



The Future Challenges

Young People and Mental Health Resilience

West of England AHSN competition for exemplar
future facing projects - guidance for applicants

March 2019

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Introduction

The [West of England AHSN](#) has a remit to assist industry and particularly smaller companies to work with the NHS to adopt and spread innovative products and services for patient benefit and to assist growth in the UK economy.

Together with colleagues within Sustainability and Transformation Partnerships and Integrated Care Systems we have developed local innovation hubs. Our innovation work is based in Gloucestershire; Bristol, North Somerset and South Gloucestershire; and Bath & North East Somerset, Swindon and Wiltshire. Through these hubs we have articulated the needs of our local health and care communities to drive forward “challenge-led” innovation. We will be matching these needs to the innovative solutions to be tested out in a real world setting.

What activities will we support?

We are looking for organisations that will ultimately be capable of supplying their product or service on a commercial basis in response to our health and care challenges. We are particularly keen to attract small and medium sized enterprises (SMEs) who already demonstrate a level of market traction in terms of sales and/or who can demonstrate they are already working with the NHS. We will also accept applications from small consortia with a lead company. This competition is not suited for products that are currently in a research and development stage, but is for products at advanced prototype/beta testing to full market ready positions.

The successful projects will be selected primarily on their potential value to the local health economy and on the improved outcomes delivered for the service users.

We are particularly interested in technology solutions but we recognise that there is no need for more apps focusing on general symptom monitoring and self-management. We are looking for novel, future facing transformative technologies that can build on and augment existing interventions by improving their efficacy, engagement and delivery. The desire is to ensure that more people have access to solutions/interventions that will improve their lives.

The opportunities for applicants:

- Your innovative product or service will be used & evaluated in a real world setting with support from the West of England AHSN
- You will submit a quotation rather than a tender as we are looking to evaluate a number of innovative solutions with the costs of each one less than £40,000
- You will receive a report on the evaluation which will also be shared with West of England AHSN members who commission and provide healthcare services across our region with a population of 2.4 million people.
- You have the opportunity to develop your products in line with commissioner and provider requirements.
- Increased potential for sales in West of England healthcare providers.
- Increased potential for national sales as the 15 AHSNs across England share case studies.

Our priorities

Our priorities in the West of England focus on two main areas: **building and promoting resilience** and also **early identification**. Further information is given below and highlighted through **‘What if...?’ questions**. The key priorities and challenges were articulated by our local expert network at a workshop in November 2018. The representatives included health service providers and commissioners, voluntary organisations and university researchers. Further discussions and input also took place with additional stakeholder groups to develop the health and care challenges.

Priority 1: Building and promoting resilience

What if...we could use digital technology to help support emotional wellbeing of children, young people and the community with building resilience and prevent mental health issues?

Specific examples are as follows:

What if... young people, (young) parents and (young) carers felt empowered, and given tools to recognise signs of experiencing mental health issues, and to support emotional regulation?

What if... we could de-stigmatise mental health challenges/difficulties and how mental health issues are being communicated?

What if... we provided easily accessible information for young people to teach them about

mental health, for example, techniques to reduce anxiety such as peer support, online or face to face interactions to promote empowerment and self-management?

What if... we had tools and methods of support for children and young people and families from various backgrounds, for example, when English may not be a first language or communication skills are impaired, through a learning or physical disability or illness?

What if... we could help to mobilise and skill up the community to better understand how to manage distress and help promote a holistic approach to health and emotional wellbeing?

What if... technology could help us connect with harder to reach communities to improve equality of access?

What if... there was peer and carer support for those who have left school, parents helping other parents, supporting (young) parents through pregnancy and onwards with mental health wellbeing?

What if... we created safe places for young people in their communities to support them to feel confident to talk about their mental health and create the needed trust that this relies on?

