NHS England - Maternity, Children & Young People’s Programmes.

Dr Jacqueline Cornish
NCD CYP and Transition

BPS Conference
Birmingham 6th October 2015
“It is easier to build strong children than repair broken men”

Frederick Douglass
1818-1895
The Status of Children’s Health

• **Annual Mortality** compares poorly to comparative European Nations

• “Children lose out to demands of adults in NHS” – failure to provide more than “mediocre services” argues **Sir Ian Kennedy**, 2010

• **Major Public Health issues** – accidents, **obesity**, **Maternal Health during pregnancy**

• **Outcomes for Looked After Children**
  - 60 - 80% of LAC have some level of emotional and / or mental health problem

• **Safeguarding issues** on-going

• **Failures in acute care** – crisis driven approach
  - 1 in 3 children < 1 year admitted to hospital, many unnecessarily

• **Rising burden of non-communicable disease** – 36% neuropsychiatric

• **Poor long term condition management** and **Transition to Adult Services**

• **Children’s professional workforce** – Nurses- 6% of total NHS England nurses, 40% only of GP’s have dedicated training in Paediatrics, Consultant Paediatric workforce insufficient to meet demands in current configurations,

**AGAINST BACKGROUND OF SIGNIFICANT VARIATION THROUGHOUT ENGLAND**

www.england.nhs.uk
All cause mortality in children aged 0-14 yrs in Europe

Wolfe et al, BMJ 23 April 2011
Background – Children and Young People - July 2012

REPORT OF THE CHILDREN AND YOUNG PEOPLE’S HEALTH OUTCOMES FORUM

Forum Co-Chairs:
Professor Ian Lewis, Medical Director, Alder Hey Children’s NHS Foundation Trust
Christine Lenehan, Director, Council for Disabled Children
Drivers of National Priorities

NHS Mandate

• Main basis of Ministerial instruction to the NHS, which must be operationally independent and clinically-led

NHS Outcomes Framework

• Provides national level overview of how well NHS is performing, with indicators in five domains spanning the three dimensions of quality (effectiveness, experience, safety)
• Mandate requires NHS England to drive improvement against each indicator and domain

NHS England Business Plan 2015/16 – 10 Priorities
1. Improving the quality of care and access to cancer treatment
2. Upgrading the quality of care and access to mental health and dementia services
3. Transforming care for people with learning disabilities
4. Tackling obesity and preventing diabetes
5. Redesigning urgent and emergency care services
6. Strengthening primary care services
7. Timely access to high quality elective care
8. Ensuring high quality and affordable specialised care
9. Whole system change for future clinical and financial sustainability
10. Foundations for improvement

5 Year Forward View – 2014 – Prevention, Early Intervention, OOH Care
The NHS Five Year Forward View was published on 23 October 2014

A shared vision for the future of the NHS across seven national bodies

The challenge now is the implementation and to maintain the momentum
Context: the efficiency challenge

Health expenditure projections to 20/21

- £22bn efficiency objective
- £8bn funding requirement

Source: NHS England modelling
Local implementation of the Forward view

No “one size fits all” but 3 areas of current focus:

• New models of care

• New payments and contracting models

• Integrating and devolving commissioning of care
We have a number of initiatives to integrate and devolve commissioning underway:

- **Better Care Fund:** total funds £5.3bn of which CCGs are contributing £4.2bn, £0.7bn more than the minimum amount required.

- **Co-commissioning:**
  - Primary Care Co-Commissioning: 63 CCGs have full delegation and a further 76 have joint arrangements. Scope being extended for 2016/17 and new applications due in September 2015.
  - Specialised: savings in specialised being shared with CCGs where CCGs contribute to the development of the saving.

- **Integrated Personal Commissioning:** 9 pilot sites of a new joint personalised approach to commissioning for individuals across health and social care.

