Improving Mental Health Services for Young Adults

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Presentation content -

• The health context before **Transition** and what NHS England is doing
• Key issues regarding **young adults**
• Are the challenges in CYP MH services very different from adults?

**Policy Direction**

• **Future in Mind** - Integrated care
• The Mandate and Planning Guidance
The spotlight is on CYP MH

- *Health Select Committee Report 2014 and Youth Health Select Committee Report 2015*

- Ministerial Children and Young People’s Mental Health and Wellbeing Taskforce – “Future in Mind” published March 2015

- **Department for Education**: Guidance on Behaviour and on Counselling and investment via range of grants

- **UK Youth Parliament National Campaign for 2015**

- *Five Year Forward View and Achieving Better Access to Mental Health Services by 2020*

- **NHSE Mental Health Taskforce – All Ages**

- Constant media attention………..

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Before young people reach Transition……

- **Annual Mortality in CYP** - compares poorly to comparative European Nations
- **“Children lose out to demands of adults in NHS”** – failure to provide more than “mediocre services” argues Sir Ian Kennedy, 2010
- **Major Public Health issues** – accidents, obesity, Maternal Health during pregnancy
- **Outcomes for Looked After Children**
  - 60 - 80% of LAC have some level of emotional and / or mental health problem
- **Safeguarding issues** on-going
- **Failures in acute care** – crisis driven approach
  - 1 in 3 children < 1 year admitted to hospital, many unnecessarily
- **Rising burden of non-communicable disease** – 36% Neuropsychiatric
- **Children’s professional workforce** – Nurses- 6% of total NHS England nurses, 40% only of GP’s have dedicated training in Paediatrics, Consultant Paediatric workforce insufficient to meet demands in current configurations,

**AGAINST BACKGROUND OF SIGNIFICANT VARIATION THROUGHOUT ENGLAND**

There is poor Long Term Condition management and Transition to Adult Services

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Children & Young People are a third of our population - but ALL of our future
CYP are embedded in key programmes in NHS England*

1. **Cancer**: the independent taskforce making recommendations to NHS England is considering specific needs of children, teenagers and young adults.

2. **Mental health access and waits**: programme of transformation of SYP mental health services is underway.

3. **Learning disabilities**: aim to reduce inpatient admissions for those with LD/autism applies to children and complements EHCP.

4. **Long-term conditions**: the model of care planning, house of care model, and recent resources developed are mostly applicable to children and young people.

5. **Urgent & Emergency Care**: children form one of the ‘lenses’ through which the proposed new model of greater self care, care closer to home for those with urgent but non-life threatening needs, and concentrated centres of excellence for life-threatening conditions, will be viewed.

6. **Genomics**: The Genome project will enable conclusive diagnosis in some rare childhood diseases, and allow treatment to be tailored.

7. **Specialised Commissioning**: developing leading edge science and innovation to enable patients with rare diseases to be treated most effectively.

8. **New care models**: Aiming to work with interested vanguards, UEC and acute care collaboration vanguards to support focus on CYP.

9. **Whole system change for future clinical and financial sustainability**: Enabling whole system change and delivering value and financial sustainability through a step-change in efficiency.

10. **Foundations for improvement**: Harnessing the information revolution, developing capability and infrastructure for transformational change, developing leading edge science and innovation, and supporting patient and public participation.

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* Based on 2015/16 business plan. The 2016/17 NHS England business plan has not yet been published however Corporate priorities are expected to remain the same or similar at the time of writing.
Mat & CYP Strategic Clinical Networks

- 12 Senate/SCN geographical areas
- Transition group formed with QI leads
- Subject to Smith Review – objectives now aligned to national priorities
- Conduit between Providers and Commissioners
- Local variation in outcomes still a priority
- PHE working with SCN’s to develop improvement data

NHS | Presentation for SCN Development Day | [21st May 2013]
# Clinical Networks – National Priorities

## CHILDREN AND MATERNITY

1. Implementing the Saving Babies’ Lives care bundle for reducing Stillbirth and **Early Neonatal Death**

2. Improving *Transition* from paediatric to adult services in **long term conditions** (Epilepsy, Diabetes) and continuing work around paediatric **Asthma** to target NRAD recommendations, improving care and reducing mortality for each condition

3. Improving **Acute Medical and Surgical Paediatric Care** and their interfaces, and improving the safety and provision of Neonatal Care

