Healthy London Partnership (HLP) Children and Young People's Mental Health Shared Learning Event

Presentations:

NHS England policy update

London Health and Care Vision

BBC Own It App

Specialised Commissioning update

Supported by and delivering for:

London's NHS organisations include all of London's CCGs, NHS England and Health Education England

Children and Young People's Mental Health Transformation Programme

Sarah Brown, Senior Programme Manager

Children and Young People's Mental Health Policy Team, NHS England

3rd July 2019

NHS England and NHS Improvement

What we will cover today

1. **Where we are now**

   - Programme overview

   - Access

   - Crisis

   - Workforce & productivity

   - Outcomes

2. **Long Term Plan**

   - Overview

   - Green paper

   - 0-25s

   - Problem gambling

   - Implementation framework

CYP Mental Health in England
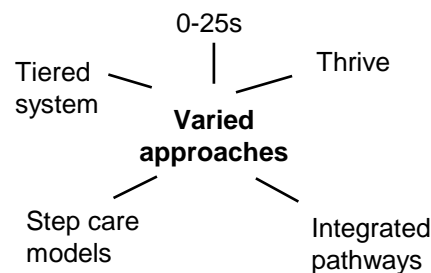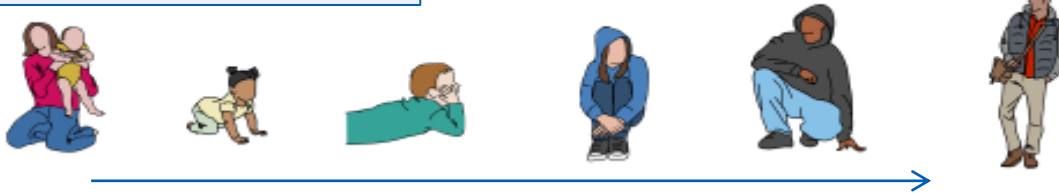
NHS

21st Century Living

- Rising Prevalence
- Rising awareness and concern
- Changes in stigma
- Recognition of overlap with physical Illness
- Health inequalities
- Adverse Childhood Experiences
- Social Media

Infrastructure/resources

- High and rising numbers of referrals
- Variable waiting times
- Variation in delivery
- Limited workforce capacity
- Need to improve productivity

Investment

- Failing to support CYP early – high personal cost to individuals and families as well as to society
- Low costs of intervening early
- CYP MH spend 9% of total NHS MH spend (2017/18)
- CYP ED community spend 2017-18 £46.7m
- CYP MH community (excel ED and LD) spend 2017-18 £640.5m

0-25s
Tiered system
Thrive
Varied approaches
Step care models
Integrated pathways

CYP IAPT change programme (from 2011) worked with services across England to embed and improve access to evidence based and outcomes focused care and interventions, building partnership and collaboration with CYP and their parents.

Health local
Childrens services
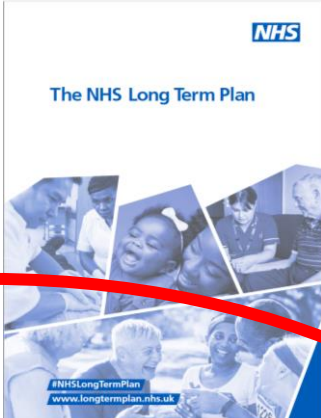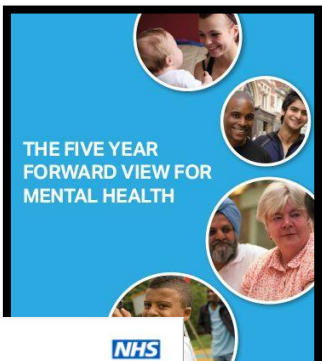**Various commissioners**
NHSE
Justice
Education

Current NHS programme builds on the learning from previous programmes and strategies going back to 2004 e.g. the National Service Framework, Every Child Matters, Choice and Partnership Approach, Targeted Mental Health in Schools, Children and Young People's Improving Access to Psychological Therapies Change programme.

Accelerating change

Policy

"We can give the mental wellbeing of our children the priority it so profoundly deserves."

Political drive

www.parliament.uk

Leadership

Claire Murdoch @ClaireCNWL · Jan 15
Ask him about his huge and pretty visionary, support for MH? Also, is he a cat or a dog person?

Andy Cowper @HPIAndyCowper
OK, health policy Twitter, what questions would Simon Stevens least like to be asked in our interview?

♡ 1   ⇄   ♡ 2

THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH

One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017.

YOUNGMiNDS

Progress

Local Transformation Plans for Children and Young People's Mental Health and Wellbeing

The NHS Long Term Plan

#NHSLongTermPlan
www.longtermplan.nhs.uk

Department of Health | Department for Education

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

Amplified

Your voice matters – that's why we're developing a programme so that children, young people and their families can all have their say when it comes to the mental health system

Programme aims
Who we're working with
Get involved
Amplified resources

Vision

Understanding need

Engagement

£ Funding

- £ CYPMH FiM/FYFVMH in CCG baselines – allows commissioners to plan substantive change
- Long Term Plan commits to £2.3m MH growth, growth increased % in MH and increased % in CYPMH
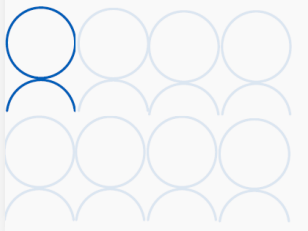- MH Dashboard tracks and publishes spend on CYPMH and Eating Disorders

Enablers

Stepping forward to 2020/21:
The mental health workforce plan for England

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH | NHS England

Access and Waiting Time Standard for Children and Young People with an Eating Disorder

Commissioning Guide

Version 1.0

July 2015

Commissioned by NHS England

NHS

Mental health service reviews Implementing changes to align and reconfigure services to fit with local pathways

GIRFT Reviewing some specialised pathways

Secure policy programme Creating new specialist forensic community teams and improving quality

Mainstreaming New Care Models: Moving pathway and budget management to provider collaboratives, with opportunity to reinvest savings in pathway

Learning Disability and Autism programme Moving people with Learning Disabilities and Autistic Spectrum Disorder into community services and closing beds

Perinatal policy programme Improving capacity and quality in perinatal services

CYPMHS policy programme Transforming care and building capacity

Improvements in data and quality reporting

Better outcomes and experience for service users and families

Where we are now with FYFVMH commitments?

NHS

FYFV MH

Access

70,000 more CYP accessing CYPMH services

→ **On track** for 70,000 more children and young people to be seen by 2020/21

Eating Disorders

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

→ **CYP eating disorders on track for 95% access target by 2020/21**

Crisis Care

Improved crisis care for all ages, including places of safety

→ **Second national survey (2018) shows 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**

Finance

All CCGs to deliver the mental health investment standard

→ **Mental health investment standard met in all CCG plans 2018/19**

Workforce

3,400 existing CYPMH staff trained in evidence based teams
1,700 new qualified therapists working in CYPMH services

→ **CYP IAPT rolled out across 100% of the country and is now business as usual with existing and new staff trained to deliver evidence-based therapies**

Inpatient beds

Inappropriate placements to inpatient beds for CYP will be eliminated: including both placements to inappropriate settings and to inappropriate locations.

→ **Re-distribution of inpatient beds to provide more beds across a range of needs and in places where previously there were no beds**

