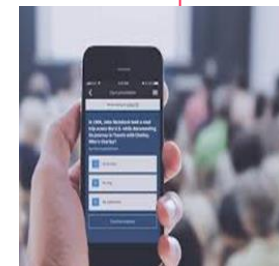


Housekeeping

- Please mute and turn off cameras when you join. Unless you're a speaker!
- Please use chat rather than raising your hands with questions. There are too many of you for us to reliably identify those with hands up.
- Teams top tip, if you're struggling to see slides press Ctrl and scroll your mouse arrow and it will make the content bigger or smaller.

Polling, Questions & the Next Event

- Please access the online poll and answer the question *once*.
- To access the polling, **use your smart phone and search:**
www.PollEv.com/jazzeddew393
 - You will be able to answer questions only when the speaker turns it on



- If you don't have separate links to **two workshop** sessions, please email dbicaci@ncb.org.uk with your choices. You will find the workshops in the agenda for today. During the plenary session, if you don't have access to the chat box and would like to raise questions to the speakers, please email dbicaci@ncb.org.uk

- Next national event on 9th February, & webinar on 10th November

Welcome and Introductions

Dame Christine Lenehan, Director, CDC

Poll: What would make the biggest difference to support you in your local area in the next 2 months?

- To access the polling, **use your smart phone and search:**
www.PollEv.com/jazzeddew393



Poll: How well has the return to school gone? If not well, why?

- To access the polling, **use your smart phone and search:**
www.PollEv.com/jazzeddew393



Learning Disability and Autism Programme

Children and Young People

Sue North

Head of Children and Young People

Phil Brayshaw

Deputy Head of Children and Young People

04/10/2021

NHS England and NHS Improvement



Changes in senior leadership at NHS England and NHS Improvement



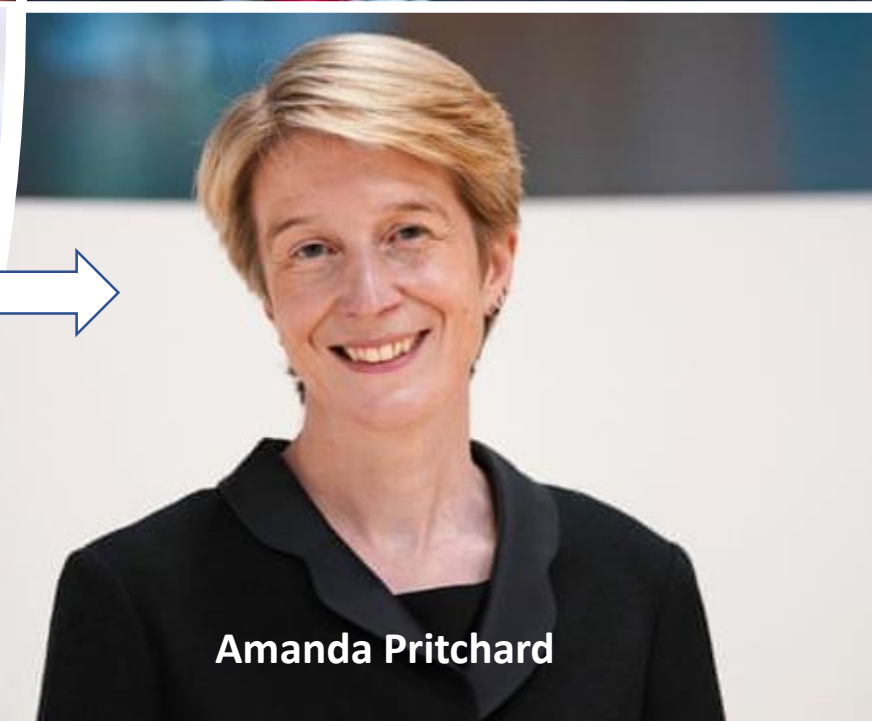
Ray James



Tom Cahill



Simon Stevens



Amanda Pritchard



Changes in health architecture – Integrated Care Systems



- **ICSs have four key purposes:**
 - **improving outcomes** in population health and healthcare;
 - **tackling inequalities** in outcomes, experience and access;
 - **enhancing productivity** and value for money;
 - supporting broader **social and economic development**.
- **ICSs comprise all the partners that make up the health and care system working together in the following ways.**
- **The statutory ICS arrangements (subject to legislation) will include:**
 - an ICS NHS body- ICB (Statutory Body)
 - an ICS Partnership- ICP -formed by the NHS and local government as equal partners – it will be a committee, not a body.
- **Other Important ICS features are:**
 - place-based partnerships
 - provider collaboratives

Collaborating as ICSs will help health and care organisations tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

Other key information:

- The ICS NHS bodies will take on **all functions of CCGs** as well as direct commissioning **functions NHSE may delegate**



Building the Right Support Board

Department of Health & Social Care Minister led board

Brings together Government Departments, ALBs and key stakeholders

5 priorities are:

- Improving the provision and suitability of community-based preventative support, including crisis support.
- Improving transitions into adulthood, especially for autistic young people.
- Improving our understanding of best practice models in the community, including principles for bespoke support
- Reducing the number of people in inpatient care under Ministry of Justice restrictions, including those on MM/PJ judgements
- Addressing issues with funding flows, including financial disincentives across systems

BTRS priorities



Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Improving the provision and suitability of community-based preventative support, including crisis support.	Improving transitions into adulthood, especially for autistic young people.	Improving our understanding of best practice models in the community, including principles for bespoke support	Reducing the number of people in inpatient care under Ministry of Justice restrictions, including those on MM/PJ judgements	Addressing issues with funding flows, including financial disincentives across systems

Building the Right Support Children and Young People's Steering Group

**Anne Longfield CBE –
Independent Chair**

Members include:

DfE

DHSC

CDC

CBF

NNPCF

Family carer

Ofsted

CQC

HEE



Steering Group priorities

PROPOSED CHILDREN AND YOUNG PEOPLE STEERING GROUP POTENTIAL PRIORITIES



Supporting identification of autism

Aligns with:
Autism Strategy
Autism Diagnostic Work
SEND Review
Born in Bradford
Early Support / Family Hubs

Responding positively to children in school

Aligns with:
SEND Review
NCNE accelerator site
Restrictive interventions

Targetted Intensive Support

Aligns with:
LTP Intensive Support commitment and funding
Admission Avoidance
Keyworking
Crisis response / short break

Highly Specialist Provision

Aligns with:
Specialist Mental Health Provision (e.g. ARFID)
Highly specialist support for those with most complex needs - Social care / Secure welfare / Youth Justice / Mental Health / QT

Transition

Aligns with:
BTRS Board Priority
LTP IS priority
SEND review



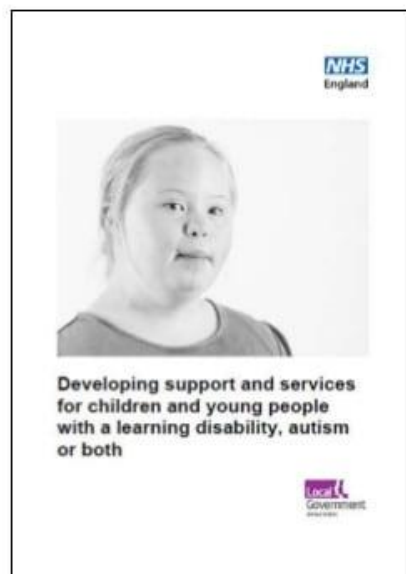
Long term plan commitments

- Reduction in children, young people and adults with a learning disability and autism –
- Keyworkers for children and young people with the most complex needs – focus on those at risk of admission or in hospital
- Increase in annual health checks for those aged 14+ with a learning disability
- Testing new approaches to autism diagnosis
- Improving the Quality of Inpatient Care
- Continued commitment to STOMP - STAMP

National NHS England & NHS Improvement Learning Disability & Autism Programme and SEND



Key policy documents



"Golden threads"



Children, young people and families are supported to have a **good quality of life**. They are treated with **respect** and have an expectation of a **home in their local community**



Children and young people should be **kept safe** but at the same time supported to take positive risks



