



National Audit Office

Report

by the Comptroller
and Auditor General

**Department of Health & Social Care, NHS England
and Health Education England**

Improving children and young people's mental health services

Key facts

49

proposals in *Future in Mind*, the government's 2015 strategy to improve children and young people's mental health services

10%

proportion of five- to 16-year-olds who have a mental health condition, as estimated by a 2004 national survey

10%

NHS England's target percentage point increase in the proportion of children and young people with a diagnosable mental health condition who access treatment (from 25% to 35%)

30.5%

estimate of the access rate at the end of 2017-18, based on a one-off data collection from clinical commissioning groups, against an interim target of 30%, as published in the *Five Year Forward View for Mental Health* (Forward View)

70,000

Forward View target for the additional number of children and young people accessing mental health services per year by 2020-21, although no reliable national information is available on progress directly against this target

4,500

Stepping Forward to 2020/21 ambition to increase the children and young people's mental health workforce (full-time equivalent) between 2016 and 2021; this covers NHS and non-NHS staff, although no information is available to measure this

3,410

expected increase in the NHS children and young people's mental health workforce by 2020-21 in England, as reported by local areas in March 2018

£1.0 billion

spent by clinical commissioning groups and NHS England on children and young people's mental health services in 2017-18

£1.4 billion

additional funding agreed for children and young people's services for 2016-17 to 2020-21

Summary

1 The government has acknowledged that, in the past, mental health services were seen as of secondary importance to physical health services. It has committed to providing 'parity of esteem' for mental and physical health services. Parity of esteem means that mental health is valued as much as physical health: an expert group, convened at the request of the Department of Health & Social Care (the Department), defined this as including equal access to care and an allocation of resources in proportion to need.

2 Mental health problems can affect both adults and children and young people. The most up-to-date estimates (from 2004) indicate that 10% of five- to 16-year-olds have a mental health condition, although as little as 25% of children and young people with a diagnosable condition actually access services. The Department is responsible for mental health policy, while NHS England is responsible for overseeing the commissioning of NHS-funded services, either directly or through clinical commissioning groups (CCGs). Various other government departments and arm's-length bodies also have a role in funding and delivering these services (see paragraph 3.18 and Figure 18 in Part Three). NHS England and CCGs collectively spent £1.0 billion on children and young people's services in 2017-18 (around 1% of total expenditure).

3 In 2014 and 2015, the government announced £1.4 billion of transformation funding for children and young people's mental health services. In March 2015, it set out its vision for children and young people's mental health services in *Future in Mind*. The main programmes taking this forward are:

- the NHS's *Five Year Forward View for Mental Health* (Forward View) programme, which covers all NHS mental health services in England, but with specific objectives to improve children and young people's mental health services;
- the accompanying health workforce development programme, *Stepping Forward to 2020/21* (Stepping Forward), led by Health Education England;
- since 2015, annual local transformation plans covering all mental health services available to children and young people in the area, including both NHS and non-NHS services. Since the plans were launched they have been incorporated in the Forward View programme; and
- *Transforming Children and Young People's Mental Health Provision: a Green Paper* (Green Paper), jointly published by the Department and the Department for Education in 2017 and due to be implemented from the end of 2018. It commits a further £300 million, with a focus on developing the links between schools and health services.

Various other initiatives also contribute to the delivery of Future in Mind. As Future in Mind is a cross-government strategy, some sit outside the remit of the Department and NHS. Some initiatives aim to support children and young people's mental health, rather than have it as their primary focus, for example, the Troubled Families programme run by the Ministry of Housing, Communities & Local Government.

4 This report forms part of a wider programme of work on mental health, following our 2016 report *Mental health services: preparations for access* and our 2017 report *Mental health in prisons*. It examines whether the government is on track to meet its ambitions for children and young people's services, taking Future in Mind as the starting point. We focus in particular on how the government decided to implement Future in Mind; whether it is on track to deliver improved mental health services to young people; and accountability for spending and outcomes.

