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National update

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CYP MH and Community Eating Disorder Programme - National Update

- **Eating disorder programme**
- **National policy oversight**
 - Future in Mind
 - Local transformation plans
 - Learning from CYP IAPT
 - CYP and parent engagement
 - Data
 - Other NHS England CYP MH work streams
 - Support for Commissioners

Eating Disorders (CYP)

Published July 2015

NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH

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

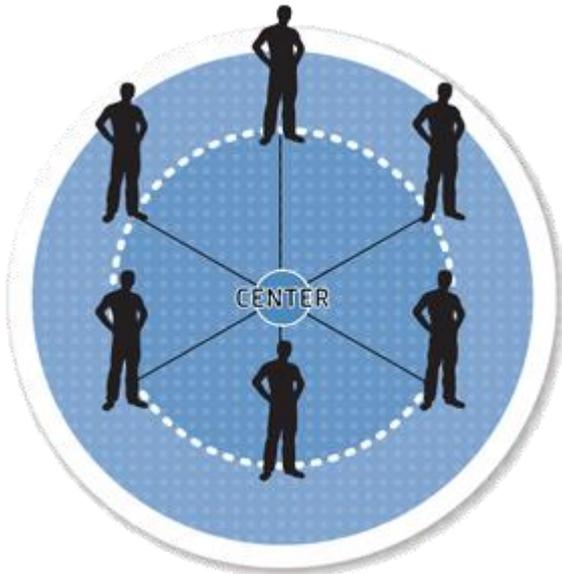
NCCMH Expert Reference Group developed:

- Access and waiting time standard
 - **Referral to treatment pathway**
 - **Model for delivery** of dedicated community eating disorder services for children and young people (CEDS-CYP)
 - Service standards align with guidance for quality improvement and accreditation network (**QNCC-ED; launch on 2 Mar 16**).
-
- **Commissioning guide with workforce calculator** published to **support local commissioners** with transformation.
 - **Clinical lead:** Rachel Byrant-Waugh
 - **Commissioning lead:** Andrew Roberts

A new service to meet this challenges

A Community Eating Disorder Service for Children and Young People (CEDS-CYP)

- An **appropriately trained, supported and supervised** team
- Use of information **technology for teamwork** from different geographical locations
 - Eg. Following a “hub and spoke” model



Requirements

Receive a minimum of **50 new** eating disorder referrals a year

Cover a minimum general population of **500,000** (all ages)

Use **up-to-date evidence-based interventions** to treat the most common types of coexisting mental health problems (for example, depression and anxiety disorders) alongside the eating disorder

Enable **direct access** to community eating disorder treatment through self-referral or from primary care services (for example, GPs, schools, colleges and voluntary sector services)

Include **medical and non-medical staff** with significant eating disorder **experience**

Eating Disorders (CYP)

Access and waiting time standard

Those referred for assessment or treatment for an eating disorder should receive *NICE concordant treatment within **one week** for urgent cases and within **4 weeks** for every other case.*

Introduced and **monitored** in 2015-16 **via MHSDS**; tolerance levels to be set and **standard implemented** from 2017-18

Aim is for **95%** of those referred for assessment or treatment receive NICE concordant treatment with the ED standard RTT **by 2020**

The Role of Education

Eating disorder curricula group being convened in partnership with HEE (first meeting October 2015) building on:

→ **CYP IAPT Systemic family practice** curriculum for eating disorder

→ **Whole team training packages** for multi-disciplinary community eating disorder services/teams

→ Modality specific **evidence based interventions** anticipated to be in line with updated eating disorder NICE guideline to be published in 2017



Recommended training for CEDS-CYP teams

Training goal

Develop multidisciplinary eating disorder teams

Understand the complex nature of eating disorders

Develop a strong team culture

Develop early intensive skills training and ongoing support and supervision

Adopt core CYP-IAPT principles

Evaluate the impact of training on transformation of services

Also, CEDS-CYP will have a role in training for other professionals

- Raising awareness
 - Primary care
 - Education
 - Other children services

The relationships developed through the training can be used to provide regular support to the teams involved in improving early identification of children and young people at risk of developing an eating disorder