- **Manchester Devolution**
Vision – Manchester Devolution

To ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester
Objectives

• Improve the Health and Wellbeing of all of the residents of Greater Manchester from early age to older people, recognising that this will only be achieved with a focus on the prevention of ill health and the promotion of wellbeing

• Move from having some of the worst health outcomes to having some of the best

• Close the health inequalities gap within GM and between GM and the rest of the UK faster
DevoManc

Creating the rainy city to rival the Windy City……

Whole person, integrated care
Population Health based
Systems leadership
The challenges we face in healthcare...

1. Health and wellbeing gap
   - Radical upgrade in prevention

2. Care and quality gap
   - New care models

3. Funding gap
   - Efficiency and investment
…the new care models that will tackle them

- **Multispecialty Community Providers**
  - moving specialist care out of hospitals into the community

- **Integrated primary and acute care systems**
  - joining up GP, hospital, community and mental health services

- **Enhanced health in care homes**
  - offering older people better, joined up health, care and rehabilitation services

- **Acute care collaboration**
  - local hospitals working together to enhance clinical and financial viability

- **Urgent and emergency care**
  - new approaches to improve the coordination of services & reduce pressure on A&E departments.
CYP are embedded in NHS England’s core programmes...

1. Cancer:
   Specific recommendations for CTYA made through cancer taskforce’s report

2. Mental health access and waits:
   New access and waiting time standards for Early Intervention Psychosis (EIP) and Eating Disorders will be applicable to CYP

3. Supporting people with LDs:
   Aim to reduce inpatient admissions for those with LD/autism applies to children and complements EHCP

4. Long-term conditions:
   The model of care planning, house of care model, and recent resources developed are ‘all ages’

5. Urgent & Emergency Care:
   Children form one of the ‘lenses’ through which the proposed new model will be viewed.

6. New care models:
   Aiming to work with interested vanguards, UEC and acute care collaboration vanguards; Support offer already submitted

... plus other stand alone programmes
CYP - other specific programmes

- Reducing **premature mortality**:  
  - Still birth reduction  
  - Detection of the deteriorating child  
  - Paediatric sepsis

- Improving **transition to adulthood** (paediatric to adult services)

- Improving care for children with **special educational needs**

- Improving children and young people’s **experience of care**

- **Improving acute care for children and young people**
Mat & CYP Strategic Clinical Networks

- 12 Senate/SCN geographical areas
- Subject to Smith Review – objectives now aligned to national priorities
- Conduit between Providers and Commissioners
- Local variation in outcomes still a priority
- PHE working with SCN’s to develop improvement data
- Transition group formed with QI leads

NHS | Presentation for SCN Development Day | 21st May 2013
1. Implementing the Saving Babies’ Lives care bundle for reducing Stillbirth and Early Neonatal Death

2. Improving Transition from paediatric to adult services in long term conditions (Epilepsy, Diabetes) and continuing work around paediatric Asthma to target NRAD recommendations, improving care and reducing mortality for each condition

3. Improving Acute Medical and Surgical Paediatric Care and their interfaces, and improving the safety and provision of Neonatal Care

4. Improving outcomes for Child and Adolescent Mental Health problems by supporting (alongside the Mental Health networks):
   1. the continued roll out of the CYP IAPT programme
   2. improvements in crisis care and tier 3.5
   3. the development of robust comprehensive Transformation Plans
   4. the delivery of the proposals in Future in Mind
   5. the piloting of CAMHS currencies

5. Improving Perinatal Mental Health access and outcomes, including early identification and risk assessment (sitting across mental health network)
Maternity - What are we committed to achieve in the Mandate?

