GMCA GREATER MANCHESTER COMBINED AUTHORITY

Greater Manchester Joint Health Scrutiny Committee

Date: 8 March 2023

Subject: Addressing the Increased Presentation of Young People Experiencing Mental Health Issues

Report of: Sandeep Ranote, Medical Executive Lead - Mental Health, NHS GM Integrated Care and Xanthe Townend, Greater Manchester Programme Director for Mental Health

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Purpose of Report:

At the July 2022 meeting of the Joint Health Scrutiny Committee, the Greater Manchester (GM) Recovery Strategy was presented to give a broad view of the challenges associated with recovering our services and the main themes for action over the next three years. As a follow up to this, we were asked to come back to the committee to describe how GM is addressing the significant increase in people experiencing mental health issues, particularly in young people.

Recommendations:

The Joint Health Scrutiny Committee is requested to:

1. Note the report on how GM is addressing increases in prevalence of Mental Health (MH) conditions for young people.
2. Discuss the report and comment on the actions being taken, with a view to identifying any additional actions that might be necessary.
3. Discuss our ask of the GMCA.

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1. Introduction

The GM Recovery Strategy, presented at the July committee, highlighted how the pandemic has created significant additional demand for mental health services, particularly from younger people.

2. Prevalence and demand

The pandemic has had a profound impact on people's mental health, with an estimated 25% increase in the prevalence of anxiety and depression worldwide[1].

An increase in the prevalence of mental health conditions amongst younger people has been seen over the last 2 decades. Between 1999 and 2004 there was no observed increase in prevalence but from 2004 to 2017 there was steady growth, from 1 in 10 children having a mental health disorder in 2004 to 1 in 8 by 2017. Post-pandemic this has increased at a much faster rate from 16% of young people having a mental health disorder in 2020 to 18% in 2022. For 17–19-year-olds the increase is even more dramatic, from 10.1% in 2017 to 17.7% in 2020 and increasing again to 25.7% in 2022[2], making this now 1 in 4. In this age group, the rise has been particularly significant in females. There has also been a twofold increase seen in eating problems across young people, again particularly in females. The use of social media has risen, possibly the single most significant sociocultural change seen over this last 2 decades with a concomitant rise in cyber bullying reported. In young people with a mental health condition, 1 in 4 report cyber bullying[2].

Within GM, demand for Children and Young People's (CYP) mental health services has increased dramatically since the pandemic as illustrated in Annex 1 for a range of services. However, note that the increase in crisis line demand is likely due to increased publicity of this service following a campaign to raise awareness. Community eating disorders in particular has experiences a significant increase in demand (see Figure 3 in Annex 1).

BeeWell data at year 1 shows that the average overall life satisfaction and wellbeing scores for young people in GM is lower than the national averages with variation seen across GM. There were significant wellbeing inequalities from year one data seen in

[1] COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide (who.int)
[2] Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey - NDRS (digital.nhs.uk)

gender and gender identity with females and non-binary groups reporting greater problems with emotional well-being. Wellbeing inequalities were also found in ethnicity, young people eligible for free school meals, special educational needs and disability, and those having carer responsibilities, albeit it smaller.[3]

In addition, figures from the County Councils Network reveal that in 2015, 69,000 children in England were looked after by councils - but by March 2020, the figure was 80,080. It is well established that young people in care have a higher risk of mental health problems. Those in care are at a record high level, set to rise further. There is now an important opportunity for the new integrated care systems to address this as a whole.

3. CYP Mental Health Actions

The GM Recovery Strategy included five actions specific to CYP mental health, which are noted below along with updates on progress.

3.1.Funding Core Services

Action	Work with commissioners to review funding proposals for core Child & Adolescent MH Services (CAMHS) services for 2023/24.
Progress	Since July 2022, the Integrated Care Board (ICB) has been responsible for commissioning across GM rather than having 10 localities deciding on their own local commissioning priorities. Historic locality-based commissioning decisions have created gaps in core service provision for CAMHS in some areas. The ICB is committed to filling these gaps to end the postcode lottery of service provision for this cohort. Negotiations are currently underway as part of the 2023/24 operational planning process to ensure that core CAMHS services are levelled up across GM.

