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Improving Children and Young People's Mental Health - a Work in Progress

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NHS England

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This Presentation Covers

- Policy update and issues
- NHS England Programme
- Opportunities and future developments

It’s a whole system……..

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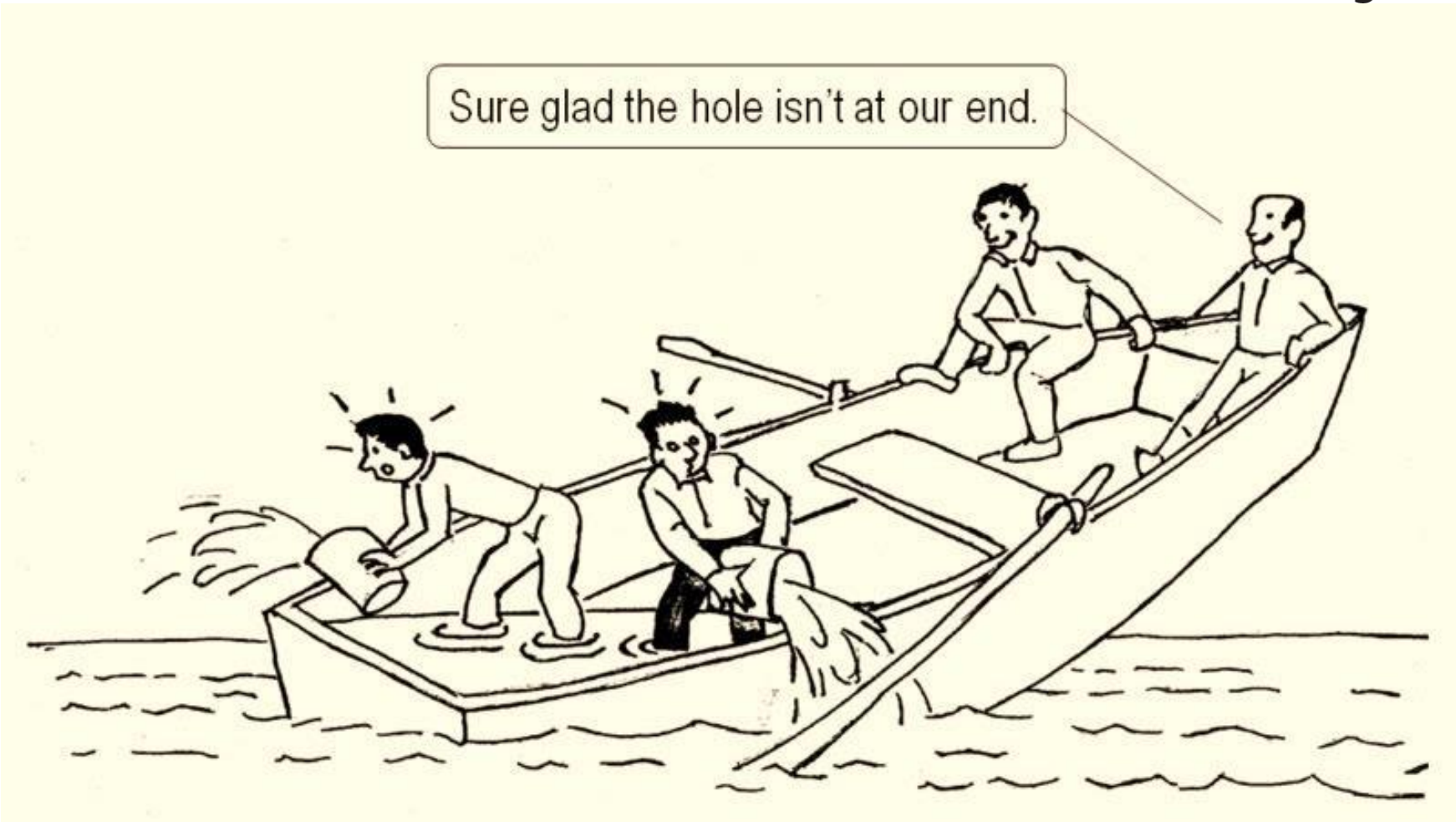

How do we embed Future in Mind across the whole-system?