Background information

“Prevention matters - it’s the only way that lasting change can be achieved. Helping people lead fulfilled, productive lives is not the remit of the NHS alone. It involves good parenting and school support during the early years, decent housing, good work, supportive communities and the opportunity to forge satisfying relationships.”¹

The Future in Mind report (2015) by the Department of Health and NHS England² outlines a set of proposals for the UK government’s vision on how to improve service provision for children and adolescent mental health care across the system, including schools and specialist services. The key objectives included the following:

- tackling stigma and improving attitudes to mental illness
- introducing more access and waiting time standards for services
- establishing ‘one stop shop’ support services in the community
- improving access for children and young people who are particularly vulnerable³

The report also highlights the benefit of building resilience from early years to adult life, as well as providing help to the care givers. It states that supporting self-care will improve mental and physical health which in turn should lead to the reduction of intervention costs, improve economic growth and also reduce health inequalities. These are to be achieved by systematic definition and meeting needs in an integrated local approach through:

- **promoting** good mental wellbeing and resilience, by supporting children and young people and their families to adopt and maintain behaviours that support good mental health;

- **preventing** mental health problems from arising, by taking early action with children, young people and parents who may be at greater risk;
- **early identification** of need, so that children and young people are supported as soon as problems arise to prevent more serious problems developing⁴.

Priority 2: Early identification

What if...we could identify needs earlier, to provide support to children and young people and prevent serious or further problems developing?

Specific examples are as follows:

What if...children, young people and carers could access timely advice, support, treatment and resources on every mental health need whenever they wanted it?

What if... there was awareness and support for families overcoming long term conditions such as eating disorders, drug-use?

What if... we could provide cognitive and psychological support earlier in settings outside of the NHS?

What if...we could use more social prescribing?

What if... we could have an integrated digital platform that has trusted information and advice, self-help and self-assessment that could link through to more graduated online support and access to specialist support if needed?

What if...we could have personal profiles linked into our health record if we needed more specialist support which meant we could also contact our specialist clinician online for extra help and support?

Background information

A number of national committees and reports highlight the importance of prevention, early identification and evidence-based care agenda. The findings of the 'Future in Mind' report have also been supported by the Five Year Forward View for Mental Health (2016) "children and young people are a priority group for mental health promotion and prevention...early intervention and quick access to good quality care is vital - especially for children and young people. Waiting times should be substantially reduced, significant inequalities in access should be addressed and support should be offered while people are waiting for care."⁵

'Future in Mind' also discusses the relationship between parental (particularly maternal) mental health and children's mental health, and the importance of providing support during and following pregnancy. 20% of new mothers develop a mental health problem, which without intervention can lead to lifelong illness and poor outcomes to the mother or new baby⁶. It's estimated that maternal perinatal depression, anxiety and psychosis combined

have an economic and social cost of £8.1 billion a year. Around 75% of this spend relates to adverse impacts on the child rather than the mother⁷.

There is a delay in identification of mental health problems, caused by a young person feeling unable to recognise, report or access support serviced due to fear of the stigma attached to their mental health issues. If these are not identified quickly enough, they can lead to the symptoms worsening with poorer intervention outcomes or a need for long term treatments. A vital key to open up the conversation is to de-stigmatise mental health and our attitudes toward it.

Young people highlighted the challenges around discussing their concerns with GPs, or with school staff as they did not feel free to discuss their problems. On the other hand, the professionals, such as carers, teachers and GPs also find it difficult to provide support as there are no clear ways to find the required, targeted support. Professionals working in child and adolescent mental health services are equally aware of the challenges that come from balancing identified need with available resource⁸.

The importance of accessing appropriate interventions at any time and in any place, as well as developing interventions which are fulfilling individual needs have been supported by findings in national reports. “The NHS should expand proven community-based services for people of all ages with severe mental health problems who need support to live safely as close to home as possible.”⁹ The importance of the right time, right place and right offer was found by the Future in Mind taskforce, suggesting “one-stop shop” services based in the community, and developing existing networks, with recognition that this would fulfil some needs of the community. However, there will always be a need for children and adolescent specialist inpatient care.

What challenges are we facing?

