

Care Quality Commission: Review of children and young people's mental health services - phase 1 report

The Care Quality Commission (CQC) has published today [the report of phase 1 of its thematic review](#) of children and young people's mental health services and NHS children and adolescent mental health services (CAMHS). The report is a concise but comprehensive thematic overview of issues impacting on the quality of children's mental health services as they are currently commissioned and delivered.

This briefing provides an overview of key findings in each of the report's sections and the NHS Providers press statement is included at the end of the briefing. If you have any questions about our work in this area please contact Cassandra Cameron (Cassandra.cameron@nhsproviders.org).

Report key messages

- The system for children and young people's mental health services is complex and fragmented, and different parts of the system do not always work together in a joined-up way.
- Early opportunities to provide support are being missed because people working in school and primary care settings may lack the necessary skills in mental health. Combined with workforce pressures, this is placing specialist services under increasing pressures and children are waiting longer for admission, often having to travel out of area to be admitted.
- Some children and young people are falling through the gaps in the system. Vulnerable children and those with a learning disability face particular challenges in getting timely access to good care.
- Most NHS specialist services are rated as good or outstanding and across all services there are examples of good and outstanding practice, but there is also variation in the quality of care.
- Safety remains the CQC's biggest overall concern about specialist services, followed by staffing matters and a lack of person-centred care approaches in some services.
- Phase 2 of the CQC's review including fieldwork in ten local areas, will explore the reasons for variation and what could be done to make it easier to improve access and quality.

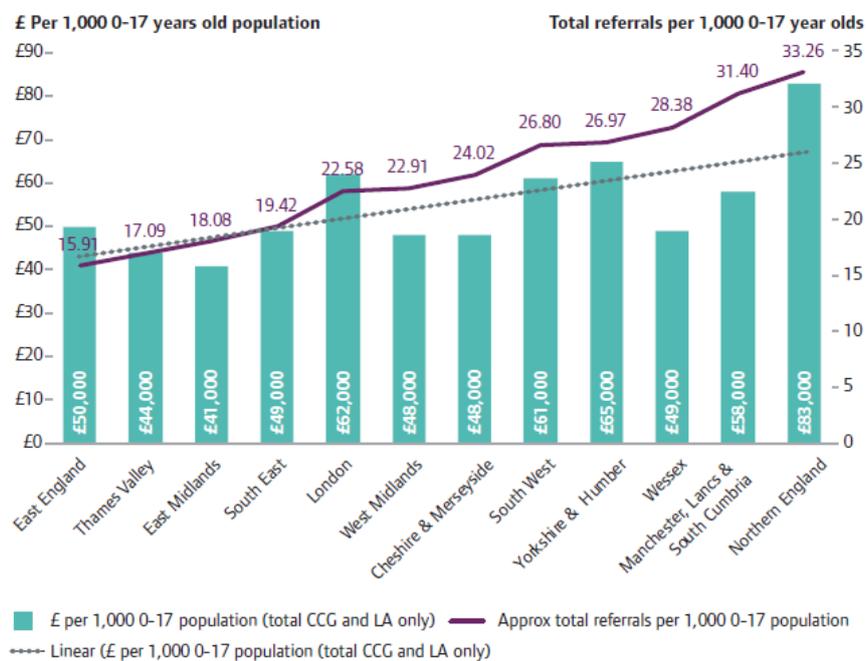
Introduction

The report is based on a literature review of existing research and evidence on children and young people's mental health services in England including the CQC's inspections of specialist child and adolescent mental health services and recent reports of CAMHS including the *Five Year Forward View for Mental Health*, and *Future in Mind*. It has also received input from people with expert knowledge and experience of CAMHS, including an Expert Advisory Group (of which NHS Providers is a member); children and young people experts by experience, and children in care and their carers. Phase 1's findings have

informed CQC's approach to Phase 2, currently underway, which consists of in-depth review of children and young people's services in ten localities, and will report in early 2018.

- Mental health problems account for a significant proportion of ill-health in children and young people.
- Suicide is a leading causes of death in this age group., many of whom had previously self-harmed.
- Estimates of prevalence are based on 2004 survey results and are likely to currently estimate the problem, as well as mark the regional variation in needs across England.
- More children are being diagnosed with particular conditions such as autism, and particular population groups including boys, older teenagers, LGBT children, children in care and children in criminal justice exhibit greater mental health problems and risk of suicide.
- The system is highly fractured, owing to the many organisations that commission and provide services across the Tiers of services. Poor quality data prevents clear understanding of demand and access patterns across England, though the available data suggests demand is increasing across the system. Figure 1 illustrates variation in 2015 data on referrals and regional spend.
- NHS England has estimated that 46% of expenditure on targeted community mental health services for children and young people (Tiers 2 and 3) comes from clinical commissioning groups, 38% from NHS England, and 16% from local authorities.

