

Children and young people's mental health review

**Findings from a questionnaire to health and wellbeing
boards on local actions**

October 2020

Contents

| | |
|---|----|
| Summary..... | 3 |
| Introduction | 5 |
| Findings from a questionnaire to health and wellbeing boards on local actions..... | 8 |
| Our commitment: actions for the Care Quality Commission..... | 28 |
| Glossary of words and phrases used in this report | 29 |

Summary

In our 2018 report '[Are We Listening?](#)' we published our findings from our review of the system of services that support children and young people's mental health. We presented evidence from fieldwork in 10 health and wellbeing board areas in England. We spoke with children, young people, parents, families, carers and staff working across the system, reviewed local policies and plans, and tracked how individual children and young people moved through the system.

We made a number of recommendations for national, regional and local action to improve mental health care for children and young people.

This report sets out the findings of our 2019 independent follow-up self-assessment questionnaire, to find out the extent to which health and wellbeing board areas in England had progressed with implementing the local recommendations we made.

The findings in this report were recorded in 2019 and are therefore almost a year old. Since then, in many ways, people's focus has been on the pandemic but we are hopeful that the recommendations have continued to be addressed. This doesn't lessen the issues that need to be improved. We want to flag our desire to see improvement brought about in relation to all recommendations made in our 2018 report. We would like to use this report to highlight areas of consistent practice along with areas requiring further improvement. It is worth noting that while health and wellbeing boards told us if they thought recommendations had been implemented, we do not have local contexts to explain why some areas have implemented some work and others not.

The following findings were compiled from 67 submissions we received from 152 health and wellbeing boards invited to complete the questionnaire.

We found that in 2019 the local recommendations were being implemented to varying degrees by the health and wellbeing areas who responded to our self-assessment. In some areas the responses suggest that the respondent was not fully apprised of what was happening locally. Continued improvements are required to ensure that our local recommendations are being implemented sometimes or all of the time. The following summarises the findings for our 2018 recommendations for local action.

Joint commissioning: Self-assessment findings indicated that there was strong prevalence of joint commissioning, although not where services for teenagers and young people transitioning (including to adult care) were concerned.

Referral pathways: Referral pathways and eligibility criteria were not always clear and comprehensive or overseen by health and wellbeing boards as part of developing their Local Offer.

Care coordination: Fifteen per cent of respondents told us that there were always single members of staff to co-ordinate care for each young person or child who needs support from more than one team, and 76% said that this was in place sometimes.

Listening to people who use services: Responses suggested that 57% of commissioners and providers always used feedback about people's experience to monitor the quality of care they provide, and 43% did this sometimes; and that 43% of systems always allowed for monitoring of protected characteristics of people, with 39% allowing for this sometimes.

Working together day-to-day: Responses to this recommendation indicated health and wellbeing board areas had established systems for working together. In 27% of health and wellbeing board areas that responded, services always had prompt and easy access to other agency information; 67% of areas had this sometimes.

Keeping children, young people, their parents, families and carers informed and involving them in their care: Responses to questions 6.1.2 and 6.1.3 suggested that services in 34% of health and wellbeing board areas were always in touch with children and young people and relevant others while on waiting lists, and 61% were sometimes in touch. While waiting for transition to other services, 39% were always in touch, and 61% were sometimes in touch

Harnessing technology: Responses to this recommendation indicated that technology was largely being used some or all of the time. It was notable that 91% were exploring how technology could improve access to mental health support at least some of the time.

Embedding mental wellbeing in school life – and valuing the importance of education: This recommendation reflected a clear need for schools to ensure that pupils could attend appointments with services to support their mental health. Responses indicated that 25% of health and wellbeing boards felt schools always supported pupils with this; 69% felt schools sometimes supported pupils in this way. School leaders and Ofsted should continue to strengthen their assessment of how schools respond to pupils' mental health needs.

Supporting and valuing staff: This recommendation set out a clear requirement for an investment in staff training, wellbeing and support by leaders and managers. Fifty-two per cent of health and wellbeing boards that responded said there was always training for staff working with children and young people to identify and support mental health needs; and 48% said it was sometimes available.

Introduction

In January 2017, the then Prime Minister Theresa May set out a range of measures to improve mental health support, including a CQC review of quality and access across the system of mental health services for children and young people.

We published our report for [phase one of the review](#) in October 2017. Drawing on existing knowledge and evidence about the state of children and young people's mental health services, we reported that the system as a whole was complex and fragmented, and that the quality and accessibility of care was marked by variation.

We published our national (phase two) report, '[Are we listening?](#)' in March 2018. This drew on evidence gathered through fieldwork across 10 health and wellbeing board areas and engagement with more than 1,300 people including professionals and people who use services. We described what makes it easier and what makes it harder for local systems to make sure that children and young people have timely access to high-quality mental health care.

We found that:

- Many children and young people experiencing mental health problems did not get the kind of care they deserve.
- The system was complicated, with no easy or clear way to get help or support.
- Services relied on dedicated individuals, often working long hours, with limited money and increasing demand, which could not be maintained in the long run.
- There were many examples of innovative and good practice.

We made a number of recommendations for national, regional and local action to improve the quality and accessibility of mental health care by all those involved for children and young people.

This report represents phase three of our work. It is a review of whether health and wellbeing board areas had, by the end of 2019, implemented the local recommendations set out in our 2018 report, to encourage improvement in the quality of care that children and young people can access for their mental health.

Our report covers feedback by health and wellbeing boards on all services in their areas contributing to children and young peoples' mental health and wellbeing, whether provided by the NHS, children's services in the local authority, education, voluntary, community and social enterprise (VCSE) and the independent sector.

