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

Working with an extended age range presentations:
National Collaborating Centre for Mental Health review and findings
Forward Thinking Birmingham
Mind the Gap pathway in Camden

Supported by and delivering for:

NCCMH review & findings:
Meeting the needs of young adults within models of mental health care

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3rd July 2019
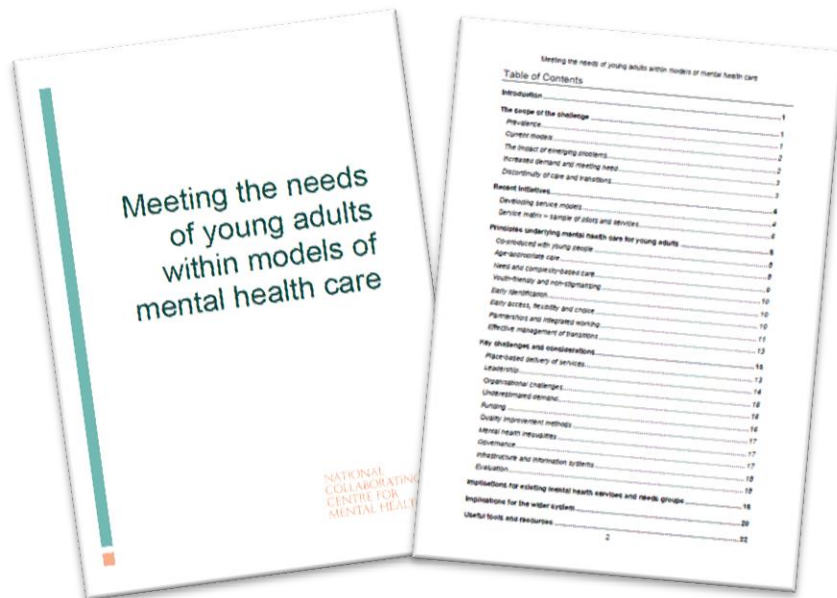
NHS England and NHS Improvement

Methodology

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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
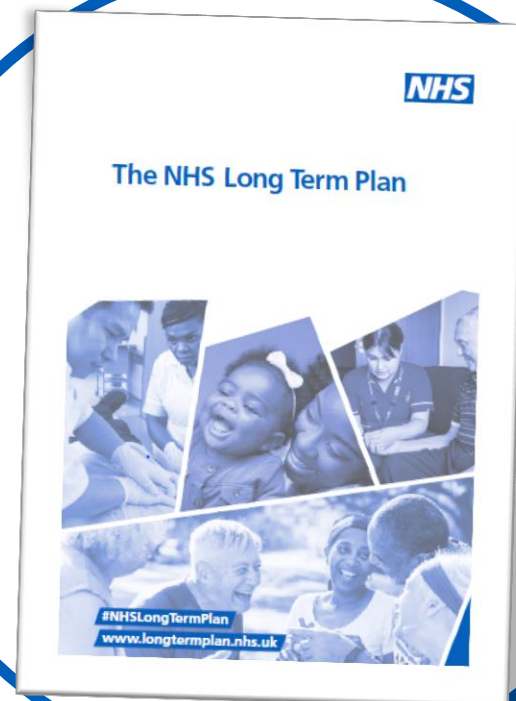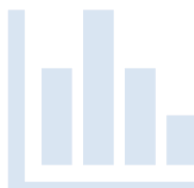
Policy context

Foundations

- 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
- Multiple reports and reviews highlighting **specific need to improve services for 18-25s**, reducing gaps in services and improving practice around transitions

Moving forward

- 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**

0-25s

Prevalence

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One in twenty 2-4 year olds have experienced a mental condition

One in eight 5-17 year olds has a mental health condition

One in six 17-19 year olds has a mental condition

- 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)

Impact of emerging problems

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Services that provide care up to 25 may be better equipped to meet the developmental needs of young people and can have significant positive impacts

Developmental needs:
- Up to 75% of mental health problems emerge before the age of 25
- YP often go a long time with unmet needs before accessing help
- This is a critical period for YP as they develop independence in their social and economic lives
- Adolescence and early adulthood are times of major structural and functional change in the brain
- Patterns of service use and access develop in early life

Workforce:
- Often, neither professionals in adult services nor in CYP services have the skills or experience to provide effective age-appropriate care across all age ranges
- Professionals including GPs, emergency department staff and education professionals did not always have the knowledge, capacity or training to identify or support the mental health needs of young people

