

A foot in the door

VCS providers' view of CAMHS transformation

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1. Executive Summary

In many areas, Voluntary and Community Sector (VCS) providers have managed to 'get their foot in the door', with Clinical Commissioning Groups (CCGs) and local authorities attempting to harness the potential of their accessible and efficient delivery models – such as the YIACS (Youth Information, Advice and Counselling Services) model – to drive CAMHS transformation. However, in other areas, the NHS system appears to be resisting change and shutting the VCS out. Our findings raise particular concerns over the funding and provision of services for young adults.

Engagement of VCS

Most YIACS ended up having some form of involvement in the development of their Local Transformation Plan. However, a minority felt excluded from the process and those that were involved often didn't feel as if they were treated as equal partners.

Involvement of Young People

Half of YIACS felt that their Local Transformation Plan signalled more consultation and co-production with young people. However, some YIACS raised concerns about the techniques used by CCGs and local authorities to consult with young people during the transformation planning process and felt it was a shame their expertise in this area had not been called upon to a greater extent.

The YIACS model

53% of YIACS felt that the plan signalled an enhanced role for the VCS. In some areas, commissioners were fully embracing the YIACS model, recognising it as vital to successful transformation of local youth mental health services. However, some YIACS felt that commissioners didn't fully understand the benefits of the YIACS model and were focussing too much on trying to reform failing statutory services.

Investment in VCS

22% of YIACS said they expected to get more funding as a result of the Local Transformation Plan and a further 29% indicated that 'there may be more funding, but we will need to bid for it'. However, many YIACS reported problems, such as CCGs not seeing the need to fund them because they already existed; funding not following referrals to YIACS from GPs and CAMHS; or uncertainty over the outcome of new tenders.

Early intervention

60% of YIACS said that their Local Transformation Plan signalled an increased focus on early intervention and prevention. However, many qualified their responses by saying that they wanted to wait to see if the reality matches the rhetoric in the plans or whether it turns out to be window dressing. Early intervention initiatives

often focussed on schools or early years rather than community-based approaches aimed at adolescents and young adults.

Tackling the social determinants

31% of YIACS said that their Local Transformation Plan signalled an increased focus on the social determinants of mental health and 34% more joined-up planning and commissioning across service boundaries. Generally, however, YIACS felt that the plans failed to recognise the importance of taking a broad, integrated approach to tackling young people's mental health.

Transitions – meeting the needs of young adults

Access to funding to support YIACS' work with 18-24 year olds emerged as a major concern that had not been adequately addressed in most Local Transformation Plans. Only 29% of YIACS believed that their local plan signalled more joined-up planning and commissioning across age boundaries. Vital local authority funding that had enabled work with this age group was disappearing and many YIACS felt that adult mental health commissioners were not yet making an appropriate (if any) contribution to funding services for young adults.

Transparency & protectionism

One in five YIACS reported that their Local Transformation Plan signalled increased protectionism in statutory services. Some believed the system felt threatened by the VCS's potential to deliver more efficiently, leading to a degree of entrenchment in the statutory sector. Some felt the statutory sector might attempt to copy, rather than fund, YIACS. There were also suspicions that some of the new transformation monies had disappeared into statutory CAMHS or the wider NHS system to plug gaps.



2. Introduction

2.1 Context

Future in Mind, the Government report of the work of the Children and Young People's Mental Health and Wellbeing Taskforce, set out "*what we need to do to overcome the status quo*".¹ One of the report's proposals was to increase investment in the existing network of Youth Information, Advice and Counselling Services (YIACS) – the primary VCS deliverers of youth mental health services – as a way of increasing the accessibility of services to young people.

Youth Access represents a national network of around 170 YIACS. YIACS take a holistic, young person-centred approach, delivering complementary interventions 'under one roof' to support young people on a wide range of issues from mental health, sexual health, drugs and alcohol to homelessness, money and employment. The YIACS model is increasingly recognised as a highly effective and efficient form of mental health provision for young people.² The extent to which Clinical Commissioning Groups (CCGs) and local authorities embrace the change urged by Future in Mind and harness the potential of VCS delivery models to drive transformation will be crucial to the development of YIACS.

To ensure accountability in the distribution of new funding for children and young people's mental health, all CCGs were required to produce a Child and Adolescent Mental Health Services (CAMHS) **Local Transformation Plan** in conjunction with local stakeholders. These Local Transformation Plans were developed during the second half of 2015.

Fuelled by the promise from Government of an additional £1.25 billion investment in children and young people's mental health over the five years from 2015-2020, there is intense interest in the content of Local Transformation Plans. Alongside **scrutiny** of the plans by bodies such as NHS England and Healthwatch, capturing the views of voluntary sector providers is an important part of understanding developments on the ground.

Between August and September 2015, Youth Access conducted an initial survey of our members to ascertain YIACS' experiences of the early stages of the CAMHS transformation planning process. Our report, '**More of the Same?**',³ published in January 2016, highlighted widely varying expectations of change amongst YIACS in different parts of the country. Whilst some felt optimistic that their progressive models of delivery would come to the fore and attract new monies, others raised concerns that protectionism within statutory services was threatening to undermine existing early intervention services in the VCS.

In '**More of the Same?**' we acknowledged that the timing of our initial survey only enabled us to capture YIACS' early experiences of the transformation planning process and that a further survey would be required once Local Transformation Plans were published.

¹ *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*, Department of Health and NHS England, 2015; Foreword from Norman Lamb, p. 3.

² *YIACS: an integrated health and wellbeing model*, Youth Access, 2015.

³ *More of the same? A report on how voluntary sector Youth Information, Advice and Counselling Services are faring in the CAMHS transformation agenda*, Youth Access, January 2016.

2.2 Our survey

This report provides findings from a second survey of Youth Access' members about their experiences of CAMHS transformation planning conducted between January and May 2016.

With all Local Transformation Plans published by early 2016, we wanted to follow up with local YIACS to get an update on their views on the transformation planning process and on the final published plan in their area.

- Were VCS agencies and young people meaningfully involved in the plans' development?
- Has there been an appropriate focus on early intervention and the social determinants of mental health?
- Do the plans signal more joined-up working across age and service boundaries?
- And, crucially, is more funding destined to be invested in effective VCS models, or is protectionism leading to entrenchment within the statutory sector?

