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Mental health services for children and young people

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The Committee of Public Accounts

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Summary

In 2017–18 only three in ten children and young people with a mental health condition received NHS-funded treatment, and many more faced unacceptably long waits for treatment. The government has committed to providing ‘parity of esteem’ between mental and physical health services, but it is still unclear what it means by this in practice. It also has no comprehensive, long-term plan for how it will fulfil its commitment to implement Future in Mind, which set out a cross-sector vision for how to support children and young people’s mental health. There is now a welcome focus on improving NHS mental health services for children and young people, but there are still significant gaps in the data to monitor progress. Recently published figures have underlined the scale of the task faced: one in eight (12.8%) five to 19 year olds have a mental health disorder. There has also been a marked increase in the number of five to 15 year olds who suffer from an emotional disorder: the figure now stands at 5.8% in comparison to 3.9% in 2004. Work to increase mental health staff numbers and develop the right skills has also progressed more slowly than planned. The recurring issues with recruitment and retention of NHS staff remain unchanged and it is clear that the government’s inability to increase the number of mental health nurses is a roadblock to progress in this area. New and important ways of supporting young people’s mental health through prevention and early intervention, particularly in schools, are now being developed. The government must make urgent headway on all these fronts if it is to provide the mental health services and support that young people need.

Introduction

One in eight five to 19 year olds are thought to have a diagnosable mental health condition. According to a recent NHS survey, the number of five to 15 year olds with a mental disorder has increased over time: rising from 9.7% in 1999 and 10.1% in 2004 to 11.2% in 2017. Mental health issues affect the life chances of individuals in many ways, including their physical health, education and work prospects. The Department of Health & Social Care (the Department) is responsible for mental health policy. NHS England oversees the commissioning of NHS-funded services, either directly or through local clinical commissioning groups. In 2017–18 NHS England and local groups spent around £1 billion on children and young people’s mental health services. A range of other bodies—including in schools, public health, local authorities, social care and youth justice services—also have an important role to play in supporting children and young people’s mental health. Launched in March 2015, Future in Mind is the government’s cross-departmental vision for children and young people’s mental health services and support. Currently, a number of programmes take forward these ambitions, including: the NHS’s Five Year Forward View for Mental Health (the Forward View); the accompanying workforce development programme Stepping Forward to 2020/21 (Stepping Forward), led by Health Education England; and joint work by the Department and the Department for Education in response to Transforming Children and Young People’s Mental Health Provision: a Green Paper (the Green Paper).

Conclusions and recommendations

1. **Most young people with a mental health condition do not get the treatment they need, and under current NHS plans this will still be true for years to come, while many face unacceptably long waits for treatment.** The NHS's Five Year Forward View for Mental Health (Forward View) aims to increase the proportion of children and young people with a diagnosable mental health condition who access NHS-funded treatment from an estimated baseline of 25% to 35% by 2020–21: this would still leave two-thirds of young people in need without NHS treatment. Similarly, the Green Paper plans to introduce new mental health support in schools will only cover up to a quarter of the country by 2022–23. The NHS estimates that just 30.5% of children and young people with a diagnosable mental health condition accessed NHS-funded treatment in 2017–18. We heard numerous examples of families unable to access the treatment they need or having to wait too long for treatment. Preventing and intervening early in mental health conditions is thought to reduce the need for more specialist services and reduce future costs. Yet children and young people are being turned away from NHS services because their condition is not considered severe enough to warrant access to overstretched services. There is a clear risk that young people reach crisis point if they do not get help but the NHS has limited sight on what happens to children and young people turned away from NHS services.
2. **Recommendation: From April 2019 to April 2022, the Department and NHS England should provide annual updates to the Committee on:**
 - *the number of young people who:*
 - *request or are referred for treatment (i.e. number of young people who request a CAMHS appointment);*
 - *whose requests/referrals are accepted; and*
 - *who subsequently receive treatment, and how long they had to wait;*
 - *the proportion of young people with a diagnosable condition who receive NHS-funded mental health services;*
 - *waiting times across the range of children and young people's mental health services; and*
 - *progress in implementing and evaluating the pilot schemes for the Mental Health Support Teams in schools.*

The first update should also include current understanding of the financial and human cost, and longer-term impacts, of providing no, or delayed, treatment for children and young people, and the steps being taken by the Department and NHS England to address these impacts.