[3] https://gmbeewell.org/wp-content/uploads/2022/09/BeeWell-overview-briefing.pdf

3.2.Long-term Plan commitments

Action	Implement Long Term Plan for mental health agreed trajectories for 2022/23 including expanding crisis alternatives and exploring options for a single GM helpline, enhancing community-based support and support for children and young people.
Progress	**Rapid Response Teams (RTT)** are a community-based crisis response offer undertaking risk assessment and management, de-escalation, safety planning and brief intervention with up to 72 hours of intensive support. Their aim is to reduce A&E attendance and avoid unnecessary admissions to pediatrics and Tier 4. **GM Assessment & In-reach Centre** is a point of access for referrals into CAMHS inpatient services across GM. It provides an access assessment to determine whether an admission is indicated. Team is being expanded to offer 7 days working with on-call offer between 8pm and 8am. **Home Intensive Treatment** provides intensive support in the community for young people at risk of hospital admission or to support discharge from a CAMHS inpatient unit. **Thrive navigators** are co-located with CAMHS in each locality to provide psychosocial support pre and post discharge. Service is operational in most localities, with the remainder due to start in 23/24. Additionally, digital tools such as Kooth have been rolled out across GM to ensure young people (10-25 yrs) have access to immediate support for MH issues. A review of the CYP MH Crisis programme is underway to determine the priorities for development in 2023/24. This has captured the views of front-line clinicians, young people, and other stakeholders across the CYP urgent and emergency

	care system. Consultation on the proposals resulting from this are now underway.

3.3.Eating disorders

Action	To improve the whole system pathway for eating disorders including prevention, early intervention, alternatives to admission and the management of medical emergencies in eating disorders in line with the Medical Emergencies in Eating Disorders (MEED) guidance.
Progress	Demand for eating disorder services has increased dramatically since the pandemic (see Figure 3 in Annex 1). This increased demand combined with continuing workforce challenges mean waiting times are increasing (Tables 2&3 in Annex 2). Early intervention and speedy nutritional support remain a priority, but the psycho-social aspect of care is essential for this cohort of individuals. The availability of nasogastric feeding tubes within general adolescent units is mixed. Guidance is that all providers have the ability and capacity to offer this. As an example of good practice, Manchester Foundation Trust piloted a community nasogastric feeding clinic for young people which saw 5 people access support over an 8-week period with the option to have supported feeding or nasogastric tube feeding. This aligned to the intensive support offer within community eating disorder services and helped 2 people avoid pediatric admissions, thereby reducing pressure on acute settings. Service users experienced positive weight gain outcomes and this contributes to the prevention of further deteriorations in physical health. Community eating disorders leads set up a working group to discuss the implementation of MEED, launched in May 2022

	as per NICE guidance to reduce unwarranted variation and reduce risks associated with acute emergencies. Work is now underway to roll this out across GM.

3.4.Mental Health Support Teams

Action	To improve early intervention and prevention pathway for CAMHS in line with the NHS Long Term Plan ambition to mobilise Mental Health Support Teams (MHST) working in schools and colleges, building on the support already available, which will reach 30% of GM's 5-18 age population.
Progress	MHSTs are an early intervention and prevention service designed to support 5-18 age CYP. The three core functions of MHSTS are one to one and group psycho-social support for CYP with mild to moderate mental health needs delivered in or around education settings, working with the MH lead in the setting to deliver a Whole School Approach to MH and Wellbeing and lastly supporting the MH lead in the setting to navigate and link effectively with the wider system. The GM model of MHST is a blended model of NHS led teams with VCSE psycho-social capacity effectively broadening the therapeutic and community offers available to the teams. A phased approach has been taken to mobilising MHSTs across all 10 GM localities, with new localities coming on board each year and by the end of 2022/23 we will have 22 core locality teams and two provider footprint teams specialising in Emotionally Based School Avoidance, Colleges and ASD. Funding for a further 8 MHST is available in 2023/24 which will be allocated across the three provider footprints based on CYP population with the majority of the capacity focused on core delivery and the remaining capacity on locality needs and footprint level specialist college teams in

