



House of Commons
Health Committee

**Children's and
adolescents' mental
health and CAMHS:
Government Response
to the Committee's
Third Report of Session
2014–15**

**Fifth Special Report of Session 2014–
15**

*Ordered by the House of Commons
to be printed 28 January 2015*

HC 1036
Published on 10 February 2015
by authority of the House of Commons
London: The Stationery Office Limited
£0.00

Health Committee

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The staff of the Committee are David Lloyd (Clerk), Sharon Maddix (Second Clerk), Laura Daniels (Senior Committee Specialist), Stephen Aldhouse (Committee Specialist), Daniel Moeller (Senior Committee Assistant), Nathan Hug (Committee Support Assistant), and Alex Paterson (Media Officer).

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¹ Mr Stephen Dorrell was elected as the Chair of the Committee on 9 June 2010, in accordance with standing order No. 122B (see House of Commons Votes and Proceedings, 10 June 2010). The Speaker announced his resignation as Chair on 4 June 2014. On 18 June 2014, Dr Sarah Wollaston was elected Chair of the Committee.

Fifth Special Report

On 5 November 2014 the Health Committee published its Third Report of Session 2014-15, *Children's and adolescents' mental health and CAMHS* (HC 342). The Government's response was received on 27 January 2015 and is published as an Appendix to this Special Report.

Appendix – Government Response

Introduction to Government Response

1. Improving child and adolescent mental health is a key priority for the Government, as part of the commitment to achieving parity of esteem between mental and physical health and to improving the lives of children and young people. Although there has been much progress towards achieving these aims, the Government has been open about the scale of the challenge and acknowledges there is still much to do. The Government therefore strongly welcomes the Health Committee's focus on child and adolescent mental health and the important contribution the Committee's recommendations and evidence brings.

2. As the Committee has noted, the Care Minister Norman Lamb has set up the Children and Young People's Mental Health and Wellbeing Taskforce. Jointly chaired by the Department of Health and NHS England with the involvement of the Department for Education, it brings together leaders from government, health, social care, education and voluntary sectors.

3. The Taskforce is considering how we can provide more joined up, accessible services built around the needs of children, young people and their families and Task and Finish Groups have been established to 'drive work forward'. The Taskforce is considering many of the Committee's recommendations and will address these in a Government report on the Taskforce to be published in spring 2015. We have indicated where this is the case in the response below.

4. Alongside the work of the Taskforce, the Minister announced that NHS England has funded eight pilots into collaborative, joint commissioning arrangements for children and young people's mental health; further details of the pilots are annexed to this response.

5. The Committee will also wish to be aware that as part of the Autumn Statement announcement, the Government announced additional investment of £30 million a year over the next five years in England, to improve services for young people with mental health problems. This will place particular emphasis on eating disorders and other issues such as self-harm and is intended to help ensure that children and young people with an eating disorder get specialist help early, enabling them to be treated in their community with effective, evidence-based treatment.

Responses to the Health Select Committee Recommendations

Introduction

Recommendation 1. There are serious and deeply ingrained problems with the commissioning and provision of Children’s and adolescents’ Mental Health Services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people. We welcome the announcement of the joint NHS England /Department of Health Children and Young People’s Mental Health and Wellbeing Taskforce, as it endorses one of our central conclusions, that problems with CAMHS are broadly based and not simply confined to inpatient Tier 4 services. Many of the recommendations in this report are therefore directed towards this taskforce as it begins its work. In addition to this, we recommend that the taskforce takes full account of the wealth of information contained in the written submissions received by this inquiry, including, in particular, submissions from service users, from their parents and representatives, from individual clinicians working in CAMHS, from provider organisations and from commissioners. We plan to review the progress of the taskforce early in 2015. (Paragraph 7)

6. The Government agrees with the Committee that too often the mental health and wellbeing support offered to children and young people, their families and carers falls short, and accepts there is need to improve the current system. This is precisely what the Taskforce is considering. The Taskforce has noted the evidence submitted to the Committee and this, along with the Taskforce’s own work to engage with young people, families, carers and professionals and those working with children, will help inform their conclusions. This will be reflected in a Government report to be published in spring 2015.

Information

Recommendation 2. The Committee is deeply concerned that the most recent ONS data on children’s and young people’s mental health is now ten years old, as up-to-date information is essential for the safe and effective planning of health services. We welcome the Government’s commitment, made during the course of this inquiry, to fund a repeat of the ONS prevalence survey. It is essential that this survey is not a one-off, but is repeated on an ongoing basis. We recommend that the Department of Health/NHS England taskforce adds the issue of the quality of ongoing data to its terms of reference. (Paragraph 23)

Recommendation 3. Not only is there a lack of data on children and young people’s mental health, but also a worrying lack of comprehensive and reliable information about children’s and adolescents’ mental health services, including referrals, access and expenditure. In the words of the Minister, CAMHS services have been operating in a “fog”, and efforts to improve data availability have been subject to delays. This is

unacceptable. Ensuring that commissioners, providers and policy-makers have access to up-to-date information about all parts of CAMHS services—from early intervention up to inpatient services—is essential. We recommend that this is a priority for the Department of Health/NHS England taskforce. (Paragraph 24)

7. The Government fully accepts that up to date data and information are critical in order to provide safe and effective services that meet the needs of children, young people, their families and carers. The Taskforce has four Task and Finish Groups including one on Data and Standards that is considering the improvements needed to underpin decision making and service improvement across child and adolescent mental health. This group will also consider current standards of care, and whether these are fit for purpose.

