What next for CYP IAPT?

Update from NHS England

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What did we set out to do?
Evidence based implementation of EBP

CYP IAPT was conceived as a centrally initiated modification of CAMHS in the direction of EBP.

It set out to achieve an overall culture change in terms of the acceptability of principles of EBP interpreted broadly through a modest investment in:

- Service change
- Training service leads
- Supervisors and therapists

Learning collaboratives made up of universities and local area partnerships offer mutual support, problem-solving and learning networks.
Our Goal: Appropriate CYP services

- Improving outcomes accountability
- Increasing MH awareness & decreasing stigmatisation
- Improving access & engagement
- Delivery of evidence-based practices

Enhancing youth, carer and community participation
Have we succeeded?
At a national level

Service Development and Accreditation subgroups developed *Delivering With, Delivering Well* with quality and accreditation networks, young people, service representatives which now underpins CQC work with CAMHS.

CYP IAPT dataset and outcomes protocol supported development work around CAMHS currencies and now incorporated in to MHSMD5.

Developed model service specification for targeted and specialist children and young people’s mental health services (T2/3) services for commissioners wishing to commission using CYP IAPT principles and values.

All underpinned *Future in Mind*, and, in consequence, the *Five Year Forward View for Mental Health*. 
“There is now a welcome recognition of the need to make dramatic improvements in mental health services. Nowhere is that more necessary than in support for children, young people and their families. Need is rising and investment and services haven’t kept up. The treatment gap and the funding gap are of course linked.”

Foreword from Simon Stevens, CEO of NHS England
• Promoting resilience, prevention and early intervention
• Improving access to effective support – a system without tiers
• Care for the most vulnerable
• Accountability and transparency
• Developing the workforce
Every area must develop a Transformation Plan
demonstrate that children, young people and families have been involved in developing the plans and in participating fully in future commissioning and service development aligned with CYP IAPT principles
cover the spectrum of services - prevention to interventions, for existing or emerging mental health problems, as well as transitions between services.
include local leadership and governance arrangements to secure a whole system approach to delivery at local level.
Every area must develop a Transformation Plan

- Demonstrate collaborative commissioning within and across sectors to promote effective joint working and establish clear pathways. This includes working with collaborative commissioning groups in place between NHS England specialised commissioning teams and CCGs.

- Show links to any other initiatives e.g. Crisis Care Concordat.

- Demonstrate that schools are given the opportunity to contribute to the development of Transformation Plans.

- Be coherent with local priorities, and the child mental health requirements in the existing joint planning guidance.
Recent announcements to improve access to services

Implementation of these announcements will be via Transformation Plans
Local Transformation Plans

All CCGs submitted on time
122 plans covering 209 CCGs
Assurance has determined monies to go out to all CCGs by End December
Spend to be tracked in Q3 and Q4
Funds to be made recurrent subject to demonstration at assurance of appropriate use
Plans in user friendly format on web by 31st December must include baseline
Key challenges for us all

- Workforce planning and capacity across all sectors
- Variable leadership, commissioning and collaboration
- Joint commissioning – how rather than why
- Understanding of Future in Mind
- IT planning - need to comply with requirements to be able to flow data and use outcomes in the room
- Working across the life course – how and when
- Anxiety about spending the money in the best possible way

Future in mind
Promoting, protecting and improving our children and young people's mental health
Things to celebrate

- Complete focus from many local areas with clear leadership
- Joined up approach
- Understanding of importance of EBP and authentic participation
- Focus of strategic players supporting local areas
- Raised profile of CYP MH locally and nationally
- Creative ideas and energy

Things to celebrate:
Have we succeeded at a local level?
Programme on target to work with services covering 78% of 0-19 population by March 2016.

CYP IAPT Partnerships Map
Therapist trainee numbers by modality across 4 years of CYP IAPT
Trained supervisor numbers by modality across 4 years of CYP IAPT

- 2011/12
- 2012/13
- 2013/14
- 2014/15

- IPT-A
- SFP
- Parenting
- CBT
The benefits of a joint enterprise and ownership

High levels of joint working by HEIs to deliver courses and support each other with resources.

Many areas have maintained mentoring support with each year supporting new years.

Raising status of Parenting courses through accreditation.

High satisfaction from trainees.

Learning: Aspects have become easier – e.g. years 4s more ready than year 1 for data, and year 1 still struggling.
Is it working? Deep Dive

Audit

- More efficient
  - Time between referral and assessment decreased by 73%
  - Number of days between assessment and discharge decreased by 21%

Compared to a sample of mental health services for CYP in the US, teams in the CYP IAPT programme had more proficient organisational cultures and more functional organisational climates.

Improved access through self-referral routes, single point of access, outreach services, evening and weekend appointments.
Is it working?

Greater involvement of children, young people and their parents or carers:
Throughout treatment and every aspect of their care

Recruitment and interview panels
Staff appraisal and training
Website and information design
Planning and delivery of mental health awareness
Mystery shopped service evaluation
Environmental changes
Speaking with clinical directors
New feedback systems
‘you said, we did’

The percentage of closed cases by mutual agreement increased by 64%

56% 34%
Pre CYP-IAPT2  With CYP-IAPT
My Mental Health Services Passport

www.england.nhs.uk/mentalhealth/2015/10/15/passport-brief-yp-mh

Developed by young people and parents/carers with NHS England as part of the CYP IAPT programme

The aim of the passport is to help young people using services to own and communicate their story when moving between different services.

The passport provides a summary of young person's time in a service, for the information will be owned by the young person, and for it to be shared with any future services if the young person wishes.
New online resource created for and with parents and carers to help improve mental health care for children and young people.

identified 5 key areas:

Best practice case studies, videos, resource directory

www.youngminds.org.uk
Have we succeeded in embedding ROMS?

Biggest challenge has been as a result of the delay in flowing a CAMHS MDS. Many areas do not have systems that allow practitioners to record and use ROMS in clinical settings — so paper systems abound. This is matched by challenges of transferring paper to data that can be used reliably for secondary purposes. The degree to which services tell us clinicians are using ROMS routinely does not match the data received. We have more data than ever before, but it does not represent a true picture of CAMHS.
But there are challenges

The bigger we get, the further trainees have to travel and the mentoring relationship becomes more challenging.

We do not offer part-time courses – barrier for many staff.

Increase in referrals and reduction in staffing (up to 20% reported) – demand outstripping capacity, impact on staff.

Service re-tender or restructuring and leadership and management restructuring.

Reductions in Tier 2 and LA provision.
Where next?

- Children and young people with learning disabilities or autistic spectrum disorder
- Working with 0-5s
- Counselling
- Combination - Prescribing and therapy
- Eating Disorders
Moving forwards

Offering courses at a more local level

Replacement training

More use of remote learning e.g.

Northumbria

Greater level of responsiveness to service needs and where CYP MH is now

Continued support for added value improvements to practice
Quality assurance

Accreditation council
- CYP IAPT principles embedded in established accreditation processes for individual therapists, modality courses, services to support demonstration of and commitment to quality assurance

BABCP
- Assuring CBT, Parenting

AFT
- Will assure Systemic Family Practice

BPS
- Will assure IPT-A with IPT-UK assuring relevant courses
Thank you

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