Reducing deaths in babies and young children

- Infant deaths
- Neonatal deaths and stillbirths

Improving women and their families experience of maternity services

- Offer women the greatest possible choice of providers
- Ensure every woman has a named midwife…..
- Reduce the incidence and impact of postnatal depression through earlier diagnosis and better intervention and support

Improving the safety of maternity services
1 - Reducing Premature Mortality

- Detecting the Deteriorating Child
- Paediatric Sepsis
- Standardised Data Collection on Child Death
- National CDOP database
- Reduction of Stillbirths/Perinatal/Infant Mortality
- Children, Teenage and Young Adult (CTYA) Cancer Group
Trends in stillbirth rates at >28 weeks gestation 1990-2008
Saving Babies’ Lives -

Developing a Care Bundle for reducing stillbirth and early neonatal death
Care bundle elements

Smoking cessation

Identification and surveillance of fetal growth restriction

Reduced fetal movement

Effective fetal monitoring

Best practice, evidence, patient experience
Maternal, Newborn and Infant Clinical Outcome Review Programme

Maternal deaths report launch
London 9\textsuperscript{th} Dec, Edinburgh 12\textsuperscript{th} Dec

Perinatal deaths report launch May 2015
Asthma mortality and children with wheeze

Ingrid Wolfe, Lancet, Mar 2013
Causes of Mortality in Childhood

- **Perinatal and Congenital Causes** – 60% of deaths, 70% 1st week

- **Acquired Natural Causes – Long term Conditions** - Neurological, Respiratory, Cardiovascular, Endocrine, Infection

- **Cancer** – CRG aspiration to increase Trial Recruitment from 60%-80%, work to be undertaken on Early Diagnosis

- **External Causes** – 50% of all adolescent deaths - accidents, suicide

- **Unexplained Deaths** – SIDS, co-sleeping

- **Deaths in Children with Life-Limiting/Life Threatening Conditions** – ensure appropriate palliative care including choice and plan in place, with full YP and family involvement
CTYA Cancer

• 3,800 CTYA, aged 0-24, are diagnosed with Cancer every year (1600 aged 1-14, 2200 aged 15-24) – approx 80% 5 year survival, majority cured of disease

• **BUT** – Cancer is the most common cause of illness related death in 0-14 years – 250/year, 26% of all deaths

• For Children, outcomes are 1-2% less than European average, up to 4% behind the best in Europe, and Brain Tumour outcomes are up to 10% below the best in Europe and USA

• For TYA, challenges are late diagnosis, low trial recruitment, poor compliance and worse outcomes than Children

• **Once in a lifetime event for most GP’s** – perceived delays in diagnosis, 4 or more contacts with Primary Care before diagnosis, HeadSmart campaign awaiting evaluation

• **Issues highlighted to independent Cancer taskforce Chaired by CRUK**

www.england.nhs.uk
2 - Acute and Urgent Care in CYP

- **Acute Care Work Stream** – Innovative models of care in line with the 5YFV, Multispecialty Community providers, aim to keep CYP in Community and primary care, addressing primary/secondary/emergency interface

- **Urgent and Emergency Care Review** – address quality of care, rising attendances and admissions

- **Paediatric Surgical Networks** – SW & E Midlands SCN’s lead, quality of General Paediatric Surgery, work with RCS.
Improving Care for Acutely Ill Children and Young People programme

• Partnership working with the **12 Strategic Clinical Networks for CYP** and Maternity to:
  
  o Inform of local best practice
  o **Share learning from Vanguards** and other programmes

• 3 key priorities:
  
  o Improving care for acutely ill CYP within the **urgent and emergency care system**
  o Improving care at **the interface between services and pathways** for acutely ill CYP
  o Recognising and responding to the **deteriorating child** in the inpatient setting
2a - Variation persists and the Emergency care system is under pressure

- ED Departments are under increasing stress:
  - Rising ED attendances for CYP
  - 40% over 10 years

- For 2013/14, ED attendances for CYP exceeded those of older people...

<table>
<thead>
<tr>
<th></th>
<th>&lt; 20 years</th>
<th>&gt;65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>4.9 million</td>
<td>3.6 million</td>
</tr>
</tbody>
</table>

- But admission rates were low...