8. Alongside the work of the Taskforce, the commissioning of a new national prevalence survey of child and adolescent mental health is a priority for the Department of Health. Following extensive stakeholder engagement throughout the summer and autumn to determine the key elements the survey should cover, we expect to announce the procurement phase of an expanded and updated survey before the end of the current financial year. In keeping with other major population surveys, the new prevalence survey will take time to design, conduct and collate and we anticipate publication of the findings in 2017.

9. The Department of Health accepts that prevalence data needs to be kept up to date, and will seek to commission a survey on a regular basis, subject to future spending decisions.

10. The Department of Health, NHS England and Health and Social Care Information Centre continue to work together to resolve the delays to the Child and Adolescent Mental Health element of the Maternity and Children's Dataset, taking the opportunity to fully incorporate the requirements of *Improving Access to Psychological Therapies* into the specification. Our current estimate is that data will be collected nationally from spring 2016.

CAMHS as a whole system

Recommendation 4. Whilst most attention has so far centred on problems in accessing inpatient treatment, compelling arguments have been made to this inquiry that the focus of investment in CAMHS should be on early intervention—providing timely support to children and young people before mental health problems become entrenched and increase in severity, and preventing, wherever possible, the need for admission to inpatient services. It is clearly unacceptable if a child or young person cannot access a Tier 4 service close to their home, but for every child in this position, a further question needs also to be asked - has everything possible been done to prevent that child from becoming so unwell that they needed admission to inpatient services? The evidence we have received suggests poor provision of lower tier services may be increasing the number of children and young people requiring admission to inpatient services. This situation must be addressed by the Taskforce. (Paragraph 33)

11. The Government accepts the need for services to be holistic and built around the needs of children and young people, not on service boundaries. The Government also shares the Committee's conclusions that early intervention and smooth transition between child and adolescent mental health service providers at the appropriate time is essential. Alongside the Taskforce considering these issues, the Department of Health and Public Health England are working together to take account of patterns and progression of health and illness to ensure optimal allocation of resources across the whole care pathway.

12. In addition, NHS England is developing a model service specification for targeted and specialist mental health services for children and young people, further detail on this is included in the response to recommendation 8.

Early intervention mental health services (Tier 2)

Recommendation 5. We recommend that, given the importance of early intervention, the DH/NHS England taskforce should have an explicit remit to audit commissioning of early intervention services in local authorities, and to report on how best to improve incentives in this area. They should also look at the best mechanisms to provide stable, long term funding for early intervention services including those provided by voluntary sector partners. (Paragraph 51)

13. The Government accepts the importance and cost benefits of early intervention, and the need to properly incentivise investment in this area. The Taskforce is considering mechanisms that will facilitate this, including how to strengthen the vital role local authorities and health and wellbeing boards have to play.

14. The Taskforce is a time limited, intensive programme that will look at the issues facing child and adolescent mental health services before completing its work in spring 2015. It will therefore not conduct audits of services; however the Government will ensure the evidence about investment in early intervention services and existing models of good practice are taken into account fully in the Taskforce's work, including early learning from the eight co-commissioning pilots.

15. The Committee may also wish to note that the Department provides grant funding to the voluntary, community and social enterprise sector for up to 3 years through the Innovation, Excellence and Strategic Development fund and the Health and Social Care Volunteering fund. This grant funding supports the sector to contribute to a broad range of health and care priorities so it is highly competitive but some of the projects funded will relate to early intervention services.

Outpatient specialist CAMHS services (Tier 3)

Recommendation 6. Whilst demand for mental health services for children and adolescents appears to be rising, many CCGs report having frozen or cut their budgets. CCGs have the power to determine their own local priorities, but we are concerned that insufficient priority is being given to children and young people's mental health. We recommend that NHS England and the Department of Health monitor and increase

spending levels on CAMHS until we can be assured that CAMHS services in all areas are meeting an acceptable standard. We welcome recent funding announcements for mental health services but we remain concerned and recommend that our successor committee reviews progress in this area. (Paragraph 112)

Recommendation 7. Commissioners of CAMHS services undoubtedly face a difficult task in collaborating across a complex web of other commissioners, and overseeing a varied patchwork of different types of providers to attempt to commission a seamless CAMHS service. They also face challenges in securing sufficient funding for this sadly de-prioritised service. However, CCGs hold ultimate responsibility for commissioning community CAMHS services, and we feel that there is a clear need for CAMHS commissioners to be given further monitoring and support from NHS England to address the variations in investment and standards that submissions to this inquiry have described. We recommend NHS England provides an action plan detailing how it plans to do this. (Paragraph 115)

16. In this section, the Committee highlight a number of areas of concern surrounding the commissioning and provision of outpatient specialist child and adolescent mental health services, including increases in referrals, disinvestment and lack of funding in some areas, problems with access to services and with the transition from child and adolescent to adult mental health services.

