

Transforming Children and Young People's Mental Health

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CYP Mental Health Issues

Economics of investment

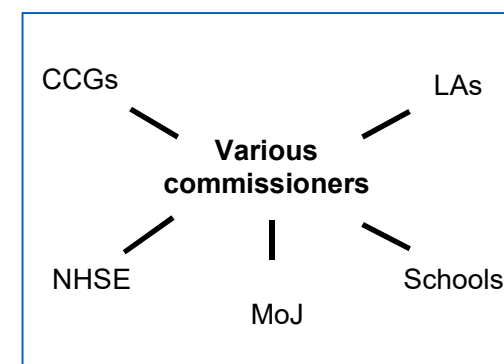
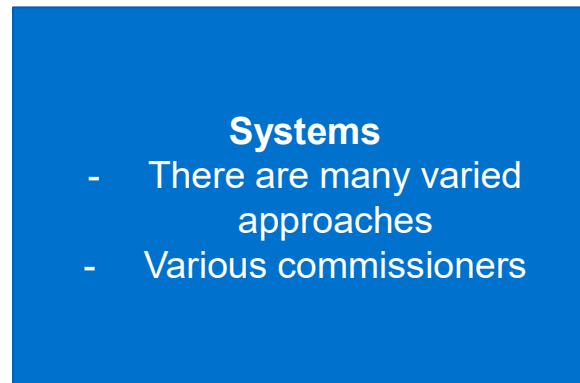
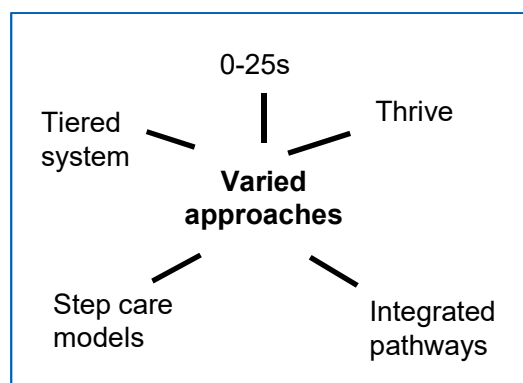
- CYP MH spend was 9% of total NHS MH spend (2017/18)
- Getting it wrong is expensive
- Low costs of intervening early

21st Century Living

- Rising Prevalence
- Physical Illness
- Health inequalities
- Adverse Childhood Experiences
- Social Media

Infrastructure/resources

- High numbers of referrals
- Variable waiting times (2-48 weeks to first appointment, 9 weeks average wait)
- Limited workforce capacity



New prevalence survey – NHS Digital

- The cohort was recruited in October 2016 and interviewed in 2017 (n = 9117), survey published 22 November 2018
- One in eight (12.8%) of 5 to 19 year olds had at least one mental disorder when assessed in 2017.
- This is the first time that 2 to 5 and 17 to 19 year olds were included in one survey.
- Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%). This is a change from behavioural disorders in previous years.
- Rates of mental disorders increased with age. 5.5% of 2 to 4 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds.

Figure 2: Any disorder by age and sex, 2017

Base: 5 to 19 year olds
Per cent

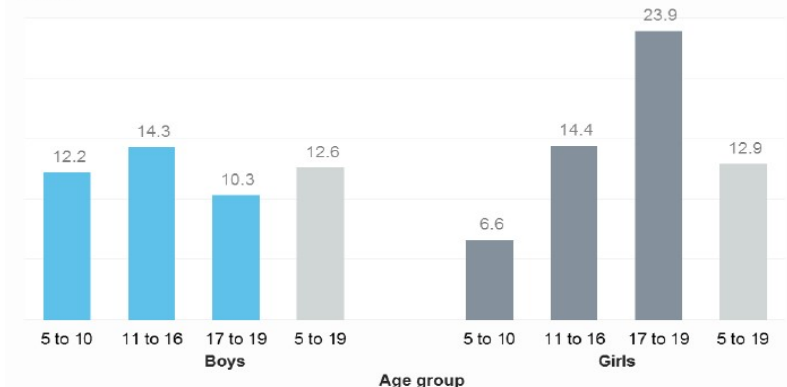
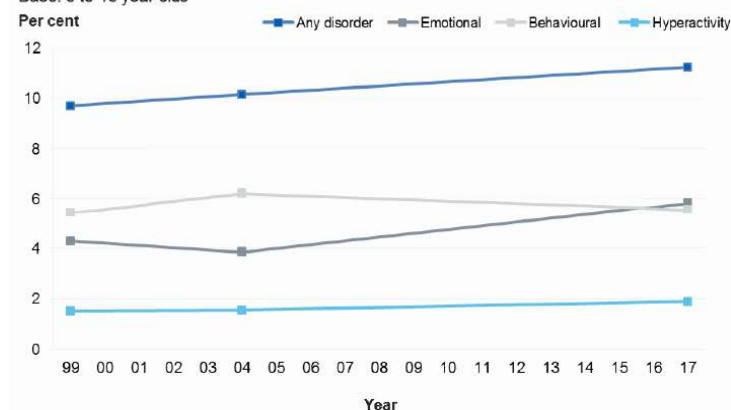


Figure 1: Prevalence of any disorder, emotional disorder, behavioural disorder, and hyperactivity disorder, 1999, 2004, 2017

Base: 5 to 15 year olds



A clear policy direction of travel

Future in mind

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



THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH

A report from the independent Mental Health Taskforce to the NHS
February 2016



Department
of Health



Department
for Education

Transforming Children and Young People's Mental Health Provision: a Green Paper

Presented to Parliament
by the Secretary of State for Health and Secretary of State for Education
by Command of Her Majesty