Benefits for users: children, young people, their families and carers



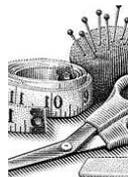
Improved access and reduction in waiting times



Children, young people, their families and carers know how to ask for help in their local areas



Better knowledge of how to recognise eating disorders and how to access appropriate care when needed



Every person receiving appropriate evidence-based eating disorder treatment, based on their needs



Receiving treatments for eating disorders and coexisting mental health problems from 1 team



Improved outcomes, sustained recovery, reduction in relapse, and reduced inpatient admissions



Continued transformation of CAMHS evidence-based, outcome-focused, working collaboratively with children, young people and families



Less need for transfer to adult services and long periods of treatment



Less need for inpatient admission with the disruption to school and family life



CYP and families have more involvement in commissioning services that meet their needs.

Policy context for Children and Young People's Mental Health Care

Profile of children and young people’s mental health – could it be higher?

Health Select Committee Report

Children and Young People’s Mental Health and Wellbeing Taskforce **FUTURE IN MIND**

DfE Guidance

UK Youth Parliament national campaign for 2015; Youth Select Committee 2015- Young People’s Mental Health <http://byc.org.uk/events/youth-select-committee-2015-report-launch.aspx>

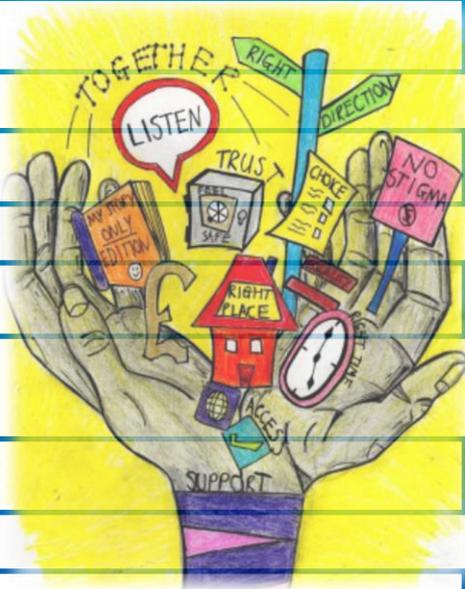
YoungMinds vs

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

NHS England Mandate, Health Education England Mandate

Intense Media interest

Life course MH Taskforce (building on *Future in Mind*)



Future in mind

Promoting, protecting and improving our children and young people's mental health and wellbeing



- Published March 2015 – continues to set direction of travel for the new Government
- Consensus across the whole system built on principles of CYP IAPT
- 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

At the National Level

- Department of Health chaired system oversight board includes Department for Education, 'Arms length Bodies' plus Association of Directors of Children's Service, Local Government Association, Association of Directors of Public Health
 - 4 subgroups:
 - **Data and Outcomes** - National metrics, MHMDS, data sharing
 - **Service Transformation** - oversight of LTP analysis, Communications, Joint work on vulnerable children, Operational group
 - **Prevention and Early Intervention**
 - **Workforce** - Audit and develop workforce strategy for new and existing staff
- Cross cutting board aims to:
 - develop effective system wide governance arrangements to support and sustain local transformation of mental health services for children and young people.
 - support work that either requires or receives significant benefit from joint approach
 - information sharing

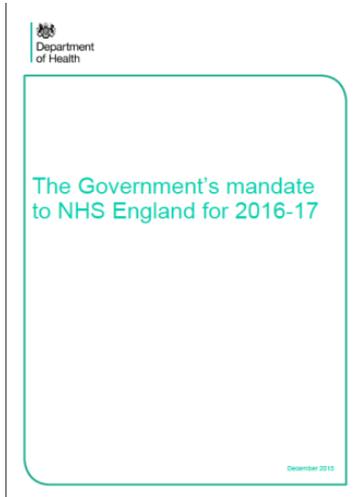
Local Transformation Plans

- All CCGs submitted on time
- 123 plans covering 209 CCGs
- Assurance has determined monies to go out to all CCGs by End December
- Spend to be tracked in Q3 and Q4
- Funds to be made recurrent subject to demonstration at assurance of appropriate use
- Plans in user friendly format on web by 31st December must include baseline

