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NHS Lancashire and South Cumbria Integrated Care Board

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INNOVATION INSIGHTS

A SERVICE MODEL FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

FOREWORD:
EXECUTIVE SUMMARY

Children and Young People's Mental Health services present a significant challenge to service users, commissioners and service providers alike. Working with multiagency stakeholders across the North West, Health Innovation North West Coast (formerly the Innovation Agency) has facilitated a redesign that encompasses all aspects of the children and young people's mental health journey, from preventative community services to inpatient beds and everything in between. The future state service model demonstrates how redeployment of resources, introduction of technology and a whole-system multiagency approach can be used to increase access to services and reduce waiting times for patients. This model will be shared nationally in mental health improvement settings.

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UNDERSTANDING THE PROBLEM

HALF OF ALL MENTAL HEALTH PROBLEMS ARE ESTABLISHED BY THE AGE OF 14

Across the United Kingdom one in six children are likely to have a mental health problem. Furthermore, half of all mental health problems are established by the age of 14. We know that prompt access to support enables children and young people experiencing difficulties to maximise their chances of leading a healthy and happy life.

WE ALSO KNOW THAT THE LIKELIHOOD OF CHILDREN HAVING A MENTAL HEALTH PROBLEM HAS INCREASED BY 50 PER CENT IN THE LAST THREE YEARS.

The uncertainty brought on by the pandemic is a key factor in this deterioration. Studies show that, compared to adults, children and adolescents may suffer prolonged, adverse effects to their mental health because of the pandemic and this is something that we now need to factor into our mental health care. Other factors such as strained family relationships, academic stress, reduced social contact, and anxieties also contribute towards deterioration of mental health. Due to a variety of other pressures in the NHS, including workforce shortages and insufficient funding impacting capacity, the rise in demand has not been met with an increase in care provision. This, in addition to the fact that many young people cannot access support without a formal diagnosis, has resulted in many children not getting the access to the care that they need in a timely manner, and an increase in waiting lists and bar for referral, putting services under increasing pressure.

ONE IN SIX CHILDREN ARE LIKELY TO HAVE A MENTAL HEALTH PROBLEM

As a result, more children and young people are being turned away from services for not meeting the threshold for support. This is exacerbating the number of people presenting to health services at the point of crisis, likely due to a lack of earlier intervention. Not only does this have a detrimental impact on the patient but is also far more costly to the NHS and broader society.

Several multiagency partners have a key role in supporting children and young people's mental health such as: schools; social care; police services; the ambulance service and the voluntary sector. The way that these services are commissioned is not joined up and there is a lack of collaboration between sectors, leading to duplication, inefficiencies and young people getting lost between services. It also leads to issues with finding young people home placements which amongst other factors contribute to the delayed discharges we are seeing of up to 700 days and increased lengths of stay for children who no longer need to be in a hospital setting. This in turn results in a large amount of out-of-area bed days needing to be commissioned due to the challenges with patient flow.