4. Improving outcomes for **Child and Adolescent Mental Health** problems by supporting (alongside the Mental Health networks):
   1. the continued roll out of the CYP IAPT programme
   2. improvements in crisis care and tier 3.5
   3. the development of robust comprehensive Transformation Plans
   4. the delivery of the proposals in *Future in Mind*
   5. the piloting of CAMHS currencies

5. Improving **Perinatal Mental Health** access and outcomes, including early identification and risk assessment (sitting across mental health network)
Transition - Philosophy

“Paediatric and adult health care professionals need to provide developmentally appropriate health care for adolescents and young adults with long term physical and mental health conditions addressing medical, psychosocial and educational/vocational needs working together when necessary to support continuity of care as they move from child-centred to adult delivered services“
Transition - Current Health Service

Paediatric services and paediatricians

Adult services and adult physicians

Primary Care and General Practitioners
Mental Health problems are the greatest health problem faced by children and young people.
Impact of mental disorder: Most lifetime mental disorder arises early adulthood

Age of onset of lifetime mental illness – predates subsequent illness by several decades

At Age 14

50% OF LIFETIME MENTAL ILLNESS (EXCLUDING DEMENTIA) STARTS BY AGE 14

By Mid Twenties

75% OF LIFETIME MENTAL ILLNESS (EXCLUDING DEMENTIA) STARTS BY MID TWENTIES

Why do young adults need a different approach?

• **Three great transitions**: education to work, home to independent living, parented to becoming independent/a parent

• The brain is still changing - up to **25 yrs** full development

• Mental Health in adolescents is deteriorating - and incidence rises from 1:10 in children to 1:6 in adults

• Learning Disability & SEN - uncertain transition services

• Patterns of service use and access develop early in life, so how young people experience services when they first use them will affect engagement as adults

• **Avoid crisis presentation** - family, school, college, work
We know what young people want..

• To be listened to and understood
• To be taken seriously
• A well planned service where the transition and discharge arrangements happen smoothly, it shouldn’t be left to us or our families to manage it
• Flexible services focused on developmental age rather than chronological age and on our individual needs
• Choice, information and advice to help us make informed choices about our care and to help us move on
• Honesty about what can and can’t be kept confidential
• Continuity of care – it take time to build relationships

“We shouldn’t have to fight for our rights”
What have parents told us?

• They can be shut out, but left to cope without information

• Concerns that adult services won’t listen when the young person is becoming ill

• Their rights as carers not explained nor considered
The cost of not providing accessible services

- School/college/work breaks down
- Crisis presentation
- Family breakdown
- Homelessness

Challenges facing CYP Mental Health

- **High prevalence**: 1:10 5-15 year olds have a MH disorder, 75% long term MH problems present before 18

- **Significant gaps in data and information** and delays in the development of payment and other incentive systems

- **The treatment gap**: only approx. 25% of those with a diagnosable mental health condition access support

- **Difficulties in access**: increasing referrals and complexity, without increasing capacity

- **Complexity of current commissioning arrangements**: a number of different agencies provide care

- **Access to crisis, out of hours and liaison psychiatry services** are variable, including lack of health based places of safety

- **Specific issues facing highly vulnerable groups** such as child sexual exploitation, looked after children or care leavers
The key challenges for Adult MH – very similar to CYP

- None of the right data in any of the national datasets
- Not enough staff with the right skills / competencies to deliver care in line with the evidence base
- Block contracts – lack of clarity re spend
- Specialised / CCG commissioning split
- Huge pressures in social care and housing
- Need to ensure rest of NHS appreciates the ‘value adding’ opportunities of paying attention to people’s MH as well as PH and systemising MH integration
The adult world has a different landscape but similar issues.

