NHS 10 Year Plan for Change

Place2Be response – November 2024

The government has promised to put in place a 10-Year Health Plan to fix the NHS in England. We want to hear what your priorities are for this plan as interested organisations. Tell us what your organisation wants to see in the 10 Year Health Plan, and why this is important.

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

Challenges at present

- There have been disparate initiatives and resulting services now providing some aspect of children's mental health support, from both statutory and non-statutory providers. Each has been set up with the best of intentions. However this has led to a plethora of initiatives which don't all fit together to deliver the result needed. Designed in isolation, these services don't join together leading to a fragmented approach with overlap and gaps.
- Funding for children's mental health support isn't streamlined, making spend inefficient.
- Services aren't based on impact but rather activities, so we don't know what is making the most difference to children's mental health.
- Children and young people, families and schools aren't effectively equipped to support children's mental health and development of resilience, particularly in an evolving world. This leads to normal worries escalating into diagnosable mental health conditions requiring more costly treatment. This creates greater demand and pressures for the NHS crisis care.

Recommendations

- Alongside the 10-Year Health Plan, Place2Be wants to see a long-term cross-government children's mental health strategy that prioritises prevention and early intervention.
- There are multiple children's mental health policy initiatives from the Department for Health and Social Care (DHSC), Department for Education (DfE), National Institute for Health and Care Excellence (NICE), NHS England (NHSE) and emerging soundings from Ofsted. We recommend the Plan reviews these to identify gaps and overlap in provision locally and nationally.
- We recommend the Plan helps the NHS to design a child-centred system that makes efficient use of existing funds and workforce.
- We want the Plan to include a commitment to joined up working across health, education, children's services and voluntary, community and social enterprises (VCSEs). We want the plan to define how these bodies should collaborate in the provision of services around children and young people, drawing on their comparative strengths in commissioning and delivery.
- We recommend the Plan requires the NHS to focus more on outcomes and less on delivery activities within its evaluation and data. This enables commissioners to better understand the impact of policies and allocate funds more effectively.

Shift 1: moving more care from hospitals to communities

This means delivering more tests, scans, treatments and therapies nearer to where people live. This could help people lead healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays. This would allow hospitals to focus on the most serious illnesses and emergencies.

More health services would be provided at places like GP clinics, pharmacies, local health centres, and in people's homes. This may involve adapting or extending clinics, surgeries and other facilities in our neighbourhoods, so that they can provide things that are mostly delivered in hospitals at the moment. Examples might include:
- urgent treatment for minor emergencies
- diagnostic scans and tests
- ongoing treatments and therapies.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

NA

Shift 2: Analogue to Digital
Improving how we use technology across health and care could have a big impact on our health and care services in the future.
Examples might include better computer systems so patients only have to tell their story once; video appointments; AI scanners that can identify disease more quickly and accurately; and more advanced robotics enabling ever more effective surgery.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Challenges
- A key challenge is the lack of comprehensive, accurate data on children's mental health.
- At present, NHS services e.g. Mental Health Support Teams (MHSTs) are driven by reach and activities. This prevents us understanding the impact they make on improving children's mental health.
- This means Integrated Care Boards are commissioning and funding services that they can't measure effectively.
- Effective collaboration is inhibited by ineffective data sharing across agencies. This results in children waiting for support and falling through gaps.
- This also results in ineffective spend due to services overlapping, not delivering improvements to mental health, and inconsistent provision.

Enablers
- The NHS should evaluate services based on impact and outcomes for children's mental health.
- To do this, the Plan should ensure providers collect accurate data on children's mental health – before and after a mental health intervention – to inform policy-making and identification of areas to improve in relation to service delivery. This data could be collected through student wellbeing surveys in school.
- This data can identify trends and gaps in support, particularly for underserved communities.
- We recommend the NHS uses technology to deliver:
  - clarity and ease for children, young people, their parents and the public to understand what services are available and how to access them locally
  - clarity for professionals about who is supporting which children and where across the system, so that no child falls through the cracks.
- Digital services support with outreach and can be more accessible. Such services can be very effective in promoting good mental health and wellbeing and providing some early help. However, it is important that online support is not the only offer for young people and that they can easily access in-person support, embedded in their school and local community. This also supports safeguarding.