We issued an electronic survey to all of Youth Access' 170 member agencies. This can be viewed at: <http://survey.constantcontact.com/survey/a07ec4to6p7ijjyfxr3/start>. The survey opened on 19th January 2016 and closed on 4th May 2016. The survey was originally scheduled to close in March, but was extended due to difficulties experienced by some YIACS in accessing a copy of their 'published' Local Transformation Plan.

In order to boost the response rate, some agencies were contacted by telephone. We focussed particularly on getting a good response rate from those agencies who had responded to our first survey on CAMHS transformation planning as we wanted to know what had changed since the early stages of the transformation planning process.

Responses were received from 58 agencies during the period, representing a response rate of 34% of all Youth Access members. Respondents included 40 out of the 55 agencies who had responded to our first survey, representing a response rate of 73% amongst our target group of agencies. Nevertheless, the survey cannot be deemed to be representative of all YIACS and provides no more than a snapshot of YIACS' experiences of CAMHS transformation.

This report has been produced by Youth Access on behalf of The Young People's Health Partnership as part of the Health and Care Voluntary Sector Strategic Partners Programme

3. Findings

3.1 Engagement of VCS

Context

Future in Mind said:

“Developing an effective local system of care and support requires access to diverse and flexible services....our assessment is that those local areas exhibiting best practice...have harnessed the strength of the voluntary and community sector.”⁴

Our earlier survey on CAMHS transformation planning found that YIACS' level of involvement in the early stages of the process had varied considerably. However, only 10% had said they felt 'central' to the process and, generally, YIACS felt that their influence over local commissioning processes and decision-making was limited.⁵

Our survey findings

Almost two-thirds of YIACS (64%) ended up having some form of involvement in the development of their Local Transformation Plan.

Encouragingly, against every indicator, YIACS' involvement had increased since the early stages of transformation planning, e.g. 55% had attended meetings about the plan (compared with 45% in our earlier survey), 57% had commented on plans or fed in evidence (compared with 39% in our earlier survey), whilst those who felt 'central to the process' had almost doubled from 10% to 19%.⁶

However, there were still significant numbers of agencies who did not have any involvement (36%) and/or who felt excluded from what was going on (10%). Even where agencies were quite involved in the transformation planning process, they often did not feel as if they were treated as equal partners.

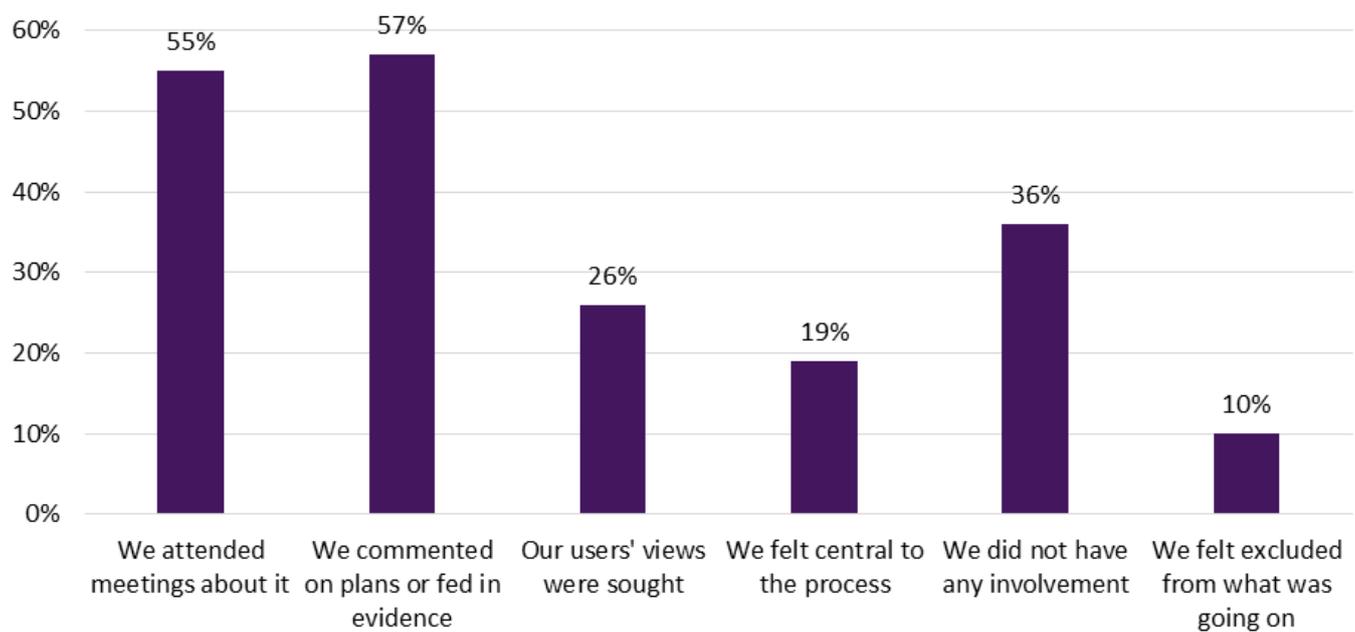
A key challenge for YIACS was the relatively short timescale within which Transformation Planning occurred. Those agencies with greater organisational capacity, strong youth counselling services and established contacts with mental health commissioners were far more likely to engage.

⁴ *Future in Mind*, p. 59.

⁵ Youth Access (2016) op. cit.

⁶ Of the 40 agencies who had also responded to the initial survey, 58% said they ended up attending meetings, 60% commented on plans or fed in evidence and 23% felt central to the process.

Fig. 1: What involvement did your service end up having in the CAMHS Transformation Planning process?



Comments from YIACS:

“Our service is recognised and valued, but we don't feel we are an equal player. We were not invited to be part of any planning discussions.”

“We were involved in the initial meetings – but the VCS reps were made to sit separately from the commissioners!”

“It was difficult to get heard. As a result of the process, we are definitely being noticed and listened to more by the CCGs, they are making an effort to talk to us and trying to engage us at this stage.”

“We were totally excluded from the process. It was very difficult to find out exactly what was going on. We had to chase the CCG for information and they did eventually send us a copy of the plan, but it made no reference to the VCS.”

“We attended some meetings. Not sure how the evidence we provided fed in to the final plan. We were only referenced [in the Local Transformation Plan] in a very general way, i.e. ‘VCS’.”