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Universal	Targeted	Specialist	High-cost
Schools Primary Care 0-19 PH Nursing (HV&SN) Voluntary Sector	Early Help Troubled Families Edge of Care	Social Care Child protection Children in Care CYP Mental Health Services	CYPMH inpatients Children in Care CYP Youth Justice placements Welfare Placements

Earlier response to mental, emotional and psychological need

CYP Mental Health

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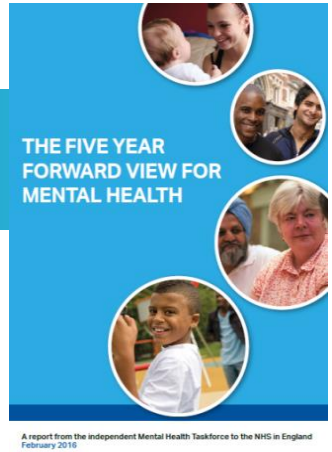
Future in Mind - Five Year Forward View

Common themes



- Promoting **resilience**, **prevention** and **early intervention**.
- **Improving access** to effective support.
- Care for the **most vulnerable**.
- **Accountability** and **transparency**.
- Developing the **workforce**.

- **Promoting good mental health** and **preventing poor** mental health.
- A **7 day NHS** – right care, right time, right quality.
- **Complex need services** nationally from 2016.
- '**Hard-wiring**' mental health across the NHS.

The 2020 Vision: whole system change

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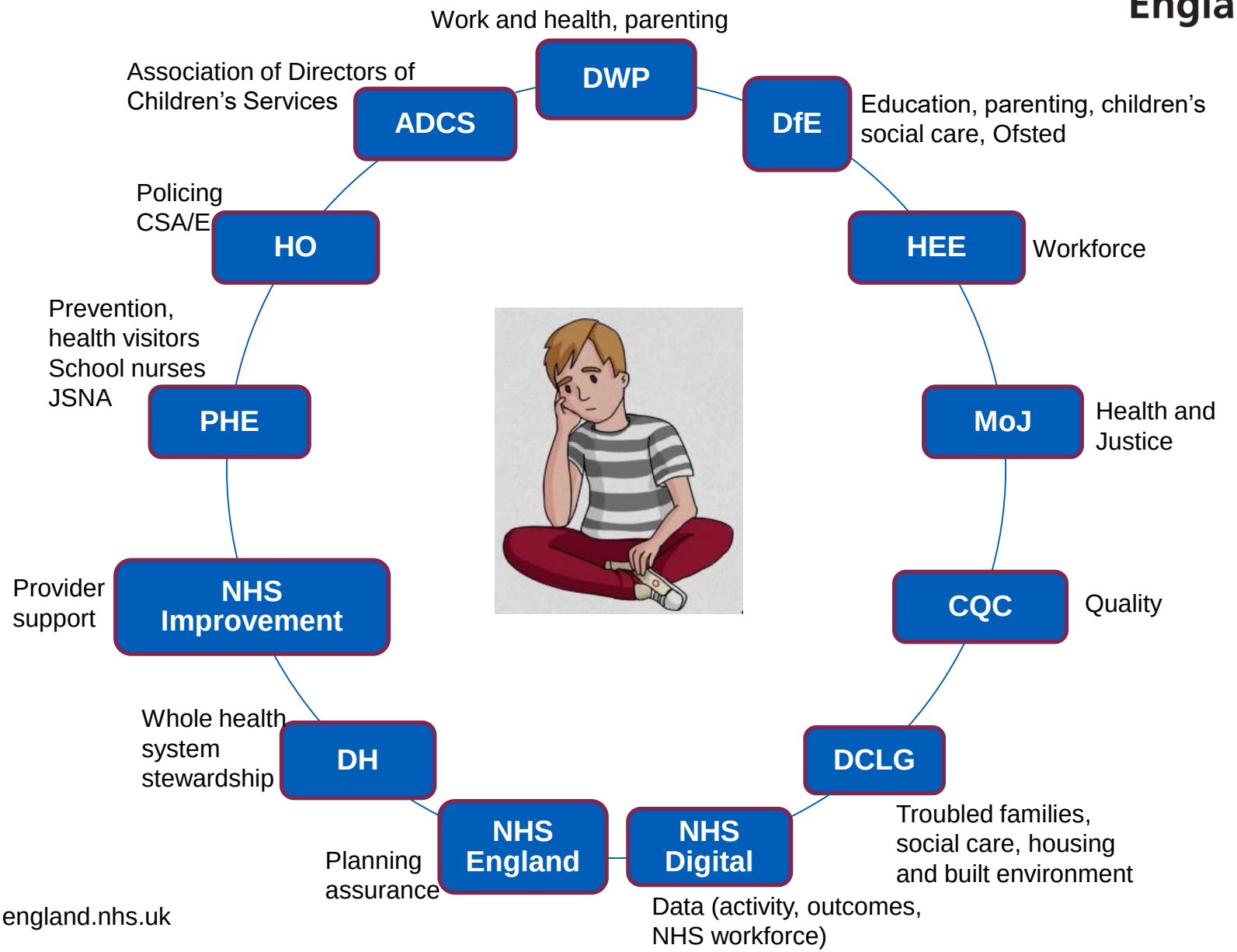

