the model of CAMHS to a service without tiers with smooth transition for children and young people.

Priority 4: To work across health, social care, education and community services to deliver support for children and young people with social and emotional mental health (SEMH) needs who require additional support

10. Strengthen the links and working between children's mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND).
11. Develop and implement evidence based early interventions with clear pathways from schools, communities and universal services into Youth in Mind, My Wellbeing College and CAMHS so that children and young people are supported with their mental health needs as they grow up.

Priority 5: To ensure that families, children and young people who experience a mental health crisis can receive responsive and appropriate support in the least disruptive way.

12. Complete the recruitment of our dedicated crisis and intensive home treatment team for children and young people and ensure we continue to avoid or reduce the time children and young people spend on inpatient wards.
13. To continue the development of our safer space provision including a wider geographical spread and digital offer.

Priority 6: To deliver specialist service provision across our District.

14. Develop perinatal/parental mental health services.
15. Continue to build on the development of our Eating disorders service by acting on feedback from young people with lived experience.
16. Support our Early intervention in psychosis service to have a dedicated individual placement service for children and young people and engage with young men who have at risk mental states.

Care for the Vulnerable

Priority 7: To ensure our services and workforce have clear understanding of the needs of children and young people who are vulnerable

17. Update and share the joint mental health needs assessment for children and young people so there is a district wide understanding of the barriers and factors that can make children, young people and families more vulnerable and at risk.

18. Ensure all our services develop from a trauma informed approach to addressing adverse childhood experiences and understand approaches that build protective factors and address barriers.

Priority 8: To ensure vulnerable children, young people and their families receive the multi-agency support and services they need

19. Complete a service and gap analysis of the specialist looked after and adopted children service and establish a clear framework of support.
20. We will continue to develop family and trauma-based support for Refugee and asylum-seeking children and children and young people at risk of sexual exploitation and abuse
21. Pathways for children and young people on the autistic spectrum

Priority 9: To improve the care and support for children and young people who are most excluded from society.

22. To ensure the children and young people of Craven have access to support and services that help to reduce isolation.
23. BME engagement and development of access to services for South Asian, East Asian and Black young women, Pakistani and Black and African young men.
24. To ensure we have a multi-agency response to working with the youth justice system and mental health liaison and diversion.

Accountability and transparency

Priority 10: To ensure the voice and involvement of children, young people, families and services informs our collaborative approach.

25. Invest in the involvement and engagement of children, young people and their families to shape and improve our services and build services that are informed by lived experience of children and young people.
26. Engagement and joined up information from Young People's inquiry, Health Foundation and Learning and Innovation event to continue to inform our plans.

Priority 11: To have a collaborative approach to commissioning in order to deliver quality services, make best use of our resources and reduce variation.

27. To ensure good governance and accountability across our system partnership to deliver on the outcomes for children and young people's mental health.
28. To establish a shared commissioning and investment model for children's mental health services.

29. To ensure we have the relevant information, dashboards and data across our system to understand performance and delivery including inclusive data sharing systems in response to the widening of the minimum Mental Health Services Data Set (MHSDS).

Developing the workforce.

Priority 12: To grow a skilled workforce across our partnership to provide high quality and diverse range of services.

30. Extend training and leadership opportunities for the whole workforce and incorporate more people into the psychological therapies training programme (CYPIAPT).
31. Use of digital resources to deliver training, upskill the workforce using a whole system approach including a blended training programme for CAMHS.
32. To increase the number of young people (16-25) working in the sector including apprenticeships and internships.
33. To build on our peer support models so that our service offer includes provision by people with lived experience.

Priority 13: To develop a culture across our wider health and care system that recognises the importance of mental wellbeing.

34. To celebrate, reflect and share good practice across our system partners
35. Continue to support shared working, training and networking amongst all key stakeholders who support children and young people's wellbeing.
36. To work from a strengths-based approach that works with children, young people, families and carers.
37. To influence other district wide strategies so we have a whole health and care system approach to the improvement of children and young people' mental and physical wellbeing.

Our Future in Mind Local transformation plan will outline a detailed implementation plan of actions, responsibilities, outcomes and measures with timescales of delivery.

How will we know we have made a difference?

As described in Section 2, our Mental Wellbeing Strategy sets out the principles of our work to focus and our Joint Health and Wellbeing Strategy sets out our ambition for a happy and healthy Bradford District, where people have greater control over their wellbeing, living in their own homes and communities for as long as they are able, with the right support when it is needed. Our local health and care partnerships are working towards a district where we achieve the following for our population:

Outcome 1: our children have a great start in life

Outcome 2: children and young people have good mental wellbeing

Outcome 3: children and young people are living well and growing up well

Outcome 4: Bradford District and Craven is a healthy place to live, learn and work

Our transformation plan has indicators that will measure our achievement on each of these outcomes and our priorities. Our Mental Health and Wellbeing Partnership will oversee the delivery of our action plan and measure the success of our work. Our youth commissioners and ambassadors will hold us to account and keep our focus and ultimately, the voices and experiences of children and young people will measure the extent of our success.