What we did

We developed a self-assessment questionnaire based on the recommendations set out in the 2018 report. This self-assessment was for health and wellbeing board areas that support children and young people with mental health problems to complete. The aim was for these boards to tell us the extent to which they were implementing our recommendations to improve how local services, agencies and

commissioners worked together to support children and young people's mental health needs.

As part of the testing phase, we invited two health and wellbeing board areas to review, complete and comment on the draft questionnaire. We also invited NHS England to suggest improvements for the questionnaire.

We contacted 152 health and wellbeing board areas by email in September 2019 to ask them to complete the questionnaire by the end of October. We repeated this mail out to capture those boards that had not yet responded. We also advertised and promoted the self-assessment on our external website and Twitter, and through NHS England's clinical networks and local Healthwatch groups.

We received 67 responses to the questionnaire between 17 September and 17 December 2019. This report is based on those responses, which represented 44% of the boards we contacted.

The self-assessment questionnaire looked at the following areas:

1. Joint commissioning
2. Referral pathways and eligibility criteria
3. Care coordination
4. Listening to people who use services
5. Working together day-to-day
6. Keeping children and young people, their parents, families and carers informed and involving them in their care
7. Harnessing technology
8. Embedding mental wellbeing in school life and valuing the importance of education
9. Supporting and valuing staff.

The wider context of work to improve children and young people's mental health services in the NHS

Early in 2019, the [NHS Long Term Plan](#) was published. This set out the ambition to bring about a new approach to young adult mental health services for people aged 18-25 and to support their transition to adulthood. It also highlighted how current service models would be extended to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults. This new model will deliver an integrated approach across health, social care, education and the voluntary sector, such as the evidenced-based 'iThrive' operating model.

The NHS, together with partners at national and local level, committed to improving outcomes for our most vulnerable children and young people, by targeting early help for adults living in households with vulnerable children, and by improving access to targeted support for these children, especially during transition to adult services. The NHS Long Term Plan has since set out ambitions for digitally enabled care via a transformation programme that will ensure that clinicians can access and interact with patient records and care plans wherever they are.

Children and young people's participation is one of the five key principles of the Children and Young People's Improving Access to Psychological Therapies programme. This has moved into business as usual for clinical commissioning groups with ongoing access to a range of evidence-based therapy training opportunities to increase workforce capacity and capability. All Local Transformation Plans include detail on how local systems will progress with this.

Digital transformation is at the heart of the NHS Long Term Plan, as well as at the heart of high-quality mental health care, with the key commitments that 100% of mental health providers meet required levels of digitisation and are integrated with other parts of the health and care system.

Following the publication of the Children and Young People's Mental Health Green Paper, Health Education England has now commissioned training programmes to support the implementation, including a new role of education wellbeing practitioner for school-based mental health support teams, as well as more senior staff to support and supervise the teams. These are additional to the Five Year Forward View for Mental Health commitments.

Findings from a questionnaire to health and wellbeing boards on local actions

In the opening question in our self-assessment, we asked health and wellbeing boards if they had a standing children and young people’s mental health and wellbeing sub-group or children and young people’s mental health Future in Mind/Local Transformation Plan delivery group, with clear leadership and accountability in their local area. The following tables shows the responses we received.

We also asked health and wellbeing boards to indicate which agencies and service providers were:

- a standing partner in the local children and young people mental health and wellbeing partnership, and/or
- were consulted in the completion of the self-assessment.

| Figures based on 67 respondents | | |
|---|---|---|
| Is there a standing children and young people mental health and wellbeing board sub-group or children and young people mental health Future in Mind/Local Transformation Plan delivery group with clear leadership and accountability in your local area? | | |
| | Yes | 61 (91%) |
| | No | 6 (9%) |
| Please indicate which agencies and service providers are: | (a) a standing partner in the local CYP MH&WB partnership | (b) were consulted in the completion of the self-assessment |
| Specialist children and young people's mental health services | 58 (87%) | 50 (75%) |
| Local authorities | 62 (93%) | 52 (78%) |
| Educational organisations | 54 (81%) | 30 (45%) |
| Youth Offending Teams | 40 (60%) | 32 (48%) |
| Justice system probation organisations | 19 (28%) | 8 (12%) |
| Adult mental health services | 33 (49%) | 20 (30%) |
| Primary healthcare services | 47 (70%) | 23 (34%) |
| Acute secondary (physical) healthcare services, including emergency departments | 31 (46%) | 18 (27%) |
| Clinical commissioning groups (CCGs) | 61 (91%) | 48 (72%) |
| Sustainability and transformation partnerships (STPs) | 43 (64%) | 25 (37%) |
| Third sector/charities | 56 (84%) | 24 (36%) |

| | | |
|---|----------|----------|
| Experts by experience - children, young people, their carers and families | 41 (61%) | 19 (28%) |
| <u>Others:</u> | | |
| Career service | 1 (1%) | 0 (0%) |
| Department for Work and Pensions | 1 (1%) | 0 (0%) |
| Ealing Community and Voluntary Service | 0 (0%) | 1 (1%) |
| Fire service | 2 (3%) | 1 (1%) |
| Healthwatch | 1 (1%) | 1 (1%) |
| Police | 2 (3%) | 1 (1%) |
| Providers | 0 (0%) | 1 (1%) |
| Virtual School for Looked After Children | 1 (1%) | 0 (0%) |

1. Joint commissioning

Our recommendation: “Commissioners and service planners across health, social care, education and the criminal justice system must plan and commission services jointly, pooling their resources where necessary, so that services can work flexibly across organisational boundaries to provide person-centred care built around each child or young person and their parents, families and carers – rather than expecting children and young people to work around the complexities of the system. Commissioners in children’s and adults’ services must also jointly commission support for teenagers and young people as they transition into adult care, drawing on evidence-based guidance such as The National Institute for Health and Care Excellence (NICE) guidelines and quality standards. This should be overseen by health and wellbeing boards, who can support and challenge commissioners and service planners to design and commission joined-up, person-centred services. Local Healthwatch can also support this process by sharing the insights they hold from engagement with children, young people, parents, carers and families.”

