Future in Mind

The Report of the Children and Young People's Mental Health Taskforce

Briefing for the children and young people's voluntary sector. August 2015

Introduction

The Children and Young People's Mental Health Taskforce was established by Government in September 2014 to consider ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided.

The Taskforce was co-chaired by Jon Rouse, Director General for Social Care, Local Government and Care Partnerships at the Department of Health, and Martin McShane, Director for Long-Term Conditions at NHS England. It had a wide-ranging membership from the statutory and voluntary sector and work was also carried out by YoungMinds to gather children and young people's views.

The Taskforce's final report, *Future in Mind*, published in March 2015, includes a number of proposals for improving children and young people's mental health care and support.[1] They are split into those where it is recognised additional investment will be required and those where action can be taken now to do things differently (or to complete already committed actions and investments). £1.25bn of new funding was announced by Government in March 2015, to be spent over five years, and NHS England set out plans for the first £133m of this in August.

The report's proposals cover what improved services could look like as well as systematic issues that need to be tackled to help deliver these. Opportunities for early intervention and increasing resilience are also considered as are the increased awareness and reduced stigma that the taskforce wish to see. The report also makes proposals about how implementation of changes can be supported locally

This briefing summarises the proposals, setting them out in the following logical chunks to help the children and young people's voluntary sector visualise the reformed offer that the report calls for and their role in delivering it.

- How would wellbeing and resilience be promoted?
- What would improved mental health services look like?
- How would care be coordinated for children and young people with mental health conditions?
- How would services be planned and commissioned?
- How would the system be monitored and held to account?
- How would implementation of the proposals be driven forward?

Where we have referred to the proposals set out in the report, the proposal number is included in brackets **(x)**, to help navigation back to the relevant part of the original document. For each section we also provide commentary on the possible implications for the children and young people's voluntary sector, which is set out in the **orange boxes**.

[1] Children and Young People's Mental Health Taskforce (March 2015) *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing* https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people

How would wellbeing and resilience be promoted?

Chapter 4 of the report highlights the need to support families and carers, build resilience through to adulthood and support self-care in order to reduce the burden of mental and physical ill health over the whole life course and reduce health inequalities. The specific areas of action discussed include:

- Looking after maternal mental health during and following pregnancy
- Using evidence-based parenting programmes to intervene early for children with behavioural problems
- Promoting positive mental wellbeing at school and tackling bullying
- Making GP services more accessible to young people
- Promoting conversations and awareness about children's mental health
- Managing the risks that the use of new technologies can present and harnessing its potential to support mental health.

The proposals that are made for 'what can be done now' are:

Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the new 0-2 year old early intervention pilots. (1)

Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's work on character and resilience, PSHE and counselling services in schools. **(2)**

Building on the success of the existing anti-stigma campaign led by Time to Change, and approaches piloted in 2014/15, to **promote a broader national conversation about, and raise awareness of mental health issues for children and young people. (3)**

Ensuring health, education and social care professionals are confident to promote good mental health and wellbeing and identify problems early. (40)

Improving coverage of child development in initial teacher training by implementing the recommendations of the Carter Review. **(41)**

The proposals for what should be considered with additional funding are:

Enhancing existing maternal, perinatal and early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support. **(4)**

Supporting self-care by incentivising the development of new apps and digital tools; and consider whether there is a need for a kitemarking scheme in order to guide young people and their parents in respect of the quality of the information offered. **(5)**

Due to the sector's expertise in this area and the type of work it does, promoting resilience and wellbeing is a particularly relevant aspect of the mental health agenda. Charities are well placed to spot signs of problems early as children and young people may be accessing their services for other reasons, and many voluntary sector organisations contribute to resilience and wellbeing through the provision of positive activities.

The sector's work in supporting co-design and young people's involvement in decisions could mean it has a role in supporting the development of self-care. Work in schools, which the sector has also been supporting, may be seen as having significant political momentum owing to recent work led by the Department for Education and the fact that Ministers there have been given explicit responsibilities around CAMHS, resilience and PSHE. Those in the sector will also be aware, however, of continuing difficulties in engaging some schools, owing to school staff workloads and increased independence from local authorities.

The challenge to hold Government and local agencies to account for investment in preventative work remains, as illustrated by the Chancellor's announcement on 4 June of a £200million in-year cut to the Public Health Grant, on top of reductions in money spent by local authorities on early intervention services in recent years.[2]

What would improved mental health services for children and young people look like?