	recognition that the CYP cohort most impacted by COVID has been adolescents and that colleges support young people over an important developmental two year period of their lives that have significant transition points into and out of college, also colleges have undergone a shift in recent years that have seen smaller organization amalgamate into multi-site settings with in some cases 5-6000 students. Data flows for MHST activity are still being established (see Figure 6 in Annex 2) but early feedback from schools indicates a reduction in the number of anxiety-based referrals needing to be handled by out of school mental health services and analysis of the year 2 BeeWell data in relation to comparison of MHST supported schools with their statistical neighbors is underway.

3.5.System response for CYP with complex needs

Action	To improve the whole system integrated response to children and young people presenting with high risk, complex social care and mental health needs including the development of a shared accountability framework and alternatives to hospital admissions. To improve Tier 4 interfaces with the whole system including admission, alternatives to admission and discharge
Progress	Challenges caused by fragmented commissioning across Lead Provider Collaboratives (LPC) and ICB have been mitigated through shared roles and cross-GM whole pathway service development. Although LPCs have their own governance structures, they also report up through the MH system board for oversight. Crisis support services, as detailed in section 3.2, are in place to help reduce unnecessary admissions. Where admission is

	required, we are working to embed clear stepped care pathways and to increase the consistency between providers by defining shared outcomes and expectations, focusing initially on acute general adolescent. We are working collaboratively across GM to enhance, develop, and support the CAMHS inpatient workforce, noting the particular impact the pandemic has had on frontline staff A jointly owned framework and policy developed and agreed across health and social care which aims to: • Set out a framework to promote CYP safety when they present in crisis • Set out the process for system partnership work (when a CYP in crisis is admitted to an acute hospital bed without a physical or mental health need) to safely discharge the CYP to the appropriate placement • Set out the escalation process This is being rolled out across the system with webinars for each locality. A MH-funded parachute team model was developed to meet the needs of these CYP presenting to acute general hospitals better in the crisis period by providing a joint package of care by the system - which could include a placement or may be providing the right care to support them in the current placement or home environment. This model was piloted in Salford but further rollout across other localities has been paused pending a review to incorporate lessons learned from the pilot. The pilot has diverged from its original aims due to challenges in accessing social care pop-up beds but we continue to work with our social care partners to optimise these.

4. Support needed from GMCA

Since July 2022, the NHS has been part of an Integrated Care System (ICS) along with partner organisations such as GMCA and Local Authorities. The move to create ICSs was intended to break down the organisational barriers that previously existed to ensure the public receive a better standard of care.

Patient voice is a key part of our work. An exercise is underway with the BeeHeard group looking at community eating disorder services, crisis and Tier 4 which will culminate in a round table with service leads from CAMHS and MHSTs. The findings of the BeeHeard group will be presented at a youth-led combined CYP Community and Crisis Programme Board. Further co-production is taking place though our work with Youth Focus North West and lead providers to profile a programme of Young Inspector activity for 2023/24.

Within the 2023/24 funding for MHSTs we have stipulated 1 WTE post per locality to coordinate and manage the culture change and early intervention work in the Whole School Approach to MH and Wellbeing roll out and ongoing management. This work has the potential to reach 100% of schools and colleges and form a community of practice raising standards and sharing best practice across GM. This could result in an ask to education colleagues to support this work and GMCA's championing of this would be welcomed.

The action updates above highlight how collaboration and partnership working still needs to improve to deliver better care, with, for example, some NHS schemes being unable to fulfil their potential due to social care facilities not being available. Whilst these partnerships have undoubtably improved over time, social care is still our biggest challenge and risk and, as such, we need more joint policies and workforce solutions.

Our ask to the GMCA is to consider how it can encourage this collaboration, at both locality and GM level, to ensure we have a joined-up approach with Local Authorities.