3. **Getting the right workforce in place is the biggest barrier to the government's ambitions for children and young people's mental health services.** NHS England says that workforce is the single biggest risk to achieving its Forward View ambitions, and other stakeholders have raised similar concerns. Health Education England has limited information to develop its mental health workforce plan, which include an ambition to increase the children and young people's mental health workforce of around 11,300 by a further 4,500 staff. It still has no data specifically for the children and young people's mental health workforce to measure progress against expansion plans. Available data on the overall mental health workforce suggests little change in numbers since Future in Mind was published in March 2015, with just a 1% increase overall between April 2015 and September 2017. Given the length of training times (a minimum of three to four years), Health Education England's short-term focus is on retaining current staff and re-recruiting staff who have left the NHS. It estimates that, if the retention of nurses had remained at the 2012 level, then 50% of current nursing vacancies would not exist today. A range of factors, for example the removal of the nursing bursary and the cost of living in some areas, are affecting both recruitment and retention. In addition to increasing numbers, there are challenges in increasing the skill set of the existing workforce: for example, the Royal College of Nursing says that the removal of continuing professional development for nurses has made it harder to provide them with mental health training.
4. **Recommendation:** *As part of the annual update to the Committee, the Department, NHS England and Health Education England should report on its progress in expanding the children and young people's mental health workforce, setting out any changes they may have made to plans or targets and knock-on effects to other parts of the Five Year Forward View. It should also include an update on recruitment and retention rates for the mental health workforce and make an assessment on any knock-on effect on other professions e.g. nursing and midwifery.*
5. **Tackling mental health issues among children and young people requires significant cross-departmental co-operation, but current approaches do not ensure that this co-operation happens in practice.** The government is committed to delivering the cross-departmental vision set out in Future in Mind but has not set out the actions and budget required to deliver it in full, or any measurable objectives or targets. In practice a number of separate work programmes, largely NHS-led, are implementing parts of Future in Mind. There are no cross-departmental accountability arrangements in place for delivering it, or for children and young people's mental health support more generally. The Department does not intend to revisit Future in Mind when planning future improvements for children and young people's mental health services, although NHS England is developing a ten-year plan which is likely to prioritise mental health services for children and young people. The Department does not intend to create a corresponding cross-departmental plan but says it will instead take a similar approach to its joint working on the Green Paper with the Department for Education, working on a one-to-one basis with at least five departments. It is not clear how certain cross-departmental issues, for example housing for mental health staff, will be addressed.

6. **Recommendation:** *By April 2019, the Department should lead on co-ordinating a comprehensive, practical and long-term cross-departmental plan which sets out how the government will achieve the improvements to children and young people's services and support, as envisaged in Future in Mind. This does not need to be delivered as a single programme of work but should clearly set out what each department is responsible for and be specific enough to hold the contributing departments to account for the delivery of the plan.*

7. **Action to improve prevention and early intervention, which are vital in tackling mental health problems among children and young people, have been slower than work to improve NHS treatment.** Preventing mental health conditions, or tackling them earlier, is thought to be better for young people and their families and more cost effective since it can reduce the need for more intensive services later. However, many areas of government that provide preventative or early intervention services, for example schools and local government, face significant funding challenges and so have reduced non-statutory support in recent years. For example, the number of school nurses, who are local authority-funded, has declined significantly, despite the fact that NHS England sees them as important to the mental health system. There is limited information about what support is available outside the health sector or understanding about the impact of cuts to such support on the demand for NHS services. A further challenge to implementing prevention and early intervention initiatives is the limited knowledge about which approaches are most effective. The Green Paper aims to improve prevention and early intervention but, as it will only be rolled out from 2019, this will come too late to make a significant difference to the current programme to improve NHS services.

8. **Recommendation:** *As part of its cross-government planning, the government, led by the Department, should prioritise specific improvements in prevention and early intervention, including, and in addition to, the work currently being undertaken on the outcomes of the Green Paper, taking an evidence-based approach. They should also monitor changes in other departments policies (for example, the Ministry of Housing, Communities and Local Government and the Department for Work and Pensions) to anticipate their impact on children's mental health.*

9. **The NHS has committed to achieving 'parity of esteem' between mental and physical health services, but has not defined what the practical, meaningful outcomes are in terms of access to services, waiting times, or patient outcomes.** For example, it has not yet determined what percentage of young people in need would access mental health services under full 'parity'. So far, the Department and NHS England have taken a pragmatic approach to identify what they think they can achieve with available funding, rather than considering what improvements are required to support all children and young people in need of mental health support. New estimates, published in November 2018, show that the number of children and young people (five to 15 year olds) with a mental health condition increased from 10.1% in 2004 to 11.2% in 2017. This will impact how long it will take and cost to achieve full 'parity of esteem' between physical and mental health. The NHS will be producing its ten-year plan by the end of 2018 and mental health services for children and young people is expected to be one of the priorities in this plan.

