

0-25 Children and Young People's Mental Health Services

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NHS England and NHS Improvement



- **Overview of CYPMH Programme**- work to date and Long Term Plan ambitions
- **0-25 services: the journey so far**- policy and drivers
- **0-25 services: where are we now?**- current national work
- **0-25 services: where do we need to go?**- evidence base, implementing in practice
- **0-25 services: what next?**

CYPMH Programme Overview

The Long Term Plan is set in the context of progress to date



Achievements in first three years of FYFVMH funding: Children and Young People's Mental Health

- 377,866 children and young people accessed mental health services in 2018/19, an access rate nationally of 36.1%
- CYP eating disorder services are on track for 95% access target by 2020/21
- Over 180 new Mental Health Support Teams in the process of being established since 2018
- The 2018 survey of crisis services shows an increase in comprehensive offer (crisis assessment, brief response and intensive home treatment) being commissioned, as well as significant growth in services operating 24/7 or over extended hours.
- Mental health investment standard met in all CCG plans 2018/19
- CYP IAPT rolled out across 100% of the country and is now business as usual with new staff trained to deliver evidence-based therapies
- Re-distribution of inpatient beds to provide more beds across a range of needs and in places where previously there were no beds
- 20% increase in core CYPMH posts, with a 23% increase in WTE in NHS Trusts



The NHS Long Term Plan approach to CYP as a whole

- Ambition that the healthcare needs - **both physical and mental** - of children and young people are met **throughout the life course**, which all of our programmes feed into. This starts as early as preconception and pregnancy, throughout childhood from birth into adulthood.
- Commitments to improving the lives and outcomes for **children and young people up to the age of 25**.
- These commitments build on **previous learning and achievements** in our programmes as well as identify **gaps in current services or approaches**.



- New funding **in addition to that for FYFVMH going into baselines** will be made available to **all systems** for commitments in the LTP which apply across the country, with funding distributed on a fair shares basis
- Budgets have also been allocated to **fund targeted schemes and for specific investments** e.g. continuation of previous waves, pilots

CYPMH Local Transformation Plans give us a head start ...

- Requirement for local areas to refresh and publish CYPMH Local Transformation Plans for 2019/20.
- Opportunity not just to set **out transparent joint agency plans** to deliver the ambitions set out in Future in Mind and the Five Year Forward View for Mental Health, but to **articulate strategic and demonstrate operational readiness** in developing local NHS Long Term Plans.



Reminder of CYPMH and associated programmes Long Term Plan commitments....



Young Adult MH Services

- Comprehensive offer for 0-25 year olds which reaches across MH services for CYP and adults
- Integrated approach across health, social care, education and the voluntary sector

Mental Health Support Teams

- Mental Health Support Teams working in schools and colleges - early intervention and whole school approach across 20-25% of country by 2023
- Teams will receive information and training to help them support young people more likely to face mental health issues e.g. LGBT+ and children in care



Four Week Waiting Times

- Test approaches that could deliver 4WW times for access to NHS support, ahead of introducing new national waiting time standards for all CYP who need specialist MH services

Eating Disorders

- Over the next 5 years, we will boost investment in CYP Eating Disorder services. Extra investment will help us continue seeing 95% of urgent cases within 1 week and within 4 weeks for non-urgent cases

Reminder of Long Term Plan commitments - continued



Crisis Services, whole pathways including inpatient beds

- With a single point of access through NHS 111, all CYP experiencing crisis will be able to access crisis care 24 hours a day, 7 days a week
- Extension of New Models of Care/Provider Collaboratives continue to drive integrated pathways

Digital Therapies

- Endorse a number of digital technologies that deliver digitally-enabled models of therapy for depression and anxiety disorders... expand to include therapies for children and young people

Other commitments

- Additional investment in Youth Justice Services
- Reduced waiting times increased support for CYP with Autism and LD
- 6,000 highly vulnerable children with complex trauma will receive consultation, advice, assessment, treatment and transition into integrated services



Access

- By 2023/24, at least an additional 345,000 CYP aged 0-25 will be able to access NHS funded mental health services
- Over the next 10 years, we're aiming for 100% of CYP who need specialist care to be able to access it
- Improve join up between mental and physical health



Five-year profile for the CYP FYFVMH and LTP



		Baseline Year	Year 1	Year 2 [FYFVMH Ends]	Year 3	Year 4	Year 5 [Settlement Ends]
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Children and Young People's Community and Crisis	Central / Transformation	65	68	49	113	150	218
	CCG baselines	170	195	231	261	319	383
	Total	235	263	280	375	469	601
Children and Young People's Eating Disorders	Central / Transformation	0	0	0	0	0	0
	CCG baselines	30	41	52	53	53	54
	Total	30	41	52	53	53	54
Mental Health Support Teams (MHSTs) and 4 week waiting time pilots	Central / Transformation	24	76	115	136	185	249
	CCG baselines	0	0	0	0	0	0
	Total	24	76	115	136	185	249
Children and Young People's (CYP) Mental Health Total	Central / Transformation	89	144	164	249	335	467
	CCG baselines	200	236	283	314	372	437
	Total	289	380	447	563	707	904