From the Pond into the Sea: Children's Transition to Adult Health Services. Care Quality Commission, 2014
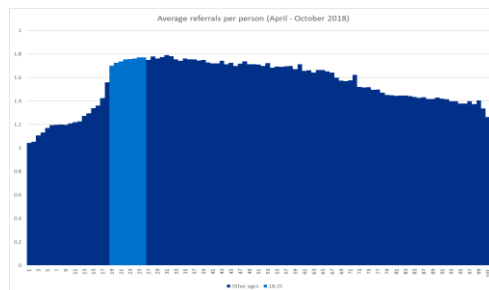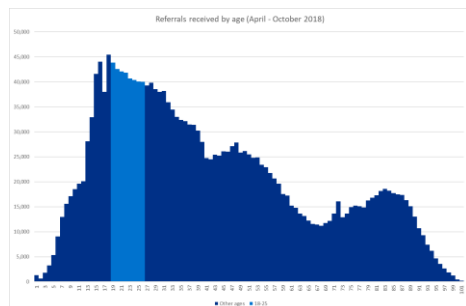
Current models

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

Referrals received by age (April - October 2018)

Average referrals per person (April - October 2018)

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 ag
- 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
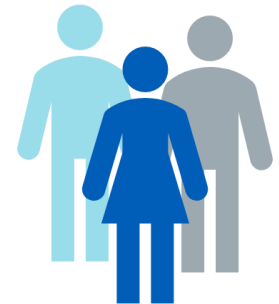
Findings

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;
1) YP presenting for the first time (including those with pre-exiting need but not previously seen by CYPMHS)

Increased demand and meeting need

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Commissioners should expect significant increased demand for services if the provision of care for 18-25 year olds is improved

Reorganising services to better provide for YP has typically led to large increases in demand

This may result from:

- Increased local awareness of services
- Thresholds lowering to accept YP with less severe mental health problems
- A reduction in services that were previously available
- More youth-friendly and non-stigmatising approaches that made services more suitable for and appealing to YP
- Introduction of self-referral pathways leading in an increase in direct referrals to secondary care

When designing models of care, need to consider:

- Local need and epidemiology
- Current capacity to identify those who:
  - are not currently provided for within existing services; or
  - may not have been able to access a service historically

Uncovering levels of unmet need for 18-25s in the local system requires joint working across organisations, both statutory and non-statutory

Service Models for 0-25s

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25

0-25 integrated service

CYPMHS
- Low complexity service
- Moderate complexity service
- High complexity service

Services configured based on need

CYPMHS
- EIP Services
- Adult IAPT
- Eating Disorders
- YA MHS
- AMHS

Disorder specific services which may cut across current age boundaries

CYPMHS | Young Adult MHS

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

CYPMHS | AMHS

Flexible age boundary for entering AMHS

CYPMHS | Triage → Most appropriate service to meet needs

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

Principles for 0-25 services

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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