3.2 Involvement of Young People

Context

Future in Mind said:

“We believe that asking people who use services what they think about what happens now is vital. They are the ones who know what needs to change.”⁷

NHS England’s Transformation Planning guidance said that plans must evidence engagement with children and young people.⁸

Whilst accessing the views of young people through VCS youth mental health agencies with ready-made participation structures might have appeared an obvious route for CCGs to take, our earlier survey on CAMHS transformation planning found that only 16% of YIACS said that their users’ views had been sought.

Our survey findings

One in four YIACS (26%) said that their users’ views had ended up being sought as part of the transformation planning process.

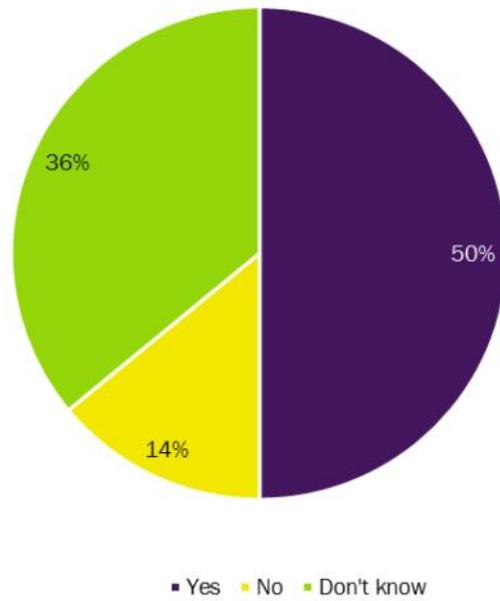
Some YIACS raised concerns about the techniques used by CCGs and local authorities to consult with young people and felt it was a shame their expertise in this area had not been called upon to a greater extent.

Half of YIACS (50%) felt that their Local Transformation Plan signalled more consultation and co-production with young people. However, there was a degree of scepticism about the willingness and capacity of the statutory mental health sector to respond to young people’s expressed needs.

⁷ *Future in Mind*, p. 9.

⁸ *Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing: Guidance and support for local areas*, NHS England, August 2015; p. 23.

Fig 2: Does your Local Transformation Plan signal more consultation and co-production with young people?



Comments from YIACS:

"The CCG came to our centre to consult with young people."

"We support and run the young people's commissioning panel across the North East. Young people are actively involved in the commissioning process for mental health services."

"What seems to be happening is that young people's voice is heard, but the ability to act on what it is saying is compromised given the bigger economic climate of austerity."

3.3 The YIACS model

Context

Future in Mind said:

“One-stop-shop services based in the community...should be a key part of any universal offer, building on the existing network of YIACS”⁹

Our earlier survey on CAMHS transformation planning found that whilst the majority of YIACS (64%) felt that their integrated service model was valued by commissioners, only 31% felt optimistic that the Local Transformation Plan in their area would include YIACS in a meaningful way.¹⁰

Our survey findings

41% of YIACS reported that their service’s contribution to local mental health services for young people was referenced or recognised in the final published Local Transformation Plan in their area.

53% of YIACS felt that the Local Transformation Plan signalled an enhanced role for the VCS; and 34% greater recognition of the YIACS model specifically.

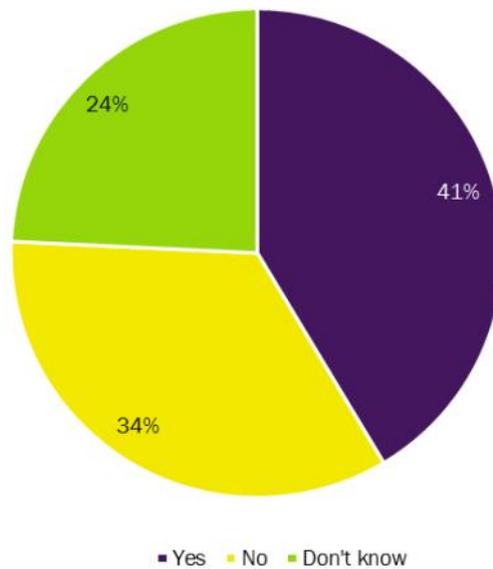
In a few areas, agencies reported that commissioners were fully embracing the YIACS model, recognising it as vital to successful transformation of local youth mental health services.

However, some YIACS felt that commissioners didn’t fully understand the benefits of the integrated YIACS model and were focussing too much on trying to reform failing statutory services. Others felt that whilst their service model’s value was partially understood, their service’s existence had been taken for granted, resulting in not being prioritised for the new Future in Mind-linked investment.

⁹ *Future in Mind*, p. 43

¹⁰ Youth Access (2016) op. cit.

Fig. 3: Was your service's contribution to local mental health services for young people referenced or recognised in the final published Transformation Plan in your area?



Comments from YIACS:

"The plan includes employing a development worker to explore the viability of setting up a YIACS. So, greater recognition of YIACS! They will be exploring how existing services could be moulded to fit the YIACS model."

"Our CCG has a clear understanding of YIACS and accepts that an integrated model of delivery is vital to enable the priorities for the city to be realised."

"Although we sit around the table, no mention [in the Local Transformation Plan] of YIACS or VCS counselling services... I'm worried about how we have been taken for granted. Yet, since we had to put a hold on taking any new counselling referrals, GPs and CAMHS colleagues are up in arms!"

"We are mentioned in the plan and seem likely to be part of the delivery of local services. However, they have not fully embraced what we do in terms of both scale or quality, so I fear we may not benefit as much as we deserve or our users would have asked for, if they had been consulted with."

"CAMHS need to get into the real world and provide services that fit with young people's lives and be more like the VCS. They have a lot to learn from YIACS!"

"The VCS is mentioned [in the Local Transformation Plan] and the impression is given that we will be valued partners, but until things are implemented we will not know if this is window dressing or not."

3.4 Investment in VCS

Context

Future in Mind said:

“Crucially, we must make it much easier for a child or young person to seek help and support in non-stigmatised settings. This is where the VCS can be so valuable.”¹¹

“[Making mental health support more visible and easily accessible for children and young people]....by every area having ‘one-stop-shop’ services, which provide mental health support and advice to children and young people in the community, in an accessible and welcoming environment. This would build on and harness the vital contribution of the VCS.”¹²

There appears to be a consensus building amongst those involved in CAMHS policy and delivery that the VCS has a key role to play in helping to improve provision, reflecting a growing recognition of the VCS’s track record of providing accessible, responsive, effective and cost-effective services. However, from the VCS’s point of view, the frequently warm words will mean little without a greater share of resources ultimately flowing in its direction.