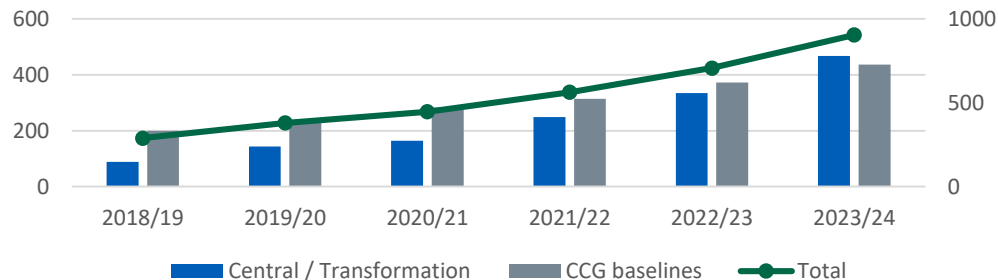
Central transformation funding to be available for:

- Specific community expansion programmes which will be confirmed for [in 2021/22 to 22/23]
- Continued roll out of Mental Health Support Teams in schools and colleges

CCG Baseline funding builds on the resources provided after Future in Mind for:

- Continued expansion, improvements in the quality and access to CYPMH community, Crisis and Intensive Home Treatment services
- Continued implementation of evidence based interventions, **including expansion of CYPMH Community Eating Disorder Teams delivering NICE compliant interventions within the required access to treatment standard**

Five-year profile for the FYFVMH and LTP (£m in cash terms)



0-25 CYP MH Services: the journey so far



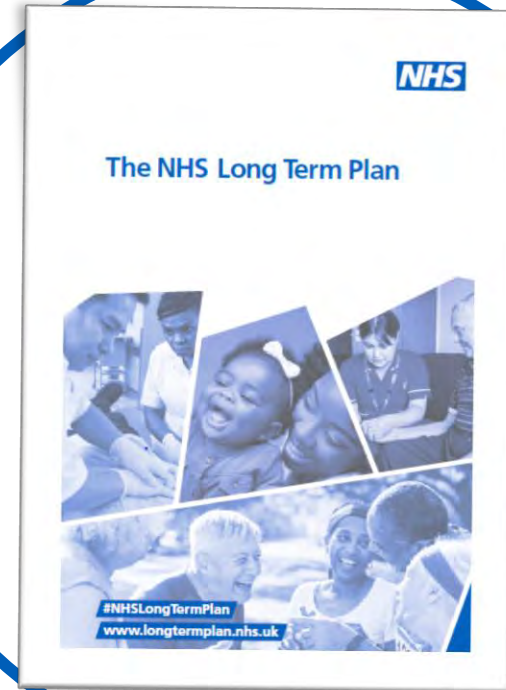
Recap

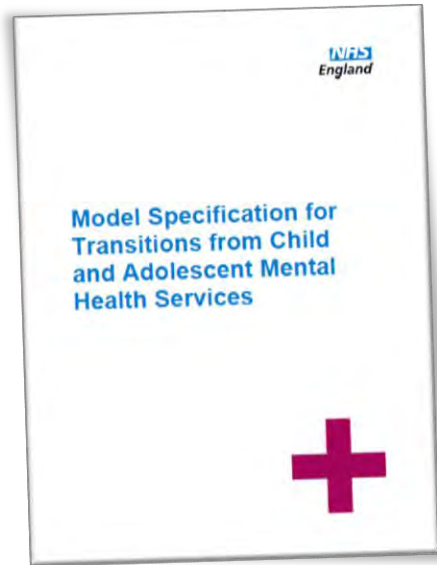
- Wide recognition of need to improve MH services and outcomes
- Focus on **earlier intervention and prevention** & services for those with long term need
- Emphasis on models determined locally that deliver to key principles such as **co production, evidence based, ease of access**
- Growth in use of **digital support** and solutions



Forward Look

- Extend current service models to create a **comprehensive offer for 0-25 year olds** that reaches across mental health services for CYP and adults.
- Deliver an **integrated approach across health, social care, education and the voluntary sector**
- Alignment with wider relevant programmes e.g. the Mental Health in Higher Education programme **to build the capability and capacity of universities to improve student welfare services** and **improve access to mental health services for the student population**



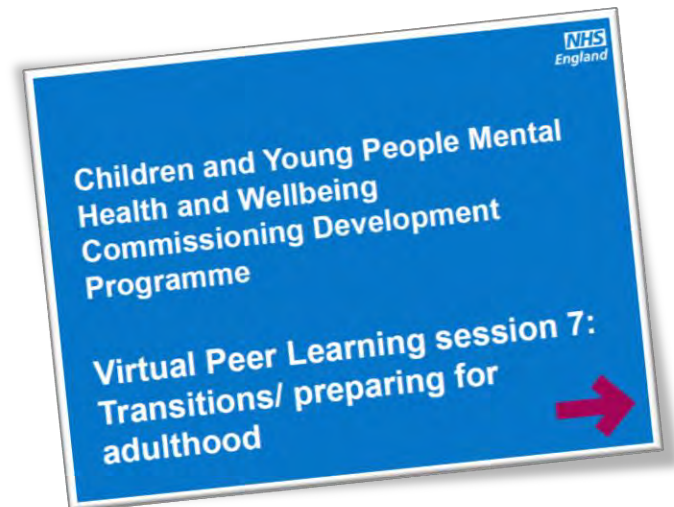


Transitions CQUIN useful basis for commencing focused improvement work around transitions

Clinical Networks workshops and masterclasses; development of local transitions pathways and protocols; transition toolkits; collaborative networks across CYP and adult services; transition improvement plans; engagement events; information leaflets; transition deep dives; and best practice guidance