<table>
<thead>
<tr>
<th></th>
<th>&lt; 20 years</th>
<th>&gt;65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>11.5%</td>
<td>46.4</td>
</tr>
</tbody>
</table>
The Urgent and Emergency Care Review

- UEC Review is ongoing
- Publishing “what good looks like” and disseminating models of care provision
- Establishment of new Urgent and Emergency Care Networks

The model:
Safer, faster, better – good practice

“Much of the good practice highlighted in this paper for adult services is relevant for paediatric care. However, paediatric standards are generally more demanding as paediatrics is a very short stay specialty service and is increasingly provided on a network basis”
Safer, faster, better – good practice within the UEC system

- Implement intercollegiate national emergency care standards
- Separate childrens stream/paeds ED
- Dedicated paediatric staffing and paeds-specific triage
- Provision for high volume surges for quick assessment
- Improve care within the UEC system

Intercollegiate safeguarding standards (+have a 24h place of safety)
Safer, faster, better – good practice at service interface

- Develop separate primary care stream in hospital
- Consider SSPAU as an alternative to ED and admission
- Develop, agree & monitor access to community nursing
- Ensure access to GPs experienced in paediatrics (especially OOH)
- Ensure 24/7 access to PMHL services

SSPAU = short stay paediatric assessment unit
PMHL = paediatric mental health liaison

www.england.nhs.uk
REVISED 2015 FACING THE FUTURE: STANDARDS FOR ACUTE GENERAL PAEDIATRIC SERVICES

To ensure paediatrics is a 24/7 service with the most experienced doctors present at the busiest times.

www.rcpch.ac.uk/facingthefuture

Key changes:

• Increased consultant presence (five year aspiration: 12 hours a day, 7 days a week)

• All children admitted with an acute medical problem are seen by a consultant paediatrician within 14 hours of admission (previously 24 hours)

• Two consultant led handovers every 24 hours (previously one)

• Further guidance on the composition of rotas to recognise that there are a growing number of ways of achieving safe, experienced cover
NEW FACING THE FUTURE: TOGETHER FOR CHILD HEALTH

Joint RCPCH, RCN, RCGP standards for unscheduled care

- Ensure there is always high quality diagnosis and care early in the pathway
- Provide care closer to home where appropriate
- Provide specialist child health expertise directly into general practice

www.rcpch.ac.uk/togetherforchildhealth

- Standards 1 to 6 focus on supporting general practice to safely care for the child in the community, preventing unnecessary attendances and admissions

- It will be necessary for some children to be cared for in hospital and standards 5 to 8 focus on reducing the length of stay and enabling these children to go home as safely and as quickly as possible

- Standards 9 to 11 look more widely at connecting the whole system and improving the patient experience
RELATED DOCUMENTS

**Intercollegiate Standards for Emergency Care:**
provides healthcare professionals, providers/planners & commissioners with urgent and emergency care settings standards.

**Standards for Children’s Surgery:**
to ensure children can receive surgery in a safe, appropriate environment, which is as close to their home as possible.

**High Dependency Care for Children – Time to Move on:** Recommendations to improve critical care outside PICU and emphasis vitally important role of networked approaches to care.
2b - Acute and Urgent Care in CYP

- **Acute Care Work Stream – Interface between services and pathways** – Innovative models of care in line with the 5YFV, Multispecialty Community providers, aim to keep CYP in Community and primary care

- **Work with SCN’s to scope new models for OOH Care**
Child Health GP Hubs – a model of integrated child health

Vertical integration between GPs and paediatric services

Horizontal integration across multiple agencies

Tertiary Care
Sub-specialty Paediatrics

Secondary Care
General Paediatrics

Health Visitors
Dieticians
Community Nurses
Practice Nurses

CAMHS
Voluntary sector
Schools
Social Care
Children’s Centres

Child Health GP Hubs

Public and patient engagement

Specialist outreach
• Paediatricians
• Specialist nurses
• Other specialists

Flexible access

Open access
• Practice nurses
• Health visitors
• Children’s centres
• GPs

Connecting care for children
# A Whole Population Approach: Patient Segments in Child Health

Integrated care is often built around patient pathways. In stratifying children and young people we strongly advocate a ‘whole population’ approach, where 6 broad patient ‘segments’ can be identified:

