

2. Children and young people's mental health

2020/21 Objectives

By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

To support this objective, all local areas should have expanded, refreshed and republished their Local Transformation Plans for children and young people's mental health by 31 October 2016. Refreshed plans should detail how local areas will use the extra funds committed to support their ambitions across the whole local system. Plans should be accessible and include clear numeric targets for improved access to services in each year to 2020/21. These plans will continue to be refreshed annually in line with business planning cycles.

Improving outcomes for children and young people will require a joint-agency approach, including action to intervene early and build resilience as well as improving access to high-quality evidence-based treatment for children and young people, their families and carers.

The national target for the NHS of reaching at least 70,000 more children and young people annually from 2020/21 is expected to deliver increased access from meeting around 25% of those with a diagnosable condition locally, based on current estimates, to at least 35%. These additional children and young people will be treated by NHS-funded community services. NHS England will work with partner organisations across health, education, youth justice, children's services, the voluntary

and independent sectors to consider how consequent improvements in access to other services (for example those provided by local authorities and in schools or colleges) will be delivered and measured in parallel.

In delivering this expansion within community-based services, CCGs should commission improved access to 24/7 crisis resolution and liaison mental health services which are appropriate for children and young people. During 2016/17, NHS England will invest in local areas to accelerate work to develop the evidence base and achieve consensus on effective, high-value models of care that can be shared to stimulate further expansion over the coming years.

The table below sets out an indicative trajectory for increased access. This is based on existing data on prevalence of mental health problems in children and young people. It will be reviewed in 2018 following publication of a new national prevalence study, and may be revised.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Number of additional CYP treated over 2014/15 baseline	21,000	35,000	49,000	63,000	70,000

By 2020/21, evidence-based community eating disorder services for children and young people will be in place in all areas, ensuring that 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine cases.

Recent data suggest that acute admissions for eating disorders are rising¹ and this objective will ensure evidence-based treatment at the earliest possible stage of the illness. In 2016/17, all localities are expected to baseline current performance against the new access and waiting time standard and plan for improvement, in advance of measurement against the standard beginning from 2017/18. As a result of the investment in community-based eating disorder teams, it is expected that use of specialist in-patient beds for children and young people with an eating disorder should reduce substantially.

Data collection to support measurement against the standard above has been introduced in 2016. An expected trajectory for localities' progress towards meeting the standard fully by 2020/21 will be set by November 2016, including plans for a consequent reduction in in-patient beds.

By 2020/21, in-patient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements. Inappropriate use of beds in paediatric and adult wards will be eliminated.

All general in-patient units for children and young people will move to be commissioned on a 'place-basis' by localities, so that they are integrated into local pathways. As a result, the use of in-patient beds should reduce overall, with more significant reductions possible in certain specialised beds.

By 2020/21, inappropriate placements to in-patient beds for children and young people will be eliminated: including both placements to inappropriate settings and to inappropriate locations far from the family home (out of area treatments).

A combination of the different activities to deliver transformation, such as increasing the number of children receiving evidence-based treatment in the community and the development of new models of care (see

chapter 9), is expected to lead to reduced use of in-patient beds for children and young people across all settings, with savings to reinvest in local mental health services. Investment to pump-prime 24/7 crisis resolution and home treatment services should further release money currently within the specialist commissioning budget that can be redeployed to achieve further improvements in access and waiting times in mental health services.

In parallel, NHS England will transform the model of commissioning so that general in-patient units are commissioned by

localities on a place basis (whether alone, as part of an STP or another group covering a defined geography), to align incentives and ensure that efficiencies delivered are reinvested in communities. As a first step, all CCGs are expected to develop collaborative commissioning plans with NHS England's specialised commissioning teams by December 2016. These plans will include locally agreed trajectories for aligning in-patient beds to meet local need, and where there are reductions releasing resources to be redeployed in community-based services.

Delivering the objectives: Workforce requirements

Delivering the increase in access to mental health services will require a significant expansion in the workforce. By 2020/21, at least 1,700 more therapists and supervisors will need to be employed to meet the additional demand, in addition to actions to improve retention of existing staff, based on recommended caseloads. This will require new staff to be trained and supervised by more experience staff, as well as return to practice schemes and local recruitment. The table below sets out an illustrative trajectory for the necessary growth in therapists, which reflects the growth in additional funding in CCG baselines. This does not include consequent growth in other staff such as psychiatrists and mental health nurses.

