

LOCAL GOVERNMENT ASSOCIATION RESPONSE TO
THE DFE AND DHSC GREEN PAPER CONSULTATION
'TRANSFORMING CHILDREN AND YOUNG PEOPLE'S
MENTAL HEALTH PROVISION'

2 MARCH 2018



ABOUT THE LOCAL GOVERNMENT ASSOCIATION (LGA)

The Local Government Association (LGA) is the national voice of local government. We work with councils to support, promote and improve local government.

We are a politically-led, cross party organisation which works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems.

The LGA welcomes the opportunity to comment on this consultation. We have summarised the consultation questions that are relevant to our submission into themes.

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INTRODUCTION

1. Every child deserves to look forward to a bright future. For that to be the reality, we must ensure practical steps are taken to create a society where good mental health is treated as just as important as good physical health.
2. The consequences of not tackling poor mental health early can be lifelong. Today, we know that at least one in 10 children and young people are affected by mental health problems. Despite this, lack of funding is leaving service thresholds so high that around 75 per cent of young people experiencing a mental health problem are unable to access any treatment.
3. We cannot carry on like this. Our children should be getting the best – not just getting by.
4. If we truly want to get the best for children and young people, the services that change their lives must be prioritised. We believe there are three key areas that must be addressed in this green paper:
 - a. **Release the promised £1.7 billion to ensure adequate and sustainable funding**

Mental health services for children and young people are buckling under rapidly increasing demand – local areas urgently need the funding they have been promised to be released and for funding to be guaranteed after this Parliament. Some of this funding must be distributed across the system to schools and local authorities in recognition that these agencies have responsibility for funding for prevention, early intervention services and they also part fund services for the most vulnerable children and young people.
 - b. **Improve standards and make sure funding is spent wisely and transparently**

It is critical that Government ensure care pathways and services are quickly accessible and appropriate for all, including those with complex needs. They must also strengthen governance over how funding is spent, recognising that health and wellbeing boards are best placed to ensure that funding reaches the right services.
 - c. **Prioritise prevention and early intervention; provide funding for independent counselling in every secondary school.**

Children and young people’s chances of thriving dramatically increase the earlier we provide help, as well as saving money in the longer term; funding spread across all services would have a real impact. A small proportion of the full £1.7 billion funding pledged for children and adolescent mental health services (CAMHS) should be channelled directly into schools to implement an independent counselling service in every secondary school.
5. We therefore welcome the green paper’s focus on earlier intervention with further investment and the emphasis on a whole school approach to providing early support for children and young people. We hope this will help children receive help as early as they need it and to avoid escalation that is both costly and not as effective.
6. We reiterate our call for a national commissioning model for welfare secure placements, with urgent action to increase capacity across the country. This model should be designed to fully integrate commissioning for all tier 4 provision across health, social care and youth justice.

7. One of enduring challenges in this area is the number of different pathways for different vulnerable cohorts related to different national policy work streams, funding arrangements, and statutes. This contributes to the lack of integration between health, social care, and youth justice which means children and young people not getting the full help they require. Challenges remain in ensuring a multi-agency approach to delivery happens as set out in different programmes of work. We therefore want to see strategic alignment of all programmes and priorities that are relevant to vulnerable groups at a national level.
8. We encourage the Government to work closely with local areas and the LGA to address these issues and ensure that all young people can look forward to bright futures.

A LONG TERM STRATEGY FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

9. Social policy implementation in children's work requires a long term strategy if it is to be embedded and successful. Stops and starts in social policy implementation create delays, raise expectations, and fail to meet the needs of children, young people and their families and the challenges facing front line professionals and service leaders.
10. Valuable lessons can be learnt from the success of the ten year teenage pregnancy strategy, which continued to achieve results despite a change in government. A similar ambition for children's mental health needs to be taken and would fit with the Prime Minister's view that this is a 'burning injustice'.¹ The past five years have shown us that improving children and young people's mental health is well supported across all political parties.
11. We therefore support the Association of Directors of Children's Services (ADCS) call on the Government to commit to a longer term approach to improving children and young people's mental health provision and prevention so that we have a sustainable and transformed service that meets their needs. We need at the very least a ten year reform programme.
12. A ten year reform programme would also create more confidence in the sector, as there is increasing concern, as evidenced by a number of policy reports and by the Children's Commissioner, at the slow pace of change in the current programme. This is affecting staff and clients' faith as to whether we are going to get parity of esteem for mental health and delivery of the vision as set out in the Future in Mind programme. As a minimum, the Government should ensure that the promised £1.7 billion for children and young people's mental health and wellbeing services is released by 2020 and that further funding is extended beyond this Parliament as part of a ten year reform programme.
13. We are disappointed and concerned by the absence of any reference to early years and maternal mental health in the green paper. It is well evidenced that in order to reduce the prevalence of mental health problems in later life, there needs to be a focus on what happens from conception and the first 1,000 days. We support the Maternal Mental Health Alliance's call for clear leadership in infant mental health²