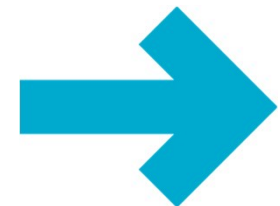
December 2017

Cm 9523

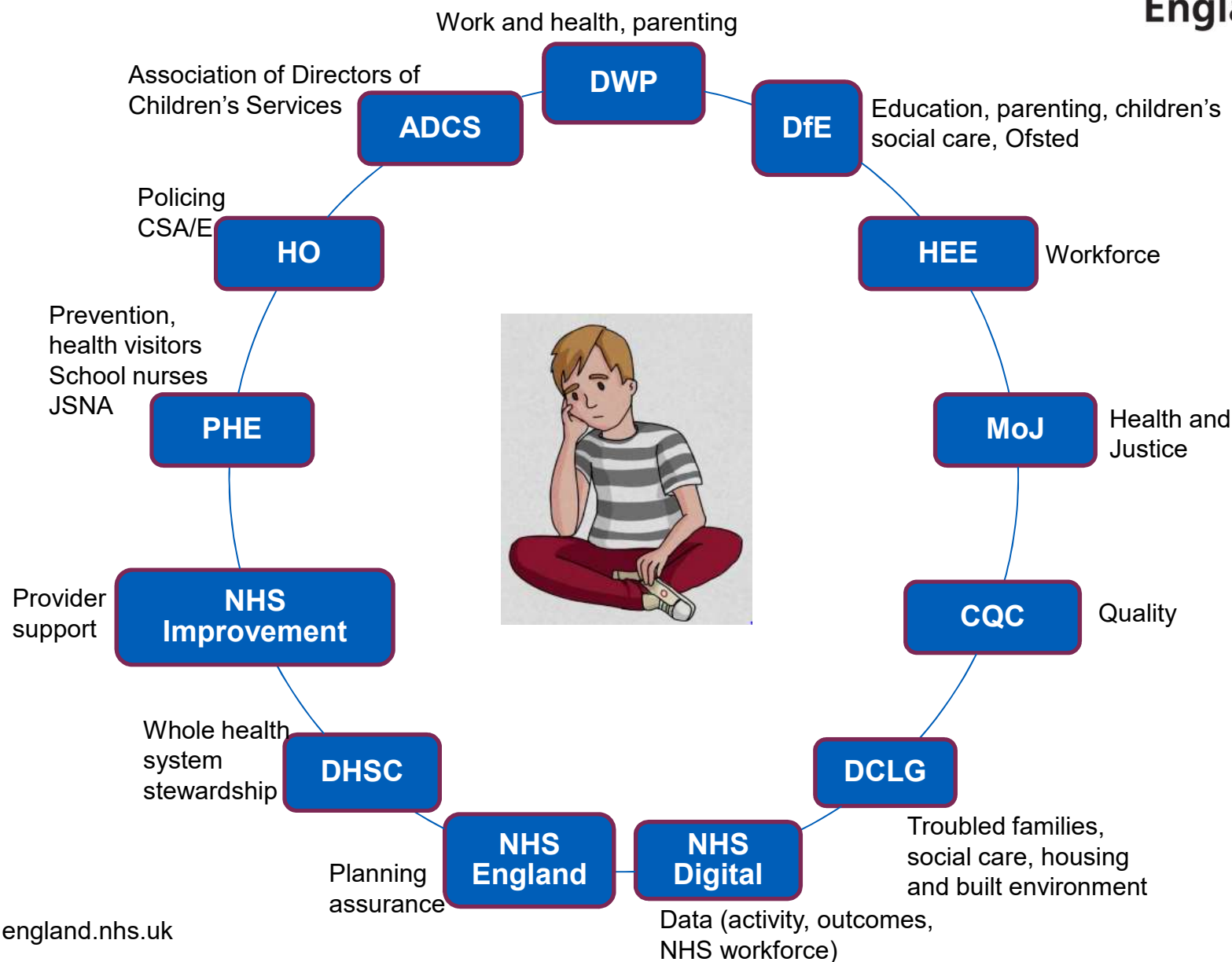
The NHS Long Term Plan



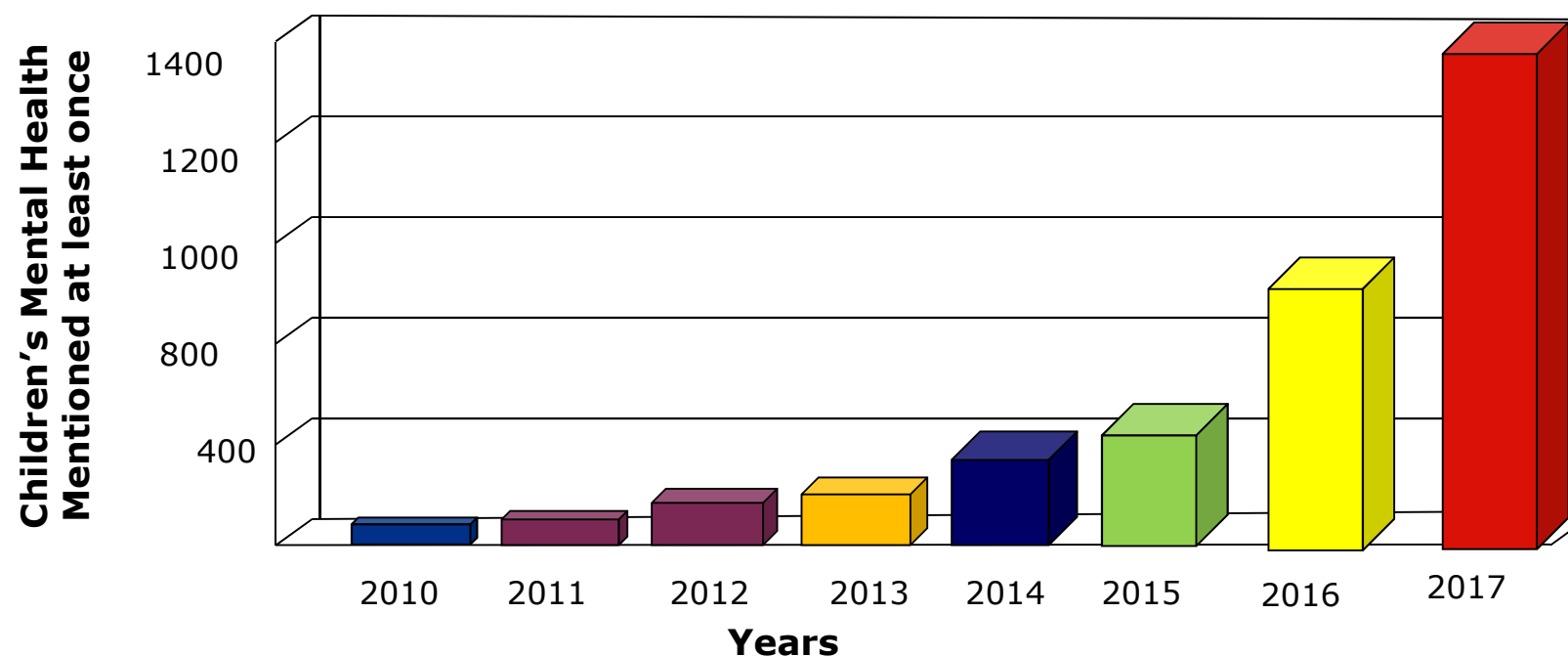
#NHSLongTermPlan
www.longtermplan.nhs.uk



We need a 'whole system' approach



Growing awareness of the impact of CYPMH in the public arena reflected in media attention

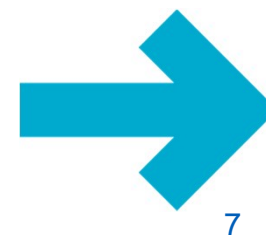


Children & Young People's Mental Health: mentions in UK newspapers

6

Source: Lexis Nexis

NHS England Children and Young People's Mental Health Transformation Programme



Five Year Forward View for Mental Health: NHS CYPMH work programme to be delivered by 2020/21

70,000 more children and young people accessing CYP MH services (1 in 4 to in 3)

3,400 existing CYP MH staff trained in evidence based treatments

1,700 new qualified therapists working in CYP MH services

95% of those in need of eating disorder services seen within 1 week for urgent cases & 4 weeks for routine cases.