17. Clinical Commissioning Groups (CCG) are required to safely discharge those statutory functions delegated by NHS England, which includes the commissioning and monitoring of child and adolescent mental health services. The ongoing assurance process between CCGs and NHS England is the mechanism to assess and oversee performance against the delegated functions and manage any risks.

18. The Taskforce is considering what system changes are necessary to address all these issues. This is likely to include an assessment of the issues around investment in child and adolescent mental health services, and the way in which collaborative commissioning can be used to improve outcomes and the best use of resources from universal through to specialist services.

19. Any approach the Taskforce recommends will build on the success to date of the *Children and Young People's Improving Access to Psychological Therapies* programme which has been transforming and improving existing services, and is on course to work with services covering 68% of the 0-19 population in England by March 2015, exceeding the original target of 60%.

Recommendation 8. We heard from witnesses that national service specifications are required, to set out minimum acceptable levels of community CAMHS services, and we understand that Tier 2 and 3 service specifications are now being developed. We recommend that these specifications should set out what reasonable services should be expected to provide. They should cover specific clinical areas including ASDs, perinatal

mental health, and eating disorders, as well services which currently fall between the Tiers, including out-of-hours, outreach and paediatric liaison. We recommend that the taskforce should carry out and publish an audit of whether services are meeting these minimum standards. (Paragraph 116)

20. NHS England is developing a service specification for transition from child and adolescent services to adult services, or elsewhere. This transition specification is intended to give guidelines to improve practice and help end the "cliff-edge" some young people experience of support falling away as they reach the age of 18.

21. In addition, NHS England is developing a separate service specification for targeted and specialist services for child and adolescent mental health commissioned by CCGs. The specification contains guidance on best practice for services, including advice on transition. Although the specification is not mandatory, it is designed for inclusion in the NHS standard contract and has been written in consultation with children, young people and joint commissioners to ensure its content could be adopted and used by commissioners in other agencies working across primary care, local authorities and education. It should be noted that perinatal mental health is outside of the scope of this specification. Action to improve perinatal health is covered by our response to recommendation 10.

22. As stated earlier, the Taskforce will not conduct audit of services, however the Taskforce is exploring routes to greater system wide accountability

23. The Committee also commented on the Government's plans to for 'collaborative commission' projects, stating:

"The Committee welcomes the Minister's commitment to establishing 'Pioneer sites' of best practice within CAMHS, and we again urge the taskforce to consider the evidence submitted to this inquiry in helping to identify high performers. In our view supporting other commissioners and providers to improve will require more than simply holding up examples of good practice. Detailed analysis should be undertaken to establish how these areas have managed to secure these improvements, in order to make these approaches easier to implement in other areas, and pioneer sites should make an explicit commitment to evaluate and share their learning. (Paragraph 117)

24. The Committee will wish to be aware of the progress with these collaborative commissioning projects. Following a request from NHS England for expressions of interest, eight local pilot sites have been selected that will go further and faster in developing innovative more collaborative approaches to commissioning child and adolescent mental health services. Early planning from these pilots will inform the Taskforce's conclusions in the spring, as well as being shared widely across agencies. Further detail on the pilots is annexed to this memorandum.

Recommendation 9. In addition to the universal concerns expressed about CAMHS services, we also received written submissions highlighting problems with CAMHS services being experienced by children and young people suffering from particular conditions, or from especially vulnerable groups of society. Specific conditions

included OCD, ASDs, ADHD and Eating disorders; vulnerable groups included children and young people in the care system, and those who have been adopted or fostered; homeless young people, asylum seekers and recent immigrants; lesbian, gay, bisexual and transgender young people; and bereaved children and young people. The breadth of different conditions and different populations covered in our written submissions is indicative of the complexity but also the importance of the task facing CAMHS services. This inquiry does not have the scope to consider all of these issues individually, but again we recommend that the Department of Health/NHS England taskforce takes full account of the submissions we have received, and the wealth of information they contain.(Paragraph 118)

25. Rather than focus on specific conditions, the Taskforce is taking a ‘whole system’ approach to examine and improve children and young people’s access to services. However it has established a Vulnerable Groups Task and Finish Group that is considering the specific mental health needs of the most vulnerable children and young people, including looked after children, care leavers and victims of child sexual exploitation. The Taskforce has noted the submissions the Committee has received and these will help inform the Taskforce’s conclusions.

26. In addition to the work of the Taskforce, in December the Government announced additional investment of £30 million a year over the next five years in England, to improve services for young people with mental health problems. This will place particular emphasis on eating disorders and issues such as self-harm and is intended to help ensure that children and young people with an eating disorder get specialist help early, enabling them to be treated in their community with effective, evidence-based treatment.