<table>
<thead>
<tr>
<th>Segment</th>
<th>Example Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy child</td>
<td>• Advice &amp; prevention eg: Immunisation / Mental well-being / Healthy eating / Exercise / Dental health</td>
</tr>
<tr>
<td>Child with social needs</td>
<td>• eg: Safeguarding issues / Self-harm / Substance misuse / Complex family &amp; schooling issues / Looked after children</td>
</tr>
<tr>
<td>Child with complex health needs</td>
<td>• eg: Severe neurodisability / Down’s syndrome / Multiple food allergies / Child on long-term ventilation/ Type 1 diabetes</td>
</tr>
<tr>
<td>Child with single long-term condition</td>
<td>• eg: Depression / Constipation / Type 2 diabetes / Coeliac Disease / Asthma / Eczema / Nephrotic syndrome</td>
</tr>
<tr>
<td>Acutely mild-to-moderately unwell child</td>
<td>• eg: Upper respiratory tract infection / Viral croup / Otitis media / Tonsillitis / Uncomplicated pneumonia</td>
</tr>
<tr>
<td>Acutely severely unwell child</td>
<td>• eg: Trauma / Head injury / Surgical emergency / Meningitis / Sepsis / Drug overdose</td>
</tr>
</tbody>
</table>
HANDi Demonstration

1. Get out your Smart Phone
2. Log onto WIFI
3. Go to App Store or Google Play
4. Search HANDi
5. Install
6. Play, Enjoy, Feedback
7. Take back to your local department

Thanks to SCN, TSFT, CCG, SWAST
3 - Long Term Conditions

- **Asthma** – most common LTC, 1.1M, work with 6 SCN’s, aim to work with Primary Care to increase % of Asthma Plans, improve practice nurse teaching in medication management, development of BPT

- **Diabetes** – outcomes below European best, established Network Model

- **Epilepsy** - work with 4 SCN’s to define National Standards, increase teaching of self-management

- **Rehabilitation/Complex Disability** – Report due, work under NHSE Rehabilitation Programme Board

- **Paediatric Palliative Care for CYP with Life-Limiting/Life-Threatening** – close work with Charitable sector, Hospices and Specialist Commissioning
4 – Transition - Philosophy

“Paediatric and adult health care professionals need to provide developmentally appropriate health care for adolescents and young adults with long term physical and mental health conditions addressing medical, psychosocial and educational/vocational needs working together when necessary to support continuity of care as they move from child-centred to adult delivered services”
Transition - Current Health Service

Paediatric services and paediatricians

Adult services and adult physicians

Primary Care and General Practitioners
TRANSITION – Where are we now?

4 Work Streams established (plus more under consideration) with significant progress to date:

**Specialised Service Specification** – Insert developed

**Diabetes** – Specification almost complete

**CAMHS** – Service Specification on CCG web-site

**SEND/LD** – work in progress with CDC

**Rehabilitation/Disability/End of life Care** – work in progress
Headline ambitions for End of Life care in Children and Young People

- Getting care as good as it can be wherever the child or young person is – as fulfilling lives as possible at all stages

- Care that matches the CYP and family preferences as closely as possible and meets needs as far as possible

- Staff who have confidence to bring these skills into other parts of care

- Preparing for Transition, can co-exist with end of life plans

- Everybody feels responsible for playing a positive part in end of life care/care for the young person with LL illness, recognising that – Palliative care for CYP is “an active and total approach to care, from the point of diagnosis, embracing physical, emotional, social and spiritual elements through to death and beyond”
Mental Health problems are the greatest health problem faced by children and young people

Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996

Prof Pat McGorry
Spotlight on mental health

- Health Select Committee Report 2014

- Ministerial Children and Young People’s Mental Health and Wellbeing Taskforce – “Future in Mind” published March 2015

- Department for Education: Guidance on Behaviour and on Counselling and investment via range of grants