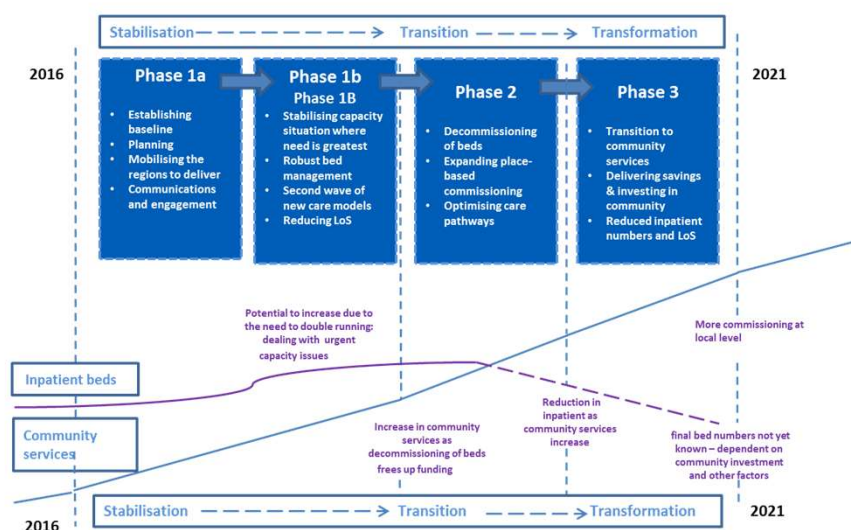
Improved Crisis Care for all ages, including places of safety

60% people experiencing a first episode of psychosis to access NICE concordant care within 2 weeks by 2020/21

All CCGs to deliver the mental health investment standard

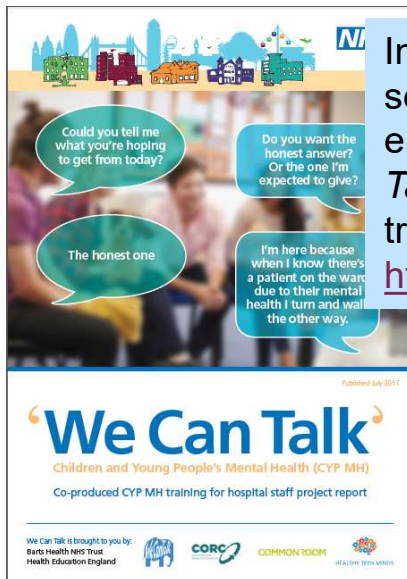
Improved access to and use of Inpatient Care, right number and geographical distribution of beds to match local demand with capacity, and an overall reduction in bed usage.

In patient re-commissioning



CYP MH Programme Priorities 2019/20 <i>Transitional Year</i>	
Policy Development & System Support	<ul style="list-style-type: none"> Support development of <u>Long Term Plan National Implementation Framework</u> and subsequent <u>National Implementation Programme</u> Continue links to other programme e.g. SEND and Transforming Care
National and Regional Support	<ul style="list-style-type: none"> Support local area development of <u>1-year 'transitional' operational plans</u> for 2019/20 and future planning Continue to improve access to CYPMH services - target by 20/21 70,000 more CYP per annum System support: CYP MH Improvement teams in Clinical Networks Next phase Commissioner Development Programme and tools e.g. system planning model Pilot and report on proposed CYPMH currencies for payments Continue to develop national data/MHSDS/dashboard of metrics/outcomes monitoring Continued CYP and parent participation - Amplified (YoungMinds)
Workforce Development	<ul style="list-style-type: none"> CYP IAPT: now BAU but continued focus on increasing workforce capability of existing staff and achieve the 3,400 target of staff trained in evidence based interventions by 2020/21. Support provision of new workforce for improved access and Green Paper
Eating Disorders	<ul style="list-style-type: none"> Continue to Improve access by dedicated community ED teams to meet standards
Crisis Care	<ul style="list-style-type: none"> Develop tools and resources to support spread of 24/7 emergency response pathways for CYP Second National audit of crisis and intensive community support services
Specialised Commissioning	<ul style="list-style-type: none"> Recommissioning of CYP MH (tier 4) inpatient beds Continue to support collaborative commissioning through New Care Models
Vulnerable Groups	<ul style="list-style-type: none"> Continue to implement forensic CAMHS/complex needs service and pathway Specialised framework of integrated care across YOIs, SCHs etc. Health and justice collaborative commissioning networks and JSNAs Test Personal Budgets for looked after children Improve CYP experience of Transition
Implement green Paper	<ul style="list-style-type: none"> Continue to support development of Trailblazer sites Support HEE curriculum development and workforce implementation Data specification for outcome and output monitoring for schools and WT pilots Waiting time pilot

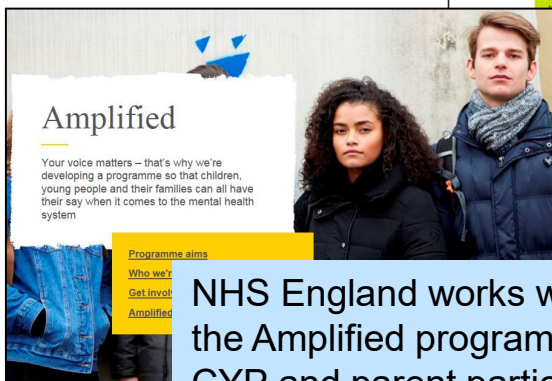
Meeting need: CYP and parent participation is critical to delivery at a national and local level



Involving children, young people and parents in service development and feedback is essential to ensuring services are fit for purpose. The *We Can Talk* programme delivers co produced CYPMH training for acute hospital staff developed at Barts
<https://wecantalk.online/>



Minded www.minded.org.uk provides bite sized e learning modules for CPD for anyone working with CYP including on self harm