Easy access, flexibility and choice

Early identification
Early detection and access to comprehensive evidence-based interventions and services
Requires cross-agency working
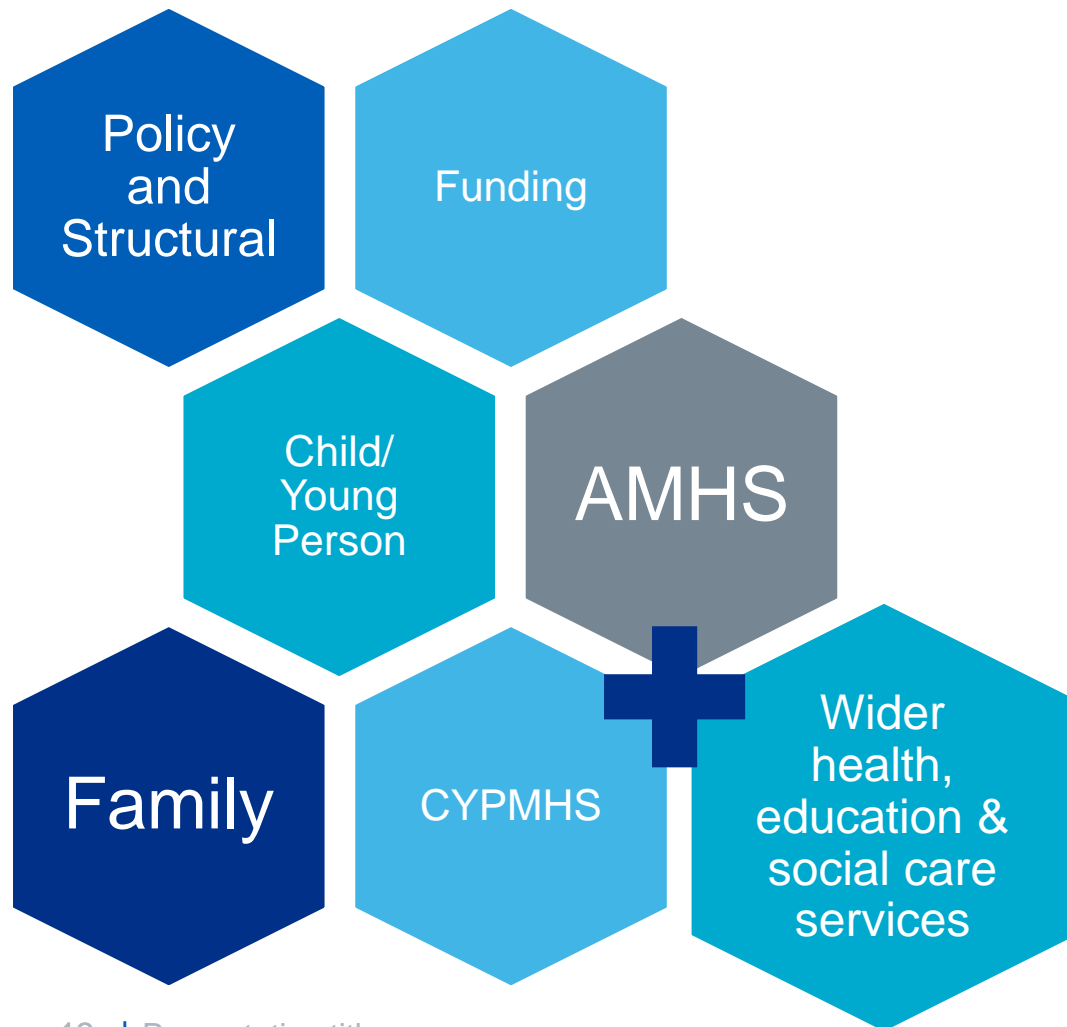
Partnerships and integrated working
Working across primary care, physical health care, education providers (including early years, FE and HE), social care, paediatric services, SEND, ASD & LD services, adult mental health services and the VCS

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
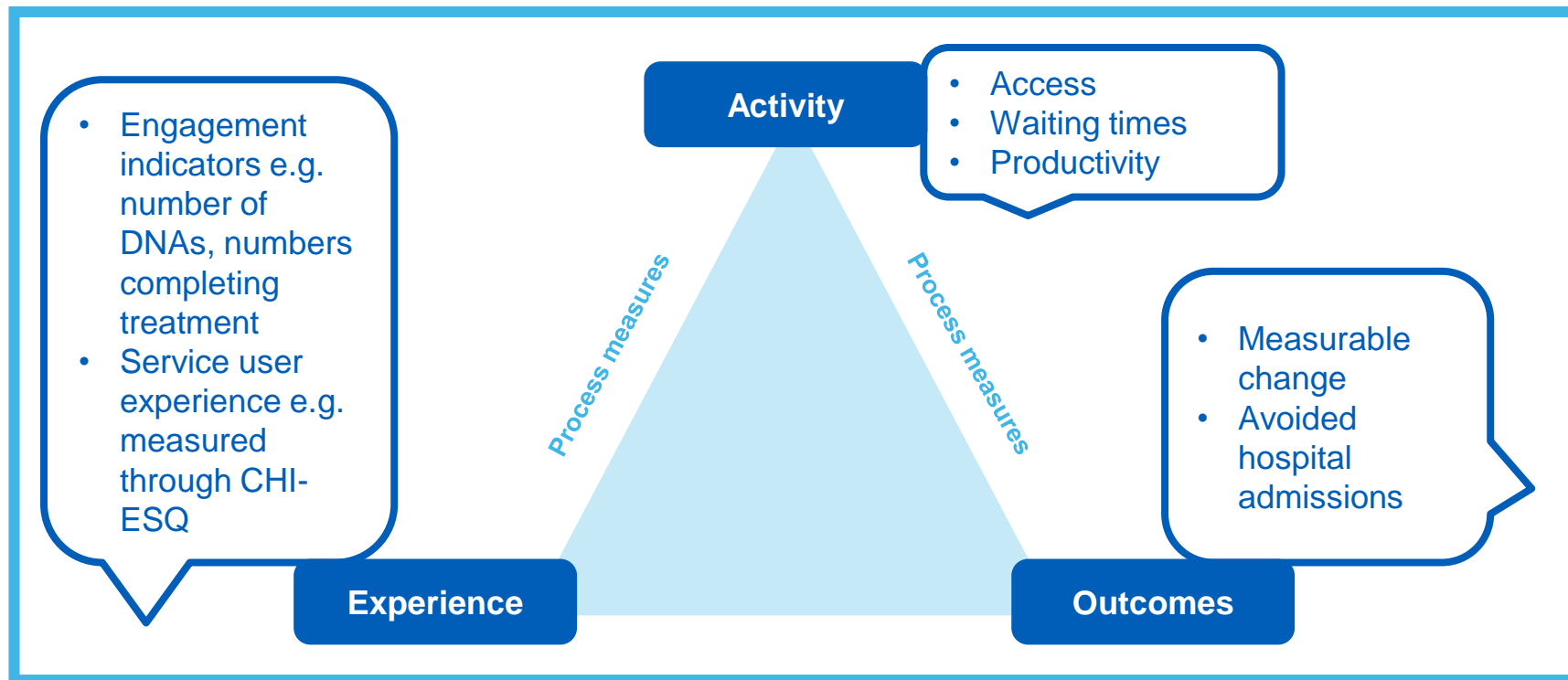
Challenges for implementation