5. Annex 1

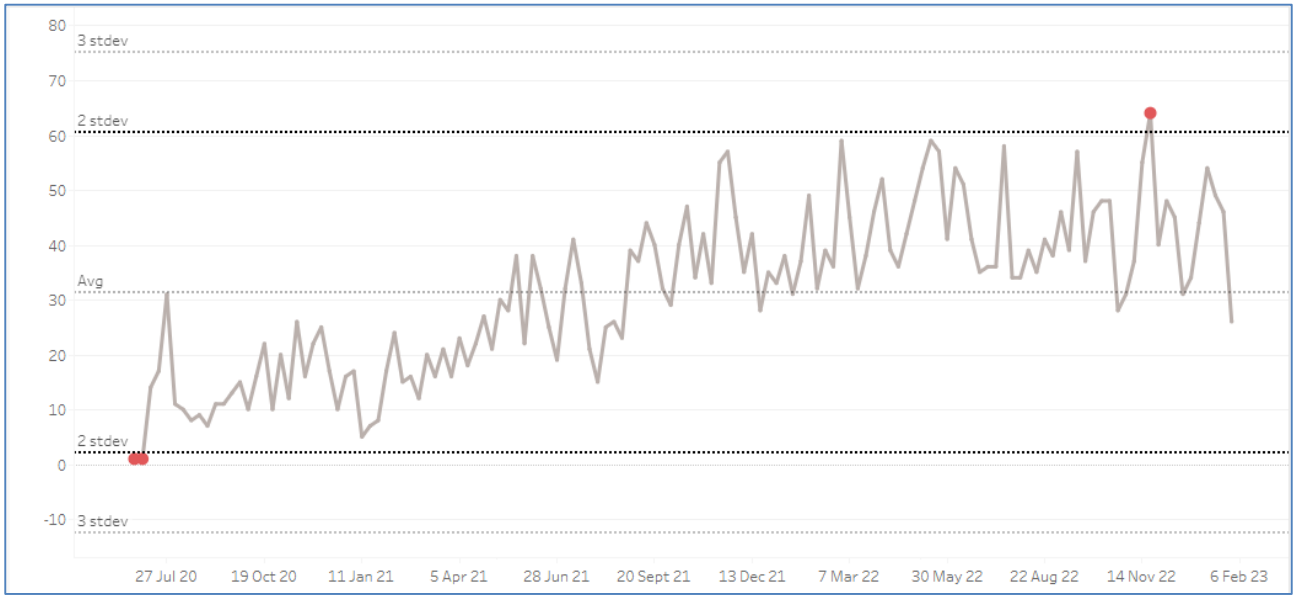

Figure 1Number of CYP calls to the GM Mental health crisis line

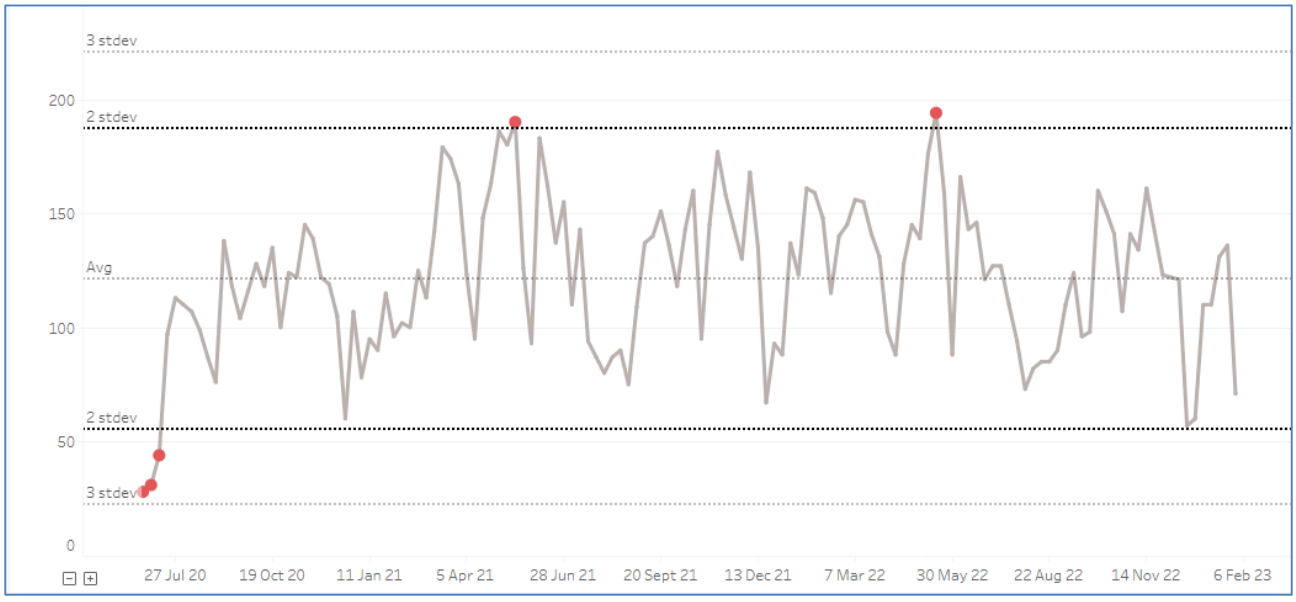

Figure 2 CYP Mental Health Liaison referrals in A&E

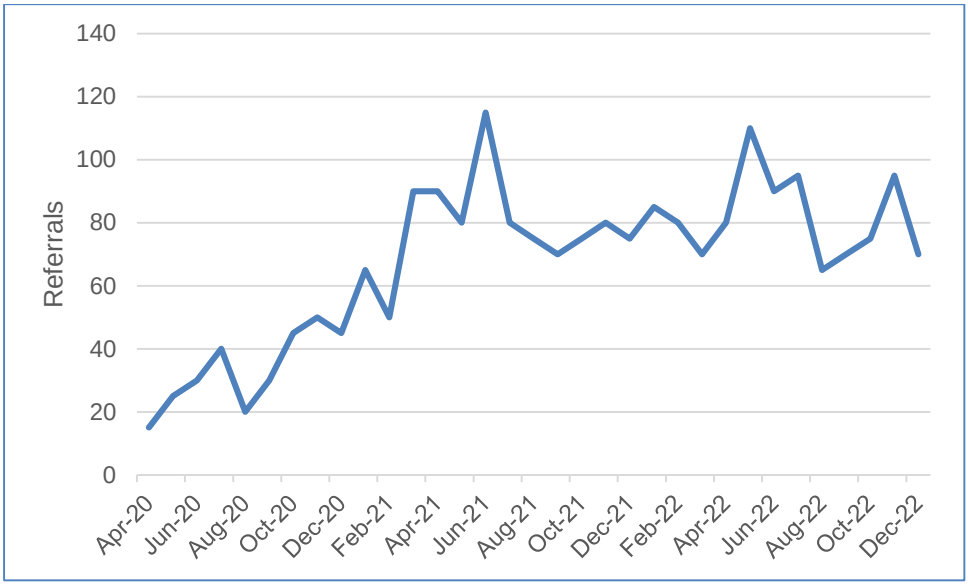

Figure 3 Community eating disorder referrals

6. Annex 2

The source for all data reported in this annex is NHS Digital's Mental Health Minimum Data Service dataset (MHSDS). Due to a cyber-attack, mental health data for July to September was not published and data for October and November (the latest available) is known to be affected, with counts likely not reflecting the true levels of activity.

The CYP access target for Greater Manchester is to reach 45,370 people by March 2023. Table 1 shows the data to June 2022 but the figure from November, although less reliable, has GM exceeding its target for the year already.