Recommendation 10. There is unacceptable variation in the provision of perinatal mental health services, and we recommend this is addressed urgently. Service specifications should make clear that these services must be available in every area. (Paragraph 120)

27. The Government accepts the need to address the variation in perinatal mental health services. The importance of good mental health in pregnancy and the first year after the birth of a baby is reflected in our mental health strategy “Closing the Gap, Priorities for essential change in mental health”, which offers the basis for better support to new mothers to minimise the risks and impacts of postnatal depression.

28. The Mandate between the Government and NHS England states that women should receive better care during pregnancy and have a named midwife responsible for ensuring personalised, one-to-one care throughout pregnancy, childbirth and during the postnatal period, including additional support for those who have a maternal health concern. It also requires NHS England to reduce the incidence and impact of postnatal depression through earlier diagnosis, better intervention and support. NHS England have committed in their business plan to develop and deliver a pathway to support women with postnatal mental health problems by March 2015.

29. The Mandate between Health Education England (HEE) and the Government also recognises the importance of maternal mental health during pregnancy and after birth. HEE will:

- Ensure pre and post-registration training in perinatal mental health so that trained specialist mental health staff are available to support mothers in every birthing unit by 2017;
- Develop a continuing professional education framework for the existing maternity and early years workforce so that all healthcare professionals who come into contact with women using maternity and postnatal services – that is midwives and health visitors - have access to bespoke training to optimise the care and treatment of women with perinatal mental illness; and
- Work with the medical royal colleges to support specific perinatal mental health training being incorporated into the syllabus for doctors in postgraduate training.

30. We funded the Institute of Health Visitors to train a network of perinatal mental health visitor champions, enabling them to manage anxiety, mild to moderate depression and other perinatal mental disorders and to understand the impact of these disorders on the child, the family and society, and to know when to refer on. The champions subsequently disseminate this training to their health visitor and other public health colleagues.

31. We commissioned the National Perinatal Epidemiology Unit at Oxford University to develop and test a perinatal mental health indicator which would reflect the mental health care a woman receives at certain critical perinatal time points: the antenatal booking, the early postnatal period and approximately one year postnatally. The intention is that the indicator will be available for inclusion in future revisions of the NHS and Public Health Outcomes Frameworks.

32. Clinical Commissioning Groups are responsible for commissioning of maternity services. NHS England is preparing refreshed maternity commissioning guidance for CCGs which will set out an expectation for CCGs to commission maternity services which include access to maternal mental health services either by specialist obstetric and midwifery services or jointly with mental health services. Current work programmes in NHS England include case studies of services which have high quality maternal mental health services in place and sample service specifications for CCGs

Inpatient CAMHS services (Tier 4)

Recommendation 11. It is wholly unacceptable that so many children and young people suffering a mental health crisis face detention under s136 of the Mental Health Act in police cells rather than in an appropriate place of safety. Such a situation would be unthinkable for children experiencing a crisis in their physical health because of a lack of an appropriate hospital bed and it should be regarded as a ‘never event’ for those in mental health crisis. In responding to this report we expect the Department of Health to be explicit in setting out how this practice will be eradicated. (Paragraph 160)

33. Children suffering mental health crisis must be placed into an appropriate safe setting and the Government strongly agrees that it is not acceptable for police stations to be routinely used for children and young people, and is currently considering the need for legislative change.

34. The Mental Health Crisis Care Concordat was launched earlier this year to improve the responses people receive from services. It sets standards in mental health crisis care. Signed by over 20 national organisations, it asks police, health and care services in the regions to sign up to joint local crisis care declarations and action plans that will improve the services and support they will offer to people in mental health crisis. Every area has now signed local declarations and work is well underway on action plans.

35. The Concordat sets an ambition that we should halve the number of people this year ending up in a police cell at a time of mental health crisis, and end the practice of placing children in cells.

36. The Government is therefore encouraging police forces and health partners to work together to consider making the use of police cells for under 18s akin to a 'never event' in their areas – a preventable incident that should not normally occur. There has already been some success. In 2013/14 there were 236 cases in which a person aged under 18 was taken to a police cell under section 136 of the Mental Health Act. Data from the Police for the six month period April to September 2014 show the number of cases is down to 86, with more forces reporting no instances of police custody for this group. This number represents a significant projected decrease for the first time since data on under 18s began to be collected.

37. Moreover, on 18 December the Government published a joint *Review of the Operation of Sections 135 and 136 of the Mental Health Act 1983*. One of the Review's core recommendations is that legislation be amended so that children and young people are never taken to police cells if detained under S135 or S136 – in effect, banning the use of police cells in law. Next steps regarding the recommendations for legislative change are subject to the development of a timetable for implementation, a detailed impact assessment, and plans for implementation and future funding being agreed between partners.