NHS England works with Young Minds to deliver the Amplified programme aiming at increasing CYP and parent participation
<https://youngminds.org.uk/resources/tools-and-toolkits/>

www.england.nhs.uk



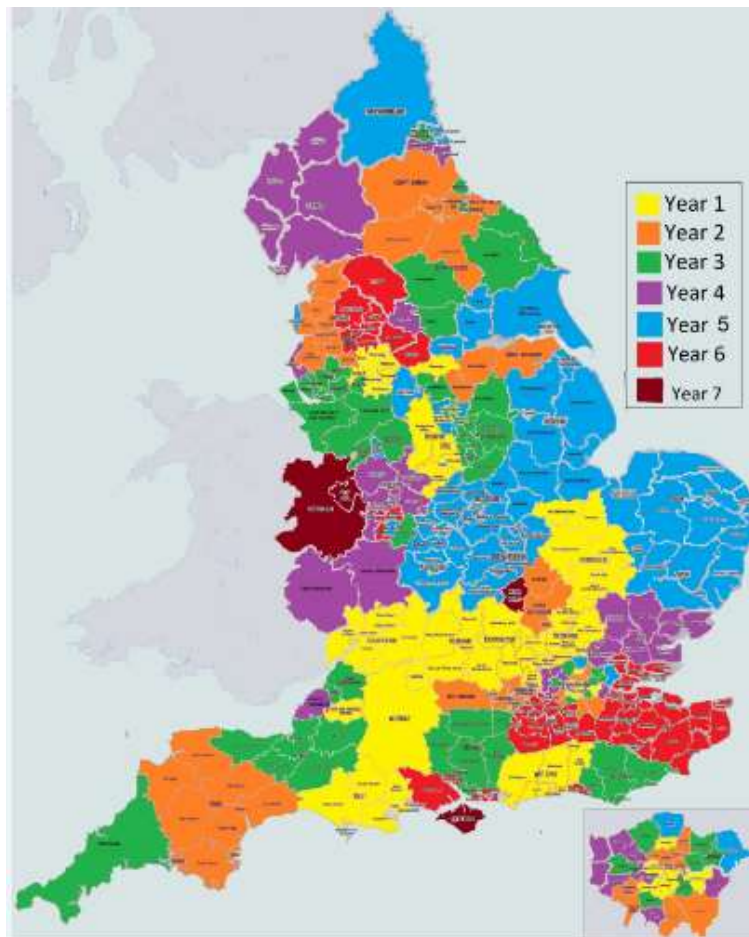
For parents/carers who are supporting a child or young person with any kind of emotional or mental health problem.

ANXIETY - LOW MOOD - DEPRESSION - SELF HARM - EATING DISORDERS - SLEEP PROBLEMS - SUICIDAL THOUGHTS - OBSESSIONS AND COMPULSIONS - AND MORE

You are not alone! Supporting a child or young person with emotional or mental health issues can be challenging, isolating and sometimes feel like you're riding a real emotional rollercoaster!

<http://www.success.coop/rollercoaster/> is a parent created group for parents of CYP in crisis

Building the workforce capability and capacity



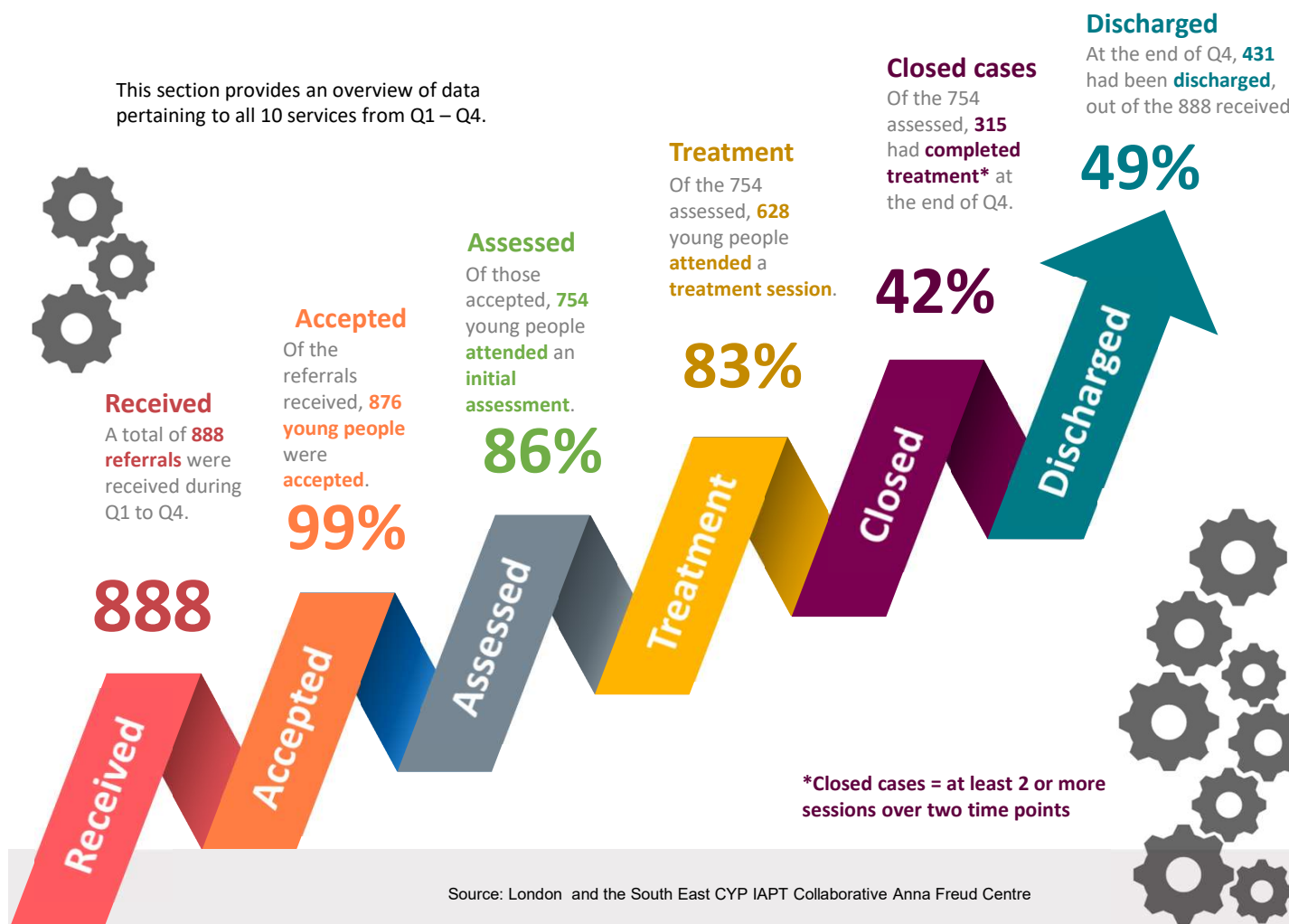
Focus for 2019-20

- Ensuring staff who have been trained are able to practice and embed these skills
- Ensure newly trained staff have posts to go to
- New training to support Green Paper
- CPD and training of existing staff remains just as important as it was in 2011
- Make sure that STP and LWAB workforce development plans include CYP
- Continue to support the wider system to train staff e.g. Voluntary sector, LA, staff in Schools
- A workforce implementation plan will be published later in 2019. NHS Improvement, HEE and NHS England will establish a national workforce group to ensure that such workforce actions agreed are delivered quickly.