Data update

- **MHMDS due to flow Jan 16 – are you registered?**
- HSCIC leading work to check state of readiness for data flow with programme of support and comms
- Need to check all commissioners are aware that ALL MH services commissioned by NHS flow data and if necessary assist 3rd sector
- **Prevalence Survey** commissioned to report by 2018
- Research by DfE into MH spend in schools
- **HEE workforce mapping** – CYP MH across providers
- Further work by NHSE on Programme Funds
- Plan to test currencies next year
- **NHS Benchmarking Report 2015**

Mandate



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

Planning guidance

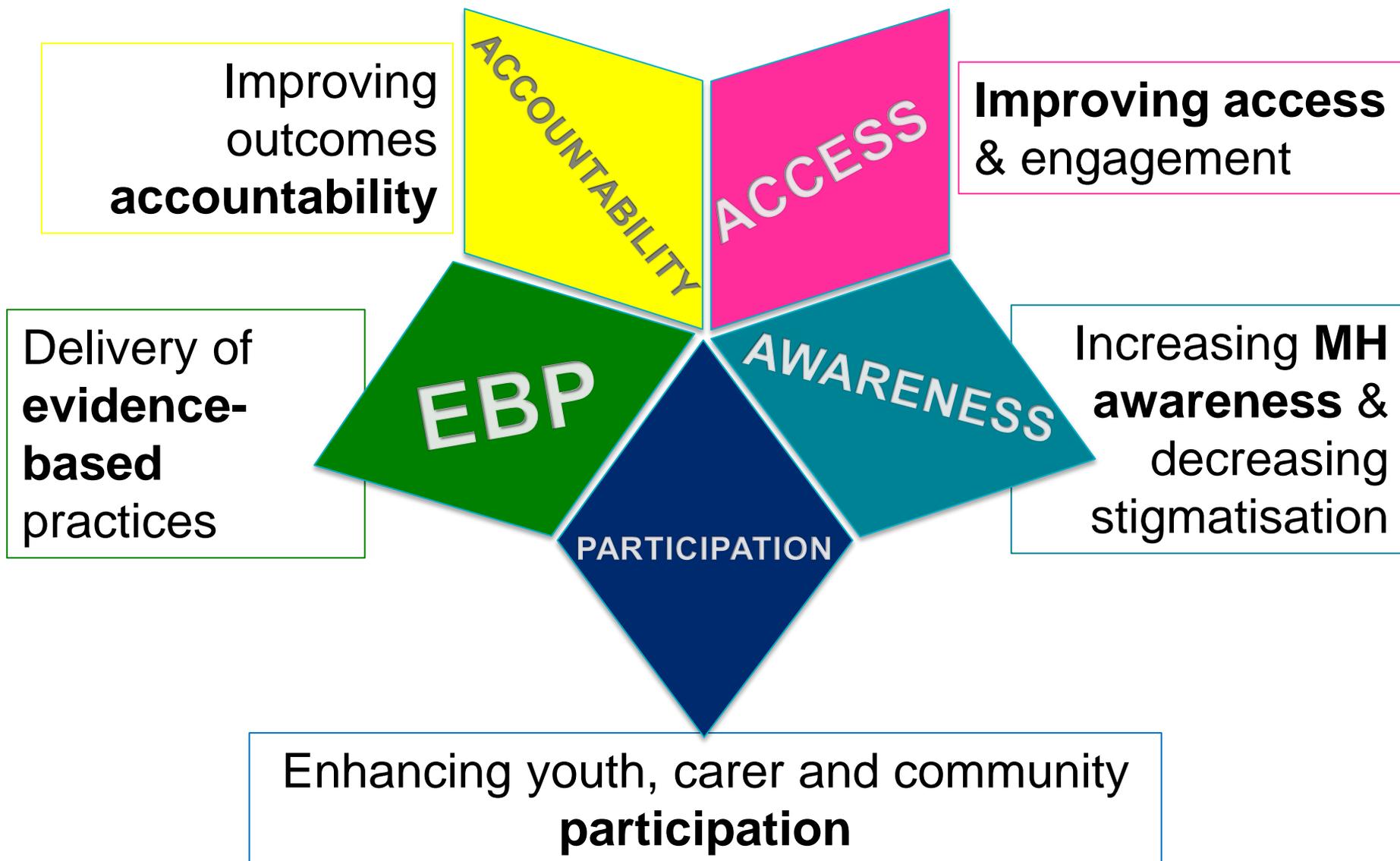


- New approach to local planning: five-year **Sustainability and Transformation Plans** to cover all areas of NHS commissioning and integration with local authorities.
- “Place-based” – localities to determine their own footprint (by 29/1).