Recommendation 12. Written submissions to this inquiry have described a situation where despite the move to national commissioning over a year ago, NHS England has yet to 'take control' of the inpatient commissioning process, with poor planning, lack of co-ordination, and inadequate communication with local providers and commissioners. While many of the difficulties NHS England is now seeking to address may be a legacy from previous arrangements, it has not, in our view, sufficiently prioritised these problems. We note that in addition to the new capacity that is being funded, NHS England is recruiting more case managers to give them better control over the commissioning process, but we are disappointed that during its first year as a commissioner of inpatient services, many of the perceived benefits of national planning have not been realised, and NHS England has instead presided over a system which has

resulted in children being sent hundreds of miles to access care. We intend to review NHS England's progress addressing these problems early in 2015. (Paragraph 162)

Recommendation 13. As a first step in improving its commissioning of Tier 4 services, we recommend that NHS England should introduce a centralised inquiry system for referrers and patients, of the type that is already in operation for paediatric intensive care services. (Paragraph 163)

38. The Government accepts that children and young people should wherever possible be supported or cared for close to home. However, on occasions, it is inevitable that some children in need of highly specialised services will need to receive treatment some distance from their homes.

39. NHS England recognised in the *Child and Adolescent Mental Health Tier 4 Report* that there was further work required for some subspecialty areas. This continues to be a priority.

40. In response to the Tier 4 Report, NHS England announced up to 50 new general adolescent and intensive care beds, targeted in the areas with lowest provision. To date 40 additional beds have opened – 27 in South Yorkshire, 5 in East Anglia and 8 in the South West. The remaining 10 beds are expected to open by the end of the financial year, subject to compliance checks.

41. NHS England Area Teams have agreed to introduce a new case management database for inpatients to child and adolescent mental health services from January. This secure system will ultimately allow case managers to monitor how far children and young people are from home and the reasons for this.

42. From January, NHS England is planning to introduce the circulation of daily bed status information to area teams and their identified providers. However, NHS England's experience is that information on bed status alone is not sufficient to manage capacity. Whilst providers may have vacant beds available, new referrals may not be accepted if the individual referred requires intensive staffing, or if the provider is dealing with a challenging existing case mix. This issue is more pronounced in mental health than areas such as paediatric intensive care, where beds are more likely to be identified as either available or not. In the immediate future, NHS England plans to augment the daily bed state option by regularly discussing with providers what their admitting position is and will consider the optimum mechanisms to adopt in the longer term.

43. In the absence of CAMHS minimum data set information until spring 2016, NHS England will utilise the limited information currently available plus local Area Team intelligence to inform a capacity assessment for next year's contracts.

Recommendation 14. We believe that education is crucial to protecting the life chances of the especially vulnerable young people who need inpatient treatment for mental health problems, particularly as in some cases these admissions may last many months. It is essential that clear standards are set for the quality of education provision in inpatient units, and that there is clear accountability and ownership for ensuring that

these standards are upheld. As a first step towards this, we recommend that OFSTED, DFE and NHS England conduct a full audit of educational provision within inpatient units as a matter of urgency. (Paragraph 166)

44. The Government agrees that children and young people within hospital provision or inpatient units should have access to education that is on a par with that of mainstream provision, including appropriate support to meet the needs of those with special educational needs or disabilities. As set out in the 2014 0-25 Special Educational Needs and Disabilities (SEND) Code of Practice, the education provided must be suitable to their age, ability and aptitude and to any special education needs he or she may have. This education must be full-time, unless the local authority determines that, for reasons relating to the physical or mental health of the child, a reduced level of education would be in the child's best interests.

45. In 2015, the Department of Education will undertake an audit of the current educational provision within residential child and adolescent mental health service settings.

Bridging the gap between inpatient and community services

Recommendation 15. It is clear from the evidence we have received that commissioning extra inpatient capacity alone will not be enough to alleviate the current problems being experienced in relation to Tier 4 services. Perverse incentives in the commissioning and funding arrangements for CAMHS need to be eliminated to ensure that commissioners invest in Tier 3.5 services which may have significant value in minimising the need for inpatient admission and in reducing length of stay. The Department of Health and NHS England must act urgently to ensure that by the end of this year all areas have clear mechanisms to access funding to develop such services in their local area, where this is appropriate.(Paragraph 188)

Recommendation 16. Looking beyond this, we agree with the Minister that the current fragmented commissioning arrangements make “no sense”, and are “dysfunctional”. A key responsibility for the newly set up Taskforce will be to determine a way in which commissioning can be sufficiently integrated to allow rational and effective use of resources in this area, which incentivises early intervention. The Government has recently announced extra funding for early intervention in psychosis services and crisis care, which could include liaison services in A&E departments, and crisis resolution home treatment teams. We recommend that the Government ensures that a substantial proportion of this new funding is directed towards services for under-18s. (Paragraph 189)

46. The Government accepts the Committee's analysis that the system for planning, commissioning and providing child and adolescent mental health services needs improvement and this includes examining the interface between inpatient and community services. The Taskforce is considering this issue, in particular what can be done to incentivise more collaborative commissioning and directing of resources to take account of

need and promoting investment in effective targeted and specialist community provision, including 'step down' provision for young people leaving in-patient care can help avoid unnecessary use of in-patient provision and can shorten duration of stay by easing the transition out of inpatient care.

47. The eight child and adolescent mental health collaborative commissioning pilot schemes announced by NHS England on 28 November will inform system improvement in this area. These will support NHS England in considering how collaborative commissioning could be developed. The aim is to identify and promote much more collaborative approaches to commissioning across health, social care and education.