www.england.nhs.uk

New funds

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CYP MH transformation supported by £1.4bn additional funding announced during 2014/15:

- £1.25bn over 2015-2020 for wider transformation (including £15m per year for perinatal mental health)
- £30m per year for eating disorders
- Additional £25m in 16/17 non-recurrent to reduce waiting lists
- £5m in 17-18 non-recurrent to improve crisis response
- **Implementing the Five Year Forward View for Mental Health** sets out the rising level of funds to CCGs each year
- In 2016-17 CCGs reported spend of £619m, increase over 2015-16 of £516m

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Number of additional CYP treated over 2014/15 baseline	21,000	35,000	49,000	63,000	70,000

By 2020

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70,000 more children and young people accessing CYP MH services

1,700 newly qualified therapists working in CYP MH services

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

Improved Crisis Care for all ages, including places of safety

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

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

Our programme of work

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National and regional support

- CCGs and partners refresh and republish 123 LTPs, incorporated into STPs
- Maintain system support via MH improvement teams
- Commissioner development programme: guidance, training and tools
- Pilot and report on proposed CAMHS currencies for payments
- Develop national data/MHSDS/dashboard of metrics

Workforce development

- CYP IAPT: increase to 100% coverage by 2018
- Support provision of new workforce for improved access (HEE)

Improving access and quality

- Develop generic CYPMH access to treatment pathway

Eating disorders

- Deliver dedicated community ED teams to meet standards
- Whole-team training and service specification
- Extend pathway guidance to include in-patient services

Crisis care

- Develop 24/7 emergency response pathway
- Test new models of care for CYP in crisis in UEC vanguards

Specialised commissioning

- Recommissioning of Tier 4 beds
- Guidance to support collaborative commissioning with CCGs

Vulnerable groups

- Develop 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

Participation across whole CYP MH system
(national, regional, and local level)

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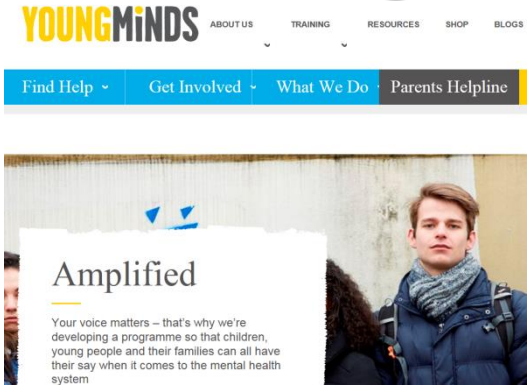

1. Co produce products and resources

- where are the gaps?
- what would be helpful?

2. National core and wider interest groups

- Diverse representation of CYP and parent and carers using services (incl. youth justice, those that tend not to use statutory services)

NEL Commissioning Support Unit

3. Embed across system

- through support clinical networks, CYP IAPT collaboratives and partnerships, workshops and masterclasses, monitoring impact at all levels