Chapter 5 discusses the pitfalls of the tiered model of CAMHS and ways of ensuring that children and young people can get easier access to the type of support they need when they need it. Chapter 6 looks at what this should look like for vulnerable groups of children and young people. Proposals include those addressing referral pathways and coordination of services, which are discussed elsewhere in this briefing. They also include promoting particular delivery models for services and improved practice.

The proposals that are made for 'what can be done now' are:

Moving away from the current tiered system of mental health services to investigate other models of integrated service delivery based on existing best practice. Further evaluation of the 'Thrive' model[3] is encouraged as well as highlighting the new approaches already taken in Liverpool and Leeds, although it is suggested that different models may suit different areas. **(6)**

Enabling single points of access and One-Stop-Shop services to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector. It is suggested that this builds on the

[2] See National Children's Bureau and The Children's Society (2015) *Cuts that cost: Trends in funding for early intervention services* London: NCB http://ncb.org.uk/cutsthatcost

[3] For information about the THRIVE model see: Wolpert M et al (2014), THRIVE: The AFC–Tavistock Model for CAMHS, http://tavistockandportman.uk/about-us/news/thrive-new-model-camhs

existing network of Youth Information, Advice and Counselling Services (YIACS). **(7)**

Extending use of peer support networks for young people and parents based on comprehensive evaluation of what works, when and how. The importance of careful professional support is highlighted and further work with the education and third sector suggested to evaluate what is working. **(11)**

Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented. The importance of **out-of-hours mental health services and the continued development of all age psychiatry services in A&E** are highlighted in particular. **(12)**

Implementing clear **evidence-based pathways for community-based care, including intensive home treatment** where appropriate, to avoid unnecessary admissions to inpatient care. The value of a welcoming environment for services and the option of interventions being delivered outside traditional settings is stressed, as is commissioning pre-crisis and step-down services alongside inpatient and crisis care. **(13)**

Ensuring **professionals are trained to use feedback to guide treatment interventions and work in a digital environment** with young people who are using online channels to access help and support. **(40)**

The proposals for what should be considered with additional funding are:

Enabling clear and safe access to **high quality information and online support for children, young people and parents/carers, for example through a national, branded web-based portal**. It is stressed that this must be informed by the views and preferences of children and young people. It could build on the existing MindEd website aimed at professionals and link to NHS Choices and the Youth Wellbeing Directory. **(18)**

Rolling out the Children and Young People's Improving Access to Psychological Therapies programme to the rest of the country and **extending the competencies it promotes to the wider mental wellbeing workforce,** as well as providing training for staff in schools. **(43)**

Extending the training for CYP IAPT to meet the needs of children and young people who are currently not supported by the existing programmes. For example**,** children and young people with Learning Disabilities, Autistic Spectrum Disorder, and those in inpatient settings. **(44)**

Ensuring that staff are more aware of the impact of trauma on mental health and on the wider use of appropriate evidence-based interventions. **(27)**

Piloting the roll-out of **teams specialising in supporting vulnerable children and young people** such as those who are looked after and adopted, possibly on a sub-regional basis, and rolling these out if successful. **(28)**

Further improvements through the development of a comprehensive workforce strategy, including an audit of skills, capabilities, age, gender and ethnic mix. **(45)**

Taken together, these recommendations appear to indicate an enhanced role for the children and young people's voluntary sector. This includes the use of one stop shops, where the sector's role is specifically acknowledged. The vast majority of existing YIACS[4] – which take a holistic, person-centred approach to mental, emotional and physical health issues alongside related social welfare, personal and practical issues – are based in the voluntary sector. Although young people's access to YIACS remains patchy nationally, the recommendations should give fresh impetus to investment in such services. This may present opportunities for voluntary sector organisations to help fill gaps in provision to ensure a more consistent offer to young people living everywhere. Organisations are advised to contact Youth Access, the membership body for YIACS, for further advice on this particular issue.

The sector is also well placed to support increased use of peer support networks and the development of online information, building on experience of existing and past projects such as Community Health Champions and HeadMeds. Better information about services that support wellbeing, for example through the Youth Wellbeing Directory, could also present opportunities to increase awareness of the positive role the sector can play. Organisations supporting particular vulnerable groups of children may also see their mental health role better recognised and supported.