48. In addition the Government has committed an additional £33m in 2014/15 to support people in mental health crisis, and to boost early intervention services that help some of the most vulnerable young people in the country to get well and stay well. In 2015/16 we are introducing the first waiting time standard for early intervention in psychosis that will mean that more than 50% of people experiencing a first episode of psychosis will be treated within 2 weeks.

Schools

Recommendation 17. We consider that awareness of mental health issues, including their relationship to normal child development, conduct issues, and impact on education, is important and we recommend the Department for Education looks to including a mandatory module on mental health in initial teacher training, and should include mental health modules as part of ongoing professional development in schools for both teaching and support staff. (Paragraph 210)

49. The content of initial teacher training (ITT) courses is decided by individual providers but they must be designed so that teacher trainees can demonstrate that they meet all of the Teachers' Standards. The Teachers' Standards require teachers to adapt teaching to respond to the strengths and needs of all pupils, including demonstrating an awareness of the physical, social and intellectual development of children and know how to adapt teaching to support pupils' education at different stages of development.

50. In May the Department for Education asked Andrew Carter OBE to chair an independent review of the quality and effectiveness of ITT courses. The review is looking across the full range of ITT courses and has sought views from a range of sources, including evidence and views from the Taskforce, to:

- define effective ITT practice
- assess the extent to which the current system delivers effective ITT
- recommend where and how improvements could be made
- recommend ways to improve choice in the system by improving the transparency of course content and methods

51. The Department for Education will consider any future decisions on ITT in the light of the review's report which is due in the New Year.

52. The Government is committed to developing a strong culture of continued professional development in schools. Funding for teachers' continuous professional development is contained within schools' budgets, as schools are best placed to determine with their teachers what forms of continuous professional development would be most effective in their particular circumstances. There are high-quality training modules available for schools and teachers to use if they identify a training need in this area, such as through the MindEd portal.

Recommendation 18. We recommend that the Department for Education conducts an audit of mental health provision and support within schools, looking at how well the guidance issued to schools this year has been implemented, what further support may be needed, and highlighting examples of best practice. OFSTED should also make routine assessments of mental health provision in schools. (Paragraph 211)

53. The Department for Education will review the mental health and behaviour advice, which contains examples of best practice, and will update it in spring 2015. This review will consider key messages from the Taskforce.

54. In addition, the Department is working with experts in school counselling to prepare advice which is expected to be published in spring 2015 on securing high quality counselling. It will include information on the wider benefits of providing counselling support, the core of what constitutes high quality counselling, and the different approaches that schools might choose to adopt.

55. In December Ofsted concluded a consultation on changes to inspections from September 2015, which includes plans to introduce a new key judgement covering personal development, behaviour and welfare. Further proposals will follow the outcome of the consultation, the results of which will be published in early 2015.

Recommendation 19. We recommend that the Department for Education consult with young people, including those with experience of mental health issues, to ensure mental health within the curriculum is developed in a way that best meets their needs. (Paragraph 212)

56. The Department for Education has provided funding to the PSHE Association to develop guidance for teachers on mental health, which will draw on some existing good practice and evidence of what works. They will ensure that the resources meet the needs of young people.

Digital culture, social media, bullying and cyberbullying

Recommendation 20. We have not investigated the issue of internet regulation in depth. However, in our view sufficient concern has been raised to warrant a more detailed consideration of the impact of the internet on children's and young people's

mental health, and in particular the use of social media and the impact of pro-anorexia, self-harm and other inappropriate websites, and we recommend that the Department of Health/NHS England taskforce should take this forward in conjunction with other relevant bodies, including the UK Council for Child Internet Safety (Paragraph 227)

Recommendation 21. We recommend that the Department of Health/NHS England taskforce should also investigate and report on the most effective ways of supporting CAMHS providers to do this. (Paragraph 228)

57. The Taskforce is considering how to make best use of digital culture in order to promote positive mental health messages. This will align with the cross-government work already in train to make the internet a safer place for children.

58. The Government is aware of the emerging evidence of the problems associated with cyber-bullying. The Annual Report of the Chief Medical Officer 2013, *Public Mental Health Priorities: Investing in the Evidence* identified particular issues associated with cyber-bullying including:

- a single episode can be re-posted and forwarded multiple times.
- The use of technology provides anonymity and allows for more frequent sexual content and greater cruelty compared with face-to-face bullying.
- Cyber-bullying can be difficult to tackle because of non-existent or nascent legal frameworks for intervention, logistical difficulties in tracking the originators of anonymous messages and the proliferation of photograph-sharing applications.

59. The Government works with the internet industries to address issues relating to children's safety through the UK Council for Child Internet Safety (UKCCIS). Whilst social media companies and others have put a number of measures in place to protect children, we are keen to consider, with others, potential impacts, and we are open to considering what more might be done.

60. The Government has taken significant action in the area of internet safety in recent years. The UK's four largest Internet Service Providers (BT, Sky, Virgin and Talk Talk) now provide family friendly filters that protect all devices in the home and which can be installed with ease. These allow parents to prevent their children from accessing potentially harmful content, including, if they choose, social media sites as well as pro-anorexia and self-harm websites. The ISPs have also set up a large-scale awareness campaign, 'Internet Matters', which began in spring 2014. This campaign will run over three years and will provide information and support to parents about how they can best protect their children from harm. This includes support for those interested in using filters, information about social networking, and advice on cyberbullying.