- Single approval process for access to **Sustainability and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

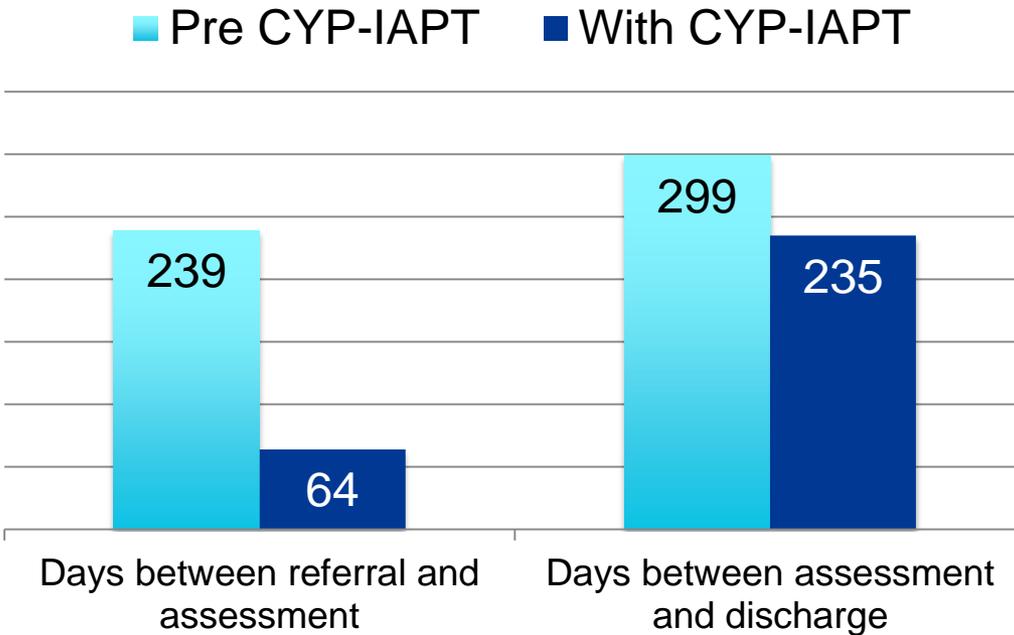
CYP IAPT

- Continued commitment to embedding **evidence based, outcome focussed collaborative service transformation with full participation**
- **Increased geographical coverage of service transformation programme to 100 % by 2018**
- Breadth and depth – ensuring enough therapists trained
- Continuing to offer training across partnerships (**CBT, SFP, IPT-A, Parenting, Supervision, Service Transformational Leadership, EEBP**)
- **New curricula** – evidence based interventions for
 - Children and young people with learning disabilities or autistic spectrum disorder
 - Working with 0-5s
 - Counselling
 - Combination - Prescribing and therapy
 - Inpatient CAMHS
- **Linked to ED programme and curricula development for whole team training and modality specific curricula**