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 year olds 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
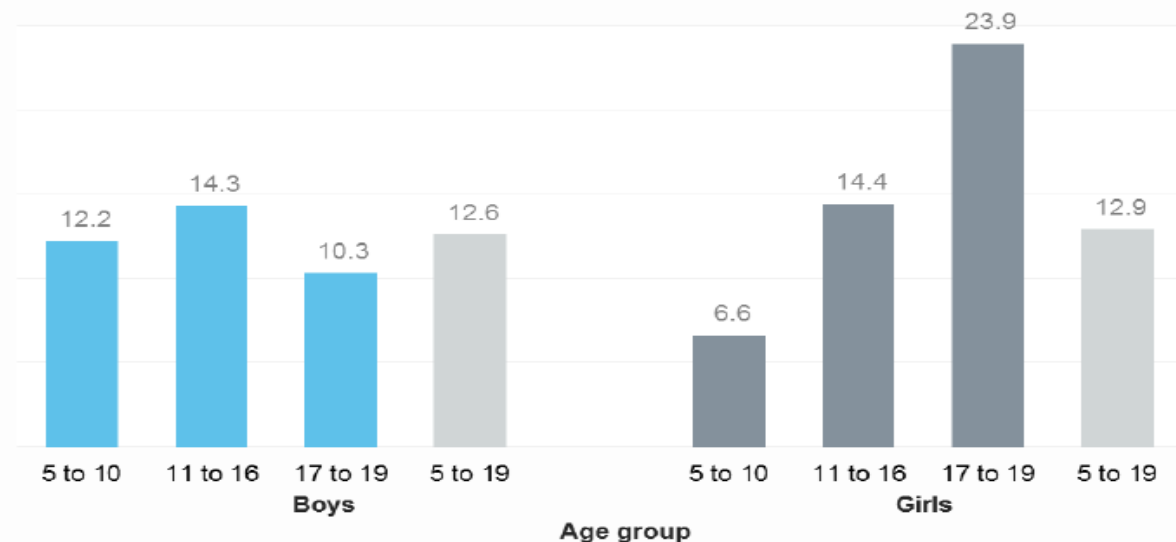
Figure 1: Prevalence of any disorder, emotional disorder, behavioural disorder, and hyperactivity disorder, 1999, 2004, 2017
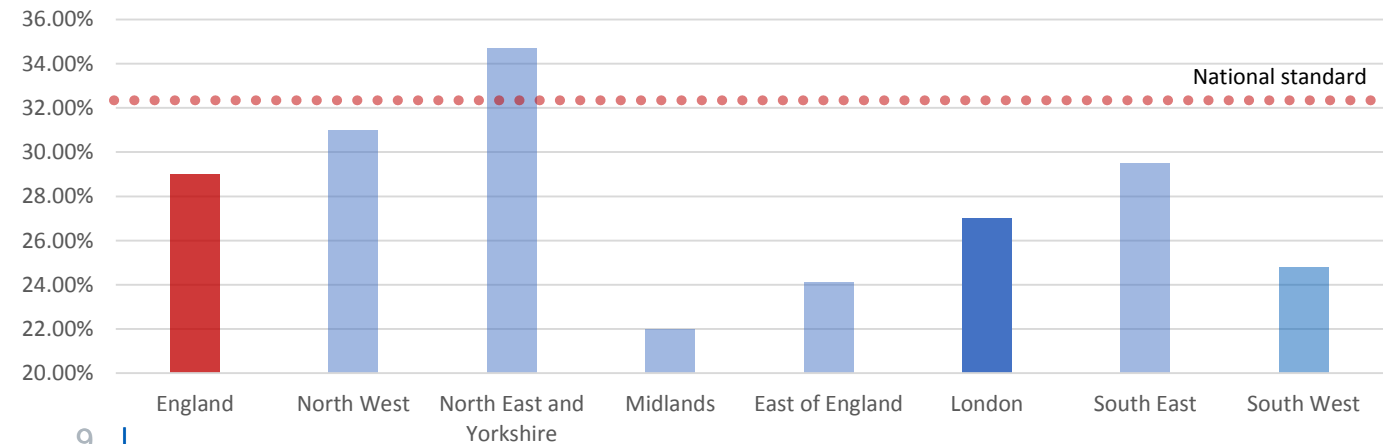
Base: 5 to 15 year olds
Per cent
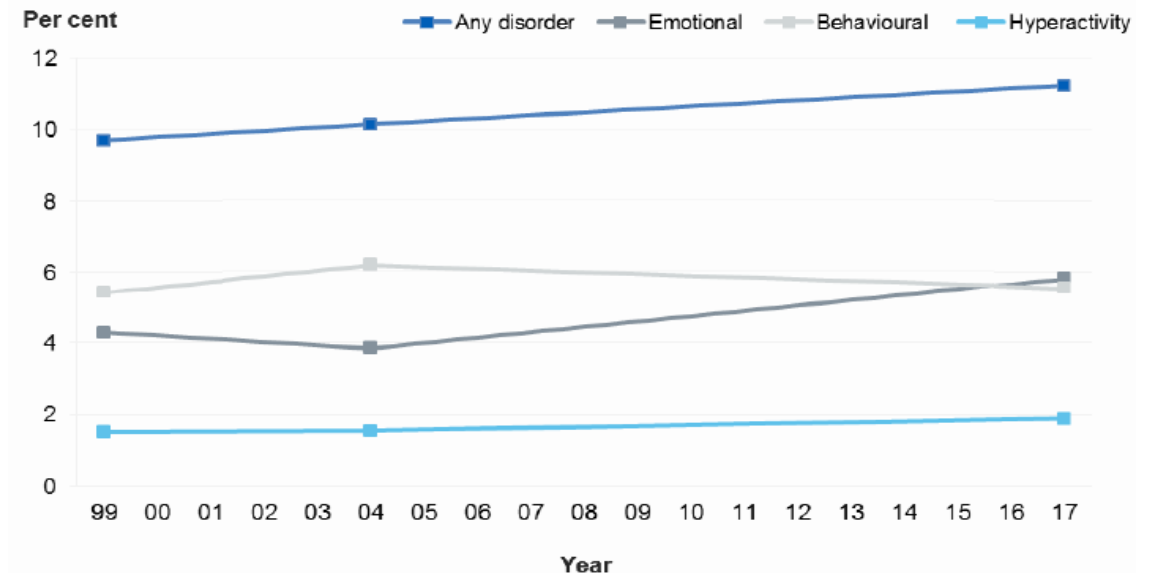
London CYP Access Rate
London performance overview

National and regional performance March 2019 (latest MHSDS data)
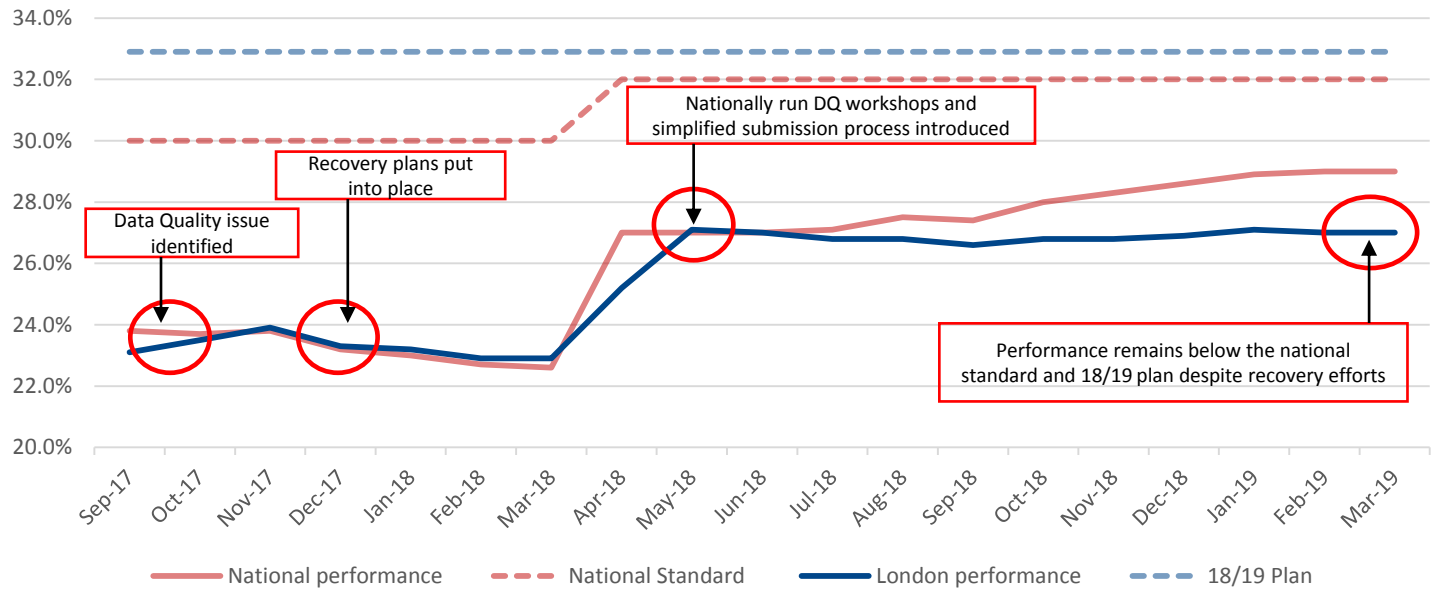
Performance headlines:

- The latest MHSDS data for March 2019 shows a 29% access rate nationally, below the 32% ambition.

- London's access rate was 27% in March 2019 and has seen little variation throughout 2018/19. This is largely due to data quality. A separate SDCS assurance collection is taking place and through this, London is expected to exceed the national ambition.

- Of London's five STPs, only one (North Central London- 33%) met the 32% ambition in March 2019.

Data quality:

- Successive MHSDS data collections from Q1-Q4 18/19 reported significant underperformance against the access trajectories set through the 2018/19 planning round.

- A second SDCS collection has been undertaken to validate 18/19 data. Through this exercise, a number of non-submitting providers were identified in London.

- NHS Digital continues to work with the region to monitor the registration of these providers to the new submission portal, SDCS Cloud. This remains a high priority.
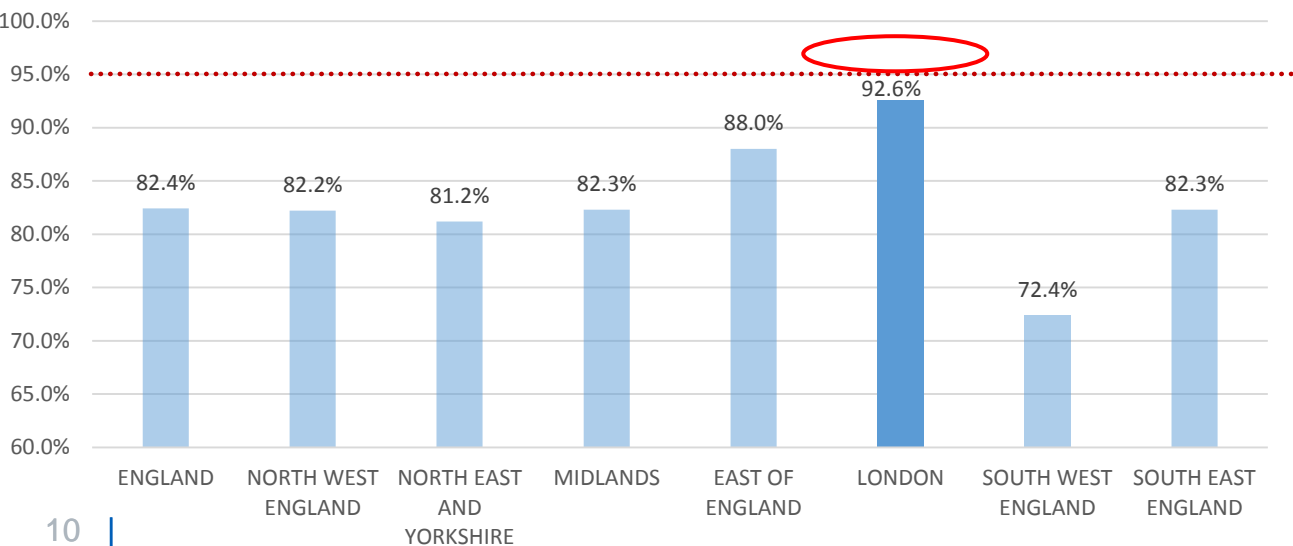
London Eating Disorder Waiting Times

