Consultation on a new 10 Year NHS Plan:

A response from the Children and Young People's Mental Health Coalition.

About the Coalition

The Coalition is open to all those working to improve infant, children and young people's mental health. Our current membership comprises around 190 organisations from across the charitable sector. Through our collective voice, we influence and shape policy, systems and practice by listening to, and learning from our members, supporters, children, young people and families.

We believe a good society requires good health policy and core to this is good policy for the mental health and wellbeing of all infants, children and young people. It also requires not only NHS policy to share this ambition, but wider Government.

The following response is informed by a recent survey and a strategic planning day with our members. This has allowed us to consider, amongst other things, future priorities for infants, children's and young people's mental health. Through our consultation with members and through other activities, we bring considerable experience from both frontline providers, professional bodies, as well those engaged in training, policy and research to addressing the questions set out in your offer.

1. **What are your top three priorities for meeting the mental health needs of people of all ages in England? Over the next five, and ten years?**

1. Prevention

   If there is to be a reduction in demand and an avoidance of more urgent and crisis needs, we believe both a universal, as well as a targeted approach to meeting the needs of those infants, children, young people and families (ICYPF) living with and in the most challenging circumstances is essential.

   Prevention should also be at the heart of any offer to provide to those ICYPF in need of mental health interventions. This includes ensuring they can access help promptly and easily without long waiting times and that there are resources in place to enable good quality 'step down' care when required. (See question 7).

2. Greater investment in accessible, high quality, person-centred, early intervention approaches to ICYP's mental health

   There is a need for a long-term plan and an approach that addresses the needs of 0-25 year olds. This particularly includes a need for a re-balancing of current and future investment from late intervention, crisis and urgent care to early intervention provision in local communities. Commissioners need to feel empowered to take some bolder approaches to invest in more early intervention.

3. Everyone having the qualities, skills and confidence to recognise and address the mental health needs of infants, children and young people.

   There is a need for an overarching ICYP MH and WB workforce plan to include not just the roles of NHS staff, but also those of anyone who works directly with ICYPF. This plan should also recognise and include the roles of parents/carers and peer support.

   We also want to see a wider and more diverse range of therapeutically trained staff in NHS-funded services to offer a range of help and support to ICYPF. (see question 6)

2. What gaps in service provision currently exist, and how do you think the NHS should address them (these can overlap with Q1 but may include a longer list)?

We believe there are significant issues in understanding the gaps in local service provision for ICYPF. Prior to rolling out any new plan, it would be useful if an audit of local areas was undertaken within the next year. This would seek to enable a better understanding of what is currently underway in transforming provision within the current resources/recommendations of Future in Mind.

The findings of this audit would then enable a more comprehensive understanding both of gaps and hopefully any emerging good practice in transforming services. It is essential that before local areas embark on developing anything new that they seek to ensure there is a plan for sustaining the improvements they have already made. Any new plans and resources must build from and consolidate existing good local practice.

Any future plans affecting ICYPF must ensure that they are based on partnership and collaboration with all those with an interest in ICYPF and that the voices of CYP and their families are not just listened to – but also attended to.

We suggest there should be a particular focus on the following:

i) Prevention through education

There needs to be a more pro-active drive to put MH education at the heart of a range of contacts with ICYPF. On an individual level, this means enabling everyone in NHS who has contact with ICYPF to know, understand and be able to communicate some clear MH messages e.g. midwives, GPs, Health visitors.

We welcome the recent Green Paper proposals and Government proposals on PSHE to encourage more MH education in schools. While all education settings provide a clear opportunity to provide age-appropriate, universal programmes for MH education, it is also important that programmes are developed and tailored for specific groups in other contexts, such as in young carers groups, those for CYP with disabilities, those living in hostel accommodation, secure settings etc.

There also needs to be a clearer drive to improve the awareness and knowledge of parents and carers, so that they understand both about how to take care of their own mental health, as well as how they can best support the development of the ICYP in their care.

ii) Better levers to drive more early intervention

There needs to be more emphasis/drivers in the system to ensure that resources are better targeted at the earliest point of need, rather than the often late intervention, crisis and urgent care that characterises much of NHS provision and which also draws a significant proportion of the resources. We want local CCGs and commissioners having the confidence to take a more pro-active approach to moving resources into community-based and non-NHS settings, including education and other settings for ICYPF.