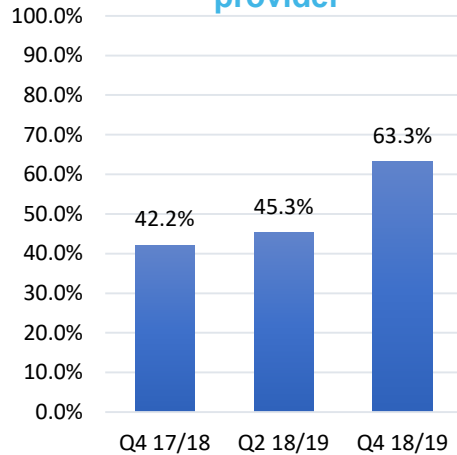
Local Transformation Plans transitions in annual Local Transformation Plan refreshes

HSIB Transitions joint response with NHSI to the recommendations in the HSIB 'Investigation into the transition from child and adolescent mental health services to adult mental health services'

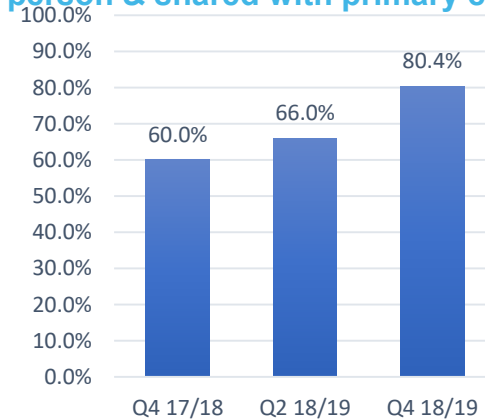


- The 'Transitions out of CYP MH services' CQUIN ran from 2017-2019
- The Transitions CQUIN aimed to incentivise providers to improve young people's transitions from CYP MH services to either adult mental health services or back to Primary Care.
- Performance against the indicators is shown on the next slide- there was a trend of improvement across all indicators however the indicator targets were not met in all cases
- Overall performance reflects some data quality issues; the data collected does not fully demonstrate the effectiveness of CQUIN delivery across areas
- Qualitative feedback from commissioners and providers shows that the CQUIN was a useful basis for commencing focused improvement work around transitions
- The CQUIN has provided useful learning to support the policy development for 0-25 services

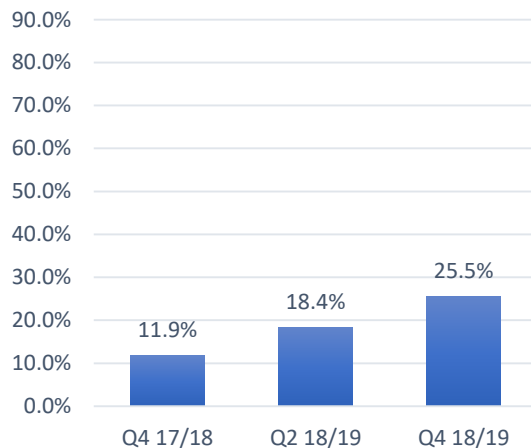
% of providers who met the 80% target for Indicator 1: % of young people who've undergone Joint Agency Transition Planning if transitioning into a receiving provider'



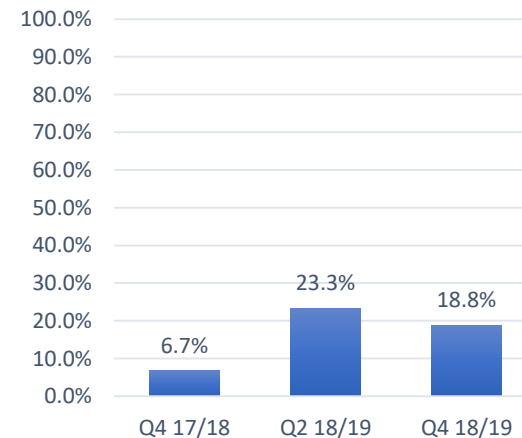
% of providers who met the 80% target for Indicator 2: Of young people transitioning back to primary care (discharging from CYPMHS), the % who have a discharge plan that has been developed & shared with the young person & shared with primary care



% of providers who met the 80% target for Indicator 3: % of young people who in their pre-transition survey reported feeling prepared at point of discharge

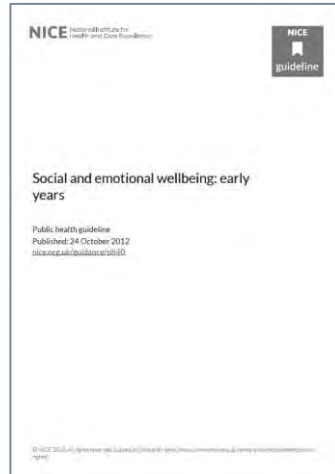
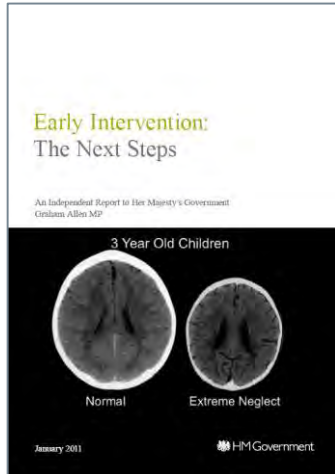


% of providers who met the 70% target for Indicator 4: % young people who in their post-transition survey reported that they met their transition goals

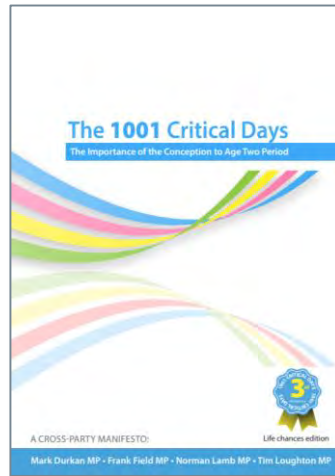


0-25 CYP MH Services: where are we now?