- UK Youth Parliament National Campaign for 2015

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

- NHSE Mental Health Taskforce – All Ages

- Constant media attention........
Challenges facing CYP Mental Health

• **High prevalence**: 1:10 5-15 year olds have a MH disorder, 75% long term MH problems present before 18

• **Significant gaps in data and information** and delays in the development of payment and other incentive systems

• **The treatment gap**: only approx. 25% of those with a diagnosable mental health condition access support

• **Difficulties in access**: increasing referrals and complexity, without increasing capacity

• **Complexity of current commissioning arrangements**: a number of different agencies provide care

• **Access to crisis, out of hours and liaison psychiatry services** are variable, including lack of health based places of safety

• **Specific issues facing highly vulnerable groups** such as child sexual exploitation, looked after children or care leavers
5 - What has NHS England done over the last year to improve CYP Mental Health and Wellbeing?

- **CYP IAPT – Transformational Programme**, has reached 68% of CYP in 2015, therapies being extended, plans to roll out by 2018

- **Co chaired with DH CYP Mental Health and Wellbeing Task Force – Future in Mind published**

- **Published CAMHS Transition to AMHS and other services**, model service specification and transfer of care protocol Dec 2014, on CCG web-site

- **Published model specification for Tiers 2/3 plus service standards Delivering With Delivering Well** published December 14. Delivering With Delivering Well based on CYP IAPT principles included by CQC, QNCC and BOND quality and assurance networks

- **Established Mental Health and Parity of Esteem Board** - CYP and Families included

- **Strategic Clinical Networks** - Greater Manchester, Lancashire and South Cumbria lead for SCN’s improvement in CYP Mental Health

- **Perinatal Mental Health** – within NHSE MH Programme Board

- **HQIP** – Teenage and Young Adult Suicide CORP

- **Specialised Commissioning** - Tier 4 Review - recommendations re case management, increased beds and quality markers

- **Partnership working across Departments and Agencies** – DH CHWP Board DfE, PHE, HEE, CYP Health Outcomes Forum

- **Established All Ages independently chaired Mental Health Taskforce** with ALBs and key stakeholders – will develop NHSE 5Year MH Strategy

www.england.nhs.uk
A Case for Change: prevalence

- 9.6% (approx 850,000) children and young people aged between 5-16 years have a mental disorder
- In an average class of 30 schoolchildren, 3 will suffer from a diagnosable mental health disorder

Anxiety
3.3% or about 290,000 have an anxiety disorder

Conduct disorders 5.8% or just over 510,000 have a conduct disorder

Hyperkinetic disorder (severe ADHD)
1.5% or about 132,000 have severe ADHD

Depression
0.9% or nearly 80,000 are seriously depressed
CYP Mental Health –

Future in Mind

• Promoting, protecting and improving our children and young people’s mental health and wellbeing
Future In Mind Overview

- Five **key themes** provide the structure of the report:
  - Promoting resilience, prevention and early intervention
  - Improving access to effective support
  - Care for the most vulnerable
  - Accountability and transparency
  - Developing the workforce

- Participation and collaboration identified as a core principle - services designed in collaboration with children, young people and families to meet their needs

- **49 proposals** to transform the design and delivery of a local offer of services for children and young people with mental health needs
Future In Mind Overview

- Improved crisis care: right place, right time, close to home
- Improved transparency and accountability across whole system
- A better offer for the most vulnerable children and young people
- Improved public awareness less fear, stigma and discrimination
- Timely access to clinically effective support
- More evidence-based, outcomes focussed treatments
- More visible and accessible support
- Professionals who work with children and young people trained in child development and mental health
- Model built around the needs of children and young people, and a move away from the ‘tiers’ model
- Improved access for parents to evidence-based programmes of intervention and support
Additional funding - recent announcements

**Autumn Statement 2014 £30M recurrently**
- Develop evidence based community Eating Disorder services for children and young people: capacity in general teams released to improve self-harm and crisis services.