Urgent: 95% of CYP to be seen within 1 week of referral by 2020/21
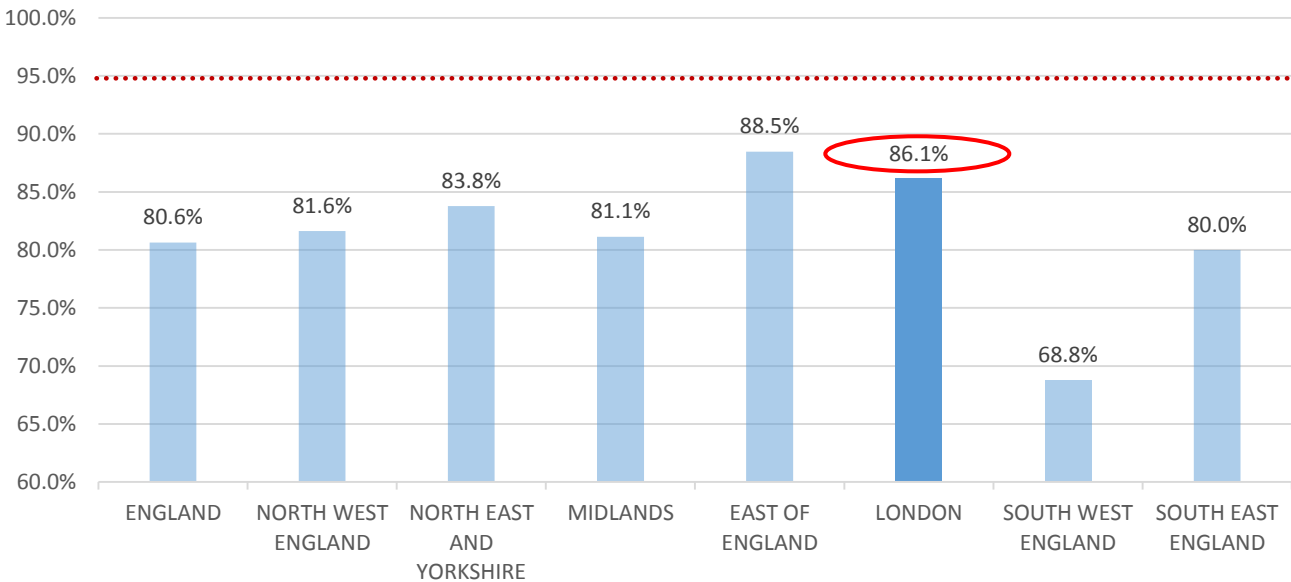
Latest performance:	Sep-18	Dec-18	Mar-19
LONDON	86.1%	100.0%	86.1%

- The latest available data (March 19- rolling 12 months) shows that London were one of the highest performing regions against the urgent eating disorder waiting time standard.

- There was over 10% decrease in performance between December 2018 and March 2019.

Routine: 95% of CYP to be seen within 4 weeks of referral by 2020/21

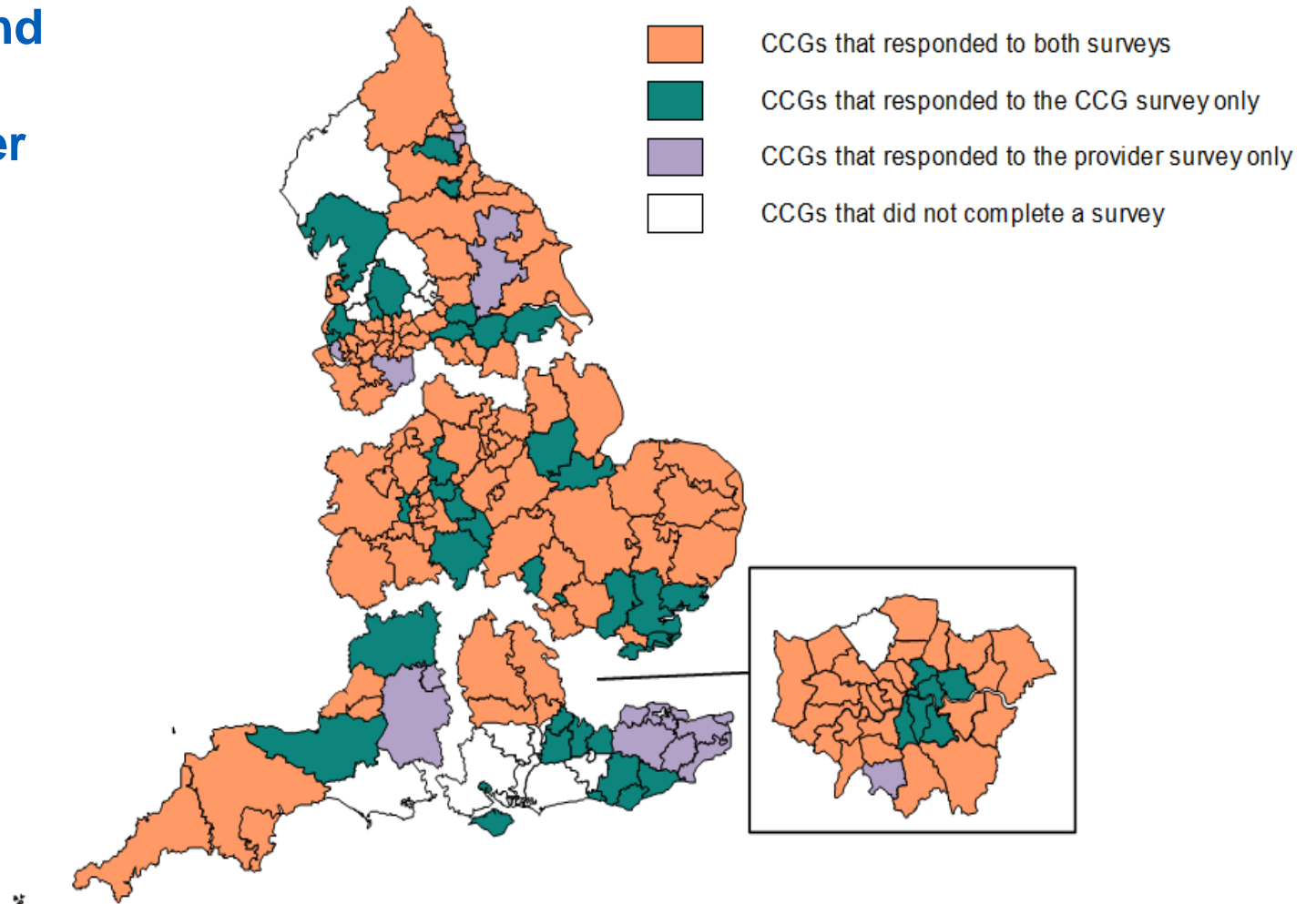| Latest performance:	Sep-18	Dec-18	Mar-19
LONDON	89.6%	93.6%	92.6%

- The latest available data (March 19- rolling 12 months) shows that London were the highest performing region against the routine eating disorder waiting time standard.

Extending the crisis offer

In 2018, 82% of CCGs across England responded to the CCG survey, compared with 74% in 2017. Provider responses covered 70% of CCGs

Response rates by region:

- North: 82%
- Midlands&East: 100%
- London: 91%
- South West: 70%
- South East: 44%

CCGs that responded to both surveys

CCGs that responded to the CCG survey only

CCGs that responded to the provider survey only

CCGs that did not complete a survey

Contains National Statistics data © Crown copyright and database right 2014
Contains Ordnance Survey data © Crown copyright and database right 2014

Findings – crisis assessment

In 2018, 98% of responding CCGs reported offering children and young people's mental health crisis assessment in emergency departments, in community settings, or in both settings

This is compared to 94% in 2017

CCG's reporting crisis assessment:

- Crisis assessment in emergency departments, community settings, or both: 98%
- Crisis assessment in both emergency department and community settings: 81%
- Emergency department only: 9%
- Community settings only: 8%
- Not reporting this function: 2%

Crisis assessment in emergency department and community

Crisis assessment in emergency department only

Crisis assessment in community only

No crisis assessment

Nil or non-interpretable response

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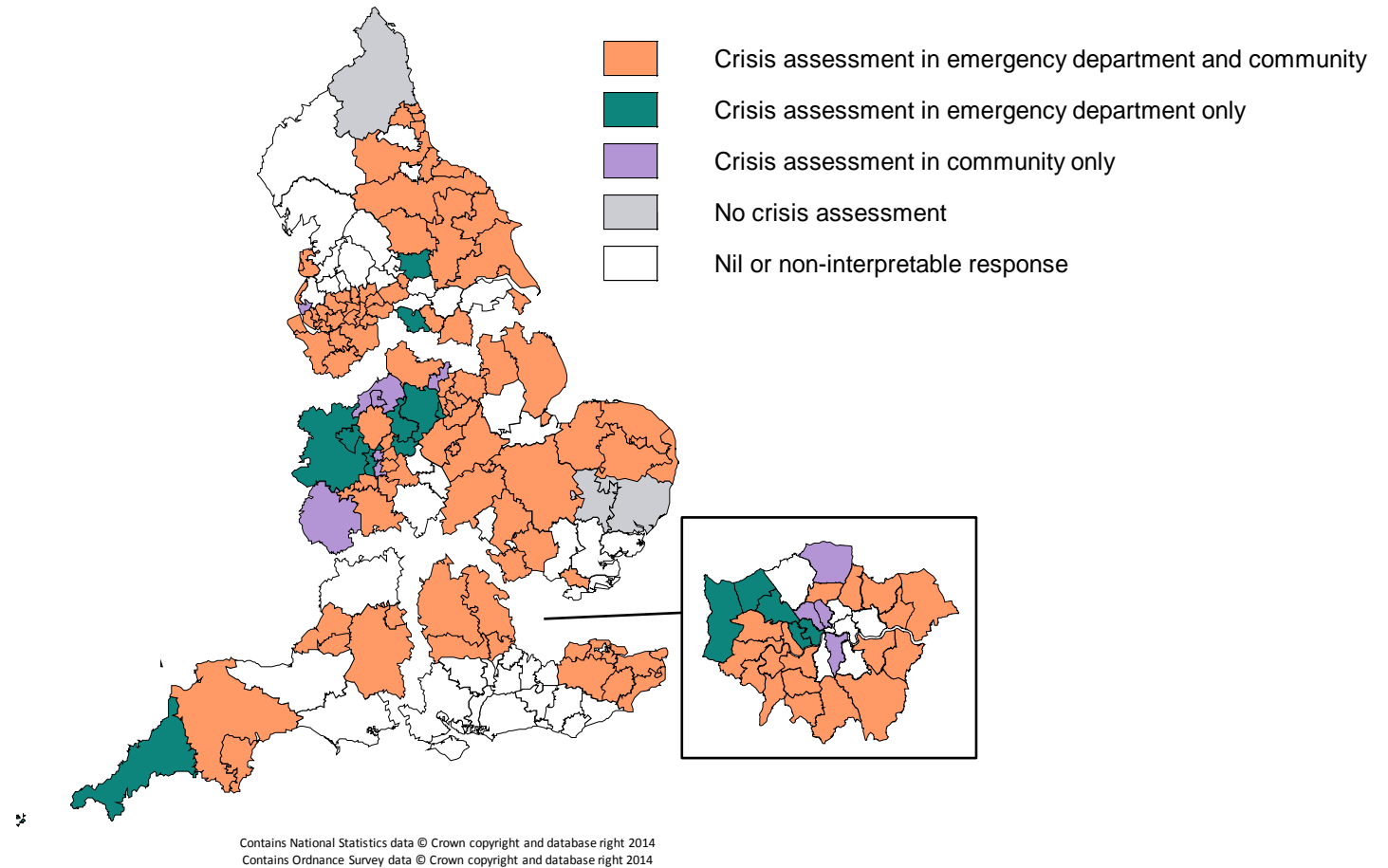
Summary comparisons between 2018 and 2017 surveys

NHS

Survey coverage: in 2018, 82% of CCGs across England responded to the CCG survey, compared with 74% in 2017. Provider responses covered 70% of CCGs.