Table 1 CYP access as at June 2022

	Actual number of CYP receiving treatment in last 12 months (1+ contact)	Total number of CYP with a diagnosable MH condition	Percentage access rate last 12 months (1+ contact)
England	691,935	1,060,949	65.2%
North West	94,275	146,064	64.5%
Greater Manchester	43,265	59,099	73.2%
Bolton	4,150	6,484	64.0%
Bury	2,490	3,877	64.2%
Heywood, Middleton & Rochdale	4,865	5,086	95.7%
Manchester	10,900	12,364	88.2%
Oldham	3,070	3,965	77.4%
Salford	3,980	5,445	73.1%
Stockport	3,120	5,400	57.8%
Tameside	4,030	5,485	73.5%
Trafford	3,060	4,593	66.6%
Wigan	3,600	6,400	56.3%

The waiting time target for CYP eating disorders services is for 95% of people to be seen within 1 week for urgent cases and 4 weeks for routine cases. Tables 2 & 3 show that although GM is not quite meeting those targets, we are performing better than the national average.

Table 2 CYP eating disorders waiting times - Urgent

	Dec 2021	Mar 2022	Jun 2022	Nov 2022
England	59.0%	61.9%	68.1%	77.5%
North West	85.0%	90.9%	84.6%	86.8%
Greater Manchester	84.4%	85.9%	83.7%	81.7%

Table 3 CYP eating disorders waiting times - Routine

	Dec 2021	Mar 2022	Jun 2022	Nov 2022
England	66.4%	64.1%	68.9%	80.7%
North West	76.6%	76.3%	70.6%	87.7%
Greater Manchester	92.4%	93.9%	93.6%	93.8%

Figure 4 shows the GM dashboard for CYP outcomes, which reports the proportion of cases that showed a measurable improvement in symptoms and functioning in the period between at least two care contacts. For the latest reporting period, October 2022, nearly 35% of closed cases across GM reported an improvement.