Children and young people should have **choice and control** over their lives

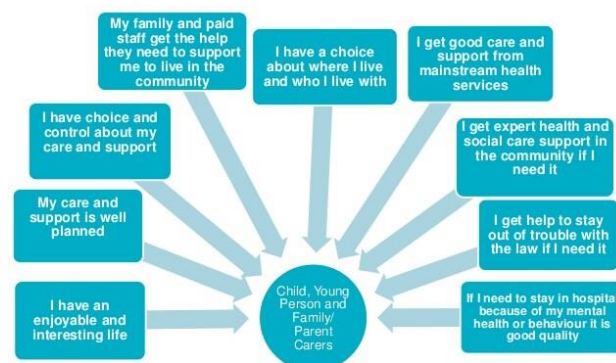


Children and young people's support should be provided in the **least restrictive way**

Children and young people should get **equal health outcomes** to the rest of the population

www.england.nhs.uk/learningdisabilities

The 9 principles of the Service Model



www.england.nhs.uk/learningdisabilities



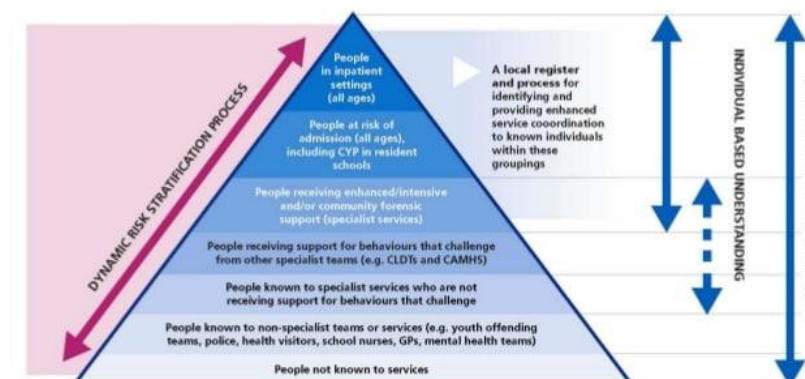
Building the right support

A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition



October 2015

Dynamic Risk Stratification Process



National Learning Disabilities and Autism Programme: Children and Young People Workstreams

Strategic Development to improve Health, Education and Social Care	CO-PRODUCTION	Sue North – Head of Children and Young People	EQUALITY, DIVERSITY AND INCLUSION
CYP1 – Improving Community Services and Reducing Inappropriate Admissions		Phil Brayshaw – Deputy Head of Children and Young People	
CYP2 - Improving Quality		Hannah Mann – Senior Programme Manager, Children and Young People	
CYP3 - Development of Keyworkers and participation		Kate Sutton - Senior Programme Manager, Children and Young People	
CYP4 – Sensory Checks		Kate Naish – Specialist Advisor for Primary Care	

Long Term Plan – Autism Diagnostic Pathways



	Diagnostic Pathways Improving access & quality of autism diagnosis, including pre- & post- support	Funding Year 1 - £7m (SDF and SR) Year 2 - £2.5m, Year 3 – £2.5m
Objectives		LTP Commitment
<p>1. Diagnostic waiting times reduced & assessment quality improved- currently people with possible autism wait too long for diagnostic assessment, and there is significant regional variation in terms of waiting times. We aim to make progress around reducing waiting times for autism diagnostic assessment, whilst minimising variation between different geographical areas</p> <p>People will able to access diagnostic assessments that are in line with best practice: in addition to variation in waiting times across the country, there is also significant variation in the quality of diagnostic assessments people can access. Work will be done to improve the quality and consistency of these assessments</p> <p>2. Improve the quality and scope of pre and post diagnostic support - better support will be provided to people and their families/supporters throughout the diagnostic process: progress will be made to ensure that the NHS, local authority social care, education services and voluntary sector providers work collaboratively to support families going through the assessment process. This will primarily focus on support offered by specialist NHS autism teams, but also across the care pathway</p> <p>3. Improved Transition processes between services: we know that this can be a significant issue for people and their families, so there will be a particular focus on improving people's experience around transitions</p> <p>4. Improved Commissioning processes & levers, providing commissioners with the skills, tools and capacity to commission effectively for people's lives rather than just a service.</p>		<p>3.33. Children and young people with suspected autism wait too long before being provided with a diagnostic assessment. Over the next three years, autism diagnosis will be included alongside work with children and young people's mental health services to test and implement the most effective ways to reduce waiting times for specialist services.</p> <p>This will be a step towards achieving timely diagnostic assessments in line with best practice guidelines. Together with local authority children's social care and education services as well as expert charities, we will jointly develop packages to support children with autism or other neurodevelopmental disorders including attention deficit hyperactivity disorder (ADHD) and their families, throughout the diagnostic process.</p>
Actions		
<ol style="list-style-type: none"> 1. Consult with stakeholders to identify obstacles to reducing waiting times, to identify drivers for change and generate ideas for practical solutions/innovation, including model care pathways and service specifications 2. Work with specialist autism clinicians and researchers to produce guidance on improving the quality of diagnostic assessments, including ongoing training/CPD for diagnosticians, and recommendations around good practice in terms of tools, criteria, and thresholds 3. Work with commissioners to produce practical guidance to help/encourage local STP/ICS/CCGs to invest in developing effective local diagnostic pathways 4. Develop and circulate simple, viable suggestions for how people and their families and/or carers can be supported to go through the diagnostic process 5. Develop clear recommendations around post-diagnostic support that should be made available to autistic people and their families and/or carers, with particular focus on young people transitioning between services 		

Long Term Plan - Community Services Development

£25m (Yr1), £40m (Yr2), £80m (Yr3)



To achieve the Long-Term Plan commitment of reducing inappropriate hospital admissions, each local area has received additional funding in 2021/2022 to improve their local community-based support and services, this is crucial to achieve this ambition. Funding has been sent to TCPs/ICSs under the funding line of Community Capacity on a fair share basis.

We asked local areas to use this additional funding to develop support and services for autistic children and young people aged 14-25 in 2021/2022; to improve intensive/enhanced and crisis support in community settings, delivering care closer to home. This includes community teams, overnight crisis care, and personalised responses

NHSE&I hosted a series of six webinars to support local areas in their delivery. A summary webinar is planned for early November which will then develop into a community of practise starting in December. If you are interested in joining this Community of Practice, please contact scarlett.milward1@nhs.net

NHS England and NHS Improvement



- Following the Long Term Plan (LTP) commitment to provide additional support for children and young people (CYP) with complex unmet needs who are high risk, high harm, high vulnerability, additional funding has been allocated to FCAMHS teams to focus on Children and Young People who present with Learning Disability or Autism or both. Some CYP may not yet be diagnosed with a Learning Disability/Autism or both but could benefit from assessment/support.
- Some Children and Young People may not yet be diagnosed with LD/ASD or both. This funding (**£350k**) is for FCAMHS to identify CYP eligible for their service, with LD/ASD or both needs and support them to access the right help and support to meet their needs and prevent avoidable admissions into hospital/residential/secure estate settings.
- **FCAMHS Teams have been asked to consider development of Autism champions – this role to include ability to complete either a full Autism assessments or screening tools to identify CYP who may have autism and refer them onto an assessment service**
- **FCAMHS to Access specific training to identifying how to support and meet the needs of autistic CYP and people with LD – this training could include overview of the local area Dynamic Support offers (for example, The North Cumbria and the North East Dynamic Support Register Training 2021-2022)**

NHS England and NHS Improvement



Long Term Plan - Keyworking

By 2023/24 children and young people with a learning disability, autism or both with the most complex needs will have a designated keyworker, implementing the recommendation made by Dame Christine Lenehan. Initially, keyworker support will be provided to children and young people who are inpatients or at risk of being admitted to hospital.

- 2021/2022 £15m 13 Pilot Sites, 14 Early Adopters – test and refine; What is it? Who is it for? What does it do? Work towards full geographic coverage
- 2022/2023 £30m Mobilise to full coverage; Every area will have a keyworker site
- 2023/2024 £44m Extend scope to include 18-25 year olds and other vulnerable groups at risk of institutional care

NHS England and NHS Improvement



Autism in Schools – Mental Health Recovery



The **£4m** Project is based on the children and young people's accelerator work with North Cumbria North East aimed to prevent crisis and escalation in school which often leads to exclusion.

The aim is to support the development of autism friendly school environments, school-linked Parent Carer Forums and reasonable adjustments for autistic children and young people

The original project was developed in co-production with the Parent Carer Forum and led to significant cultural change which saw a reduction in exclusions from schools.