61. Social media websites and users also need to take responsibility. It is of course the case that what is illegal offline is illegal online, and the Government expects social media companies to respond quickly to incidents of abusive behaviour on their networks. This includes having easy-to-use reporting tools and robust processes in place to enable prompt

responses to reports of abuse. Where appropriate, companies might have processes for suspending or terminating the accounts of those who do not comply with acceptable use policies.

62. To ensure that social media companies know what is expected of them, UKCCIS is updating existing guidance for social media providers¹. The Government will ask the group to ensure they consider the impact on young peoples' mental health.

Recommendation 22. We recommend that as part of its review of mental health education in schools, the Department for Education should ensure that links between online safety, cyberbullying, and maintaining and protecting emotional wellbeing and mental health are fully articulated. (Paragraph 229)

63. The Department of Education will continue to work closely with the Department for Culture Media and Sport and other departments on cyber-bullying issues. Any future advice and guidance issued by the Department on mental health, online safety or cyberbullying will be clear that there may be links between cyberbullying and mental health problems.

64. The new National Curriculum for computing ensures that for the first time, from September 2014, pupils aged 5-11 will be taught about online safety. This is now part of the curriculum across all primary and secondary age groups.

Recommendation 23. We recommend clear pathways are identified for young people to report that they have been sent indecent images of other children or young people, and that support is provided for those who have been victims of image sharing. Pathways should also be established for children and young people who have experienced bullying, harassment and threats of violence. (Paragraph 230)

65. The report highlights the issue of indecent images being taken and circulated by children and young people. The Government is taking action in this area, and is keen to support further work to ensure pathways both for support of victims and reporting are available and easily accessible to children and young people.

66. We have a responsibility to educate young people to use technology safely and strongly discourage them from sharing indecent photographs of each other. Once such a photograph is taken it can be used to embarrass or exploit the child involved. It can also be permanently circulated on the Internet and, as this report recognises, can contribute to bullying and harassment. The Child Exploitation and Online Protection (CEOP) Command of the National Crime Agency has developed a specific educational resource to tackle 'sexting', which is designed for use by teachers. In addition, the Government's effective 'This is Abuse' campaign includes information about the issue of 'sexting'. With regard to online abuse there are already a number of campaigns on this issue. These include the 'Think You Know' campaign², run by the National Crime Agency and CEOP

1 Advice on Child Internet Safety 1.0, Universal Guidelines for providers

2 www.thinkuknow.co.uk

to empower and protect young people from the harm of sexual abuse and exploitation, both online and offline.

67. The Government expects all schools to take a strong stand against all forms of bullying, including cyberbullying. Schools should tackle bullying at the earliest opportunity and should not allow pupils to suffer emotional or physical distress. The Government believes that schools, internet providers and parents all have a role to play in keeping children and young people safe online. The Department for Education recently released new guidance on cyberbullying, focused at teachers and parents³

68. Legislation to tackle harassment and malicious conduct is in place and the use and effect of this legislation is continuously reviewed to ensure it is fit for purpose. The Director for Public Prosecutions has published guidelines for prosecutors when considering cases involving social media networks. The Government is also creating, in the Criminal Justice and Courts Bill, a new criminal offence which targets those who disclose private sexual photographs and films without consent and with intent to cause distress. If someone has been a victim of this sort of behaviour (sometimes termed 'revenge porn') they should not hesitate to contact the police.

69. A number of charities and others provide support services which can give information and advice to young people who want to find out more, or who have been affected by these issues. These include the UK Safer Internet Centre, the NSPCC, Childline, CEOP, and Internet Matters.

70. With regards to indecent images of children online, the Internet Watch Foundation (IWF), an industry-funded and self-regulatory body, is the UK internet Hotline for the public to report child sexual abuse content, criminally obscene adult content and non-photographic child sexual abuse images on the internet in a secure and confidential way. The IWF works in partnership with the online industry, law enforcement, government, and international partners to minimise the availability of this content. We would urge anyone who accidentally finds illegal images online to report them to the IWF. In doing so, they will be helping the IWF and their law enforcement partners to identify and safeguard victims.

General practice

Recommendation 24. We ask Health Education England, together with the GMC and relevant Royal Colleges, to provide us with a full update on their plans for GP training in children's and adolescents' mental health. (Paragraph 236)

71. Health Education England (HEE) agrees that the role of the GP is central in the management of the needs of children and young people experiencing mental health problems. HEE is working to deliver the commitments on GP training and mental health contained in its mandate for 2014/2015.

3 www.gov.uk/government/uploads/system/uploads/attachment_data/file/375420/Advice_for_Parents_on_Cyberbullying_131114.pdf
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374850/Cyberbullying_Advice_for_Headteachers_and_School_Staff_121114.pdf

72. HEE is working with the Academy of Medical Royal Colleges, to embed mental health across the revised Foundation programme curriculum. The new curriculum will be available in early 2015.

