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# NHS Clinical Commissioners

The independent collective voice  
of clinical commissioners

## **NHS Clinical Commissioner's submission to the Public Accounts Committee's Inquiry on Mental Health Services for Children and Young People – 9<sup>th</sup> November 2018**

### **1. Recommendations**

- Good data is essential for good commissioning. Government should commission a regular children and young people's mental health prevalence survey. This should be carried out at least every 7 years and be in-line with the adult psychiatric morbidity report.
- We welcome the Mental Health Investment Standard, but NHS England needs to look at the metrics for measuring this.
- NHS England needs to consider how it prioritises preventative approaches to mental health in the forthcoming long-term plan, and the Government should also consider mental health when developing the prevention green paper and spending review.
- We call on NHS England to ringfence the funding via CCGs for children and young people, but extra investment needs to be seen in the context of the wider NHS funding settlement and the environment in which CCGs are working.

2. 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 offer a strong national voice for our members on specific policy issues and support them to be the best they can in order to commission effectively for their local populations.

2.1. 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.

### **3. High levels of need and problems accessing services**

3.1. Reports such as the CQC thematic review of CAMHS have highlighted the numerous issues regarding the children and young people's mental health system,<sup>1</sup>

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<sup>1</sup> <https://www.cqc.org.uk/publications/themed-work/are-we-listening-review-children-young-peoples-mental-health-services>

so we will not repeat them here. However, we want to draw attention to certain issues that are very relevant to commissioners.

- 3.2. Currently commissioners are using data that is at least 14 years old to commission children and young people's mental health services. Everyone working in the children and young people's mental health sector needs high quality and timely data to work with. We know things have improved and new data will be available soon, but we want a commitment to ensure that the prevalence survey will be carried out regularly and at least every 7 years.
- 3.3. Increases in children and young people accessing specialist services and going to A&E suggests that the trend of increasing prevalence of mental health problems is continuing, but we do not have robust data to support this.<sup>23</sup> Without up to date prevalence data, it's very difficult to make appropriate commissioning decisions. It's also likely that there is unmet demand because of cuts to local authority and public health, who would normally invest in early intervention services.
- 3.4. It is widely acknowledged that only 25% of children and young people with a diagnosable mental disorder will be able to access specialist NHS mental health services.<sup>4</sup> Even with additional funding, NHSE know that this is only likely to increase to 33%.<sup>5</sup> This is based on data from 2004, and as the NAO have pointed out, if as we suspect the prevalence has significantly increased, this situation will be even worse.<sup>6</sup>

#### 4. Prevention

- 4.1. Prevention is key as adult mental health problems often have their roots in childhood. There is a widely accepted number of risk and protective factors for mental health<sup>7</sup> and these are not just about health and the NHS. It is essential to factor in the wider system which will include local authorities and public health, education, justice, welfare, housing and so on as they all have a part to play in children and young people's mental health. This therefore requires cross-government action, and the prevention green paper is an excellent opportunity to address this.

#### 5. Transformation

- 5.1. Future in Mind and the Five Year Forward View for Mental Health provided the vision for how to improve the children and young people's mental health system, and each area initially had a local transformation plan, which still exist, but have become part of the wider sustainability and transformation plans. From what we know the

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<sup>2</sup> <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2018-10-18/181292/>

<sup>3</sup> <https://www.nuffieldtrust.org.uk/news-item/striking-increase-in-mental-health-conditions-in-children-and-young-people>

<sup>4</sup> <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/07/2.-Children-and-young-people%E2%80%99s-mental-health.pdf>

<sup>5</sup> *ibid*

<sup>6</sup> <https://www.nao.org.uk/report/improving-children-and-young-peoples-mental-health-services/>

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575632/Mental\\_health\\_of\\_children\\_in\\_England.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf)

transformation agenda has been variable, with some areas being far more progressive than others.

- 5.2. We welcome the Green paper on children and young people's mental health, and the involvement of schools. It is important to disrupt the status quo and do things differently, but our concern is that it will take a long-time to fully implement. There is a risk that it won't be fully implemented at all, or like programmes before it, once the central funding is removed, local areas won't be able to continue funding it. The Targeted Mental Health in Schools Programme and the Healthy Schools Programme are both good examples of this.

## 6. Funding

- 6.1. We welcome the additional £2 billion in funding in the recent budget for mental health. However, £2bn as a proportion of £20bn is 10% and we are already spending slightly more than 10% of NHS budget on mental health, so this does not redress the balance but perpetuates it. We are still concerned that even with this funding, CCGs and providers will not be able to modernise services as set out in Government policy. Especially when there are so many other competing priorities such as A&E waiting times and winter pressures, which often have more prominence with Government and arm's length bodies.
- 6.2. NHS Clinical Commissioners, NHS Confederation and NHS Providers recently produced an infographic which highlights the financial challenges faced by the system<sup>8</sup>. Following is a snapshot of the challenges the NHS faces despite receiving additional funding. This highlights that we can't even maintain the status quo with the current funding given increasing demand for services. Whilst this is about NHS funding as a whole, funding for NHS commissioned children and young people's mental health services is funded out of this same pot.



- 6.3. We welcome the Mental Health Investment Standard (MHIS) and that CCGs will have to meet it this year. However, this must be seen in the context of the huge financial challenges CCGs face. To invest in children and young people's mental health services often means investment cannot be made in some other area of need – and CCGs have to make difficult decisions about the best use of the limited NHS pound. Even the MHIS will not guarantee that funding will be spent on children and young people specifically as this standard encompasses all mental health spending.

<sup>8</sup> <https://www.nhscc.org/latest-news/nhsfinances2018/>

- 6.4. We have concerns about the metric used to measure how CCGs meet the MHIS and ask Government and NHSE to work with commissioners to think about how this could be made more meaningful. Our Mental Health Commissioners Network has suggested for instance, that it would be useful to understand the levels of investment using some form of weighted capitation that also takes account of the outcomes being achieved.
- 6.5. We have in the past called for a ringfencing of the money for CAMHS, to ensure that this funding will be spent as intended.<sup>9</sup> This is an unusual call from CCGs, as this is not how they like to see their budgets allocated, but it is felt that this is a rare exception given the well documented need for investment and transformation in these services.

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<sup>9</sup> <https://www.nhscc.org/latest-news/ring-fencing-camhs/>