Organisations interested in exploiting these opportunities will want to consider what the implications are for their workforce in terms of the need for training and expertise, and indeed where their existing expertise makes it most appropriate for them to contribute. While the report also makes recommendations for improved statutory services, the sector may still want to be vigilant about clarity of purpose and responsibilities for their own work and the adequacy of specialist health services for those that need them.

How would care be coordinated for children and young people with mental health conditions?

Chapter 5 stresses that 'at the heart of any good local system should be cross-sector agreement to ensure clarity in respect of how services are accessed'. It acknowledges the service divisions and fragmented care that has stemmed from the barriers in the tiered model as well looking at more specific issues such as transitions and the use of residential care not being managed in the best interests of children and young people. Consequently a number of proposals are made for improving referral and coordination of multiple services around individual needs. Chapter 6 also explores vulnerable children's particular need for coordinated care and timely access to services, making related recommendations to help achieve this.

[4] See *YIACS: an integrated health and wellbeing model*, Youth Access, 2014.

The proposals that are made for 'what can be done now' are:

Improving communications and referrals between schools, GP practices and specialist children's mental health services, though, for example, **a named point of contact in each commissioner and provider of mental health services and a mental health lead in each school.** This would be supported by a joint training programme for these roles. **(8, 9)**

Strengthening the links between children's mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND). (10)

Bespoke care pathways for vulnerable children developed through collaboration across commissioners of education, health, social care and youth justice services. **(21)**

Flexible acceptance criteria or referrals to support from multi-agency teams for vulnerable children and young people. These should not be based only on clinical diagnosis, but on the presenting needs of the child or young person and the level of professional or family concern. **(22)**

Including sensitive enquiry about the possibility of neglect, violence and abuse in all mental health assessments. (23)

Ensuring those who have been sexually abused and/or exploited receive comprehensive assessment and referral to appropriate evidence-based services. Those who are found to be more symptomatic of suffering from a mental health disorder should be referred to a specialist mental health service. **(24)**

Specialist mental health services actively represented on Multi-Agency safeguarding Hubs to identify those at high risk who would benefit from referral at an earlier stage. **(25)**

For the most vulnerable young people with multiple and complex needs, **appointing a lead professional for the individual child and/or family to co-ordinate support and services** and strengthening this approach to ensure children do not fall between services. **(26)**

Including mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and/or challenging behaviour. This draws on the Government response to the Bubb Report into Winterbourne View. Where it is decided that residential care is the best option for a particular child or young person, outcomes focussed care planning and regular reviews of the suitability of the placement and engagement with the young person and their family is encouraged. **(14)**

Making sure that children, young people or their parents who do not attend appointments are not discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them to engage. **(20)**

Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age. It is recognised that transition at 18 will often not be appropriate, and basing transition on individual circumstance supported by joint working and shared practice across services, is encouraged. **(15)**

The proposals for what should be considered with additional funding are:

Ensuring that named contacts in mental health commissioners and providers, mental health leads in schools and YIACS form part of a core offer in every part of the country. (28)

Embedding mental health practitioners in services or teams working with the most vulnerable, such as those involved in gangs, those who are homeless or sexually exploited, looked-after children and/or those in contact with the youth justice system. **(29)**

Those that work with children and young people with mental health difficulties will be pleased that there are significant proposals for improving coordination of support. While a significant amount of sector activity may be helping children, young people and their families navigate the system, many may feel frustrated that such work would not be necessary if statutory services worked in children's interests. The ongoing role of YIACS is formally acknowledged and supported by the report and there may be specific opportunities for organisations to offer their expertise in cross-agency working to help implement some of the proposals.

If work to improve coordination of the system is successful the sector could in the future see less work supporting access to other services and more work delivering their own interventions at a specific point in the care pathway. Those supporting children and young people will still have to navigate local variations in service configurations, however. While the report proposes moving away from the current tiered model of CAMHS, a new way of arranging services for children with varying levels of need is not prescribed and implementation of reforms will be locally led (see 'How would implementation of the proposals be driven forward?', below).

How would services be planned and commissioned?

The report recognises difficulties in the current system of commissioning. Fragmentation of commissioning responsibilities across multiple organisations, for example, and the limited access to information for informing commissioning (information to help understand both the level of need in the population and the contribution different services are making to children and young people's mental health). The need to address the ambiguity in local authorities' roles and responsibilities in particular is acknowledged. A number of proposals are made, mostly in Chapter 7, that are relevant in terms of improving how local mental health services are planned.