Our comment on progress: Responses to this recommendation from 67 health and wellbeing board areas in questions 1.1 to 1.6 suggested that they were delivering the majority of actions some of the time. Eighty-eight per cent of responses to question 1.7 indicated their sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) always had clear workstream owners. Respondents to question 1.6 said that 10% of health and wellbeing board areas always jointly commissioned support for teenagers and young people as they transition (including into adult care), and 66% jointly commissioned this sometimes. Although the NHS Long Term Plan ambitions will support change in this area, we want to see continued focus to support transition from or to another service. This is clearly outlined in our recommendation to support flexible joint working and person-centred care and is based on NICE guidance. However, note that not being jointly commissioned does not necessarily mean it was not provided jointly.

| Figures based on 67 respondents across all questions except 1.3 (65 responses). | | | | | | |
|---|--|-------------|----------------|-----------|------------|------------------------------------|
| | | Yes, always | Yes, sometimes | No, never | Don't know | Not applicable (where appropriate) |
| 1.1 | Do commissioners and service planners across health, social care, education and the criminal justice system plan services jointly? | 16 (24%) | 51 (76%) | 0 (0%) | 0 (0%) | 0 (0%) |
| 1.2 | Do commissioners and service planners across health, social care, education and the criminal justice system commission services jointly? | 8 (12%) | 57 (85%) | 2 (3%) | 0 (0%) | 0 (0%) |
| 1.3 | Where joint commissioning takes place, have resources been pooled? | 6 (9%) | 47 (72%) | 11 (17%) | 1 (2%) | 0 (0%) |
| 1.4 | Is the planning and commissioning of services overseen by the local health and wellbeing board? | 28 (42%) | 34 (51%) | 4 (6%) | 0 (0%) | 1 (1%) |
| 1.5 | Are children and young people, their carers and families (experts by experience) actively and directly involved in the planning and commissioning of children and young people mental health services? | 14 (21%) | 52 (78%) | 1 (1%) | 0 (0%) | 0 (0%) |
| 1.6 | Do commissioners in children's and adults' services jointly commission support for teenagers and young people as they transition (including into adult care)? | 7 (10%) | 44 (66%) | 12 (18%) | 4 (6%) | 0 (0%) |
| 1.7 | Is there an identified children and young people mental health workstream within the Sustainability and Transformation Partnership (STP)/Integrated Care System (ICS) or equivalent with a clear workstream owner? | 59 (88%) | 4 (6%) | 3 (4%) | 1 (1%) | 0 (0%) |

| | | | | | | |
|------|--|-------------|----------------|-----------|------------|------------------------------------|
| 1.8 | Which agencies are direct participants in the STP/ICS or equivalent children and young people mental health workstream? | Yes | No | | | |
| | NHS commissioners | 65 (97%) | 2 (3%) | | | |
| | Specialised commissioning | 44 (66%) | 23 (34%) | | | |
| | NHS MH providers | 64 (96%) | 3 (4%) | | | |
| | Voluntary/third sector | 50 (75%) | 17 (25%) | | | |
| | Children's services (LA) | 58 (87%) | 9 (13%) | | | |
| | Adult mental health services | 47 (70%) | 20 (30%) | | | |
| | Adult MH services (LA) | 32 (48%) | 35 (52%) | | | |
| | Acute physical services | 32 (48%) | 35 (52%) | | | |
| | The Police | 21 (31%) | 46 (69%) | | | |
| | Health and justice commissioners | 17 (25%) | 50 (75%) | | | |
| | Primary care | 50 (75%) | 17 (25%) | | | |
| | Schools, FE colleges | 36 (54%) | 31 (46%) | | | |
| 1.9 | Do all commissioned services submit data to enable an analysis of the quality of service? | Yes | No | | | |
| | | 67 (100%) | 0 (0%) | | | |
| | | Yes, always | Yes, sometimes | No, never | Don't know | Not applicable (where appropriate) |
| 1.10 | Do commissioners and providers in your local area use data to improve services for children and young people? | 52 (78%) | 15 (22%) | 0 (0%) | 0 (0%) | 0 (0%) |
| 1.11 | Do commissioners and providers in your local area use data and experience and outcome feedback to quality assure services for children and young people? | 35 (52%) | 31 (46%) | 1 (1%) | 0 (0%) | 0 (0%) |

| | | | | | | |
|------|--|----------|----------|--------|--------|--------|
| 1.12 | Do the joint commissioning plans take full account of evidence-based guidance and standards? | 50 (75%) | 16 (24%) | 0 (0%) | 1 (1%) | 0 (0%) |
|------|--|----------|----------|--------|--------|--------|

2. Referral pathways and eligibility criteria

Our recommendation: “Commissioners and providers must agree clear and comprehensive referral pathways and eligibility criteria across the whole system, so that no child or young person falls in the gaps between services. This should be overseen and monitored by health and wellbeing boards as they develop their Local Offer for children and young people with mental health problems.”