Developing picture for under 5s



- Increased recognition of child psychiatric problems in clinical practice and the development of evidence-based therapies and preventative interventions
- More parenting interventions for children with behavioural problems
- Pockets of emerging good practice on under 5s mental health provision nationally
- Specialist service developed i.e. Family Nurse Partnership, Parent Infant Partnership
- Many recommendations on early years intervention for under 5s



Prevalence

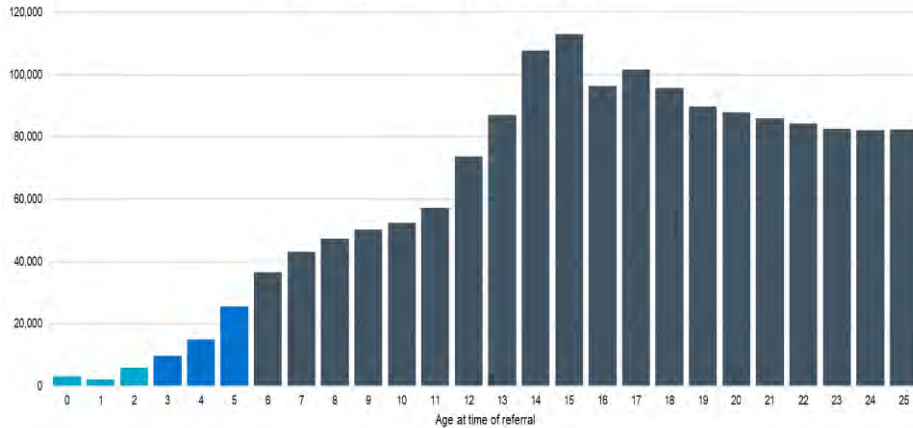


- Mental ill health is now the **leading cause of disability** in people aged 10 to 24
- It is estimated to be responsible for **45% of the overall burden of disease** for this age group

- 1 in 4 for young women aged 16 to 24** have common mental health problems compared with 1 in 10 of men the same age
- Young women also have the **highest rates of reported suicidal thoughts, behaviours and self-harm** (e.g. 25.7% of women aged 16 to 24 reported self-harm)

Current activity: under 5s

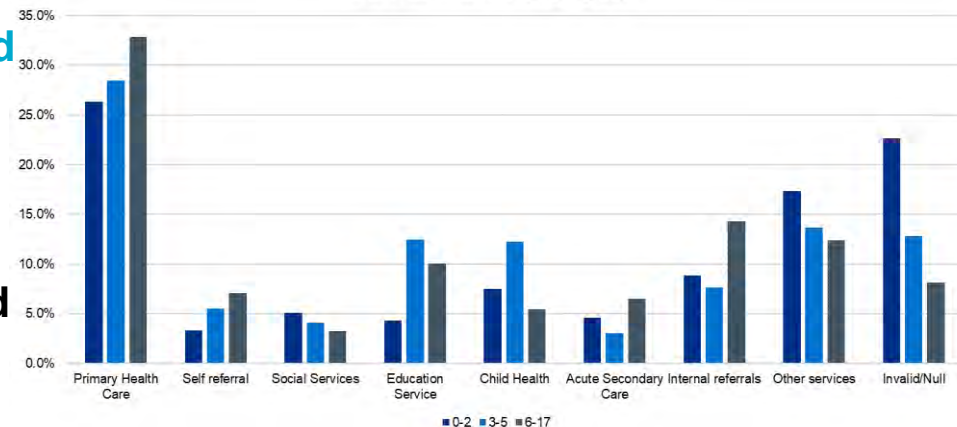
Referrals active between April 2018 and February 2019



- There were **61,018** referrals active between April 2018 and February 2019 for children age 0-5
- Of these, **10,958 (18%)** were age 0-2 and **50,060 (82%)** were age 3-5

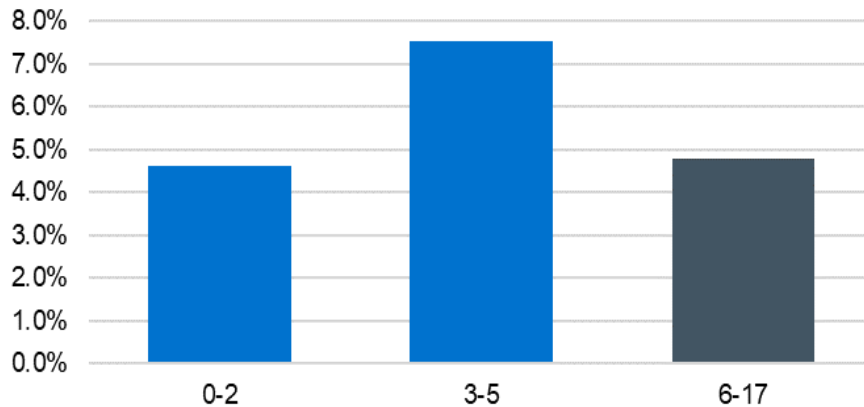
- Under 5s **are less likely to be referred** from primary care
- These **younger referrals are slightly more likely to come from social services, education services or child health**