¹ <https://www.gov.uk/government/speeches/statement-from-the-new-prime-minister-theresa-may>

² https://maternalmentalhealthalliance.org/wp-content/uploads/MMHA-response_TransformingChildrenYoung-PeopleMHPProvisionGreenPaper.pdf

and for the Government to ensure that there are resources available for health visiting, school nursing, children's services, early years and maternity services to protect and promote infant health; as well as their recommendation that CAMHS commissioners should be accountable for improving outcomes for children and young people across ages zero to 19/25 for special educational needs and disability (SEND).

14. There are gaps in the paper with regards to support services for children of five and under and in universities. It is important nurseries and university staff receive training in how to spot and deal with mental health problems.

THE KEY ROLE OF COUNCILS

15. We are disappointed that these proposals largely overlook the role councils play as key partners to schools and the NHS. Local authorities (LAs) are the only body capable and experienced in delivering the coordination required in such a complex local landscape.
16. Councils make a significant contribution as providers and funders to the mental wellbeing of their local communities³. Mental health and wellbeing is not only about health provision, it's also about all of the support that wraps around children and their families, ranging from social care support to short breaks, parks to housing to arts – and much, much more – all of which are delivered by councils. These components are essential in contributing to good mental health and

³ Being mindful of mental health - The role of local government in mental health and wellbeing, www.local.gov.uk/being-mindful-mental-health-role-local-government-mental-health-and-well-being

emotional wellbeing support for residents including children in our communities.

17. Councils have a range of statutory and non-statutory functions relevant to the improvement of the provision of children's mental health services and to improving outcomes for all children and young people. This includes:
 - designing, commissioning and delivering early intervention, preventative, early help and universal services including commissioning health visitors and school nurses
 - delivering mental health, public health and children's services
 - being the strategic lead for education, with the majority of schools (primary and secondary schools combined) continuing to be maintained by councils
 - statutory responsibility for all vulnerable children including looked after children (LAC), children involved with youth justice and children with SEND.
18. By minimising the central role councils play in improving the wider system for children, these reforms may in effect undermine existing responsibilities and relationships between local partners and the wider work local partners are undertaking to develop a local offer for children and young people (CYP) mental health services through Local Transformation Plans (LTPs). This could lead to children and young people falling through the gaps in service provision. This could also result in the funding for children's mental health and wellbeing not being distributed across the whole system, but rather just to clinical commissioning groups (CCGs), who facing a long list of urgent priorities may spend the money on more critical care.

19. It is essential that the relationship between the new designated safeguarding leads (DSLs), mental health support teams (MHSTs) and wider organisations such as councils, schools, CCGs and the community and voluntary sector is properly mapped out before the implementation of the reforms. Otherwise, councils' existing role in overseeing the work of local schools and its role in the coordination of local services may be inadvertently undermined, as well as potentially diluting the existing work and responsibilities of other partners.
20. School nurses with partner agencies have a crucial role in providing positive mental health promotion and in providing therapeutic support for mild to moderate mental health problems. School nurses are an important and trusted contact for children and young people and they can help embed a whole school approach to tackling mental health problems and promoting resilience in children and young people. It is not clear how they fit into these proposals and this could in effect undermine their role. At the earlier end of the spectrum health visitors play a key role in identifying mothers at risk and ensuring they get the support they need at the earliest opportunity. However, the green paper overlooks their key role in early intervention and prevention.
21. The reforms do not set out who is responsible for early intervention for children's mental health and wellbeing in local partnerships. This could result in no organisation taking lead responsibility, undermining the reforms. Clarification is urgently needed to avoid duplication and gaps in service and to help local areas refocus on early intervention, prevention and mental wellness.