Our comment on progress: The analysed responses to recommendation 2 indicated that health and wellbeing board areas had still to implement improvements to ensure that young people, their families and carers have access to clear system pathways. The recommendation in our 2018 report was a clear message to all health and wellbeing board areas to strengthen referral pathways and eligibility across the whole system. All areas should continue to make improvements to meet this recommendation.

For question 2.1, 55% of health and wellbeing boards reported that referral pathways were not clear, and 57% said they were not comprehensive. On the other hand, 76% said they were agreed and that 55% said they were published. Responses to questions 2.3a and 2.3b indicated that 58% of local area agencies did not have eligibility criteria agreed by all agencies, but 52% said eligibility criteria were easily accessible.

In our 2018 phase 2 report we wrote that transition of children and young people is often poorly planned and disjointed. This recommendation requested that improvements be made to ensure that no child should fall between services. Question 2.5 asked if transition was routinely reviewed and monitored in health and wellbeing board areas. Responses indicated that 22% of health and wellbeing boards always monitored and reviewed transition, and 67% did this sometimes. We recommend that this remains a focus, especially in the 6% of health and wellbeing board areas which stated they never reviewed or monitored transition, and the 4% of health and wellbeing board respondents that did not know if they did this work.

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|------|--|----------------|----------------|-----------|------------|------------------------------------|
| | Figures based on 67 respondents across all questions except 2.3a and 2.3b (both 64 responses). | | | | | |
| 2.1 | Do commissioners and providers for your local area have comprehensive referral pathways for children and young people's mental health across the whole system so that no child or young person falls in the gaps between services? | Yes | No | | | |
| | Agreed | 51 (76%) | 16 (24%) | | | |
| | Clear to understand | 30 (45%) | 37 (55%) | | | |
| | Comprehensive | 29 (43%) | 38 (57%) | | | |
| | Published | 37 (55%) | 30 (45%) | | | |
| | | | | | | |
| | | Yes, always | Yes, sometimes | No, never | Don't know | Not applicable (where appropriate) |
| 2.2 | See footnote* | | | | | |
| 2.3 | Do commissioners and providers for your local area have eligibility criteria for children and young people mental health? | 44 (66%) | 20 (30%) | 2 (3%) | 1 (1%) | 0 (0%) |
| 2.3a | Are the eligibility criteria agreed by all agencies working on children and young people mental health, users and carers: | Yes = 27 (42%) | No = 37 (58%) | | | |
| 2.3b | Are the eligibility criteria easily accessible, published in a way that children and young people, families and referrers can find them and are they in plain English? | Yes = 33 (52%) | No = 31 (48%) | | | |
| | | | | | | |
| | | | | | | |

| | | Yes, always | Yes, sometimes | No, never | Don't know | Not applicable (where appropriate) |
|-----|--|----------------|-------------------|--------------|---------------|---|
| 2.4 | Is this overseen and monitored by health and wellbeing boards as they develop their children and young people mental health Local Transformation Plan? | 31 (46%) | 26 (39%) | 6 (9%) | 3 (4%) | 1 (1%) |
| 2.5 | Is transition to from children and young people mental health services to adult services routinely monitored, audited and reviewed by commissioners and the provider service involved. | 15 (22%) | 45 (67%) | 4 (6%) | 3 (4%) | 0 (0%) |
| 2.6 | Is there written guidance on young people's transition from children and young people mental health services to adult mental health services or other appropriate services that is agreed by relevant parties? | 35 (52%) | 18 (27%) | 5 (7%) | 9 (13%) | 0 (0%) |
| 2.7 | See footnote* | | | | | |
| 2.8 | Are children and young people and their parents, families and carers signposted to alternative forms of support they can access to bridge the gap while they are waiting to access care? | 36 (54%) | 31 (46%) | 0 (0%) | 0 (0%) | 0 (0%) |

* In the questionnaire, question 2.2 (Is there an open (self-referral) access point for children and young people mental health services?) was inadvertently duplicated as question 2.7, and so the results are not shown to maintain data integrity.

3. Care coordination

Our recommendation: “Services must identify a single member of staff to coordinate support for each child or young person who needs help from more than one team. The coordinator should manage input from different teams and services to make sure care is joined-up and make sure that each child or young person, and their parents, families and carers, can build a relationship with a single member of staff who oversees their care. This should be overseen by commissioners, who can hold services to account for providing joined-up care, and health and wellbeing boards, who can promote integration.”

Our comment on progress: Responses to this recommendation indicated that there were varying levels of activity around providing joined up care and points of access. Given the complexity of a system that works across education, health, social, voluntary, community and social enterprise (VCSE) and statutory services, it is positive that 91% of areas answered that there was always or sometimes a single point of contact recognised by all other agencies delivering support (15% always and 76% sometimes) and 96% for children, young people and families attending care planning meetings (40% always and 55% sometimes).

| Figures based on 67 respondents across all questions. | | | | | | |
|---|--|-------------|----------------|-----------|------------|------------------------------------|
| | | Yes, always | Yes, sometimes | No, never | Don't know | Not applicable (where appropriate) |
| 3.1 | When a child or young person receives care from more than one agency, is a single member of staff or point of contact assigned, that is recognised by all other agencies involved in delivering support? | 10 (15%) | 51 (76%) | 5 (7%) | 1 (1%) | 0 (0%) |
| 3.2 | Do commissioners oversee and monitor the provision of the single member of staff or point of contact? | 7 (10%) | 21 (31%) | 22 (33%) | 4 (6%) | 13 (19%) |
| 3.3 | Is there a single point of access across all services for children and young people who may require assessment/care that includes specialist children and young people mental health services and other relevant services? | 29 (43%) | 18 (27%) | 18 (27%) | 2 (3%) | 0 (0%) |

| | | | | | | |
|-----|---|----------|----------|--------|--------|--------|
| 3.4 | Do children and young people and their families/carers attend care planning meetings? | 27 (40%) | 37 (55%) | 0 (0%) | 3 (4%) | 0 (0%) |
|-----|---|----------|----------|--------|--------|--------|