Our earlier survey on CAMHS transformation planning found a widely varying picture across the country. In some areas, the signs that greater investment in the VCS might follow on from Future in Mind were extremely positive. In others, YIACS were pessimistic that significant change would result.¹³

Our survey findings

Encouragingly, 22% of YIACS responding to our survey said that they expected to get more funding as a result of the Local Transformation Plan and a further 29% indicated that ‘there may be more funding, but we will need to bid for it’. A small number of YIACS (3%), however, said they expected to receive less funding.

Where YIACS had already received or anticipated receiving more funding, this was for a wide variety of specified purposes, including:

- boosting the capacity of existing core counselling services
- developing online counselling services
- reducing waiting lists
- providing resilience-building activities
- developing the agency’s IT infrastructure

¹¹ *Future in Mind*, Foreword from Norman Lamb, p. 3

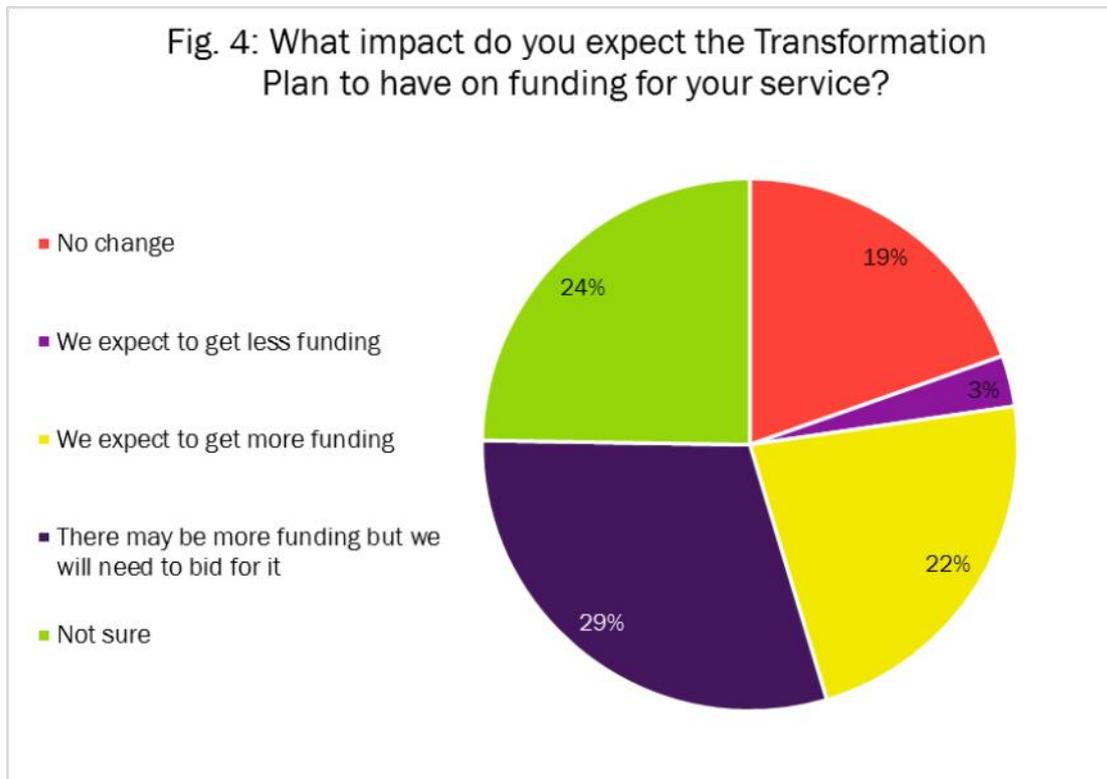
¹² *Future in Mind*, p. 17

¹³ Youth Access (2016) op. cit.

Common problems reported by YIACS included:

- Cuts to local authority funding streams (including mental health)
- CCGs not seeing the need to fund them if they already exist
- Funding not following referrals from GPs and CAMHS
- Delays or uncertainty over the outcome of funding decisions or new tenders

For a few YIACS, such problems were threatening the continuation of their services.



Comments from YIACS about Investment in VCS :

Many experiences were very positive...

"We led on a consortium of YIACS which has resulted in a 3 year contract with 11 sub-contracts which will secure and strengthen 11 local YIACS."

"We have been identified for additional funding in [both areas] including extra capacity for our existing services and funding for development of new online services."

"There are new monies available under waiting list initiatives for us to run a pop-up service offering additional counselling and group work on anxiety, self harm and recovery, plus transformation funding to support IT infrastructure."

"We have been given 24K from left over monies to help reduce our waiting lists.... most young people are now being seen within 3 weeks."

"We expect to get up to a couple of new posts – but not yet finalised."

"The plans proposed would mean a sea change in our delivery. If we go along with it, there is more work involved and we don't yet know how much money would come."

"We have been included in the plans and will be getting some funding – a one-off payment towards IT, contribution to deputy post, a re-occurring grant and money for attendance at meetings."

"Involvement in Transformation Plans has been a very positive experience for us with commissioners in both [areas] welcoming our involvement and targeting resources towards the third sector."



But other YIACS related less positive experiences....

“Our newly-commissioned early intervention mental health service will be absorbed into the new CAMHS pot – so we will need to re-bid.”

“We have seen an increase in referrals from CAMHS and GPs – although we get no funding!”

“We currently receive funding for our youth counselling service from the local authority, but we had to challenge a decision to end our funding and, although we were successful, they will be reducing our funding by 25% each year from next year. The CCG do not fund us at all currently and only invited our involvement after the plan had been developed. Their attitude seems to be that they don't need to fund us as we exist already.”

“We work with young people who refuse to re-engage with CAMHS, or who are unhappy with the service they currently receive. We have also had a big increase in NHS referrals to us due to the fact that the CAMHS process takes too long and GP surgeries cannot offer the level of support delivered by our staff. But we still receive no NHS funding.”

“We were not allocated any funding, so we have informed our partners that the counselling element of the service may end. Since sharing this news in December, suddenly there may be some non-recurring funding on the table! But I have had to reduce our counselling team and we are not sure what the future looks like.”