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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

Policy and Structural

Funding

Child/ Young Person

AMHS

Family

CYPMHS

Wider health, education & social care services

Demonstrating impact

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

Activity

- Access
- Waiting times
- Productivity

Process measures

Process measures

- Measurable change
- Avoided hospital admissions

Experience

Outcomes

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

System readiness summary

- Clear **local needs assessment** regarding levels of need and demand for 0-5s, 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 0-5s,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 0-5s,18-25s and those with physical health needs

Summary of NHSE next steps

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- Implementation Framework to be published setting out expectations for all areas
- Transitional year activity- supporting local areas to prepare for delivery

Accelerator Sites

- Sites to receive transformation funding as part of adult CMHS transformation
- To establish NHSE/I support offer for selected sites
- To develop monitoring and evaluation criteria for selected sites
- Share learning and use to inform national roll-out of 0-25 models

Data

- Establish current baseline access for 0-5s and 18-25s, including regional validation process of CCG access rates
- Further work to explore prevalence of MH conditions in 0-5s and 18-25s

0-5s and Physical Health

- Scoping out requirements for 0-5 and physical health workstreams
- Gather examples of innovative practice
- System-wide approach- aligning with existing workstreams

System Readiness

- Preparing the system for 0-25 delivery from 2021/22
- NCCMH report setting out principles for 0-25 services (report can be shared across networks)
- Local Transformation Plans to reflect plans to deliver 0-25 services

Transitions Collaborative

- Local areas carrying out quality improvement initiatives to improve transitions processes
- To share learning from these projects

Learning and reflection from developing and implementing 0-25s service model in Birmingham

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July 2019

About Forward Thinking Birmingham

Pre-FTB:

- 0-16 CAMHS; 17-18 youth MH; 18+ adult MH
- 0-25 population not represented in the access to MH services
- 16-18 cohort particularly poorly served
- Inequity of service provision across region
- Clinical delivery wall between CAMHS and Adult MH

1st April 2016:

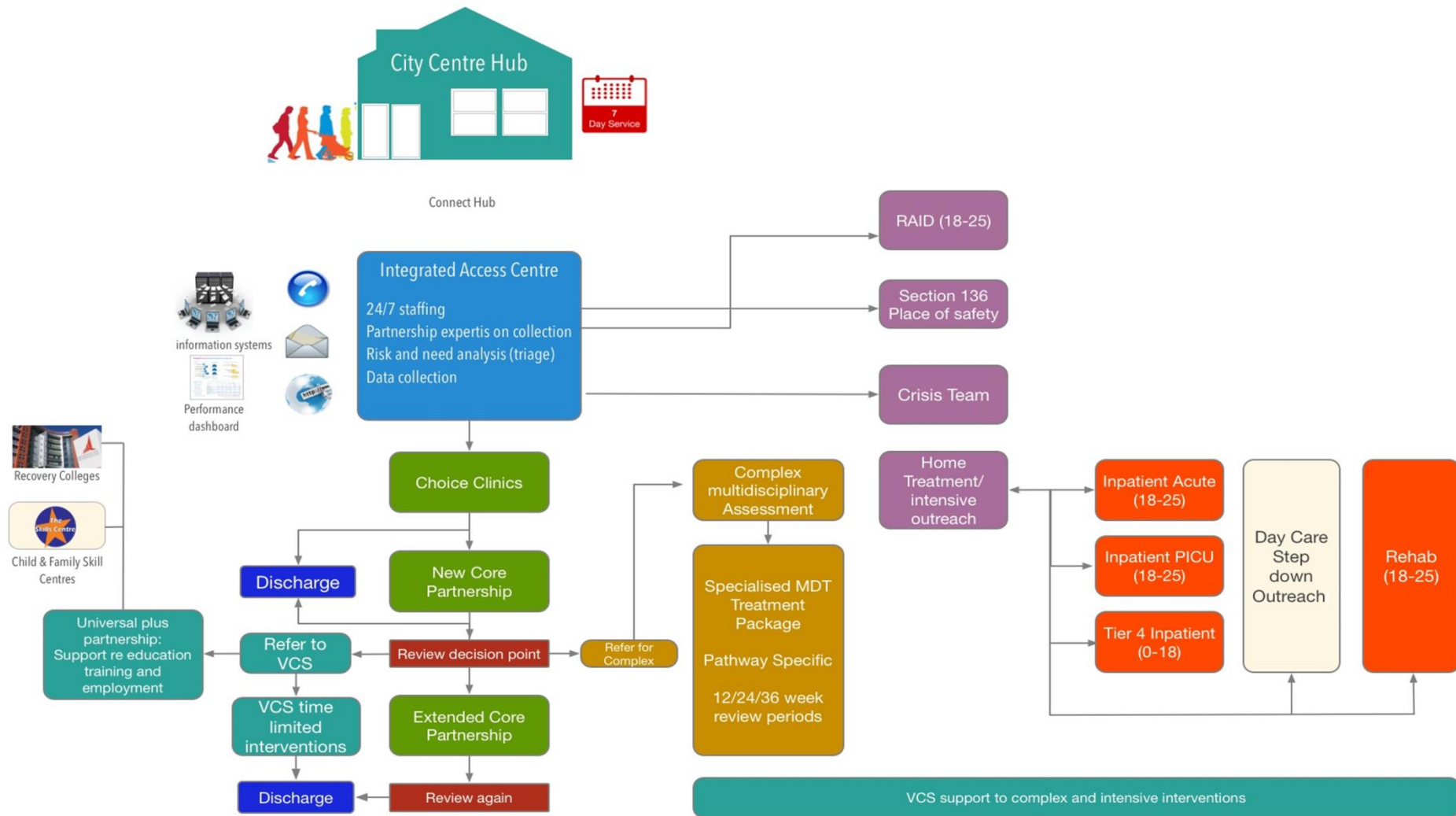| CAMHS | Adult Mental Health | Integrator functions | Drop-in hub | 18-25 Inpatient | VCS |

Learning from developing the model

✓ **Engage** service users, VCS independent sectors and primary care; they significantly influenced commissioning and model from the original concept

✓ **Incentivise cooperation**: contracting must incentivise cooperation between organisations, such as existing adult mental health and children's mental health providers

✓ **Evidence success**: Establish clear metrics to track quality, outcomes, activity, performance and finance. Note, national benchmarking is a challenge as most data is for people aged either < or > 18 years (not 0-25 years).

✓ **People and process:** structure and governance are both relevant, especially within partnerships, but they don't solve problems without the right clinical, operational and strategic leadership. Focus time on relationships at all levels of every organisation involved – people are the business

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Learning from implementation

✓ **Join the dots:** CAMHS and Adult Services are often different and aside from transitions they traditionally do not work together. Some changes may not appear significant, but can be i.e. workforce; work through everything using effective change management processes and engage with your teams from the start.

✓ **Practice model and CPD:** Many staff have been trained post qualification to specialise in either CAMHS or adult services. Think about in house CPD programmes, and cross specialism supervision, as the anxiety some staff will feel about working outside their usual age group will impact on the pace of transformation.

✓ **Workforce planning :** Medical doctors may only be licensed/insured to work in one area either CAMHS or adult. 16-18 year olds is a grey area, but outside of that flexibility may not be possible.