4. Listening to people who use services

Our recommendation: “Services must proactively reach out to children, young people, their parents, families and carers to listen to their feedback and ideas to help improve the quality of services. This engagement should include all sections of the local community, including Black and minority ethnic communities; lesbian, gay, bisexual and transgender children and young people; looked after children and care leavers; and children with neurodevelopmental disorders or a learning disability. Commissioners and providers must use feedback about people’s experiences of care to monitor the quality of care they deliver. Health and wellbeing boards, local Healthwatch, and local third sector organisations must support this engagement and challenge commissioners and service planners if it does not happen.”

Our comment on progress: Responses suggested that 57% of commissioners and providers always used feedback about people’s experience to monitor the quality of care they provide, and 43% did this sometimes. Forty-three per cent of systems always allowed for monitoring of protected characteristics of people, and 39% did this sometimes.

Seven per cent of respondents told us that they always had a commonly used information sharing system for collection and use of feedback from people that use their services and their families. This suggested there were not enough of these joined-up information sharing systems in place.

Twelve per cent of respondents marked ‘not applicable’ when telling us if their information sharing system monitored protected characteristics of sections of the community who may need support from children and young people’s mental health services. This may reflect the knowledge of the person completing the questionnaire, for example all NHS services will be able to record this data, but smaller VCSE may not yet have this capability.

| Figures based on 67 respondents across all questions. | | | | | | |
|---|--|-------------|----------------|-----------|------------|------------------------------------|
| | | Yes, always | Yes, sometimes | No, never | Don't know | Not applicable (where appropriate) |
| 4.1 | Do the commissioners and providers for your local area use the feedback about people's (including families and wider partners) experience of care to monitor the quality of care they deliver? | 38 (57%) | 29 (43%) | 0 (0%) | 0 (0%) | 0 (0%) |
| 4.2 | Is there a commonly used information sharing system across agencies and different organisations for the collection and use of feedback from children and young people and families? | 5 (7%) | 22 (33%) | 32 (48%) | 5 (7%) | 3 (4%) |
| 4.3 | Does the system allow for monitoring of protected characteristics and other vulnerable groups such as cared for children and young carers? | 29 (43%) | 26 (39%) | 0 (0%) | 4 (6%) | 8 (12%) |

5. Working together day-to-day

Our recommendation: “Teams and services should use simple techniques to link up with other services and help to join up a fragmented system across education, health, local authorities and the third sector. Holding joint meetings, co-locating teams, spending time getting to know staff in other teams, or nominating a member of staff to link with other services are just some of the different approaches that some areas have used effectively. This should be overseen and enabled by senior leaders in these different services, who can support and encourage their staff to reach out to their colleagues and peers across the system.”

Our comment on progress: Responses to this recommendation indicated health and wellbeing board areas had established systems for working together. Twenty-seven per cent of health and wellbeing boards who responded services said that agencies always had prompt and easy access to other agency information; 67% of respondents said that agencies had this sometimes. Responses to question 5.2 indicated that all meetings were joint meetings, while responses to question 5.3 indicated that in 34% of health and wellbeing board areas teams across education, health, local authorities and the third sector always worked together to improve joined-up working, and in 64% of areas teams did this sometimes.

Responses to question 5.4 suggested 15% of health and wellbeing board areas always had an electronic patient record which was widely accessible; and 46% had this sometimes. Thirty-one per cent of health and wellbeing boards reported they did not offer this access. Wider availability of this patient recording system would mean that people could move around a pathway with ease and avoid repeating information which was already recorded at another service. Health and wellbeing boards reported that 57% of them trained their staff to access and utilise digital patient systems some or all of the time.

| Figures based on 67 respondents across all questions. | | | | | | |
|---|--|-------------|----------------|-----------|------------|------------------------------------|
| | | Yes, always | Yes, sometimes | No, never | Don't know | Not applicable (where appropriate) |
| 5.1 | Do all agencies working with children and young people have prompt and easy access to agencies' service information required to deliver support relevant to their own service? | 18 (27%) | 45 (67%) | 2 (3%) | 2 (3%) | 0 (0%) |
| | | | | | | |

| | | | | | | |
|-----|--|--------------------|----------------|--|------------|------------------------------------|
| 5.2 | What established methods are there for systems working together: | Yes | No | | | |
| | Joint meetings | 67 (100%) | 0 (0%) | | | |
| | Locating teams in the same building | 52 (78%) | 15 (22%) | | | |
| | Having a single point of contact | 41 (61%) | 26 (39%) | | | |
| | | | | | | |
| | | Yes, always | Yes, sometimes | No, never | Don't know | Not applicable (where appropriate) |
| 5.3 | Do teams and services work together to join up a fragmented system across education, health, local authorities and the third sector? | 23 (34%) | 43 (64%) | 0 (0%) | 1 (1%) | 0 (0%) |
| | | | | | | |
| | | Yes, comprehensive | Yes, partially | No, and plan to introduce during 2019-20 | No | |
| 5.4 | Is there a children and young people mental health electronic patient record (EPR) accessible from all service points - including remote clinics, emergency departments and at people's homes? | 10 (15%) | 31 (46%) | 5 (7%) | 21 (31%) | |
| | | | | | | |
| | | Yes, always | Yes, sometimes | No, never | Don't know | Not applicable (where appropriate) |
| 5.5 | Have all children and young people mental health staff received additional training and support to use the | 26 (39%) | 12 (18%) | 1 (1%) | 15 (22%) | 13 (19%) |