The proposals that are made for 'what can be done now' are:

Completion of a **prevalence survey for children and young people's mental health and wellbeing,** and completing **the Child and Adolescent Mental Health Services dataset**. **(35)**

Continuing investment in commissioning capability and development through the national mental health commissioning capability development programme. **(42)**

Having **lead commissioning arrangements** in every area for children and young people's mental health and wellbeing services with **aligned or pooled budgets** by developing **a single integrated plan for child mental health services in each area**, supported by a strong Joint Strategic Needs Assessment. **(30)**

Health and Wellbeing Boards ensuring that **Joint Strategic Needs Assessments and the Health and Wellbeing Strategies address the mental and physical health needs of children, young people and their families**, effectively and comprehensively. **(31)**

Co-commissioning community mental health and inpatient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate safe and timely discharge. **(32)**

Ensuring commissioning decisions are informed by NICE Quality Standards. (33)

The proposals for what should be considered with additional funding are:

Repeating a prevalence study every 5 years. (39)

The development of an **improved evidence base, on the safety and efficacy of different interventions and service approaches**, supported by a world class research programme. **(49)**

Good information on the level of need and clear commissioning arrangements are key to ensuring there are adequate and appropriate mental health services for children and young people, but both these things have been lacking in the current system. If improvements are successful, the sector may get a better recognition by local agencies of their contribution. Some charities will have established ways of demonstrating their impact, including those using CYP IAPT measures. Demonstrating impact may continue to be a challenge for many organisations, however, particularly those contributing to wider wellbeing, as it can be hard to measure long term impacts on young people's resilience and the avoidance of potential negative outcomes. The children's sector may want to work together to encourage approaches to commissioning that take this into account, as well as developing and sharing expertise on how impact *can* be measured.

Sector organisations also have a role in informing the commissioning process, through sharing information about needs that are presenting at their services and helping decision makers understand the diverse ways in which the sector can support mental health and wellbeing. This role also includes feeding in the views of service users and gathering the views of children and young people more generally. Improvements such as lead commissioning arrangements and a better understanding that JSNAs should address children and young people's mental health should make it easier to make such contributions to the process. Some local organisations still find it hard to engage with CCGs and Health and Wellbeing Boards so exploiting this opportunity to ensure a voice for the sector may require more partnership working.

How would the system be monitored and held to account?

It is acknowledged that at present agreed quality standards are not always applied and there is little transparency in what is being spent locally, whilst the current system can lead to commissioners and providers to 'pass the buck'. A desire to introduce the same rigour to mental health as to physical health is reiterated. A number of relevant proposals are made, mainly in Chapter 7, to address these issues.

The proposals that are made for 'what can be done now' are:

Developing and implementing a detailed and transparent set of **measures covering access, waiting times and outcomes** to allow benchmarking of local services at national level, in line with the vision set out in Achieving Better Access to Mental Health Services by 2020. **(36)**

Monitoring access and waiting times against pathway standards – linked to outcome measures and the delivery of NICE-concordant treatment at every step. **(37)**

Making the investment of those who commission children and young people's mental health services fully transparent. (38)

Ofsted and CQC working together to consider how to monitor the implementation of the proposals from the report in the future. (34)

The proposals for what should be considered with additional funding are:

Putting in place a comprehensive set of access and waiting time standards that bring the same rigour to mental health as is seen in physical health services. (17)

Legislating to ensure no young person under the age of 18 is detained in a police cell as a place of safety. (19)

These measures should help ensure that there are adequate and appropriate mental health services for children and young people in each local area. This is important for the sector not just in ensuring those they work with have access to better care but also to ensure that services they run do not find themselves trying to meet needs that should be met by more specialist mental health services.

It is important to note that initial proposals for waiting time standards, being implemented from this year, are very modest and limited in scope[5], with the previous government having stated its intention to further develop these over the

[5] *Achieving Better Access to Mental Health Services by 2020* includes one standard which includes young people: 'Treatment within 2 weeks for more than 50% of people experiencing a first episode of psychosis' https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020

coming years. The 2015 Conservative Party Manifesto included a commitment to enforce the new access and waiting time standards for people experiencing poor mental health, including children and young people. The sector may want to consider how they can encourage and support the development of a more comprehensive and ambitious set of standards as suggested in proposal 17.

