

Centre for  
Mental Health



# Bradford and Craven

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



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

### Executive summary

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

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

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

### Key findings from data about needs and services

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

##### a) **Current need:**

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



- This report uses the iThrive framework to conceptualise need and support across Bradford and Craven and present our findings.<sup>1</sup>

**b) Future need and demand:**

- **Young and growing population in Bradford city:** The overall child population (0-18) is projected to grow by 5.5% by 2025. The 10-14 age group – a key group for the onset of mental health difficulties – is projected to grow by 10.2% in the next 10 years. Bradford's child population has a number of factors associated with increased risk of emotional or mental health problems.
- **Move towards 0-25 service models:** The NHS Long Term Plan (2019) sets out a move towards a 0-25 model for children and young people's mental health services. The Plan has established targets building on the NHS Five Year Forward View policy to ensure there is service reach to 18-25 year olds in the locality.
- **The impact of Covid-19 on CYP mental health:** Children and young people (CYP) with mental health problems may be affected negatively by the impact of increased anxiety and depression around the virus and lockdown measures, including reduced access to support and social isolation. Many young people may develop new problems because of the crisis.

**- Getting advice and early stage help**

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

- a) **Youth in Mind (YiM)** is a partnership, funded by the CCG, that integrates low-level and targeted emotional and mental health provision offered by health services, the youth service and voluntary and community sector (VCS) organisations. It was launched in April 2017. The partnership supports 11-19 year olds who are struggling with their social, emotional or mental wellbeing, or up to 25 for young people with additional needs.
- Last financial year, there were **1,841** referrals made to YiM. This includes a very small number of those who fall outside of the primary age range.
- The most common reason for referral into Youth in Mind services were for 'self-care issues' (**79%**), followed by anxiety (5%), depression (4%), self-harm (2%) and crisis support (2%).
- Youth in Mind services use Goals Based Outcomes (GBOs) as the programme's primary outcome measure. Overall, children and young people report improved

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<sup>1</sup> The iThrive model conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Brief description [here](#).

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

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

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

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

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

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

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

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

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

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

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

**Overall referrals:**

- The latest NHS CAMHS Benchmarking data from the financial year 2018/19 shows there were **2,094 referrals** received by specialist CAMHS provided by BDCFT **per 100,000** population. This is significantly lower than the national average that year which was **3,658 per 100,000** children and young people.
- The overall numbers of referrals to specialist CAMHS have been relatively stable for the past three years.
- Referrals typically dip during the summer. This is likely due to reduced referrals from schools during the break.  
Multiple referrals are sometimes made about the same child. On average, roughly 1 in 20 children have had an additional referral made for them over the last three years. There can be several reasons why there may be multiple referrals relating to an individual child or young person.
- **Where are these referrals coming from?** In the financial year 2019/20, the majority of referrals come from GPs (45% in total) and via school nurses (27.3%). Nearly one in 10 (9.6%) referrals come via hospitals and 6.4% of referrals are made by professionals in social care services.
- There has been a significant increase in referrals made by school nurses over the last year, from 15.2% of referrals in 2018/19 compared to 27.3% last year. This is primarily a result of improved data collection as the previous system did not provide a code for school nursing as a source of referral.
- A very small proportion of referrals are self-referrals made by young people (2.6%) or their carers/relatives (0.6%).
- **Where do referrals go?**
- The majority of referrals are assigned to Community CAMHS (55%) and Neurodevelopmental (21%) teams according to data from the last financial year 2019/20.
- As SystmOne does not currently capture information on 'presenting need' outlined in a referral, we can make some assumptions about need and demand based on which pathways they are assigned to, particularly in relation to the Children Looked After and Adopted Children (LAAC) Pathway and the Neurodevelopmental Pathway, and the levels of complexity that may be associated with these cases.
- There is a downward trend of referrals being assigned into the primary mental health (PMH) and LAAC Pathway. This may be due to children looked after and adopted children receiving support via the Bradford B Positive Pathways (BPP) where intensive, wraparound care is provided by specialists in-house to help ease the