COMPLEX LOCAL AND NATIONAL LANDSCAPE

22. We are concerned that the reforms add additional layers to an already complex local landscape and that they do not take into account:
 - changes in recent years to the education system, such as the introduction of free schools and academies, or set out how schools and in particular academies and free schools will be held accountable for implementing these reforms
 - the need to specify how CCGs will be held accountable
 - that in some local areas a three tier education system exists (eg primary, middle and secondary schools) and the proposals do not mention how MHST and DSL will work within this system
 - differing commissioning footprints and geographical boundaries between different bodies such as CCGs, schools, sustainability and transformation partnerships, NHS England and councils.
23. Councils are the one constant entity in the local landscape, unlike schools and CCGs (formally primary care trusts) who have undergone significant reforms in recent years. The majority of schools (primary and secondary schools combined) continue to be maintained by councils who already have links with CCGs, thanks to their public health and adult social care responsibilities. This must be built upon if we are to avoid unnecessary delays and costs as the NHS and schools attempt to develop new relationships.

24. Local authorities are best placed to coordinate and embed reforms with their local partners and local Health and Wellbeing Boards (HWBs) can hold local partners to account for delivery in their capacity as the bodies who sign off LTPs.
25. All vulnerable groups need access to mental health provision as part of the core offer for children and young people; this offer is currently being designed and implemented by different government departments alongside NHS England and CCGs as well as councils. The proposal for a national board for different cohorts of children at risk introduces further complexity and lack of join up. More coherence and strategic join up is needed at the national level. The national Board needs to include local government and the LGA would be happy to act as a representative.

VIEWS ON THE DEVELOPMENT OF MHSTs, DSLs AND THE WHOLE SCHOOL APPROACH

26. Given the prominence of MHSTs in the proposals, their role is not clearly conceptualised, which presents a risk of further fragmentation if they are not properly mapped out or carefully led locally. For example, the move away from a tiered approach as promoted by Future in Mind, although helpful, has not embedded sufficiently because of the lack of providers in the early intervention space, placing an over reliance on specialist services. If MHST is positioned to fill this gap then this needs more clarity. Whilst we welcome local flexibility we are concerned that these proposals are too permissive and they may result in a high level of variability in the support children and young people receive. The recent Care Quality Commission⁴

⁴ <http://www.cqc.org.uk/publications/themed-work/review-children-young-peoples-mental-health-services-phase-one-report>

report evidenced that this is already an issue and as a consequence there is an even greater imperative that we move to a consistent baseline for mental health support for all children and young people. MHSTs need to add capacity and value to existing arrangements.

27. Clarity is needed on the new MHSTs and DSLs - what their relationship will be with existing services and how they will support the delivery of ongoing work through LTPs. Specifically, clarity is needed on:
- Which body will be responsible for the creation and overall management of these new teams and leads
 - What their core offer and skills set will be or whether this will vary from area to area. There is a risk that MHSTs and DSLs will take capacity from other parts of CAMHS which will leave deficits. The Association of Child Psychotherapists has raised that capacity in the existing CAMHS system to support these teams is a challenge. This issue needs to be addressed in the final proposal.
 - How they will they complement the delivery of LTPs. There has to be integration between these new proposals, Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing Strategy (JHWS) priorities and LTPs.
 - What the relationship between MHSTs and the new proposed Virtual Mental Health lead will be, as recommended by the SCIE Expert Report.⁵
28. The assumption in the proposals is that the MHSTs will work with young people with mild to moderate levels of mental health distress needs to be more nuanced, as schools, Pupil Referral Units (PRUs) and other universal/early help services often find themselves

⁵ <https://www.scie.org.uk/children/care/mental-health/report>

working with young people with medium to high risk. This is for a number of reasons:

- high thresholds of specialist services
- the varied thresholds across different localities
- delays and lack of outreach from specialist services
- the scale of undiagnosed mental health need in vulnerable CYP
- a young person's choice or refusal to engage
- needs can and do escalate quickly.

This means any services in schools or linked to schools need to take into account the requirement for capability to work with a range of needs in its supervision, capacity and skills base planning.