| | | | | | | |
|------|---|----------|----------|--------|---------|--------|
| | EPR and digital systems efficiently? | | | | | |
| 5.6a | Are there systems in place to ensure that data about children and young people's mental health can be shared securely as children and young people move around systems and between organisations? | 37 (55%) | 26 (39%) | 0 (0%) | 4 (6%) | 0 (0%) |
| 5.6b | Are there systems in place to ensure that data about children and young people's mental health can be shared securely as children and young people move to other geographic areas? | 30 (45%) | 28 (42%) | 2 (3%) | 7 (10%) | 0 (0%) |
| 5.7 | Do all required services in the area submit accurate data to the Mental Health Services Data Set (MHSDS)? | 37 (55%) | 29 (43%) | 0 (0%) | 1 (1%) | 0 (0%) |

6. Keeping children, young people, their parents, families and carers informed and involving them in their care

Our recommendation: “Services must stay in contact with children and young people and their parents, families and carers to keep them informed, and signpost them to alternative forms of support they can access to bridge the gap while they are waiting to access care. Once children and young people are accepted into services, they and their parents, families and carers must be involved in planning and making decisions about their care. Local Healthwatch should help to hold services to account by sharing the insights they have gathered about people’s experiences of care.”

Our comment on progress: We were concerned about the responses to questions 6.1.2 and 6.1.3, asking about the extent to which services were in touch with children and young people and relevant others while on waiting lists and while waiting for transition to other services. This practice is fundamental to identify and respond to changing risk while someone is waiting to access support. Risk levels can change from the point when original contact is made and an emerging risk may present a need to expedite an initial appointment or service transfer to manage safety and mitigate against a serious incident.

Responses indicated that 34% of services always stayed in contact with children and young people, their parents, families and carers while they waited for their initial appointment; with 61% staying in contact sometimes. Thirty-nine per cent always stayed in contact when children and young people were waiting for subsequent care or transition to other services; 61% did this sometimes.

This recommendation made a clear requirement for children and young people, their parents, families and carers to be involved in planning and making decisions about their care. Seventy-three per cent of health and wellbeing boards said that services always involved these parties in planning and decision-making around care and treatment, and 25% said this happened sometimes.

| Figures based on 67 respondents across all questions. | | | | | | |
|---|---|-------------|----------------|-----------|------------|------------------------------------|
| 6.1 | Do services in your local area stay in contact at all stages of care and treatment with children and young people and their parents, families and carers to keep them informed of updates/progress? | Yes, always | Yes, sometimes | No, never | Don't know | Not applicable (where appropriate) |
| 6.1.2 | While children and young people are waiting for their initial appointment? | 23 (34%) | 41 (61%) | 2 (3%) | 1 (1%) | 0 (0%) |

| | | | | | | |
|-------|--|-------------|----------------|-----------|------------|------------------------------------|
| 6.1.3 | While children and young people are waiting for subsequent care or transition to other services? | 26 (39%) | 41 (61%) | 0 (0%) | 0 (0%) | 0 (0%) |
| 6.1.4 | While children and young people are receiving in-patient care away from home? | 36 (54%) | 25 (37%) | 0 (0%) | 5 (7%) | 1 (1%) |
| | | | | | | |
| 6.2 | Are children and young people and their families/carers involved in the following? | Yes, always | Yes, sometimes | No, never | Don't know | Not applicable (where appropriate) |
| | Planning and decision making around care and treatment | 49 (73%) | 17 (25%) | 0 (0%) | 1 (1%) | 0 (0%) |
| | Design of service | 15 (22%) | 50 (75%) | 0 (0%) | 2 (3%) | 0 (0%) |
| | Staff recruitment | 9 (13%) | 53 (79%) | 2 (3%) | 3 (4%) | 0 (0%) |
| | Developing corporate strategy | 12 (18%) | 44 (66%) | 5 (7%) | 6 (9%) | 0 (0%) |
| | Service audit and Quality Improvement projects | 4 (6%) | 48 (72%) | 8 (12%) | 6 (9%) | 1 (1%) |
| | Design of complaints and feedback processes | 9 (13%) | 35 (52%) | 11 (16%) | 11 (16%) | 1 (1%) |
| | | | | | | |
| 6.3 | Does the engagement outlined above include all sections of the local community including: | Yes, always | Yes, sometimes | No, never | Don't know | Not applicable (where appropriate) |
| | Black and minority ethnic communities | 28 (42%) | 33 (49%) | 1 (1%) | 4 (6%) | 1 (1%) |
| | Lesbian, gay, bisexual and transgender children and young people | 29 (43%) | 35 (52%) | 0 (0%) | 2 (3%) | 1 (1%) |
| | Looked after children and care leavers | 31 (46%) | 35 (52%) | 0 (0%) | 1 (1%) | 0 (0%) |
| | Children with neurodevelopmental disorders or a learning disability | 26 (39%) | 37 (55%) | 2 (3%) | 2 (3%) | 0 (0%) |

7. Harnessing technology

Our recommendation: “Commissioners and providers should explore how technology can help to improve access to mental health support, particularly in areas where large distances and long travelling times make it harder for children and young people to attend appointments in person.”