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

- **Referral acceptance rate:** Most referrals made to specialist CAMHS are assessed and accepted (68%). The national referral acceptance rate for assessment was 76% in 2018/19 (NHS CAMHS Benchmarking, 2019), therefore BDCFT are accepting slightly lower proportion of referrals.
- Children and young people who do not get accepted are signposted to other available services in Bradford and Craven or their referral is returned to the referrer requesting further details. A lower acceptance rate may also indicate there is a higher threshold, a rigid eligibility criterion in place in BDCFT, or higher levels of inappropriate referrals – which is a sign of ineffective pathways. Work has been underway to address the latter.
- Just over one in four (26%) referrals are refused, while 6% were awaiting a decision at the time of writing.
- **Caseloads:** Specialist CAMHS caseloads increased by 8% nationally in the financial year 2018/19, from 1,761 per 100,000 population (0-18 population) on 31 March 2018, to 1,906 on 31 March 2019 according to the 2018/19 CAMHS Benchmarking data.
- In Bradford and Craven, caseloads decreased by 3% over the same period from 1,725 per 100,000 on 31 March 2018 to 1,681 per 100,000 on 31 March 2019.<sup>2</sup> This needs to be further investigated to determine whether this is the result of data cleansing.
- **Caseloads by pathway:** There were **2,680 active caseloads** in the financial year 2019/20.
- We see a steady decline in caseloads managed by the Community CAMHS team from the start of 2019 and a sharp rise in those assigned to the neurodevelopmental team. This is likely due to the data cleansing work and the reallocation of cases.
- There is also a marginal and steady increase of caseloads assigned to the Primary Mental Health Workers (PMHW) pathway. This suggests that PMHW teams are working longer with children and young people as referrals have reduced.
- Again, this may also be the result of data cleansing and the reassignment of caseloads.
- **Waiting times:** Historic waiting times data is not available. BDCFT provided data from Q3 2018/19 to Q4 2019/20.
- Overall, the average waiting time for CAMHS has consistently fallen from Q1 to Q4 in the financial year 2019/20, for referral to assessment and for referral to treatment.
- On average, children and young people waited 26 weeks from referral to treatment (second appointment) in 2019/20. This exceeds the national average reported last year of 14 weeks in 2018/19.<sup>3</sup>

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<sup>2</sup> This was calculated using 0-18 mid 2018 population estimates for Bradford and Craven.

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

- While there are currently no national waiting time targets for CYP mental health services, objectives under the NHS Constitution indicate that services should aim to achieve an 18-week target from referral to any treatment.<sup>4</sup>
- The reduction in referrals to BDCFT may help explain why waiting times have been going down overall. However, waiting times for some pathways remain lengthy. This may indicate issues around capacity within these pathways and the nature of complexity in the cases they are dealing with.
- **Waiting times by pathway:** The longest waiting times are experienced by children and young people on the Neurodevelopmental and LAAC pathways. Both have been reducing over the last year, in line with the overall trend.
- Children and young people on the Neurodevelopmental Pathway waited, on average, a year (52 weeks) from referral to treatment (second appointment) in the financial year 2019/20. They waited 35 weeks from referral to assessment.
- Children Looked After and Adopted Children waited on average 38 weeks from referral to specialist treatment on the LAAC Pathway, and 23 weeks from referral to assessment in 2019/20.
- The reduction of the LAAC team in 2018 may have contributed to an increase in waiting times between Q3 2018 to Q3 2019. There was an initial 9 week increase in waits from referral to treatment between Q3 and Q4 2018 with this time gradually coming down during the course of the year.
- **Missed appointments:** A significant number of referrals are missed each month, either because a patient 'Did Not Attend' (DNA) or because the appointment was either cancelled by the patient or by the Trust.
- Last financial year, there were a total of **5,804** scheduled appointments that did not take place. 65% of missed appointments were a result of DNAs, 32% were cancelled by BDCFT and 12% of appointments were cancelled by the patient.
- In 2019/20, the cost of 'Did Not Attends' is equivalent to £960,256.<sup>5</sup>
- The cost of cancelled appointments totalled £648,704 in the same year. It should be noted that where there are cancellations within BDCFT CAMHS, this time is not wasted and clinicians will still be working and seeing other people. Cancellations may occur months or weeks in advance and staff time is therefore redirected.
- **Outcomes:** BDCFT does not currently collect or record routine outcome data. The Trust currently uses the Friends and Family Test as an indicator of patient satisfaction.
- The Trust states that this has been identified nationally as a challenge and will start to be addressed through the 2020/21 NHS England Commissioning for Quality and Innovation (CQUIN) programme aimed at driving improvements and standards. Work is also being undertaken to develop and collect information on Special Educational Needs and Disabilities (SEND) outcomes which can be monitored alongside this.
- **System-wide outcomes:** BDCFT are currently working on developing a framework to collect and track outcomes across the system. Public Health England are also in the process of creating a national outcomes framework for assessing the mental