29. There are a number of existing school based programmes that are already taking place such as the Mental Health Foundation's Peer Expert Programme, which trains young people to deliver mental health awareness to other students. There is a risk that the MHST could be prioritised over existing programmes that are proven to work and are accepted by young people or duplicate work. We are concerned that the development of MHST has been prioritised over other initiatives or interventions that have an established evidence base.
30. We strongly believe that amongst these initiatives there is a clear and positive evidence base that school based counselling (SBC) can really make a difference to young people and add value to existing arrangements. Making SBC mandatory in all secondary schools and alternative education provision would complement the whole school approach that these reforms are trying to achieve.

31. The Department for Education (DfE) advice published in 2015 'Counselling in schools: a blueprint for the future – Departmental advice for school leaders and counsellors'⁶ recognised that effective counselling is part of a whole school approach to mental health and wellbeing and highlighted how school based counselling could 'bring about significant reductions in psychological distress in the short-term, and helps young people move closer towards their personal goals.

32. The good evidence base and benefits of SBC are already recognised by the Government, as demonstrated in Lord O'Shaughnessy's response to a written question on in-school counselling answered on 20 February 2018⁷. There is clear evidence that the benefits of independent school based counselling include:

- a supportive service offered immediately to children and young people in a familiar setting and with no thresholds
- clear evidence over a number of years that the service supports young people and reduces their distress
- the enablement of new providers to develop, taking pressure away from CAMHS; this offers a helpful solution to the current workforce challenges within CAMHS
- a well trained counselling/therapeutic workforce will take pressure away from specialist services and

⁶ <https://www.gov.uk/government/publications/counselling-in-schools>

⁷ House of Lords, Schools: Counselling: Written question HL5429, <http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2018-02-06/HL5429/>

is likely to reduce waiting times for these services; it will address a key current workforce challenge that this proposal does not

- it will not create additional complexity, but rather add value to existing arrangements, especially in schools
- it will provide help to children quicker than the current reform programme is doing.

33. Given this strong evidence base and the work that is already underway we are calling on the Government to invest in SBC and promote what works by redirecting a small part of the current investment to develop a strategy for a national roll-out of school counselling. There is considerable support for independent school based counselling across the local government, academic and mental health sector, including from ADCS
34. We welcome the recognition that having a specific role, such as the DSL, could coordinate mental health support for children and young people as described and could act as a link with specialist services. This is not just about one role however; it needs to be part of a wider culture change in schools that will require leadership from the DfE to align all aspects of school life with good wellbeing frameworks. This development also needs to be done in partnership with schools through a systematic process of engagement.
35. We are aware that the above is happening in many areas already but schools regularly report pressure and concern that they are being overloaded with wider responsibilities, which needs to be taken into account. To be a credible proposal, the DSL role cannot be an add-on to existing responsibilities; training and capacity to undertake this role should be credibly

modelled and recompensed, especially given the current funding pressures on schools and councils. There needs to be an increase in capacity for this role. Without the latter, the initiative will be weakened from its onset. It is also essential that the DSL is available to all children and young people regardless of school status and for children not in mainstream education; the final proposals need to address this.

36. As well as an agreement to fully fund schools to deliver emotional wellbeing and mental health support for their pupils, there needs to be assurance that this is happening in all schools. This can be provided via statutory guidance and regulation. For example, the 'Keeping Children Safe in Education'⁸ guidance could be further strengthened to include children's wellbeing and mental health, as well as through the new curriculums for relationship education, relationship sex education (RSE) and personal, social, health and economic education (PSHE).. Curriculums also needs to reflect the emotional social learning interventions that have been evidenced to be effective.
37. PSHE has proven benefits to mental and physical health, online and offline safety and in preparing children for life and work. Many pupils miss out on these benefits because it does not have statutory status. In order for RSE to have full impact it is essential that PSHE is made statutory too. We support compulsory PSHE in all primary and secondary schools; inclusive of academies, special schools, free schools and maintained schools and for parents to be given the right to withdraw their child.

⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf

38. The LGA wants the position of home-schooled children addressed. The LGA has expressed concern about the lack of professional oversight from both an educational and safeguarding perspective of home educated children. The LGA is calling for a mandatory register of all home educated children so that LAs can visit to check the suitability of their education and sign post for services.
39. As raised in our recent submission on the DfE consultation on new multi-safeguarding arrangements⁹ 'Working Together to Safeguard Children' the fact that schools are not named as core partners and do not have a statutory duty to engage in the new multi-safeguarding arrangements brings an unhelpful lack of clarity across children's safeguarding work as to the exact role of schools in children's safeguarding and wellbeing.