Our comment on progress: Responses to this recommendation indicated that technology was largely being used some or all of the time: 33% were always exploring how technology could improve access to mental health support, and 58% were exploring this sometimes.

| Figures based on 67 respondents across all questions. | | | | | | |
|---|--|-------------|----------------|-----------|------------|------------------------------------|
| | | Yes, always | Yes, sometimes | No, never | Don't know | Not applicable (where appropriate) |
| 7.1 | Is there an option to hold appointments in flexible locations, e.g. non-clinical settings or online? | 9 (13%) | 58 (87%) | 0 (0%) | 0 (0%) | 0 (0%) |
| 7.2 | Are appointments available close to a young person's home? | 13 (19%) | 52 (78%) | 0 (0%) | 2 (3%) | 0 (0%) |
| 7.3 | Is there an online or phone booking system available for initial appointments? | 17 (25%) | 22 (33%) | 22 (33%) | 6 (9%) | 0 (0%) |
| 7.4 | Do commissioners and providers explore how technology can help to improve access to mental health support? | 22 (33%) | 39 (58%) | 3 (4%) | 3 (4%) | 0 (0%) |

8. Embedding mental wellbeing in school life – and valuing the importance of education

Our recommendation: “Schools must embed mental health promotion and positive mental wellbeing into every aspect of school life, learning from good practice and guidance. They must also allow their pupils to attend appointments with services to support their mental health. This should be overseen by school leaders, and Ofsted should strengthen its assessments of schools and academies to consider how effectively they respond to pupils’ mental health. Services that provide mental health support should also recognise the crucial importance of education in children and young people’s lives and offer flexible appointment times to minimise the amount of time a child or young person spends away from school or college.”

Our comment on progress: This recommendation reflected a clear need for schools to ensure that pupils could attend appointments with services to support their mental health. Twenty-five per cent of health and wellbeing board areas felt that schools always supported pupils with this, and 69% were in a position to do this sometimes. School leaders and Ofsted should continue to strengthen their assessment of how schools respond to pupils’ mental health needs. Twenty-one per cent of health and wellbeing boards felt there were always processes in place to provide mental health awareness sessions for parents, and 76% felt these were in place sometimes. Thirty-one per cent of respondents said that mental wellbeing awareness was always monitored by school leaders, and 63% said that it was monitored sometimes.

| Figures based on 67 respondents across all questions. | | | | | | |
|---|--|-------------|----------------|-----------|------------|------------------------------------|
| | | Yes, always | Yes, sometimes | No, never | Don't know | Not applicable (where appropriate) |
| 8.1 | Does the service have a clear, defined offer for routine mental healthcare appointments outside of normal (9-5) working hours? | 10 (15%) | 46 (69%) | 7 (10%) | 4 (6%) | 0 (0%) |
| 8.2 | Do schools support their pupils to attend appointments with services to support their mental health during school time? | 17 (25%) | 46 (69%) | 0 (0%) | 4 (6%) | 0 (0%) |
| 8.3a | Are there processes in place within your local area to understand how many education settings embed mental health promotion and positive | 32 (48%) | 31 (46%) | 2 (3%) | 2 (3%) | 0 (0%) |

| | | | | | | |
|------|---|----------|----------|--------|--------|--------|
| | mental wellbeing into every aspect of school life, learning from good practice and guidance? | | | | | |
| 8.3b | Are there processes in place within your local area to provide a whole school's approach to mental wellbeing? | 31 (46%) | 34 (51%) | 0 (0%) | 2 (3%) | 0 (0%) |
| 8.3c | Are there processes in place within your local area to provide awareness raising sessions to parents? | 14 (21%) | 51 (76%) | 2 (3%) | 0 (0%) | 0 (0%) |
| 8.4 | Is mental wellbeing awareness in schools overseen and monitored by school leaders? | 21 (31%) | 42 (63%) | 0 (0%) | 4 (6%) | 0 (0%) |

9. Supporting and valuing staff

Our recommendation: “Leaders and managers in local services must invest in staff training, prioritise their wellbeing, and promote a culture where staff feel supported, respected and valued. Professional bodies and trade unions must hold services to account for supporting their staff and promoting their wellbeing at work. Health Education England, NHS England and NHS Improvement must continue their work to introduce 19,000 new staff into the mental health system.”

Our comment on progress: This recommendation set out a clear requirement for an investment in staff training, wellbeing and support by leaders and managers. Fifty-two per cent of health and wellbeing boards responded that there was always training for staff working with children and young people to identify and support mental health needs; and 48% said there was training sometimes. We recommend that areas continue to strengthen support and training for staff, to support their work with children and young people and improve early identification and responses to children and young people with mental health needs.