All localities should ensure a highly skilled workforce by working with the existing Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme to deliver post-graduate training in specific therapies, leading organisation change, supervision in existing therapeutic interventions and whole-team development. By 2018, all services should be working within the CYP IAPT programme, leading to at least 3,400 staff being trained by 2020/21 in addition to the additional therapists above. CCGs and providers should ensure that joint agency plans are in place by December 2016 for ensuring the continuing professional development of existing staff for the next five years.

Workforce type	2016/17	2017/18	2018/19	2019/20	2020/21
Therapists	200	428	428	228	52
Supervisors	50	107	107	57	13

Delivering the objectives: Investment and savings

The funding has been profiled to increase CCG allocations over time to support transformation and plan for recruitment of the additional

workforce required, as set out in the indicative table below.

Funding type	2016/17	2017/18	2018/19	2019/20	2020/21
CCG baseline allocations					
CYP mental health	119.0	140.0	170.0	190.0	214.0
Eating disorders	30.0	30.0	30.0	30.0	30.0
National programmes (indicative)					
Crisis care models	5.5				
Workforce development (HEE)	38.0	38.0	22.0	17.0	
Workforce development (Other)	18.0	18.0	12.0	4.0	
Specialist in-patient/outreach	21.0	11.0	4.0		
Vulnerable groups	20.0	24.0	25.0	24.0	21.0
Other programmes	13.5	4.0	2.0		

Key

Local Funding
National Funding

The majority of new funding over the period is included in CCG baselines to support delivery of Local Transformation Plans and achievement of the objectives above. However, in line with the vision of *Future in Mind*¹¹, local agencies should work together to ensure best use of existing as well as new resources, so that all available funds are used to support improved outcomes.

National funding for workforce development comprises both direct funding to Health Education England to commission new training places and deliver the CYP IAPT programme, and funding for provider organisations via CCGs to release staff to attend training courses. The necessary workforce growth can only happen if CCGs, Health Education England and employers

all play their part. Separate funding for workforce development is profiled to decrease over time and be mainstreamed within the increasing CCG baseline to ensure sustainability beyond this period.

Additional funding for in-patient services is included in early years to support temporary additional capacity whilst community services are developed and the commissioning model is shifted towards localities. It is expected by 2020/21 that overall bed usage will have decreased and inappropriate out of area placements largely ended; with consequent savings to be reinvested in community-based services, including specialist outreach, to improve access and reduce waiting times.

Further national programmes for vulnerable groups include: developing specialist services for children with complex needs in the justice system; developing a framework of integrated care for the secure estate; collaborative commissioning networks; testing integrated personal budgets for looked after children, care leavers and adopted children; and transforming

care for those with a learning disability and/or autism. In addition NHS England is using pump-prime funding during 2016/17 to test and evaluate models of crisis resolution for children and young people. Funding across these areas will be made available to localities taking part in the individual programmes.

Delivering the objectives: Data, payment and other system levers

National data on children and young people's mental health services was included in the Mental Health Services Data Set (MHSDS) for the first time from January 2016. To support transparency, it is crucial that all providers return the necessary data and that commissioners ensure data quality through contract monitoring. As this collection improves, a number of potential activity and outcome metrics will become available to monitor delivery of the objectives above.

The CCG Improvement and Assessment Framework includes an indicator for children

and young people. For 2016/17 a bespoke data collection has been established to allow CCGs to provide a self-assessment against progress, including publication of an updated and republished and assured local transformation plan; arrangements for eating disorder services, specialist out-patient and in-patient services; and workforce planning. It is expected that this 'transformation indicator' will be replaced with data from the MHSDS as this becomes more complete over time.

National metrics to demonstrate progress at CCG/STP level will include:

Metric	Source	Availability
CYP MH transformation milestones	CCG IAF / Unify	From Q1 2016/17
CCG spend of additional funding for CYP MH	NHSE finance tracker	From Q1 2016/17
Number of CYP commencing treatment in NHS-funded community services	MH SDS	From Q3 2016/17
Proportion of CYP with an eating disorder receiving treatment within 4 weeks (routine) and 1 week (urgent)	MH SDS / Unify	From Q1 2016/17
Proportion of CYP showing reliable improvement in outcomes following treatment	MH SDS	2018/19
Total bed days in CAMHS tier 4 per CYP population; total CYP in adult in-patient wards/paediatric wards	MH SDS	From Q2 2016/17

There has been significant work to develop a new currency for CYP mental health services. Testing is currently underway of a new method of grouping children and young people according to their level of need. If successful, these groupings could provide the basis for new currencies. A series of intervention codes and outcome tools are being included within the MHSDS and local providers and commissioners should ensure that these data items are collected and reported routinely to enable transparency.