How would implementation of the proposals be driven forward?

Chapter 9 of the report sets out initial steps for delivering transformed mental health services for children and young people. It is stressed that while national organisations must play their part, even more progress can be made rapidly at the local level.

It is therefore proposed that a **local Transformation Plan is established in each area during 2015/16. (46)** These would cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.

The local Transformation Plan would be drawn up by Clinical Commissioning Groups, as the lead commissioners for mental health services, to establish how the national ambition set out in the report would be achieved in their area. The Plans would be developed in consultation with children, young people and their families as well as providers and other commissioners.

It is proposed that **completion of these plans would be made a condition for specific additional national investment**. Commitments were made under the previous Government for spending over the next five years of £150 caring for young people with eating disorders and a further £1.25bn on wider improvements to children's mental health services. These commitments have been reiterated several times by NHS England and government spokespeople since the election[6] and no change in health policy or spending was announced in the Summer Budget in July 2015.

It is recognised that local areas will need guidance and that senior level leadership is needed to deliver change across the country. It is therefore suggested that Accounting Officers and Ministers should be accountable at the national level for progress. It is proposed this forms part of **clear national governance to oversee the transformation** of children's mental health and wellbeing provision country-wide over the next five years. **(47)**

[6] See, for example, Lord Prior of Brampton's contributions to the debate on mental health services for young people on 23 June
http://www.publications.parliament.uk/pa/ld201516/ldhansrd/text/150623-0001.htm#15062355000723
Or NHS England (2015) *Local Transformation Plans for Children and Young People's Mental Health and Wellbeing: Guidance and support for local areas*
http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf

Since the publication of the report, and the general election, a number of steps have been taken to implement some of the proposals in the report. These include:

- NHS England issuing guidance[7] on the development of Local Transformation Plans, which also indicates its priorities for the first year of the service transformation programme and additional funding:
    - Building capacity across the system
    - Community eating disorder services (following) a prior commitment to improve these services
    - Further roll out of CYP IAPT (see proposal 43, 44)
    - Perinatal mental health services (see proposal 4)
    - A joint school and CCG mental health training programme (see proposals 8,9)
- NHS England setting out plans for spending £133 million (of the £1.25bn committed in the Budget) in 2015/16, with £75million going to CCGs from Autumn (following submission and review of their Local Transformation Plans) and £58million for expansion of the CYP IAPT programme (including for young people in the justice system and children and young people with learning disabilities £2.5million)[8]
- The Department of Health restructuring to include a team dedicated to children and young people's mental health (see proposal 47)
- Draft legislation to prevent police cells being used as a place of safety for children being included in the Queen's Speech. (see proposal 19)
- Details being published of the access and waiting time standard for children and young people with an eating disorder, to be effective from 2016/17 and £30million funding (from the previous commitment on eating disorders) this year to prepare for this.[9]

Given that the report was published before the recent General Election and the Minister leading this area at the time is no longer in post, there will have been some uncertainty as to whether the proposals discussed were to be implemented. It will therefore be seen as a positive sign that some initial steps have been taken by Government and NHS England, and, in particular, that the £1.25bn funding commitment has been reiterated. Many in the sector will be acutely aware, however, that this investment is being made in the context of other funding streams and support having been diminished in recent years, with cuts to youth services and welfare potentially contributing to demand.

[7] NHS England (2015) *Local Transformation Plans for Children and Young People's Mental Health and Wellbeing: Guidance and support for local areas* http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf

[8] NHS England 'NHS England launches first stage of new programme to improve young people's mental health services' 3rd August 2015 http://www.england.nhs.uk/2015/08/03/cyp-mh-prog-launch/

[9] NHS England, National Collaborating Centre for Mental Health (2015) *Access and Waiting Time Standard for Children and Young People with an Eating Disorder: Commissioning Guide* http://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf

The focus on local implementation will mean a potentially important role for organisations working locally in informing the development of Transformation Plans. This may, in particular, include supporting the engagement of children and young people in the development of the plans as well as sharing their own knowledge of local needs and the wider role of the voluntary sector.

Some organisations that have a contribution to make may be used to working with different commissioners and funders, and some will have more familiarity with decision-making in the health system than others. Voluntary sector organisations working locally and nationally may need to work together to share intelligence and help hold decision makers at all levels to account for implementation, and ensure that the expertise and contribution of the voluntary sector is well deployed.