Key facts:

- **Half** of all mental health problems in individuals have been identified by the age of 14, rising to 75% by the age of 24¹⁰
- **One in 10 children between five to 16 years old have a diagnosable mental health problem**, such as a conduct disorder (6%), anxiety disorder (3%), Attention Deficit Disorder (2%) or depression (2%)¹¹
- **In an average classroom of 30 pupils, three will suffer from a diagnosable mental health disorder**¹²
- Children with conduct disorders (including disobedient, disruptive and aggressive behaviour) are **twice** as likely to leave school with no qualifications, **three times**

more likely to become a teenage parent, **four times** more likely to become dependent on drugs and **twenty times** more likely to end up in prison.¹³

- Poor mental health generates an economic and social cost of **£105 billion** a year in England.¹⁴
- **£34 billion** is spent on mental health each year excluding dementia and substance use¹⁵ and just **0.7% of the NHS budget** is spent on children's mental health and only **16%** of this is spent on early intervention.¹⁶
- Life expectancy of people who have a severe mental illness, such as schizophrenia or bipolar affective disorder, is **lower by 15 – 20 years** on average in contrast to the general population due to preventable physical illness¹⁷
- People from **black and minority ethnic groups living** in the UK are more likely to disengage from mental health services leading to social exclusion and deterioration in their mental health¹⁸
- **two in three people with deafness and hearing loss** in the UK struggle with mental health, and most will find it too difficult to access psychological therapy¹⁹
- **LGBTQ+ people are one and a half times** more likely to develop depression and anxiety compared to the rest of the population²⁰
- Among LGBTQ+ young people, **70% of girls and 60% of boys** described experiencing suicidal thoughts. These children and young people were around three times as likely as others to have made a suicide attempt at some point.²¹

The National Audit Office reported earlier this year, that in the past mental and physical health were not considered of equal importance to the government. However, recent statements commit to providing equal access to care and allocation of resources in proportion to need²².

The need for mental health and wellbeing is overwhelming, with a quarter of all ill health in the UK attributed to mental health problems²³ with an estimation that the economic and social spend is £105 billion a year²⁴.

A person's physical health is linked to mental health and wellbeing, and vice versa. Nearly a third of people with a physical long-term condition also have a mental health problem, typically depression or anxiety²⁵. Life expectancy of people with severe mental illness, such as schizophrenia or bipolar affective disorder, is lower by 15–20 years on average, in contrast to the general population with a preventable physical illness²⁶. Mental health conditions have a significant impact on physical wellbeing, as well as affecting outcomes and treatment costs, estimating NHS spend of at least £8 billion a year²⁷.

According to the 'Future in Mind' report by the Department of Health (2004), the majority of adult mental health problems, manifest their first signs by the age of 18. The occurrence of mental health problems in children and young people indicates that one in ten (nearly

850,000) five to 16 year olds suffers from a mental health problem, and only 25% with identifiable condition actually access the services.

The 'Improving children and young people mental health services' report by the National Audit Office (2018) outlines that the estimation of service needs, and the prevalence of mental health problems in young people is likely to be higher since the last survey indicated, over a decade ago.

If the mental health conditions are recognised and treated early, this can avoid developing long term mental health conditions that will require permanent treatment and recovery. Early intervention provides an ethical, as well as social and economic case for change.

The NHS Long Term Plan²⁸ published at the start of 2019, builds on the past recommendations and includes mental health services particularly for children and young people as one of the key areas of development for the NHS for the next 10 years. The Plan highlighted the financial commitment and support to improve the access through community-based mental health services, transition to adult services and embedding support in educational structures.

What are we currently doing about it?

Child and Adolescent Mental Health Services (CAMHS) are often described as a range of services provided by organisations including: NHS mental health and community trusts, local authorities (education and social services) and the voluntary and third sector providers. In England, services are commissioned by clinical commissioning groups and NHS England (particularly for specialist services)²⁹. For almost two decades the following CAMHS four tier framework has been used to conceptualise the planning and delivery of mental health services³⁰. 'Improving children and young people mental health services' (p17, 2018) report included the following CAMHS model³¹ outlining the types of mental health services provided for children and young people.