Source of referral by age group



Current activity: under 5s

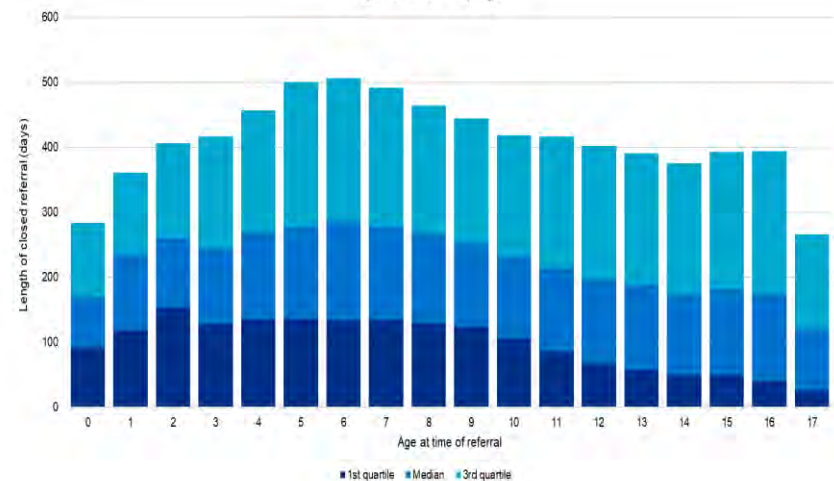
Proportion of rejected referrals



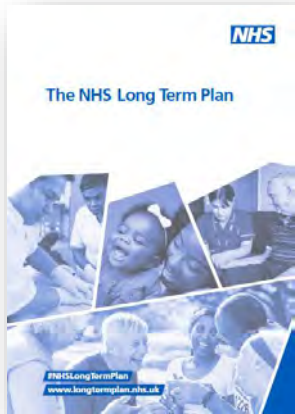
- Around **4.8%** of referrals for children age 6-17 in this period were rejected
- For under 5s this figure is higher, at **7.0%**
- Most of these rejections are for children age 3-5 who have a rejection rate of **7.5%**

- Median referral length for 6-17 year olds was **191 days (6.4 months)**
- Median length for 0-2 year olds was **223 days (7.4 months)**
- For 3-5 year olds, it was **267 days (8.9 months)**

Length of referral by age



A new approach to young adult mental health services for people aged 18-25 will support the transition to adulthood



- Extend current service models to create a **comprehensive offer for 0-25 year olds** that reaches across mental health services for CYP and adults.
- It is **NEITHER** CYPMH taking on all 18-25 nor AMH taking on 0-18.
- Deliver an **integrated approach across health, social care, education and the voluntary sector**
- In addition, NHS England is working closely with Universities UK via the Mental Health in Higher Education programme **to build the capability and capacity of universities to improve student welfare services and improve access to mental health services for the student population**, including focusing on suicide reduction, improving access to psychological therapies and groups of students with particular vulnerabilities.



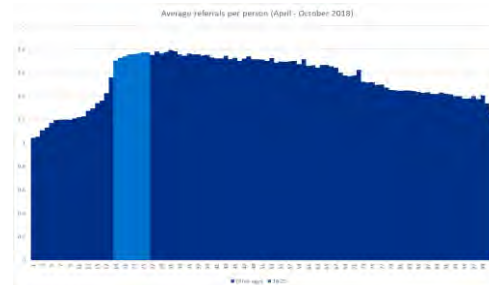
Current models: 18-25s

Current age boundaries are not always appropriate, and services are failing to meet the needs of young people, especially young adults aged 18 to 25 and those transitioning between services

High number of referrals for 18-25s; more referrals per person and more to crisis services

Length of referral for YP aged 18-25 is significantly shorter than for either CYP or other adults

DNA rates are high for young people (18-25) in adult MHS



Recent reforms across education and social care are moving towards extending their upper age limit to 25:

- EHCP for CYP with SEND) from birth to 25 years of age
- LAs required to provide support to care leavers up to age 25

Healthcare also needs to introduce reforms if it is to improve service provision to this age group across the system

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- Deliver an **integrated approach across health, social care, education and the voluntary sector**

Develop and implement quality improvement initiatives for young people transitioning from children's to adults services

- Transitions Collaborative led by NHSE/I Quality Improvement Leads.
- Co-ordinated approaches across local organisational boundaries, embedding developmentally appropriate care and establishing best practice transition pathways