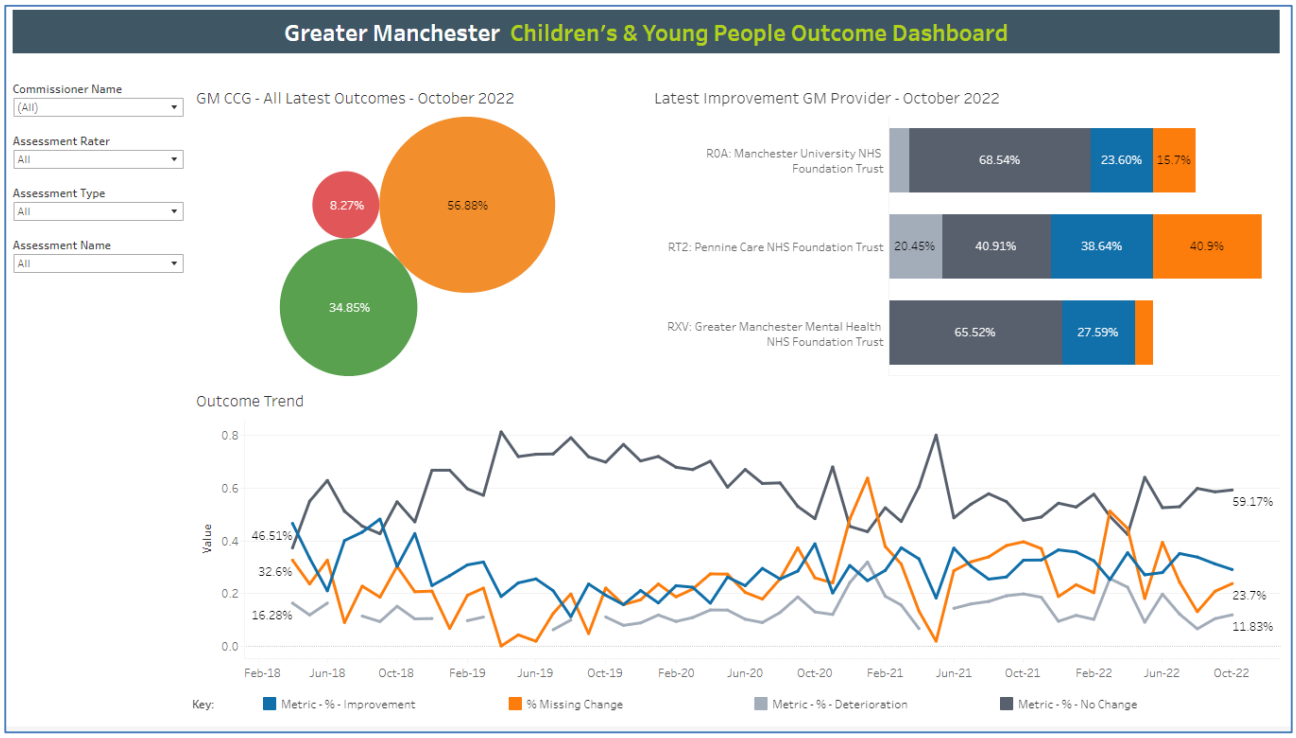

Figure 4 CYP outcomes by provider

Figure 5 shows the proportion of closed cases that reported an improvement split by age, waiting times, service type and number of contacts.

