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

Purpose of report

For information.

Summary

This paper is designed to update the Children and Young People Board as to the current activities in relation to children’s mental health. Previous discussions with Children and Young People and Community Wellbeing Board Office Holders indicated that the LGA wanted a dramatic shift in how we approach the prevention and treatment of mental health issues in children and young people. This report gives an update on the work to date.

Recommendation

The Children and Young People Board note the activities detailed in the report.

Action

Officers to take forward work in line with any 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. In December 2017 the government produced a green paper on ‘Transforming children and young people’s mental health provision’. Its main focus was on schools and the development of Mental Health Support Team.
2. The Green Paper affirms the current work programme to implement “Future in Mind”. A further £300 million has been announced primarily to strength the links between School and the NHS. Most of the money it seems will go to the NHS.
3. The new proposals include:
   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.
   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.
   3. A new four 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.

**Summary of activities to date**

1. The consultation ended on 2 March and the LGA response after discussions with the Community Wellbeing and Children and Young People Boards and office Holders was formulated and can be found here: <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs>.
2. In addition to the above, the LGA launched a Bright Futures campaign on children’s mental health which has received good coverage via broadcast and social media. Details of the campaign can be found here [www.local.gov.uk/bright-futures](http://www.local.gov.uk/bright-futures).
3. A small scale improvement project has started with small number of local authorities in the area of children’s mental health based on action and peer learning. The purpose of this project is to support those Councils who have identified specific themes to focus on and solve using experience of peers, learning events and an experienced consultant. Wider learning will be disseminated.
4. The LGA wrote to all LGA vice presidents during children’s mental health week to raise awareness of the campaign launch. We also wrote to approximately 150 parliamentarians (from Cllr Izzi Seccombe OBE and Cllr Richard Watts) including relevant Ministers, Opposition spokespeople, Committee members and APPG officers to promote the key recommendations of the campaign, including a copy of the Don’t be left in the Dark publication.

**Revised policy calls**

1. The work around the campaign and green paper assisted in fine-tuning our policy calls in this area and these are:
   1. **Release the promised £1.7 billion to ensure adequate and sustainable funding.** Mental health services for children and young people are buckling under rapidly increasing demand – local areas urgently need the funding they have been promised to be released and for funding to be guaranteed after this Parliament. Some of this funding must be distributed across the system to schools and local authorities in recognition that these agencies have responsibility for funding for prevention, early intervention services and also part fund services for the most vulnerable children and young people.
   2. **Improve standards and make sure funding is spent wisely and transparently.** It is critical that Government ensure care pathways and services are quickly accessible and appropriate for all, including those with complex needs. They must also strengthen governance over how funding is spent, recognising that health and wellbeing boards are best placed to ensure that funding reaches the right services.
   3. **Prioritise prevention and early intervention; provide funding for independent counselling in every secondary school**. Children and young people’s chances of thriving dramatically increase the earlier we provide help, as well as saving money in the longer term; funding spread across all services would have a real impact. A small proportion of the full pledge of the £1.7 billion funding for CAMHS should be channelled directly into schools to implement an independent counselling service in every secondary school.
   4. We reiterate our call for a national commissioning model for welfare secure placements, with urgent action to increase capacity across the country. This model should be designed to fully integrate commissioning for all Tier 4 provision across health, social care and youth justice.
   5. One of the enduring challenges in this work is the number of different pathways for different vulnerable cohorts related to different related to different national worksteams, different funding streams and to different statues. This contributes to the lack of integration between health, social care and youth justice and children and young people do not get the full help they require. Challenges remain in ensuring that a multi-agency approach to delivery happens as set out in different programmes of work. We therefore want to see strategic alignment of all programmes and priorities that are relevant to vulnerable groups at national level.

**Tier 4 survey and initial findings**

1. Finally, we also conducted a survey with Local Authorities on how they deal with complex children and young people, specifically Looked After Children (LAC), those in contact with the youth justice system and those living with families on Child Protection or Children In Need plans. The aim of the survey was to gather primary information from local areas to help the LGA better understand the type and level of support that currently exists for children and young people with complex mental health needs, including the interface between NHS provision and social care/youth justice.
   1. The survey results are being analysed and its findings will be published in due course. Initial findings indicate the following:
   2. Progress is being made in the areas that responded around the commissioning of services for emotional health and wellbeing services for LAC, Unaccompanied Asylum Seekers, for children and young people with mild and moderate needs and there are some attempts to look at attachment and trauma pathways (albeit a challenge, in regards to the latter).
   3. Feedback form some local areas also supports the need for a broader range of services to be available (i.e. wider than the current CAMHS provision) and also for support to be made accessible from a sufficiently early age. Of some note, a number of LAs reported using core funding for these services alongside the Future in Mind provision.
   4. LAs reported that specialist inpatient care required by children and young people with complex needs is not always available, and that there are compounding difficulties in the use of secure ‘welfare’ placements for those with mental health needs.
   5. Issues were also reported in the following areas: the commissioning arrangements of tier 4 provision; a lack of specialist expertise in some CAMHS services; the too distant location of specialist placements; and a lack of CAMHS input in cases of young people who may not meet the tier 4 admission criteria.
2. The survey once finalised will be useful in our discussions with Government and NHS to the pace of reform, the gaps in the programme particularly in relation to the need for new care models and a national commissioning model.

**Implications for Wales**

1. No implications for Wales.

**Financial implications**

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

**Next Steps**

1. Children and Young People Board members are asked to note the activities.