FUNDING AND ACCOUNTABILITY

40. We welcome the new funding and focus on early intervention but given the historical underinvestment in this area we believe that if these reforms are not sufficiently funded it would have not have the desired impact on improving provision and access to services for children and young people.
41. The funding context that LAs and schools are operating in is extremely tight. There are clear pressures on school funding reported through many channels. This is compounded by reductions in government funding to councils for the Early Intervention Grant. This has been cut by almost £500 million since 2013 and is projected to drop by a further £183 million by 2020. This represents a 40 per cent reduction by the end of the decade. The local authority Public Health Grant has also been cut by £600 million between 2015/16 and 2019/2020. All of this means that there is no capacity to make up any gaps left by a partial reform programme in children's mental health.
42. We, like many other organisations including the ADCS, Children's Commissioner and Education Policy Institute, remain concerned about the lack of transparency and accountability for new funding which was attached to Future in Mind totalling £1.4 billion, along with the new £300 million pledged as part of the Green Paper.
43. It is therefore now critical that the Government ensures there is appropriate governance both nationally and locally over how all the funding is spent. There needs to a robust review of existing governance and assurance arrangements to ensure money is used for its intended purpose within a reasonable timescale. This can only be achieved with an unequivocal commitment to transparency and regular reporting. This should include setting targets for increasing spend per CCG that is benchmarked, a requirement that HWBs sign off the LTP when they are refreshed annually and that there is clear regular reporting on all the standards agreed as part of the NHS dashboard.
44. In addition, we urge that priority groups (such as LACs, children in the youth justice system and care leavers) are able to receive some dedicated specialist resource with clearer guidance on the need to prioritise these groups and the best evidence of what works. The research is clear about the prevalence of mental health in these groups and its link to poor outcomes

⁹ <https://www.gov.uk/government/consultations/working-together-to-safeguard-children-revisions-to-statutory-guidance>

without specialist support. Reports¹⁰ analysing local transformation plans indicate that the high level of support required for these groups is still aspirational in many areas. CCG reporting should therefore include the quantum of resources dedicated to LACs, youth justice cohorts and care leavers, along with feedback from LACs and care leavers, and this should be tracked through the monitoring of the new Forensic CAMHS programme.

ALLOCATION OF FUNDING PROPOSED IN THE GREEN PAPER

45. Our preferred option is for the proposed funding for the work in schools to be distributed to schools rather than CCGs/the NHS, and that existing funding mechanisms and formulas used for schools are used to avoid the unnecessary bureaucracy of the NHS and schools having to develop new funding relationships. This would be particularly wasteful as there are already relationships in place between councils and schools, or for academies, DfE and schools. We therefore recommend that funding is allocated to LAs and multi-academy trusts to administer to schools. This will go some way to ensure that money for children's mental health and wellbeing is distributed across the whole system.
46. As stated earlier, we are advocating that part of the new investment (£1.7 billion) is used to fund an independent counselling service in every secondary school in England, as part of a whole school approach. This should be done directly via the Dedicated Schools Grant (DSG) thus avoiding the concerns of money getting possibly 'lost' in the wider pressures within the

¹⁰ <https://youngminds.org.uk/resources/policy/addressing-adversity-book/>

NHS and to ensure greater accountability for funding.

47. The LGA has undertaken a review of the costings of an independent school counselling service and agree with the best estimate in the sector that that it would cost in the range of £90 million to have an independent school counselling services in every secondary school in England. This we estimate is 5.3 per cent of all the new money (£1.7 billion).
48. The LGA undertook a survey of 31 councils and there was confirmation that councils are using their core funding for services for children and young people with mild to moderate needs as well as unaccompanied minors, and LACs. This is in addition to the Future in Mind funding and indicates that LAs' budgets, as they reduce, will leave further gaps in mental health provision unless there is an increased in investment. We therefore request that consideration is given for the funding for MHST to be redirected to councils.
49. In relation to the position of 16 to 25 year olds, although we welcome the Board and a renewed focus on this group's needs, which have to be wider than just LACs and care leavers, the challenge is that the resources for this age group sits in the adult sector with a very different view of thresholds and needs. This must be addressed with some reallocation of resources to the children's sector.