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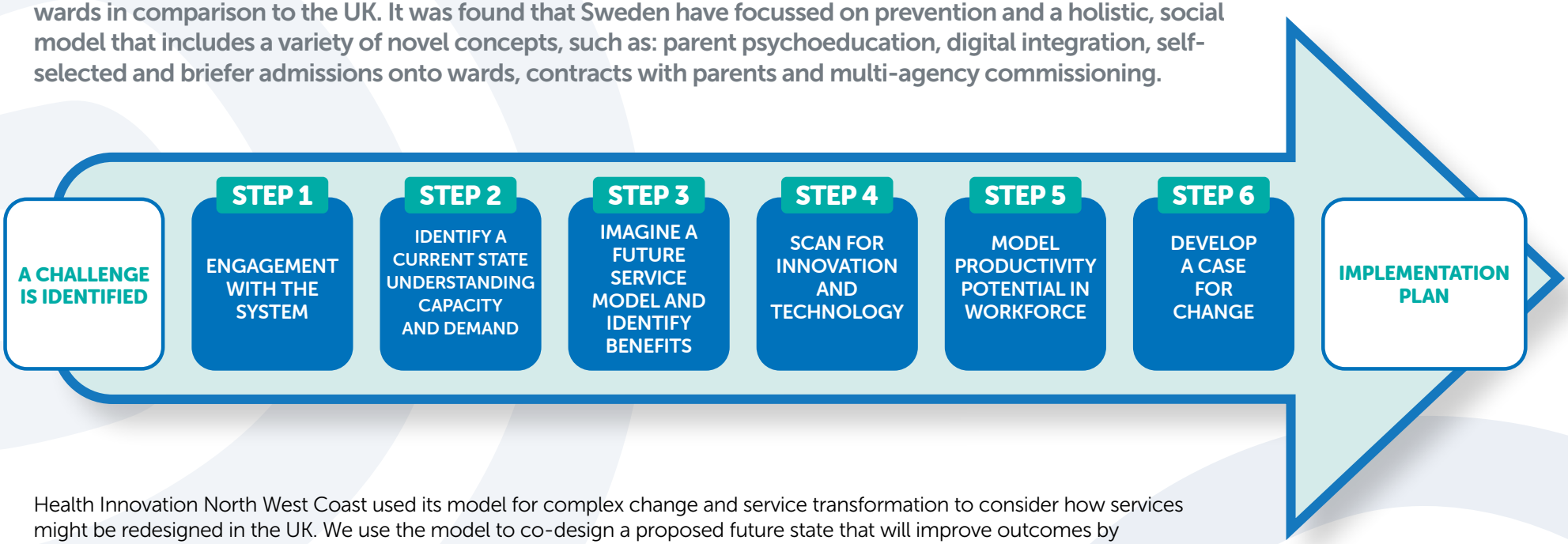
THE APPROACH

Several leaders in mental health across the North West were keen to understand the approach taken to children's mental health services in Sweden because they have a much lower length of stay on mental health wards in comparison to the UK. It was found that Sweden have focussed on prevention and a holistic, social model that includes a variety of novel concepts, such as: parent psychoeducation, digital integration, self-selected and briefer admissions onto wards, contracts with parents and multi-agency commissioning.



Health Innovation North West Coast used its model for complex change and service transformation to consider how services might be redesigned in the UK. We use the model to co-design a proposed future state that will improve outcomes by introducing innovation to optimise the deployment of resources and embrace integrated care concepts.

We developed a future service model through a series of design thinking workshops. The process began with the identification of barriers in the current state leading to the creation of a set of minimum specifications for inclusion in the improved future model, including technology and new roles or workflows.

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CURRENT STATE OF NORTH WEST SERVICES

SEVERAL THEMES WERE IDENTIFIED BY BOTH SERVICE USERS AND SERVICE PROVIDERS INVOLVED IN THE DESIGN THINKING PROCESS.

Not enough focus on early intervention, prevention and education

It is widely accepted that the escalation of mental health challenges could often be avoided by earlier intervention or preventative approaches. It is vital that both parents/carers and young people are educated about the science of the brain and given the tools to build habits and skills that improve their mental wellbeing. This includes education for parents on attachment and bonding, as well as provision of a whole-school approach to understanding mental health. However, our current system is having to work in a reactive rather than a preventative manner, that doesn't allow enough focus on this type of approach.

> **It felt like things had to get really bad before I was taken seriously**

Transition and discharge issues

It has been widely reported that young people receiving care from CAMHS struggle to receive continuity of mental health care when they reach the upper age limit of these services. If there is an ongoing mental health clinical need, the young person's care should be transferred to an adult mental health service (AMHS) through a managed process known as 'transition'. However, only around one-quarter of young people transition to AMHS; therefore, most young people need to access support elsewhere.

As a result of poor continuity of care when young people leave CAMHS services, they are often discharged back to their GP which puts a significant strain on primary care services. This handover is poorly managed and GPs struggle to find capacity to support young people without having input from specialist mental health services.