FIGURE 1: ANNUAL TOTAL REFERRALS TO CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES COMPARED WITH EXPENDITURE PER 1,000 0-17 GENERAL POPULATION



Source: NHS England

Note: 2015 data (includes services commissioned by clinical commissioning groups (CCGs) and local authorities (LAs) only).³⁵ Each area collected, broke down and interpreted data in different ways. This makes it more difficult to make comparisons and understand trends.

What can we learn from people's experiences of care?

As set out in the CQC's recent State of Mental Health Services report, the CQC has rated the majority of specialist CAMHS as good or outstanding overall. However, system fragmentation can lead to a poor experience of care and challenges in accessing timely and appropriate support. There are key themes that have arisen in the review that reflect problems in children and young people's experiences of care:

- **Relationships with staff and professionals are the most important factor** in the experience of care. Staffing changes affecting continuity, perceived gaps in staff skills, or staff being too busy to give sufficient attention affected young people's experiences.
- **Waiting times are becoming of increasing concern** - complaints to ChildLine about access to CAMHS have increased. Some children's mental health deteriorated while waiting for access to treatment.
- There is **variation in how well services provide person-centred care** with too many children and young people reporting a lack of choice and flexibility in how they access and receive services.
- Though it is decreasing, **stigma remains a barrier to seeking early assistance** both in terms of acknowledging a problem and being seen to access services. Some families fear negative judgment.
- **Children and families wish to be more involved** by mental health professionals in designing services and planning care, and to be taken more seriously when seeking help for mental health problems.
- **Fragmented care and poor alignment between services** is creating damaging waits for access to treatment and a lack of information about what is happening while a child is waiting for access.
- **Transition from children's mental health services to adult services** is not always planned or delivered effectively creating gaps in continuity of care and a greatly reduced level of support.
- **Significant local variation exists in thresholds for access** to specialist CAMHS and in the proportion of referrals accepted for treatment, and this is impacting especially on children in vulnerable groups.

Where do services need to improve?

Drawing on qualitative analysis of a sample of the CQC's 101 inspection reports into specialist inpatient and community CAMHS, the CQC highlighted the following issues:

- **Safety:** the greatest area of overall concern, with regulatory breaches most frequently related to insufficient risk management, including for children and young people on waiting lists. Concerns about the physical environment for care included infections risks and poor equipment.
- **Access to timely care and support:** widespread issues affect the availability of community-based CAMHS, and significant variation in locally set threshold and waiting time targets, with 'non-urgent' cases waiting from 35 days to 18 weeks. Crisis care availability is highly limited due to lack of 24-hour provision or staff without specialist skills for children's mental health. Admissions to adult wards or out of area persist in areas where low bed numbers prevent sufficient access to local inpatient care.
- **Staffing:** low levels of staffing, with 14 providers found in breach of regulatory requirements on appropriate staffing, and poor knowledge in some providers of appropriate use of the Mental Health Act and Mental Capacity Act. Appropriate staff training and supervision are also issues in some services.
- **Person-centred care:** most specialist services are rated good or outstanding on caring, with CQC's main concerns relating to inadequate physical health checks, poorly maintained facilities and some aspects of privacy and confidentiality in inpatient services.

- **Governance:** Problems exist in some services, including out of date or poorly-implemented policies, compliance with the MHA and MCA, and appropriate Disclosure and Barring Service checks for staff were among the concerns identified in specialist services.
- **Recording and reporting information:** some services are failing to address issues around inaccurate and incomplete records and poorly completed care plans.

What are the barriers to high quality care?

Specialist CAMHS are only part of a complex system of mental health care for children and young people that also encompasses schools, GP practices, hospitals, social care, youth services, commissioners and regulators.