There are 15 Projects working across 7 NHS England Regions

Key Deliverables:

- 1) Establishing Mini Parent Carer Forums – Co-Production
- 2) [Parent Led] Training offer – some in partnership with AET
- 3) Improved CAMHS offer
- 4) Reasonable adjustments including whole-school behaviour policies

NHS England and NHS Improvement



Waiting List Triage – Mental Health Recovery

Recognises cumulative impact of Covid and subsequent restrictions on Autistic Children and Young people



Identifying Children and Young People at Risk of Admission **£3.5m** Spending Review

- Local partners across health, education and social care have been asked to work together to identify children and young people waiting for autism assessment (pre-diagnosis) and autistic children on Mental Health waiting lists, who are at risk of admission or who would become at risk of admission without immediate intervention.
- This one-year investment is intended to support Integrated Care Systems review waiting lists and identify those Children and Young People (pre and post autism diagnosis) at risk of admission to hospital. This should be aligned as far as possible with the local Dynamic Support Register arrangements/processes.
- Partner agencies should cross reference autism diagnostic waiting lists with those children and young people close to exclusion, known to social care or waiting for CYP Mental Health treatment. There should be a strong focus on those at risk of crisis and/or self-harm.
- The ambition is to support earlier identification of children and young people who may reach crisis point and enable earlier support to avoid CAMHS inpatient hospital admission.

NHS England and NHS Improvement



Health Funded Respite – Mental Health Recovery



To deliver health funded community respite care (short breaks) for those at risk of admission and/or mental health crisis; linked with Dynamic Support Register

Funding (£3m) should be used to prevent avoidable hospital admissions for autistic children and young people or those with a learning disability or both by addressing and managing crisis in community settings through the use of health funded community respite.

This is aimed at supporting local areas to jointly commission and work in partnership across CCGs and local authorities to enhance short break provision to prevent avoidable hospital admissions. Local area could use their dynamic support registers and processes (as well as waiting list triage work) to identify children and young people and their families who could benefit from health funded respite.

Funding must align with your area's Long Term Plan admission avoidance work for children and young people with a learning disability, autism or both, and where there is an immediate risk of admission a community Care, Education and Treatment Review (CETR) should be convened and health funded respite could be considered as part of the review to prevent admission.

This funding MUST be used to provide additionality and not fund existing capacity/assessed provision or similar.

Respite/short breaks MUST provide a break from caring for the parent/carer and a positive experience for the child or young person.

NHS England and NHS Improvement





Long term segregation – Independent Care, Education and Treatment Reviews

- **Reviews will begin again shortly
for those in long- term segregation**
- **[https://www.gov.uk/government/p
ublications/independent-care-
education-and-treatment-reviews](https://www.gov.uk/government/publications/independent-care-education-and-treatment-reviews)**



Additional Spending Review funding 2021/22

- Advocacy pilots and review
- Specific focus on those in long-term segregation – including pilot of Senior Intervenors
- Increased resource for testing of autism diagnosis for children and adults
- “Champion” for Learning Disability and Autism in each Integrated Care System
- Funding to support environmental changes in inpatient mental health settings
- Funding for VCS partners to respond to the impact of Covid on individuals and families



National Network of Parent Carer Forums
'Our Strength Is Our Shared Experience'



The future



Any questions?

Senior Children's Intervenor Pilot Project

An Introduction

Council for Disabled Children - National Online Event

06.10.21

Ian Lewis, Senior Children's Intervenor

NHS England and NHS Improvement



Context

- Pilot Project aimed at enabling young people with Learning Disabilities and Autism to move to the most appropriate setting from hospital where they have been identified as being inappropriately held in a secure ward.
- The Senior Children's Intervenor Role is part of the Key Worker initiative as set out in the NHS Long Term Plan. The role is aimed at working with children who have been subject to extensive stays in hospital. Some, though not all, will either be in segregation or will have spent periods in segregation. Due to the length of time that they have spent in hospital, a small number are already adults.
- Three Senior Children's Intervenors in post since May 2020, although one had been working for several months prior to that. To date we have worked with 16 children/ young people, with 2 more recently allocated. 10 of those have been discharged to community settings with a further 2 moved to less restrictive settings.
- These cases are mainly among the most complex in the system. They do not reflect where systems and plans work well.

Resources

- There is a lack of suitable resources available, both within the inpatient estate and within the community.
- In some cases, bespoke arrangements have needed to be established for children and young people that will support them into adulthood.
- There is considerable pressure on the available placements, and in some cases the 'market' has not developed the provision that is needed. The community arrangements to support placements may not be available.
- The financial arrangements and requirements are often very substantial and this takes negotiation.
- Provider Collaboratives may offer some solution in developing the market, but the local authority element will need to be incorporated.

Processes

- As set out above, these are cases where the usual processes have not been successful
- The CETR process has not been sufficient to drive change and resolve issues between agencies.
- Agencies, or their representatives, often need more knowledge about the processes required within their respective agencies to drive plans forward.
- As SCIs, we are able to engage with senior leaders as appropriate and escalate matters with the urgency required.

Inter Agency Relationships

- In some cases, relationships between agencies have been a block to achieving progress.
- This can be between local authorities and NHS colleagues.
- But also between the inpatient service and the community NHS services.
- There may be different approaches to working in partnership with the child and their family.
- The SCI role can enable better mutual understanding of agency roles and responsibilities
- Escalation may be needed to address relationships where they have become 'stuck'.

Capacity

- Cases are often held by commissioners with high caseloads. This does not enable them to take forward cases where there is considerable complexity.
- They may not be empowered to escalate appropriately when this is the right way forward.
- As above, they may not have the knowledge about what is required by all agencies to take issues forward.
- Apart from commissioners, many within the team may not have worked with cases of such complexity.
- Positively, our experience is that professionals working with these children are very committed to finding solutions and ways forward.

Transitions to Adult Services

- This is an issue for both NHS and local authority organisations.
- Even when the child or young person is significantly younger than 18, there is a need to plan for their long term care. Community arrangements that will need complete change at 18 are inherently more vulnerable for the young person.
- Processes for transition are improving but it can remain a significant issue in enabling successful discharge and with engaging the right teams.

Summary

- Still at early stages of the project and longer evaluation will be needed.
- Senior Intervenors are currently being recruited to work with adults in Long Term Segregation.
- Early signs that the role can be helpful.
- Strategic commissioning of appropriate resources needed across agencies and sectors.
- Consideration is needed about how financial support means that community arrangements are robust and sustainable.
- A need to strengthen inter agency relationships and understanding of roles and responsibilities.



Department
for Education

All-age Autism Strategy

2021-2026

September 2021

The previous autism strategy and its purpose

- The Autism Act 2009 remains the only condition specific legislation of its type in England.
- It places a duty on the Secretary of State for Health and Social Care to publish a strategy (and associated statutory guidance) for meeting the needs of autistic adults in England.
- The previous strategy was the second iteration following publication of “Fulfilling and rewarding lives” in 2010.
- The main aims of the ‘Think Autism’ strategy, published in April 2014, were to:
 - Reduce the gap in life expectancy for autistic people and to;
 - Enable autistic people to play a full role in society.
- Responsibility for implementing the Autism Strategy is shared across Government Departments.

A refreshed all-age autism strategy

- Government committed to review the strategy to update the actions:
 - reflecting how the experience of autistic people of public services has changed in the years since publication of *Think Autism*, and,
 - taking account of where progress has been made and where challenges remain.
 - and to extend it to children and young people, a commitment made by then Children's Minister Nadhim Zahawi – now at the Department as Education Secretary.
- The new, 'national strategy for autistic children, young people and adults: 2021 to 2026', was published on the 21st July 2021, and sets out our vision to make life fundamentally better for autistic people, their families, and carers by 2026.
- We have extended the scope of the strategy to children and young people for the first time, in recognition of the importance of ensuring that autistic people receive the right support across their lifetime.
- Development of the new strategy drew on extensive consultation and co-production with autistic people, families and carers, including the Executive Group.

Ongoing challenges to address

We have heard that many autistic people and their families still face challenges throughout their lives (APPGA inquiry report 2019):

- Many autistic people struggle to access the right community mental health or social care support when they need it, and this can lead to an escalation of need.
- long waits for a diagnosis because of growing demand on services.
- Understanding of autism is still too low among professionals and the public, which often results in autistic people not getting the right services, support, and negative social experiences.
- The autism employment gap is still considerable, difficult to get into or stay in work.
- Autistic children and young people often don't get the right or timely support they need in education and in the transition from childhood into adulthood.
- negative experiences of the criminal justice system, because of poor professional understanding of autism; problems accessing support and reasonable adjustments.