The new Plan should offer an opportunity to boost the existing Green Paper's proposals, such as a faster pace and expansion of a range of therapeutic staff in schools to offer early intervention, and a bolder rollout of a waiting time standard. We agree with the Green Paper that many of its proposals require good testing and evaluation prior to full scale roll out and hope that any emerging good practice can flourish across the country through better investment and the commitment of a 10 Year Plan.

We would also want the new Plan to tackle the gaps, we and others have identified in the Green Paper, such as the lack of focus on under 5s, and a more comprehensive approach to 16-25 year olds.

iii) A drive for consistent quality

The setting of levers to drive more resources into early intervention provision across the age range must also work alongside a commitment to high quality services. There are various frameworks that are already in place to support this across both the NHS and elsewhere e.g. CAMHS, CYP IAPT, BACP, CORC. We want NHSE, with the support of stakeholders to co-ordinate local areas' efforts to work together to drive up the standards of care and support offered across their local 'mental health offer'.

iv) An incremental and sustainable approach to expanding resources into early intervention

Any expansion of early intervention requires a long-term plan to ensure that the systems and infrastructure that could support such a move are in place i.e. ensuring there is commensurate investment in the management, IT and wider workforce. This would ensure any investment would have the best chance of successful implementation. There needs to be an incremental and a consistent commitment to implementing a real and significant level of change on the ground over the course of a ten year plan.

v) Integration into other settings

Given the proposals within the Green Paper on CYP MH, we want to see more resources integrated in all education, as well as other community settings.

We believe it is important that the proposals, especially the composition of the new Mental Health Support Teams are subjected to robust evaluation to ensure both their effectiveness and sustainability. However, as previously stated, there is scope to ensure that the programme is rolled out at a faster pace and scale than seems to be possible within the current resources.

Any moves into education settings should also consider the existence of current services or staff in post, such as counsellors paid by schools. Any expansion via MHSTs should not displace existing provision, but should seek to extend and enhance what is already in place or which is possibly at risk given the fragility of many school budgets. CCGs should be encouraged to examine opportunities for extending the capacity of existing therapists in schools – providing they are properly trained and qualified. This could be supported nationally and locally by working with different professional bodies, such as BACP and others. Such a change could also ensure that these often lone workers in schools are supported to ensure they are better integrated into the wider system of help and support across their local area.

There should also be further thought given to how NHS CYPMHS can be moved into teams and settings outside the NHS, such as working with social care teams, in children's centres and in other advice and community settings for ICYPF.

We also believe there is a need to focus more activity on infants and pre-school children. Here the role of a children's centre type approach needs to be considered. This approach can provide the opportunity to have for example physical health, alongside wellbeing and psychological development checks, together with parenting information and education on infant and child MH in a single, accessible and non-stigmatising setting, It could also offer access to social care support

and other welfare rights support for those in need, alongside operating as an easy to access route into more specialist support when required.

vi) Commissioning alternatives to mainstream

A move to more early intervention may mean funding and commissioning provision that falls outside the mainstream of NHS CYPMHS and boosting funding in for example the VCS. This includes commissioning the direct providers of mental health interventions, such as counselling and other therapeutic interventions, as well as commissioning those VCS providers who may offer a range of help and support to particularly vulnerable groups, such as LGBT groups, young carers, young refugees.

We believe the VCS can offer some very cost-effective support, but plans must ensure respectful dialogue with the sector to ensure funding is commensurate with the demands and context of the work, particularly taking account of point iv above and many of the other points made here.

vii) Use of digital media

There needs to be separate consideration of how best to deploy the benefits of digital media. This includes evaluation of the various Apps, tools and platforms currently available. Clearly CYP need to be at the centre of any evaluation. While piecemeal investment by various CCGs in Apps (some of which offer similar functions) has had its place in the early period of developing digital resources, we believe a stock-take of what works well for ICYPF is now required before any further investment by CCGs. Good evaluation could offer opportunities for CCGs to then combine their resources effectively to develop the best solutions to need.

viii) A focus on the most vulnerable

A real shift in resources to early intervention, rather than late intervention, crisis and urgent care requires particular thought in the context of more proactive work to meet the needs of vulnerable ICYPF and those living in challenging circumstances. In many instances, the needs of these groups will not be best met if resources are not moved into the kinds of settings and services that these groups are in touch with. There are a range of groups to consider, such as LGBT, some BAME groups, young carers, those with learning and developmental disabilities, young refugees. We would like to see plans that include better integration and investment in these services to boost their capacity.

3. People with physical health problems do not always have their mental health needs addressed; and people with mental health problems do not always have their physical health needs met. How do you think we can improve this?

