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NHS Clinical Commissioners Response to Transforming Children and Young People's Mental Health Provision: A Green Paper

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1. NHS Clinical Commissioners

NHS Clinical Commissioners (NHSCC) is the membership body of Clinical Commissioning Groups (CCGs). Established in 2012, we now have over 91% of CCGs in membership. We therefore offer a strong national voice for our members on a number of policy issues and support them to be the best they can in order to commission effectively for their local populations.

This consultation response was developed by the Mental Health Commissioners Network (MHCN), which is a member-led network of NHSCC. The membership is comprised of CCG clinical mental health commissioning leads and senior CCG managers working in mental health commissioning. The MHCN's purpose is to enable members to become more effective mental health commissioners – achieving better mental health and wellbeing outcomes for the populations they serve.

2. Overarching Comments

We welcome the emphasis on early intervention and prevention put forward in this green paper and the role that educational settings have in promoting children and young people's mental health.

This green paper can only do so much, and there is a risk that it might result in those involved in children and young people's mental health focusing on the 3 key pillars and taking their eye off the wider transformation agenda. This is important, as there are several current initiatives around children and young people's mental health services and some of our members feel that the proposals are a bolt on to the wider agenda. It would be useful if the proposals included something more specific about how it will fit in with local

transformation plans, health and wellbeing strategies, local commissioning arrangements and so on, enabling best value from the current investments being made through these work programs

We would welcome something in the paper on parents and self-education. We think this is a key priority as developing the confidence and capacity with parents/ carers of their own ability and their ability to engage with the developing services is key.

We appreciate why Government is planning to roll out the 3 key pillars of the green paper in stages, but we are still concerned that this approach will only be rolled out to at least a fifth or quarter of the country by 2022/23. We understand the workforce issues and that it will require funding from the next spending round, but our concern is about the health inequalities this approach will produce or exacerbate. Assuming there is evidence that the trailblazers are successful and improving outcomes for children and young people, is there an opportunity to get cross party support for this approach before the next election and spending review to help ensure that it is fully rolled out and continued beyond this Parliament.

Whilst we have concerns, there are many positives from a commissioner's perspective. As already mentioned the focus on prevention and early intervention is important, and commissioners are already commissioning more upstream interventions, such as services in primary care. Local areas are already implementing this agenda, for instance in South West London. We produce documents such as *'Of Primary Importance'*[1], which collates and highlights the good work that CCGs are commissioning in their local areas. We will be working with Research in Practice this year to develop a briefing for both CCGs and local authorities on commissioning children and young people's mental health services.

Through our members, NHSCC and the MHCN are in a good position to help identify areas which should be included in the trailblazers. For instance, our members have told us that a major issue for commissioning is that children in schools do not fit with the CCG/LA boundary. Our call for evidence for this submission resulted in members telling us about the exciting services they have already commissioned or are going to commission. For instance, Northumberland CCG are looking to scope out providing a mental health service within a special school. Some of the places will be targeted at those children who are vulnerable to admission to tier 4 beds or a move to a 52-week placement. This service is allied to the new model of care pilot that is running in their area and will see the provider (local mental health trust) act as commissioner. This is an interesting and different service model, that would warrant being a trailblazer project.

The proposals in the green paper should encourage multiagency working across commissioners and providers with an emphasis on prevention/early intervention, but also between health, social care and education. It would be helpful if the Government's response to the green paper (and explored in the trailblazers), looked at the mechanism for bringing the funding from across different agencies together to fund this work. This is important, because as we know the agencies can be put off funding early intervention services because

[1] NHSCC (2017) Of primary importance: commissioning mental health services in primary care. https://www.nhscc.org/policy-briefing/primary-care-mental-health/

they do necessarily see the savings.[2] This is in keeping with the vision set out in Future in Mind, but it isn't explicitly mentioned in the green paper.

The extra workforce is both an opportunity and a challenge. We go into more detail about this below, but recognise that additional, high quality staff are essential for taking this agenda forward.

3. Funding

Our members are concerned about whether the proposals outlined are sustainable. The consultation document doesn't set out the funding to support the proposals, but we gather that over £300 million has been made available to fund this work. Whilst, we have heard that it is additional money, it is important for our members to have some clarity about where this money is coming from and whether it is being top sliced from elsewhere. This is because we have heard from our members that they are faced with pressures to stabilise the acute sector rather than investing in mental health care. Whilst, we welcome the announcement from NHS England to ensure that all CCGs meet the Mental Health Investment Standard, taking money from one part of the system to help another part isn't helpful.

We assume that this funding is for setting up these services, and so we are concerned about where the ongoing costs for maintaining this work will come from. Some of our members are concerned that there will be problems setting up these services with this level of funding, let alone maintaining them.