Survey analysis	Percentage of CCGs reporting	
Children and young people's U&E mental health care offer	2017	2018
Crisis assessment in the emergency department and/or in community settings, plus brief intervention and support	80%	82%
IHT	57%	74%
Crisis, brief response and IHT	52%	57%
Hours of operation		
24/7 or extended hours	62%	93%

Workforce – HEE CYP mental health

CYP Mental Health Plan
- 5YFV MH/Stepping Forward workforce expansion targets (3,400 existing staff and 1,700 new staff)
- Preparation for LTP implementation

MHSTs
- Supporting establishment of Mental Health Support Teams (MHSTs) in education settings, including through delivery of Education Mental Health Practitioner (EMHP) training

Workforce expansion and transformation
- Bolster CYP MH initiatives within STP workforce plans
- HEE leading workforce transformation at national level through New Roles workstream and linking into wider workstreams across HEE and NHSE/I

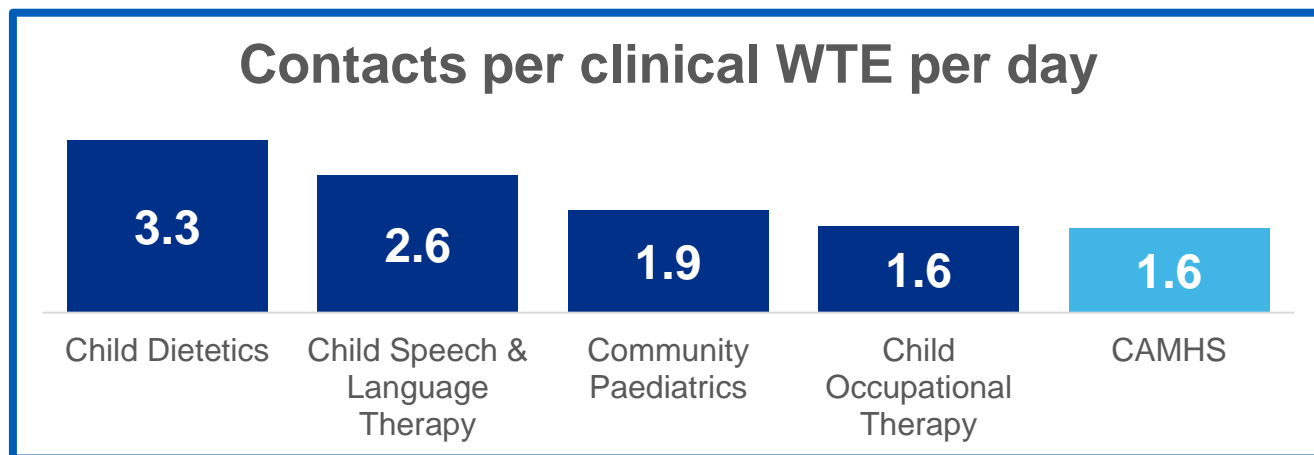**Implementation of national and local delivery framework**
- Additional resources to support delivery of the wider MH and particularly CYP agenda at regional/local level
- Roll out of CYP agenda via regional and local offices is underway to build relationships and support improved engagement and intelligence scoping with stakeholders locally, and also commissioning of CYP MH training courses (CYP IAPT, CYPWPs and EMHP training) from universities

Scoping the CYP workforce
- Working with NHS Benchmarking and NHSE/I to scope both the NHS and non-NHS sector CYP MH workforce to understand workforce size and shape, and implementation of new roles and workforce expansion, and help explore where further work is needed

Building capacity and access through improving productivity and effectiveness

Contacts per clinical WTE per day

Child Dietetics	Child Speech & Language Therapy	Community Paediatrics	Child Occupational Therapy	CAMHS
3.3	2.6	1.9	1.6	1.6

Community caseload per 100,000 registered population (0-18 years)

622   4,087

© NHS Benchmarking Network 2018

- Existing data suggests there is a productivity opportunity in CYPMH services across the country

- NHS Benchmarking data confirms CYPMHS as lowest contact rates across mental health and CYP healthcare

- 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 and effectiveness?
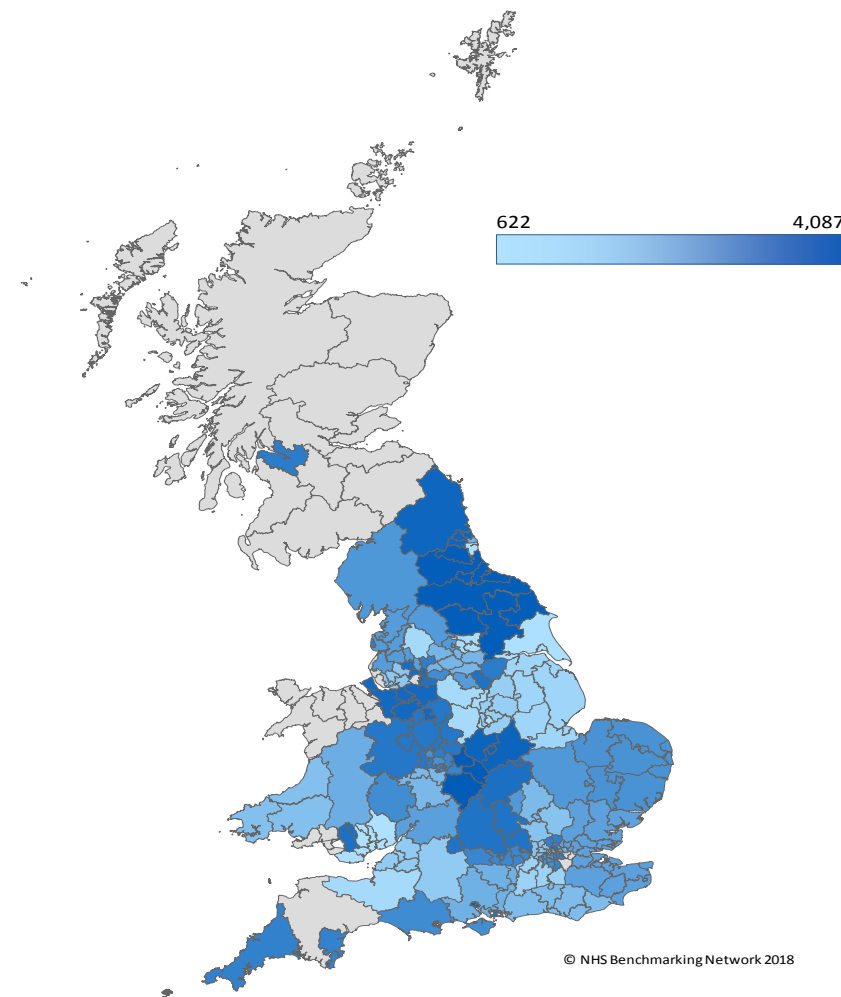
*Adjusted for a/l and bank holidays Source NHS Benchmarking 2018. Face-to-face and non face-to-face contacts included.

We are scoping an enabler workstream focused on improving productivity and effectiveness
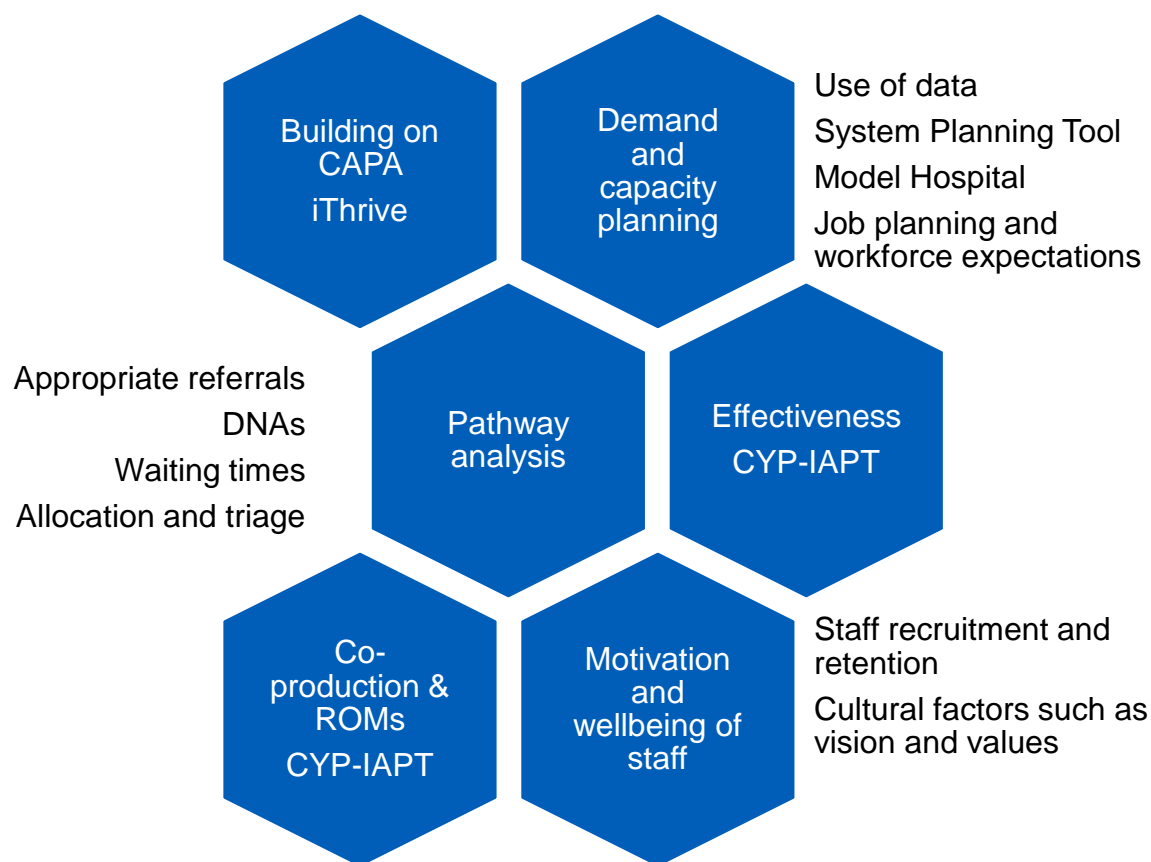
NHS