Building on what we know



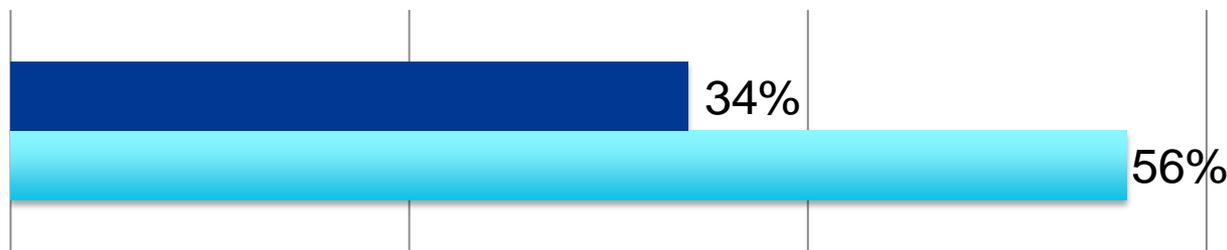
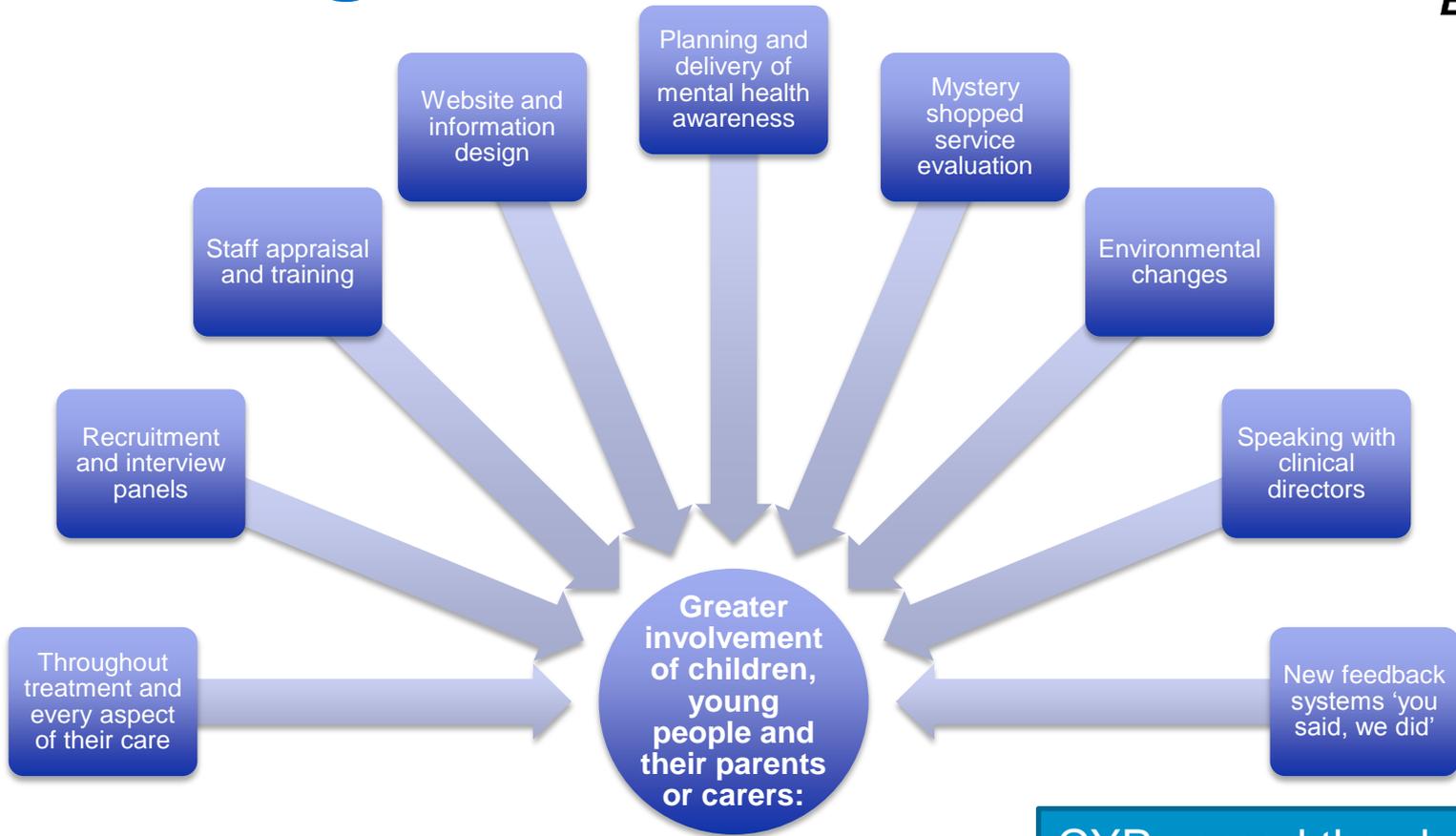
Is it working?