Children and young people are often passed between different children's services to receive the most appropriate care. It has been frequently reported that there are also problems with the referral process in between these children's services. This means that patients fall between gaps with no services taking responsibility for them. This has an impact on the deterioration of these young people's mental health, and it is also putting unnecessary pressure on secondary and tertiary mental health services.

Children in the social care system are known to be more likely to suffer from mental health issues. Sadly, when these issues escalate there are often challenges with how to provide care for these young people. This often means there is not a safe home setting available, however an inpatient stay is deemed likely more harmful than helpful, ultimately resulting in there being nowhere for these young people to be supported.

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CURRENT STATE OF NORTH WEST SERVICES

Strategy evident but not clear

Staff are aware of a variety of strategies and guidance around the improvements required in CYP services, however it was felt that this is not often clear how that translates to their daily work. It was also felt that there is no single approach that all professionals supporting young people understand and work towards, often resulting in confusion and disputes between sectors.

At present commissioning for children and young people's mental health services is not joined up across sectors and often quite short term with little continuity that exacerbates health inequalities.

Long wait times and high bar for referral

There are long waits for CAMHS services, and the thresholds for meeting referral criteria have increased due to the increasing demand. Several thousand young people have been waiting over 12 weeks for an appointment across the North West, with some patients waiting as long as six months.

There are cultural and behavioural issues between services

The increasing pressures upon staff to meet demands are resulting in disputes between services as to where young people are best supported. This is generating a negative culture that is increasing sickness absence, further compounding the workforce issue.

There is not enough capacity in the workforce to meet demand

There is an ever-growing demand for mental health services, which with existing models would require workforce provision to grow year on year exponentially to be met. Furthermore, there are significant NHS staff sickness absence rates nationally, with the North West reporting the highest rates of 6.45 per cent. Due to workforce pressures North West A&E departments are very frequently staffed with amber and red staffing levels. The lack of workforce capacity is the fundamental issue that exacerbates a large majority of the other challenges we are seeing, often meaning helpful things like continuity of care for patients isn't possible. It is widely accepted that the NHS will not be able to meet mental health demand without creating efficiencies that create time back to care for the workforce as increasing staff provision alone will not be enough and is often not possible.

There is a lack of collaboration across sectors

There is an opportunity for greater collaboration across sectors. Sharing learning in mental health is key and will promote high-quality care. For example, when primary care and mental health care collaborate, there have been proven improved clinical outcomes. Multiagency partners play a vital role in assisting young people with their mental health. It is important for all partners to feel included so that they can work in the best way possible.

> **It hurts having to retell my story again at each appointment**

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CURRENT STATE OF NORTH WEST SERVICES

Families are not involved enough

It is important that the home setting and parents/carers are included in the young person's support network. Parents and carers are an important voice as they often are the first people after the child to notice any mental health issues. However, we hear they are often not confident to get involved in conversations because they believe that medical professionals will know better.

Many children and young people receive the wrong support

Young people are frequently not receiving the correct care for their needs, often linked to the fact that there are no consistent criteria for different thresholds of support, or staff members not fully understanding the offers of the various services they are referring to. Again, the omission of multiagency partners at the beginning of the journey increases likelihood that the problem is not fully understood, and inappropriate recommendations are made.

A significant number of referrals made to CAMHS in the North West have an ASD or ADHD component, so it is important that workforce in all relevant sectors is upskilled to support these young people and tailor support appropriately. It is also important to consider where psychosocial support is more appropriate and where trauma informed education is necessary for the workforce. Furthermore, there are cases of inappropriate admission, where inpatient settings are proving more harmful than helpful and delayed discharges are resulting in young people being in hospital settings far longer than necessary.

There are issues with data flow and connectivity between systems

Across the region many different systems are used to record patient data, track appointments and for more innovative technologies such as digital therapy. This creates problems with data flow and connectivity that create inefficiencies and result in duplication of work.