1. Local community – education, employers, leisure providers
2. Primary care
3. Mental health assessment services
4. Community-based mental health services with integrated social care and supported housing
5. MH acute and crisis services
6. MH rehabilitation (complex needs)
7. T4 MH services

- Inadequate pathways out of high cost inpatient care (levels 7, 6 and 5) due to a lack of capacity and effective service models at level 4.
- Pressure at the higher tiers of service provision
- Inadequate capacity to deliver effective upstream interventions at levels 1-4

a + b + c
= inadequate access to effective, evidence-based care and excessive waiting times
= mental health conditions becoming ‘long term conditions’ when they need not be
= first access to treatment occurring too often at levels 5 & 7 and too often via police / criminal justice system
= escalation of demand to the most expensive and restrictive tiers of care
= use of expensive out of area placements at levels 5-7
= poorer outcomes
AMH priorities

• AWT (Pathways and Quality Standards)
  ➢ EIP to 60%

• Crisis and Acute Care
  ➢ Liaison MH
  ➢ Crisis resolution home treatment teams
  ➢ S136 / HBPoS

• Perinatal Mental Health

• SMI and Physical Health

• Individual placement support

• [ACO / LP models of managing specialist pathways]
What might this mean for how we provide mental health services for our young people?

• Services that work to a set of principles whether they are CAMHS, AMHS or youth services spanning transition

• Services that offer best evidence based, outcomes focused services, co developed with young people and families demonstrated by measurement of
  • One or two key related health / wellbeing indicator
  • Goals
  • Young person ‘friendly’ characteristics of the service

• Services that can demonstrate evidence that
  • the young person has been given a treatment summary
  • an holistic needs assessment has been offered
  • an agreed care plan exists

Use of system levers such as contracts, protocols, specifications, CQINs and exploring opportunities from new models of care
TRANSITION – Where are we now?

4 Work Streams established (plus more under consideration) with significant progress to date:

**Specialised Service Specification** – Public consultation

**Diabetes** – Specification on CCG web-site

**CAMHS** – Service Specification and Transfer protocol on CCG web-site

**SEND/LD** – work in progress with CDC

**Epilepsy/Asthma/Rehabilitation/Disability/End of life Care** – work in progress
CYP Mental Health –

Future in Mind

• Promoting, protecting and improving our children and young people’s mental health and wellbeing
“There is now a welcome recognition of the need to make dramatic improvements in mental health services. Nowhere is that more necessary than in support for children, young people and their families. Need is rising and investment and services haven’t kept up. The treatment gap and the funding gap are of course linked.”

Simon Stevens - *Future in Mind* - 2015
Future In Mind Overview

• Five **key themes** provide the structure of the report:
  • Promoting resilience, prevention and early intervention
  • Improving access to effective support
  • Care for the most vulnerable
  • Accountability and transparency
  • Developing the workforce

• **Participation and collaboration** identified as a core principle - services designed in collaboration with children, young people and families to meet their needs

• **49 proposals** to transform the design and delivery of a local offer of services for children and young people with mental health needs
Future In Mind Overview

- Improved crisis care: right place, right time, close to home
- Improved transparency and accountability across whole system
- A better offer for the most vulnerable children and young people
- Improved public awareness less fear, stigma and discrimination
- Timely access to clinically effective support
- More evidence-based, outcomes focussed treatments
- More visible and accessible support
- Professionals who work with children and young people trained in child development and mental health
- Model built around the needs of children and young people, and a move away from the ‘tiers’ model
- Improved access for parents to evidence-based programmes of intervention and support

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Learning from our history

- CYP IAPT
- National Programmes of support
- Accreditation and quality systems QNCC Bond
- Child outcomes research consortium
- Targeted mental health in schools
- Chief Medical Officer report
- Special Educational Needs reforms
- National Service Framework Every child matters National Advisory Council
- National Programmes of support
- Third sector and Professional voices and research
- Choice an Partnership Approach
- NICE
- Chimat MindEd
Additional funding - improve service access

Autumn Statement 2014 £30M recurrently
• Develop evidence based community Eating Disorder services for children and young people: capacity in general teams released to improve self-harm and crisis services.

Budget Announcement Spring 2015 £250M recurrently
• Build capacity and capability across the system so that we make measurable progress to securing improvements in outcomes by 2020.

• Roll-out the Children and Young People’s Improving Access to Psychological Therapies programmes (CYP IAPT) across the country by 2018

• Improve perinatal care

• Pilot a joint mental health training programme for single points of access in specialist CAMHS and schools, testing it over 15 CCGs.

Implementation of these announcements will be via Transformation Plans

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Transformation plans need to

Be Transparent – publishing
- Baseline investment by local commissioners
- What services are provided including workforce information
- Referrals received, accepted, waiting times

Demonstrate Service transformation in line with principles covering
- Range and choice of treatments and interventions available;
- Collaborative practice with children, young people and families and involving schools;
- Use of evidence-based interventions; and regular feedback of outcome monitoring to children, young people and families and in supervision.

