

**The following information is a summary of published reports from the Education Policy Institute which has been provided by the Democratic Services Officer as background for the Committee**

1. The Education Policy Institute established a Commission on Children and Young People's Mental Health, which has published three reports assessing national progress with the delivery of *"Future in Mind"*.
2. The first report, *"Children and Young People's Mental Health: The State of the Nation"* was published in April 2016. It found that nationally, child and adolescent mental health services were turning away, on average, nearly a quarter (23 per cent) of the young people referred to them for help, often because there were high thresholds for access to services. Once a referral was accepted, young people frequently had to wait many months for treatment, with significant variation in waiting times between providers. The median waiting time for Suffolk was between 5-10 weeks, within a national range of less than 5 - 25 weeks.
3. The second report *"Progress and Challenges"* (published August 2016) considered the quality of published Transformation Plans, judged on 5 measures (transparency, involvement of children and young people, level of ambition, early intervention, including links with schools and GPs, and governance) each marked out of 10. Suffolk achieved a green rating (8-10 points) for transparency, and amber (6-7 points) for all other parameters and was rated "requires improvement" overall. Nationally 18 plans (15%) were rated "good", 58 plans (48%) "required improvement" and 45 plans (37%) "required substantial improvement". (*Note: this exercise was focused on the initial Transformation Plan submissions in Autumn 2015 and the researchers did not provide any opportunity for discussion with officers. Since then the Suffolk Transformation Plan has been revisited, and the refreshed version was published in October 2016*).
4. The report identified significant challenges in recruiting the right workforce, particularly consultant psychiatrists and mental health nurses, and in ensuring existing staff had up to date training in evidence-based practice. It was also concerned that **nationally**:
  - a) The additional announced funding should be invested in frontline services and not replaced with cuts in early intervention support.
  - b) Local health and care leaders should have the right skills and expertise to commission services effectively.
  - c) There should be accurate data on the level of need and the quality and availability of services in each area.
  - d) Services are fragmented, with gaps and inconsistencies between specialist and community care, health, social care and education, and physical and mental health.
  - e) The current system prevents early-intervention, meaning that young people often only access support when they have reached a crisis.
5. The third report *"Time To Deliver"* (published November 2016), set out policy recommendations to improve service transformation, based on the findings of the research. The following paragraphs are an extract from the report:

**Extract from *Time To Deliver*' (November 2016), Education Policy Institute  
Commission on Children and Young People's Mental Health:**

The Commission proposes that the Prime Minister should announce a **National Challenge on Children's Mental Health**, making it a key priority of her administration. This would include:

**1. Prevention**

1. A sustained focus on **raising awareness and reducing stigma**.
2. An easy to understand web-based **parenting guide for all parents**.
3. The establishment of a **Mental Health Research Institute** in order to fund research into understanding mental health, new treatments such as talking therapies or better medication, and develop the evidence base for effective interventions.
4. A strategy to **empower young people to live safe digital lives**. This should focus on developing young people's resilience and critical thinking skills in the face of online threats, given the impossibility of eliminating all online risk. It should cover threats such as excessive internet use, child protection, websites promoting suicide, self-harm or eating disorders (e.g. pro-ana and pro-mia sites that promote anorexia or bulimia) and cyber-bullying.

**2. Early Intervention**

1. **Nationally kite marked, easy to access (by drop-in, or self-referral, with no thresholds) services in every area.**
2. A high profile, national government programme to ensure **a stronger focus on mental health and wellbeing within schools**. This should include:
  - i. **Evidence-based training for teachers**
  - ii. A **trained lead for mental health and wellbeing in every school, college and university**.
  - iii. **Schools, colleges and universities adopting** the WHO recommended Whole School Approach model.
  - iv. **Within its existing framework categories, Ofsted having regard to wellbeing in any inspection of a school or college.**
  - v. **Mandatory updated high quality, statutory PSHE** in all schools and colleges, with dedicated time for mental health.
3. A clear strategy to improve access to the right care for young people with mental health problems from a variety of communities.

**3. Delivering better treatment**

1. **Areas should not receive their annual share of the additional £1.4bn unless** they can demonstrate that they have robust plans to improve care and all the additional funding is being spent on children's mental health and not offsetting cuts elsewhere. This should include an audit of progress in delivery of their initial local transformation plan and expenditure in 2015/16 and 2016/17.
2. The strategy should **set a series of ambitious goals for care**, including that no one should wait more than eight weeks for routine treatment (the current average waiting time across services).

3. The Government's **Workforce Strategy** must be creative around workforce, exploring new ways of working and skills sharing.
4. **The practice of making a young person leave their support service on their 18th birthday must end.** Young people should be able to choose when to transition up to the age of 25 with support from their therapists and parents or carers.

The Commission has also identified a **checklist for local health and care leaders** based on what we have learnt about the best way to improve service provision. This covers: good commissioning practice; effective partnership working; early-intervention and engagement; workforce development and transition to adult services.

The reports can be found by following these links:

1. "*Children and Young People's Mental Health: The State of the Nation*" (April 2016):

<http://epi.org.uk/wp-content/uploads/2016/05/State-of-the-Nation-report-web.pdf>

2. "*Progress and Challenges*" (published August 2016):

<http://epi.org.uk/wp-content/uploads/2016/08/progress-and-challenges.pdf>

3. "Time to Deliver" (published November 2016):

<http://epi.org.uk/wp-content/uploads/2016/11/time-to-deliver-web.pdf>

