

Bradford and Craven:

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

Key findings and recommendations
by the Centre for Mental Health

July 2020

Our approach:

- Review planning
- Strategy and policy review
- Data analysis
- Interim report

- Stakeholder engagement
- Primary data collection
- Good practice analysis

- Analysis and report writing
- Recommendation development
- Submission of final review report

Phase 1

Phase 2

Reporting

Dec 19'-Jan 20

Feb-May

May-June

Key lines of enquiry

1. Has there been a change in demand for mental health and wellbeing services for children and young people across the District? how can we best identify and manage need in the future?
2. What impact have recent commissioning decisions had on children and young people's mental health and wellbeing services, including financial decisions relating to efficiencies, savings and investments?
3. To what extent does the system have the capability and capacity to meet demand, including its ability to enable access, respond and offer the right support?
4. What outcomes do services in the district currently achieve for children and young people, and how are they measured?
5. How does provision in Bradford and Craven compare to similar places, including funding for these services through to how these resources are utilised?
6. What does the system feel like for children and young people, their families and professionals? To what extent can they easily navigate the system and what do they say about their experience?

Provision in Bradford & Craven

What the data tells us

The THRIVE Framework



Quantitative findings:

Getting advice and early stage help

- ❑ **A range of early help mental health support for CYP and families.** Inc; health visitors, children looked after nurses, pastoral support team, school nurses, nurture groups in schools, school counselling, where this exists, and other voluntary sector providers.
- ❑ **Youth in Mind:** Expanding and successfully managing the low-level mental health needs of those they work with. Good GBO results reported.
- ❑ **Digital support:** Kooth, a new service but achieving contracted levels. The majority of CYP say they would recommend to a friend.
- ❑ **Mental Health Champions in Schools:** Integrated team bringing local services and partners together to help school staff navigate the CYPMH system. There were **105 schools** involved 18/19 with an overall **target of 200**.

Getting help and getting more help

- **Specialist CAMHS:** Bradford and District Care NHS Foundation Trust (BDCFT)
 - Data challenges and migration of information systems.
 - Referrals: referrals have been fairly stable. They are lower than the national avg, a proportion of CYP have an additional referral, GPs and schools most common referrers. Majority assigned to Community and ND teams.
 - Waiting times: Historic waiting time unavailable. Overall waiting times are lengthy (26 wks RTT) but are reducing. The longest waits are reported across the LAAC & ND pathways (38wks and 52 wks)
 - Caseloads: Caseloads are rising nationally but appear to be reducing in BDCFT.
 - Missed appointments: A high number of referrals are missed every month due to DNAs and cancellations.
 - BDCFT does not currently collect or report routine outcomes data (except FFT). Work is underway to address this as part of 2020/21 NHS CQUIN.
- **Little Minds Matter pilot**
 - 43 families helped since the pilot launched in 2018. Hundreds of professionals have been trained and offered consultation sessions. An evaluation is tracking impact and outcomes over time.
- **Eating disorder**
 - Relatively low volume in Bradford and Craven. (23 cases in the last year).
 - Most routine cases (72%) are seen within 4 weeks. Two thirds of urgent cases are seen within a week or less.

Getting risk support: Crisis and hospital provision

- **Towerhurst:** 59 admissions in 2018/19. Admissions have been rising since last year (Apr 2019).
- **Hospital admissions:**
 - According to PHE fingertips data, there are fewer MH related hospital admissions in Bradford compared to the national avg and neighbouring authorities in Yorkshire and Humber.
 - High numbers of hospital admissions to Bradford Royal Infirmary. But this includes admissions pertaining to broader range of MH related issues. A quarter of CYP were admitted more than once.
- **Inpatient admissions:** 12 CYP in BDCFT in 2018/19. 16 CYP admitted as part of NCM.

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

- **Overall budget:** 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.
- **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).
 - Overall, Bradford District's spend per head is lower than the national average at **£48 per head** across Bradford and Craven.

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

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

□ Investments:

- Future in Mind transformation initiatives have boosted and added capacity to the system.
- Investment in new initiatives such as Youth in Mind, Kooth, Mental Health Champions.
- Non-recurrent funding to BDCFT to manage waiting list.
- DHSC VCSE HWB Fund – CALMS service delivering trauma support.

□ Divestments:

- During the same period, there have also been significant disinvestment in local authority spending in the CYPMH system. This include reduction to counselling provision, school nursing and health visitors and changes to local authority contributions to the LAAC pathway.
- This needs to be contextualised within wider local authority budgetary pressures as a result of austerity and Ofsted children's services improvement work.

□ Savings:

- Important to understand what savings have been incurred as part of the New Care Models pilot and from other programmes such as Little Minds Matter.

Areas for further exploration

- 1. Data and insight:** Recognising that data collection requires rapid improvement.
- 2. Financial tracking and spend:** 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.
 - Aligning contracts to share outcomes and system-wide goals.
- 3. A shared vision and leadership:** A shared commitment to meeting the needs of the population which comprises people from different cultures, faith, countries, and ethnicities.

Engagement feedback

Qualitative and survey findings

- Consultation with **480** stakeholders in Bradford and Craven
- Survey aimed at practitioners, children and young people and parents and carers
 - **148 responses** to CYP survey from 76 children (11-15 yrs) and 72 young people (16 -25)
 - **130** responses to the parents' and carers' survey
 - **165** professional key stakeholders.
- **37** semi structured qualitative interviews with range of professional stakeholders, children and young people and parents and carers
- Due to the Coronavirus outbreak, unable to deliver face to face interviews or workshops as planned.