4. Best practice case studies, videos, resource website, directory www.youngminds.org.uk

Improving capability and capacity

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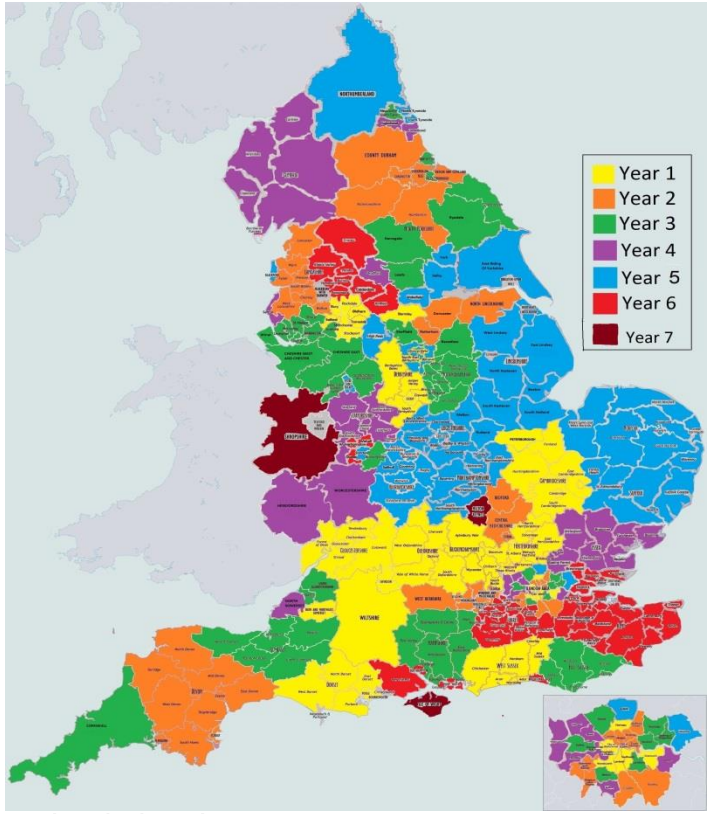
From 2015-2018, contribute towards: CYP IAPT 3,400 existing CYP MH therapists trained in evidence based treatments

Support HEE target: 1,700 new staff trained in CYP MH evidence based interventions



How are we doing it?

Following recruitment of 6th collaborative (HEI with CYP MH services), programme on target to work with services covering 100% of population by 2018 (96%- Aug 17)

Services are supported to embed CYP IAPT principles and release staff and to take up the offer of training places

HEE recruit to train offer: covers salary support and training costs for new staff; contributes towards achieving **1,700 new CYP MH therapists**

Children & Young People Mental Health Pathway

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Needs-based, multi-agency pathway.

Three key elements

1) First point of access and the initial response (including signposting to other help) and initial intervention

2) Scheduled care and evidence based treatment

3) Intensive Interventions and Risk Support, support for complex cases, intensive outreach, the link with inpatient services

Expert Reference Groups include representation from a range of professionals (including NHS clinicians, teachers, school nurses, commissioners), commissioners, young people representatives, parent/carer representatives.

Draft pathway shared with an extensive virtual stakeholder group.

Eating Disorders (CYP)

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95% of those in need of eating disorder services start treatment within 1 week for urgent cases & 4 weeks for non-urgent/routine cases.

How are we doing it?

- Multi-disciplinary community eating disorder teams are being set up across the country
- Access and waiting time standard introduced in 2016/17 and monitored via MHSDS and UNIFY data collection.
- **Whole team training** available for multi-disciplinary community eating disorder -**evidence based interventions** in line with NICE guideline (2017)

Results – Q2 of 17-18

- **71%** of urgent cases seen with 1 week (n=203/286)
- **82%** of non-urgent cases seen within 4 weeks (n= 1099/1333)
- All 70 community eating disorder teams for CYP are participating in whole team training

Testing Improvements for CYP MH Crisis Care

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Phase 1 interim evaluation report August 2017.

Findings from two CYP MH Crisis and Liaison Models (County Durham and Teesside) included:

- On average 60% of CYP referred to crisis services were seen within 1 hour of referral being made and over 75% were seen in 4 hours.
- CYP crises were effectively managed in community settings with less recourse to ambulance transport, A&E attendance and paediatric admission.
- Dedicated CYP crisis resolution model identified substantial cost reductions esp to paediatric inpatients
- Prompt open access to supportive, individualised care with continuity of response highly rated by CYP, families and stakeholders.