10. **Recommendation:** *In or alongside its ten-year plan, the NHS must set out clearly what it wants to achieve for children and young people’s mental health services, including defining clearly what ‘parity of esteem’ means in practice, the criteria it will use to measure progress and what data/information it requires.*
11. **Significant data weaknesses hamper the NHS’s understanding of progress against its current improvement programmes.** At the start of the Forward View, the NHS lacked the necessary baseline information to measure progress against its plans, for example, on the number of children and young people receiving NHS treatment. The NHS intended that the new Mental Health Services Data Set would provide much of this information but this is behind schedule: for example, reliable data on patient outcomes are not expected until 2019. NHS England commissioned a one-off data collection for 2017–18 to understand how many children and young people were accessing NHS services, but it still does not have the data to understand growth rates in patient access to services. It now intends to repeat the one-off collection for 2018–19. In 2014 and 2015, the government committed to providing an additional £1.4 billion of funding specifically to transform children and young people’s mental health services, but a lack of reliable financial data up to 2016–17 means that NHS England cannot be sure that clinical commissioning groups spent all their additional funding as intended. It has since worked to improve financial information and spending controls, and gave us its commitment to ensuring that the £1.4 billion will be spent as intended by 2020–21.
12. **Recommendation:** *By April 2019, the NHS should set out to the Committee what arrangements are in place to collect the data it needs to:*
- *set up a robust baseline, and monitor progress on children and young people’s mental health services in the ten-year plan for the NHS;*
 - *reliably measure patient outcomes; and*
 - *fully evaluate approaches in the Green Paper pilot areas to inform the national roll-out of services, including information from outside the NHS.*

1 Current NHS performance

1. On the basis of a Report by the Comptroller and Auditor General, we took evidence from the Department of Health & Social Care (the Department), NHS England and Health Education England on mental health services for children and young people. We also took evidence from the Royal College of Nursing, NHS Providers, the Children and Young People's Mental Health Coalition and the Children's Commissioner for England.¹

2. NHS survey figures, published in November 2018, estimate that one in eight (12.8% of) five to 19 year olds have a mental health disorder. The figures showed that the number of five to 15 year olds with a mental disorder has increased over time: rising from 9.7% in 1999 and 10.1% in 2004 to 11.2% in 2017. There has also been a marked increase in the number of five to 15 year olds who suffer from an emotional disorder: the figure now stands at 5.8% in comparison to 3.9% in 2004.² More than half of all mental ill-health starts before the age of 14 and three-quarters has developed by the age of 18. Mental health issues affect the life chances of affected individuals in many ways, including their physical health, education and work prospects, their chances of committing a crime and even how long they live. Despite this only three in ten children and young people with a diagnosable mental health condition received NHS treatment in 2017–18.³

3. The Department is responsible for mental health policy. NHS England oversees the commissioning of NHS-funded services, either directly or through local clinical commissioning groups. In 2017–18 NHS England and clinical commissioning groups spent around £1 billion on children and young people's mental health services. A range of other bodies—including in schools, public health, local authorities, social care and youth justice services—also have an important role to play in supporting children and young people's mental health.⁴ In March 2015, the government set out its cross-departmental vision for children and young people's mental health services and support in Future in Mind. The main programmes currently taking forward Future in Mind's ambitions include: the NHS's Five Year Forward View for Mental Health (the Forward View); the accompanying workforce development programme Stepping Forward to 2020/21 (Stepping Forward), led by Health Education England; and joint work by the Department and the Department for Education in response to Transforming Children and Young People's Mental Health Provision: a Green Paper (the Green Paper). The latter commits a further £300 million, and has a focus on developing the links between schools and health services.⁵

Access to NHS mental health services for children and young people

4. Services for children and young people with a mental health condition will not reach most of those who need help. The Children and Young People's Mental Health Coalition and the Children's Commissioner for England told us that NHS services are turning away many children and young people because their condition is not considered severe enough to warrant access to overstretched services, even though it can later deteriorate to a point of crisis. This corroborates other evidence from a number of MPs who gave us examples of

1 Report by the Comptroller and Auditor General, [Improving children and young people's mental health services](#), Session 2017–19, HC 1618, 9 October 2018

2 NHS Digital, [Mental Health of Children and Young People in England, 2017 \[PAS\]](#), 22 November 2018

3 [C&AG's Report](#), para 1.6–1.7, 2.6

4 [C&AG's Report](#), para 1.8, 3.18, figure 18

5 [C&AG's Report](#), para 3, 1.10, 3.4, figure 4

problems their constituents have experienced in accessing treatment, either waiting a very long time or not yet getting treatment.⁶ These problems in getting treatment are occurring despite the fact that intervening early in, or preventing, mental health conditions is thought to reduce the need for more specialist services and reduce future costs.⁷ Added to this, it is difficult to know what happens to these children after they are denied access to treatment. The Children and Young People’s Mental Health Coalition told us it was concerned that, in many cases, when a young person was turned away by NHS services because their condition did not meet the threshold for treatment, those services did not direct them to other services that might be of help.⁸

5. The NHS’s Forward View programme aims to increase the proportion of children and young people with a diagnosable mental health condition who receive NHS-funded treatment, from 25% in 2016–17 to 35% by 2020–21. It estimates that this equates to an increase of 70,000 children and young people accessing services per year, by 2020–21. For 2017–18, the NHS reported that it was on track to meet this target, with 30.5% of children and young people with a diagnosable mental health condition accessing NHS-funded treatment.⁹ However even if the 2020–21 target is reached, two-thirds of children will not have access to such treatment.