TRAILBLAZER PHASE

50. MHSTs, including how they are lead and funded, should be tested with councils, as the key organisation with responsibility for local coordination and delivery and as leaders of the wider system for children and young people.

51. The factors that should be taken into consideration when selecting the trailblazers are:
- geographical spread to include urban, rural and coastal areas
 - upper tier councils and unitary authorities so that there is good understanding of how the approach works in a two tier and single tier system, as there will be different challenges faced by both types of council systems
 - two tier and three tier schooling systems
 - deprived and wealthy areas
 - areas with differing levels of need
 - areas where there are complex boundary issues and footprints
 - a credible number of trailblazers if learning is to be generalised and applied.
52. If councils are given lead responsibility for setting up MHSTs and the approach is rolled out nationally, then the Government must fully fund all costs to councils under the new burdens doctrine. This will need to be properly assessed in a consultation. A lack of adequate funding to cover the costs associated with the new MHST, DSL and any future burdens such as increased demand has the potential to impact on the resources available in councils and the provision available to CYP.
53. In the event other bodies are nominated to lead and receive funding, our advice would be for their nomination to be supported through the HWBs and consideration given to infrastructure and sustainability costs, as well as safeguarding expertise.
54. In reference to Question 6 all the ones listed are appropriate to link up with and their importance will vary depending on local arrangements, the JSNA priorities and how services are mapped.
55. In reference to Question 7 all the ones listed are important, however children's outcomes should take priority and for this reason we suggest the following need to be prioritised:
- impact on children and young people's mental health
 - numbers of children and young people getting the support they need (using benchmarks to ensure a level of consistency and including gender and ethnicity data)
 - young people's knowledge and understanding of mental health issues, support and self-care
 - in addition, we wish to see the effectiveness and quality of all mental health interventions, regardless of who or where it is delivered, included.
56. There is no mention of how many successful trailblazer strategies will be rolled out or the funding required to reach all parts of the country. There is increasing innovation in the wider children's sector but very little commitment to national roll out of any programmes, or reference to the challenges inherent in scale up or replication. Local areas simply do not have the funding or additional capacity to roll out new programmes without support, including financial from national government.
57. There are a number of existing programmes in place which could be used to test the trailblazer approach, particularly work being done in Cumbria. This would

build on work already taking place and be more cost effective, potentially enabling more trailblazers to participate to maximise learning. For example the LGA SEND peer review has been developed to help local authorities, CCGs and their partners reflect on and improve the outcomes for children and young people with special educational needs and disabilities. Further details can be found here at: www.local.gov.uk/sites/default/files/documents/Manual%20-%20SEND%20Sept%202017%20Final%20Version.pdf

INCLUDING THE VIEWS OF CHILDREN AND YOUNG PEOPLE

58. A fundamental principle has to be the involvement of young people in the commissioning and development of services and a strong feedback loop to ensure children and young people continue to influence and shape services that are designed for them.
59. Councils have established mechanisms in place for engaging with children and young people in the development of local services, both for mental health services and wider council-led services. It is important that existing engagement mechanisms that are working well are built upon and that local areas are not expected to reinvent the wheel. Using existing mechanisms will save time and money and will enable local partners to focus on implementing the reforms, rather than setting up new ways of working which may be unnecessary for those areas that are already effectively co-producing services with children and young people. For those areas that do require support, there are good examples of what others have done which should be shared. In addition, co-production or engagement with children and young people could be one of the areas that is tested during the trailblazer phase.
60. Councils in their role as corporate parents have established child in care and care leavers' forums that could provide valuable insight into what makes services effective and successful for vulnerable young people.
61. In addition schools will have their own mechanisms, such as school councils and many local areas have a youth parliament, which are also valuable mechanisms for engaging with CYP and need to be utilised.
62. The proposals also do not tackle one of the key challenges of current CAMHS/specialist services, which is the need for transformation to sit alongside the new investment. The high level of attrition for CAMHS is rooted in a number of reasons, including young people finding these services inaccessible, unwelcoming, stigmatising and too focused on a medical diagnosis, which young people have been telling us for years. The proposals do not address the fundamental requirement for specialist services to modernise; instead they attempt to build new solutions around these specialist services without suitable challenge.
63. Local Healthwatch plays a key statutory role in helping to get the views of local children and young people heard by the individuals and groups that are responsible for commissioning services, such as CCGs and councils. Service providers must have regard to local Healthwatch views, reports and recommendations and respond to local Healthwatch explaining what action they will take, or why they are not taking action. In addition Local Healthwatch is a statutory member of the HWB and thought needs to be given as to how they are included in these reforms.