Many partners are involved in a young person's mental health journey, and it is important for these partners to be able to access appropriate patient information. Poor connectivity and immature infrastructure leads to a lot of duplication and time wasted chasing information from various services.

It was agreed that all these challenges could fundamentally be routed back to four main areas of focus:

- **The need to improve flow across our services**
- **The need to communicate and collaborate across sectors with other professionals and with service users**
- **The need to maximise workforce potential within existing funding**
- **The need to integrate our digital systems**

A set of minimum specifications were developed across these areas and used to draft a future state.

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FUTURE STATE OF CYP SERVICES

The Long Term Plan for the NHS sets out ambitions for a new service model for the 21st century that include boosting out of hospital care, giving people more control over their own personalised care, digital enablement and a population health focus moving to Integrated Care Systems. It also calls for more action on prevention and health inequalities and a focus on supporting the workforce. The proposed future state encompasses these principles through a digital, preventative, needs led approach in one single ICS wide operating model, that ultimately creates efficiencies that result in time back to care for staff.

More specifically the plan also calls out the need for a strong start in life for children and young people, including the need for prompt access to mental health services, setting out a national ambition to see 345,000 additional individuals aged 0-25 accessing NHS funded services. It also highlights the need for mental health support embedded in schools, a new approach to transition and specific action for children with autism and learning disabilities, all of which are addressed by the proposed future state model.

NHSE have recently shared a draft commissioner guidance with local systems aligned to the aims in the long-term plan. This guidance focuses on specialised expertise being available where the child is located, through community services, schools and home treatment teams. It sets out how specialist resources should be focused less on bed provision and used differently to provide specialised intensive community options to ensure more young people can be cared for closer to home and connected to their lives. It also recommends a person centered, needs led, trauma informed approach that is grounded in community-based support, all of which aligns to our proposed future state model which focuses on the redeployment of resources for greater investment in prevention and early intervention.

A local review of CAMHS services was taken across the NW in 2021 which made recommendations around a core CAMHS offer, joint commissioning and a workforce plan, all of which are aligned to our work. It was important to weave in the learning from all of this guidance and associated subsequent local transformation works that have made a huge amount of positive progress across many areas, including the adoption of the THRIVE framework and other local innovation.

The proposed future state should include five key areas of change. This will result in improved access, patient flow and workforce efficiencies.

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FUTURE STATE OF CYP SERVICES

THE FIVE KEY AREAS OF CHANGE ARE:

CHANGE 1 A GREATER FOCUS ON PREVENTION AND EDUCATION

Incorporation of consistent validated educational materials into a variety of touch points for both parents during their child's early years and young people during their time in education settings.

CHANGE 2 A SINGLE POINT OF ACCESS DIGITAL PLATFORM

An online hub where all young people can find access to educational resources, local community offers and a variety of apps, as well as providing a front door for self-assessment and referral for additional support, in order to increase access and decrease wait times.

CHANGE 3 A MULTIAGENCY APPROACH WITH GRADUATED LEVELS OF NEED

Ensuring all people - parents, social workers, educators or healthcare professionals - in a young person's network are involved in the initial assessment and triage process so a positive, needs-led conversation can be had, including a care plan and contracts with parents that results in stratification into the appropriate tier of the thrive framework.

CHANGE 4 A SELF-MANAGEMENT PLATFORM

The baseline level of support would be a bespoke self-management platform so young people can manage their condition and a variety of prescribed interventions in a single place that connects with all systems.

CHANGE 5 A REIMAGINED CRISIS OFFER

Establishing three clear levels of support that includes an enhanced home support provision, brief admissions policies for inpatient settings and, crucially, the introduction of an intermediate non-medically led supported living option.

ENABLERS

It is imperative that there is an end to end digital infrastructure to support these changes. The single point of access platform should link through to the self management platform and there should be access for all relevant care professionals into the back end so they are able to track patients through different services and levels of support.

