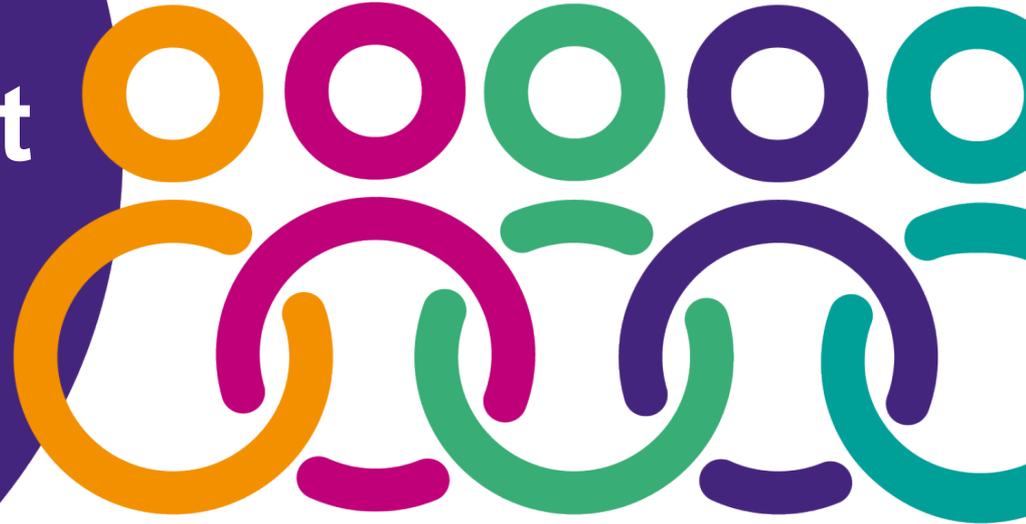


Children's health and wellbeing in Bradford District

Wellbeing Board 14th June 2022





- The health and wellbeing of our children is a priority for all of us. Intervening early is effective and efficient over the long term.
- It's vital that we improve the experience of families seeking help, so that access is simple and quick, and support is available while waiting for specialist services.
- As a health and care system, we are focusing on a small number of priorities which include both Children's Health, and Mental Health.
- This is everybody's business, but we also recognise the need for a champion at the most senior level to help ensure that our response is coordinated, targeted and effective.

Children's Health Leadership

Bradford District and Craven
Health and Care Partnership



1. The Children's Champion acts as our conscience on matters relating to children, ensuring all partners play their part, and that the needs of children are clearly addressed by our plans and strategies.
2. In the broader local partnership context the Children's Champion will be our main spokesperson on all aspects of children's health and wellbeing.
3. The Children's Champion has the health accountability for strategic safeguarding. Including ensuring we implement changes required by the Child Safeguarding Practice Review Panel.
4. The Children's Champion acts as the conduit into the health system for partners, working to ensure consistent and appropriate representation in partnership meetings at all levels and unblocking challenges

The Children's Champion is not personally accountable for the success or failure of the BD&C Partnership in relation to Children. All organisational leaders retain their accountability for their organisations statutorily and contractually.

Expenditure on Children's Health

- Investment in children's health and care is increasing year on year in absolute terms and relative to the overall budget.
- Investments have been made in service areas where waiting times have grown longer and where the level of demand has increased significantly.
- For example in 2021/22 in relation to autism assessments, an additional £1.7m was provided non-recurrently to reduce waiting times for families, and a further £721,500 added to budgets recurrently so that local capacity can be increased permanently.

Expenditure on Children's Health

- Despite additional investment, families still experience difficulties in gaining timely help. So we are going further:
- In the next 3 months we will undertake a comparative spend analysis of all our children's health expenditure, working with the West Yorkshire ICS, and where we can, with our statistical neighbours.
- We will also reconfigure how we use our Partnership teams to ensure work is accelerated on key children's health agendas. For example we have recently agreed to increase the number of people working on the improvement of SEND services.

Demand for Children's Health Services

- Children and young people make use of a wide range of health and care services, and demand is increasing across the board. This is a national trend, which means that increasing the workforce isn't straight forward.

- Currently between 100 and 150 referrals are received for Autism assessments each month. During 2021/22 referrals ran at a much higher rate, between 150 and 250 per month, following a steady increase over the preceding year.
- At February 2022 1,858 children and young people were waiting for an autism assessment in Bradford District and Craven. This represents an improvement on November 2021 when the number exceeded 2,000.
- The average waiting time is also improving: In February '22 it was 32 weeks, down from 50 weeks in March '21

- CAMHS received 5,822 referrals in 2021/22, an increase of 73% on the 3,368 received in 2020/21.
- In February '22 the average wait in CAMHS from referral to assessment was 24.2 days and from referral to treatment was 48.1 days
- 85 referrals for specialist eating disorder services were received in 2021/22 leading to 100 children and young people being supported concurrently, compared with a commissioned service for 50.

Impact of current actions

- While demand continues to increase, we have made improvements to the capacity and the effectiveness of CAMHS and Neuro-diversity services.
- Capacity has been increased, with the recruitment of 13 additional therapists, psychologists and mental health practitioners in CAMHS, and 6 additional staff in Eating Disorders. A further 11 roles are actively being recruited to.

- Autism assessment waiting list to be reduced by placing contracts with external suppliers for 1,000 assessments. 600 transferred by April '22. Remainder by Sept '22.
- Increased recurrent funding expands local NHS provider capacity by 424 cases per year. But referrals still outstrip monthly capacity and commencement of increased capacity likely to be impacted delays in recruitment, due to competitive employment market.

- Mental Health Support Teams are currently supporting young people in 37 schools, with 448 children and young people supported in quarter 4 2021/22. Universal and targeted early help services are critical to ensure referral rates for specialist support remain manageable.

Improving for the future

- Funded by the DLUC&H ‘Data Accelerator’ grant, local universities are working with schools, health and care, VCS and families in three of our most disadvantaged localities, to:
- Improve the assessment process for autism and ADHD by automating the collection of data to inform assessments for autism and ADHD, to cut waiting times. And bringing new data into the assessment – for example Early Years Foundation Stage Scores.
- Help teachers to identify and support neurodivergent children, by designing, building and trialling a ‘neurodiversity profiling tool’, which use routinely collected education and health data to indicate where a child is more likely to be neurodiverse
- Help these three localities become ‘neurodiversity friendly’ places

Conclusion

- The health and wellbeing of children and young people is a priority
- Commitment to whole system improvement backed with resources and unified leadership
- Current actions are making a difference – but more is needed to keep pace with demand. Acknowledge that families may not have seen the difference yet.
- The whole system, including universal services and prevention and early help, has to be part of the solution
- Our partnership relationships are critical to success