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

[https://www.cqc.org.uk/sites/default/files/20170120\\_briefguide-camhs-waitingtimes.pdf](https://www.cqc.org.uk/sites/default/files/20170120_briefguide-camhs-waitingtimes.pdf)

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

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

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

Summary of activities:

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

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

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

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

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

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

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

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



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

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

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

- According to data obtained via the Public Health England Fingertips tool, there were **90** children and young people from Bradford, aged 0-17 years old, admitted to hospital for mental health related conditions in the year 2018/19.<sup>ii</sup> This is equivalent to **63.4 admissions per 100,000** children and young people. Bradford has fewer admissions compared to the national average and to its neighbouring authorities.<sup>iii</sup> There were 88.3 admissions per 100,000 children and young people nationally and 69.8 per 100,000 in Yorkshire and Humber.<sup>iv</sup>
- This may indicate that children and young people may be having their needs effectively met within the community, through services offered by Youth in Mind and Safer Spaces.
- **Bradford Royal Infirmary (BRI):** There were **573 admissions** to paediatric beds for under 18s in 2018/19 for mental health related issues, including eating disorders and self-harm. These admissions related to **379 individual patients**.
- Of these, nearly a **quarter of patients (24%) were admitted more than once** in 2018/19. 12% of patients were admitted more than three times in the same year. Further investigation is required to understand what is driving repeat admissions.
- These numbers are much higher than the data submitted to Public Health England Fingertips because BRI admissions data includes a broader range of mental health conditions for which children and young people were assessed as having prior to their discharge.

**c) Mental health inpatient admissions**

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

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

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

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

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

- b) **Spend per head:** In 2018/19, nationally CCGs spent on average £59 per child on specialist children's mental health services. This is an increase of £5 per child in cash terms (up from £54 in 2017/18).
- Despite the increase in overall spend on CYP mental health services, Bradford District's spend per head is lower than the national average at **£48 per head** across Bradford and Craven.
- c) **Cost per appointment for specialist mental health support:**
- According to the NHS CAMHS Benchmarking report 2018/19, the cost per specialist contact is higher than national average, £476 in BDCFT compared to £256 for the national average. This may be due to the nature and management of complex cases, or where there is a significant mental health comorbidity.
  - According to 2018/19 NHS Benchmarking data, the community specialist CAMHS workforce is smaller than average in Bradford and Craven, at 62 per 100,000 CYP population compared to the national average which is 84 per 100,000 population.
- d) Over the last three years, there have been a several changes to the CYP mental health landscape in Bradford and Craven.

#### **Investments:**

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

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

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

e) **Divestment:**

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

Local authority divestment:

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

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

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

- **Impact of youth service budget reductions:** In the same year, there were cuts made to the Youth Service which resulted in funding being withdrawn from The Buddy service (one to one support). This was replaced by funding via the Future in Mind pot (£247,750 current annual cost).

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

#### **Savings:**

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

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

### **How we gathered information:**

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

### **1. Access to CYP mental health advice and support**

#### Summary of key quantitative findings:

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

#### **Children and young people:**

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



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

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

#### Parents/carers:

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

#### Professionals:

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

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

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

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

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

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

## 3. Mental health awareness, information, and advice

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

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

#### **4. Access to mental health support:**

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

#### **5. Current strengths:**

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

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

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



## **Areas that require further exploration:**

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

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

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

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

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

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

- 2) Financial data is held in a variety of different places with inconsistent formatting and recording. Comparable data is needed to calculate any value-for-money, cost-per-intervention or return on investment values. A common dataset which details each service within the system, the component funding streams and basic information such as client numbers would increase the transparency of information and its usefulness in determining long-term investments.
- 3) Aligning contracts to an agreed set of shared outcomes and system-wide goals, by any commissioning party, would unify providers' efforts and increase the ease with which different interventions can be measured. This is currently not in place.
- 4) A shared commitment to meeting the needs of the population which comprises people from different cultures, faith, countries, and ethnicities. This can begin with the commitment to understand how these factors may impact on the identification of need and the offer of support.