- **Gaps in the availability of data:** The last prevalence survey was conducted in 2004, meaning that much planning is based on outdated information about scale and nature of mental health problems in children and young people. NHS Digital is developing a new data set that will focus on NHS services but not the broader service setting. The prevalence survey will be updated in 2018 based on 2017 survey results. Data gaps also affect information about what services are provided where, particularly with respect to non-specialist support in schools and community settings. Poor information sharing is driven by incompatible IT systems, fears of breaching data protection laws, and difference governance and record keeping processes and systems. Data gaps also affect visibility of prescribing information for mental health medication in primary care and paediatric services.
- **Increasing levels of demand for care and support:** notwithstanding the data issues, recent reports and reviews have shown rising demand for services across primary care, secondary mental health services, accident and emergency departments, children's mental health helplines, and specialist services. It is unclear what the underlying demographic and demand drivers are and whether services are responding to meet these more effectively.
- **Workforce skills, numbers and capacity:** recruitment and retention are significant challenges across the entire range of mental health services for children and young people, from schools to specialist services. For those who are working in children's mental health care, there are concerns about the sufficiency and adequacy of skills, training and supervision.
- **Schools-based mental health support:** Schools play a vital role in supporting child and adolescent mental health, Around 70% of secondary schools and 52% of primary schools in England offer counselling services. However, access in schools has been raised by children and their families as a concern and what is available could be more flexible and varied in offer. Skills of staff in providing support are also varied and many staff lack sufficient time to invest in providing support to pupils. More information and education on mental health could also help to address stigma about using services.
- **A fragmented system:** the many different services involved in providing mental health care across the system do not always work together in a joined up way. Poor communication and collaboration also affect the working relationships between services and reduced quality of care. Disjointed and variable quality of commissioning, and differential approaches to funding and regulation of these services across health, schools and social care can also impede more effective collaboration and integrated services.

What good and outstanding practice can we learn from?

The majority of specialist CAMHS offer high quality care overall, with 73% of specialist inpatient services and 59% of specialist community services rated as good and 7% of specialist inpatient services and 9% of specialist community services rated as outstanding, following their latest CQC inspection. There are also examples of good or outstanding practice in services that were rated as requires improvement or inadequate overall. Common factors in the highest quality specialist services included:

- **Involving children, young people, families and carers** through such activities as participating in ward rounds and other activities to help shape the way services are delivered; involving children and young people in staff recruitment activities; offering children and their families regular opportunities to provide feedback and a role in creating supporting materials for service users; and involving children and their families in multidisciplinary team (MDT) meetings.
- **Collaboration between teams and professionals in services** is done well in many providers, with the best services holding regular MDT meetings to share experiences and reflect and learn from incidents.
- **Collaboration between different organisations and services** is particularly common between specialist inpatient and community based services, and where it works well across local systems it is often aligned to a collaborative group such as a local quality improvement network. Bringing representatives together for care planning also improves quality. Co-locating services in one place has aided good working relationships in many places. Strong links and joint working between schools and mental health services are an important feature of good or outstanding practices.
- **Innovative ways of providing person-centred care** included flexible approaches to facilitate remote appointments, family-friendly arrangements for accommodation, and taking services to locations more convenient to service users such as at home or school, and innovative therapeutic approaches
- **Improving access to services for crisis care** involved better provision in acute settings, proactive care planning and signposting for rapid support when approaching crisis point and providing copies to families, and some extended hours of operation to reduce waiting times. Good services kept children and their families informed about waiting times, monitored their wellbeing and supported schools- and community-based support while waiting for specialist care.
- **Education and training for staff, children and young people and their families** made a significant difference to care quality and recovery, with some services offering topic-based workshops for families and service users, and provided mental health education and training in schools to staff and pupils to support children who did not meet threshold for specialist services. Children were also sometimes involved in helping to train teachers and schools staff in mental health skills.

Next steps

The next phase of the review will explore in greater depth the barriers and enablers to improving quality and access in children's mental health services identified in this report, through fieldwork in ten local areas. The CQC will talk to children, young people, families and carers who have used or tried to engaged with local mental health services, and will review data and evidence about access and quality. Analysis will track how children and young people have moved through the system. A final report will be published in spring 2018 setting out the findings and recommendations to encourage improvement.

NHS Providers media statement

Mental health services for children and young people face growing pressures

Responding to the initial review of mental health services for children and young people by the Care Quality Commission (CQC), the director of policy and strategy at NHS Providers, Saffron Cordery, said:

“It is right that mental health services for children and young people have been made a national priority. The consequences of failure can be severe and long lasting.

“This report is clear that while many young people receive excellent NHS mental health care, they often encounter unacceptable delays to getting it, and for some the quality of care falls short of what they need and deserve.

“Our recent report *The State of the NHS Provider Sector* highlighted deep concerns among NHS mental health trust leaders about increasing pressures on services. In particular it pointed to the growth in the numbers of children attending A & E departments for psychiatric reasons and the rise in referrals for child and adolescent mental health services (CAMHS).

“At the same time trusts face enormous funding pressures, and workforce challenges are growing – once again, particularly in CAMHS.

“Trusts are working hard to deliver safe, timely, high quality care in an extremely difficult environment.

“We look forward to the speedy publication of the government’s green paper, to support improvements in care that we all want to see.”

Ends

NHS Providers

27 October 2017