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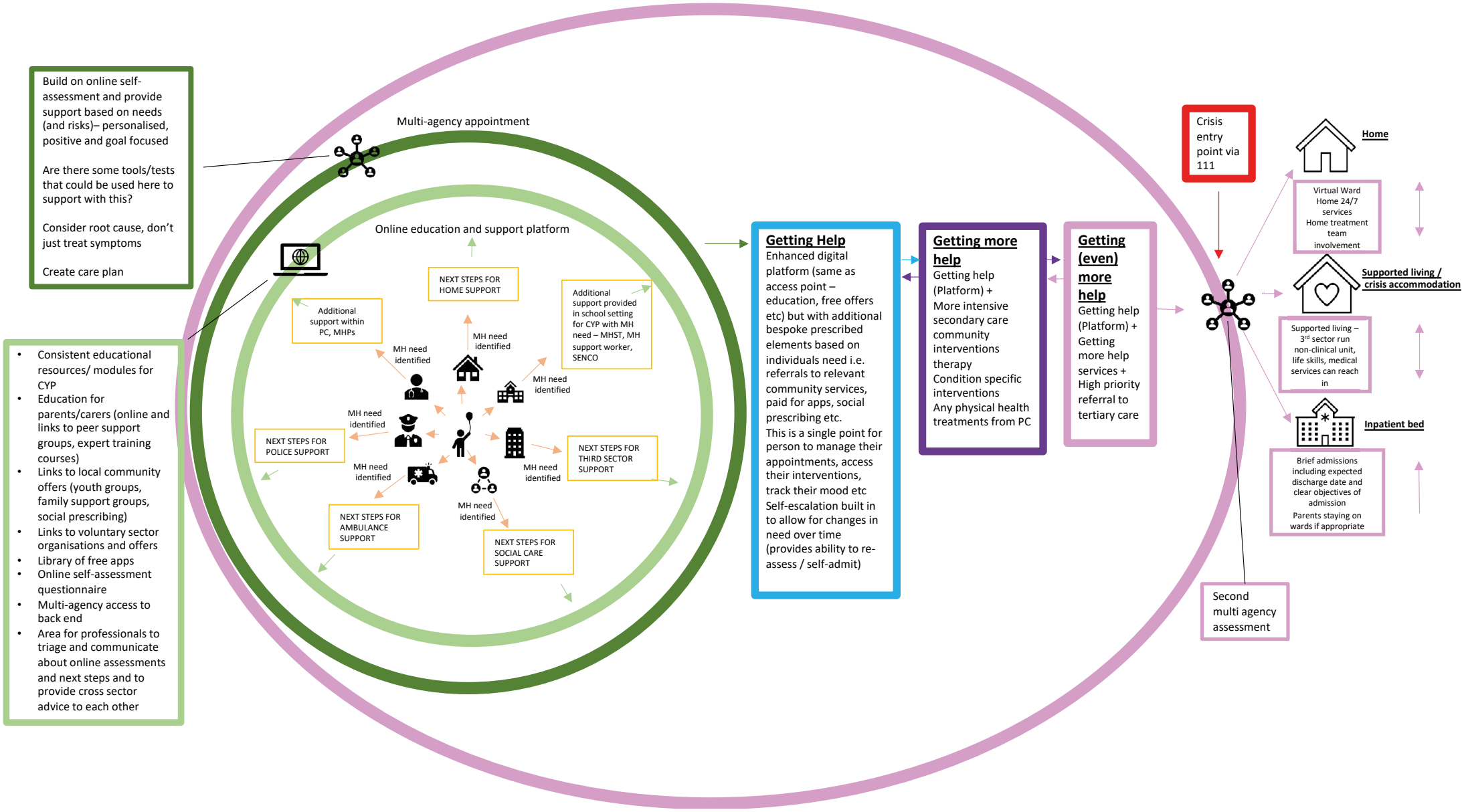
DIAGRAM OF PROPOSED FUTURE STATE



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INNOVATIONS

Several innovations can be used to support the development of this future state. It is important that the digital infrastructure is considered in alignment with any ICS-wide digital roadmaps. Below are some examples of the types of innovations that may be suitable, though many other options are available. Health Innovation North West Coast facilitates a pipeline of innovation and can provide information on a broader suite of options.