WAITING TIMES

64. We have concerns about the lack of ambition shown in the proposals to reduce waiting times for NHS specialist services, as these will mean that only between a fifth to a quarter of those children and young people that need it will get access by the end of 2022/23.
65. The green paper does not clarify how children and young people in remaining areas will overcome the obstacle of long waiting times. There is a further risk that needs to be addressed before the implementation of the pilots to ensure they do not have unintended consequences in other parts of the system, such as a shorter wait for an assessment but a longer wait for treatment.

INFORMATION FOR PARENTS ON THE LOCAL OFFER

66. This is dependent on how effectively schools engage with parents to help them understand the support offer they provide and their policies on different issues. A school may have an impressive website which includes all of their policies and support offers but if a parent doesn't know where to access it, English is not their first language, or the documents are not written in a way that is 'parent friendly' then they have not been effective in communicating with parents.
67. Schools need to work with their governors and parents to promote the support offer, help to destigmatise mental health issues, help parents support their children who may be suffering from mental health problems or who may have poor mental health themselves and to signpost them to support. There is also the need to regularly review policies and

any support the DfE can give would be appreciated given the funding pressures on schools, as well as the changing nature of school status.

VULNERABLE GROUPS OF CHILDREN AND YOUNG PEOPLE

68. In relation to questions 13, 14 and 15, although we would welcome priority groups such as LAC, foster carers looking after high need LAC and care leavers to be considered as part of the MHST's core work, this raises again the question of specialist services needing to modernise and grow to reach these young people and support their networks. It is critical that the MHST role is more defined than it is currently, especially in relation to CAMHS, or else it will cut across other developments for vulnerable cohorts.
69. There are other notable gaps in children's mental health service provision that the MHST can lead on, for example gaps in work with pre-school children, with families to support their child's mental health at the start of any issues, meeting the needs of unaccompanied asylum seeking children (UASCs), support after a significant trauma event such as bereavement, as well as the challenge in transitioning to adult mental health services for care leavers and vulnerable 18 year olds.
70. The take up of early intervention services by black, Asian and ethnic minority young people (or/and other groups, such as boys) can be low in comparison to the demography of some localities and it would be helpful for the NHS dashboard to design some simple monitoring for CCGs to report on.
71. There is generally a lack of direct outreach and trauma led provision for children from families with multiple

challenges (for example domestic abuse, substance misuse or mental health) found in schools, school exclusion zones and pupil referral units (PRUs). There is an overdue and serious need for specialist services to offer a highly accessible and flexible service to those groups of young people that are traditionally and erroneously described as 'hard to engage'.

72. In January 2018, the LGA surveyed 31 local authorities around the country about tier 4 capacity and provision, due to be published. Our initial analysis suggests that the specialist inpatient care required by children with complex needs is not always available, and that there are compounding difficulties in the use of secure 'welfare' placements for those with mental health needs. The survey also found issues in the commissioning arrangements of tier 4 provision, a lack of specialist expertise in some CAMHS services, the too distant location of specialist placements, and a lack of CAMHS' input in cases of young people who may not meet the tier 4 admission criteria.

73. Participating local authorities told us:

- There are long-standing issues linked to the differentiation of emotional health and wellbeing, challenging behaviours, complex needs and mental health diagnosis. A narrow focus on clinical diagnosis means in effect many vulnerable children and young people are excluded from specialist services and care.
- There is a gap in placement provision and community-based intervention options for young people with challenging circumstances.
- There remains a shortage of tier 4 beds (or delays accessing beds) in some local areas and a lack of high-support services in the community to wrap around tier 4 or provide a feasible alternative.

CYP WITH SPECIAL EDUCATIONAL NEEDS OR A DISABILITY

74. We are concerned that the reforms contain very little mention of children and young people with a learning disability and/or autism or the Transforming Care agenda. The focus of the Transforming Care programme is to support CYP and adults with a learning disability and/or autism to get the health and care services they need in their local communities, enabling people to remain at home.