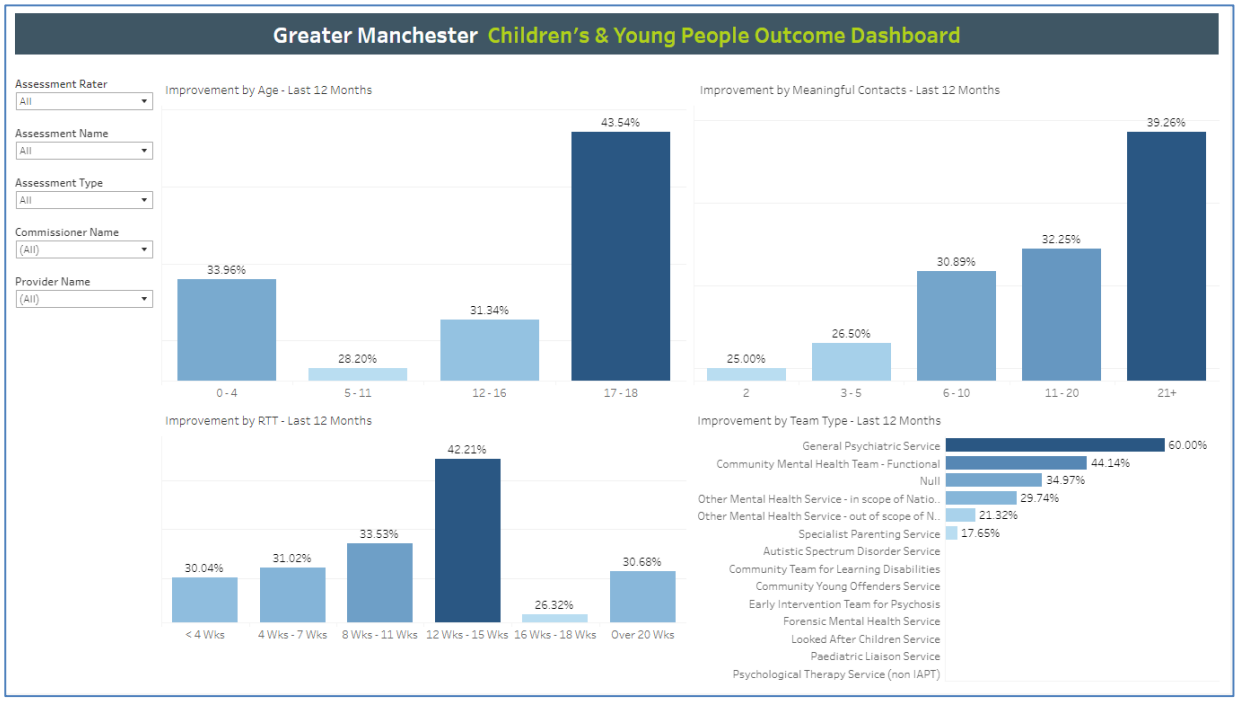

Figure 5 CYP outcomes by dimension

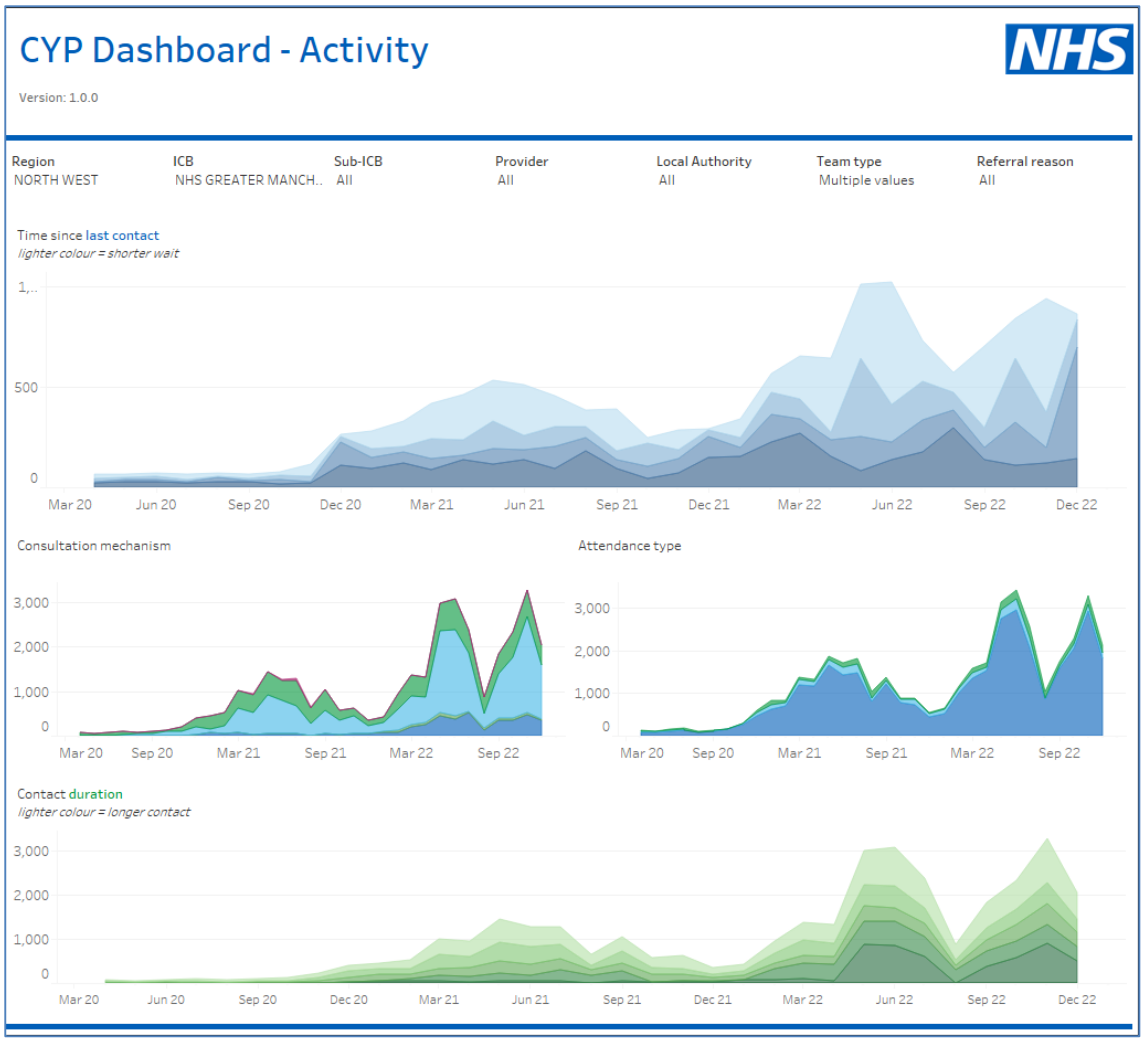

Figure 6 MHST activity