| Figures based on 67 respondents across all questions. | | | | | | |
|---|---|-------------|----------------|-----------|------------|------------------------------------|
| | | Yes, always | Yes, sometimes | No, never | Don't know | Not applicable (where appropriate) |
| 9.1 | Children and young people’s mental health services have an active annual programme of review and investment in staff training? | 49 (73%) | 14 (21%) | 0 (0%) | 4 (6%) | 0 (0%) |
| 9.2 | Have leaders established ways of understanding whether staff feel supported? | 38 (57%) | 26 (39%) | 0 (0%) | 3 (4%) | 0 (0%) |
| 9.3 | Is there a programme to train people who work with children and young people in your local area to identify and support children and young people with mental health needs? | 35 (52%) | 32 (48%) | 0 (0%) | 0 (0%) | 0 (0%) |
| 9.4 | Are people who volunteer with children and young people in your local area trained in mental health awareness? | 14 (21%) | 42 (63%) | 0 (0%) | 9 (13%) | 2 (3%) |

| | | | | | | |
|------|--|----------|----------|---------|----------|--------|
| 9.5 | Are schools/colleges delivering sessions for parents to help their awareness of mental health issues and how they might appropriately support their children and young people? | 5 (7%) | 49 (73%) | 2 (3%) | 11 (16%) | 0 (0%) |
| 9.6a | Is information collected and shared with partners about the numbers of school /college staff and teachers who have received mental health awareness and support training? | 16 (24%) | 41 (61%) | 2 (3%) | 8 (12%) | 0 (0%) |
| 9.6b | Is information collected and shared with partners about the numbers of emergency services staff who have received mental health and support awareness training? | 4 (6%) | 32 (48%) | 7 (10%) | 23 (34%) | 1 (1%) |
| 9.6c | Is information collected and shared with partners about the numbers of GPs who have received mental health awareness and support training? | 12 (18%) | 32 (48%) | 7 (10%) | 16 (24%) | 0 (0%) |
| 9.6d | Is information collected and shared with partners about the numbers of other professionals who are in contact with children and young people who have received mental health awareness and support training? | 7 (10%) | 50 (75%) | 0 (0%) | 9 (13%) | 1 (1%) |

Our commitment: actions for the Care Quality Commission

In our 2018 report, we said that regulation and oversight needs to be more joined-up and it needs to consider the quality of care across whole systems.

We committed to two actions:

1. To ask Ofsted, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services and Her Majesty's Inspectorate of Probation to include a focus on mental health in the next Joint Targeted Area Inspection (JTAI) programme. This will allow us to work together across the four different regulators and inspectorates to build a shared understanding of how local systems support the mental health of children in some of the most vulnerable circumstances, and whether progress is being made to improve their care and support. This reflects the commitment we made in *The Five Year Forward View for Mental Health*.

Our comment on progress: As part of the JTAI programme, with Ofsted, HMI Constabulary and Fire & Rescue Services and HMI Probation, we are carrying out a thematic inspection of mental health services for children and young people. We have begun the programme of six multi-agency inspections, and an overview report of the findings will be published in 2021.

2. To improve the way we work with Ofsted through our joint assessments of how well education, social care and health services work together in partnership to identify those children and young people aged 0 to 25 who have special educational needs or disabilities and assess and meet their needs. We will do this by strengthening our focus on children and young people with mental health problems.

Our comment on progress: We have broadened the focus on mental health services for children and young people on our joint SEND inspections with Ofsted, from looking at CAMHS provision specifically, to looking at the broad range of service provision in an area, including early access to support.

Glossary of words and phrases used in this report

| Word / phrase | Definition |
|--|---|
| CAMHS | <p>Specialist child and adolescent mental health services (CAMHS) are provided by NHS trusts and independent health providers. Some children and young people need more intensive specialist care for their mental health problems. These services offer specialist care in the community (Tier 3), which is commissioned by clinical commissioning groups (sometimes with support from local authorities), and inpatient care (Tier 4), which is commissioned by NHS England. In this report, when we talk about these specialist services we refer to them as CAMHS. Some of these services are tailored to meet the needs of people with a particular diagnosis, such as autism or an eating disorder.</p> <p>It should be noted that children and young people’s mental health services are now moving away from the tiered model towards the iThrive model. Sixty per cent of the country is now covered by this model, which joins up services across health and social care.</p> |
| Clinical commissioning groups (CCGs) | Clinical commissioning groups (CCGs) commission most of the hospital and community NHS services in the health and wellbeing boards for which they are responsible. |
| Children and young people | Children and young people include anyone aged between 2 and 18 years, that lives, attends school/college, or uses health and social care services in England. |
| Children and Young People Mental Health Local Transformation Plans | The CYPMH Local Transformation plans were first set out in Future in Mind. They are transparent, organic living documents, locally developed by partnerships that include the NHS, local authority children’s services, the voluntary and third sector, education and justice agencies and children, young people and their families/carers. First published in in 2015, they are refreshed and republished each year. CYPMH Local Transformation set out the local offer and action plans on how the local area will work together to achieve the vision set out in Future in Mind and endorsed by the Five year Forward View for Mental Health. |
| Health and wellbeing board | Health and wellbeing boards bring into one forum representatives from health, social services and the local community to decide what the main public health needs of the local population are and to determine how best to meet them in an integrated and holistic manner. |
| Healthwatch | Healthwatch England is a statutory body whose purpose is to understand the needs, experiences and concerns of |

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| | people who use health and social care services and to speak out on their behalf. |
| Integrated care systems | An integrated care system is where NHS organisations in partnership with local councils and others take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. |
| Local Offer | The Local Offer is formed around one significant element of the Special Education Needs and Disability (SEND) reforms of 2014 to publish and make accessible a local offer setting out in one place information about provision they expect to be available for children and young people in their area who have special educational needs. |
| Neurodevelopmental disorders | Autism, autism spectrum disorder (ASD), and Asperger's are some of the neurodevelopmental disorders that tend to first appear during childhood and which affect someone's behaviour, social interactions and day-to-day functioning. |
| Sustainability and transformation partnership (STP) | STP stands for sustainability and transformation partnership. These are areas covering all of England, where local NHS organisations and councils drew up shared proposals to improve health and care in the areas they serve. |
| Third sector | Third sector is an umbrella term for voluntary and community organisations and social enterprises. |