73. HEE has conducted a review of the current GP curricula, which includes learning outcomes on the psychological well-being of children and young people and an understanding of their responsibilities for supporting children in difficulty and how to access support and advice from specialist Child and Adolescent Mental Health Services.

74. HEE has incorporated the recommendation to increase the proportion of psychiatric training posts following the publication of the *Broadening the Foundation Programme - Recommendations and implementation guidance* report⁴. This includes 25% of foundation year 1 doctors and 25% of foundation year 2 doctors undertaking a four month psychiatry placement, many of whom will become GPs. In 2014/2015 there are 339 training posts in psychiatry in foundation year 1 and 334 training posts in psychiatry in foundation year 2. For the 2012, 2013 and 2014 recruitment years, the average percentage of UK Foundation doctors entering GP training was 35.1%. This figure is based on round 1 recruitment data only and does not include doctors that apply in later rounds or those who complete foundation training and have a year out before applying for GP training.

75. HEE recognise that some mental health training is already included in GP continuing professional development (CPD) training and is undertaking a scoping exercise to provide a strategic picture of where the gaps are in relation to the training. A range of GP CPD modules on mental health are available on the Royal College of General Practitioners website, which includes a course on Child and Adolescent Mental Health.

76. Through its membership of the Child and Adolescent Mental Health Taskforce, HEE is considering the wider workforce implications and our role in planning, commissioning and the education and training required to provide the GPs and other members of the workforce with the knowledge and skills to support children and young people.

77. HEE is responsible for the development of the MindEd programme, which is an evidence-based e-learning resource covering the breadth of children and young people's mental health for both the healthcare and non-healthcare workforces. As a member of the MindEd consortium, the Royal College of General Practitioners developed an e-learning course on Child and Adolescent Mental Health, with a specific focus on GP-related issues, to complement the wider resources available through the MindEd e-portal. HEE is working with the Royal College of General Practitioners to map out what current gaps exist in GP learning and will address these by improving the content of e-learning resources.

National priority and scrutiny

Recommendation 25. It is clear that there are currently insufficient levers in place at national level to drive essential improvements to CAMHS services. These have received insufficient scrutiny from CQC and we look to review progress in this area following

⁴ <http://hee.nhs.uk/work-programmes/btbc/broadening-the-foundation-programme/>

their new inspection regime. The Minister has argued that waiting time targets will improve CAMHS services but we recommend a broader approach that also focuses on improving outcomes for specific conditions in children’s and adolescents’ mental health. (Paragraph 249)

Recommendation 26. We recommend the development, implementation and monitoring of national minimum service specifications, together with an audit of spending on CAMHS. We recommend that the Department of Health/NHS England taskforce look to remove the perverse incentives that act as a barrier to Tier 3.5 service development and ensure investment in early intervention services. There must be a clear national policy directive for CAMHS, underpinned by adequate funding. (Paragraph 250)

78. The Government accepts that more needs to be done to drive improvements in standards for services for children and young people with mental health problems and shares the Committee’s view that a focus on improving outcomes in child and adolescent mental health is essential. We also agree that this requires a cross-government and multi-agency approach that goes beyond just looking at health service provision, which is why the Taskforce has membership from across health, social care, education and the voluntary sector.

79. As described earlier, the Taskforce will not be conducting audit as part of its work. However, it is considering how to build on the existing evidence based approaches to service accreditation and quality assurance that are reinforced by CQC’s five key questions (are services safe, effective, caring, responsive, well led?).

80. Alongside the work of the Taskforce, *Achieving Better Access to Mental Health Services by 2020* (September 2014) sets out the Department of Health’s 5 Year Plan to achieve the commitment to parity of esteem. It includes the first ever waiting time standards for mental health. The plan is clear this is a starting point, and the vision is for mental health services to guarantee all ages timely access to evidence-based mental health services by 2020. NHS England and the Department of Health are working with mental health system partners to develop detailed proposals for the introduction of further access and waiting time standards from 2016 onwards, subject to confirmation of funding.

81. The Government anticipates the Taskforce’s conclusions will provide the clear policy steer on child and adolescent mental health the Committee has recommended, building on the direction set by the national strategy, *No Health without Mental Health* and *Closing the Gap: priorities for essential change in mental health*.

Annex

Accelerating and sharing good practice in co-commissioning arrangements for child and adolescent mental health services (CAMHS)

- i. On 11 December 2014, NHS England announced eight CCG-led pilots aimed at accelerating and sharing good practice in co-commissioning arrangements for children and young people's mental health issues, as part of a £500k fund by NHS England and the Department of Health.
- ii. CCGs in NEW Devon, Derbyshire, Newcastle, Tameside and Glossop, Norfolk, Southampton, Wolverhampton and South Sefton have been awarded up to £75k to develop their plans. The funding will be spent creating time for staff to reassess the systems in place to commission Child and Adolescent Mental Health Services from schools up to inpatient beds and try to effect change through new ideas. Further detail is available on the NHS England website: <http://www.england.nhs.uk/2014/12/11/innovation-pilots/>