Challenges for autistic children and young people

Available evidence also points to specific challenges for children and young people, including:

- There are clear benefits to children and young people being identified as autistic as early on in life as possible, but many (particularly girls) are not diagnosed until adulthood.
- A growing number of children and young people are being diagnosed as autistic, with Special Educational Needs data suggesting that 1.8% of all pupils in England now have an autism diagnosis with 72% of these pupils attending mainstream settings. Pupils with Autism as their primary need make up approximately 30% of those with SEN with Education, Health and Care plans (the largest single primary type of need).
- Available evidence suggests that some autistic children and young people often find it difficult to get the help they need at school due to poor understanding of autism amongst education staff.
- Many autistic children find school environments overwhelming and often feel misunderstood or judged by their peers because of their behaviour.
- Many autistic young people find transitions into adulthood difficult because this is a period of heightened uncertainty and can result in changing access to services and support.

The five year vision

- The new strategy is underpinned by improving people's lives in six key areas:
 - Improving understanding and acceptance of autism within society,
 - Improving autistic children and young people's access to education, and supporting positive transitions into adulthood,
 - Supporting more autistic people into employment,
 - Tackling health and care inequalities for autistic people,
 - Building the right support for people in the community,
 - Improving support within the criminal and youth justice systems.
- And crucially reflecting learning from Covid-19 throughout.

The first year implementation plan

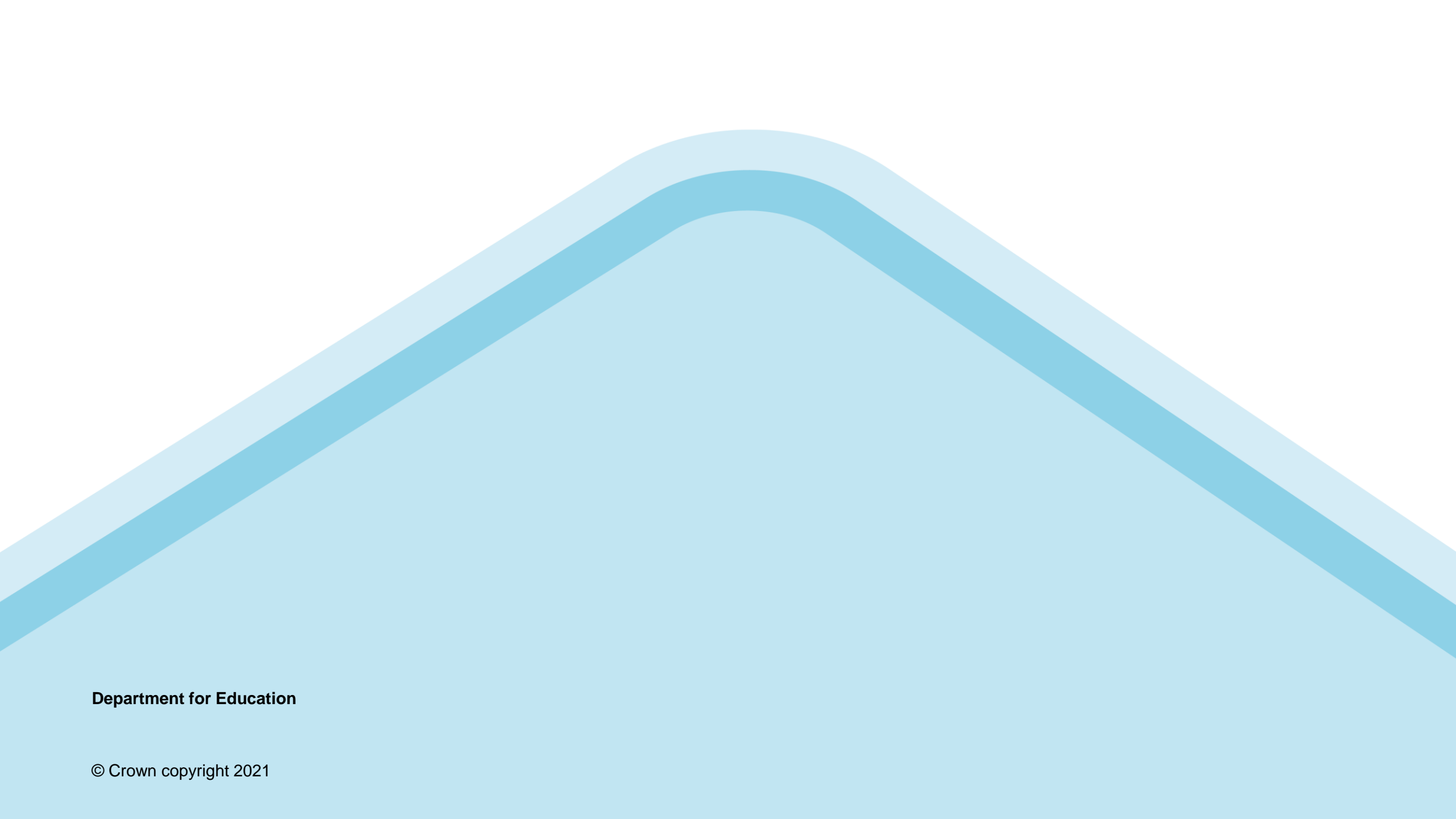
- The implementation plan sets out the actions we will take across government, the NHS, local government and the voluntary sector to implement our vision of a society that truly understands and includes autistic people in all aspects of life by 2026.
- The first year of the strategy is backed by funding of over £74 million to improve understanding in society (including education settings), reduce diagnosis waiting times and improve access to and the quality of health and social care for autistic people.
- This includes:
 - £40 million through NHS Long Term Plan
 - investing £25 million into building the capacity and capability of 7-day specialist multidisciplinary and crisis services supporting autistic people and those with a learning disability
 - investing £15 million in keyworker pilots and early-adopter sites to support children with the most complex needs in inpatient mental health settings, as well as those at risk of being admitted to these settings
 - this is in addition to the £2.5 million from the Long Term Plan for children and young people's autism diagnosis
 - £31 million through mental health recovery action plan to tackle inequalities and build the right support in the community
 - £600,000 to fund training for staff in early-years settings, schools and colleges, to improve the experience of autistic children in the education system and prepare them for adulthood.
 - £600,000 for the extension of the early-identification programme developed in Bradford
 - £180,000 for the understanding autism campaign

Key commitments to education and transitions to adulthood

- Within the first year of the strategy, the key commitments will be to:
 - improve understanding of autism among educational professionals by continuing to provide funding for autism training and professional development in schools and colleges in 2021 to 2022 with £600,000 of funding
 - publish and consult on the SEND review as soon as possible
 - carry out a new anti-bullying programme in schools, to improve the wellbeing of children and young people in schools, including those who are autistic
 - provide a further £8.6 million funding in 2021 to strengthen the participation of parents and young people – including those who are autistic in the design of SEND policies and services and ensure that they are able to access high quality information, advice and support
 - take action to strengthen and promote pathways to employment, such as Supported Internships, Traineeships and apprenticeships, and work to support all local areas to develop Supported Employment Forums

Next steps and future implementation

- The Department of Health and Social Care (DHSC) and the Department for Education (DfE) will establish a refreshed national Executive Group to monitor the timely delivery of actions. This group will hold action owners to account, and we will set up underpinning Task and Finish groups to oversee delivery of specific strands of work.
- The Executive Group also hold an ongoing relationship with government and policy makers through co-production, monitoring, and continued communication.
- The new Executive Group will report directly into the Minister for Children and Families and the Minister of State for Care at a biannual accountability meeting. These will be chaired by both ministers to review progress on actions set out in this and subsequent implementation plans. The first of these is due to take place in January 2022, 6 months after publication, but will be confirmed once new ministerial arrangements are complete.
- We will publish implementation plans for the subsequent years of the strategy, in line with future Spending Review rounds.





DATA 1

Digitally Acting Together As One

Applying data science to identify and support
children with autism

OUR CHILDREN
MATTER-NORTH
& SOUTH



OVERVIEW &
3 2 1

INFRASTRUCTURE
NORTH/SOUTH DIFFERENCE

Unsatisfactory



Inequalities between
N & S (Endemic!)