CHANGE 1 A GREATER FOCUS ON PREVENTION AND EDUCATION

My happy mind

MyHappymind is an NHS and science backed programme supporting Early Years, Primary Schools and Families to develop positive mental health strategies. myHappymind is committed to supporting all staff in a school through a dedicated CPD certified programme and also has a digital app for all parents/carers to support the child's mental health at home.

Mental Health School Teams (MHSTs)

Support school to deliver evidence-based interventions for mild-to-moderate mental health issues and support a whole school mental health approach.

0-5 approach

A review of the 0-5 approach to prevention has been undertaken in L&SC and C&M.

Charlie Waller Trust

To improve young people's understanding of their mental health and wellbeing and to equip them with the knowledge, skills and confidence to look out for themselves, their friends and those around them.

Use of MHPs/TAPPs/CWPs in Primary Care

Children and young people's Wellbeing Practitioners (CWPs) are trained to assess and support people with common mental health problems, mainly anxiety disorders and depression in order to manage their recovery. They are embedded within the NHS Talking Therapies for Anxiety and Depression (formerly IAPT), which provides evidence-based therapies for people with anxiety and depression.

Trainee Associate Psychological Practitioners (TAPPs) are a relatively new job role fulfilled exclusively by psychology graduates. TAPP placements are incredibly varied from Primary Care placements to CAMHS placements.

Mental Health Practitioners (MHPs) contribute to the NHS Long Term Plan ambition to develop new and integrated models of primary and community mental health care, supporting people with mental illnesses to live well in their communities.

All of these roles could be used to enhance the Primary Care mental health provision and contribute to the multiagency first stage assessment and needs led stratification.

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INNOVATIONS

CHANGE 2
A SINGLE POINT OF ACCESS DIGITAL PLATFORM

Patient Knows Best

Single-point-of-access platform for accessing and sharing health information with healthcare professionals, family and carers.

As one platform

A web-based, single point of access platform, utilising a digital referral form. It supports C&YP to the right service at the right time, as well as providing a friendly user interface that provides support and resources, for C&YP families and professionals.

CHANGE 3
A MULTIAGENCY APPROACH WITH GRADUATED LEVELS OF NEED

i-Thrive

The National i-THRIVE Programme is working with over 70 areas in England to improve services for children and young people's mental health using the THRIVE Framework for system change.

CHANGE 4
A SELF MANAGEMENT PLATFORM

The self-management platform would be an extension of change 2 where patients would have their own login details to access tailored support. The following are innovations that could be prescribed and integrated into a self-management platform on a bespoke basis.

WYSA

AI chatbot for those with mild to moderate needs to prevent individuals' mental health escalating.

Kooth

An online metal well being community.

Brain in Hand

An app for daily personalised coaching to manage anxiety and overwhelm.

CHANGE 5
A REIMAGINED CRISIS OFFER

Zendra

Virtual wards to empower patients to recover in their own home

Birchwood

An example of a supported living option

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CONCLUSION

This approach is based upon redeployment of existing resources to turn the tide on the continual need for exponentially increasing investment and workforce capacity that will be needed within the current model for care.

A greater focus on prevention and education should result in fewer young people needing to access mental health services and, for those that still need support, they should be accessing early enough that the support uses far fewer resources. This will reduce waiting lists and associated waiting times. This should reduce the amount of investment needed in inpatient settings so this can be redeployed into earlier intervention.

Introducing preventative education around wellbeing to parents, carers and education providers will not only benefit the young person but will also upskill and empower those around them to be a crucial collaborator in the young person's support network. We know that those with established and meaningful relationships with the child in question are more likely to be able to offer effective and longer-term support, so it is important that these people are given the tools with which to do that. There are often also environmental factors in the young person's life that may be inadvertently contributing to triggers that could be avoided if there was a greater understanding shared with all members of the support network surrounding the child.