Aims
- understand in more detail
- including unwarranted variation
- identify enablers and barriers
- create opportunities to standardise best practice across services

Next steps
- Engage with children young people and parents/carers, service staff, experts and system leaders to scope work – *April – August 2019*
- Start development of products/ support offer for commissioners and providers– *September 2019*

For further information, to share local best practice or discuss areas of concern contact workstream lead
Nadia.yegorova-johnstone@nhs.net

This will build on existing work alongside new and emerging workstreams – including access and 4 week waiting time pilots

Building on CAPA iThrive

Demand and capacity planning

Use of data
System Planning Tool
Model Hospital
Job planning and workforce expectations

Appropriate referrals
DNAs
Waiting times
Allocation and triage

Pathway analysis

Effectiveness CYP-IAPT

Co-production & ROMs CYP-IAPT

Motivation and wellbeing of staff

Staff recruitment and retention
Cultural factors such as vision and values

CYP MH Outcomes measured nationally

NHS

> **Measurable improvement in symptoms and functioning across CYP services**
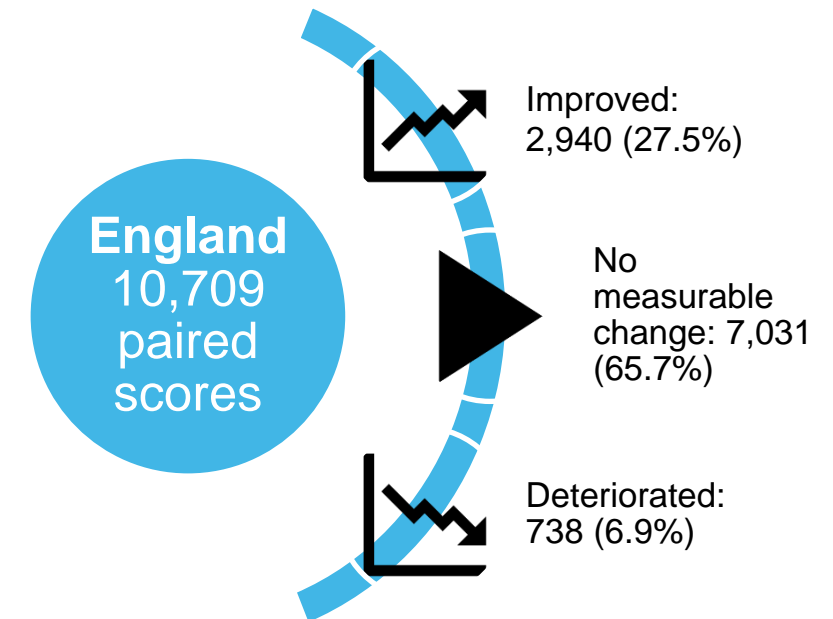> (we are also measuring movement towards goals and will be reporting this alongside the metric)

Paired outcomes are essential to understand the benefit that children and young people are getting from the services they receive. Without at least two observations on a specific measure it is impossible to assess change. The measures of change support young people to track their progress.

2018/19 and 2019/20 Shadow year
- Testing and refining the indicator;
- Building provider awareness of the indicator and responsibilities to report;
- Aim to drive up data quality and completeness ahead of April 2020
- Over 1000 people, including children and young people and parents/carers, completed a consultation on the use of outcome measures.

How are we doing this?
- Technical guidance has been developed to support reporting to the MHSDS
- Webinar series
    - Surgeries to answer questions on the metric construction and implementation
    - Technical webinar about submission to the MHSDS
    - Webinar to summarise all changes made during first shadow year for all
    - Recordings available on the platform
- Online network to share data and support documents and encourage networking across the country

England 10,709 paired scores

Improved: 2,940 (27.5%)

No measurable change: 7,031 (65.7%)

Deteriorated: 738 (6.9%)

Caveat: this data is experimental and might not be complete

MHSDS data YTD February 2019

The NHS Long Term Plan

NHS England and NHS Improvement

Long Term Plan: Key ambitions at a glance (by 2023/24)

NHS

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**

CYPMH Commitments

NHS

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 which offer person-centred and age appropriate care

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

Crisis Services
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

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

Mental Health Support Teams
- The NHS will fund new Mental Health Support Teams working in schools and colleges to provide early intervention and ongoing help
- 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

Vulnerable CYP
- Additional investment in Youth Justice Services
- 6,000 highly vulnerable children with complex trauma will receive consultation, advice, assessment, treatment and transition into integrated services

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

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 CYP

Interdependencies with wider child health

NHS

Learning disability and autism

- The whole of the NHS will **improve its understanding of the needs of people with LD and autism**, and work together to improve their health and wellbeing.
- Over the next 3 years, autism diagnosis will be included alongside **work with CYP MH to test and implement the most effective ways to reduce waiting times** for specialist services education and the voluntary sector which offer person-centred and age appropriate care for mental and physical health needs.
- With LA children's social care, education services and expert charities, **jointly develop packages to support children with ASD or other neurodevelopmental disorders including ADHD**
- Building on New Care Models in mental health, **enable local providers to take control of budgets** to reduce avoidable admissions, enable shorter lengths of stay and end out of area placements.
- Increased investment in intensive, crisis and forensic community support, with every local health system expected to use some of this to **deliver a 7-day specialist multidisciplinary service and crisis care**.
- Improve the quality of inpatient care across the NHS and independent sector, **reviewing and looking to strengthen existing CETR and CTR policies**.

Redesigning other health services for CYP

- Create a **CYP Transformation Programme** which will, in conjunction with the Maternity Transformation Programme, oversee the delivery of the children and young people's commitments in the LTP.
- From 2019/20, **roll out clinical networks** to improve the quality of care for CYP with long-term conditions such as asthma, epilepsy and diabetes.
- Local areas will **design and implement models of care that are age appropriate, closer to home and holistic,** bringing together physical and mental health services with wider local authority and NHS services, including primary care, community services, S&LT, school nursing, oral health, acute and specialised services:
  - Selectively move to a **'0-25 years' service to improve continuity of care, outcomes and patient experience,** and by 2028, move towards service models for YP that offer person-centred, age appropriate care for mental and physical health needs, rather than an arbitrary transition to adult services based on age not need

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 interventions
- Initiatives include training parents in parenting interventions
- Retention – what would support people to stay? Continued CPD? The right workforce environment

New technology

- We are comfortable with Apps – what about AI?
- Could we use the opportunity technology brings to deliver family friendly hours?

Demonstrating impact

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

Activity

- Access
- Waiting times
- Productivity

Experience

Outcomes

- Engagement indicators e.g. number of DNAs, numbers completing treatment
- Service user experience e.g. measured through CHI-ESQ

- Measurable change
- Avoided hospital admissions

Process measures

Process measures
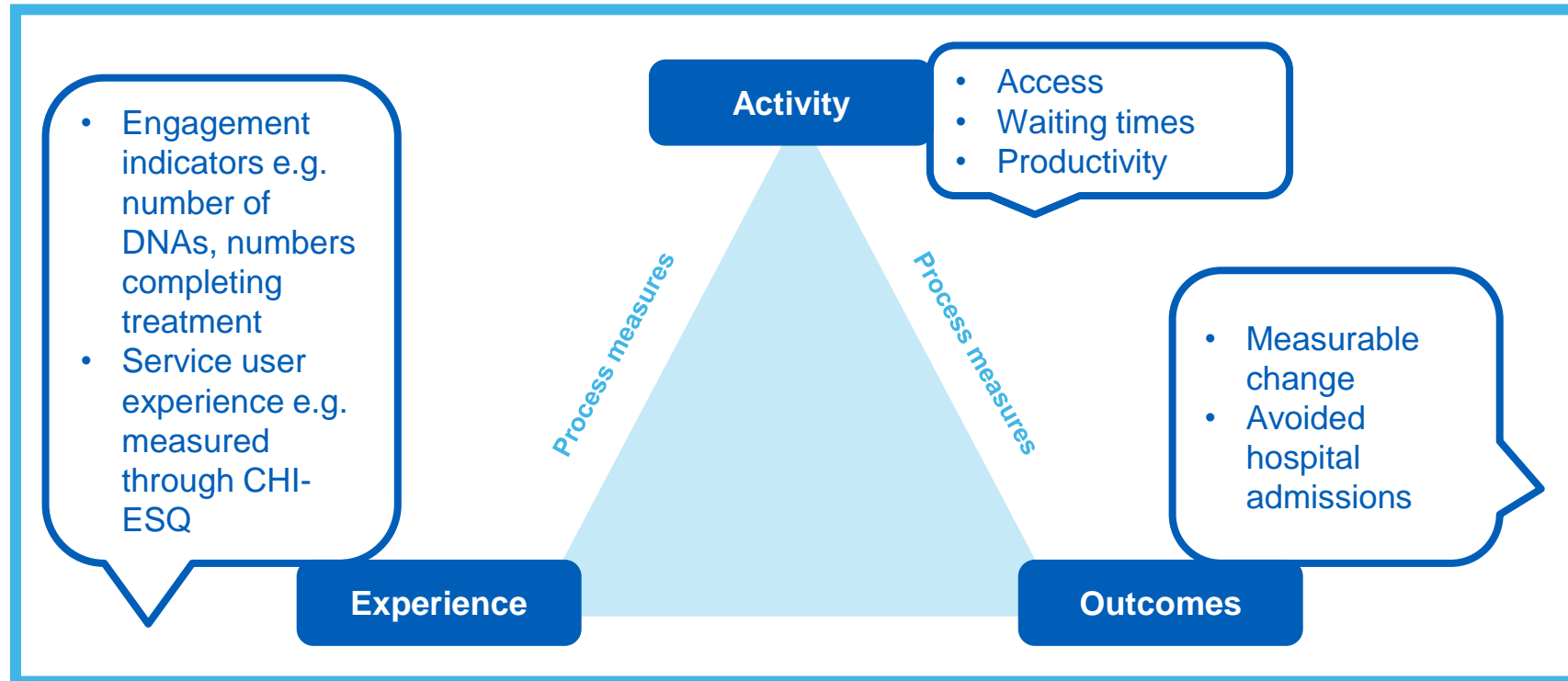
- Improving data flow, including outcomes metric data
- National metrics to be identified in Implementation Framework
- Locally defined KPIs - included in Local Transformation Plans

4WW pilot – learning and data analysis

- The 4WW pilot aims to identify and implement the changes required to meet and maintain an average 4 week waiting time.