6. The Green Paper sets out how the government will improve mental health support in schools. Two key elements are: new senior mental health leads in schools and mental health support teams.¹⁰ The latter support teams will require a new (NHS-funded) workforce, who will work closely with schools and deliver interventions to address mild and moderate mental health conditions, under the supervision of NHS staff. These proposals have not yet been implemented and the government intends to begin ‘trailblazer’ pilots, covering 25 areas and 59 new support teams, in 2019.¹¹ The Department estimates that the initial pilots will cover approximately 5.8% of children and young people in England.¹² Like the Forward View, the Green paper work only covers a minority of children and young people who may benefit from help; the government expects the proposals to be rolled out across 20% to 25% of England, by 2022–23.¹³

7. In terms of early-year strategies (covering zero to five year olds) for mental health, NHS England told us that it commissions mental health services “across the life course” and, in collaboration with Health Education England, has developed a competency-based education programme for early-years practitioners.¹⁴ We note in particular that a great deal of onus is being placed on local authorities, who are themselves under funding pressures.¹⁵ The Department highlighted that local authorities are responsible for commissioning prevention and early intervention services for zero to five year olds. It also stated that the NHS has “promoted joined-up working between clinical commissioning groups and local

6 Qq2, 12, 15, 28, 68, 75, 85, 163, 238–239

7 Qq28–29, 43–44, 85, 116; [C&AG’s Report](#), para 1.16, 2.28; Children and Young People’s Mental Health Coalition ([MHS0001](#)) para 2.3, 2.4

8 Qq12–14, 19, 123–125

9 [C&AG’s Report](#), para 2.4–2.6, figure 8

10 A third element is trialling a new four-week waiting time standard for children and young people’s specialist mental health services

11 [Letter from the Department of Health & Social Care](#), para 6, 19 November 2018

12 [Letter from the Department of Health & Social Care](#), para 7, 19 November 2018

13 Q97, [C&AG’s Report](#), para 1.10, 2.23, figure 4

14 [Letter from the Department of Health & Social Care](#), para 18, 19 November 2018

15 Qq29, 99, 100

authorities to deliver early years services” through the annual local transformation plans for children and young people’s mental health services, which were introduced in 2015.¹⁶ These transformation plans, however, have very limited national oversight.¹⁷

Workforce

8. NHS England told us that ‘getting the workforce right’ was the single biggest risk to achieving its Forward View ambitions. Other stakeholders, including the Royal College of Nursing, the Royal College of Psychiatrists and the British Association for Counselling and Psychotherapy, have also raised concerns with us about the workforce for children and young people.¹⁸ Health Education England leads the main mental health workforce strategy (Stepping Forward) which supports the Forward View. Stepping Forward includes an ambition to increase the children and young people’s mental health workforce from 11,300 full time equivalent staff in 2016–17 to 15,800 full time equivalent staff by 2020–21. This planned increase of 4,500 staff was to include 200 additional doctors and 1,200 additional nurses. It also covered both staff employed directly by the NHS and staff providing NHS-funded services but not employed directly by the NHS. However, Health Education England had very limited information when it developed this plan, particularly on the staff not directly employed by the NHS, and it still has no reliable data specifically for the children and young people’s mental health workforce. This means that it is unable to measure progress against expansion plans.¹⁹

9. Available data on the overall mental health workforce (not just the children and young people’s mental health workforce) suggest there has been little change in numbers since Future in Mind was published. Between April 2015 and September 2017, there was a 1% increase in the whole mental health workforce, with some variation between different groups of staff: for example, a 2% decrease in mental health nurses, but an 8% increase in therapeutic staff, such as psychologists. Health Education England told us that the number of mental health nurses had been falling until last year, when there was an increase of 250 nurses. It hopes that this represents the end of the longer-term decline in numbers but acknowledges the increase is very small. Health Education England claimed that the number of people starting registered nurse training programmes for mental health increased by 13% between 2013–14 and 2017–18. It also told us that it had launched a new trainee nursing associate role, with 14% of all trainee nursing associates working in mental health (although Health Education England does not know how many of these are in children and young people’s mental health services). We have not seen evidence supporting either of these statistics. The Royal College of Nursing told us there was a ‘huge shortage of nurses’ in mental health.²⁰

10. Health Education England told us that, given the time needed to train staff (a minimum of three to four years), its short-term focus was on retaining current staff and re-recruiting staff who have left the NHS. It told us that if the retention of all nurses had remained at the 2012 level then 50% of current nursing vacancies would not exist today.

