

From the Permanent Secretary
Sir Chris Wormald



Department
of Health &
Social Care

Meg Hillier MP
Chair of the Committee of Public Accounts
House of Commons
14 Tothill Street
London
SW1H 9NB

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Dear Chair

Public Accounts Committee – Mental health services for children and young people

At the evidence session held on 31 October 2018, I undertook to write to you to provide some additional information that I was not able to provide on the day. I have set this out below. I have also included the additional information that HEE and NHSE committed to provide.

Housing for key workers

The Committee asked about provision of houses for key workers. In October 2017 the Secretary of State for Health and Social Care announced an expectation that NHS staff will be given a right of first refusal to buy or rent affordable homes built on land sold by the NHS. The ambition is that this will benefit up to 3,000 NHS staff, in the process increasing the security of staffing supply in the NHS. DHSC and delivery partners are providing a range of support and incentives for NHS providers delivering this policy locally. For example, we are deploying expert support to work with NHS providers on the ground, and have included delivery of the policy in the conditions attached to transformation funding for Sustainability and Transformation Partnerships.

Nurses

The Committee asked how many of the nurses recruited in the return-to-practice programme were mental health nurses. HEE does not collect data centrally on the branch of nursing people pursuing an RTP programme come from, but this is data that HEE proposes to collect in the future.

Mental Health Support Teams

NHS England is leading on the delivery of new Mental Health Support Teams (MHSTs) based in schools and colleges and integrated with local Children and Young People's (CYP) Mental Health Services. The MHSTs will be new NHS funded teams made up of staff who have been trained and recruited to:

- deliver evidence-based interventions for children and young people with mild to moderate mental health needs;
- work with school and college staff, including attached staff such as school nurses, education psychologists and counsellors to ensure mental health and wellbeing is supported as part of a whole school approach; and
- work as part of an integrated referral system with CYP mental health services.

These interventions will predominantly be delivered in the school or college setting and will enable more children and young people to receive early intervention. The impact of the new teams will be evaluated to see whether this early intervention approach reduces the level of need for more specialist services.

In conjunction with the Department of Health and Social Care, the Department for Education, Health Education England and Public Health England, NHS England have selected 25 trailblazer areas to pilot 59 new MHSTs nationally.

The size and number of schools and colleges can vary significantly within local areas across the country. School and college populations, rather than number of individual schools, were therefore used for planning purposes. Each team will cover a population of approximately 8000 CYP across primary and secondary ages which equates to around 20 schools and colleges and 5.8% of the population. Once sites have been confirmed, they will sign up individual schools and colleges, after which we will be able to calculate the exact population and number of schools covered (including numbers of primary and secondary schools).

The teams will build on existing provision as an additional resource, embedded as part of a whole system local transformation. The trailblazer sites will test and evaluate locally designed service models that deliver the specific functions which have been agreed.

The precise publication date is still to be confirmed, but we expect announcement of the trailblazer sites before Christmas.

NHS Benchmarking Network Data

The Committee asked for further detail on the most recent data from the NHS Benchmarking Network. The Network is a membership organisation of NHS trusts and independent sector providers that has been collecting data for the last seven years. The majority of NHS community and independent sector providers in England took part in the latest collection.

The network report that, in England in 2017/18:

- 3,088 referrals were made to community CAMHS last year (per 100,000 population aged 0-18); this is the highest level of referrals for the 6 years the data has been collected and is 13% higher than in 2016/17

- 78% of referrals are accepted as needing specialist support (receive at least one face to face appointment); this is higher than in 2016/17 (73%) and 2015/16 (71%)
- The average wait for a first appointment is 9 weeks, and referral to second appointment is 13 weeks (Referral to Treatment); 40% of referrals have a less than 6 weeks RTT time
- There were 1773 children and young people on the specialist CYP Mental Health Services caseload at year end (rates per 100,000 population aged 0-18); this is a 5% increase compared to 2016/17
- There were 19,839 contacts per 100,000 population aged 0-18; this is a 2% increase compared to 2016/17
- There were 73 Whole Time Equivalents (WTEs) in community CAMHS (per 100,000 population aged 0-18); this is a 7% increase compared to 2016/17 and has increased annually since 2012/13.