New roles in CYPMH - are they effective ?

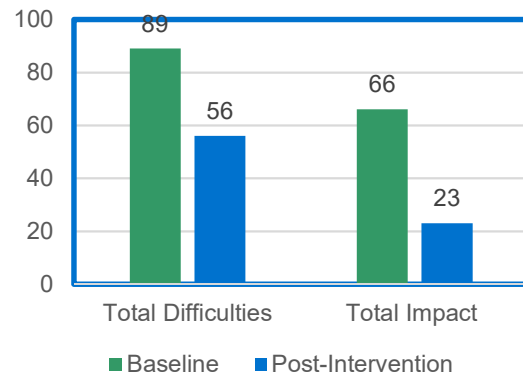
London CYP IAPT CYPWP Service Pathway 2018

This section provides an overview of data pertaining to all 10 services from Q1 – Q4.

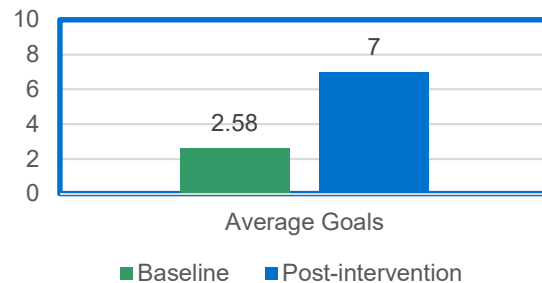


New roles – are they effective?

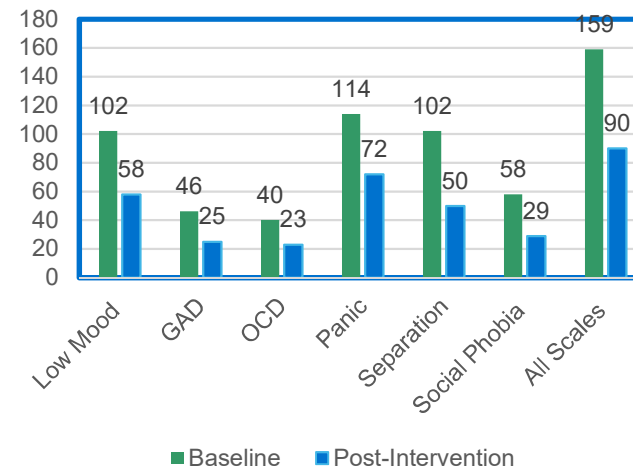
Behaviour



Goals based outcomes



Low mood and anxiety

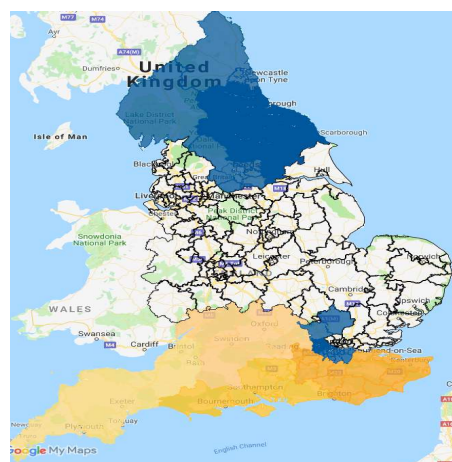
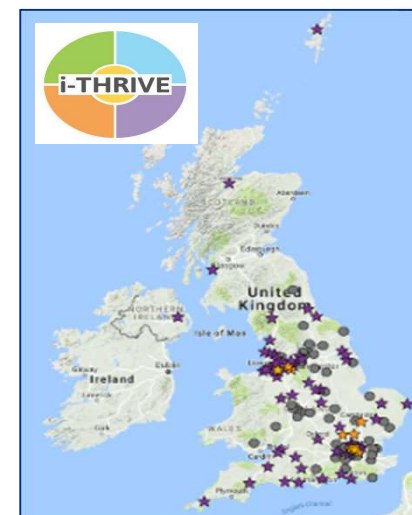


CYPWP outcomes – symptoms and goals tracked in 2018 show real improvement in symptom and goal change

Source: London and the South CYP IAPT collaborative, Anna Freud Centre

The CYPMHS world is changing

- New Service models emerging in response to the challenges of delivering a needs based approach and continued issues such as poor transition
 - **0-25** - for example - Camden, Birmingham, Norfolk
 - **ACES informed integrated pathways** - being explored by Liverpool
 - **I thrive** 10 national accelerator sites in October 2015 , 74 CCG areas by July 2018 , 48% of CYP in England individuals in the Community of Practice



New Models of Care

- Success in reuniting crisis and inpatient pathway under providers - CNWL a pioneer in demonstrating benefits to CYP and potential for savings and reinvestment
- **3 Integrated Care systems invited to test NMOC approach across the entire pathway from 2019**



Rising demand and referrals requires us to take different approach



Workforce

- New roles being explored - as well as more psychological roles such as CYPWP and EMHP, physician and nursing associates, peer support workers. This includes how to ensure new disciplines/roles are accredited and career pathway
- Wide range of practitioners working with CYP who could be trained and supported to deliver in interventions
- Initiatives training parents in parenting interventions
- Retention - what would support people to stay? Continued CPD ? The right workforce environment
- **Productivity - why is it so low?**
- DNAs and child not brought – average is 11% in face to face community, lower for digital – how can we learn, adapt, combine forces with new ways to deliver to maximise our productivity
- Could we use the opportunity technology brings to deliver family friendly hours ourselves?
- **New technology**
- We are comfortable with Apps – what about AI?

Harnessing community and individual resources

Bearing in mind the level of likely lifetime incidence need for community and personal approaches

Accelerate types of support that bridge the universal and specialist offer

But also consider individual approaches

CYP told us

- The choice of techniques is very personal to the individual
- The key underlying factor was that they had been involved in choosing, trying and out and deciding for themselves which strategies worked best for them
- They said they needed to be supported to find the ones that worked best for them



Source Anna Freud Centre



Opportunities and Future Developments

Greater integration with schools and colleges: the Green Paper



The CYP Mental Health Green Paper (Dec 2017) represented major expansion to Children and Young People's Mental Health services. It has three major commitments:

1. Incentivise and support all schools to identify and train a **designated Senior Lead for Mental Health**. (Education lead)
2. Fund **new Mental Health Support Teams (MHSTs)**. (Health lead)
3. **Trialling a four week waiting time** for access to specialist NHS children and young people's mental health services. (Health lead)

These commitments are based on evidence on the importance of in-school support for children and young people with mild to moderate MH needs. They build on past and existing initiatives such as the joint **NHS-DfE Schools Link Pilot**, and the **Rapid Schools Pilot in Greater Manchester**.