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

### Summary observations based on key lines of enquiry

<p><b>1. What are the key factors contributing to increased demand for mental health and wellbeing services for children and young people across the district? And how can we better manage need in the future?</b></p>	<ul style="list-style-type: none"> <li>- Overall, population growth has likely significantly contributed to increased demand for help</li> <li>- Nationally, there is greater awareness and focus on CYP mental health which means that more CYP and families will come into contact with services</li> <li>- Impact of factors such as austerity (child poverty) and rising numbers of CYP entering care or known to children's services (edge of care)</li> <li>- Data from Youth in Mind and Kooth suggests increased demand for early and low-level mental health support</li> <li>- Specialist CAMHS has seen no increase in demand based on the data. However, the data suggests that they are managing complex cases and are working with these children and young people for a longer period of time</li> <li>- There may also be potential bottlenecks that need further exploration within the LAAC and Neurodevelopmental Pathways</li> <li>- Data improvements across the system are required to understand current /unmet need and project future demand.</li> </ul>
<p><b>2. What do we know about the efficiencies, savings and investments that have been applied to children and young people's mental health support over the last three years and their impact?</b></p>	<ul style="list-style-type: none"> <li>- Future in Mind transformation initiatives have boosted and added capacity to the system</li> <li>- Investments in advice and early support provision, such as Youth in Mind, crisis cafes and Kooth are reporting good outcomes.</li> <li>- Investment in outcome measures and digital infrastructure for the VCS has yielded positive measurable outcomes (for example, data collection and reporting through the MYMUP Digital platform).</li> <li>- However, evidence suggest that some of this spending replaced existing allocations – rather than going towards new services expansion of services. For example, the allocation of funding to Buddies, the primary mental health workers, and the counselling provision were cited as examples of this.</li> <li>- According to specialist CYP mental health spending data gathered by the Children's Commissioner for England, spend per head is lower in Bradford and Craven than the national average and has reduced. We should be seeing incremental year on year increases but the overall trend seems to be the opposite.</li> <li>- Over the last two years, there have been significant local authority reduction in spend which is impacting the system. This is the result of significant funding pressures within Bradford Council and the allocation of resource to address the recommendations from the last Ofsted inspection in 2018. This includes reduced counselling, school nursing and health visiting services. This has reduced capacity within low level/universal provision and therefore these services are referring on to CAMHS.</li> </ul>

<b>3. What conclusions can we draw about the capability and capacity of the system to meet demand, including its ability to enable access, respond and offer the right support?</b>	<ul style="list-style-type: none"> <li>- For many of the CYP mental health services commissioned, there were no clearly defined baselines or targets set on the numbers of cases/activities expected from services. This presents challenges in drawing conclusions about how effectively the system is managing demand.</li> <li>- We have used the Kurtz formula to determine the levels of current need at different levels of care. However, gaps in information, particularly around the wider preventative and early support means that we are unable to provide a complete picture of unmet need. This includes data on the numbers of children and young people receiving support in educational settings (such as school counselling), early years and parenting provision. Understanding, developing and collecting centralised data on the contribution of this level of provision should be a priority for any future commissioning activity.</li> <li>- Currently, access to specialist mental health support is the most common challenge referenced by all stakeholders engaged as part of the review. Non-clinical professionals were often able to identify need but struggled to effectively respond or signpost CYP for further help due to a lack of understanding of what support is available. The Healthy Minds platform is seeking to address this.</li> <li>- For specialist CAMHS, CYP face long waiting times.</li> <li>- Qualitative and hospital data suggests that the system is too crisis driven and CYP needs worsen as a result. There is a need for wider upstream support. <ul style="list-style-type: none"> <li>- In terms of the workforce, professionals note that there is a need to build capacity and skills of non-specialist workers to enable them to better manage and signpost effectively.</li> </ul> </li> </ul>
<b>4. What outcomes do services in the district currently achieve for children and young people, and how are they measured?</b>	<ul style="list-style-type: none"> <li>- There is no system in place to draw together whole system data (school nursing, school counselling, other) and info on outcomes</li> <li>- Current data is not used as well as it could be to monitor whole system activity</li> <li>- Evidence gathered on outcomes via the engagement phase illustrates a mixed picture on CYP mental health outcomes</li> <li>- When they are able to access low level help or advice, CYP and families report positive outcomes. This is also true of Specialist CAMHS. For example, see Goals Based Outcomes data from Youth in Mind and Little Minds Matter</li> <li>- MYMUP has developed a system that allows all NHS-funded voluntary and community sector services providing mental health support to children and young people to flow data into the NHS Mental Health Services Data Set</li> <li>- The development of a local SEND dashboard will also help the system improve its understanding of outcomes for this group of CYP.</li> </ul>
<b>5. How does provision in Bradford and Craven compare to similar places, including funding for these services from commissioning through to how these resources are utilised?</b>	<ul style="list-style-type: none"> <li>- Bradford and Craven offers a wide range of high-quality support and services.</li> <li>- The most useful Benchmarking information is available via NHS CAMHS Benchmarking Network and Public Health England's Fingertips tool. We have drawn on this data where relevant. However, unlike in children's social care, determining a statistical neighbour for children's mental health can prove difficult due to fragmented commissioning and incompatible datasets. Once data issues for specialist CAMHS and other services are addressed and become more reliable, research can be undertaken to explore this.</li> <li>- Data from CAMHS Benchmarking suggests that referrals to specialist CAMHS are significantly lower than the national average and caseloads appear to be reducing while nationally they are rising.</li> <li>- However, data on the costs of a contact appointment appear to be higher than the national average (£256 national v £476 in Bradford and Craven). This</li> </ul>