Progress in delivery of the Five Year Forward View for Mental Health

We spent some time at the hearing discussing the table in Appendix 3 of the NAO's Improving Children and Young People's Mental Health Services report which offered the NAO's analysis of progress to date. Whilst we agree that there is more still to be done over the remaining years of the five- year programme, the NHS has also made significant progress in delivering our objectives and this is not fully reflected in the NAO's analysis. The Committee asked for further information from NHS England on progress in delivering the Five Year Forward View for Mental Health. Since 2015, the NHS England has:

- **Increased access:** The Five Year Forward View for Mental Health committed to widening access so that by 2020/21, 70,000 more children and young people will be accessing appropriate mental health services (increasing access from 1 in 4 children with a diagnosable mental health condition in 2014/15 to an estimated 1 in 3 by 2020/21) and the NHS is on track to treat this additional number of patients. NHS Digital data published a Strategic Data Collection Service (SDCS) for 2017/18 year end on 12th July which showed that 324,724 children and young people accessed services and the NHSE analysis indicated that nationally, 30.5% of expected prevalence was achieved
- **Funding:** Funding is increasing and more is going to the front line, NHS England has set clear expectations of CCGs on the Mental Health Investment Standard and in relation to what children and young people's mental health additional spend will deliver. NHS planning guidance published in February 2018 strengthens the requirement by requiring all CCGs to meet the MHIS.
- **Crisis care:** Improving provision of children and young people's urgent and emergency mental health care is a priority for NHS England as part of the wider transformation of mental health support. NHS England have supported the development of children and young people's urgent and emergency mental health care services and intensive community support services including testing and evaluating models for crisis support. Around £7m was made available to CCGs from central programme funds to accelerate children and young people crisis and intensive home treatment services and providing alternatives to admission in the community in 2017/18.

- **Workforce:** The Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT) programme has trained both new and existing staff in evidence-based therapies. The ambition is to have 1,700 newly trained staff working in CYPMH services and 3,400 existing CYP MH staff trained in evidence-based interventions by 2020/21. The CYP IAPT programme now covers 100% of the 0-18 population.
- **Inpatient beds:** The CAMHS Tier 4 Service Review concluded in December 2016. The report identified 6 key commitments to address gaps in provision, improve the national distribution of beds, deliver more effective integrated treatment pathways and improve outcomes for young people. To support the delivery of these commitments, to date 188 new beds have opened for the areas of greatest geographical challenge and there are clear plans for a further 61 new beds by March 2019. Twelve new General Adolescent beds are due to open in North West London before Christmas and Cornwall will open its first ever inpatient unit for adolescents as part of the programme.
- **Eating disorders:** With 70 new or extended specialist Community Eating Disorder Teams in place, the NHS is on track nationally to meet the target of 95% of children and young people with an eating disorder accessing treatment with one week referral for urgent cases and four weeks for routine cases by 2020/21. Since the hearing we can provide more up to date figures (Q2) than those provided for the hearing. In Q2 18-19 81.3% % of young people started treatment for an urgent case within 1 week and 80.2% % of young people started treatment for a routine case within 4 weeks
- NHS England are testing personal budgets for **Looked After Children, Care Leavers and those on the edge of care**, giving individuals more choice and control over decisions about their care, helping them access appropriate services, improve the coordination of their care, improve their outcomes and experience, and reduce costs for the NHS.
- **Participation:** NHS England has a clear commitment to involving children and young people and families in policy development and programme implementation through our participation programme. On 12th May 2018, NHS England launched the NHS 70 celebrations with a conference of 120 children and young people celebrating the NHS and thinking about the future.
- **Commissioner Development:** NHS England have invested in a one-year quality and leadership programme that has trained 111 Commissioners across health and social care, improving skills and confidence of commissioners to deliver improved experiences and outcomes in their services, and created a dynamic planning tool that allows areas to consider the impact of change across the entire community and inpatient pathway.
- **Health and Justice:**
 1. **Specialist Child and Adolescent Mental Health Services for High Risk Young People with Complex Needs (Community Forensic CAMHS).** The Community Forensic CAMHS teams are discrete teams to meet the needs of CYP in the justice system with complex needs which do not meet diagnostic criteria. Thirteen Community Forensic CAMHS consultation-based services are now in place to improve pathways between local services and reduce out of area placements and reliance on admission to secure care.

2. **Development of a Framework for Integrated Care for Children and Young People Secure Estate (SECURE STAIRS).** SECURE STAIRS delivers a whole system approach for CYP in the secure estate by developing psychologically supportive environments and improving available support. The framework has been implemented in 19 establishments including Secure Children's Homes, Secure Training Centres and Youth Offending Institutions.
 3. **Collaborative Commissioning Networks.** The Collaborative Commissioning Networks enhance pathways and bridge gaps that CYP can fall through when transitioning between health and justice commissioned services by improving joint commissioning. 10 areas have mobilised or are mobilising services.
- **Data:** There is now more transparency than ever in Children and Young People's Mental Health, with national data available for the first time through the Mental Health Services Data Set and key metrics reported against the Five Year Forward View for Mental Health including spending on Children and Young People's Mental Health, access to services and waiting times for eating disorder services. The NHS is testing an outcomes metric this year, working with commissioners and providers to look at reliable change in symptoms and functioning, and movement towards goals.
 - **Early Intervention in Psychosis:** The referral to treatment element of the standard has been met since its introduction in April 2016.
 - **Schools Pilot:** The Department for Education and NHS England brought local education and CYPMH services together in 2015/16 to develop integrated working through a joint mental health training programme, testing in 22 sites. The pilots had considerable success in strengthening communication and joint working arrangements between schools and NHS CYPMH services, and DfE has recommissioned the programme.
 - **Mental Health Improvement Teams:** CYP Mental Health Improvement Team (MHIT) with a central hub and regional spokes based in Clinical Networks was established to strengthen national and regional support for system wide transformation, including the sharing of good practice locally and nationally.
 - **Transforming Care:** Introduced Care, Education and Treatment Reviews and development of local 'At risk of admission' registers and dynamic risk stratification processes. Over 75% of children and young people who have CETRs are not admitted for inpatient assessment and treatment.
 - **Transitions:** NHS England has implemented a national Commissioning for Quality and Innovation (CQUIN) incentive on transition from CYP mental health to incentivise improvements in joint care planning with a view to improving the experience and outcomes of children and young people whose care is being transferred across teams, services and settings.