**Budget Announcement Spring 2015 £250M recurrently**
- Build capacity and capability across the system so that we make measurable progress to securing improvements in outcomes by 2020.
- Roll-out the Children and Young People’s Improving Access to Psychological Therapies programmes (CYP IAPT) across the country by 2018
- Improve perinatal care
- Pilot a joint mental health training programme for single points of access in specialist CAMHS and schools, testing it over 15 CCGs.

Implementation of these announcements will be via Transformation Plans
www.england.nhs.uk
CYP IAPT

- National 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

- **New curricula** – evidence based interventions including
  - Children and young people with learning disabilities or autistic spectrum disorder
  - Working with 0-5s
  - Counselling
  - Combination - Prescribing and therapy
Making change happen

*Future in Mind* set out that by 2020 we want England to lead the world in improving the outcomes for children and young people with mental health problems.

This will be delivered by:

- Local Transformation Plans
- Clear national governance
- Co-commissioning

With additional investment:

- Development of an improved evidence base
Local Transformation Plans for CYP Mental Health and Wellbeing

• Local areas now need to develop effective Transformation Plans for their populations

• These should cover the whole spectrum of services – from building resilience and promoting good mental health to support and early and effective interventions for CYP who have existing or emerging MH problems

• Plans should include mechanisms to ensure smooth Transitions between CAMHS and adult services

• Close collaboration with local commissioning partners including NHS England specialist commissioning, Public Health, Local Authorities, Social Care and Education will be expected
Transformation plans will need to

- **Be transparent about…**
  - Baseline investment by local commissioners
  - What services are provided including workforce information
  - Referrals received, accepted, waiting times

- **Demonstrate service transformation** in line with key principles including
  - range and choice of treatments and interventions available;
  - collaborative practice with children, young people and families and involving schools;
  - use of evidence-based interventions; and regular feedback of outcome monitoring to children, young people and families and in supervision.

- **Monitor improvement**
  - Development of a shared action plan and a commitment to review, monitor and track improvements with appropriate governance structures.
“In God we trust…
All others bring data.”

W. Edwards Deming
Children and Young People’s Mental Health - Workplan

• Underpinning our programme
Commitment to involve children, young people and parents as well as professionals to ensure that everything we do has service users at the centre

• Build capacity and capability to improve access
Use new resources announced in Spring budget to build capacity across community CAMHS so that by 2020 a further 70,000 more children and young people are treated per annum. CCGs to submit jointly developed Transformation Plans

• Eating Disorders
As part of local transformation plans, support CCGs to commission evidence based community eating disorder teams working across min. population footprint of 500k, and deliver an access and waiting time (1W for urgent, 1M for routine) standard for 2017-18 in conjunction with National Collaborating Centre for Mental Health.

• CAMHS-Schools Pilot
Pilot an initiative jointly with Department for Education to develop a programme for single points of access in specialist CAMHS and schools. 22 pilot sites (some with more than 1 CCG, 10 schools per CCG)
Children and Young People’s Mental Health Workplan

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

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

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

- **Integration of Physical and Mental Health in CYP**
  to achieve full parity, reduce stigma and improve outcomes through early intervention and prevention and improving access to evidence based therapies working with cross-system partners
Children & Young People are... 

a third of our population -

but ALL of our future
Children and Young People Services in NHSE

- **Opportunity** - Uniform commissioning – Direct and CCG
  National process with national engagement
  More equity, resulting in secure systems for delivery
  **NHSE 5 year Forward View** - Cancer, MH Strategy, CYP OOH care

- **Challenge** - Service re-design moving towards vertical & horizontal integration
  Precise definitions of levels of skills and workforce needed - **HEE**
  Whole pathway approach with appropriate **Transition to Adult Services**
  Absolute clarity in Service Specifications along whole pathway

- **Conundrum** - To integrate all the parts of service pathways from **Community & Primary**, to Secondary & **Tertiary Care**, working with Spec Comm & CCGs to commission a care continuum - **SCN support – pivotal to delivery**

- **Strong Clinical Leadership, good Governance & robust Regulation** - vital to achieve the Ambitions for CYP in all areas.
“Never, never, never give up!”