16 [Letter from the Department of Health & Social Care](#), para 19, 19 November 2018

17 [C&AG’s Report](#), para 3.4, 3.6

18 Qq29, 175; [C&AG’s Report](#), para 2.19; [Royal College of Psychiatrists’ Budget 2018 briefing](#), pp 2–3; The British Association for Counselling and Psychotherapy ([MHS0003](#))

19 [C&AG’s Report](#), para 2.13, 2.16, figure 10

20 Qq29, 73, 196–198; [C&AG’s Report](#), figure 4, para 2.18

Health Education England told us that, as part of these efforts, it was running a return-to-practice programme that had brought 5,000 nurses back into training to return to nursing, although it did not know how many of these were mental health nurses.²¹

11. NHS England and Health Education England told us that many factors, including some outside the control of the NHS, are affecting both recruitment and retention. The removal of the nursing bursary may have an impact on the recruitment of mental health nurses. It has coincided with fewer mature students entering undergraduate nursing training, and historically older students have been more likely to specialise in mental health nursing. Health Education England also believes the higher cost of living in London and the South of England means it is harder to recruit there than it is in the North of England. NHS England also told us that under current pension rules, mental health nurse matrons can incur tax penalties on their pension by the age of 55, and therefore have an incentive to retire early.²²²³ In addition to maintaining and increasing staff numbers, there are challenges in increasing the skill set of the existing workforce. For example, the Royal College of Nursing told us the removal of continuing professional development for nurses has made it harder to provide non-mental health nurses with basic mental health training.²⁴

21 Qq203–205; [Letter from the Department of Health & Social Care](#), para 3, 19 November 2018

22 This arises because mental health staff can be eligible for mental health officer status. After 20 years of mental health officer status, pension benefits accrue at double the existing rate.

23 Qq200, 206–208, 220–221

24 Qq29–32

2 Cross-departmental working

Arrangements for cross-departmental working

12. Future in Mind, the government's vision for children and young people's mental health services, contains 49 proposals, made by a commissioned taskforce and accepted by the government. The strategy identifies a range of bodies across government as having an important role in delivering these proposals. The government has initiated a number of work programmes intended to help take forward Future in Mind although these do not deliver it in full. It has not defined what actions and budget it would need to implement each proposal in full, nor has it set quantified targets for the delivery of each proposal. There is no single governance structure for the delivery of Future in Mind, or for supporting children and young people's mental health more generally. With the exception of the Green Paper (a joint initiative led by the Department and the Department for Education) the main work programmes taking forward Future in Mind are all led by the NHS.²⁵

13. The Department told us it does not intend to use Future in Mind as the basis of its future plans to improve services and support for children and young people's mental health. NHS England is developing its ten-year plan which is likely to prioritise mental health services for children and young people within the NHS, but the Department is not preparing a corresponding cross-departmental plan. Instead, the Department told us it would take a similar approach to its joint working on the Green Paper with the Department for Education; working on a one-to-one basis with at least five departments. However, it is not clear how some cross-departmental issues affecting children and young people's mental health services will be addressed, for example affordable housing for staff.²⁶

Prevention and early intervention

14. Preventing mental health conditions, or addressing them earlier, is thought to be better for young people and their families and more cost effective since it can reduce the need for more intensive services later on. Many areas of government that provide preventative or early intervention services sit outside the health sector, for example schools and local government. However, these face significant funding challenges and many bodies have reduced non-statutory support in recent years. One example of this, given by the Royal College of Nursing, is the significant decline in the number of school nurses (which are local authority-funded). The Royal College of Nursing told us that school nurses are ideally placed to support children and young people's mental health in schools because of their training in child development. The number of school nurses has declined (falling by 16% between April 2015 and January 2018) despite the fact that NHS England sees them as an important part of the mental health system.²⁷

15. There is limited information about what mental health support is available for children and young people outside the health sector, and limited understanding about the impact of reductions to such support on the demand for NHS services. NHS England told us it

25 Q232; [C&AG's Report](#), para 1.10–1.11, 1.13, 3.18–3.19, figures 4, 5, 18

26 Qq85, 88, 121–122, 154–155, 222–238; [C&AG's Report](#), para 1.13, figure 1; [Letter from the Department of Health & Social Care](#), para 2, 19 November 2018

27 Qq 2, 7, 11, 28–29, 33, 36, 43–46, 86, 89, 100–111, 124, 126–133, 149; [C&AG's Report](#), para 1.15, 2.27–2.28, 3.22–3.24, figures 3, 18; Children and Young People's Mental Health Coalition ([MHS0001](#)) para 2.3, 2.4

is working with the Children's Commissioner and others to improve its understanding. A further challenge to implementing prevention and early intervention initiatives is the limited knowledge about which approaches are effective. Under its Green Paper proposals, the government aims to improve prevention and early intervention and the Department told us it will test what school-based approaches work best, and whether they reduce the demand for more specialist NHS services. But since it will only start to roll out services from 2019, this will come too late to make a significant difference to the current programme to improve NHS services.²⁸

