

Children and Young People's Mental Health

Purpose of report

For discussion.

Summary

This report updates members on the Children and Young People's Mental Health work programme, particularly as a result of the feedback from the previous Board meeting.

Recommendations

That the Community Wellbeing Board note and comment on the activities to date.

Actions

Officers to continue to take forward and build on the work in line with steer from Board members.

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Children and Young People's Mental Health

Background

1. A paper on Children and Adolescent Mental Health Services (CAMHS) was presented to the CYP Board on 10 September 2018 and an update paper on children and young people's health was presented to the CWB Board on 27 September 2018. Members from both Boards emphasised their ongoing concern about CAMHS, the ability of Health and Wellbeing Boards (HWBs) to have influence over local spending on CAMHS, and how the LGA were responding to recent announcements on CAMHS.
2. As a result of members' comments, officers are reviewing the LGA's policy position on CAMHS. It is proposed that officers bring a full paper outlining a more detailed future work programme to the next Children and Young People Board (CYP) and Community Wellbeing Board (CWB) meeting.
3. This paper sets out the latest information on CAMHS, provides an update on the LGA's work programme on CAMHS and sets out initial proposals for future work.

Progress on issues raised by the Board

4. Recognising member's concerns about the ability of **HWBs** to have influence over CCG spend on CAMHS, we are commissioning a study to identify good practice in this area. This will be part of our programme for the forthcoming financial year.
5. Building on members' concern about the 16-25 transition age, the LGA is co-hosting an event with the Children and Young People's Mental Health Coalition on 29 January, which will focus on how we can improve the transition of young people from children's mental health services to adult mental health services, so that young people continue to be supported into adulthood. The [event](#) is free to councils and members of the coalition.
6. Following comments from both the Children and Young People Board and Community Wellbeing Board, we have discussed with NHS England that:
 - 6.1. The programme of new mental health units linked with schools means that in all likelihood they will only be for children in formal education. This means that excluded children, transitory children (including those from the armed forces), home-schooled children, etc, will miss out.
 - 6.2. A triangular relationship is needed between schools, councils and CCGs in the development of these units, to ensure all young people and children can benefit.
 - 6.3. As 'clinical need thresholds' will still be applied to any child or young person with a mental health disorder, this is unlikely to provide support to the 40 per cent of children and young people not accepted into treatment or discharged after an

assessment appointment. But hopefully it will reduce the third who remain on waiting lists for treatment longer than year.

- 6.4. This still doesn't provide the counsellor in every school that the LGA has been calling for. A call that has been supported by young people themselves as part of the [MH:2K](#) consultation, where young people were asked what mental health support they needed.

CAMHS Campaign

7. With a view to updating the CAMHS Bright Futures Campaign, and looking to the next Spending Review, it is proposed that officers bring a **future work programme** paper to the next board meeting. The Board's initial steer would be welcome and possible areas for exploration include:
 - 7.1. Seeking to estimate a shortfall in funding between what was allocated by Government on CAMHS (£1.7 billion) and what is recorded as being spent.
 - 7.2. Emphasising the case for local mental health interventions, such as the mental health units, to be in collaboration with councils, based on local need.
 - 7.3. Exploring the additional costs experienced by councils where they have had to step in to support and care for children and young people needing mental health treatment.
 - 7.4. Exploring the additional costs where councils are commissioning their own CAMHS service for high-risk groups, such as children in care, where they do not meet the 'clinical need' criteria of the NHS.
 - 7.5. A focus on the 40 per cent of children and young people who cannot access NHS treatment as their clinical need is not determined as severe enough.
 - 7.6. Examining what is needed to address the leading cause of death in children and young people aged 5-19, which is suicide. Suicide continues to be the leading cause of death in both men and women until the age of 34. For men, suicide continues to be the leading cause of death until the age of 49.

Updates

8. Since the previous board meeting, the Government has published a review into the Mental Health Act. Important **additional information** has also been released by NHS Digital on the prevalence of mental health disorders in children and young people; as well as CCG spending on mental health, from both the National Audit Office and the Children's Commissioner.

