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Children and Young People's mental health services (CAMHS)

Purpose of report

For discussion.

Summary

This paper is designed to facilitate a discussion to prepare for our submission to the Green Paper on children's mental health and will provide material for the CYP mental health campaign we are launching in 2018 in response to the series of recent reports detailing the slow progress of the CAMHS reforms. Previous discussions with CYP and CWB Office Holders indicated that the LGA wants a dramatic shift in how we approach the prevention and treatment of mental health issues in children and young people. A similar paper will be presented to the CWB Office Holders on the 16 January, the full LGA submission will be sent to Office Holders of both Boards for their sign off.

Recommendation:

That the Children and Young People Board discuss the Green Paper proposals as set out in paragraphs 5-10, in order to inform the LGA's proposed response as outlined in paragraphs 11-18

Action:

Officers to take forward work in line with members' steer.

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Children and Young People's mental health services (CAMHS)

Background

1. In 2015 the Government committed £1.4 billion in additional investment for Child and Adolescent Mental Health Services (CAMHS) over a five year period. In January 2017 the Prime Minister Theresa May announced a comprehensive package of measures to transform mental health support in schools, workplaces and communities.
2. In 2017 Office Holders of the Children and Young People (CYP) Board and Community Wellbeing Board (CWB) agreed that the LGA would run a campaign on Children and Young People's mental health, given the level of concerns supported by internal and external research and policy reports.
3. A number of reports, including the Care Quality Commission (CQC) review (October 17) highlight that the crisis remains in this service despite two years of reforms. Analysis of transformation plans indicate that not all the money is getting through to front line service provision and in some areas it is being used to offset other budget reductions. This, coupled with historical underinvestment as well as the reported increase in demand for NHS CAMHS services has led to the current crisis. The profile of the new funding stubbornly remains at the specialist/acute end. Yet even in this domain clinical pathways and actual provision for the most in need children remain patchy and unsafe.
4. The problems identified in recent reports are fairly clear and thematic:
 - 4.1 A historical underspend on children's mental health when compared with adult mental health (6.7% of mental health spending is on CAMHS). This is despite clear evidence that most serious mental health conditions begin in adolescence. Issues within the system will only be partially remedied by the current new investment.
 - 4.2 A clear acceptance by all that prevention and early intervention and support for children's wider well-being is the key to improving outcomes as well as to reducing demand, yet the funding profile remains stubbornly at the specialist/acute end.
 - 4.3 A very complex fragmented system with many organisations involved, this is coupled with years of under investment, budget reductions and increased demand.

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- 4.4 Most children and young people are turned away as not meeting thresholds despite having needs.
- 4.5 Unacceptable waiting times for young people to receive treatment.
- 4.6 A high attrition rate, some of which is created by children and young people not wanting to enter a service they find stigmatising, unfriendly and/or in an unfamiliar setting.
- 4.7 A shortfall in inpatient beds for the most vulnerable.

The CYP Mental Health Green Paper

- 5. [Transforming children and young people's mental health provision: a green paper](#) was published by the Department of Health and the Department for Education on 4 December. The deadline for response is 2 March 2018.
- 6. The Green Paper affirms the current work programme to implement "Future in Mind". A further £300m has been announced primarily to strength the links between School and the NHS. The money it seems will go to the NHS.
- 7. The new proposals include:
 - 7.1 Every school and college will be encouraged to appoint a designated lead for mental health to oversee the approach to mental health and wellbeing. All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting. There will be a new offer of training to help leads and staff to deliver whole school approaches to promoting better mental health.
 - 7.2 Funding for mental health workforce of community-based mental health support teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. The Designated Senior Leads for Mental Health in schools will work closely with the new Support Teams.
 - 7.3 A new 4-week waiting time for NHS children and young people's mental health services to be piloted in some areas. This builds on the expansion of specialist NHS services already underway. The reduced waiting time will be achieved for a fifth to a quarter of the country by 2022/23.

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8. For SEND children there will be further work and proposals taking into account Dame Lenehan's review of children in residential and special schools in spring 2018. There will be a national leadership board for children and young people with high needs.
9. For 16-25 year olds, there will be a new national strategic partnership with key stakeholders focused on improving the mental health of 16-25 year olds by encouraging more coordinated action, experimentation and robust evaluation.

Proposed LGA response

10. The key themes for a proposed LGA response to the Green Paper are set out below for Members to discuss. This is based on previous discussions with Officer Holders, the Boards and at the Roundtable.
11. Our response will include our existing lines which includes calls for greater transparency and accountability for new funding, reducing waiting times, root and branch reform, additional investment and school based counselling available in every secondary school.
12. We welcome the additional investment and focus on schools/earlier intervention in the Green Paper. We particularly welcome the focus on a whole school approach with designated leads as well a commitment that the new (S)RE curriculum will include teaching every child about mental health This is in keeping with our calls in this and related areas.
13. As part of the call for a whole school approach we will advocate that some of the new investment is used to fund an independent counselling service in every secondary school in England. That this should be done directly via the Designated Schools Grant (DSG) thus avoiding the concerns of money getting possibly 'lost' in the wider pressures within the NHS. The LGA undertook a review of the costings of an independent school counselling service and agree with the best estimate in the sector that that it would cost in the range of £90m to have an independent school counselling services in every secondary school in England. This we estimate is 5.3% of all the new money promised.
14. We remain concern that the additional investment will at best give a partial response (less than half of children will be able to access CAMHS even with the additional investment according to the NHS) with no clear strategy of how the remaining gaps will be funded, given the reduction in council 's early intervention funding and pressures on school funding.
15. The proposals largely overlook the role local authorities play as key partners with schools and the NHS in designing, commissioning and delivering early intervention, preventative and universal services including mental health services. By ignoring the key role Councils play in improving the wider system for children it may in effect undermine this as well as existing relationships and the wider work local partners are undertaking to develop a local offer for CYP mental health services through Local Transformation Plans.
16. More clarity is needed on the new support teams and their relationships with existing CAMHs and local transformation plans. The development of new teams and national

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boards for different cohorts of children risks introducing further complexity, as often children with complex needs can cut across many domains of needs.

17. The proposal that children who are referred will be seen by CAMHS within 4 weeks is only going to be achieved according to the Green Paper for a fifth to a quarter of the country by 2022/23 with no clarity as to how children in the remaining areas will overcome the obstacle of long waiting times. This proposal will be piloted in a number of areas and a key risk that should be checked as part of the pilots is that it does not have unintended consequences in other parts of the system such as a shorter wait for an assessment but a longer wait for treatment.
18. We are calling for the Government to further increase funding and support to CAHMS services to ensure we have a sustainable well-being and mental health system that can deliver our shared ambition of delivering support for children and families when they ask for it. We want to see the full implementation of 'Future in Mind' recommendations for access and waiting time standards.
19. We are calling for the Government to ensure that there is an urgent increase in pathways for children with complex needs (such as Looked after children (LAC), ADHD, USAC and youth justice young people).

Implications for Wales

20. As the Green Paper applies to Wales we will be in discussions with Welsh colleagues in the coming weeks to understand the implications.

Financial implications

21. This work will be undertaken from within existing LGA budgets.