“We are still waiting to hear whether our funding for 2016/17 will be renewed; in light of the uncertainty, our trustees are considering major cuts to our organisation's budget at a time of increasing demand and unmet needs.”

And the experiences of some YIACS were rather mixed....

“We have now got 3 year funding from the CCG which is great, but the danger is the county council will no longer fund the service as they see it as a replacement for their funds! Our funding used to be 200k, we have actually had an 85% cut over the years.”

“We work across several LA and CCG areas and our experience has been very different in different areas. In one area we have received funding to pilot interesting pieces of work that fall outside traditional youth counselling, e.g. service user-led provision. In another area there will be an all-age approach taken to commissioning, with the NHS Trust (probably) leading a large contract covering C&YP and adults.”

“We currently get funding through the CCG. It is not clear if or how this will continue through the new transformation money or if we will need to re-bid for it. Everything currently is short term. We had to really push to secure 3 places for workers to be trained in IAPT. But it is not clear where the capacity will come from to deliver the service. CAMHS is no longer delivering an effective service to young people, they are indirectly changing thresholds and it is a shot in the dark as to whether they will accept a referral.”

“We will be bidding to continue our services as part of a community services recommission later this year and so it will be interesting to see what comes of this. We've been invited to a Market Engagement Event at the end of this month – I think we're already slightly perplexed by its corporate sounding title!!! But that's the world we're in I guess...”

3.5 Early intervention

Context

Future in Mind said:

“Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions in adulthood.....the NHS, public health, local authorities, social care, schools and youth justice sectors [need to work] together to place the emphasis on building resilience, promoting good mental health, prevention and early intervention.”¹⁴

Future in Mind put great emphasis on the need for a greater share of resources to shift to early intervention and prevention.

However, our earlier survey on CAMHS transformation planning found that, whilst CAMHS commissioners appeared interested in allocating more resources to earlier intervention, available funding for YIACS – both for mental health and wider services – was increasingly focussed on crisis interventions. Cuts to local authority public health, homelessness and youth service budgets were seen as particularly unhelpful in this regard.¹⁵

Our survey findings

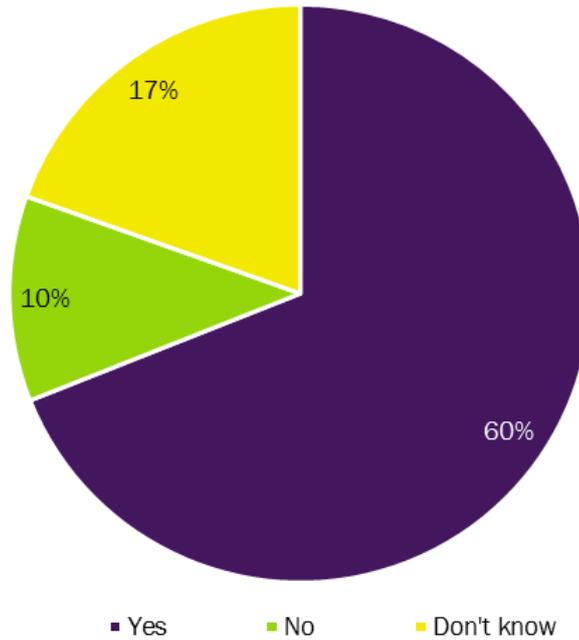
60% of YIACS said that their Local Transformation Plan signalled an increased focus on early intervention and prevention. However, many qualified their responses by saying that they wanted to wait to see if the reality matches the rhetoric in the plans.

Some respondents felt that their Local Transformation Plan unhelpfully used the term ‘early intervention’ synonymously with ‘early years’ or had a disproportionate focus on schools, at the exclusion of community-based approaches to early intervention with adolescents and young adults.

¹⁴ *Future in Mind*, p. 13

¹⁵ Youth Access (2016) op. cit.

Fig. 5: Does your Local Transformation Plan signal an increased focus on early intervention and prevention?



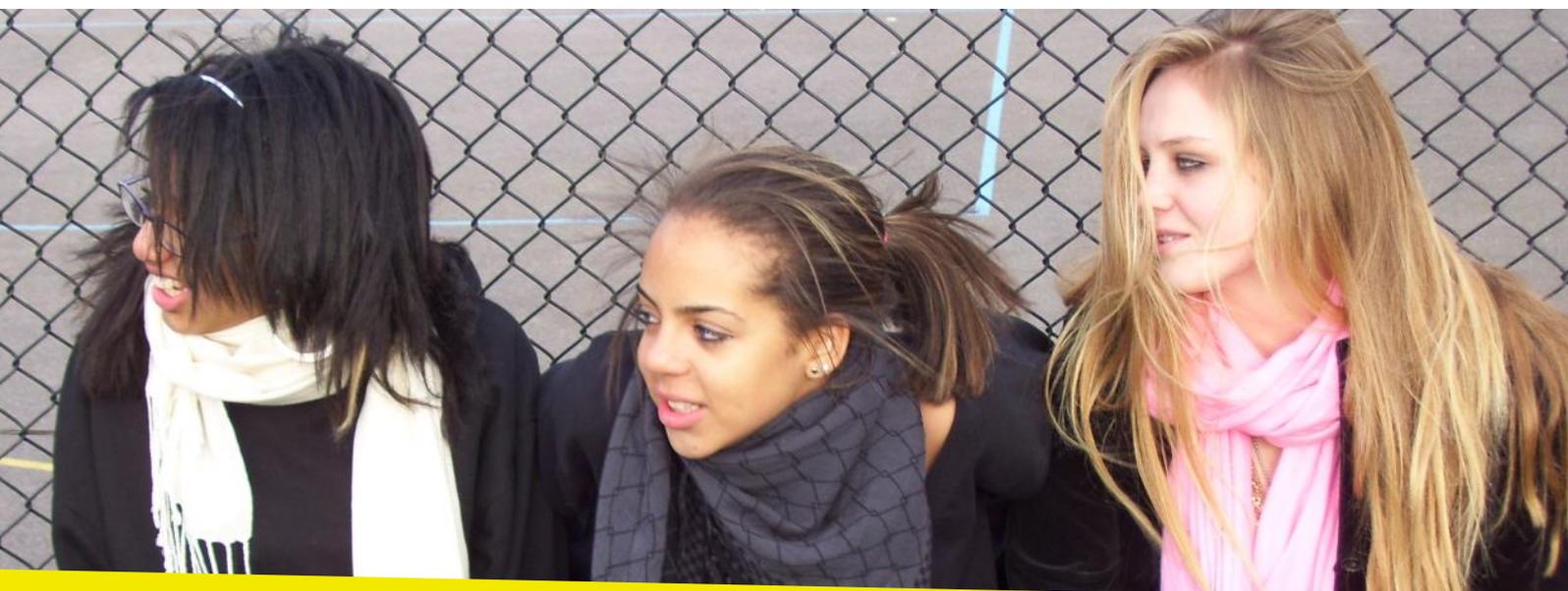
Comments from YIACS:

“Rhetoric is around early intervention but this is heavily focused on family interventions and a targeted approach to support.”