Monitor improvement
- Development of a shared action plan and a commitment to review, monitor and track improvements with appropriate governance structures.
LTP = a good CYP MH Strategy

Cover the spectrum of services
Including community eating disorder services
Focus on prevention to interventions, for existing or emerging mental health problems
Transitions between services.

Include local leadership and governance arrangements
To secure a whole system approach to delivery at local level

Demonstrate collaborative commissioning within and across sectors
To promote effective joint working and establish clear pathways.
This includes working with collaborative commissioning groups in place between NHS England specialised commissioning teams and CCGs

Demonstrate that schools are given the opportunity
To contribute to the development of Transformation Plans.

Be coherent with local priorities
And with the child mental health requirements in the existing joint planning guidance.
Improving Community Eating Disorder Services in advance of access and waiting standard

Population-based
- Minimum 500K (all ages) so may span more than one CCG

Should take referrals for ED and related disorders
- Anorexia nervosa, bulimia nervosa, binge eating disorders and co-existing problems (e.g. anxiety and depression)
- Multidisciplinary ED team able to respond to range of varying levels of need and severity

Minimum of 50 referrals per year to support viability

Enable direct access to community
- Eating disorder treatment via self-referral, GPs, schools, colleges and voluntary sector
- Support early identification through improved awareness, liaison and consultation

Maintain clinical oversight throughout the care path
- Including inpatient admissions
Key issues during the submission process

- Workforce planning and capacity - across all sectors
- Variable leadership, commissioning and collaboration
- Joint commissioning – how rather than why
- Understanding of Future in Mind
- IT planning - need to comply with requirements to be able to flow data and use outcomes in the room
- Working across the life course – how and when
- Anxiety about spending the money in the best possible way
Things to celebrate

- Complete focus from many local areas with clear leadership
- Demonstration of joined up approach in some areas
- Focus of strategic players supporting local areas
- Raised profile of CYP MH locally and nationally
- All CCGs submitted plans on time
- Assurance process underway
Local Transformation Plans

- All CCGs submitted on time
- 123 plans covering 209 CCGs
- Assurance has determined monies to go out to all CCGs by End December
- Spend to be tracked in Q3 and Q4
- All plans should be published in user friendly format on web now
LTPs show a move away from Tiers

- Differing interpretations of Tiers! (evolved, T3.5 etc.)
- 0-25 years Birmingham, Norfolk
- Integrated pathways – Liverpool
- ‘Thrive’: new conceptual framework driving model in Camden and being explored by other areas.
- Five needs-based groupings based on:
  - needs and/or choices of the individuals within each group
  - skill mix required to meet these needs
  - dominant metaphor used to describe needs (wellbeing, ill health, support)
  - resources required to meet the needs and/or choices of people in that group.
CYP MH Work streams in NHS England

- Continued Transformation
  - CYP IAPT – new collaboratives, 4 new curricula
  - MH Improvement teams in each SCN
  - Support continued scrutiny
  - Support DH oversight board and subgroups
- Joint schools link with DfE: 22 sites, 255 schools
- Eating Disorders – implement standard including whole team training and curricula
- Crisis and urgent care, UAE, LTC – in partnership with AMH
- Deliver alpha version System Dynamic Model
- Commissioning support training
CYP MH Work streams

- Refresh commissioning specifications published last year
- Deliver new specification for Eating Disorders based on guidance
- Looked after/complex/vulnerable – new area of work
- Generic Access and Waiting time standard and implications
- Analysis of MHMDS
- Inpatient procurement and improvement – co commissioning
- Health and Justice - complex needs
- Payment systems and personal budgets - IPC
- Support HEE – workforce development
My Mental Health Services Passport

www.england.nhs.uk/mentalhealth/2015/10/15/passport-brief-yp-mh

Developed by young people and parents/carers with NHS England as part of the CYP IAPT programme

The aim of the passport is to help young people using services **to own and communicate their story** when moving between different services.