- The learning from the programme will help inform what a national waiting time standard for children and young people's access to mental health services should look like and exactly how it is defined.

- Developed interactive dashboard to disseminate data on 4WW – we are looking to make the data available for all CCGs whether or not within a pilot

- Available on the [Futures Collaboration Platform](#)

- Future iterations will include data from quarterly returns and MHST activity

- Other additions and changes added over time

- Opportunity to test alternatives to two contact proxy (using SNOMED)

- Email england.cyp-mentalhealth@nhs.net for access

0-25s

NHS

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

The NHS Long Term Plan

#NHSLongTermPlan
www.longtermplan.nhs.uk
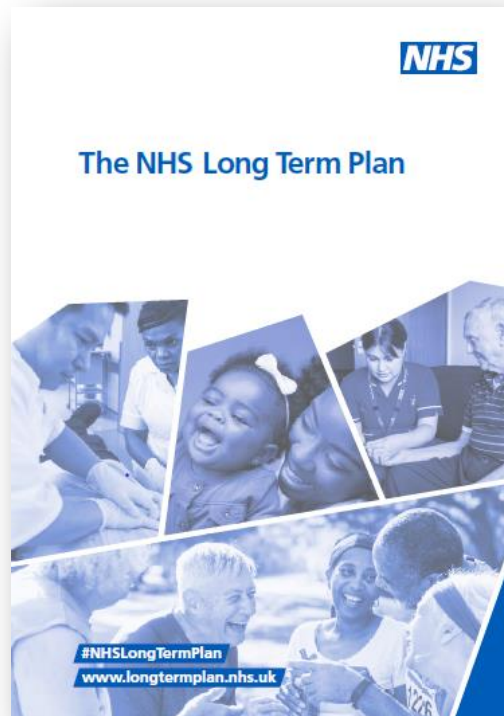
- Extend current service models to create a **comprehensive offer for 0-25 year olds** that reaches across mental health services for CYP and adults.

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

- 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.

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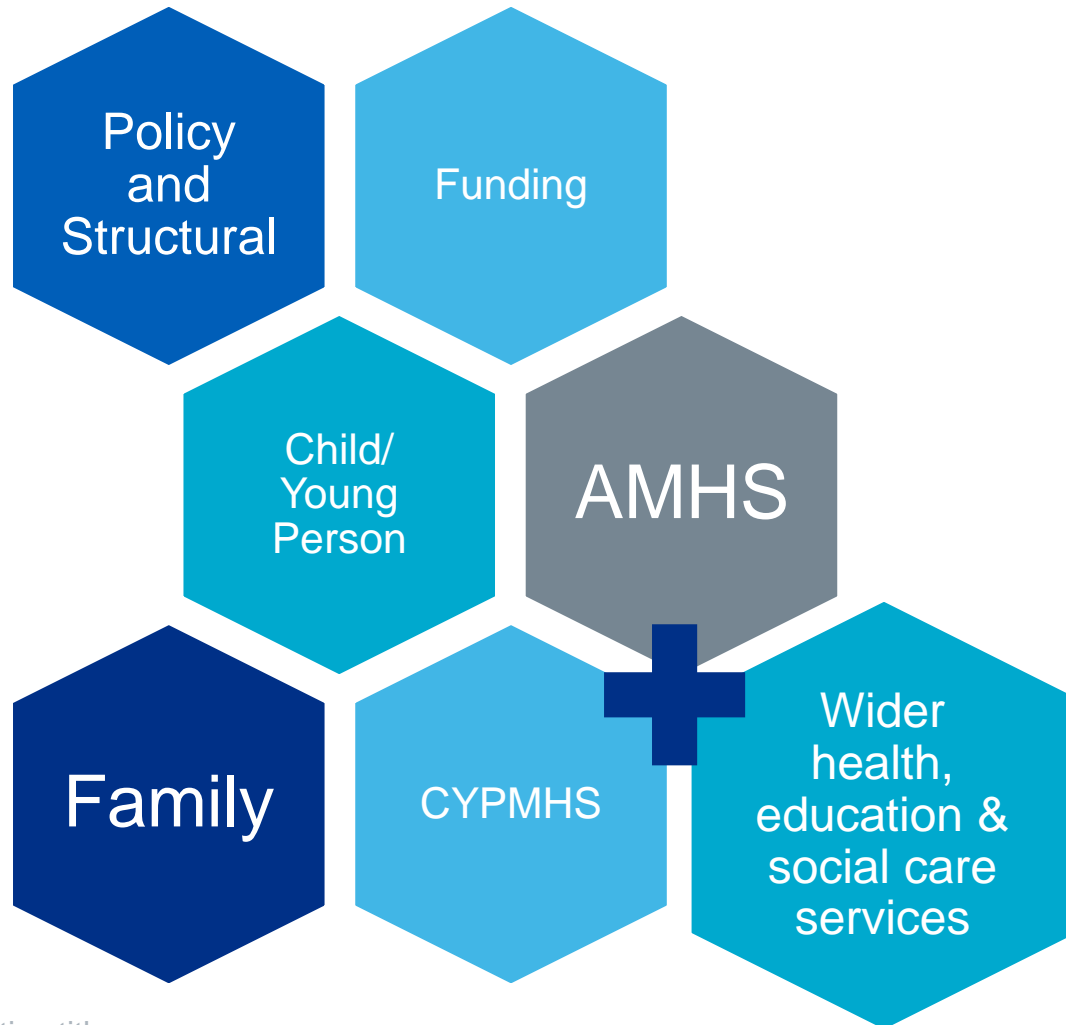
Challenges
- One size doesn't fit all
- Different conceptual frameworks
- Communication
- Different thresholds
- Different funding streams for CYP and adults
- Different contract types
- Difficulty engaging other services
- Priorities for CYPMH and adult MH commissioning
- Alignment across AMH and CYPMH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

Problem Gambling

What is problem gambling?

- The World Health Organisation classifies problem gambling as a Mental and Behavioural Disorder, namely "gambling disorder" under ICD-10 as a Mental and Behavioural Disorder and it is similarly included in the US standards.

- Some treatment is available, however required NHS help is not routinely available across the country, and problem gambling does not feature in the Five Year Forward View for MH.

Children and Young People and Problem Gambling

- Hundreds of thousands of people in England have a serious problem with gambling, with an additional two million at risk of developing a disorder, the number of children classed as having a gambling problem is 55,000, according to the Gambling Commission.

- Growing concern that the scourge of problem gambling is being fuelled by online gaming sites and targeted adverts. 2018 Gambling Commission report on 'Young People and Gambling' (a research study among 11-16 year olds in Great Britain) stated that:
  - 12% (more than 1 in 10) of 11-16 year olds that follow gambling companies on social media and 13% of 1-16 year olds that have played online-gambling style games;
  - 59% of young people have seen gambling adverts on social media; and
  - 1.7% of young people are problem gamblers, with 2.2% at-risk gamblers.

The NHS Long Term Plan

- The Long Term Plan commits to 'invest in expanding NHS specialist clinics to help more people with serious gambling problems […] we will therefore expand geographical coverage of NHS services for people with serious gambling problems, and work with partners to tackle the problem at source'.

- As part of the plans, the first NHS gambling clinic for children and young people will open this year as part of a new network of services for addicts being rolled out. This clinic will offer specialist help and deliver specific, manualised interventions to young people, aged 13-25, and their families. It will work alongside the existing National Problem Gambling Clinic in London, that has been running over 10 years, with its own dedicated staff group.

- By 23/24, including the children and young people service, there will be up to 14 more new clinics for specialist problem gambling treatment.