Alongside this, the Green Paper also sets out steps to:

- tackle the harms that can result from internet use
- better support families
- support the transition period from children's to adult's mental health services
- work with universities around helping those aged 16-25 with mental health issues
- supporting young adults' in the workplace

Mental Health Support Teams (MHSTs)



NHS England is responsible for delivering the Mental Health Support Teams and Four-Week Waiting time pilots

Core evidence-based interventions for mild to moderate mental health issues

The new teams will carry out interventions alongside established provision such as Place2B and educational psychologists and school nurses. Access should be based on need, and teams will focus on promoting equality and reducing health inequalities.

- Face to face work: for example, effective brief, low-intensity interventions for children, young people and family systems experiencing **anxiety, low mood, friendship difficulties** and **behavioural difficulties**, based on the most up to date evidence
- Group work for pupils or parents such as drop ins, and group CBT for young people for conditions such as **self-harm, anxiety**.
- Group parenting classes, to include issues around **conduct disorder, communication difficulties**

Teams will equip and support schools to do more on mental health:

- Work with the designated leads and existing service providers, to map what provision is already in place and where the gaps are.
- Training education staff along with support and consultation
- Training teachers on transition to secondary school.
- Support monitoring of whole school wellbeing

Teams will support CYP with specialist needs to get the right help and stay in education:

- Work with specialist CYP MH services to ensure that CYP who need it receive appropriate support as quickly as possible. This could include more specialist NHS mental health support, support for ASD/LD and or physical needs, or help for issues like substance misuse. They will also work to ensure smooth transition back from specialist services.

Workforce - Mental Health Support Teams (MHSTs)



Our ability to deliver the Green Paper is dependent on expanding the workforce at pace and to ensure delivery does not come at the expense of existing CYP MH services

- An expert group, convened by HEE has designed the new curriculum for the Education Mental Health Practitioners (EMHP); first trainees will begin in January 2019
- Seven universities (*King's College London, University College London, Manchester, Northampton, Northumbria, Exeter, Reading*) have been commissioned to deliver the new training programme to 220 students in the first wave of roll out
- **Likely background of recruits:** the course has been designed to ensure that a large pool of potential learners are able to apply from both a health and education background, for example: psychology graduates, health care support workers and teaching assistants.
- **Design of course:** the programme is a one year full time course (some part time options) consisting of both academic and supervised practice learning. The curriculum consists of six modules, three of which already form part of an existing Children's Wellbeing Practitioner programme, meaning learners from both courses can study together for parts of the programme.
- **Supervisors** for the EMHP will also be recruited and trained within the new teams
- Places on the **recruit to train** programme will be used to replace qualified staff moving into the new teams

Delivering the EMHP Training Programme



Cross ALB commitment

- **Curriculum Development Group with specific expertise has developed the curriculum and job specification along with the job advertisement.**
- **Group consists of**
 - Department of Health and Social Care
 - NHS England
 - University training providers
 - Education providers (Schools, Further Education, Voluntary Sector)
 - Current service providers in healthcare

220 fully funded places in January 2019, c. 30 places with each of the 7 HEI's to support the implementation of the trailblazers

- **London & South East** – University College London, King's College London, Anna Freud Centre
- **Central and South** – University of Reading
- **South West** – University of Exeter
- **Midlands** – University of Derby, University of Northampton
- **North West** – Greater Manchester Mental Health NHS Foundation Trust
- **North East** – Northumbria University, Newcastle

Four-week waiting time pilots



The pilots will test not only what it takes to achieve and maintain a four-week waiting time, but also how best to define and measure this access to specialist children and young people's mental health services and its impact on any other services

What are the four-week waiting time pilots?

- The aim of the 12 pilot sites we have established is to identify what is required to deliver a four-week waiting time at local level, whilst increasing access in line with the Five Year Forward View Mental Health and Long Term Plan
- The learning from the pilots will, in turn, inform what a national ambition should look like
- The pilots will run for 3 years and sites will be monitored on how quickly CYP were assessed and accessed services, how quickly they started treatment, and what outcomes were achieved

The pilots are a test bed for improving waiting times and outcomes. But we have not, yet introduced a national 4 week standard.

