Children and young people’s mental health future work programme

Purpose of report

For direction.

Summary

This report sets out proposals for the children and young people’s mental health work programme for the LGA.

Recommendation

That the Board consider the proposals in the paper and direct officers accordingly.

Actions

* Officers will modify the proposals to reflect direction from the Board.
* Officers will confirm the commissioning of the research based on comments from the Board.
* Officers will contact the nominated or volunteered members of the Board to set up the children and young people’s mental health steering group.

Contact officer: Abigail Gallop

Position: Senior Policy Adviser

Phone no: 0207 664 3245

Email: Abigail.gallop@local.gov.uk

Children and young people’s mental health future work programme

Background

1. The LGA has been active on children and young people’s mental health (or CAMHS), through engagement in consultations, influencing work on the NHS England Long Term Plan (LTP) and 5 year forward view, its Bright Futures campaign and the publication of guidance on leadership in CAMHS. The LGA has also just published its report on the CAMHS peer learning programme it delivered last year with eight councils, facilitated by the Children’s Society, which consisted of two learning days and support from a peer organisation.
2. Going forwards, a number of changes are taking place. The current funding agreed under Future in Mind will be replaced by the NHS LTP funding, and we are embarking on a new spending review period.
3. We are also seeing increased reports of mental health disorders in children and young people, with increasing criticism of their ability to access support. We have seen a doubling of demand for CAMHS in the past 2 years, more children and young people with anxiety and depression, and alarming rates of self-harm and attempts to take their own life in girls aged 17-19. Just under 40 per cent of children and young people who are referred to CAMHS are turned away, either due to not meeting clinical thresholds or due to capacity issues. A further third have to wait so long their mental health deteriorates.
4. The current level of ambition is for 35 per cent of children and young people with a diagnosable mental health condition to receive treatment from an NHS-funded community mental health service by 20/21. In 15/16, 25 per cent received treatment. The NHS Long Term Plan makes a commitment that at the end of the 10 years, 100 per cent of children and young people who need *specialist* help will receive it.
5. Government has announced the development of a new model of referral between schools and new ‘mental health units’. Whilst the important role of schools should be a focus, we have argued that councils should be part of the new model, particularly to ensure children not in mainstream education, or where issues are picked up in other settings, can also benefit.
6. We have welcomed the’ transforming children and young people’s mental health’ green paper’s focus on crisis care for children and young people, reducing waiting times and closer links with schools. However, the role of local government was notably absent. It is proposed to explore and raise the profile of the role of local government in children and young people’s mental health, with the ambition of changing the direction of travel our young people’s mental health is heading in and transforming the support that is available.

Issues

1. The proposed aim of the project is to raise the profile of, and set out the case for, local government’s role within children and young people’s mental health, in advance of the next spending review, with a launch date at NCASC 2019. This includes equipping councils financially, through sharing good practice and in national policy terms, to play their part in addressing the mental health needs of children and young people.
2. We propose the following objectives:
   1. To articulate and make the case for the key role of local government in children and young people’s mental health, and why councils should be part of the national picture, policies and associated funding on children’s mental health.
   2. To identify in more detail the issues facing councils with respect to children and young people’s mental health, and articulate what the local government community thinks the solutions are.
   3. To identify and share examples of good practice led by councils on children and young people’s mental health.
   4. To more comprehensively map out funding on children’s mental health, identifying local government spend and what local government is spending on.
   5. To articulate the case for a better approach to funding and accountability in children and young people’s mental health.
3. **The Board is asked whether there should be anything added or removed from the proposed aims and objectives, and to agree them.**

**Proposal for joint steering group**

1. To take this forward and help unpick the issues, it is proposed that a joint time-limited steering group is established, made up of members representing the Children and Young People Board (CYP), the Community Wellbeing Board (CWB) and the Safer and Stronger Communities Board (SSCB).
2. It is proposed that a member of the SSCB is invited so they can represent the SSCB’s views on mental health issues related to gangs, county lines, the criminal justice system, the probation services, etc.
3. It is proposed that there are two members from CYP, two members from CWB and one member from SSCB.
4. It is proposed that the steering group has 3 meetings; in May, the beginning of July and beginning the September. It is proposed that the terms of reference are agreed at the first meeting in May.
5. **The Board is asked to discuss and come to an agreement over the proposal of a joint steering group.**
6. It is proposed that at each meeting the steering group receives an update on the gathering of evidence and is asked to address specific questions. These could include:
   1. Why is children’s mental health an issue for councils?
   2. What role do/can councils have in addressing current children’s mental health provision and support issues?
   3. What role do/can councils have in giving children who are experiencing mental health issues, and their families, the treatment and support they need, particularly before things escalate and deteriorate?
   4. How can we demonstrate the importance of addressing poor mental health early on, rather than focusing on growing acute provision to meet 100 per cent of demand?
   5. How can we best demonstrate the role of local government?
   6. What emerging key messages from the research should the LGA focus on?

**Proposals for gathering of evidence – mapping the funding**

1. According to NHS England figures, just over a quarter of all local CAMHS funding in 2014/15 was from local authorities. According to a recent report by Young Minds, local government has overall been reducing its funding on CAMHS since 2013/14.
2. To provide more evidence on the financial situation surrounding children and young people’s mental health, it is proposed that the LGA commissions work to map out the national profile for spending and identify both the contribution from councils, and what councils are spending their money on.
3. As far as practical, this could include the data on the allocation and spend of the additional £1.7bn from Government promised for CAMHS since the 2015 Future in Mind strategy.
4. **The Board is asked for any comments on the funding picture within councils on children and young people’s mental health to inform the development of this piece of research.**

**Proposals for gathering of evidence – identification of issues and good practice**

1. It is proposed that the LGA commissions a piece of work to:
   1. Identify the issues local government is experiencing in relation to children and young people’s mental health. This could include how council services are being affected by decisions made in CAMHS, for example in the provision of additional support for children in care; how councils are proactively supporting children and young people’s mental health through, for example, their public health work; and how councils are affected as system leaders, leaders of place, representing the interests of their residents and through their interaction with other agencies such as the probation services, etc.
   2. Identify examples of local government good practice in children and young people’s mental health.
2. The following are possible areas of enquiry:   
   1. Health and wellbeing boards with influence / oversight
   2. Transition
   3. Partnership working, multi-agency approaches and joined-up working
   4. Suicide prevention focus on children and young people
   5. Early intervention
   6. Prevention and promotion of mental wellbeing
   7. Whole-life and person-centred approach
3. **The Board is asked for any comments on the identification of issues and good practice, and is asked if there are any other key lines of enquiry or questions that we should be asking.**

Implications for Wales

1. It is proposed that because NHS functions are devolved in Wales, that the funding work focuses on England.
2. It is proposed that Wales is included in examples of good practice.

Financial Implications

1. All proposed areas of work have been identified as areas of spend for 2019/20 and will be met within existing budgets.

Next steps

1. Officers will modify the proposals to reflect direction from the Board.
2. Officers will confirm the commissioning of the research based on comments from the Board.
3. Officers will contact the nominated or volunteered members of the Board to set up the children and young people’s mental health steering group. Members of the steering group are asked to keep the full Board updated of its progress at future Board meetings.