75. As one of the national partners for the Transforming Care programme, we strongly advocate that it is essential that any reforms are inclusive of CYP with a learning disability, autism or both. Early intervention and preventative approaches are key to ensuring good outcomes for CYP and their families, and can reduce the use of restrictive interventions such as inpatient facilities – either in childhood, or as young people move into adulthood and problems escalate.

76. Mental health conditions are significantly more common amongst people with a learning disability and/or autism than the general population, and unmet mental health needs can be a powerful factor that can contribute to the development of behaviour that challenges.

77. For example, it is well known that CAMHS teams don't always have the expertise and skills to work with children and young people with a learning disability and /or autism. The approach set out in the green paper (eg the introduction of the DSL and MHSTs) needs to take into account the specific support needs of children and young people with a learning disability and/or autism. The skills and expertise for this specific group needs to be reflected in new roles and teams. It is also important that the range of school settings that

children and young people with a learning disability and/or autism access, ie both mainstream and special schools, are recognised within the reforms.

78. With regards to testing whether children and young people with SEND needs are able to access support, key would be ensuring that they are factored in from the beginning, and models are looked at across the range of settings that children and young people with a learning disability and/or autism will be accessing.
79. These reforms, where they relate to children and young people with a learning disability and/or autism need to complement and run alongside the work that is already happening within Transforming Care partnerships, and the whole life approach that partnerships are taking.

SHARING LEARNING

As part of our campaign Bright Futures, our call to properly fund the services that change children's lives to make sure they all have the bright futures they deserve, we have produced a range of materials including:

- facts and figures on young people's mental health needs
- case studies looking at the lead role councils play in preventing mental health problems from developing in CYP in the first place
- case studies on children and young people's mental health.

For more information and to access these resources, visit:

www.local.gov.uk/bright-futures

We have also produced a report, Being Mindful of Mental Health, exploring how councils influence the mental wellbeing of our communities and how council services, from social care to parks to open spaces to education to housing, help to make up the fabric of mental health support for the people in our communities.

www.local.gov.uk/being-mindful-mental-health-role-local-government-mental-health-and-wellbeing

The accessible nature of Pause, a drop-in service based in Birmingham

www.forwardthinkingbirmingham.org.uk/services/13-pause

Oldham's youth led approach to shaping the support and services available to young people in the MH:2K Oldham project

www.involve.org.uk/2017/07/13/report-launch-mh2k-oldham-youth-led-approach-mental-health

A reduced waiting list in West Berkshire with Time to Talk, employing trainee counsellors to provide free confidential counselling services to young people in need, aged 11 to 25
<http://t2twb.org>

CONCLUSION

Ensuring that all children can look forward to a bright future is a priority for local government and we are ready and keen to work with Government, the NHS and local partners to ensure this. The sector must catch up with many years of underinvestment against increasing demand and say yes more than no. We must deliver the changes to the system that will ensure children and young people asking for support get the right help, at the right time, in the right setting.

We welcome these proposals but urgently ask that the final proposal goes further to listen to the needs of local government and acknowledge the significant difference councils can make to the lives of young people experiencing mental health issues. We ask that our calls are addressed in the final proposal, specifically:

- the need for a long term strategy
- transparent reporting on funding and outcomes and the introduction of standards for children's mental health services
- greater accountability for all the Future In Mind's money and part of this money to be redistributed to schools and local authorities as well as the NHS, in recognition of the leadership councils and education provides in prevention and early intervention
- the need to fully fund an independent school based counselling service in every secondary school and alternative education provision as a core element of the whole school approach
- a national commissioning model for welfare secure placements with urgent action to increase

capacity across the country; this model should be designed to fully integrate commissioning for all tier 4 provision across health, social care and youth justice

- strategic alignment of all programmes and priorities that are relevant to vulnerable groups at a national level.

The LGA wants to see a more ambitious and longer term approach to delivering the Future In Mind reform programme beyond 2021 to ensure the reforms are both transformational and sustainable. Only this approach will create a children's mental health system that truly helps our young people thrive and enter adulthood with confidence and hope. We would be happy to facilitate a discussion with colleagues from the Department for Education (DfE) and the Department of Health and Social Care (DHSC) about the contents of this submission.

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