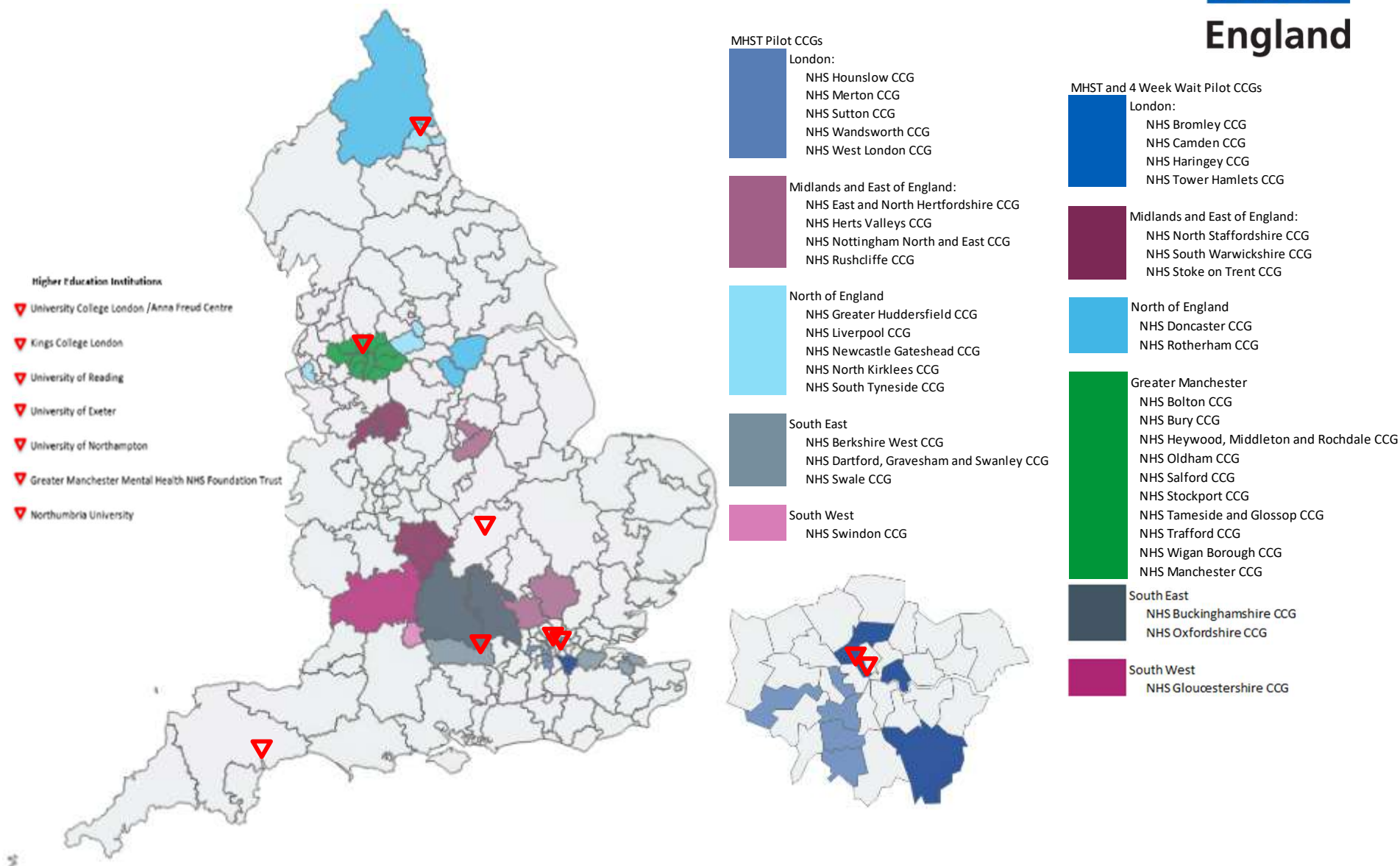
18/19 Trailblazers

- In 18/19, 25 'trailblazer' sites were identified, with a total of 59 Mental Health Support Teams being created within them.
- 12 of these sites will also be piloting the four-week waiting times.
- Greater Manchester is one of the 25 sites and is also piloting shorter waiting times.
- These sites were selected through a joint process involving NHSE regional and national teams, the Department for Education and Health Education England.

Delivering the Long Term Plan

- The NHS Long-Term Plan re-affirmed our commitment to implementing the Green Paper: *Over the next five years, the NHS will fund new Mental Health Support Teams working in schools and colleges, building on the support already available, which will be rolled out to between 20-25% of the country by the end of 2023.*
- In order to achieve this, we expect to commission more training providers to provide extra capacity and fill the geographic gaps.

Distribution of Wave 1 Sites



Next Steps



- **Continue to roll-out Mental Health Support Teams during 2019/20**
- Embed new regional support from HEE and DfE, adding to existing NHSE support to help local implementation will work jointly to support implementation
- Continued integration with the DfE/NHSE's schools/CYPMHS pilot as this rolls out nationally, laying the groundwork for **better joint working**.
- During the 3 years of the four-week waiting time pilots, there will be **rapid learning around what it takes to achieve and maintain a four-week waiting time**, and how we can use this learning in children and young people's mental health services generally.
- DfE to commission and roll out training for the **Designated Senior Leads**
- We will be **sharing best practice** from the sites as they move forward with the MHSTs and four-week waiting time pilot.
- Details on the implementation of the Long-Term Plan, including workforce requirements will be worked up over the next few months.

Mental health in the Long Term Plan: an overview



England

The NHS Long Term Plan commits to grow investment in mental health services faster than the overall NHS budget. This creates **a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24**. Further, the NHS made **a new commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending**. This will support, among other things:

Increasing access to services

- Significantly **more children and young people to access timely and appropriate mental health care**. NHS-funded school and college-based Mental Health Support Teams available in at least one fifth of the country by 2023.
- Extend current service models to **create a comprehensive offer for 0-25 year olds** that reaches across mental health services for children, young people and adults.

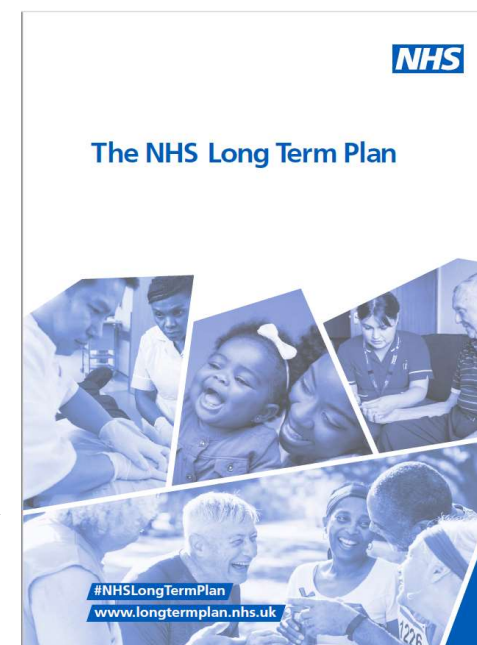
Increasing support for those in a mental health crisis

- Single-point of access and timely, age-appropriate **24/7 mental health crisis care for everyone, accessible via NHS 111 by 2023/24**.
- **Post-crisis support for families (and staff) who are bereaved by suicide**, who are likely to have experienced extreme trauma and are at risk of crisis themselves will be rolled-out

Suicide reduction

- Full country coverage of the existing **Suicide Reduction programme** that works with highest rate STPs and includes a focus on Self-harm as a precedent of suicide – critical for CYP.
- Design and roll out of a **Mental Health Safety Improvement Programme** with a focus on suicide prevention and reduction for MH inpatients.

www.england.nhs.uk



Key ambitions at a glance (by 2023/24)

345,000 more CYP will access help via NHS funded mental health services and school or college-based Mental Health Support Teams

Provide better community mental health support to 370,000 people with SMI via new and integrated models of primary and community care

24,000 additional women will access specialist perinatal mental health services. The period of care will be extended from 12 months to 24 months post-birth

Anyone experiencing mental health crisis will be able to call NHS 111 and have 24/7 access to the mental health support they need

380,000 more people will access NICE-approved IAPT services each year

Reduced length of stay in units with a long length of stay to the national average of 32 days

Ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support

Expand geographical coverage of NHS services for people with serious gambling problems

Expand the existing suicide reduction programme to all STPs in the country

Core Mental health LTP ambitions (By 2023/24) (1/3)

Children and Young People

- Test four week waiting times pilot in services with view to establish a **national waiting time standard for CYP**.
- At least an **additional 345,000 children and young people aged 0-25** will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams by 2023/24.
- Extend current service models to **create a comprehensive offer for 0-25 year olds** that reaches across mental health services for children, young people and adults.
- Over the next five years **the NHS will fund new Mental Health Support Teams working in schools and colleges**, building on the support already available, which will be rolled out to between one-fifth and a quarter of the country by the end of 2023.
- All children and young people experiencing crisis will be able to **access crisis care 24 hours a day**, seven days a week by 2023/24.
- New services for children who have complex needs - 6,000 highly vulnerable children with complex trauma, this will provide consultation, advice, assessment, treatment and transition into integrated services.
- Boost investment in children and young people's eating disorder services. As need continues to rise, extra investment will allow us to maintain delivery of the 95% standard beyond 2020/21.