Increasing
severity/
complexity



Universal services

Services whose primary role is not that of providing a mental health service, but may be involved in assessing and/or supporting children and young people who have mental health problems. Services will aim to promote mental well-being and prevent mental health problems, or intervene early if mental health problems do emerge. Universal services may be provided by non-mental health specialists, including general practitioners, health visitors, school nurses, teachers and social workers. Practitioners may be able to offer general advice, contribute towards mental health promotion, identify problems early and refer to more specialist services.

Targeted services

Services for children and young people with mild to moderate emotional well-being and mental health problems, including simple phobias, anxiety and depression. Services may be provided alongside their parents or carers, in clinics, community settings such as GP practices and schools or at the patient's home. Services may be provided by specialists such as psychologists and counsellors. These services can act as effective early intervention and can identify more severe and complex needs requiring more specialist intervention.

Specialist services

Services for children and young people with moderate and severe mental health problems that are causing significant impairments in their day-to-day lives, including hyperkinetic disorders and (moderate to severe) emotional and behavioural disorders. Services typically provided by a multi-disciplinary team, including child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses and other therapists, working in a community mental health clinic or child psychiatry outpatient service.

In-patient services

Services for children and young people with severe or highly complex mental health needs provided in in-patient units, including eating disorder units, forensic adolescent units and Psychiatric Intensive Care Units.

Most adults with mental health problems are supported in primary care, and access the Improving Access to Psychological Therapies Programme (IAPT). This programme sees around 900,000 people annually³² and provides psychological therapies for depression and anxiety disorders mainly. However there is a big difference in service delivery with waiting times from six days in the best performing areas, to up to 124 days³³ in the worst. In addition, the uptake of services is also affected by variation in engagement around mental health across different parts of society, and harder to reach communities. According to the Mental Health Foundation, black, Asian and minority ethnic communities are more likely to disengage from mental health services leading to social exclusion and deterioration in their mental health³⁴.

Primary care services support 90% of the adults with more serious mental health issues. These services have very long waiting times for National Institute for Health and Care Excellence recommended interventions such as psychological therapy, and many people end up never accessing these interventions³⁵.

There is a service covering work focusing on younger population, between the ages of 0-19, this is the Children and Young People's Improving Access to Psychological Therapies Programme (CYP-IAPT). Currently this is a change programme for existing service provision of mental health care for young people and children. The objective of this programme is for better outcomes and experience of care for the service user and their families by increasing access to effective services and evidence-based therapies. It is planned for CYP-IAPT to be rolled out across England by 2018/2019³⁶. The commitment to change and additional funding to mental health services has been echoed in the NHS England Long Term Plan which outlines the emphasis on service provision.

The IAPT/CYP-IAPT and Behaviour Change therapies are also provided as a national digital service, thus giving people in need a range of services from online therapy providers. The data output is connected directly to the end users' secure NHS record.

It is recognised that in combination with the mental health care service, and evidence-based treatments, digital technology can offer opportunities for positive change in providing timely access to the right information to young people, as well as reduce stigma. "The use of apps and other digital tools can empower self-care, giving children and young people more control over their health and wellbeing and empowering their parents and carers³⁷. Harnessing the potential of the web to promote resilience and wellbeing aligns with principles set out in Personalised Health and Care 2020"³⁸.

Application and decision making process

This national call for innovative solutions and offer of funding is part of the wider West of England AHSN innovation work, which aims to support the NHS to identify solutions and companies to partner with to deliver these solutions. We actively nurture an innovation ecosystem around health and care, removing obstacles and bringing diverse groups together to maximise new ways of working.

The Challenge

We refer to 'challenges' as a means of articulating clinical or healthcare system needs and then describing it in such a way that companies can respond with concepts for development, or solutions and value propositions which can meet that need. We refer to this as 'open innovation' as we are open to solutions coming from outside our organisations. This process also has similarities to soft market testing.

