NHS England update on progress with Future in Mind

- Martin McShane
- Medical Director for Long Term Conditions
- September 2015
“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

- Published March 2015 – continues to set direction of travel for the new Government
- Consensus across the whole system
- A clear steer and some key principles about how to make it easier for children and young people to access high quality mental health care when they need it.
- Key themes:
  - Promoting resilience, prevention and early intervention
  - Improving access to effective support
  - Care for the most vulnerable
  - Accountability and transparency
  - Developing the workforce
Future In Mind Overview

The Government’s aspirations are that by 2020 we would see:

- 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
What does this mean for me?

Children, young people, parents and carers

• An emphasis on helping you, your child or young person to stay well but access to support when you need it that joins up around you and delivers in places you find acceptable

• Choices made with you about support or treatment based on the best evidence available

• Services and plans that listen to and take account of what you say
What does this mean for me?

Professionals working with children and young people in any setting

• equipped with skills and knowledge to deal with children and young people’s emotional and mental health needs, whether providing an intervention themselves or directing to a service
• understand importance of their role in children and young people’s mental and emotional health

Local Authority and Health Commissioners

• work together to ensure children and young people have access to range of evidence-based services/interventions, across voluntary, independent and statutory sectors, with emphasis on early support
• feel confident they have skills, information and support to make commissioning decisions and to engage with children and young people and families/carers as they are crucial partners and have a role to play in commissioning
What does this mean for me?

Health and Well-Being Boards
• ensuring that Joint Strategic Needs Assessment and Health and Wellbeing Strategy address children and young people’s mental health needs effectively and comprehensively

Children’s Social Care
• key role as commissioner and provider, and bring specialist knowledge in identifying and supporting the needs of many vulnerable children, young people and families
• social work teams need clear routes of referral into specialist child mental health services where appropriate and access to consultation and advice

Health providers
• work collaboratively to deliver best possible care, to improve outcomes for children and young people mental health problems,
• using evidence based approaches and taking full account of the views of children, young people and their families/carers
What does this mean for me?

**Education providers**
- continue developing whole school approaches to promoting mental health, wellbeing, and resilience amongst children and young people
- early years settings, schools and colleges should have clear routes of access to mental health expert advice and be able to easily make referrals to more specialist services where needed

**Voluntary and Community Sector**
- play a crucial role in providing support and expert advice to children and young people, including through accessible community-based ‘one-stop-shop’ settings
- greater use made of the VCS in local service design and commissioning
In addition to *Future in Mind*, last year NHS England

- **CYP IAPT – Transformational Programme**, has reached 68% of CYP in 2015, therapies being extended, plans to roll out by 2018
- **Published CAMHS Transition to AMHS and other services**, model service specification and transfer of care protocol Dec 2014, on CCG web-site
- **Published model specification for Tiers 2/3** plus service standards *Delivering With Delivering Well* published December 14. Delivering With Delivering Well based on CYP IAPT principles included by CQC, QNCC and BOND quality and assurance networks
- **Established Mental Health and Parity of Esteem Board** - CYP and Families included
- **Developed further leadership through Strategic Clinical Networks** - Greater Manchester, Lancashire and South Cumbria lead for SCN’s improvement in CYP Mental Health
- **Commissioned HQIP** – Teenage and Young Adult Suicide CORP
- **Reviewed Specialised Commissioning** - Tier 4 Review - recommendations re case management, increased beds and quality markers
- **Partnership working across Departments and Agencies** – DH CHWP Board DfE, PHE, HEE, CYP Health Outcomes Forum
Since March 2015
Maintaining momentum

• Department of Health working with other Departments to set overall governance framework to bring together all the key organisations who have an interest in children and young people’s mental health and well being
• Corporate Priority for NHS England
• Whole life course taskforce includes and builds on Future in Mind. Independently chaired with ALBs and key stakeholders – will develop NHSE 5Year MH Strategy
• Series of programmes in development across agencies
Recent announcements to improve access to services

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  £1.25b  over the next 5 years
• Build capacity and capability across the system so that by 2020, 70,000 more children and young people are treated per year will have access to high quality mental health care when they need it.
• Roll-out and extend the Children and Young People’s Improving Access to Psychological Therapies transformation programmes (CYP IAPT)
• 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
Transformation plans will 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.
Local Plans should

• Cover the spectrum of services - prevention to interventions, for existing or emerging mental health problems, as well as 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 the child mental health requirements in the existing joint planning guidance.
Assurance

- Bespoke assurance process for 2015-16
- Requires CCG, HWB and Specialist Commissioning sign off
- Does not require new plans, areas can submit a range of documents identifying where key issues are covered
- Plans must be published by December 2015 in a format that children, young people, parents carers and other stakeholders can understand
- Funds for Eating Disorders have already been released
- Recurrence of ED funds and further funds are dependent on assurance and then delivery
- All funds follow the CCG formula
Eating Disorders

- **NCCMH Expert Reference Group** – access and waiting time standard, referral to treatment pathways, model for delivery of community eating disorder services for children and young people.

- **Access and waiting time standard** – those referred for assessment or treatment for eating disorder should receive NICE concordant treatment within 1 week for urgent cases and within 4 weeks for every other case.

- Training and workforce plans – working with HEE

- Transformation plans will need to demonstrate how monies released, where concordant services meeting full range of need are in place, will be used to benefit self harm and crisis

- Guidance published at the same time as Transformation Plans
CYP IAPT

- Everything in Future in Mind is congruent with the key principles of the CYP IAPT
- Increased geographical coverage of service transformation programme to 100% by 2018
- Breadth and depth – ensuring enough therapists trained
- Continuing to offer training across partnerships
- New curricula – evidence based interventions
  - Joint prescribing and therapy curriculum
  - Children and young people with learning disabilities or autistic spectrum disorder
  - Working with 0-5s
Perinatal

- ERG looking at how to: use additional resources, support effective commissioning, define NICE-concordant pathway of care and possibly introduce access and waiting-time standards
- Building baseline picture of current services: NHS Benchmarking collection, RCPsych Perinatal Faculty data, Maternal Mental Health Alliance
- Whole pathway of care (GPs, Maternity, Health Visitors, Primary/Secondary/Inpatient mental health) and Public Health
- Led by MH adult programme, working closely with Maternity, Midwifery and PHE
Further aspects of our work programme

- **Crisis, S136 & Urgent and Emergency Care (UEC)**
  Improve access to appropriate UEC for children and young people in all settings, preparing for legislation to prevent children and young people with mental health problems being placed in inappropriate settings (incl. police cells)

- **Data, outcomes & payments**
  Develop high level measures to monitor whether CYP MH outcomes are improving and demonstrate whether the transformation programme and investment is successful. Support testing of payment clusters developed in 15-16

- **Support for Commissioners**
  Develop alpha version of a System Dynamic Modelling Tool to support demand management & develop a training course for CCG commissioners and leaders

- **Integration of Physical and Mental Health in CYP**
  to achieve full parity, reduce stigma and improve outcomes through early intervention and prevention and improving access to evidence based therapies working with cross-system partners
Thank you
For NHS England please go to
http://www.england.nhs.uk/mental
health/cyp/

For further information about
Future in Mind please go to:
https://www.gov.uk/government/grounds/children-and-young-peoples-
mental-health-and-well-being-taskforce