Shift 3: Sickness to Prevention

Spotting illness earlier and tackling the causes of ill health could help people stay healthy and independent for longer, and take pressure off health and care services.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Challenges
- Many of the causes of mental ill health are systemic and cannot be tackled by the NHS alone, such as poverty and adverse childhood experiences (ACEs).
- 56% of young people surveyed for Place2Be during Children's Mental Health Week 2024 face barriers in accessing mental health support, often due to stigma. Wider barriers include waits for Child and Adolescent Mental Health Services (CAMHS) and lack of support in school.
- NHSE data shows that between 2017 and 2023, young people admitted to hospital for mental health reasons rose by 20% and admission episodes rose by a third, indicating that more young people are reaching a crisis point and experiencing multiple admissions which could have been prevented if they had been supported sooner.
- Families and schools either are not equipped or do not feel confident to understand, recognise or respond to children's mental health difficulties early enough. This results in children either not being supported or not being referred for support.
- Waiting times for more specialist support are prohibitive, resulting in low confidence in the system and many months or even years of waiting for a young person.
- Statutory providers of mental health support (and NHS commissioners) do not collaborate as effectively as they might with VCSE providers, particularly where they are operating in a 'parallel' part of the system such as within the education context.
- At an ICS / local level, there is no visibility of the full network of children and young people's mental health services across the health, social care and education sector. This leads to inefficiency and inequity across the system.

Enablers

- Investment and expansion of accessible parenting support to help families recognise issues and support their child.
- Investment and expansion of school-staff training in children's mental health, to support pupils and create a mentally healthy, inclusive school environment. Training should be role-appropriate throughout the career pathway and learnings should be embedded as central to the role.
- Ensuring evidence-based, **embedded** mental health support is **in every school**, delivered by a qualified child counsellor or mental health practitioner, so young people can easily access effective, evidence-based mental health support sooner. This has been found to reduce referrals to CAMHS, as these professionals are skilled to support children with more complex or greater difficulties in schools.
- Easy access to a variety of mental health interventions in schools and the community, not limited to Cognitive Behavioural Therapy but including one-to-one counselling, self-referrals, group sessions, art/play therapy.
- Creating a cross-government children's mental health strategy that brings together health, education, children's services and VCSEs to consolidate and streamline local mental health services.
- Each ICS should connect effectively with education partners across the state and independent sector, to understand the established 'community assets' and what is already in place along with trusted providers.

Ideas for change

We're inviting everyone to share their ideas on what needs to change across the health and care system. These could be:
- Ideas about how the NHS could change to deliver high quality care more effectively.

• Ideas about how other parts of the health and care system and other organisations in society could change to promote better health and/or improve the way health and care services work together.
• Ideas about how individuals and communities could do things differently in the future to improve people's health.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

• Quick to do, that is in the next year or so
• In the middle, that is in the next 2 to 5 years
• Long term change, that will take more than 5 years

1. **We recommend a review of local child & young person population mental health services (across systems) by each ICS**, looking at:
   - What is available
   - How much it costs
   - Who is delivering it
   - How children and young people access it
   - What sort of support is on offer
   - What outcomes it delivers.

This should be done as a priority in the next year.

2. **Integrated Care Boards should prioritise investment further upstream in school-based services** that have been proven to improve children's mental health.
   - Much of the spend is currently on crisis intervention due to the high demand.
   - Investment upstream in school-based support has been proven to: reduce referrals to CAMHS, reduce suspensions, reduce the likelihood of persistent school absence, improve behaviour and engagement with learning.
   - This has economic benefits of £8 for every £1 spent on the service in primary schools according to Pro Bono Economics.
   - This brings long-term socio-economic value by reducing the likelihood of young people becoming Not in Education, Employment or Training (NEET), not working due to mental ill health, it creates a more emotionally resilient workforce that also reduces the burden of mental ill health on the economy.

This should be considered in the upcoming Spending Review.

3. **We recommend embedding expert mental health provision in every school**, delivered by a qualified child counsellor or mental health practitioner who supports a whole school approach.
   - This enables schools to identify mental health issues, support young people sooner, and work with the wider area to inform policymaking.

This should be done over the next 1-2 years, as it requires an expansion in the expert child mental health workforce.

4. **We recommend the NHS collects accurate data on children's mental health prevalence**. This requires:
   - Replacing the discontinued NHS Children's Mental Health Prevalence Survey with a similar population-wide measure
   - Introducing pupil wellbeing surveys into every school to measure baseline levels of children's mental health
   - Ensuring mental health service providers collect accurate data on the impact and outcomes of their support, using evaluation measures to record improvements in mental health.

This should be done over the next 1-2 years.

5. **We recommend Integrated Care Boards bring together NHS, education, VCSE and children's services** under a place-based approach.
   - This should inform commissioning decisions
   - This should streamline and consolidate local mental health services
   - This should pool funding and ensure effective delivery
   - This should enable real-world feedback and evaluation.

   This should be done over the next 1-2 years.

6. **We recommend a leadership programme is introduced (or promoted), to bring together education, health, social care, police and VCSE middle and aspiring Leaders**.
   - This programme helps to build a picture of population health and wellbeing
   - This ensures a community-asset based approach that collaborates based on each other's strengths and expertise.

   This should be done over the next 1-2 years.