What children and young people said

- Over half had received help from someone other than a family member
 - Most from CAMHS or school.
 - a few from youth/support worker, GP, CAMHS crisis team, Youth in Mind or Compass Buzz.
- Finding help:
 - Most knew where to get help - knowledge lower among BAME CYP
 - Most said would approach parents, friends, teacher/school, online sources for help
- Getting help :
 - Most wanted timely help but nearly half said difficult to get help at an early stage
 - 58% said was 'very' or 'quite' difficult to get help when experiencing MH distress
- CYP wanted a consistent, relatable, approachable and trusted adult to talk to (rather than medicalised responses)
 - YiM praised in this respect – liked doing things alongside to build trust
 - Specialist CAMHS environment and responses initially off-putting – though for some positive relationships developed after time
- CYP wanted more consistency across schools and choice (e.g play and music therapy)
- Help needs to be in accessible, familiar, safe and CYP friendly spaces
 - BAME CYP least likely to want to receive help via GP or home and most likely to receive help via online

What parents and carers said

- Majority of parents accessed mental health services on behalf of child.
 - Three quarters found it 'very' or 'quite' difficult to access help when child was experiencing MH distress
 - Two thirds said they found it 'quite difficult' or 'very difficult' to access support for child in crisis.
 - Many raised delays and waiting times as a challenge
- Parents said not enough
 - early identification and support - particularly consistent school-based support
 - Capacity building in, and dedicated advice and support for, parents supporting CYP
 - Capacity in the system
 - Age appropriate support
- Parent described:
 - professionals not understanding local landscape
 - An overly medicalised and uncoordinated system of support
- Mixed views on helpfulness of support – but appreciation for passion and dedication of workers
- Biggest unmet areas of need:
 - Timely neurodevelopmental assessment and support and eligibility for support – as well as knowledge about these conditions
 - Children with multiple comorbidities - need for a dedicated key worker approach
 - Academic and social media pressures
 - Impact of systemic racism on children's mental health ignored

Professional interviews: headline themes/findings

- Accessing help described as a challenge (delays, poor knowledge of local landscape, challenging and unresponsive referral systems, waiting lists, poor access to expert advice, high eligibility thresholds, stigma)
 - Lack of awareness of local offer and effective signposting
 - Inconsistencies in what was offered from area to area
 - No clear front door for help
 - CYP getting limited help while waiting
- Disinvestment and lack of preventative interventions result in a system that orientates towards crisis
 - whole system parenting support lacking
 - professionals lack access to immediate expert advice/consultation and help to upskill workforce and de-escalate difficulties early

Headline themes/findings from interviews

- System not operating strategically as a whole, cohesive, stepped, integrated system
 - System fragmented and result of piecemeal development
 - reflected in services with no shared language or shared understanding of mental health and wellbeing
 - Insufficient whole system resource to manage demand
 - Under developed systems in place to draw together whole system dashboard and data (school nursing, school counselling, other) and info on outcomes
 - Improved governance required
 - Frustration and 'blame culture' hampering progress

- Stakeholders want more, localised, cooperative multi agency problem solving and working
 - offering a menu of choice
 - opportunities to access more immediate expert advice and consultation

- Overly medicalised model currently operating - not dovetailing with what young people wanted or needed

Unmet needs

- ❑ Lack of whole system neurodevelopmental pathway
- ❑ Lack of integrated working, support and problem solving for children with complex needs
- ❑ Access issues for specific groups of CYP (barriers faced by Children Looked After and BAME young people)

Valued and promising developments

- School-based holds promise
 - but offer is inconsistent across B&C
 - Some concerns raised about disinvestment in school counselling

- VCS offer, including Youth in Mind and Better Start Bradford, perceived as helpful.

- A range of services and support on offer (awareness, front door, workforce knowledge, navigation and access seem to be an issue)

Valued and promising developments

- ❑ Crisis provision, including out of hours care (Towerhurst and Youth Cafes) 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
- ❑ Expertise of Specialist CAMHS valued – but not feeling integrated with whole system activity.

Recommendations

□ **Leadership, commissioning, and strategy:**

- A whole system approach to CYP MH in Bradford and Craven that establishes support across a spectrum of need.
- Investment needs to be made across the whole system, especially in preventative and early help services.
- Commissioners across the Bradford and Craven area should work together to align and simplify commissioning and governance arrangements across the CYP and YA pathway.

□ **Understanding the needs of children and young people: Data and insight**

- To improve data collection and quality, all universal, targeted and specialist services should demonstrate compliance with a basic minimum dataset determined by a multi-agency group and that includes the points below in order to enable commissioners to assess impact, quality and value for money.
- Prioritise and invest in System One improvement to enhance the accuracy of user data and improve the capability of the system to support the recording of outcomes.
- Develop a logic model for change 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.

Recommendations

□ Access and navigation

- Develop an integrated multi-agency front door – involving access to an expert multi agency triage team.
- Clearer and more accessible map of what the menus of choices are – and what you can access while you wait if necessary.
- Easy and swift access to advice and help (including for schools/colleges other professionals), in accessible locations. MHSTs present a good opportunity to explore this.

□ Collaborative model of support

- Support should work out of multiple community portals/hubs, involve multi agency problem solving to address children and families' needs and upskill a wider range of professionals through advice, consultation and joint working supported by direct access to trained mental health professionals.
- Specialist and consultative expertise supporting and upskilling the community rather than clinic-based delivery.
- More support 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. A particular need for improved support for children with and families managing SEND, behavioural and complex needs.
- CYP said they would turn to digital support, particularly those from BAME backgrounds.

Thank you

For more information:

Email sasha.bhat@bradford.nhs.uk