CYPIAAPT and Children & Young Peoples Mental Health Service Transformation: An essential guide for commissioners

Who is this guide for?

This essential guide is aimed at **anyone involved in commissioning of children and young people’s mental health services** across the NHS, local authority or voluntary sectors.

It will be particularly useful to members of:

- Health and Well-being Boards
- Clinical Commissioning Groups (CCGs)
- Strategic Clinical Networks
- Academic Health Science Networks (AHSNs)
- Local Health-Watch Boards.

What is CYP IAPT?

Children & Young People – Increasing Access to Psychological Therapies (CYP IAPT) is a **whole service transformation** model that seeks to improve the quality of children and young people’s mental health services. The principles behind CYP IAPT will underpin the development and delivery of the ‘Transformation Plans’ outlined in the recent [Future in Mind document](#).

It is different from the adult IAPT model (adult IAPT focused on setting up **new** services) CYP-IAPT is about improving the quality of **existing** Child and Adolescent Mental Health Services (CAMHS).

What are the CYP IAPT Core Principles?

CYP-IAPT seeks to improve services to children, young people and their families through:

- **Better evidence based practice** - Increasing the availability and knowledge of best evidence based interventions
- **Better collaborative practice** - Goal focused and client centred interventions, using feedback tools to facilitate better working between mental health professionals and families and young people using feedback tools leading to more personalised care
- **Better service user participation** - Children young people and their families having a voice and influence at all levels of the organisation
• **Better Cross Agency Working** - encouraging and supporting cross agency collaboration between Health, Social Care and Voluntary and Independent sectors

• **More accountable services** – through the rigorous monitoring of clinical outcomes to be able to share outcomes with young people and families and demonstrate effectiveness to commissioners

• **Increased awareness** – working in partnership with organisations delivering mental health services, and those in other sectors working with young people and families to increase understanding of the importance of emotional well-being and decrease stigma.

**Who is involved?**

The programme is jointly funded by [NHS England (NHSE)](https://www.england.nhs.uk/) & [Health Education England (HEE)](https://www.hee.nhs.uk/) & operates across England:

• CYP-IAPT is coordinated by 5 *Learning Collaboratives* covering nearly 70% of the Country.

• Local services that want to implement CYP-IAPT join together to form *partnerships*, usually made up of NHS, Locality Authority and Voluntary Sectors, and apply to be part of the programme.

• The *London & South East Learning Collaborative* is currently made up of 28 partnerships, including NHS CAMHS from 28 local areas (within 15 NHS Trusts), 23 Local Authorities, 21 Voluntary Sector organisations and 5 CCGs.

• All *mental health workers* in the services adopt the core principles of CYP-IAPT: psychiatrists, nurses, systemic family psychotherapists, psychologists, child psychotherapists, primary mental health workers and social workers.

**Is it all about training?**

A core mechanism for service change is training for staff located in the services of CYP IAPT partnerships. CYP-IAPT is more than just training; the training is a large and important vehicle for service improvement, but the training is a means to reaching the larger goal of service wide improvements in quality across the board.

The training is delivered through *a unique collaboration* between UCL, KCL, Anna Freud Centre, and the Tavistock Centre. The training is aimed at clinicians, supervisors and service managers and leaders.

For clinicians, the training covers:

• Evidence based **CBT** for emotional difficulties (anxiety and depression),

• Evidence based **parenting programmes** (such as the Webster-Stratton Incredible Years programme) for behavioural problems

• Evidence based **Systemic family practice** for conduct disorder, depression, self-harm, eating disorders

• Evidence Based **Interpersonal Psychotherapy - for Adolescents (IPT-A)** for depression

• All trainings cover the **core principles of CYP-IAPT** as well as the specific therapy model
Curricula are currently in development for:

- Counselling
- Working with under 5s
- Combined treatment (prescribing and talking therapies)
- Learning difficulties

The therapists’ training is supported by training for clinical supervision, and service managers and leaders who have a responsibility for transforming the service around the core principles of the programme to accommodate improved clinical practice for all members of staff within partnership services.

CYP-IAPT training is focused on the major evidence based therapies, and the expectation of partnerships to provide best evidence informed practice applies to all care-pathways & presenting problems: ADHD, Neurodevelopmental, Learning Disability, Looked after Children, ASD, under 5’s etc.

What are the other roles of the collaborative?

The collaborative provides a number of support and challenge roles to facilitate service improvement, including:

- **Monitoring** the partnerships’ journey of implementation, spread and improvement
  - Delivering With Delivering Well guidance - values and standards for child & adolescent mental health services
- Providing ongoing **consultation and support** to service managers and senior leads in services
- **Sharing best practice** through Implementation groups and workshops
- Providing **bespoke, whole service training** from the Collaboratives outreach team
- Proving **tailored short courses**
- Providing **on-going peer supervision** and learning sets

How do services demonstrate effectiveness?

All CYP-IAPT partnerships commit to collecting clinical outcomes data from 90% of all children and young people they work with. This data is shared with NHS England to create a database of services – to see where services are effective and where more work is needed to improve. This data is collected in clinically meaningful ways in collaboration with young people and families.