Assuming this work continues beyond 2022/23, will this fall to whoever commissions these services to fund them? There is a risk that if there is no recurrent funding to continue these services they will not continue like national projects that have come before such as the Targeted Mental Health in Schools. So, sustainability is a big issue that needs to be addressed.

4. Mental Health Support Teams

We welcome the proposal to develop Mental Health Support Teams and that it will be a new workforce, but have concerns about who and how experienced they will be. CCGs work in the heart of our communities and so are in a good position to influence the development of these teams and many of the other proposals in the green paper.

We appreciate that they will be trained and have supervision, but if they are psychology graduates (which is what we have heard suggested), will they have the skills and life experience to cope with what may be complex issues? Whilst they will only work with those who have mild and moderate problems, they can still become complex. Also, a key attribute of this staff is their ability to engage with children and young people, but also have the

[2] Chief Medical Officer (2013) Chief Medical Officer's Annual Report 2012: our children deserve better: prevention pays. https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays

confidence of school staff. If this is a young workforce, that may help them engage with young people, but possibly not with staff.

We would like to see enhanced support for looked after children and vulnerable children where they often are constantly on the move through schools and need more consistent support and are more likely to have more acute and or complex needs.

There is an argument for it to be a multiagency team, rather than just focusing on psychological therapies, and so help children and young people with the complex range of issues and difficulties they face. Part of this team could be existing workforce within schools such as school nurses, counsellors, voluntary sector organisations such as Place2Be (who have a considerable amount of experience of running this kind of service) and so on. We have concerns about the state of school nursing services. They could be key to delivering both mental health and physical health support in schools in a non-stigmatising environment, but it is a decimated service in many areas.

These new teams should be delivered at scale and include all schools, including independent schools. Some areas, such as Wandsworth, are already addressing this and working with voluntary sector organisations such as Place2Be. Islington has a good track record of CAMHS providing mental health work within schools, this work is in part funded by schools themselves.

This new workforce will need supervision and whilst it makes sense to link the MHSTs in with community CAMHS services to be part of seamless service, we know that many CAMHS are already overstretched. There are concerns about whether CAMHS are fit for purpose and some areas are discussing the need to redesign the whole of children and young people's services.

There may be other mental health professionals who are already working within the school and who may be able to provide clinical supervision. This will also help by linking MHSTs with existing provision in the school. So, it should be for local determination and to test out in the trailblazer areas.

The trailblazer sites will have to look at how these new services and the supervision are commissioned. If supervision for these new teams is not within CAMHS' current contract and service specification, then there would need to be discussion and negotiation to take this forward. This might have implications for who commissions the MHSTs. It is essential that this is a jointly commissioned service, that has a lead commissioner. Who that is will vary depending on existing arrangements within local areas.

Schools now have more autonomy and are themselves commissioners. So, to be a jointly commissioned service, schools need to be included as well. The trailblazers need to consider how a service will be commissioned as well as who the providers will be. Thought needs to be given as to how schools are involved in commissioning for a given area, rather than just their own school or Academy chain or federation. Currently there are few mechanisms to make this work or encourage this way of working. Trailblazers need to include an incentive that encourages jointly commissioned service and integrated working.

Some of the structures proposed may already exist. For instance, many schools already have access to a counsellor or other mental health professional. Voluntary sector

organisations such as Place2Be work in a number for schools across the country. Will the proposed mental health support teams replace these counsellors? We know that a good relationship between therapist and client is very important. This is particularly the case with young people, as trust and confidentiality are important issues for them. The Trailblazers need to consider how these new teams with work with existing provision. Care needs to be taken, because what we don't want to see is good provision, which produces good outcomes, is liked and well used by young people, being replaced with a new service that might have very inexperienced staff.

5. Waiting Times Standards

We are concerned about the lack of detail in the green paper. The waiting time standard is very ambitious given the length of waits in some areas. We believe that children and young people should be seen as soon as possible, especially if it is urgent or they are in crisis. However, it is important that perverse incentives are not introduced into the system. For instance, there have been cases of thresholds being increased to manage waiting lists, so only those who are seriously ill were accessing CAMHS.

One of the key issues to be evaluated in the trailblazers is the quality of referrals as well as quantity. What is important is that children and young people are referred to the correct help and support for them, which may not always be NHS specialist CAMHS. To do that you need to have the full range of services which may be in primary care, social care, voluntary sector and so on. CCGs and other commissioners can be very influential locally in terms of ensuring that this happens. We know that CCGs are already commissioning innovative services and they understand the importance of investing in early intervention mental health services This links back to the transformation agenda and the whole system.

6. More information

If you would like any further detail on our response or to get in touch with our Mental Health Commissioners Network please do not hesitate to contact Paula Lavis – p.lavis@nhs.org