“All the right noises are being made.... but time will tell!”

“In theory, all looks good, but we will have to wait and see what it looks like in practice!”

“There is a lot of emphasis on early intervention with schools, which is good, but what about other young people who don't want their support in schools!”



3.6 Tackling the social determinants

Context

Future in Mind said:

“[We must not] focus too narrowly on targeted clinical care, ignoring the wider influences and causes of rising demand”¹⁶

Local Transformation Planning guidance said:

“Local Transformation Plans should demonstrate they provide evidence of effective joint working both within and across all sectors including NHS, public health, LA, social care, youth justice, education and the VCS”¹⁷

Research by Youth Access and the Young People’s Health Partnership has highlighted the crucial importance of tackling the social determinants of young people’s mental health – e.g. problems with housing, homelessness, welfare benefits, debt and employment – alongside counselling and mental health interventions.¹⁸ Further, if young people’s inter-related needs are to be met, integrated commissioning is required.

Our earlier survey on CAMHS transformation planning found little evidence of effective joined-up planning taking place across service boundaries. Local authority cuts were undermining YIACS’ ability to provide a holistic service and acting as a barrier to effective joined-up commissioning across service boundaries.¹⁹

Our survey findings

31% of YIACS said that their Local Transformation Plan signals an increased focus on the social determinants of mental health.

34% said that the plan signals ‘more joined-up planning and commissioning across service boundaries (e.g. with other areas of health, youth services, housing or social care)’.

Whilst a few respondents reported that their own YIACS services were being seen by commissioners as key to successful integration of services, generally YIACS felt that the plans failed to recognise the importance of taking a broad, integrated approach to tackling young people’s mental health. Particular concern was expressed about YIACS’ advice and drop-in services being highly valued, but taken for granted by CAMHS commissioners who did not see it as their responsibility to fund them.

¹⁶ *Future in Mind*, Foreword from Simon Stevens, CEO of NHS England, p. 7.

¹⁷ *Local Transformation Plans Guidance*, p. 21.

¹⁸ *Health Inequality and Access to justice: Young People, Mental Health and Legal Issues*, Professor Pascoe Pleasence, Dr. Nigel J. Balmer and Dr. Ann Hagell, Youth Access, 2015.

¹⁹ Youth Access (2016) op. cit.

Fig. 6: Does your Local Transformation Plan signal an increased focus on the 'social determinants' of mental health?

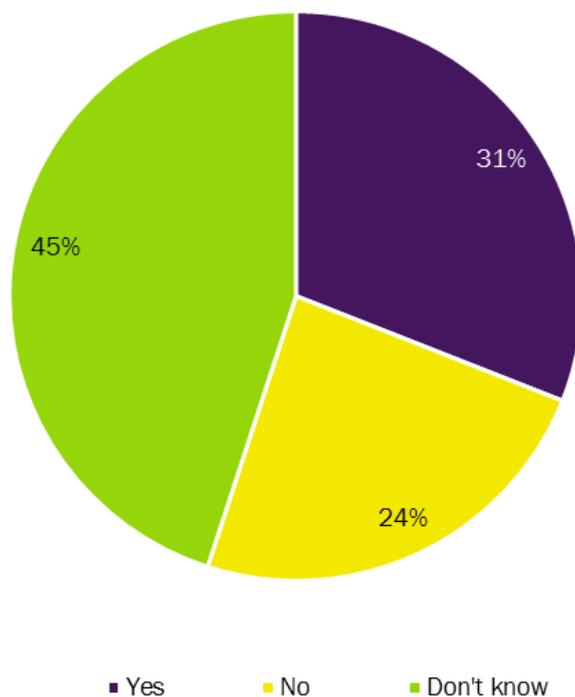
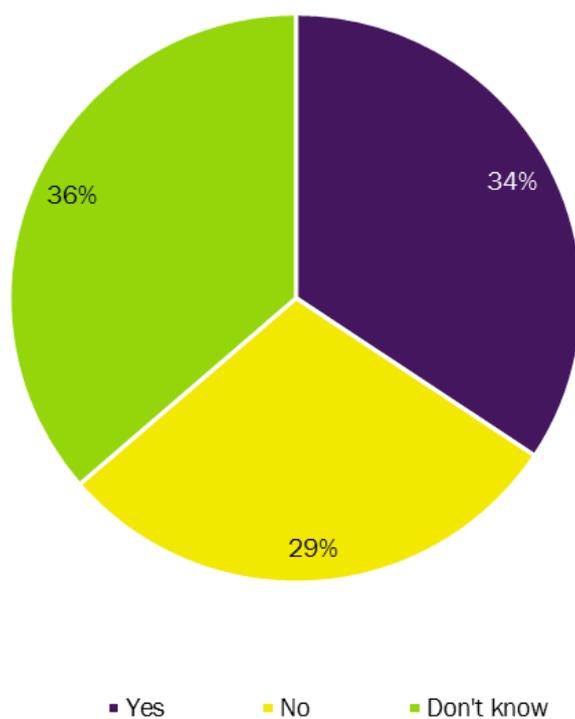


Fig. 7: Does your Local Transformation Plan signal more joined-up planning & commissioning across service boundaries



Comments from YIACS:

“We have seen a big increase in young people with mental health issues coming in, particularly in the 21-25 age group, often related to homelessness or the impact of welfare reforms. But our youth advice service doesn’t attract any mental health funding.”

“There appears to be more awareness of the social pressures young people face but no real awareness of the wider social determinants.”

“Missing link with CAMHS seems to be linking in with the justice system.”

“They say all the right things in the plans (although short on the actual detail), but this hasn’t translated into the Health and Well-being Strategy. We still don’t have joint commissioning or proper integrated pathways.”