Services are encouraged and supported to use this information:

- **In sessions** – to guide and enhance therapy and counselling
- **In supervision** – to help shape interventions
- **At a team level** – for teams to looks at what day do well and what they can improve
- **With commissioners** – to form the basis of discussions about service effectiveness and areas for quality improvement, and to ensure on-going commissioning of good quality services attuned to local community needs
CYP IAPT uses a range of standard outcome measures. The measures are used to ensure there is meaningful collaboration/feedback between the child/carer and the clinician to enable the treatment to be adapted to fit what is most effective for that child/family.

At its most effective CAMHS interventions improve children’s quality of life, prevent future difficulties and help children and families overcome concerns and challenging life events/experiences. This way of working has similarities to the ‘recovery model’ familiar to commissioners of adult mental health services but is broader in its scope. Commissioners may want to look at the breadth of measures CAMHS services are using and to understand what they capture in terms of improvements for children and families – more information can be found on the CORC Resources pages and in detail in the COOP Guide to Using Outcomes and Feedback Tools with Children, Young People and Families.

How does CYP-IAPT fit with other health and social care initiatives?

CYP-IAPT is part of a network of initiatives to monitor and improve children and young people’s mental health services. The programme complements, and is complemented by, a number of other health and social care programmes, initiatives and institutions including:

- The proposals set out in the Future in Mind paper
- CAMHS Local Transformation Planning
- The Care Quality Commission (CQC)
- The Choice and Partnership Approach (CAPA)
- The Child Outcomes Research Consortium (CORC)
- Health Education England (HEE)
- Children and Young People’s Health Outcomes Forum
- Quality Network for Community CAMHS (QNCC)
- You’re Welcome Standards
- Youth Wellbeing Directory (with ACE-V Quality Standards)

All these initiatives and organisations exist to ensure and improve quality in Children and Young Peoples Mental Health services, and all fully complement the delivery of CYP-IAPT principles; any differences are in the particular focus of the initiative.

CYP IAPT National Audit

Between October 2014 and March 2015, the Evidence-Based Practice Unit at the Anna Freud Centre and UCL, and NHS England undertook a rapid internal audit of CYP IAPT. The aim of the audit was to explore how far services were along their transformation journey to embedding the CYP IAPT principles.
Making services more efficient

The audit found that the partnerships involved were more efficient since they joined the programme. Average days between referral and assessment decreased by 73%, and between assessment and discharge by 21%.

Improving service accountability

Staff involved reported that they were using feedback and outcome monitoring tools more frequently, however no comparative data is available from before the partnerships were involved in the programme. Of the total sample of 6,803 young people, 83% of CYP had an assessment measure recorded. Of those 3,939 CYP who had at least two sessions recorded, 42% had matched T1-T2 scores on an outcome measure.

Embedding Evidence Based Practice

83% of clinicians trained in a NICE recommend treatment were still offering therapy, and clinicians described having embedded evidence based treatment in their service.

Empowering young people

Staff reported that CYP IAPT has given children and young people “a voice in a massive way”, and young people have described involvement as giving them a personal sense of worth and empowerment.

In the clinical work, a 195% increase in self-referral was observed and 22% more cases were closed by mutual consent. Young people reported having self-referred and were able to locate necessary information. 61% of clinicians reported that access to services had improved.

What is the future of CYP-IAPT?

CYP-IAPT will continue the transformation of mental health services for children, young people and families:

- The principles of CYP-IAPT are fully embedded in the Future in Mind report, and are a key element of the Local Transformation Planning process.
- CYP IAPT principles flow throughout the NHS England Commissioning Specification for Targeted and Specialist CAMHS developed by a sub-group of the CYP IAPT Service Development Group. You can find more CAMHS resources from NHSE here.
- The new money announced in the 2015 budget will facilitate and drive further expansion and transformation consistent with the programme to reach 100% coverage of England by 2018.
- The London & South East Collaborative is committed to working with NHS England and HEE to expand and improve its offer to existing partnerships and to include new partnerships up to 2018 and beyond; working with CCGs and commissioners on developing and delivering
‘Transformation Plans’ to safeguard continuous quality improvement in mental health services for children and young people.

How can commissioners be involved?

The CYP-IAPT programme is designed to kick start transformation and to support services on their journey of change but it is not intended to provide all that is needed to improve services - this requires a good partnership between young people and families who use services, providers and commissioners - to ensure services continue to develop to meet local need.

Commissioners have a key role in this process including:

- Chairing local cross-agency CYP-IAPT steering groups to ensure sustainable implementation and continued quality improvement across the partners.
- Encourage quality improvement in services alongside efficiencies achieved through partnership working to maximise the effectiveness of the local health economy. This can effectively be achieved through outcome-based commissioning.
- Support and require the sharing of outcomes to help shape commissioning and service development
- Entering into dialogue with providers about outcomes data and use of tools such as goals based outcomes (GBOs) and CHI-ESQ as markers of good collaborative practice
- Using CQUIN to steer services towards key service improvement. See Commissioning Specification.
- Encouraging and supporting better participation of young people and families in service development, which has been achieved in some areas through incorporating You’re Welcome standards in specifications.
- Encouraging the development of practical evidence-informed care pathways
- Share ideas about better involvement of commissioners with the collaborative central team.
- Working with providers not currently part of the CYP-IAPT partnerships to consider how they might become involved.

Key Contacts

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Videos from our learning events are available on the London & South East YouTube channel