- Young people seen more quickly-time between referral and assessment decreased by 73%
- YP achieved significant clinical improvement over fewer sessions - number of days between assessment and discharge decreased by 21%

Improved access through self-referral routes, single point of access, outreach services, evening and weekend appointments.

Is it working?



■ Pre CYP-IAPT2 ■ With CYP-IAPT

CYP agreed they had recovered sufficiently to be discharged - percentage of closed cases by mutual agreement increased

CYP and parent/carer engagement

- Young People's Health Select Committee Report launched November

<http://www.parliament.uk/business/news/2015/november/youth-select-committee-report/>

Proposals include - parity of funding, joined up system, statutory level of attainment for MH in schools, training for teachers and GPs as well as MH workforce focused work cyberbullying and exam stress

- Time to Change anti stigma campaign

www.time-to-change.org.uk

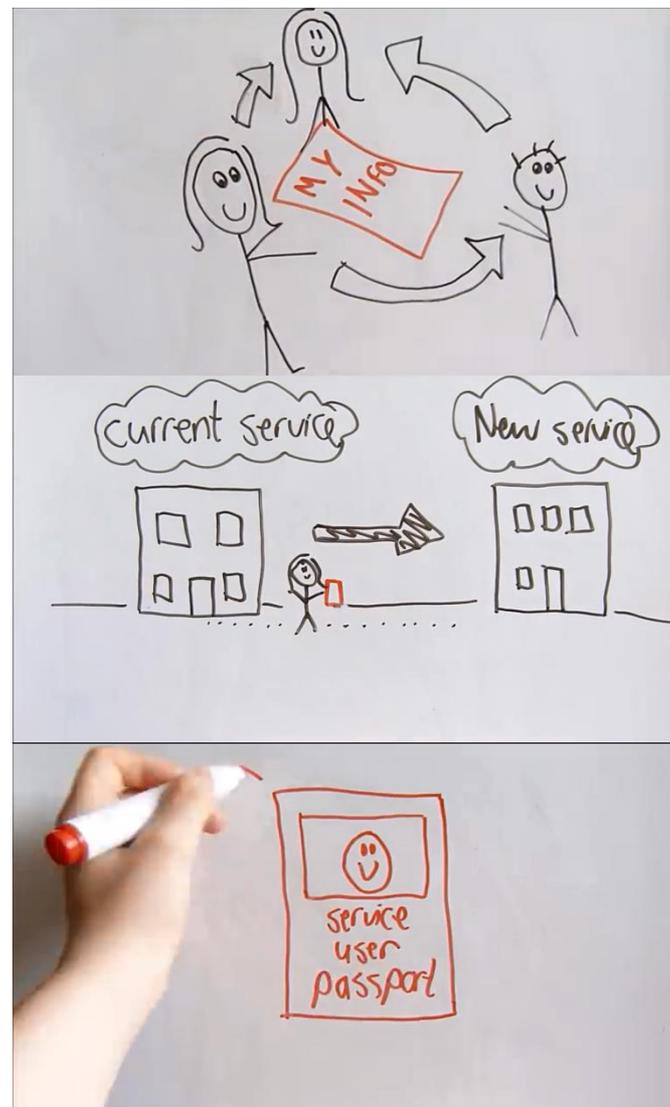
My Mental Health Services Passport

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

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

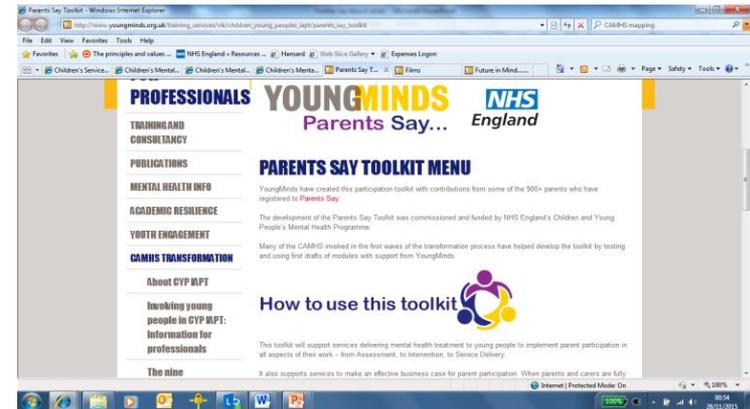
The aim of the passport is to help young people using services to **own and communicate their story** when moving between different services.

The passport provides a summary of young person's **time in a service**, for the information will be **owned by the young person**, and for it to be shared with any future services **if the young person wishes**



Parents Say...

- **New online resource** created for and with parents and carers to help improve mental health care for children and young people
- **Over 900 parents/carers identified 5 key areas:**
 - access, equality and diversity
 - communication
 - service leadership and delivery
 - methods of engagement
 - workforce development
- **Best practice case studies, videos, resource directory**



It explores ways in which you can improve communication with parents and carers at every stage of the treatment process.





MindEd is a free educational resource on children and young people's mental health for all adults.