We believe these problems arise when professionals lack the confidence, skills and knowledge to respond more holistically. Clearly it is important that anyone working within the NHS has an appropriate level of skills and knowledge to address ICYP MH or to address their physical health needs, if they are MH practitioners. We would also include here some level of awareness of their social situation i.e. levels of income, housing etc. There is a need for appropriate use of assessment tools together with some awareness and understanding of where to refer on to.

The NHSE/DfE 'Schools Link' pilot led by the Anna Freud Centre has built capacity across schools and local CYPMHS to meet together and help create better understanding, referral and partnerships between schools and wider services. Perhaps there is scope to investigate the option of a similar-style programme extending across hospitals, GPs in an area to enable a better understanding and engagement between those primarily working with physical health and those working in mental health – whether within the NHS CYPMHS or other providers.

4. **There are some significant inequalities in how people access and experience care for their mental health needs, and in their outcomes, including but not limited to people who have 'protected characteristics' under the *Equality Act 2010*. What are your views on what practical steps the NHS should take to address inequalities in the services it provides?**

We believe that work as outlined in Question 2 regarding early intervention and integration would help considerably to address the needs of ICYPF in both protected characteristic groups, as well as those facing other inequalities, such as homelessness, at risk of offending.

There is a need to work closely with community and other services – especially special interest groups and also with local authorities. We would also suggest that this is an area where engaging the voice of these CYPF is particularly critical, as they are best placed to ensure that services are designed in ways to best meet their needs.

5. **How best can we bridge the gap between children's and adults' mental health services?**

The gap between child and adult services has been a well-recognised issue for several decades and Future in Mind made some clear recommendations. Yet despite various reports and attempts to 'manage transitions' better, including for example commissioning specifications, CQUINs, there seems little evidence of any significant progress in bridging the gap.

The Green Paper has offered only a limited response to the needs of this age group, despite hopes for a broader review. While recognition of HE student mental health is a positive step, more now needs to be done to ensure some of the most vulnerable young people – some of whom are in part- time education in FE colleges, in fragile employment and poor and temporary housing - are now considered in a broader response to the needs of this age group.

We believe a more radical approach is required, so that policy and provision align better with for example age changes introduced under SEND, social care, care leavers

We also want to see a proportion of the adult mental health budget (proportionate to the 16-25 year old population) moved into providing more effectively for this age group. This could be done gradually over the ten years. Given our knowledge of brain development and changes in the social situation of young adults, we consider that the needs of 16-25 year olds are best addressed within CYP-focused policy and provision and not within adult policy and provision. Future in MInd already identified a number of ways that funding could be invested to develop more integrated models of care and support for this age group, including the Youth Access YIACS model.

High quality interventions at this stage of a young adult's life can offer the opportunity for many to get the help they need to lead more fulfilling lives into adulthood. It can also bring the opportunity to reduce demand and costs to adult services in the longer term.

6. **How can we recruit, train and retain the workforce to deliver the changes we need, particularly to meet your priorities (Q1 above)?**

We believe the NHS could invest in a wider range of therapeutically trained staff than is often the case with NHS CYPMHS

Higher education providers are training people in a range of recognised disciplines, yet many of those qualifying find it difficult to apply for work in NHS CYPMHS. There is an underemployed workforce of counsellors, creative and play therapists – a number of whom would be pleased to have the opportunity to work in the NHS or to have more paid employment opportunities in other settings.

While boosting opportunities for a more diverse workforce in NHS CYPMHS is one option to ensure there is an improved and diverse offer of early intervention to ICYPF, another option is to

commission more activity into the VCS and/or consortia of schools to employ a range of therapeutic staff directly. This would need to take place with national and local guidance and support to ensure the appointment of appropriately trained and qualified staff as suggested in Question 2v above.

Expansion of the workforce would also be better supported, if there was national guidance on the competencies required to offer MH support to ICYP. This would enable all providers to work within a coherent national framework of competencies and enable better understanding of how different therapeutic disciplines and other roles can work well together for the benefit of ICYPF.

7. **Do you think the NHS should be doing more to prevent mental ill-health? If so, what should we do to improve this?**

Prevention is the key to providing optimal health for all ICYPF. We note the public health agenda for ICYPF MH, alongside a broader agenda for prevention and the reduction of inequalities across all national and local policies and strategies is not within the scope of the NHS plan and its funding. Nevertheless, we believe Government needs to have a clearer Public Health and wider Government approach to the prevention agenda, particularly if future policy, strategies and provision impacting on ICYPF are to reduce the risk of contributing to a further increase in ICYP MH difficulties.