28 Qq89, 149–151; [C&AG's Report](#), para 1.15–1.16, 2.27–2.28, 3.22–3.24; [Letter from the Department of Health & Social Care](#), para 5, 19 November 2018

3 Future NHS plans

Parity of esteem

16. The government has acknowledged that, prior to 2011, mental health services had been seen as of secondary importance to physical health services. However, as set out in the Health and Social Care Act 2012 and the NHS Constitution, the government has committed to providing ‘parity of esteem’ for mental health and physical health services. This means that mental health is valued as much as physical health, though that does not necessarily equate to equal funding and staff numbers. In fact, the government has not specified what achieving full ‘parity of esteem’ would mean in practice, for example in terms of patient access to services, waiting times or patient outcomes. The Forward View sets the ambition for 35% of children and young people with a diagnosable mental condition to access NHS-funded treatment by 2020–21. But neither the Department nor the NHS have specified what percentage would access services under full ‘parity of esteem’.²⁹

17. The Department and NHS England have taken a pragmatic approach to identify what they think they can achieve with available funding, rather than considering what long-term improvements are required to support all children and young people in need of mental health support. New estimates, published in November 2018, show that the number of children and young people (five to 15 year olds) with a mental health condition increased from 10.1% in 2004 to 11.2% in 2017.³⁰ This will impact how long it will take and cost to achieve full ‘parity of esteem’ between physical and mental health. For example, the National Audit Office estimated that, if prevalence was 50% higher than the 2004 estimate, the NHS would either need to treat an additional 186,000 young people over and above current planned, to meet its present target of treating 35% with a mental health condition; or else it would need to reduce its target (as indicated in the Forward View). In either case, there would be implications for the workforce, time, and money required to achieve ‘parity of esteem’ with physical health services.³¹ The NHS expects to publish a new ten-year plan in December 2018 and the recent budget suggested that there will be at least £2 billion additional funding earmarked for mental health services. NHS England did not specify how much of this will be allocated to children and young people’s services but expected that those services will be one of the priorities in its plan.³²

Data weaknesses

18. At the start of the Forward View, the NHS lacked the necessary baseline information to measure progress against its plans. For example, two important targets in the Forward View were to treat an additional 70,000 children and young people per year by 2020–21 (compared to 2014–15) and an associated target to increase the access rate (i.e. the proportion of children and young people with a mental health condition who receive treatment) from 25% to 35% by 2020–21. However, there was no robust national data collection for 2014–15, so the NHS has not been able to report progress directly against the number of additional children and young people treated. Instead it focuses on achieving

29 Q 84–90; [C&AG’s Report](#), para 1.3, 1.5

30 NHS Digital, [Mental Health of Children and Young People in England, 2017 \[PAS\]](#), 22 November 2018

31 Qq 34, 89, 154, [C&AG’s Report](#), para 1.4, 1.12, 1.15, figure 6

32 Qq 79, 85, 88–89, 121–122, 243–244; [C&AG’s Report](#), figure 1

the access rate target, assuming that if it achieves its access rate target it will also achieve its target to treat an additional 70,000 children and young people. However, this assumption may not hold, since calculations of the two targets are based on different estimates of the number of children and young people who require treatment.³³

19. NHS Digital introduced the new Mental Health Services Data Set in January 2016. It is designed to be the first-ever comprehensive data set that includes children and young people's mental health services. The NHS intended that this data set would provide much of the information it needed to understand progress against key objectives, including providing the number of children and young people accessing services from December 2016. However, the data set is behind schedule in providing reliable data and is still classified as experimental. Reflecting that the dataset was incomplete, NHS England and NHS Digital had to undertake a one-off data collection for 2017–18 to understand how many children and young people were accessing NHS services. NHS England still does not have the data to understand growth rates in patient access to services. It now intends to repeat the one-off collection for 2018–19 so that it will have comparable data for 2017–18 and 2018–19. The Mental Health Services Data Set is also behind schedule in providing other important information. For example, the NHS had expected to have reliable data to monitor patient outcomes in 2018–19, but now expects this in April 2019.³⁴

20. Going forward, NHS England told us the Green Paper will test which prevention and early intervention services in schools are effective, including how they impact on the demand for more specialist NHS services. Since these new services are only being rolled out across 20–25% of England at the pilot stage, it will be important that these pilots are set up from the start to generate sufficient data to inform the approach towards a later roll-out for the rest of the country.³⁵