3.7 Transitions – meeting the needs of young adults

Context

Future in Mind said:

“Young people transferring from children and young people’s mental health services differ from those leaving physical services in that, for many, adult mental health services are either not available or not appropriate.....Youth Information Advice and Counselling Services (YIACS) usually operate over the age of transition, often up to the age of 25....We recommend flexibility around age boundaries...with joint working and shared practice between services to promote continuity of care”²⁰

Future in Mind recognised the need for greater flexibility around age boundaries and for local areas to take a joined-up approach across child, adolescent and adult mental health services. However, with the new transformation funding focussed on CAMHS, one of Youth Access’ major concerns has been whether a more coordinated approach to funding age-appropriate services for young adults in the 16-24 age group would be taken by CCGs and local authorities.

Our earlier survey on CAMHS transformation planning found that some YIACS expected CAMHS transformation planning to result in services being commissioned across a wider age range in the future, but many others were less optimistic. They reported that funding from statutory funders (both in the NHS and local authorities) was still too often focussed on specific age groups; that very few YIACS received adult mental health funding to work with young adults; and that there was little evidence of joint commissioning across CAMHS and adult mental health services (AMHS).²¹

²⁰ Future in Mind, p. 28.

²¹ Youth Access (2016) op. cit.

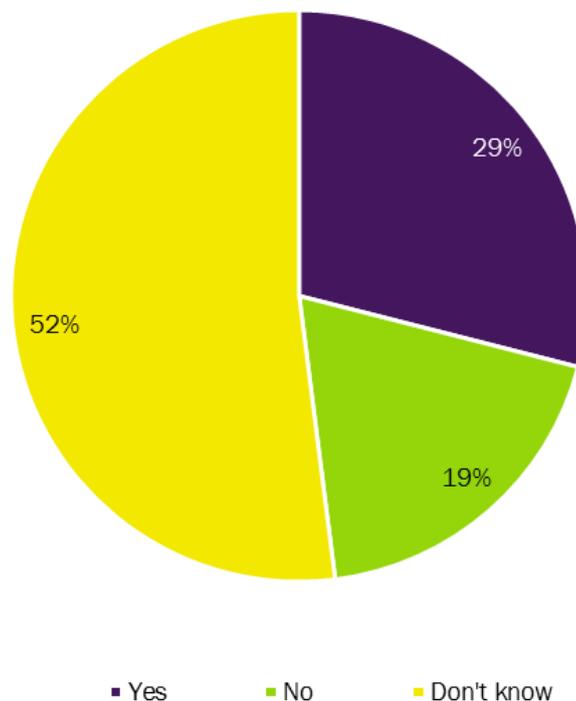
Our survey findings

Only 29% of YIACS believe that their Local Transformation Plan signals 'more joined-up planning and commissioning across age boundaries (CAMHS and AMHS)'. Nineteen percent said that it does not, whilst a majority of respondents (52%) said that they do not know.

Many YIACS said that access to funding to support their work with 18-24 year olds remained one of their major concerns:

- Several YIACS said that they were effectively the main providers of services to young adults locally.
- Few YIACS receive funding from AMHS. Many felt that adult mental health commissioners were not yet making an appropriate (if any) contribution to funding services for young adults.
- Most funding from CAMHS (including new transformation funding) was only for work with under 18s.
- There was no evidence of CAMHS and AMHS commissioners pooling budgets in order to jointly commission services for young adults.
- Some YIACS were losing their capacity to meet the needs of young adults as a result of cuts to local authority funding, which had previously afforded greater flexibility around age boundaries.

Fig. 8: Does your Local Transformation Plan signal more joined-up planning & commissioning across age boundaries



Comments from YIACS:

"Biggest challenge is funding for the over 18s! We get plenty of referrals from AMHS, but no funding, likewise loads of referrals from Children's Social Care – mainly 17 & 18 year olds. It is a big challenge trying to access adult services for these young people due to the high thresholds."

"Our service is for up to 25s, but we are continually juggling money to ensure that we are able to offer counselling to over 18s. There is no commitment locally to support transitions for 18s. I asked about this at a meeting and the response I got was vague! Young people are dropped at 18. For us, it just seems our service is increasingly used by CAMHS without any recognition or funding from commissioners."

"[As a result of the Local Transformation Plan] we have got more funding for our counselling service. It is officially for up to 18s, though the CCG recognises that we work with up to 25s."

"We have lost all our CCG funding for 18-24s, but are hoping this may change when the new system is in place."

"Very disappointing that the commission did not provide for services beyond 18 despite lots of comments through the consultation process on the need to avoid cliff edge of provision at 18."

"We have lost all local authority support for our 19 plus work."

"There is little acknowledgement [in the plan] of the specific needs of young people aged 16-25 or of the success of the holistic approach."

"There is a commitment for more joined up working with AMHS and CAMHS, but how this translates we will have to wait and see."

"We see loads of young people 18 plus who have nothing [offered by statutory services]. I dread to think what would happen to them if we weren't here!"

"GPs are still referring 18-25s to us even though there is no funding tied to this!"

3.8 Transparency & protectionism

Context

Future in Mind said:

“There are barriers in the system itself which prevent change”²²

Local Transformation Planning guidance said:

“More of the same is simply not an option.”²³

Our earlier survey on CAMHS transformation planning revealed concerns that vested interests within local authorities and the NHS were leading to increasing levels of protectionism. YIACS were quite distrustful of the underlying rationale and motivations for commissioning decisions. Some commissioners were perceived to be prioritising the protection of jobs within the NHS system above meeting young people’s needs, whilst NHS Trusts were accused of giving CAMHS work to themselves rather than involving the VCS, regardless of respective track records.²⁴

Our survey findings

One in five YIACS (19%) reported that their Local Transformation Plan signalled increased protectionism in statutory services, while 10% said they had felt excluded from the transformation planning process.

More broadly, there were reasonably widespread suspicions of the system feeling threatened by the VCS, leading to a degree of entrenchment in order to protect vested interests within the statutory sector.