Key findings

Planning for transformation

5 The government faces significant challenges in transforming children and young people's mental health services, as part of its commitment to parity of esteem between physical and mental health services. The government acknowledges that historically mental health services have been seen as of secondary importance to physical health services. Its periodic survey of the prevalence of mental health conditions among young people allows it to estimate overall need, but historically it has treated far fewer young people than this. In 2015, the most up-to-date estimate indicated that only around one-quarter of children and young people who needed support from mental health services could access those services. The government has endorsed a vision for improving support for children and young people's mental health, set out in Future in Mind. Delivering this vision will require coordinated action across different parts of government – for example, health, education, local government and justice – and between national and local bodies. Each of these has its own priorities, funding challenges and accountability arrangements. Experience in other sectors also suggests that raising the profile of mental health support and services and reducing the stigma of mental illness may uncover previously unidentified further demand (paragraphs 1.3, 1.7, 1.10 to 1.12, 2.28, 3.18, 3.22 to 3.24 and Figures 4 and 18).

6 The current programmes mark an important, but modest, first step towards tackling issues of parity of esteem. The Department told us that, given the historic under-investment in these services, it wanted to act as soon as possible to begin improving services and access to services. In practice this has meant initiating programmes of work to deliver improvements in key areas. For example, one major aim of the NHS's Forward View programme is to increase the proportion of children and young people accessing NHS-funded mental health services from around 25% of those in need to 35%, between 2015-16 and 2020-21. This reflected the Department's best estimate of what could be achieved with the funding provided and staffing constraints. Yet even if this was achieved there would remain significant unmet need for mental

health services. The Department believes that the ambitions set out in the Forward View and the Green Paper will help deliver a step-change in improvement in support to children and young people. The latter introduces a new approach in schools, including the creation of new mental health support teams. However, the balance between pace, funding and need to test approaches means that the Green Paper will only be rolled out to 20–25% of the country by 2023 (paragraphs 1.10, 1.12, 1.16 and 2.23, and Figure 4).

7 The government has not set out and costed what it must do to achieve Future in Mind in full. Future in Mind identified 49 proposals on themes such as resilience and early intervention, access and workforce development. However, the current programmes to take this forward will not deliver its proposals in full. Our analysis highlighted that the programmes do not have explicit objectives for some proposals, particularly those related to vulnerable groups. The government has not yet identified what actions and budget it will need to implement each proposal in Future in Mind, what progress it has made so far, and what further work is required to deliver it in full (paragraphs 1.11 to 1.13 and 2.2, Figures 4 and 5).

Accountability and oversight

8 The government does not have cross-government accountability arrangements in place to ensure Future in Mind is delivered as intended. The government has formed an inter-ministerial group, and supporting cross-departmental group, to discuss mental health policy and share information. There are individual programme governance arrangements in place for the Forward View and cross-sector arrangements starting for the Green Paper. However, as the government is not managing Future in Mind as a single programme of work, there is no single governance structure for its delivery (paragraphs 1.10, 3.2 and 3.19 to 3.21).

9 NHS England cannot be certain all the additional £1.4 billion funding to date was spent as intended, and does not have strong levers to ensure that CCGs increase spending in line with their intentions. The government announced additional funding for transforming children and young people's mental health services in 2014 and 2015. NHS England is not confident that data on CCGs' expenditure on mental health are reliable prior to 2017-18 (that is, before the additional funding was made available and in the first years of the funding) and so cannot confirm that CCGs spent all of the additional funding on these services. Analysis of available NHS data indicates that annual expenditure by CCGs went up by about £170 million between 2015-16 and 2017-18 but NHS England accepts that this figure may not be entirely accurate. NHS England requires CCGs to increase their spending on all mental health services by a greater proportion than the increase in their total funding. However, this is not a strong lever for ensuring that all the transformation money for children and young people's mental health services is spent as intended. NHS England told us that, from 2018-19, it will expect CCGs to spend their allocations on the purposes for which they were originally intended (paragraphs 1.10, 3.7 to 3.9 and 3.12, and Figure 16).