	<p>may be a sign of complexity in the cases BDCFT sees, requiring more specialist input and clinician time.</p> <ul style="list-style-type: none"> <li>- According to our analysis of need using the Kurtz formula, it appears that there is a significantly higher than expected number of children and young people accessing crisis provision, particularly in relation to hospital admissions for mental health related issues.</li> </ul>
<p><b>6. What does the system feel like for children and young people, their families and professionals? To what extent can they easily navigate the system and what do they say about their experience?</b></p>	<ul style="list-style-type: none"> <li>- Overall, stakeholders report positive experiences when they are able to access advice or help.</li> <li>- However, navigating the system appears to be a significant weakness, experienced by CYP, families and professionals. This results in huge delays and an escalation in young people's needs during this time.</li> <li>- Timely help was a central theme, including the early identification of need through to access to specialist support and long waiting times, particularly for those with multiple or complex needs, such as Children Looked After and Adopted Children and those with neurodevelopmental difficulties.</li> <li>- Children and young people from Black and Minority Ethnic (BAME) backgrounds face additional barriers in getting the support they need. Fewer BAME young people said they knew where to seek help compared to their white counterparts. They were also least likely to want to access support at home. Professionals also noted there were limited culturally informed specialist mental health services.</li> <li>- The experiences of children, young people, families and professionals vary across geographies with rurality in Craven contributing to slightly different needs and challenges.</li> </ul>



## Our recommendations

### 1. Leadership, commissioning, and strategy:

- i. Commit to a whole system approach to children and young people's mental health in Bradford and Craven that establishes support across a spectrum of need.
  - o This approach should set out how it will meet the needs of all those aged 0-25, in line with national policy initiatives.
  - o This should also be underpinned by a framework that promotes improved strategic leadership and planning and a clearer roadmap highlighting different levels of multi-agency and sector support, more integrated multi sector partnership working and improved transparency.
- ii. Investment needs to be made across the whole system, especially in preventative and early help services. Where a new investment is made, funding should not be withdrawn from other children and young people's mental health support services.
- iii. Commissioners across the Bradford and Craven area should work together to align and simplify commissioning and governance arrangements across the CYP and young people's pathway.

To put the strategy into action:

- i. There is a need to bring multi sector practitioners, children and young people and parents/carers together to work on whole system pathways supporting people with different levels of need.
- ii. There is a need to create service delivery solutions and models that routinely bring multiple sector providers together – particularly to discuss children with complex needs.
- iii. Young people and parents and carers need to become a routine part of the governance, strategic planning, problem solving and review structure
- iv. Performance management arrangements should link directly to the achievement of the strategy.
- v. Improved outcomes tracking and feedback is required – drawing a common whole system approach together and placing CYP, family and professional feedback at the centre of measuring how successfully the system is operating.

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

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

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

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

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

### **3. Access and navigation**

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

### **4. Model of support**

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

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

- v. Family based approach: There was a strong need articulated for strengthened parenting support and family intervention.
- vi. The children and young people's mental health system should learn and adapt from the ways services have responded to the Coronavirus crisis.

### **Learning from innovative responses to the Covid-19 pandemic:**

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

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

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

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

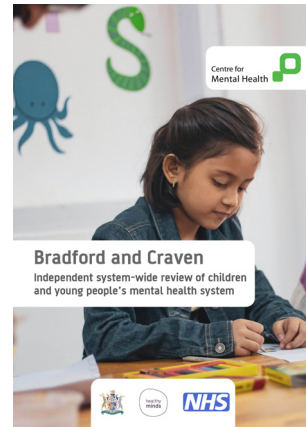
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iv Ibid

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

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

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