In patient re-commissioning

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To improve experience and outcomes for children and young people in a crisis, their families and carers by ensuring that they have timely access to evidence based care as close to home as possible. In order to do this we need to:

- Improve local bed availability aligned with the development of 24/7 CYP community services
- Ensure a sufficient national bed stock for surge management in order to eliminate inappropriate out of area placements
- Reduce the number CYP attending A&E and their length of stay
- Reduce the numbers of CYP admitted to paediatric, adult and general acute wards because of a mental health crisis
- Reduce use of section136 and inappropriate locations for CYP
- Reduce number of CYP MH incidents that require police attendance

In patient re-commissioning

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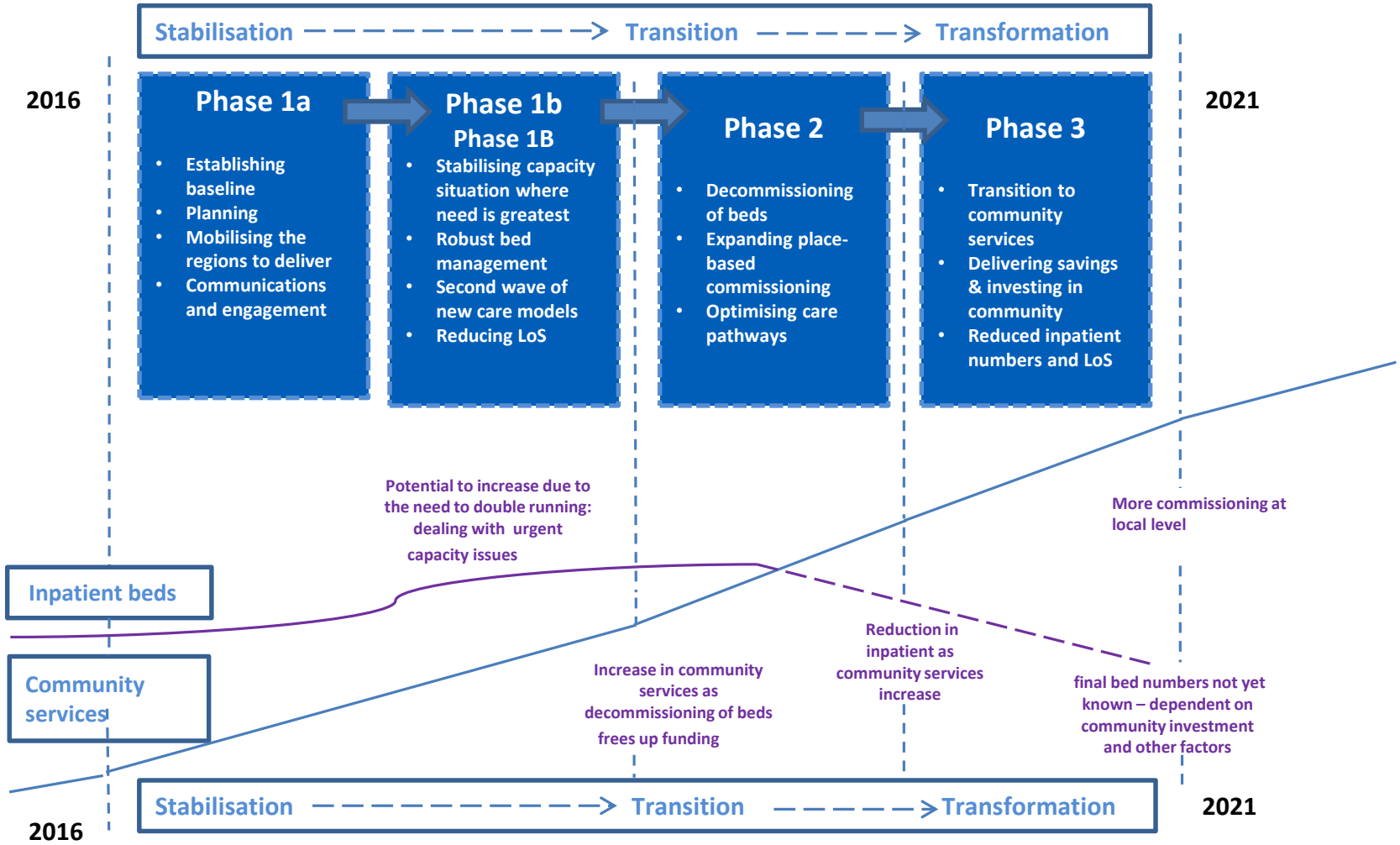