9. The Government has published the final report of **its Independent Review of the Mental Health Act 1983**. A paper on the review will be going to the CWB Board on 30 January, with recommendations and the proposal of a joint letter to DHSC from the CWB and CYP Board. This paper will be shared with lead members of the CYP Board for a CYP Board view and response. Of note, recommendations include that:
 - 9.1. Section 17 of the Children Act 1989 should be amended to clarify that any child or young person admitted to a mental health facility is regarded as a 'child in need' so that parents can ask for services from their local authority.
 - 9.2. The local authority for the area in which the child or young person ordinarily lives should be notified if a child or young person is placed out of area or in an adult ward or if admission lasts more than 28 days.
 - 9.3. Government should consider making it a requirement that the parents and families of young people placed out of area are supported to maintain contact.
10. Data on the **prevalence of mental health disorders** in children and young people has not been examined since 2004. As such, assumptions for national policy and funding decisions have been based on this out-of-date information. NHS digital released updated information from 2017 in November 2018. Of note:
 - 10.1. Overall, one in eight (12.8 per cent) 5 to 19 year olds has at least one mental disorder. This was previously thought to be one in ten.
 - 10.2. There has only been a slight increase over time in the prevalence of mental disorder in 5 to 15 year olds. Rising from 9.7 per cent in 1999 and 10.1 per cent in 2004, to 11.2 per cent in 2017.
 - 10.3. Emotional disorders have become more common. All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence since 1999.
 - 10.4. A quarter of girls aged 17 to 19 have a mental health disorder, and of this quarter, over half has self-harmed or attempted to take their own life. This would mean that in an average class of 32, if half are girls, two of them will have self-harmed or attempted to take their own life.
11. We issued a press release responding to these figures, updated our campaigning information and sent out an update to councils in the Chief Executive's weekly bulletin. We also took the opportunities to refine our messaging on CAMHS funding. In our latest press releases, we have said "Government promised £1.7 billion for children's mental health, and government should make certain all of this is received by children's mental

health services, and not diverted elsewhere. Where it has been spent on other services, government should make up the shortfall.”

12. We intend to utilise the new mental health figures in future policy and campaigning work on CAMHS, and our refinement of our ask provides the opportunity to estimate a ‘shortfall’ figure between what Government committed and what was actually spent on CAMHS.
13. The **National Audit Office** report confirmed in November 2018 that NHS England cannot be certain all the funding for CAMHS has been spent as intended or that data on CCG’s expenditure on children’s mental health is reliable. NHS England has said that it now expects CCGs to spend their allocations on the purposes for which they were originally intended.
14. The **Children’s Commissioner** announced that CCGs in England spend an average of 14 per cent of their overall budget on mental health, but just 0.9 per cent of their overall budget on children’s mental health. However, spending on children’s mental health is generally increasing. Out of 207 CCGs in England for which there is data, 134 increased their spending on CAMHS last year. However, there were 72 CCGs in England which reported a reduction in CAMHS spending between 2016/17 and 2017/18.
15. The Children’s Commissioner has made available a break-down of [individual CCG](#) spend on CAMHS. This information will also be useful for our future policy and campaigning work.
16. Government has announced its **25 ‘trailblazer’** areas to implement part of its Green Paper proposals on children’s mental health. These ‘trailblazers’ will set up new mental health support units in association with local schools and universities to provide a referral pathway for young people and children. Each unit is expected to work with an average cluster of 20 schools and colleges and should be operational by December 2019. We have been informed by NHS England that funding proposals for the trailblazers had to be submitted with the signed-off support of the relevant councils’ Director of Children Services and Director of Public Health. The 25 trailblazer areas are:
 - 16.1. North Kirklees CCG and Greater Huddersfield CCG
 - 16.2. Northumberland CCG
 - 16.3. Doncaster CCG and Rotherham CCG
 - 16.4. Newcastle Gateshead CCG
 - 16.5. South Tyneside CCG
 - 16.6. Liverpool CCG
 - 16.7. Greater Manchester Health and Social Care Partnership
 - 16.8. Herts Valley CCG and East and North Hertfordshire CCG
 - 16.9. Stoke on Trent CCG
 - 16.10. Nottingham North East CCG and Rushcliffe CCG

- 16.11. South Warwickshire CCG
- 16.12. North Staffordshire CCG
- 16.13. Gloucestershire CCG
- 16.14. Swindon CCG
- 16.15. North Kent CCG Grouping: Swale CCG and Dartford, Gravesham and Swanley CCG
- 16.16. Berkshire West CCG
- 16.17. Oxfordshire CCG
- 16.18. Buckinghamshire CCG
- 16.19. SW London HCP – Wandsworth, Sutton and Merton CCGs
- 16.20. Tower Hamlets CCG
- 16.21. West London CCG
- 16.22. Haringey CCG
- 16.23. Bromley CCG
- 16.24. Camden CCG
- 16.25. Hounslow CCG

Implications for Wales

- 17. NHS mental health provision is devolved to NHS Wales.

Financial Implications

- 18. There are no financial implications associated with this paper.

Next steps

- 19. Officers will present a report detailing a proposed Children’s Mental Health Joint Working Group and its work plan to the next meeting of the Community Wellbeing Board and the Children and Young People Board.