The Solution

The call for solutions to the challenges is launched nationally. Local subject matter experts review applications and interview a shortlist before selecting the successful applicants. We then invite local organisations to act as hosts for the challenge projects and work together to draw up a project plan to test how the products and services work in practice and are evaluated in a real world setting.

The project plan and deliverables are then described in a joint working agreement between the host organisation/ lead customer, the funder and the developers or solution providers. We work with the host organisation to develop a value for money business plan which they agree to consider as part of their next business planning round.

We are looking for organisations which will ultimately be capable of supplying their product or service on a commercial basis in response to our clinical challenge. We are particularly keen to attract small and medium sized enterprises (SMEs) who already demonstrate a level of market traction in terms of sales and/or who can demonstrate existing working with the NHS. We will also accept applications from small consortia with a lead company. This competition is not suited for products that are currently in a research and development stage, but products at advanced prototype/beta testing to full market ready positions.

The Selection

The successful projects will be selected primarily on their potential value to the local health economy and on the improved outcomes delivered for the service users. Whilst the West of England AHSN will work with successful applicants and host organisations to deliver a successful pilot project and gather information that can contribute to a value for money business case for health and care organisations, it would be for the health and care organisation itself to commission the innovative product or service once the project ends. This would usually be done as part of a competitive business planning process.

Applicants should offer a transformative solution and also consider the following underlying aspects of the use of their innovative product or service:

- How will you ensure that your technology and/or service solution is affordable to the NHS both immediately and throughout the life of the product? What health economics evidence do you have to demonstrate this?
- How will the proposed solution impact on the clinical care pathway?
- How will the service user be empowered? How will you ensure that the technology and/or service solution will be suitable to the technology/service user (and their families) and to health and care workers?
- How will you ensure this technology and/or service solution assists the community and the care givers?
- How will it contribute to the prevention agenda?
- How sustainable is your technology and/or service solution and what is the end of the life cycle of the product? For example, can it use a renewable source of energy?

The West of England AHSN will be able to answer queries about the call and a log of FAQs will be updated weekly with these answers on the [Bravo Solutions platform](#). **The last date for responses to clarification questions is Tuesday 16 April 2019, 5pm.**

Application submission and review process

Stage 1: All of the application documents and guidance are available via the portal.

If you're interested in applying, register on the **Bravo Solutions procurement portal**, managed by our procurement partner, Royal United Hospitals Bath Foundation Trust. To register on the Bravo Solutions portal, please go to:

https://nhs.bravosolution.co.uk/nhs_collaborative/web/login.html

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Stage 2: You will submit an application form as we are looking to evaluate a number of innovative solutions and their cost implications; indicative pricing will aid the evaluation process. **Responses are to be submitted via the Bravo Solutions platform by 5pm on Tuesday, 23 April 2019.**

Stage 3: Responses will be technically evaluated with all successful providers being invited for presentations.

Stage 4: Each shortlisted supplier will be request to prepare and deliver a presentation that is:

- 20 minutes in length
- Followed by a 15-20 minute Q&A

Successful applicants will be notified and made a formal offer in writing which sets out the conditions under which the funding will be made. Unsuccessful applications will be provided with a feedback soon after the project selection date.

Key Dates

Calls open	18 March 2019
Last date for responses to clarification questions	16 April 2019 (5pm)
Deadline for uploading application forms onto Bravo Solutions portal	23 April 2019 (5pm)
Presentation, solution demonstration and Q&A session. Successful candidates will be informed of location and time. Please hold these dates.	w/c 13 May 2019
Successful applicants will be notified	w/c 27 May 2019
Call for host organisations opens	Summer 2019
Successful applicant matched with host organisation	Summer 2019
Contract preparation including costed project plan and fees schedule. Agreed between West of England AHSN, successful applicant and host organisation.	Summer 2019
Contracts signed	Summer 2019
Projects commence	Autumn 2019

Contact Information

For further information, and competition queries please email us at innovation@weahsn.net.

West of England Academic Health Science Network www.weahsn.net

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²⁰ Rethink Mental Health <https://www.rethink.org/living-with-mental-illness/lgbtqplus-mental-health>

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