Young people told us they found it difficult to find consistent and credible sources of educational materials so the introduction of a single-point-of-access platform where all relevant resources can be found would offer support either while an individual was waiting for an appointment or even to support those with lower-level needs, so they don't need to access services at all. A single point of access is also a great benefit to the multiagency professionals that are involved in the young person's life so that all services are directing young people to the same validated place.

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CONCLUSION (continued)

This would reduce time spent trying to get the young person into the right service for those allied health professionals who are already over-stretched. A self-assessment/referral tool built into this platform will direct patients to the appropriate resources for support to avoid unnecessary appointments, as well as capturing patient data from the assessment so this can be built upon at any onward appointments to avoid duplication.

The ability for multiagency access to the back end of this platform to collaboratively triage patients will also be a huge efficiency as currently staff spend a significant amount of time either trying to find the right individuals to communicate with about a young person, duplicating assessments, chasing previous assessment information or convening a variety of conversations with different professionals. Ensuring this multiagency approach is taken from the start embraces the concepts of a social-led model and addresses the patient holistically, ensuring the correct intervention is selected from the beginning of that child's journey with a graduated levels of need approach focused on supporting people with their symptoms and circumstances.

The use of a patient self-management system that can be integrated into all agency systems will allow patients to manage and track their condition and appointments in one place. Following the initial appointment and needs-based stratification, this support is tailored to patient needs and includes a self-escalation route to enable patient-initiated follow up. Enabling data to flow seamlessly between systems will again avoid much duplication and allow all care professionals to manage a dashboard of patients where their escalation through different levels of support is clearly visible. It also reduces the chances of young people getting lost between services.

All these changes should result in fewer young people presenting to the healthcare system at point of crisis which then allows more timely intervention for those with the greatest level of need.

Ensuring there are good home support treatment options available ensures that if a child can be kept safe within their home setting this is selected as a first line of treatment. There is evidence to demonstrate this is likely to generate the best patient outcomes in most cases and again reduce the number of necessary admissions.

This would allow for the reimagining of inpatient settings in line with some of the concepts in the Sweden model such as brief admission policies, agreed discharge dates and self-selected admissions which should all result in reduced lengths of stay and fewer delayed discharges, further improving the flow through services.

There is, however, a cohort of young people that cannot be supported safely via community or crisis intensive support at home but where an inpatient admission would be more harmful than helpful so the introduction of an intermediate supported living option, led by third sector where medical services can reach in, would provide a new option. The flow and ability to step up and step down patients across these levels are crucial to the success of the model and would be contingent on the improved earlier interventions stemming the flow of patients and the integrated digital infrastructure, not only providing the forum for communication but also creating capacity for time back to care for the workforce.

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BENEFITS

PATIENT BENEFITS

- Improved outcomes
- Access to appropriate support in a timelier manner
- Access to a variety of supportive self-management options and consistent information
- Improved experience of receiving care

DIGITAL INFRASTRUCTURE BENEFITS

- Fully interoperable systems enabling patient data to flow along end-to-end pathway

NHS BENEFITS

- Improved triage and allocation of the right resource
- Prioritisation of incoming referrals
- Reduction in waiting lists, admissions, lengths of stay and delayed discharges

OTHER SECTOR BENEFITS

- Consistent validated place for other care agencies to refer to
- Upskilled in how to support young people?
- Reduction in 999 calls
- Earlier and improved involvement within supporting young people with their mental health

WORKFORCE BENEFITS

- Capacity released back to care
- Upskilled in the use of digital systems
- Improved experience of providing care
- Improved workforce wellbeing, reduced sickness absence

WHOLE SYSTEM AND POPULATION BENEFITS

- Regional levelling up via a consistency of approach
- Improved patient flow across the system

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NEXT STEPS

This model will be further socialised across the North West Coast to be considered for implementation. Health Innovation North West Coast are also mapping existing provision for children and young people's mental health across different sectors in our local ICS areas. This will help to provide a gap analysis and roadmap for planning what is required to achieve the desired future state.

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