✓ **Multi agency partnerships :** To meet all 0-25 needs including families and carers multi agency working is essential; consider co location. This also supports workforce development.

✓ **Reporting requirements:** Due to their size and scale, VCS services may not be set up to provide data to the NHS in the way it desires. For example, flowing to the MHSDS for national targets so factoring this into tendering and contracts and operations is important.

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Learning from implementation *continued*

✓ **Be flexible:** You may find there are unintended consequences and uncover unknown-unknowns, so you need to be agile as you implement changes.

✓ **Incentivise:** Be clear on the behaviours you want to see in all organisations involved in the partnership across any system and financially incentivise the right ones...whilst considering financial upsides, consider downsides/penalties.

✓ **Prevention and self-management:** as demand for young people services continues to rise consider your prevention and self-management strategy to manage population health.

✓ **Alignment**: Not addressing the points mentioned will result in an on-going fragmentation of services; consider how to operationally align services; incentivise cooperation between providers for 0-25s and 25+ (including managing transitions at 24.5-25yrs or you just shift the cliff-edge.

Successes in Birmingham

Since April 1st 2016:

➢ Access to services 24/7 across the age group and self referral

➢ City centre based drop in service receives great feedback from CYP

➢ 170,000 phone calls, 85% answered within 60 seconds, for advice, guidance, signposting and triage through our Single Point of Access

➢ 42,000 referrals through our Single Point of Access, 99% screened for clinical urgency within 4hrs

➢ Access to services has increased by 30%, with equitable access for male and females and peak age being 15-19 year olds

➢ Circa 70% of referrals have been triaged to non NHS secondary care services; enabling faster access to the right help and more effective utilisation of secondary/specialist NHS care Minimised the increase of inpatient occupied bed days by 10% despite a 20% increase in admissions by actively reducing length of stay by 3.3% or 1.1 days per patient*

*from November 2017 to March 2019 following targeted intervention

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The HIVE

A Health and Emotional Wellbeing Service for 16 – 24 year olds in Camden

Please think about this question:
is this service……

A – "Core Business"?

B – "Nice to Have"?

The Hive in a nutshell

- An Improvement to the local Mental Health System
- Statutory NHS staff from CAMHS and AMHS are fully integrated into a voluntary sector provision.
- Young person board – co-production ++
- Health provision on site – sexual health, substance misuse
- Ultimate aim is to reduce burden of depression, anxiety and other mental health problems in vulnerable groups
- Cost: 500K

Holistic approach

Job and learning opportunities
Drop in
Outreach
1 to 1 work
Free food
Activities yoga
Guitar lessons
Sense of belonging
No pressure

Local Partnership

THE HIVE

Camden

catch 22

THE BRANDON CENTRE

The Tavistock and Portman NHS
NHS Foundation Trust

NHS

Camden and Islington NHS
NHS Foundation Trust

Camden Clinical Commissioning Group

the Winch

Caring for young minds
Anna Freud
Centre

Commissioned by Camden CCG / Camden Council

A fully integrated LOCAL staffing structure

Assistant Director (Catch 22)

2 x Clinical Leads (C&I FT and TPFT) – supervise and manage YP workers

Hub Manager (Catch 22) – participation and activities lead

Social Enterprise Manager (Catch 22) – employment advice / social enterprise

7 Young People Workers for 1to1 work + Hub (Anna Freud / Brandon).

Pathways into the Hive

Minding the Gap meetings – Bridged in by CAMHS/ support services

GP referrals

Word of mouth / walk in

18/19 stats

- Social hub - 1232 YP used hub, 5315 visits
- 1to1 work - 290 open cases 4 inpatient admissions, 53 young people are high risk, ie self- harm, suicidal ideation, poor self -care, emotional neglect, physical abuse, sexual abuse and active intrusive thoughts.
- Deep Dive on 6 YP saved 500K in avoidable bed admissions
- Social enterprise –33 YP involved – Walking London 22

The Hive Ethos developed by the Young People

Always keep young people at the centre of the service

Be friendly, supportive, welcoming, empathic and non judgemental

Help keep young people safe

Don't give up and keep trying

Describe the Hive in 1 word….

- Chill
- Exciting
- Reliable
- Positive
- Unique
- Love
- Non-Judgemental
- SAFE

- Incredible
- Awesome
- Lively
- Open-minded
- Fun
- Helpful
- Fantastic
- Friendly

Participation and co-production

Our journey at the Hive

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A Health and Emotional Wellbeing Service for 16 – 24 year olds in Camden

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