10 yr Update

- Physical Health
 - Mental Health
 - Educational Attainment
 - Social Mobility
- WORSE

HEALTH
INEQUALITIES

High Level
DEVELOPMENTAL
Disorder
3-4%



(cost a lot to fail)



Bradford
& DIABETES

ALL
TYPES!



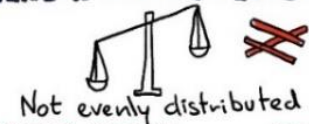
Covid
so problematic
BECAUSE of POOR
Population AND
Health Experiences



POWER
of
SCIENCE

- Vaccination
- Birth Control
- Insulin
- Antibiotics
- Anaesthetics

HEALTH INEQUALITIES



Not evenly distributed

HEALTH-EDUCATION

Non-Communicable Diseases



UNDERLYING ISSUES ENDEMIC

Similar trajectory

History of
DATA Driven &
Innovative
Health Care
Intervention

System

WOLFSON CENTRE FOR
APPLIED RESEARCH

BORN IN BRADFORD

longitudinal
study

COMPLEX
& BROKEN

CITIZEN
SCIENCE
DATA
ARMY

COMPLEXITY
SCIENCE

HEALTH
SERVICES

Structures

LEVERS

SCHOOLS

IMPORTANT
DISPROPORTIONATE
INFLUENCE

Families
& y'know,
Education
Communities

Ideas!

VR
DATA

AI
in the hands
of the
People

BRADFORD
FOCUS

POETRY
&
X-RAYS

Inequalities



Pandemic aftermath

Poverty is increasing: Fewer families are living comfortably (33% to 20%). More families are 'just about getting by' (19% to 27%) or finding it difficult to manage (7% to 11%). 37% of families are worried about their job security; 23% worried about paying rent; 12% worry about eviction/repossession)

Mental ill health is becoming rife: Two-fifths of our families are reporting depression or anxiety

Food security is decreasing: 23% reported that food often didn't last and they couldn't afford to buy more; 10% had to skip meals because of poverty

Digital inequalities limiting access to remote education: South Asian heritage children only had access to computers some of the time (25%)

Physical activity levels are decreasing: 29% of children didn't leave their home to do physical activity during lockdown, especially children of Pakistani heritage (39% versus 18% of white British heritage)

Classroom inequalities are increasing: A disproportionate effect of Covid-19 on vulnerable children and children with SEND. Key issues: lack of access to specialist services and counselling

Conclusions



- ❑ We must focus on CYP if we want a sustainable approach to eradicating inequality
- ❑ Our inequality plan must have education (e.g. schools) at its heart
- ❑ We need to target efforts towards our most deprived communities (proportional universalism)
- ❑ We need to connect the different systems and organisations to enable genuine multi-agency responses
- ❑ We need to use the power of data science to understand and connect



DATA 1

Digitally Acting Together As One

Applying data science to identify and support
children with autism

Active ingredients

Component 1 – Digital tools to improve service delivery through the power of data

Component 2 – Tackling inequalities by acting together

Component 3 – Acting as One to improve autism services



Active ingredients

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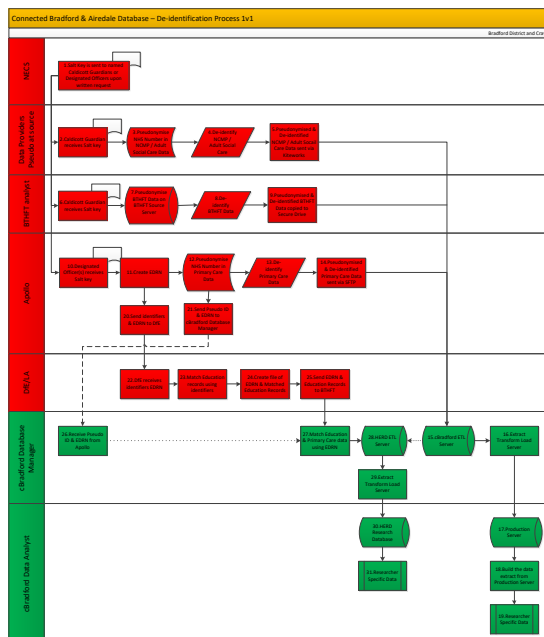
Born in Bradford

Everyone's life is a jump in the air;
Ten short years and these children grow
Like the springtime flowers in a Bradford park.
Everyone's life defies gravity;
Morning sunrise to evening's glow
A bounce in the light not a trip in the dark.
It's a decade reaching for the sky
With each year a leap year: watch them fly!

Ian McMillan



Research databases

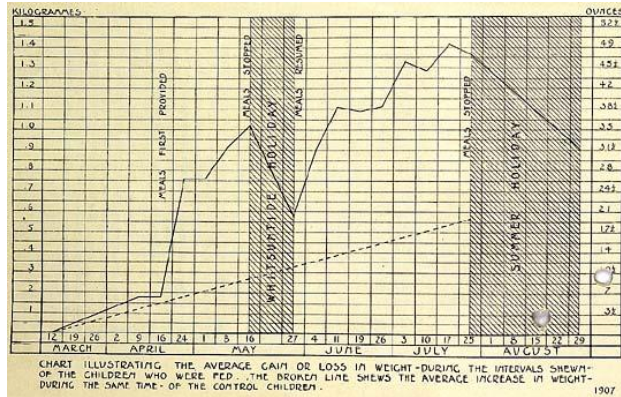


700,000 citizens
Clinical tests and diagnoses
Appointment History
Prescriptions
Demographics
Allergies
Diseases
Referral codes
Immunisations/Vaccinations



Track record in Bradford

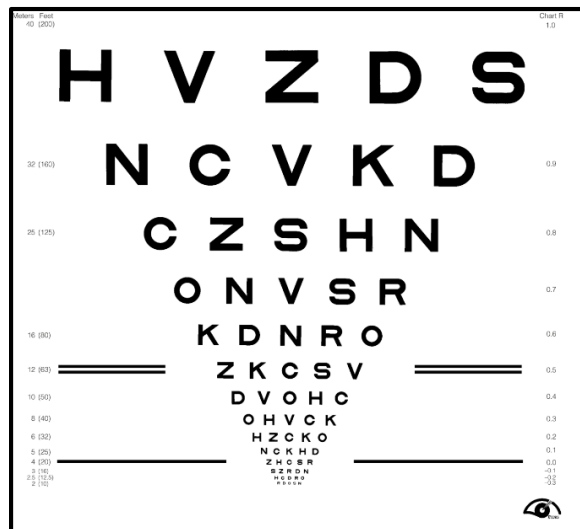
Data driven service organisation



World's largest handwriting RCT



Glasses in classes - world's largest RCT



Whole system approaches to activity



Active ingredients

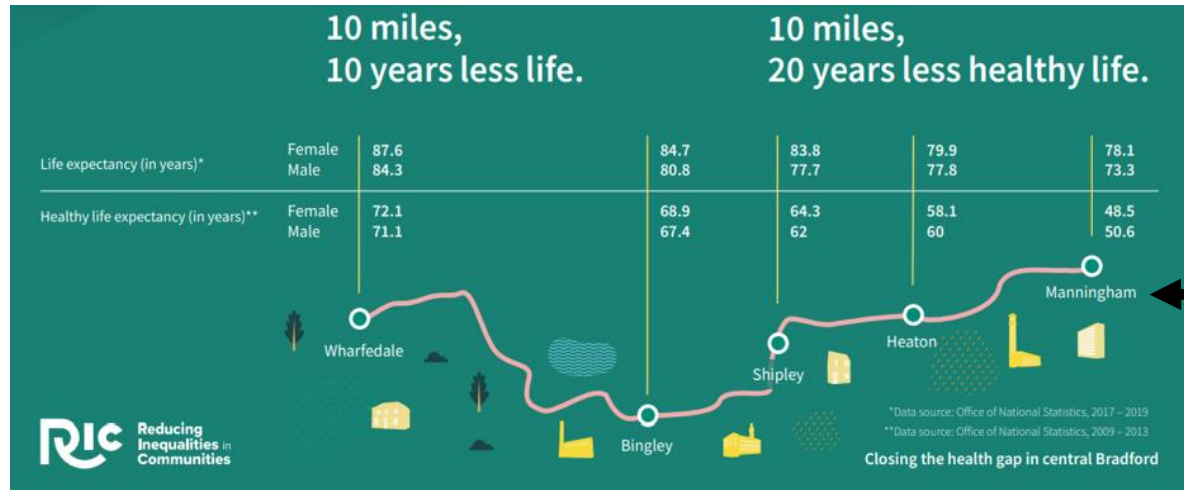
Component 1 – Digital tools to improve service delivery through the power of data