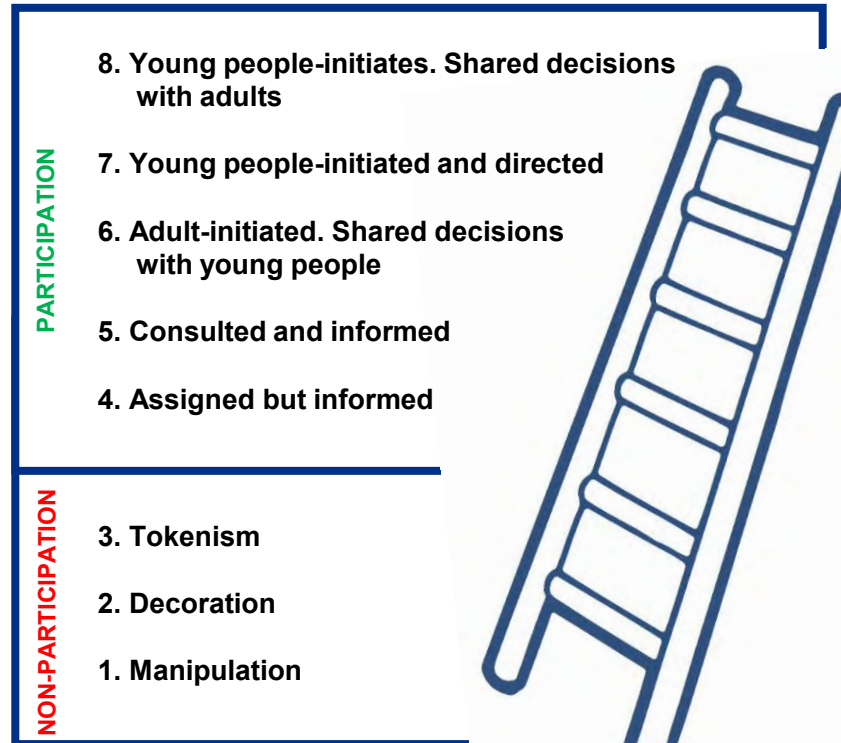
Improve young adults' outcomes and experience through community MH services transformation

- Early implementer sites receiving funding in 2019/20 and 2020/21 to embed principles for effective young adult services

0-25 CYP MH Services: where do we need to go?

What do children and young people want?

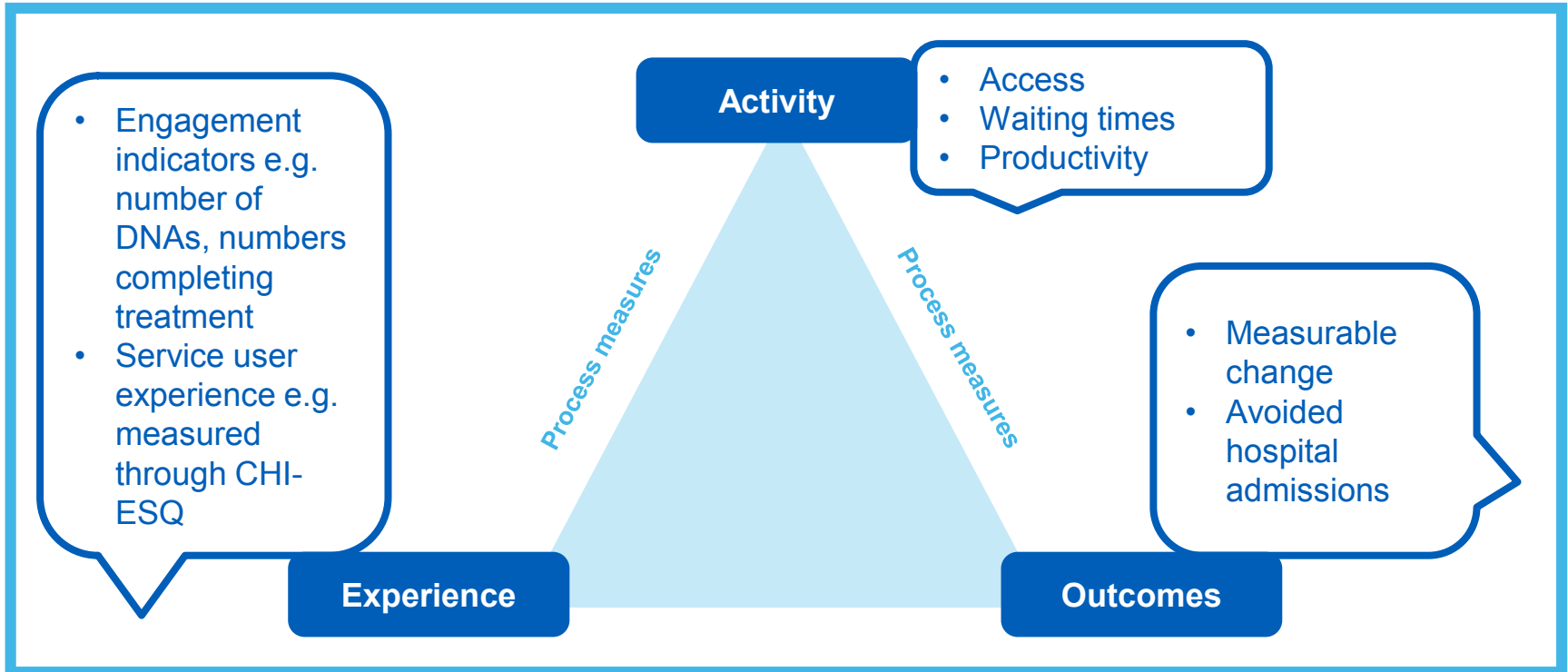
- Inclusive, young people centred and accessible services
- Well planned services including workforce capacity and technologies that facilitate easier access to support
- High quality care
- Reduced stigma and more MH awareness
- Smoother transitions and continuity of care
- Earlier intervention
- Flexible services with choice



ADAPTED FROM:
HART, R (1992). Children's participation: From tokenism to citizenship, Florence: UNICEF International Child Development Centre.

"The transition between child and adult services needs to improve as "coming of age" is a big enough deal without having to take a leap into the unknown with your care."