Also :

- 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**.
- **The NHS, together with partners at national and local level, will commit to improve outcomes for our most vulnerable children and young people, by targeting early help for adults living in households with vulnerable children, and by improving access to targeted support for these children, especially during transition to adult services, building on the current assessment pilots for children entering the care system.**

Perinatal

- We will **increase access to evidence-based care for an additional 24,000 women** with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis each year by 2023/24.
- Offer **partners of women** accessing specialist perinatal mental health services and maternity outreach clinics evidence-based assessment for their mental health.
- We will **integrate maternity, reproductive health and psychological therapy** for women experiencing mental health difficulties directly arising from, or related to, the maternity experience in **Maternity Outreach Clinics**.

Core Mental health LTP ambitions (By 2023/24) (2/3)

Crisis care

- Anyone experiencing mental health crisis will be able to **call NHS 111 and have 24/7 access to the mental health support** they need in the community by 2023/24.
- By 2023/24, **70% of mental health liaison services will meet the 'core 24' service standard**.
- Clear **standards for access** to urgent and emergency specialist mental health care will be in place. **Waiting times targets** for emergency mental health services will be in effect by 2020.
- **Bereavement support** for families and staff who are bereaved by suicide, who are likely to have experienced extreme trauma and are at a heightened risk of crisis themselves will be rolled-out to all areas of the country.
- We will improve signposting towards and **increase alternative forms of provision** for those in crisis, for example, sanctuaries, safe havens and crisis cafes.
- New **mental health transport vehicles** will be introduced.
- **Mental health nurses will be introduced to ambulance control rooms**.
- The mental health competency of **ambulance staff** will be increased through an education and training programme.

Adults with moderate to severe mental illnesses

- By 2023/24, **370,000 adults and older adults with severe mental illnesses** will have greater choice and control over their care, and be supported to live well in their communities via new and integrated models of primary and community care.
- Test four-week **waiting times** for adult and older adult community mental health teams.
- Further increase the number of people receiving **physical health checks** to an additional 110,000 people per year, bringing the total to 390,000 checks delivered each year including the ambition in the Five Year Forward View for Mental Health.
- The NHS will support an additional 35,000 people with severe mental illnesses to participate in the **Individual Placement and Support programme** each year by 2023/24, bringing the total to 55,000 people supported per year.

Core Mental health LTP ambitions (By 2023/24) (3/3)

Suicide reduction

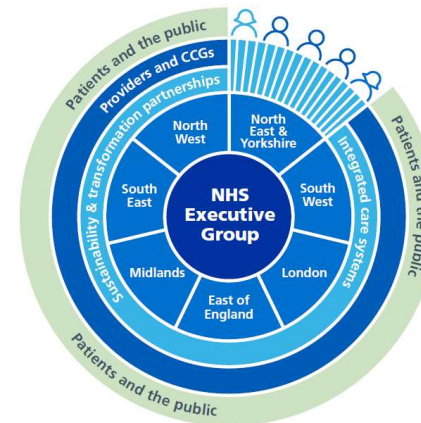
- Full coverage across the country of the existing **suicide reduction** programme.
- This will be further supported by the design and roll out of a **Mental Health Safety Improvement Programme** with a focus on suicide prevention and reduction for mental health inpatients.

Other commitments

- By 2023/24 an additional 380,000 people per year will be able to access **NICE-approved IAPT services**.
- Reduce **length of stay** in units with a long length of stay to the national average of 32 days.
- Ensure that the parts of England most affected by **rough sleeping** will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services.
- Expand geographical coverage of NHS services for people with serious **gambling** problems, and work with partners to tackle the problem at source.
- Implement universal **smoking cessation** offer as part of specialist mental health services.
- Support the development of **apps and online resources** to support good mental health and enable recovery.
- All mental health providers will reach a core level of **digitisation** by 2024.
- Extended the **Getting It Right First Time (GIRFT) programme** across to community health services and primary care from April 2019.

Next steps: Delivery in the new operating model

- In March 2018, NHS England and NHS Improvement announced the intention to align the two organisations and integrate the regional teams and corporate functions.
- A **new operating model** is being established to support this change, allowing NHS to move to a 'one-system approach' and continue to work on shared priorities.
- Regional teams will work closely with local health systems, to strengthen leadership, capacity and capability so they become increasingly self-governed and independent from regional teams over time. The new operating model is an opportunity to reshape NHS culture and our ways of working.
- **We are undertaking further engagement to help us define how we can most effectively enable delivery in this context.**
- **We are especially keen to consider how to ensure delivery of national ambitions whilst allowing local flexibility at the same time; and how to transition to more integrated, population-based service planning and provision.**
- We will continue to engage with the sector over winter and spring to help us shape the proposed implementation approach.



Next steps

The NHS Long Term Plan (LTP) reads:

*To support local planning, local health systems will receive **five-year indicative financial allocations** for 2019/20 to 2023/24 and be asked to produce local plans for implementing the commitments set out in the Long Term Plan in 2019... The 5-year plans are expected to be finalised by autumn 2019. 2019/20 will be a transitional year, as the local NHS and its partners have the opportunity to shape local implementation for their populations, taking account of the Clinical Standards Review and the **national implementation framework being published in the spring**, as well as their differential local starting points in securing the major national improvements set out in this Long Term Plan. These will be brought together in a **detailed national implementation programme by the autumn** so that we can also properly take account of Government Spending Review decisions on workforce education and training budgets, social care, councils' public health services and NHS capital investment.*

In summary:

- Local areas are expected to have **1-year 'transitional' operational plan** in place for 2019/20 by April 2019. The 2019/20 Planning Guidance will support the development of 1-year operational plans, which will focus on landing Five Year Forward View for Mental Health ambitions and gearing-up the system for LTP delivery.
- A **National Implementation Framework** will be published in Spring 2019 to support local areas to develop a comprehensive 5-year plan coming into effect in Autumn 2019. This will feed into the **'national implementation programme'**, being published in the autumn, which will also take into account decisions from the government spending review on workforce, social care, public health and capital investments.

Thank you...