2

LTP Implementation Framework

NHS Long Term Plan Implementation Framework
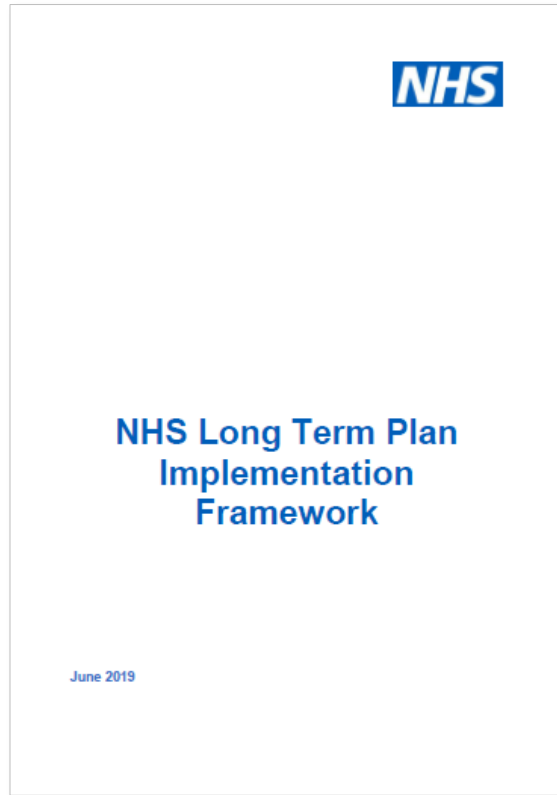
June 2019

- Published 27th June 2019

- Summarises LTP commitments, alongside further information to help local system leaders refine their planning and prioritisation

- Includes detail about where additional funding will be made available to support specific commitments and where activity will be paid for or commissioned nationally

- Intended as an operational document to support health and care systems with their planning

- Developed and tested with many of the stakeholders involved in developing the LTP

LTP Implementation Framework:
Indicative funding allocations (baseline)

NHS

Additional indicative funding allocations					
	19/20	**20/21**	**21/22**	**22/23**	**23/24**
Total (£m)	538	560	814	1,219	1,779
Of which mental health	**60**	**65**	**220**	**441**	**592**

- New indicative funding 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. **This is in addition to FYFVMH/FIM funding already in baselines**

- Systems will need to make local decisions on how to deploy funding to meet the LTP commitments which may involve a different distribution or phasing of expenditure

- Additional **funding allocated for mental health is required to be spent on mental health services**, in line with the MH commitments made in the LTP:
  - **Expansion of community mental health services for Children and Young People aged 0-25**;
  - Funding for new models of integrated primary and community care for people with SMI from 2021/22 onwards; and
  - Specific elements of developments of the mental health crisis pathways

LTP Implementation Framework: Targeted funding

Targeted funding available to systems					
	19/20	**20/21**	**21/22**	**22/23**	**23/24**
Total (£m)	418	939	1,101	1,249	1,481
Of which mental health	**182**	**251**	**190**	**234**	**292**

- Budgets have also been allocated to **fund targeted schemes and for specific investments**, where a general distribution is not appropriate

- The process for accessing this funding and detailed distributions will be provided to systems at a future date, with some elements expected to be notified during the planning process

- MH commitments to be delivered through targeted funding allocations include:
  - Funding for continuation of previous waves e.g. MH liaison or Individual placement support; pilots as part of the clinical review of standards, and other pilots e.g. rough sleeping;
  - Funding to be distributed in phases in consultation with regional teams including: funding for testing new models of integrated primary and community care for adults and older adults with SMI, community based integrated care, **rolling out mental health teams in schools** and salary support for IAPT trainees

LTP Implementation Framework: National support offer

The national MH programme team will support systems by:

- Publishing a **comprehensive MH implementation plan** in summer 2019 for MH providers and commissioners
- Providing an **analytical tool** which indicatively apportions national MH activity, workforce and costs of all ambitions at system-level to support the planning process
- Providing **support to selected areas** receiving transformation funding to develop, test and deliver new approaches to care
- Providing **quality improvement support** to assist local systems to reduce suicides
- Developing a set of 'menus' of existing models of care systems that systems can choose from based on local needs, including:
  - **Guidance on the principles** to apply, across both CYPMH and AMH services so systems can plan for **extension and roll out of services for young adults from 2021**, with a view to having a comprehensive model in place by 2023/24
  - Example alternative MH crisis services (e.g. sanctuaries), in 2019/20, to support local systems to identify which types of service might best meet their needs;
  - Best practice models focused on staffing levels, mix and ways of working in acute adult inpatient MH settings in 2019/20

LTP Implementation Framework: National support offer (continued)

Support the 'enabling' programmes that underpin the delivery of Long Term Plan commitments for MH by:

- **Improving financial data transparency**, including the development of the national currency model to support commissioning of high-quality patient care
- **Strengthening incentives and levers** including:
    - Implementing CQUINs during 2019/20 for acute services (72-hour follow up post-discharge)
    - Introducing IAPT use of anxiety disorder-specific measures
    - Improving the quality and breadth of data submitted to MHSDS
- Ensuring all agreed **duplicate collections are removed** by the end of 2020/21
- Producing **new standard sets of outcomes measures**, by 2020/21, to cover: anxiety; depression; obsessive compulsive disorders; and post-traumatic stress disorders among children and young people; personality disorder diagnosis; psychotic disorders; disorders related to substance use and addictive behaviour; eating disorders; neurodevelopmental disorders
- Identifying key **headline indicators of equality** across MH services and beginning development of a patient and carers race equality framework in 2019/20
- **Building appropriate digital MH leadership and strategy** by 2021/22, to enable real time information sharing and the locally led development of MH pathways with evidence-based technologies by 2023/24

LTP Implementation Framework: Reducing health inequalities

NHS

- All systems are expected to factor advancing mental health equalities into their five year plans

- Systems should use the Advancing Mental Health Equalities Toolkit and Working Well Together – Evidence and Tools to Enable Co-production in Mental Health Commissioning to identify local health inequalities and formulate localised solutions to overcome barriers to access, experience and outcomes for groups experiencing health inequalities in care

  https://www.rcpsych.ac.uk/improving-care/nccmh/care-pathways/advancing-mental-health-equality

LTP Implementation Framework: Key dates

- MH implementation plan and additional tools will be circulated to regions / STPs **w/c 15th July**

- Draft plans by **27th September**

- Final plans submitted by **15th November**

In summary

- Children and Young People's Mental Health will rightly remain a high priority

- There will continue to be a focus on access, outcomes, evidence based interventions

- Involving children, young people and parents in service delivery and feedback as well as in their own treatment pays dividends

- Funding will continue to rise and its use monitored

- Supporting the creation of a competent and capable workforce remains a challenge

- Real progress since 2015 shows we can deliver change

Thank you

Any questions?

Sarah.brown94@nhs.net

England.cyp-mentalhealth@nhs.net

NHS England and NHS Improvement

Introduction – London Health and Care Vision

The London Health Board and London Health and Care Strategic Partnership Board want to create a compelling vision that all Londoners and health and care partners can unite behind.

We want to support London boroughs and the NHS to deliver on health and care plans in local areas, because **no single individual, agency or organisation can achieve these goals alone however we believe that together we can create a fairer, healthier city.**

By working together, each organisation will play its part in primary prevention; creating vibrant, self-sustaining communities; delivering integrated local services and effective, high quality medical and specialist healthcare:

Partnership working

Sharing ideas and practice

Metrics for progress

37

Developing London's health and care vision

- In 2018, a **progress review against 10 Better Health for London aspirations** and associated ambitions was undertaken. Following consideration of findings, we embarked on a **refresh of our health and care vision for London** to build **on national and regional strategies**

- All leaders can unite behind London's goal to be the **world's healthiest global city, as well as be the best global city in which to receive health and care;**

- Our Vision includes **London priority areas to be delivered by all partners with shared commitments to improve the health of the population** so we can track progress and address challenges;

- It will also outline our achievements against our priorities over the last 3 years and **our plans for the next 3-5years**, including any bold commitments we want to take as a partnership.

- The vision builds on London's devolution commitments and progress with the NHS Long Term Plan and will include a continued **focus on workforce, digital and estates to help local systems to move towards more integrated health and care services**

- The main **focus of delivery will be at borough level with integrated place-based care,** but we believe that success is more likely if we focus together at London level on certain issues and interventions

The vision for London – what it is and what it isn't

The London Vision is designed to galvanise the city to improve the health and care of Londoners. It is not 'instead of' other plans and strategies in place across the city.

National plan for the NHS

The Mayor of London has a statutory duty to publish a Health Inequalities Strategy

NHS Long Term Plan

Mayor's policies

Integration plans

STP plans

Local councils and CCGs working together to improve the lives of their residents in boroughs

There are a limited number but significant things that councils, the Mayor, the NHS and PHE will work on together at a London level

Partnerships working together to govern the common resources available to health and care organisations covering populations of 1.5-2m people

Progress to date

The following progress has been made so far:

- **Extensive stakeholder engagement** with over 300 health and care professionals helping define priority areas and the support required to create the right conditions for local transformation.

- **Guiding principles underpinning the vision have been developed** to be embedded in all future policies and delivery.

- **Synthesis of existing national and regional strategies to establish themes,** including the NHS LTP, STPs, Mayor's Health Inequalities Strategy, Devolution MoU, Better Health for London review

- **Analysis of outcome data** and looking at how London compares against other global cities

- **Policy and academic research** - international and national – on what other global cities have done

- A **narrative is under development** that sets out how we, as a city, ensure Londoners start well, live well and age well.

- **Emerging priorities for London** based on research, analysis and engagement and **draft London-wide commitments developed for further testing**

London vision statements

	Primary prevention, community action and self-care	Integrated community models	Specialist services and networks
Start well	Our environment, communities, early years and schools promote and nurture the health and well being of children and families and reach out to the most vulnerable	Schools, health and care services with others working together to provide a seamless service and equip families and children with the tools to manage their own physical and mental health and prevent further ill health and unnecessary hospital attendances and admissions.	Children and young people have access to high quality specialist care when they need it, from maternity services to services covering mental health, obesity and cancer as well as supported transition to adult services for London's young people.
Live well	Our environment, communities and work places support Londoners to kick unhealthy habits and lifestyles and Londoners feel comfortable talking about mental health, not ever feel stigmatised and never feel like suicide is the only option.	Early support for health issues that fits with Londoners' lifestyles are consistently available, realising true parity of esteem between physical and mental health and addressing the needs of London's most vulnerable population groups.	Londoner's have access to high quality 24/7 emergency mental and physical health care with care plans and on-going support in place to support recovery.
Age well	Londoners are supported to manage their long term conditions and maintain their independence with no barriers to community participation, particularly vulnerable groups such as the elderly and carers.	As people grow older they are supported in their community with seamless care between organisations	When hospital care is needed it is consistent, of high quality and safe by ensuring Londoner's are supported to get in and out of hospital as fast as they can to avoid deconditioning and maintain independence

Enabled by

Ensuring Londoners are engaged in their own health	Connecting London's health and care providers	Delivering London's workforce	Transforming London's estate