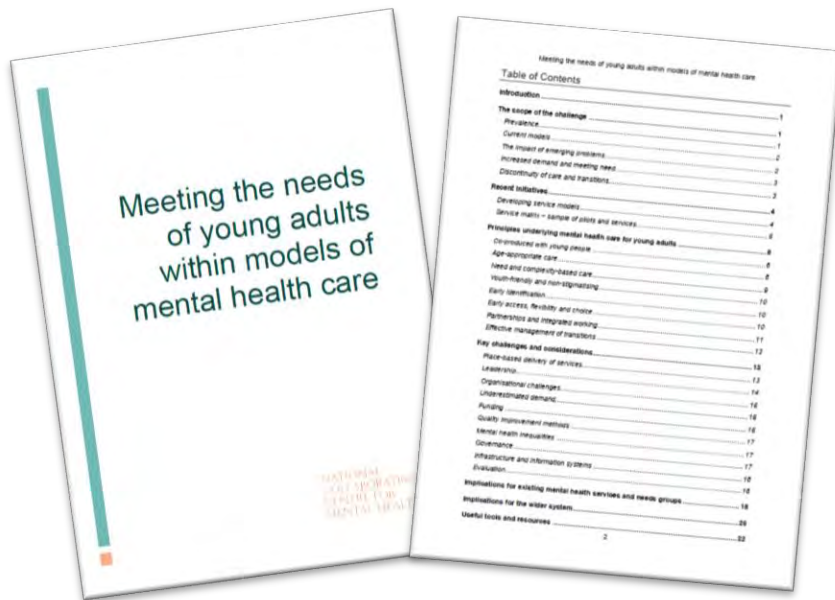
Marianna, YoungMinds Activist



Triangulation of data relating to **activity, experience and outcomes**; models need to be able to evidence effectiveness in all domains

Research question

Which models exist for delivering community mental health care for young adults (aged 18 to 25 years of age) and how effective are they at meeting need



Rapid scoping review

Literature review: identifying potential models and existing evaluations through:

- Contacting experts, authors and stakeholders
- Web search
- Bibliographic database search

Sifting: reviewing identified models

Extraction: including characteristics of models (age range, location etc) plus stakeholder evaluations

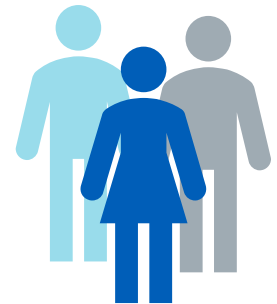
General principles and key considerations to inform the development of new MH services for CYP up to 25



- Does not recommend one particular specific model – service design will need to take account of local context, including consideration of existing services
- Focused on needs of CYP with a range of MH problems e.g. coexisting drug/alcohol problems or neurodevelopmental disorders, but does not explicitly set out provision of specialist services for these

There are three cohorts within the 18 to 25 age group that commissioners and providers should specifically consider:

- 1) YP who transition from CYPMHS and are accepted by AMHS;
- 2) YP who do not meet the criteria for AMHS but have continuing needs and require care;
- 3) YP presenting for the first time (including those with pre-existing need but not previously seen by CYPMHS)



Service Models for 0-25s



0-25 integrated service



Services configured based on need



Disorder specific services which may cut across current age boundaries



Young Adult MHS e.g. 14-25 or 18-25



Flexible age boundary for entering AMHS



Bridging between CYPMHS and AMH e.g. via single front door

Co-production at all stages – design, delivery and evaluation

Developmentally appropriate care

Services configured to support developmental approach rather than age-based

Need and complexity-based care

Support based on CYP's needs including personal and social factors; not solely diagnostic based

Children and young people friendly and non-stigmatising

Early identification

Early detection and access to comprehensive evidence-based interventions and services
Requires cross-agency working