10 Local transformation plans set out how local areas intend to transform services but national accountability is weak. CCGs formed 122 local transformation plan areas to work with local partners across England, but these are not aligned with local authority geographies, or with the 44 Sustainability and Transformation Partnerships (STPs) which were subsequently formed. NHS England has annual assurance processes for these plans, but it continues to monitor spending and performance at CCG and STP level, rather than a local transformation plan level, in line with its responsibilities for NHS oversight. Since local transformation plans include non-NHS local partners, the national accountability arrangements are very limited. This is exacerbated by the lack of objectives relating to the quality of plans and the extent to which they focus on national priorities (paragraphs 3.4 to 3.6).

Understanding progress

11 The NHS is working to improve key information on how many children and young people receive mental health services, how much it spends on providing those services, and which treatments are most effective. NHS Digital, working with NHS England, NHS Improvement, commissioners and providers, is developing the Mental Health Services Data Set, which is the first comprehensive collection of data on NHS-funded children and young people's services. NHS England had expected to use this data set to monitor access and waiting times from 2016-17 but, because of issues with data quality, it now intends to do so from 2018-19. NHS England has also worked to improve data on CCGs' expenditure on mental health, which it considers to be reliable from 2017-18. Key strategy documents identified gaps in the information on what works in preventing and treating mental health conditions in young people. Since then work has been done to strengthen the evidence base and use of evidence-based care, for example the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme (paragraphs 1.15, 3.11 and 3.15 to 3.17).

12 Significant data weaknesses limit the government's ability to understand progress towards delivering its ambitions around access to children and young people's NHS-funded services. In particular, the Forward View stated that by 2020-21, at least 70,000 additional children and young people each year should receive treatment, thereby increasing the access to NHS-funded treatment rate from approximately 25% to 35%. The NHS has reported being on track to meet the access rate target: a one-off data collection from CCGs indicated an access rate of 30.5% against the published Forward View target of 30%, which is encouraging. However, in our view, the NHS cannot reliably report progress directly against the 70,000 target: it has no robust baseline measure and we have further concerns about the equivalence of the 70,000 target to a 10% increase in access rates. It does not yet have consistent and reliable data available on the number and proportion of young people accessing treatment each year, so NHS England cannot be confident about the growth rates in access (paragraphs 2.5 and 2.6, and Figure 8).

13 The number of children and young people with a mental health condition who need help is likely to be higher than previously estimated, which will make it even harder to achieve the government's ambition. The last survey of children's mental health needs in 2004 found around 10% of five- to 16-year-olds had a mental health condition and the next survey is due to be published in late 2018. Stakeholders, including NHS England, widely anticipate that prevalence will be higher. If prevalence is, say, 50% higher than the 2004 estimate, this would mean NHS England would have to treat an additional 186,000 children and young people to achieve an access rate of 35% by 2020-21, or, as indicated in the Forward View, revise its target access rate. In either case this would have significant longer-term implications for how much work it has to do to reach parity in access to physical and mental health services (paragraphs 1.7 and 1.15, and Figure 6).

14 Slow progress on workforce expansion is emerging as a major risk to delivering the government's ambitions, and understanding progress is significantly hindered by a lack of data. Transforming the mental health workforce is fundamental to creating sufficient capacity to transform services and deliver the Forward View commitments. The Stepping Forward programme aimed to increase the children and young people's mental health workforce in England by 4,500 full-time equivalent staff by 2020-21, against a baseline of 11,300 staff. It was presented as a plan for the NHS workforce, but Health Education England told us that the document contained errors. It confirmed that the plan covers both NHS-employed staff and people providing NHS-funded services but not directly employed by the NHS. However, baseline information was very limited for non-NHS staff. Data on progress made in expanding the workforce are very limited: Health Education England does not expect to have data on the number of NHS staff working in children and young people's services until 2019, and does not yet know when data on the non-NHS workforce will be available. Given these weaknesses and the lack of reliable baseline data for non-NHS staff in 2016, Health Education England will not be able to reliably monitor workforce expansion. All our case study areas cited difficulties in recruiting as a major concern and there are other indications that delivery is behind schedule, including:

- the Forward View set out plans for the Department and NHS England to frontload funding for workforce development, to create capacity in the system, but in the first two years Health Education England underspent its funding against NHS England's plan by £29 million (77%) and £9 million (23%) respectively; and
- Health Education England intended that local areas would set their own detailed workforce targets, following Stepping Forward's high-level ambition of an additional 4,500 staff. In March 2018, local areas reported that they were planning to recruit 3,410 NHS staff, some 14% below this ambition. There are no equivalent plans for recruiting non-NHS staff: local areas have not yet estimated how many they need (paragraphs 2.12 to 2.19 and 2.22 and Figures 4, 10 and 11).

15 There is still limited visibility of what public sector bodies outside the health sector spend on mental health services, and what services they provide.

Future in Mind emphasised the importance of prevention and early intervention for children and young people's mental health. However, there is very limited information on support available for children and young people's mental health outside the health sector. A nationally representative survey of schools and colleges conducted on behalf of the Department for Education indicated that most schools provide some form of mental health support, but few provided clinical services. Our case studies suggested that CCGs found schools' engagement could be positive but was variable. We also heard concerns about the impact of cuts in funding for universal services, such as Sure Start or youth centres, on demand for NHS mental health services (paragraphs 1.16, 3.18 and 3.21 to 3.24, and Figure 19).

Conclusion on value for money

16 The government has laudable ambitions to improve mental health services for children and young people. It started from a very low base when it developed its strategy and has prioritised improvement programmes which take an important, if modest, step towards achieving its aspirations. The government has not yet set out or costed what it must do to realise these aspirations in full and there remains limited visibility of activity and spending outside the health sector. While the NHS has worked to improve information on its activity and spending, significant data weaknesses are hampering its understanding of progress. Slow progress on workforce expansion to deliver NHS services is also emerging as a major risk to delivery.

17 The government must now ensure a coherent and coordinated cross-sector response, and that the right levers are in place to ensure local actions deliver the national ambitions. It has started to tackle issues of parity of esteem between physical and mental health services for children and young people, but it still has a long way to go, particularly as demand may be higher than originally thought, and an increased focus on mental health may uncover greater demand. Given these weaknesses and uncertainties, we conclude that the government cannot demonstrate that it has yet delivered value for money.

Recommendations

18 It is likely that mental health services, particularly for children and young people, will be one of the main priorities in the NHS's next 10-year plan. The current programmes offer a good platform to establish a clearer trajectory and base against which to assess progress towards parity of esteem for NHS-funded children and young people's mental health services.

19 Assuming that Future in Mind remains the vision for children and young people's mental health services, the following recommendations are for the Department to lead, working in conjunction with NHS England and its other arm's-length bodies, and other departments, including the Department for Education and the Ministry of Housing, Communities & Local Government. The Department should:

- a** **Set out the scale of the challenge**, and understand the characteristics and trends in the needs of young people requiring mental health services, building on the new prevalence data when available.
- b** **Set out what actions and resources are required to implement Future in Mind in full**, and the main long-term and interim objectives and outcomes. The plans should set out what different parts of government are expected to deliver, be clear about the main uncertainties and build in opportunities to review plans.
- c** **Establish clear leadership of the portfolio** and responsibility for taking it forward and bringing together the national and local bodies, and individual programmes, intended to deliver Future in Mind.
- d** **Put in place mechanisms to improve understanding of spend and activity on mental health support** across the system, particularly in schools and local authorities.
- e** **Undertake work to better understand the impact of preventative services** and early intervention for children and young people on the demand for more intensive or specialist mental health services.

20 With respect to the current programmes of work:

- f** **The Department, NHS England, Health Education England and the Department for Education should review workforce plans** in the light of progress to date and once the implications of the Green Paper are clear, to see whether additional actions are required.