Opportunities and Future Developments

Changing landscape = opportunity

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- ***Devolved systems***
  - Greater Manchester
  - Surrey Heartlands
- ***Accountable Care System***
  - Frimley Health including Slough, Surrey Heath and Aldershot
  - South Yorkshire & Bassetlaw, covering Barnsley, Bassetlaw, Doncaster, Rotherham, and Sheffield
  - Nottinghamshire, with an early focus on Greater Nottingham and Rushcliffe
  - Blackpool & Fylde Coast with the potential to spread to other parts of the Lancashire and South Cumbria at a later stage
  - Dorset
  - Luton, with Milton Keynes and Bedfordshire
  - Berkshire West, covering Reading, Newbury and Wokingham
  - Buckinghamshire

ACSs can drive new relationships between providers

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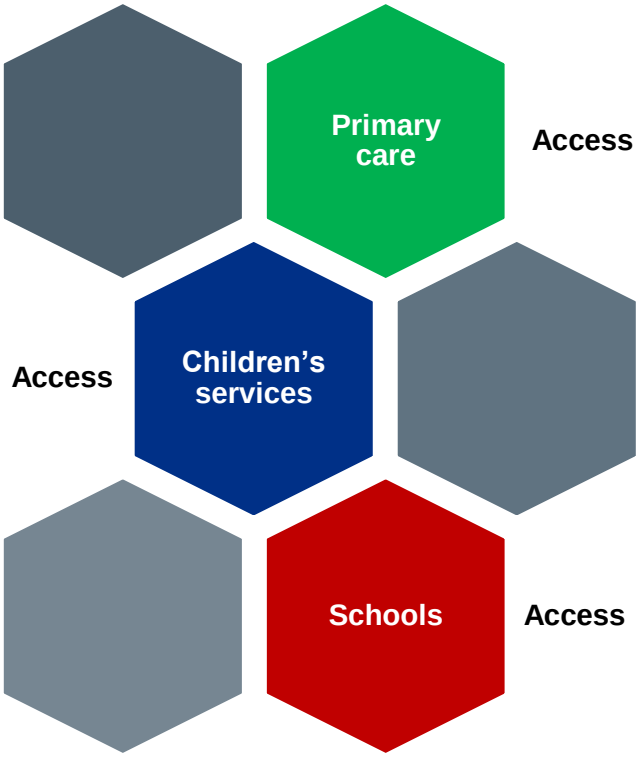
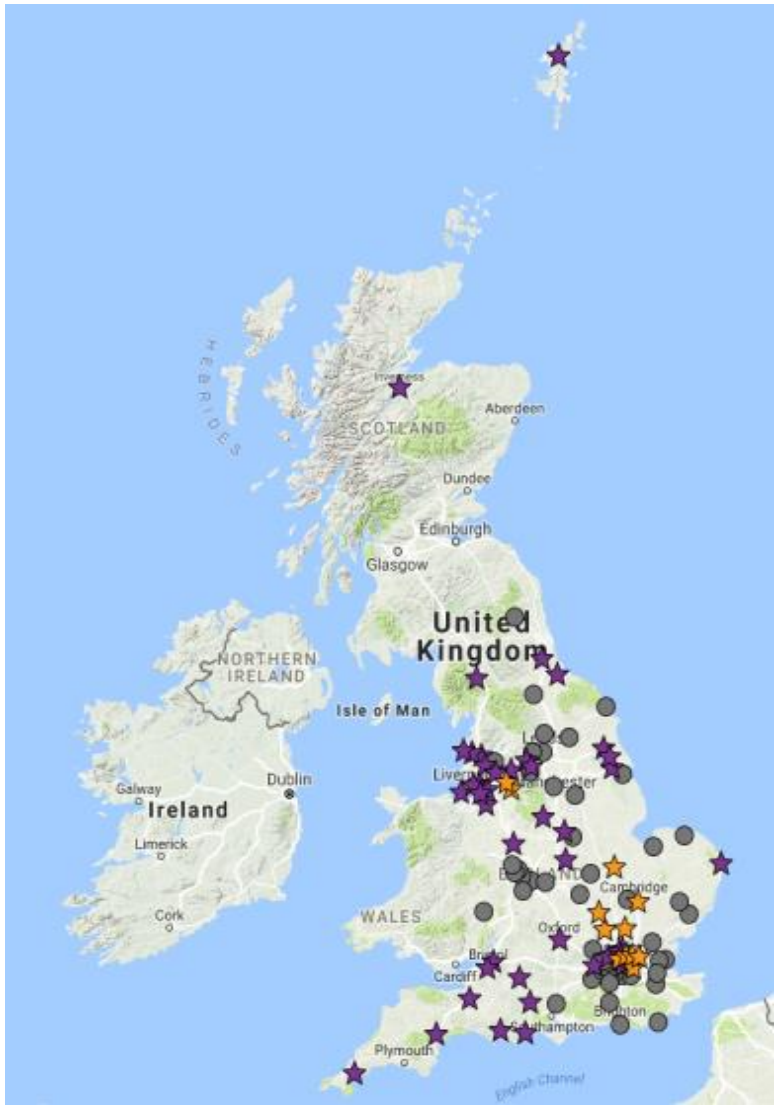
Current system: presentation across a range of settings such as primary care, children's services, or schools. Pathways to accessing appropriate care differ across different populations, service boundaries and depending on the point of presentation.