Future in Mind recognised that part of the solution to prevention, as well as early intervention in terms of ICYP MH and wellbeing, relies on a whole-system approach. However, in Future in Mind's implementation, and the focus of current delivery has relied centrally on the role of CCGs, which often vary in their capacity to offer leadership across this wider local system for ICYPF.

Furthermore, the Care Quality Commission[1] in its review of provision noted that the complexities and the fragmented nature of the planning and commissioning environment are often responsible for the shortcomings in the current implementation of transformation of CYPMHS.

We are concerned that without a cross-Government approach, there is a risk that any new 10 year-funded programme for the NHS will simply pour more demand into an already overstretched and largely NHS-focused model for ICYP MH and WB needs. The risks of rising demand and the perpetuation of a late intervention and crisis driven response is much more likely without a broader prevention and public health approach.

The Green Paper has heralded a welcome joint approach to meeting need between the DHSC and DfE. We suggest that NHSE, Public Health England and the DHSC take further active steps to ensure wider Government hears the same messages about the need for collaborative effort and all government policy aligns with the ambition of prevention of ICYPF MH difficulties. This could for example, as a minimum, include a requirement for all relevant social and economic, as well as education policy to conduct risk and impact assessments on ICYPF MH during their development.

We would be very pleased to work with NHSE and colleagues across Government to encourage and facilitate the system-wide response to prevention required to ensure improved mental health and wellbeing for all ICYPF.

[1] Care Quality Commission, *Are we listening? Review of Children and Young People's Mental Health Services* March 2018

8. **Do you think the NHS could do more to intervene early for people with mental ill-health? If so, are there any Mental Health problems we should prioritise to provide better early intervention?**

Yes, we think more action can be taken and this has been outlined previously. There are a number of MH providers in the VCS, which operate open door policies i.e. they do not set minimum thresholds regarding type and/or severity of need. While clearly some ICYPF do need help from more specialist providers, many of these VCS providers are working with very high levels of need.

This is partly due to gaps in the system, but also due to the ICYPF's choice of service. Local audits of which groups of ICYPF are using different services (level of severity, problem type and duration of their engagement, as well as the outcomes) would help local areas to assess where best to deploy resources. It is not always clear that CCG commissioners have the confidence to shift resources from NHS provision to other services or to require NHS provision to shift more resources into early intervention through for example integrating services in other settings.

We do not have any evidence to suggest that one type of problem should be set above others, particularly for ICYP, although there are certain groups of vulnerable ICYP who may need to be prioritised due to their longer-term risks. The key issue is to ensure early intervention i.e. to ensure that those in need are quickly identified and helped to access the right provision in the kinds of settings that work best for them. Any ICYPF seeking help must be proactively responded to. They should never be turned away from help because their needs are neither the 'right type,' nor the 'right level of severity'.

9. **People with more serious and complex mental health problems do not always receive the care they need. Which groups would you prioritise and what extra help would you like to see developed by the NHS?**

Many of the ICYPF at greatest risk of serious and complex mental health problems are often known to other services - many of which will be directly working with them. It therefore requires more focus on integrating help and support with the agencies that these ICYPF are already in touch with or accessing for regular help and support. It also requires better and closer partnerships between CCGs and NHS CYPMHS with local authority children services, youth offending, disability groups amongst others for example.

There is currently a sense that some groups of CYP are better able to access provision. This may be because they have the parental/carer support with the often 'sharp elbows' required to navigate the current system and who are also sufficiently tenacious in asking for the help they need. It is thus important that local areas understand the socio-economic characteristics of those accessing services alongside other factors. Poverty is a significant risk to ICYP MH and in the longer term it is ICYP from these backgrounds (although not exclusively) who face considerable risk of experiencing serious and complex mental health problems in adulthood.

There are also a wide range of other groups facing challenges and adversity in their lives and better targeted prevention, including education and early intervention would offer greater hope for these ICYP to grow into more flourishing adulthood. ICYP experiencing trauma, including abuse and neglect are groups where there should be a greater focus on providing more proactive help and support – not just individual therapy, but groups and other social activities.