21. In 2014 and 2015 the government committed to providing an additional £1.4 billion of funding to transform children and young people's mental health services. In the Forward View, the NHS set out its intention to invest £1.4 billion in these services in addition to existing investment, largely through clinical commissioning groups. However, a lack of reliable financial data up to 2016–17 means that NHS England cannot be sure that clinical commissioning groups spent all the additional funding provided for children and young people's mental health services as intended, prior to 2017–18. Since 2015–16, NHS England has worked to improve data on clinical commissioning groups expenditure on children and young people's mental health services, by clarifying guidance and carrying out more intensive quality checks. It considers 2017–18 expenditure data to be much more reliable. From 2018–19 NHS England expects clinical commissioning groups to spend additional funding provided for children and young people's mental health services on those services; and will monitor this as part of its annual planning process. Despite the uncertainty over expenditure prior to 2017–18, NHS England gave us its commitment that it would ensure that all the £1.4 billion committed to children and young people's services will be spent as intended by 2020–21.³⁶

33 [C&AG's Report](#), para 2.4–2.5, figure 8

34 Qq160–162, 184–187; [C&AG's Report](#), para 11, 2.4–2.6, 2.8, 3.10–3.11, 3.14–3.17, figure 8

35 Qq89, 149–151; [C&AG's Report](#), para 1.15–1.16, 2.27, 3.22–3.24

36 Qq188–194; [C&AG's Report](#), 1.10, 3.7, 3.11–3.12, figure 15

Formal minutes

Monday 17 December 2018

Members present:

Meg Hillier, in the Chair

Sir Geoffrey Clifton-Brown	Stephen Morgan
Chris Davies	Anne Marie Morris
Chris Evans	Bridget Phillipson
Caroline Flint	Lee Rowley
Shabana Mahmood	Gareth Snell
Nigel Mills	Anne-Marie Trevelyan

Draft Report (*Mental health services for children and young people*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 21 read and agreed to.

Introduction agreed to.

Conclusions and recommendations agreed to.

Summary agreed to.

Resolved, That the Report be the Seventy-Second of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Wednesday 9 January at 2:00pm]

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Wednesday 31 October 2018

Dame Professor Donna Kinnair, Acting Chief Executive and General Secretary, Royal College of Nursing, **Saffron Cordery**, Deputy Chief Executive, NHS Providers, **Kadra Abdinisir**, Strategic Lead, Children and Young People's Mental Health Coalition, and **Anne Longfield**, Children's Commissioner, Office of the Children's Commissioner for England

[Q1-78](#)

Sir Chris Wormald, Permanent Secretary, Department of Health and Social Care, **Simon Stevens**, Chief Executive, and **Claire Murdoch**, National Mental Health Director, NHS England, and **Professor Ian Cumming**, Chief Executive, Health Education England

[Q79-244](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

MHS numbers are generated by the evidence processing system and so may not be complete.

- 1 British Association for Counselling and Psychotherapy ([MHS0003](#))
- 2 Children and Young People's Mental Health Coalition ([MHS0001](#))
- 3 NHS Clinical Commissioners ([MHS0005](#))
- 4 NHS Providers ([MHS0002](#))
- 5 NHS Providers ([MHS0007](#))
- 6 Shire ([MHS0006](#))
- 7 Stonewall ([MHS0004](#))

List of Reports from the Committee during the current Parliaments

All publications from the Committee are available on the [publications page](#) of the Committee's website. The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

Session 2017–19

First Report	Tackling online VAT fraud and error	HC 312 (Cm 9549)
Second Report	Brexit and the future of Customs	HC 401 (Cm 9565)
Third Report	Hinkley Point C	HC 393 (Cm 9565)
Fourth Report	Clinical correspondence handling at NHS Shared Business Services	HC 396 (Cm 9575)
Fifth Report	Managing the costs of clinical negligence in hospital trusts	HC 397 (Cm 9575)
Sixth Report	The growing threat of online fraud	HC 399 (Cm 9575)
Seventh Report	Brexit and the UK border	HC 558 (Cm 9575)
Eighth Report	Mental health in prisons	HC 400 (Cm 9575) (Cm 9596)
Ninth Report	Sheffield to Rotherham tram-trains	HC 453 (Cm 9575)
Tenth Report	High Speed 2 Annual Report and Accounts	HC 454 (Cm 9575)
Eleventh Report	Homeless households	HC 462 (Cm 9575) (Cm 9618)
Twelfth Report	HMRC's Performance in 2016–17	HC 456 (Cm 9596)
Thirteenth Report	NHS continuing healthcare funding	HC 455 (Cm 9596)
Fourteenth Report	Delivering Carrier Strike	HC 394 (Cm 9596)
Fifteenth Report	Offender-monitoring tags	HC 458 (Cm 9596)
Sixteenth Report	Government borrowing and the Whole of Government Accounts	HC 463 (Cm 9596)
Seventeenth Report	Retaining and developing the teaching workforce	HC 460 (Cm 9596)