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Vulnerabilities multiply



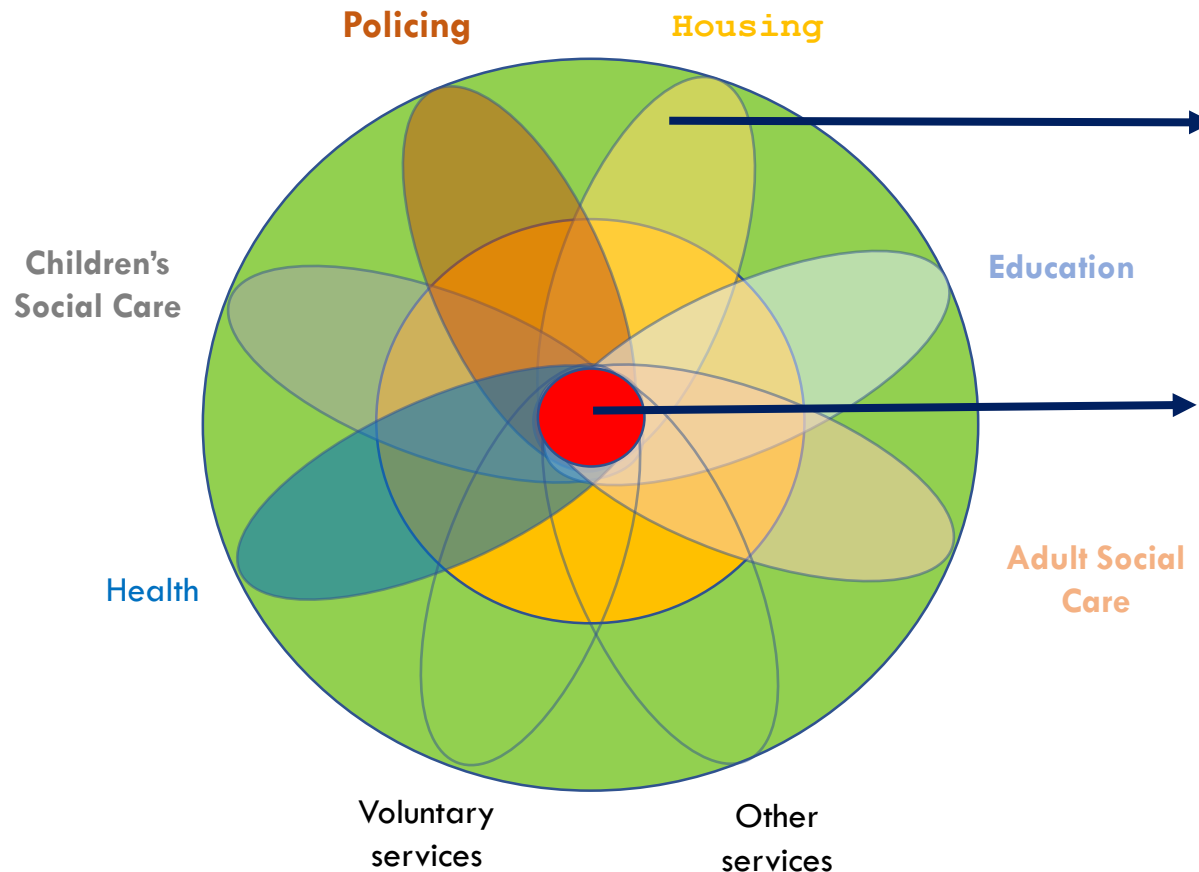
Data from Bradford and Craven CCG shows life expectancy, (and healthy life expectancy) decreasing rapidly, from Bradford's least to most deprived places

A child growing up in Manningham is more likely to experience poor health/poor household health

IMD measure (2015)	Wharfedale	Manningham
Overall (IMD)	10% least deprived	10% most deprived
Employment	10% least deprived	10% most deprived
Income	10% least deprived	10% most deprived
Health and disability	10% least deprived	10% most deprived
Education, skills & training	10% least deprived	10% most deprived
Living environment	Mid-range (20-80)	10% most deprived
Crime	10% least deprived	Mid-range (20-80)

A child growing up in Manningham is also more likely to experience household unemployment, low income, poor quality housing, crime, and will find it harder to access a good school

In areas of multiple vulnerability, individual services are more likely to come into contact with the same individuals and households



In Wharfedale, a household's interaction with services is likely to be simpler, with fewer sources of support required and fewer vulnerabilities likely to be affecting any individual

In Manningham, professionals cannot avoid interacting with other services and encountering other vulnerabilities – they need systems and tools that enable them to act effectively as individuals and as a team – simplifying engagement with households and allowing collaboration to see and respond to all needs, together.

Everything is connected

The future holds the hand of the past
And squeezes it tight; in this place
Ideas and people are built to last
And in each of us you can find a trace
Of everyone else. The smoke clears
And here is a city built upon layer
Upon layer of history, years and years
Of thinking and working and weaving
Connections into the fabric of living
And what is connected? Everything,
Everything; all connected. Everything

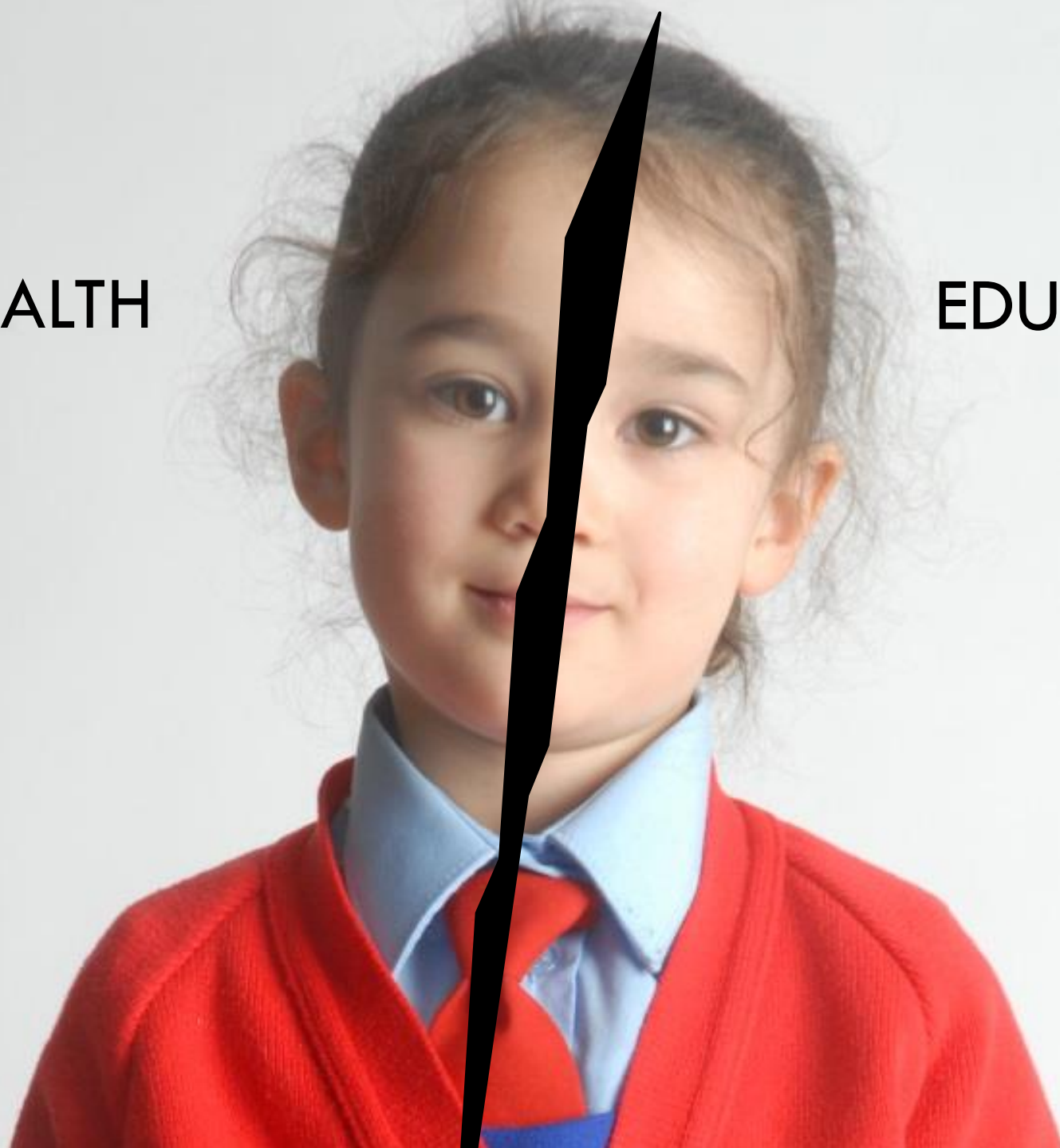


Ian McMillan (poet in residence)