- **Specialised Perinatal Mental Health Services:** In 2018, there has been an increase in Mother and Baby Unit (MBU) capacity by more than 20% compared to 2015/16 commissioned beds numbers (110); by March 2019, this will extend to a 40% increase in beds. Four new, eight-bedded Mother and Baby Units (MBUs) are being commissioned and mobilised in Exeter (already open as an interim 4 bed unit to extend to 8 beds in March), Dartford (already opened), Chorley and Norwich.

Further Improvements in access

The Committee asked for further detail on NHS England's plans to address those children and young people who currently cannot access the services they need.

The NHS in England is committed to increase access to services so that more children and young get the right help at the right time. The planned increase in access to NHS services to 35% based on the current prevalence survey within the Five Year Forward View is a realistic ambition based on funding and available workforce.

To measure the increase in access, NHS England have chosen to include in its definition of treatment only those CYP who have two or more contacts (e.g. a face to face appointment or phone call) with a CCG funded CYPMH service. This is a more conservative measure as it is only a subset of the treatment activity that could be included as it does not include the many CYP receiving appropriate help in a single session, or who are receiving support from other (i.e. non-NHS funded) services. If these CYP were to be included, the current access rate would be higher than 35%.

NHS England have always been clear that implementing the ambitions set out in the Five Year Forward View for Mental Health were the first step of a sustained transformation of children and young people's mental health. The long-term plan will set out its further ambitions, of which the Mental Health Support Teams will be a key element.

Early-year strategies for mental health

The Committee has requested more information about early-year strategies regarding mental health, outside of maternal and perinatal mental health.

The provision of a comprehensive services, available to all is the first principle of the NHS Constitution. In support of this NHS mental health services are commissioned across the life course, and NHS CYPMH services provide for young children and infants. In support of the NHS Constitution. To ensure the needs of very young children and their families are supported, NHS England, in collaboration with Health Education England, through the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme has developed a competency based educational programme for early years (0-5) practitioners from a range of disciplines, for example nursing and psychology. The CYP IAPT programme has, and continues to, deliver this evidence-based developmental, infant and child mental health training.

The work of NHS mental health services must be considered alongside other early years support. Local authorities are responsible for commissioning prevention and early intervention services for 0-5s. However, the NHS has promoted joined up working between

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CCGs and local authorities to deliver services for this age group through the Local Transformation Plans for CYP MH services.

CCGs not meeting the Mental Health Investment Standard

In the PAC session, we discussed CCGs who do not meet the Mental Health Investment Standard. Mental Health Investment Standard data is published on the Mental Health Five Year Forward View Dashboard. <https://www.england.nhs.uk/publication/mental-health-five-year-forward-view-dashboard/>

In 2017/18, the MHIS was met nationally, regionally and by 90% of CCGs, up from 85% the year before. The CCGs which did not meet the standard last year were:

- NHS Birmingham and South Central CCG
- NHS Bristol CCG
- NHS Croydon CCG
- NHS Dorset CCG
- NHS Eastern Cheshire CCG
- NHS Fareham and Gosport CCG
- NHS Greenwich CCG
- NHS Havering CCG
- NHS Isle of Wight CCG
- NHS Kernow CCG
- NHS North Somerset CCG
- NHS Northumberland CCG
- NHS Redbridge CCG
- NHS Richmond CCG
- NHS Sandwell and West Birmingham CCG
- NHS South Gloucestershire CCG
- NHS South Norfolk CCG
- NHS St Helens CCG
- NHS Telford and Wrekin CCG
- NHS Warwickshire North CCG
- NHS West Hampshire CCG

Every CCG is required to meet the MHIS in 2018/19 and CCGs will be independently audited to validate their year-end position in meeting the standard.

I hope this is helpful.

Yours sincerely,



**SIR CHRIS WORMALD
PERMANENT SECRETARY**