The passport provides a summary of young person’s **time in a service**, for the information will be **owned by the young person**, and for it to be shared with any future services **if the young person wishes**.
• **New online resource** created for and with parents and carers to help improve mental health care for children and young people

• **Over 900 parents/carers** identified 5 key areas:
  • access, equality and diversity
  • communication
  • service leadership and delivery
  • methods of engagement
  • workforce development

• **Best practice case studies, videos, resource directory**

www.england.nhs.uk  www.youngminds.org.uk
Horizon scanning

- *Local Transformation and Sustainability Plans* across all agencies – so in CYP MH we can hit the ground running
- Continued focus on delivery
- Continued focus on outcomes as well as outputs – MHSMDS
- Access and Waiting Time Standards and Currencies
- Strategic collaboration between ALBs and Departments
Mandate

For the first time, Mandate sets out both longer-term objectives for 2020 and specific deliverables in the short-term for 2016/17, both aligned to the FYFV.

Seven strategic objectives:

1. Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities.
2. To help create the safest, highest quality health and care service.
3. To balance the NHS budget and improve efficiency and productivity.
4. To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives.
5. To maintain and improve performance against core standards.
7. To support research, innovation and growth.

6.3 Mental health, learning disabilities and autism

Overall 2020 goal:

- To close the health gap between people with mental health problems, learning disabilities and autism and the population as a whole (defined ambitions to be agreed based on report by Mental Health Taskforce).
- Access and waiting time standards for mental health services embedded, including:
  - 50% of people experiencing first episode of psychosis to access treatment within two weeks; and
  - 75% of people with relevant conditions to access talking therapies in six weeks; 95% in 18 weeks.

2016-17 deliverables:

- 50% of people experiencing first episode of psychosis to access treatment within two weeks.
- 75% of people with relevant conditions to access talking therapies in six weeks; 95% in 18 weeks.
- Increase in people with learning disabilities/autism being cared for by community not inpatient services, including implementing the 2016-17 actions for Transforming Care.
- Agree and implement a plan to improve crisis care for all ages, including investing in places of safety.
- Oversee the implementation of locally led transformation plans for children and young people’s mental health, which improve prevention and early intervention activity, and be on track to deliver national coverage of the children and young people’s Improving Access to Psychological Therapies (IAPT) programme by 2018.
- Implement agreed actions from the Mental Health Taskforce.
Planning guidance

- New approach to local planning: five-year **Sustainability and Transformation Plans** to cover all areas of NHS commissioning and integration with local authorities.
- “Place-based” – localities to determine their own footprint (by 29/1).
- Single approval process for access to **Sustainability and Transformation Fund** from 2017/18 – including new SR funding for mental health.
- Expectations on national challenges and questions to be considered in developing local STP.
- Further guidance in January – first draft STPs to be produced by end June.

**National “must dos” for 2016/17**

7. Achieve and maintain the **two new mental health access standards**: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a **dementia diagnosis** rate of at least two-thirds of the estimated number of people with dementia.

**Allocations**

30. To support long-term planning, NHS England has set firm three year allocations for CCGs, followed by two indicative years. For 2016/17, CCG allocations will rise by an average of 3.4 percent.

43. Commissioners must continue to increase investment in mental health services each year at a level which at least matches their overall expenditure increase. Where CCGs collaborate with specialised commissioning to improve service efficiency, they will be eligible for a share of the benefits.

**Indicative ‘national challenges’ for STPs**

- How will you improve mental health services, in line with the forthcoming mental health taskforce report, to ensure measurable progress towards parity of esteem for mental health?
- How will you put your Children and Young People Mental Health Plan into practice?
Children and Young People Services in NHSE

- **Opportunity** - Uniform commissioning – Direct and CCG
  National process with national engagement
  More equity, resulting in secure systems for delivery
  **NHSE 5 year Forward View** - Cancer, *All Ages MH Strategy*, OOH care

- **Challenge** - Service re-design moving towards vertical & horizontal integration
  Precise definitions of levels of skills and workforce needed - **HEE**
  Whole pathway approach with appropriate **Transition to Adult Services**
  Absolute clarity in Service Specifications along whole pathway

- **Conundrum** - To integrate all the parts of service pathways from **Community & Primary**, to Secondary & **Tertiary Care**, working with Spec Comm & CCGs to commission a care continuum - **SCN support – pivotal to delivery**

- **Strong Clinical Leadership, good Governance & robust Regulation**
  - vital to achieve the Ambitions for CYP in all areas.
“Never, never, never give up!”
“It is easier to build strong children than repair broken men”

Frederick Douglass
1818-1895