Results in: unwarranted variations across different settings; disrupted points of transition due to complex local system boundaries; possible escalation of needs, system pressures, and poor outcomes – particularly for vulnerable CYP at heightening risk of MH problems & who tend to require support from range of agencies (those in care, those with neurodevelopmental disabilities, ASD or long term physical health conditions).

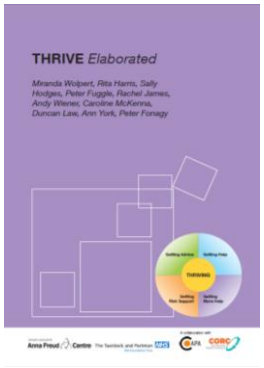
ACS opportunities: by minimising interagency silos, ACSs will be able to draw on a range of skills and experience from staff from multiple backgrounds in order to offer appropriate support and ensuring: the right support at the right time; managing system pressures across different services



i-THRIVE



- 10 national accelerator sites in October 2015
- 72 CCG areas by June 2017
- i-THRIVE COP sites are responsible for 47% of children and young people in England.



Anna Freud National Centre for Children and Families

The Tavistock and Portman NHS Foundation Trust

The Dartmouth Institute for Health Policy & Clinical Practice

UCLPartners Academic Health Science Partnership

CYP Green Paper

- Published 4th December 2017
- Jointly developed between DH and DfE with close involvement from NHS England and PHE
- Consider CYP mental health across different themes
- Builds on *Future in Mind* – continuing to take forward the vision it set out

What's in the Green Paper?

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Training for senior designated mental health leads in schools and colleges to improve prevention work

Earlier access to services through the creation of new Mental Health Support Teams working directly with schools and colleges

New pilots testing approaches to achieve a four week waiting time for NHS children and young people's mental health services

Ensuring teaching all pupils about mental health and wellbeing is a focus of our work to improve the quality of relationships education and PSHE

Commissioning further research to fill evidence gaps across children's mental health, including understanding how better to support vulnerable families.

Ensuring every primary and secondary school in the country is offered mental health awareness training.

A new working group to look at mental health support for 16-25 year olds.

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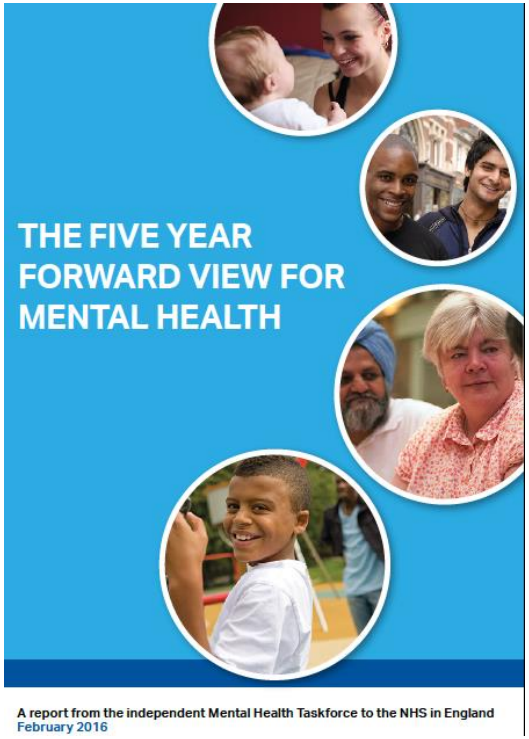

"If I'd had the help in my teens that I finally got in my thirties, I wouldn't have lost my twenties."

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Thank you