Easy access, flexibility and choice

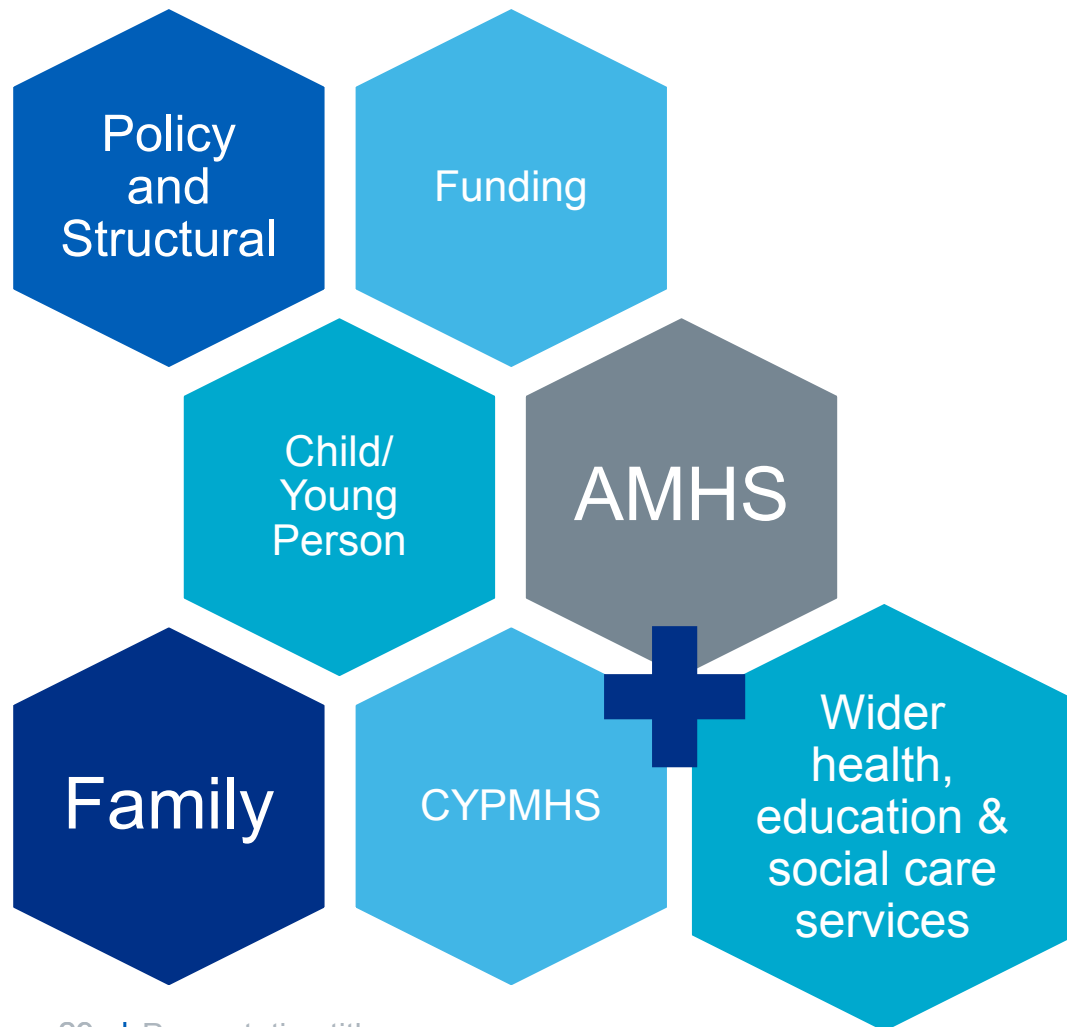
Partnerships and integrated working

Working across primary care, physical health care, education providers (including early years, FE and HE), social care, paediatric services, SEND, ASD & LD services, adult mental health services and the VCS

Effective management of transitions

Improving continuity of care at all transition points
Proactive identification of those requiring continued support

Workforce with the skills, competencies & knowledge to work with and engage CYP and more flexible routes to employment e.g. through apprenticeships, specific YA peer support workers



Challenges

- One size doesn't fit all
- Different conceptual frameworks
- Communication
- Different thresholds
- Different funding streams for CYP and adults
- Different contract types
- Difficulty engaging other services
- Priorities for CYPMH and adult MH commissioning
- Alignment across AMH and CYPMH pathways

Opportunities

- Better understanding of need through data collection
- Learning from accelerator sites, existing 0-25 services and transitions collaborative
- Transitional year to prepare local systems
- Additional baseline funding

0-25 CYP MH Services: what next?

System readiness summary



- Clear **local needs assessment** regarding levels of need and demand for under 5s, young adults and those with physical health needs, including robust **understanding of baseline access**
- Services meeting **national standards** (e.g. waiting times and MHIS)
- **Appropriate services** in place for CYP across 0-25 pathway, system tracks whether cohort is receiving support **appropriate to their needs** and the **effectiveness** of these services for producing **outcomes** for under 5s, 18-25s and those with physical health needs
- Clear **systems leadership** across the CCG and Local Authority including clinical leadership
- Arrangements in place to drive **systemwide transformation** of services from all relevant partners including NHS Spec Comm, LA, VCS, Health & Justice and primary care
- System is in a position to **co-produce services** with children and young people
- Staff across services with the **right skills, competence and knowledge** to provide **age appropriate care** for under 5s, 18-25s and those with physical health needs

What can you do?



Establish links and join up across CYPMH and adult MH commissioning and services



Identify opportunities to improve support for young adults across **all** services including IAPT



Review your local data for **under 5s and their parent/carers** and **young adults' activity, outcomes and experience** and ensure you are aware of local need and prevalence for these age groups. This should be across all services including adult IAPT, eating disorders and EIP



Engage with **under 5s parent/carers** and **young people** to co-produce service transformation



Identify any additional workforce requirements to ensure adequate capability and capacity to deliver for under 5s and young adults



Engage senior leads and identify key people to support a systemwide approach to delivering the CYPMH commitments

STP Implementation Plans- what does good look like?

- **Makes a clear commitment to delivering 0-25 services** e.g. “we will undertake the necessary planning, preparation and analysis and develop and implement a plan to deliver a comprehensive 0-25 offer in line with the commitment of the Long Term Plan”
- **Year- by- year milestones for delivery (realistic and achievable)**
e.g. “19/20: review data and needs analysis, 20/21: develop commissioning plan, 21/22: phased approach to implementing 18-25 offer, 23/24: comprehensive offer in place”
- **Whole pathway focus** commitment to support both ends of the age spectrum (under 5s and 18-25s)
- **Needs analysis** identifies local need; commits to undertaking further needs analysis to plan for implementation
- **Join up across adult and CYP MH services** recognises that 0-25 services will span across both children’s and adult MH services e.g. “we will plan and deliver training to further develop competencies of IAPT and CMHT practitioners to support young adults”
- **Reflects the multi agency nature of the ask** - support for CYP 0-25 requires partnership working across health, social care and education not just across CYPMH and AMH. For example - services for under 5s require an integrated approach with perinatal, children’s services, health visitors and primary and secondary physical care and aligns with LD/autism and SEND plans.

Thank you.

Any questions?