DRAFT

London vision underlying principles

	Primary prevention, community action and self-care	Integrated community models	Specialist services and networks
Start well	Our environment, communities, early years and schools promote and nurture the health and well being of children and families and reach out to the most vulnerable	Schools, health and care services with others working together to provide a seamless service and equip families and children with the tools to manage their own physical and mental health and prevent further ill health and unnecessary hospital attendances and admissions.	Children and young people have access to high quality specialist care when they need it, from maternity services to services covering mental health, obesity and cancer as well as supported transition to adult services for London's young people.
Live well	Our environment, communities and work places support Londoners to kick unhealthy habits and lifestyle and Londoners feel comfortable talking about mental health, not ever feel stigmatised and never feel like suicide is the only option	Early support for health issues that fits with Londoners' lifestyles are consistently available, realising true parity of esteem between physical and mental health and addressing the needs of London's most vulnerable population groups.	Londoner's have access to high quality 24/7 emergency mental and physical health care with care plans and on-going support in place to support recovery.
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Integration

Personalisation

Parity of mental & physical health

Health inequalities

Enabled by

Ensuring Londoners are engaged in their own health

Connecting London's health and care providers

Delivering London's workforce

Transforming London's estate

DRAFT

Emerging priority areas

Based on feedback from engagement to date, the following priorities have emerged:

- Reduce childhood obesity
- Improve the emotional wellbeing of children and young Londoners
- Create Healthy Environments
- Improve air quality
- Improve sexual health
- Improve the health of homeless people
- Reduce the prevalence and impact of violence
- Improve the mental health of Londoners
- Improve the quality of life for ageing Londoners
- Improve care and support at the end of life

Start well

Live well

Age well

Emotional wellbeing of children and young Londoners

For each priority area expert groups have been involved in developing a shared London-wide commitment, looking at measures to track progress as well as current actions and other actions over the next 3-5 years required in order to achieve the commitment. For 'emotional wellbeing of children and young Londoners' the draft commitment and measures are below:

London vision draft shared commitment
London is a city with environments that support children reaching a good level of development cognitively, socially and emotionally; and when needed effective children and adolescent mental health services are available 24/7

Measure to track progress	National average	London average
School Readiness: the percentage of children achieving a good level of development at the end of reception	71.5	73.8
Number of schools with Healthy Schools London Bronze awards	N/A	TBC
NHS CYP Access Standard	TBC	TBC

Emotional wellbeing of children and young Londoners

Key questions:

- Do you agree with draft shared commitment?

- Do you agree with the measures to track progress?

Comments to hlp.cyp-programme@nhs.net

THE

BBC OWN IT

APP

THE CHALLENGE

The worst things kids say to other kids online:
https://www.youtube.com/watch?v=PluTCxb61Jk

To support children's wellbeing online using a unique combination of machine learning, self-reflection and self-reporting

To help children deal with the dilemmas, social and friendship issues of everyday digital life

To intervene with support for children when there are indications of harm & harmful behaviours

THE PRODUCT

SELF REFLECTION

SELF REPORTING

CUSTOM KEYBOARD

ANALYSIS:
- **Emotion Sentiment**
- **Hate and Toxicity**
- **Safeguarding Issues**

SUPPORT
CONTENT

APP DEMO

[catherine.mcallister @bbc.co.uk](mailto:catherine.mcallister@bbc.co.uk)

Specialised Commissioning- CAMHS Tier 4 and the Long Term Plan

3rd July 2019

Vimbai Egaru- Head of Mental Health, London Region

NHS England and NHS Improvement

NHS Led Provider Collaboratives are part of the implementation of the Long Term Plan

- The Long Term Plan sets out a vision for greater local system integration and autonomy

- In specialised mental health we are implementing this aspiration by giving responsibility for specialised mental health services at a population level to NHS led Provider Collaboratives (piloted at New Care Models)

- Provider Collaboratives will be the delivery vehicle for our ambitions in improving services: including service reviews in CAMHS and Adult Secure and aspects of the non-specialised mental health programme
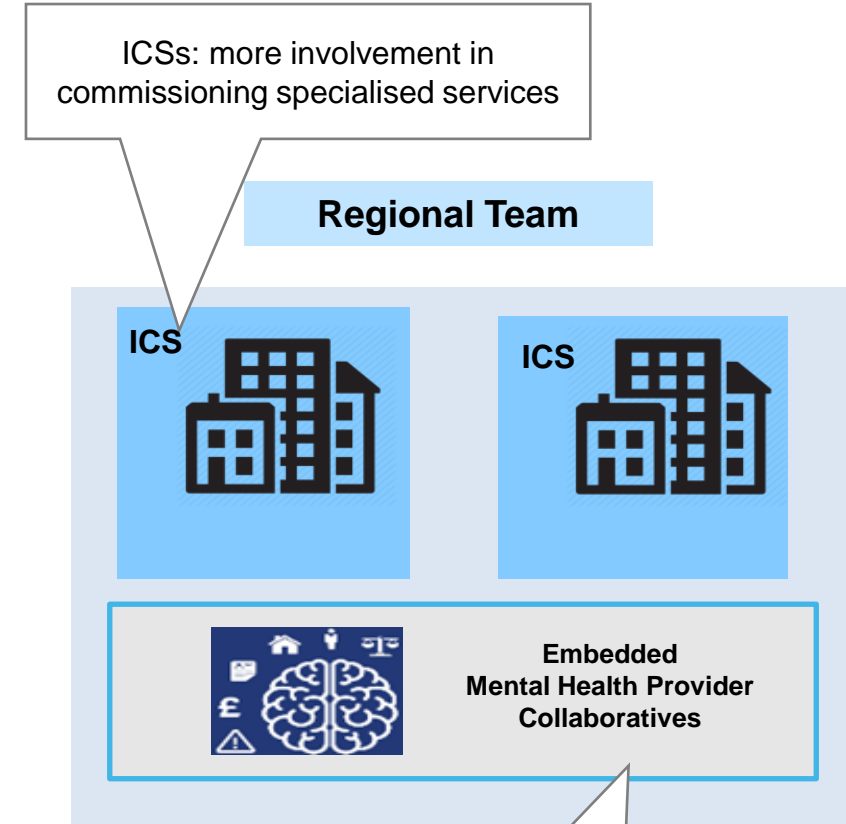
Our long term ambition is to fully join up mental health commissioning pathways – so that coordinated decisions are made across ICSs and Provider Collaboratives and funding is used in the most effective way possible to improve outcomes for people with mental health problems

ICSs: more involvement in commissioning specialised services

Regional Team

ICS

ICS

Embedded Mental Health Provider Collaboratives

Partnerships of providers tasked with managing pathways and budgets for a population

CAMHS Tier 4 Capacity

- Following a CAMHS Tier 4 Service review, validated data showed that;
  - at the start of 2016/17 London had a total of 187 CAMHS Tier 4 beds
  - As of June 2019, we have an additional 70 beds in London

Bed Type	Provider	Additional (future) provision
Low Secure	Priory (PIC)	5
Low Secure LD	SLAM	8
General Adolescent	CNWL	12
	Priory	2
	ELFT	2
	BEH	2
Children's HI	SLAM	2
General Adolescent LD	Elysium	12
	CNWL	5
PICU	ELFT	12
	SLAM	8
TOTAL		**70**

Changes over the next few years for CAMHS Tier 4

- Moving from focusing on beds to System change

- Pathway integration- reduction of fragmentation in pathways

- Move to population based budgets- local systems for local people

- Change in how services are commissioned

- Including LD/ASD in the Provider Collaboratives

New Care Models

The aim of the programme was;

- to delegate responsibility of commissioning mental health specialised services to providers or groups of providers.

- intended to reduce lengths of stay and the number of out of area placements.

- Use of the multi-disciplinary approach with providers taking ownership of their patient population (e.g. admission avoidance, shorter stays etc.)

- Developing a wide range of therapeutic interventions across a whole pathway

- Focusing on recovery through accommodation, community activities, social networks and employment advice

- Working productively with the criminal justice system, Local Authorities and secondary care

- Expanding both liaison support and community follow up provision

- Developing local capacity and capability to manage all types of patients

London New Care Models

CAMHS

- South London Partnership

- North West London

- A gap in NCEL

Adult Secure

- South London Partnership

- North London Forensic Consortium

Adult Eating Disorders

- No London sites

From New Care Models (NCM) to NHS-Led Provider Collaboratives

- **2016/17** Six Wave 1 NCM Pilots in Adult Secure and CAMHs Tier 4 Services

- **2017/2018** Eight further Wave 2 NCM Pilots, including Adult Eating Disorders

  ✓ **Over 500 people returned from out of area placement**
  ✓ **Over 70% reduction of admission to CAMHs units**
  ✓ **Over £30m savings for investment in new services**

- **2019/2020** Ambition to establish NHS Led Provider Collaboratives providing at least one specialised mental health service to 75% of the population

- **2022/2023** 100% Provider Collaborative coverage across all specialised mental health ,learning disability and autism services

Provider- Led Collaboratives Phasing

Service Area	Phase one (from April 2020)	Phase two
Adult Secure	Adult Low and Medium Secure Mental Illness and Personality Disorder	Adult Low and Medium Secure Acquired Brain Injury, Deaf and Women's Enhanced Medium Secure. High Secure (commissioning for High Secure services being considered as part of the High Secure Commissioning Plan)
CAMHS	CAMHS, General, Psychiatric Intensive Care Units (PICU), Eating Disorders, Low Secure	Children's (under 13s), Medium Secure and Deaf.
Specialist services	Adult Eating Disorders	Obsessive Compulsive Disorder, Body Dysmorphic Disorder, Tier 4 Personality Disorder, non-secure Adult Deaf
Perinatal	-	Mother and Baby Units

An NHS led provider collaborative will…

1. Be led by an NHS organization and provide specialised mental health and learning disability and autism services for a given population

2. Be clinically led, with improved patient experience and outcomes at the heart of their approach

3. Be financially and clinically responsible for their patient population, which will span a number of CCGs

4. Pool financial risk across the partnership and reinvest savings in community and step-down services

5. Be responsible for commissioning of services and placement of patients in their population

6. Be responsible for assuring the quality of services plus clinical and service standards across their population

7. Engage with ISC/STPs to develop a shared vision for the whole patient pathway

8. Be accountable through a lead NHS provider to NHSE for the decisions made and the quality of care provided

Thank you

Vimbai Egaru- Head of Mental Health Specialised Commissioning

vimbai.egaru@nhs.net