Follow @MindEdUK



- Resource for all adults to increase awareness and understanding
- Includes free e-learning sessions for all those working with CYP (incl. ED sessions)
- **Currently developing sessions with parents for parents**

<https://www.minded.org.uk/>

GIFT

**Sign up for www.myapt.org.uk;
see video clips**

<https://www.youtube.com/user/CernisLimited/videos>

DATA:

Chimat and CAMHS ebulletin –
<http://www.chimat.org.uk/camhs>

CORC: <http://www.corc.uk.net/>
NHS Benchmarking Report 2015
MHSDS-to flow from Jan 2016

Key challenges for us all

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

Things to celebrate

- **Complete focus from many local areas with clear leadership**
- Joined up approach
- Focus of strategic players supporting local areas
- **Raised profile of CYP MH locally and nationally**
- Creative ideas and energy

Next steps for ED

- Identifying and delivering support to areas as required via extra resources in SCNs for CYP MH including ED
- Analysis of
 - Declared baselines-spend, workforce
 - Key themes e.g. crisis, vulnerable young people
 - KPIs selected – will help inform national KPI development for ED and CYP MH
- Review and learn from each other
- **Establish peer-review and support network (QNCC-CED) – shared learning**

Other relevant work streams in NHS England

- Inpatient tier 4 procurement and further improvements to access beds in a timely fashion including bed management system
- Transforming Care - Case managers to support CTRs and EHC plan
- DfE schools link launched: 22 sites, 255 schools
- Further support for Health and Justice commissioning and liaison and diversion
- Eating Disorders - work on training specification for whole team training
- Crisis, liaison and urgent care – joining whole life groups

Direct support for commissioners and providers

- System Dynamic model
- Scope commissioning support training
- Refresh specifications published last year
- Deliver service specification for Eating Disorders based on commissioning guidance
- Each access and waiting time standard will include commissioner guidelines

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