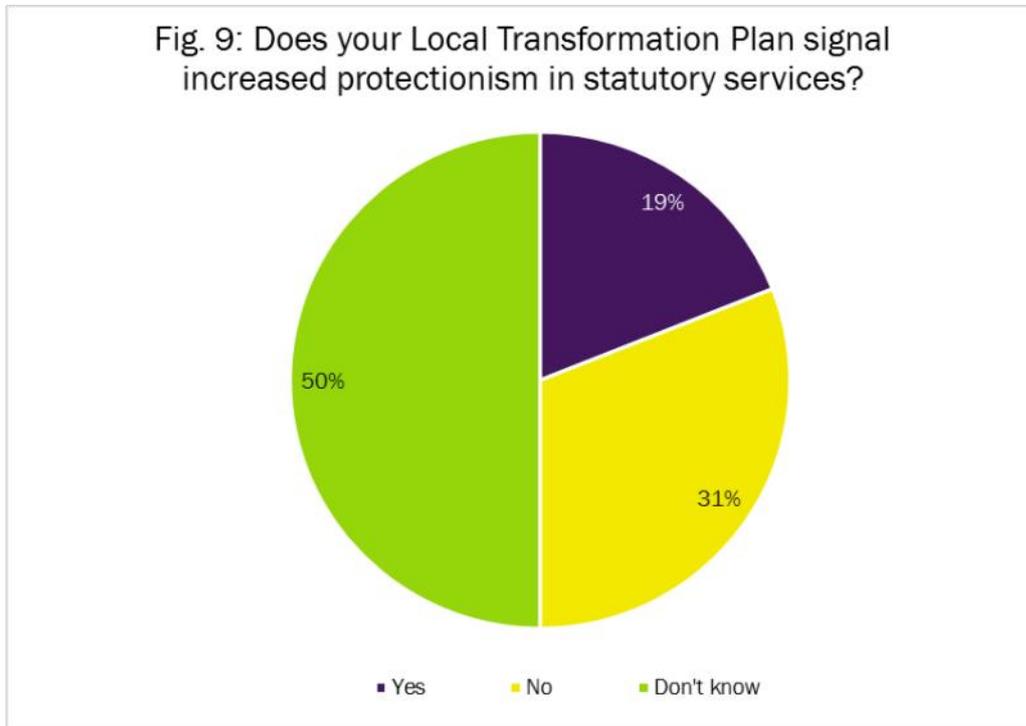
- YIACS in some areas felt that tensions had arisen due to a growing realisation that the VCS could deliver services more effectively at a lower cost than statutory CAMHS.
- Some YIACS suspected that statutory CAMHS might try to copy aspects of the YIACS model rather than afford funding to the real thing.
- Some YIACS had not received expected funding or lost existing funding in order, they perceived, to cover funding shortfalls within statutory CAMHS.
- There were also suspicions that some of the new transformation monies had disappeared into the NHS system more generally to plug gaps. In one area, it was reported that young people had made a Freedom of Information request to ascertain where the money had gone.

²² *Future in Mind*, Foreword from Norman Lamb, p. 3.

²³ *Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing: Guidance and support for local areas*, NHS England, August 2015; p. 9.

²⁴ Youth Access (2016) op. cit.

Fig. 9: Does your Local Transformation Plan signal increased protectionism in statutory services?



Comments from YIACS:

“Our projects were mentioned [in the Local Transformation Plan] and resources were to be allocated, but withdrawn. I feel very cynical about the whole process! Felt like the same old suspects were working out how they were going to carve up the money amongst themselves. Where is the money being spent? There is no evidence at present that it has gone to children and young people’s mental health services!”

“We believe a great deal in the plan is aspirational and may well remain so. We believe there is some degree of protectionism at play with regards to funding for statutory services. We, as a VCS organisation, have picked up much of the work formerly delivered by CAMHS as they have steadily increased their thresholds for intervention.”

“Our service has been absorbed by Core CAMHS, which will mean a loss of funding for us.”

“Young people have made a Freedom of Information request to see where the money has been spent to date. The whole process has felt totally arbitrary.”

“Most of the new funds are destined to NHS provision to do more of what they already do.”

“There is likely to be new funding and the CCG knows that existing services don't engage disadvantaged young people, but not clear that the VCS will benefit – CAMHS may try to copy VCS models.”

“The main problem is that the plans do say some good things, but it is unclear yet that there will be changes as most of the money is going to existing NHS services which aren't planning to change.”

“Lots of talk about new, integrated working, single point of access, no wrong door – but the Mental Health Trust have been reappointed to deliver and are struggling with the implementation. Lots of obstacles to sub-contracting with VCS.”

4. Conclusion

Our findings suggest that YIACS in many areas have managed to 'get their foot in the door', with their Local Transformation Plans recognising that the VCS should be handed a greater role in delivery of young people's mental health services. However, whilst some areas are enthusiastically embracing the YIACS model as key to the provision of more accessible, integrated, young person-friendly services without the clinical and age barriers inherent in statutory CAMHS, other areas appear to be resisting change. True transformation of young people's mental health services may require a greater push from the centre to ensure the potential contribution of the VCS is realised.

Our findings also raise particular concerns over the funding and provision of services for young adults. Despite widespread recognition of the need to put in place age appropriate services that would better meet the needs of 16-24 year olds and improve 'transitions' from child to adult services, the views of YIACS indicate that Local Transformation Plans have not gone far enough in this area. There is a clear need for further Government action to ensure that AMHS commissioners take on greater responsibility and work more closely with their CAMHS colleagues to jointly plan and commission adequate services for young adults.

process and that a further survey would be required once Local Transformation Plans were published.

About the YIACS model

Youth Access champions a national network of 170 Youth Information, Advice and Counselling Services (YIACS).

The YIACS model is a proven, integrated health and wellbeing model that empowers young people (typically aged 13-25) through alleviating distress and defending rights.

YIACS deliver a range of young person-centred interventions ‘under one roof’, ensuring accessible, coordinated support on a wide range of issues from mental health, sexual health, drugs and alcohol to homelessness, money and employment.



About The Young People’s Health Partnership

The Young People’s Health Partnership (YPHP) is a seven strong consortium of organisations working with the Department of Health, Public Health England and NHS England as strategic partners to raise the profile of the health agenda across the voluntary sector. We work to:

- influence and shape the health system to understand young people’s needs for age-appropriate services
- equip the voluntary youth sector to work in partnership with the health system
- support young people to exercise empowered and active voices in the healthcare system

The partnership includes Addaction, Ambition, Association for Young People’s Health, Brook, CLIC Sargent, StreetGames and Youth Access. Contact: www.youngpeopleshealth.org/yphp or info@youngpeopleshealth.org.uk for more information.