10. **Are there examples of innovative/excellent practice (in mental health care or that could be applied from other areas) that you think could be scaled-up nationally to enhance the quality of care people receive for their mental health, reduce costs and/or improve efficiency of delivery?**

The Coalition believes good practice is developed and delivered when it can demonstrate that it works within and adheres to a number of core principles. For example, we would support the principles that underpinned the CYPIAPT programme and which later informed our understanding of good practice in the context of Future in Mind's principles

The Coalition itself advocates for provision underpinned by the following principles:

- A whole-system approach promoting equality, partnership and collaboration between all who work for, and with infants, children, young people's and their families
- Parity between mental and physical health - there is no health without mental health
- Equal recognition of, and attention to an Individual's physical and mental health needs
- Recognition of the distinct and individual needs of all 0-25 year olds, particularly the most vulnerable across all policy impacting on their health and wellbeing
- Person-centred systems and services, co-designed with children, young people and families
- Informed and empowered children, young people and families, so they understand their mental health and wellbeing needs and choices
- Evidence-based approaches to mental health and wellbeing policy development, service planning, resourcing and delivery
- Accountable policymakers, commissioners and providers
- A society, and the workforce for infants, children and young people having relevant skills to meet children and young people's mental health needs
- A pro-active approach to addressing gaps and inequalities to ensure the most vulnerable infants', children's and young people's needs are met

Our members have knowledge and experience of a range of good practice examples, which we would be pleased to forward to NHSE.

11. What do you think are the specific challenges that will prevent the NHS from being able to deliver good mental health care, and what should we do to overcome them?*

Engagement

NHSE needs better engagement with a broader range of stakeholders, if the rollout of a 10 Year Plan for ICYP MH is to be truly successful. Since the positive engagement with the sector in the creation of Future in Mind, it has been disappointing that there have been few opportunities to continue the dialogue nationally. We want to help NHSE and the DHSC to best meet the needs of ICYP through a more systematic engagement with the different stakeholders involved in ICYPF MH

For example, the CYP IAPT programme, while a more limited and smaller scale programme led to some positive engagement from across the NHS, VCS, research and education sectors. This enabled the programme to work more collaboratively and to learn from different parts of the system. Similar opportunities to support the implementation of the 10 Year Plan and alongside it the implementation of the Green Paper would be very welcome.

Risk of imbalance of new resources into NHS and not wider CYP provision

We completely agree with the statement in Clare Murdoch's letter that: *" Every part of society has a role to play with schools, councils and employers needing to step up."* This is particularly the case with ICYP MH.

However, there are challenges to ensure that the role of these other parties is properly harnessed. There needs to be an explicit cross-Government approach to tackling the issues of ICYP MH, if there is to be change, and in the longer term, a reduction in demand. This may be about better guidance for other stakeholders, but it also includes investment. If for example there is an absence of broader investment in ICYP services, then many of the services critical to a partnership and collaborative approach will contract or disappear.

Without the wider approach that explicitly empowers and invests in the wider system of services, there is a risk that the NHS will continue to offer a late intervention, crisis driven service for too many.

Leadership

Effective partnerships, collaboration and integration to offer a diverse and credible 'local mental health offer' to ICYP requires good local leadership.

The fragmentation and lack of co-terminosity in commissioning boundaries across various parts of the system creates considerable challenges in providing the leadership required to produce a plan for a local area. For example, there may be multiple CCGs covering more than one LA area and schools may be commissioning for their pupil population - many of whom may live outside the school's local authority area.

Additionally, CCG commissioners for CYP MH may not always have the personal or professional seniority to provide the local leadership required. We therefore believe there is a compelling case for local authorities to hold this role. Many continue to have some role in education, as well as having responsibility for other parts of ICYPF provision, public health, children and young people's services and other local planning. Empowering local authorities with the leadership role could enable the 10 Year Plan to bring forward a more integrated, local response to need.

Accountability

Alongside clear local accountability structures, there is also a need for national accountability structures. We believe many of the current difficulties and gaps, as identified by CQC could be better understood, monitored and reviewed with a more transparent system of local and national accountability. This would help to ensure any issues could be better identified and actions put in place to address them. Strong and effective local leadership is needed to set out a comprehensive local mental health offer, alongside the national capacity to track how resources are being spent against a clear framework of standards, outcomes and indicators.

The Coalition would be very pleased to work with colleagues across the NHSE and elsewhere to ensure that the new 10 Year NHS Plan brings the radical shift that is needed. A 10 year plan offers a unique opportunity to take the steps required. Our membership of providers and professional bodies brings a wide range of experience and expertise and we would be very pleased to offer this to ensure we all deliver well for ICYP and their families.