HEALTH

EDUCATION



Act As One



- ❑ Act as One is the guiding principle of how we work together across the health, care, community, voluntary and independent organisations in Bradford district and Craven
- ❑ The senior leads formally come together on the Integrated Care Partnership Board with clear governance arrangements and shared decision making processes
- ❑ Together, they have a shared responsibility for delivering our shared strategy for our communities, of Happy Healthy at Home
- ❑ This means that every organisation is committed to developing and delivering joined-up health care with our local communities, to better meet people's needs

The CAER

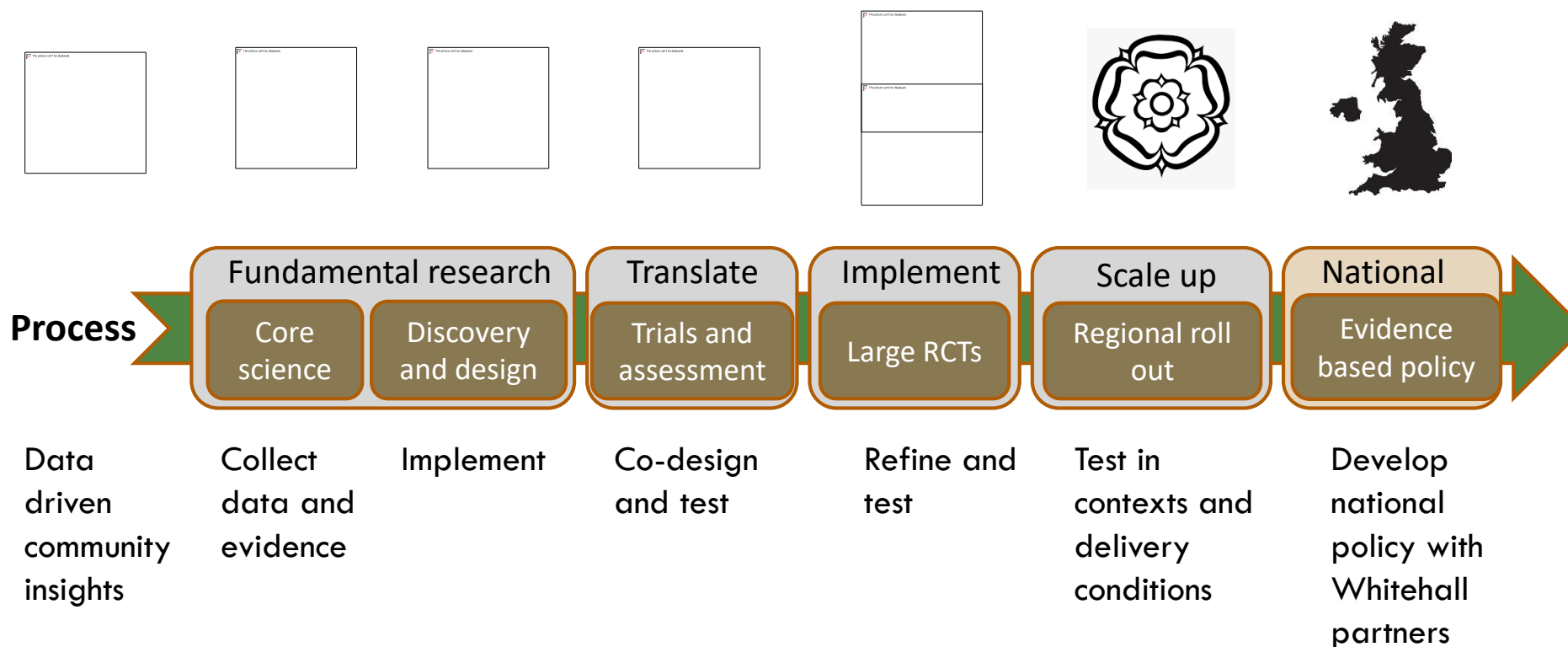
The **Centre for Applied Education Research** is a partnership between:

- The Bradford NHS Trust
- The Universities of Leeds, Bradford @ Leeds Trinity
- The City of Bradford Metropolitan Council
- The Department for Education
- The Educational Endowment Foundation



Translating insight

We follow a **‘translation pipeline’** modelled on the Medical Research Council’s pipeline for health research. The pipeline ensures that promising data science research is **translated rapidly but safely into policy**, identifying important contextual factors for effective implementation, and allowing the **best possible evidence to underpin decision-making**



Active ingredients

Component 1 – Digital tools to improve service delivery through the power of data

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Our findings

Finding 1 – Our autism services are broken

Finding 2 – Many children's needs are not being identified until late in primary or often into secondary

Finding 3 – Structural inequalities around SEP and ethnicity exist

Finding 4 – Routine data can identify children at risk of autism

Finding 5 – Delivering autism services in and with schools is effective



Improving autism care

We used BiB data to show that the educational assessments conducted on all children in their first year of schooling (the Early Years Foundation Stage Profile) can identify children at risk of autism



We trialled an approach where we used EYFS data to identify children who should be screened for autism by the schools, then rerouted our autism pathways through the schools

Our response



- ❑ Implementing these new approaches (SUCCESS)
- ❑ Shifting from a diagnosis led to a needs based system - **support**
- ❑ Connecting stakeholders
- ❑ Obtain the mandate and permissions
- ❑ Adopting the principles of proportional universalism (place based approaches)
- ❑ Engaging with schools in our most deprived communities
- ❑ Developing communication strategies

Building DATA 1

Putting in place the data infrastructure and tools to model patterns of vulnerability.

DATA 1 will allow:

- Front line practitioners to identify risk and intervene earlier
- Communication between practitioners (cross-service boundaries) to enable risks to be shared and activity coordinated
- Commissioners to better understand and respond to the needs of localities [using anonymised data]


Application

Think Family Database Family Detail Insight Bristol
Integrated analytics hub

Change Family Selection? Lead professional: Claire Mackey

Name	Criteria
01/01/2015 (5 Years)	
20/01/2014 (6 Years) Relationships...	SUPPORT SCHOOL INCOME
20/01/2014 (6 Years)	
30/04/2012 (7 Years) Relationships...	INCOME
13/05/2008 (11 Years) Relationships...	SUPPORT SCHOOL INCOME
07/10/2006 (13 Years) Relationships...	CRIME ASB SUPPORT MISSING INCOME DA HEALTH

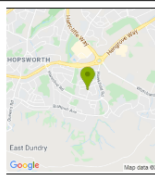
Family Indicators



Address:

Other Addresses

- Bristol Foyer 2A Victoria Street Bristol BS1 6DT (East Central)
- 1 St Lukes Mews Bristol BS4 4RL (South)
- Flat 5A Bristol Foyer 2A Victoria Street Bristol BS1 6DT (East Central)
- 21 Stone Hodges Gloucester Road Bishopston Bristol BS7 8NH (North)
- Flat 9B Bristol Foyer 2A Victoria Street Bristol BS1 6DT (East Central)
- 71 Brighton Crescent Bristol BS3 3PP (South)





Think Family Database Person Detail Insight Bristol
Integrated analytics hub

Name: - 07 Oct 2006 (13 yrs) [F] **CRIME** **ASB** **SUPPORT** **HEALTH** **MISSING** **INCOME** **DA**

Case Number:

Lead Professional: Claire Mackey

Address:

SEN Marker: E-Social, emotional and mental health

School: Norton House Academy

Attendance & Monthly trend: December 2019 10% January 2020 32% February 2020 50%

10

Indicators

3

Risk Scores

For more detail click one of the below:

- [Professional Involvements](#)
- [Address Detail](#)
- [School Detail](#)
- [Risk Profile](#)

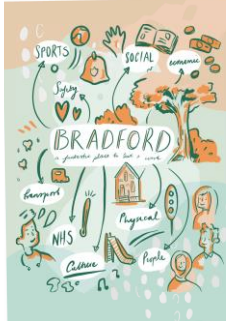
Current Indicators

Data driven indicators

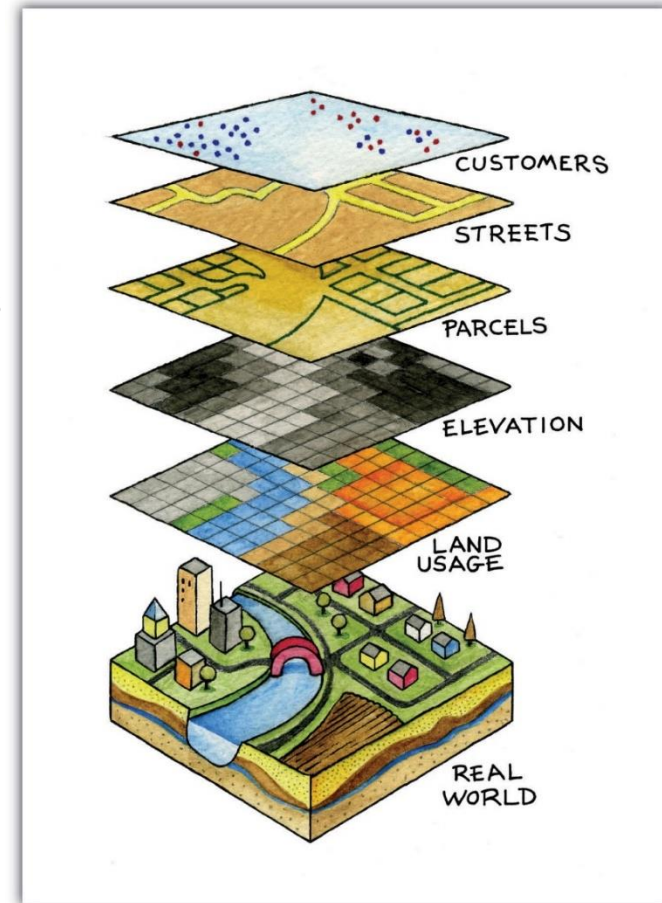
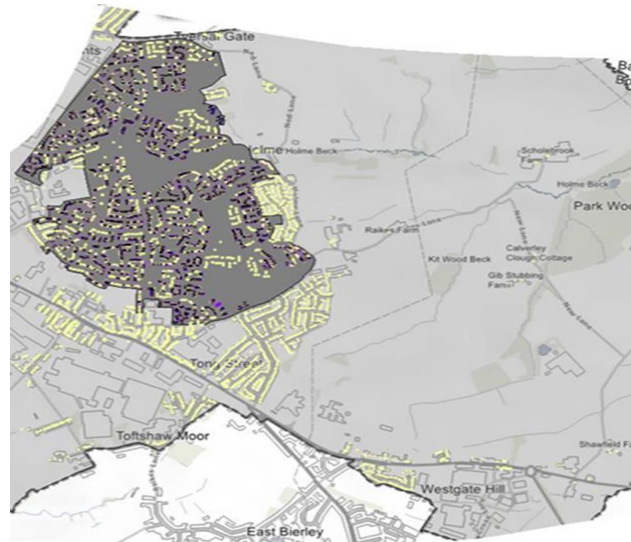
Indicator	Date	Notes	Source
Subject Managed by ASB Team	25/02/2020	Officer In Case - Police officer 692	Niche
Open to Families In Focus	25/02/2020	Episode Start: 14 Jun 2019	LCS/EHM
Mental Health Concern	25/02/2020	Social, Emotional and Mental Health needs	DfE School Census
Person Committed ASB	06/11/2019	ASB	Niche
Person Committed Offence	07/10/2019	Theft from the person of another	Niche
Child Claiming Free School Meals	01/10/2019	FSM Start: 15 Feb 2016	School Census
Involved in Domestic Incident	26/09/2019	Criminal Damage	Niche



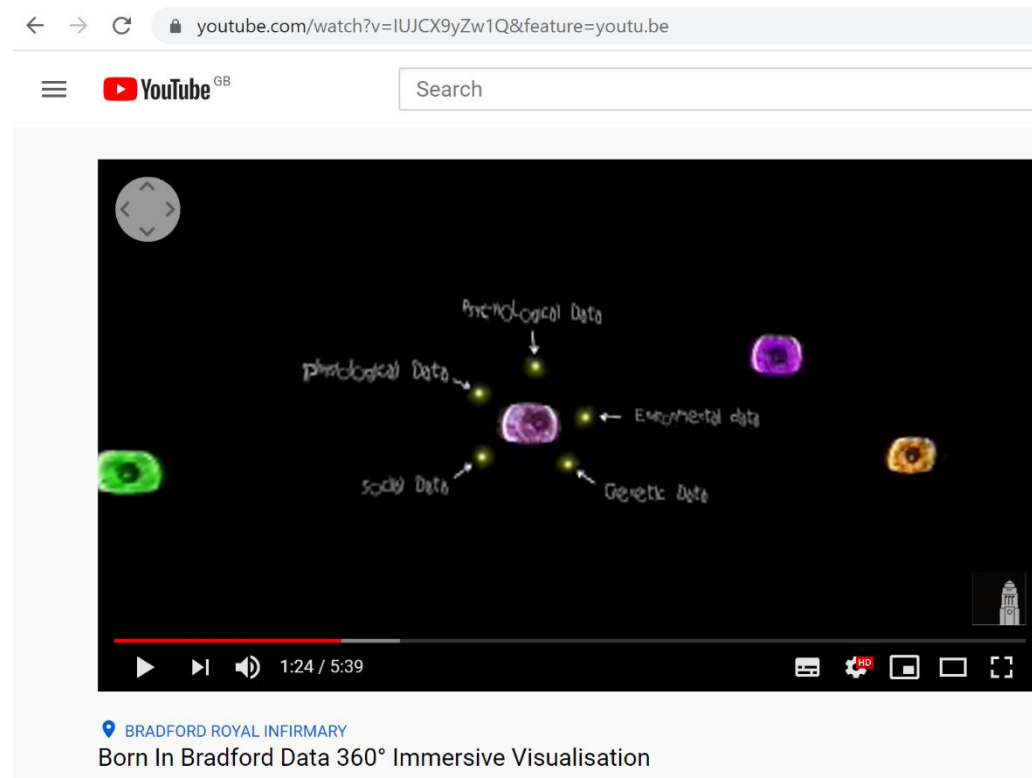
A connected map



- ❑ 11,130 people live in Holme Wood (28.3% <16 years old)
- ❑ 84.3% white british plus gypsy
- ❑ Highest % of NEET in Leeds city region
- ❑ 22% long-term illness and on benefits
- ❑ Life expectancy <10 years below UK
- ❑ Crime and mental health major problems



Communications and co-production – learning from ‘Act Early: Holme Wood’ to bring together families, practitioners and data scientists to test data against lived experience, design smarter systems and mobilise the workforce



<https://www.youtube.com/watch?v=IUJcX9yZw1Q&feature=youtu.be>

Ethics

Helping communities understand the good and bad of datasets



DIGITAL FUTURES COMMISSION

Innovating in the interest of children and young people



UNIVERSITY OF LEEDS





DATA 1

Digitally Acting Together As One

Applying data science to identify and support
children with autism

Workshops

- Session 1: 3:00 – 3:40
- Session 2: 3:50 – 4:30

Responding to emotional wellbeing and mental health needs of children and young people: learning from HeadStart partnerships – 20 October 2021

- *Please join NCB and the HeadStart partnerships to hear about strategic responses to the emotional wellbeing and mental health needs of children and young people. For more details and to register click here:*
- <https://bit.ly/3uErWxr>

Post-evaluation form

Please fill out the post-evaluation form through this link or scan the QR code:

<https://bit.ly/3ok1O9J>