Eighteenth Report	Exiting the European Union	HC 467 (Cm 9596)
Nineteenth Report	Excess Votes 2016–17	HC 806 (Cm 9596)
Twentieth Report	Update on the Thameslink Programme	HC 466 (Cm 9618)
Twenty-First Report	The Nuclear Decommissioning Authority's Magnox	HC 461 (Cm 9618)
Twenty-Second Report	The monitoring, inspection and funding of Learndirect Ltd.	HC 875 (Cm 9618)
Twenty-Third Report	Alternative Higher Education Providers	HC 736 (Cm 9618)
Twenty-Fourth Report	Care Quality Commission: regulating health and social care	HC 468 (Cm 9618)
Twenty-Fifth Report	The sale of the Green Investment Bank	HC 468 (Cm 9618)
Twenty-Sixth Report	Governance and departmental oversight of the Greater Cambridge Greater Peterborough Local Enterprise Partnership	HC 896 (Cm 9618)
Twenty-Seventh Report	Government contracts for Community Rehabilitation Companies	HC 897 (Cm 9618)
Twenty-Eighth Report	Ministry of Defence: Acquisition and support of defence equipment	HC 724 (Cm 9618)
Twenty-Ninth Report	Sustainability and transformation in the NHS	HC 793 (Cm 9618)
Thirtieth Report	Academy schools' finances	HC 760 (Cm 9618)
Thirty-First Report	The future of the National Lottery	HC 898 (Cm 9643)
Thirty-Second Report	Cyber-attack on the NHS	HC 787 (Cm 9643)
Thirty-Third Report	Research and Development funding across government	HC 668 (Cm 9643)
Thirty-Fourth Report	Exiting the European Union: The Department for Business, Energy and Industrial Strategy	HC 687 (Cm 9643)
Thirty-Fifth Report	Rail franchising in the UK	HC 689 (Cm 9643)
Thirty-Sixth Report	Reducing modern slavery	HC 886 (Cm 9643)
Thirty-Seventh Report	Exiting the European Union: The Department for Environment, Food & Rural Affairs and the Department for International Trade	HC 699 (Cm 9643)
Thirty-Eighth Report	The adult social care workforce in England	HC 690 (Cm 9667)
Thirty-Ninth Report	The Defence Equipment Plan 2017–2027	HC 880 (Cm 9667)

Fortieth Report	Renewable Heat Incentive in Great Britain	HC 696 (Cm 9667)
Forty-First Report	Government risk assessments relating to Carillion	HC 1045 (Cm 9667)
Forty-Second Report	Modernising the Disclosure and Barring Service	HC 695 (Cm 9667)
Forty-Third Report	Clinical correspondence handling in the NHS	HC 929
Forty-Fourth Report	Reducing emergency admissions	HC 795
Forty-Fifth Report	The higher education market	HC 693
Forty-Sixth Report	Private Finance Initiatives	HC 894
Forty-Seventh Report	Delivering STEM skills for the economy	HC 691
Forty-Eighth Report	Exiting the EU: The financial settlement	HC 973
Forty-Ninth Report	Progress in tackling online VAT fraud	HC 1304
Fiftieth Report	Financial sustainability of local authorities	HC 970
Fifty-First Report	BBC commercial activities	HC 670
Fifty-Second Report	Converting schools to academies	HC 697
Fifty-Third Report	Ministry of Defence's contract with Annington Property Limited	HC 974
Fifty-Fourth Report	Visit to Washington DC	HC 1404
Fifty-Fifth Report	Employment and Support Allowance	HC 975
Fifty-Sixth Report	Transforming courts and tribunals	HC 976
Fifty-Seventh Report	Supporting Primary Care Services: NHS England's contract with Capita	HC 698
Fifty-Eighth Report	Strategic Suppliers	HC 1031
Fifty-Ninth Report	Skill shortages in the Armed Forces	HC 1027
Sixtieth Report	Ofsted's inspection of schools	HC1029
Sixty-First Report	Ministry of Defence nuclear programme	HC 1028
Sixty-Second Report	Price increases for generic medications	HC 1184

Sixty-Third Report	Interface between health and social care	HC 1376
Sixty-Fourth Report	Universal Credit	HC 1375
Sixty-Fifth Report	Nuclear Decommissioning Authority	HC 1375
Sixty-Sixth Report	HMRC's performance in 2017–18	HC 1526
Sixty-Seventh Report	Financial Sustainability of police forces in England and Wales	HC 1513
Sixty-Eighth Report	Defra's progress towards Brexit	HC 1514
Sixty-Ninth Report	Sale of student loans	HC 1527
Seventieth Report	Department for Transport's implementation of Brexit	HC 1657
Seventy-First Report	Department for Health and Social Care accounts	HC 1515
First Special Report	Chair of the Public Accounts Committee's Second Annual Report	HC 347
Second Special Report	Third Annual Report of the Chair of the Committee of Public Accounts	HC 1399