

Written Submission by the NI Commissioner for Children and Young People to the Northern Ireland Affairs Committee Inquiry into Health Funding in Northern Ireland

11th January 2019

1.0 Introduction

The Commissioner for Children and Young People (NICCY) was created in accordance with 'The Commissioner for Children and Young People (Northern Ireland) Order' (2003) to safeguard and promote the rights and best interests of children and young people in Northern Ireland. Under Articles 7(2) and (3) of this legislation, NICCY has a mandate to keep under review the adequacy and effectiveness of law, practice and services relating to the rights and best interests of children and young people by relevant authorities. Under Article 7(4), NICCY has a statutory duty to advise any relevant authority on matters concerning the rights or best interests of children and young persons. The Commissioner's remit includes children and young people from birth up to 18 years, or 21 years, if the young person is disabled or in the care of social services. In carrying out her functions, the Commissioner's paramount consideration is the rights of the child or young person, having particular regard to their wishes and feelings. In exercising her functions, the Commissioner has regard to all relevant provisions of the United Nations Convention on the Rights of the Child (UNCRC).

The most recent examination of the UK and devolved governments' compliance with the UNCRC was carried out by the Committee on the Rights of the Child, (hereafter 'the Committee'), in May 2016. During this examination the Committee made a number of specific recommendations regarding mental health support and services. The recommendations included very strongly worded advice to the State Party to rigorously invest in child and adolescent mental health and to develop strategies to ensure services are provided on a child rights compliant basis. They also recommended that the State Party focus on providing measurable indicators, disaggregated data and addressing key underlying determinants of poor mental health.¹ A more detailed outline of the Concluding Observations made by the Committee on the Rights of the Child, in its most recent examination of the State Party and including an overview of the child rights framework for

¹ [CRC/C/GBR/CO/5 \(2016\) Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland, July 2016.](#)

emotional welling and mental health is available from Section 2 of NICCY's Mental Health Review.²

In line with Article 24 of the UNCRC, NICCY has a vision for mental healthcare system in Northern Ireland that ensures that all children in Northern Ireland can enjoy the highest attainable standard of mental health, and have equal and unimpeded access to services and facilities for the prevention, early intervention and treatment of mental illness.

The constraints on health funding in Northern Ireland are impacting on critical services for children and young people. This is particularly the case for child and adolescent mental health services, and for this reason, the Commissioner made mental health one of her key priorities when she took up post. The challenges of providing good quality mental health support to children and young people is not unique to Northern Ireland, other parts of the UK and Ireland face similar problems. However, in Northern Ireland we face a number of specific challenges, not least is the fact that as a post-conflict society Northern Ireland is also facing a wide range of issues, including higher rates of socio-economic deprivation and disproportionality higher rates of mental ill health compared to other parts of the UK.³ In addition to this, Northern Ireland has been without a devolved Government for 2 years, this has had significant negative impact on progress in respect to legislation, policy and practice across a wide range of areas, including education, poverty and mental health.⁴

2.0 NICCY's work on Emotional and Mental Health Services for Children and Young People

In September 2018, NICCY published a Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland- '*Still Waiting*'.⁵

Our submission draws extensively on the findings from this Review. We trust that you have received a copy of NICCY's Review in the post. Electronic copies of the report are also available from NICCY's website- <https://www.niccy.org/stillwaiting>.

² [NICCY \(2018\) A Rights Based Review of Mental Health Services and Support: '*Still Waiting*'](#)

³ [NICCY \(2017\) Child and Adolescent Mental Health Problems: A Scoping Paper.](#)

⁴ [NICCY \(2018\) Statement on Children's Rights in Northern Ireland'](#)

⁵ [NICCY \(2018\) A Rights Based Review of Mental Health Services and Support: '*Still Waiting*'](#)

The Review was carried out by the Northern Ireland Commissioner for Children and Young People (NICCY) in accordance with its functions under Article 7(2) and 7(3) of The Commissioner for Children and Young People (Northern Ireland) Order 2003. The aim of the Review was to assess the adequacy of mental health services and support for children and young people, using a children's rights framework.

A mixed methods approach was taken to this Review, which included 3 strands of work as set out below:

1. Gathering children and young people's experiences of having had or trying to get help for their mental health.

Feedback was gathered using an online survey with young people aged 11–21 years old, who had experience of accessing, or trying to access support for their mental health. In addition to the online survey which any child or young person could complete, face to face interviews were carried out with two specific groups of young people, these were young people with a mild learning disability or difficulty (aged 17–25 years old), and those who had alcohol and drug problems (aged 14–25 years old).

2. Mapping and analysis of operational data on mental health services.

Key relevant authorities were asked for information on mental health services available to children and young people and activity data attached to them i.e. number of young people accessing services, demographic profile of service users and waiting times for accessing services.

3. Mapping and analysis of investment in mental health services.

Key relevant authorities were asked for a detailed budgetary breakdown of investment in services contained in the Stepped Care Model for CAMHS. The Stepped Care Model is the regionally agreed model for the organisation and delivery of Child and Adolescent Mental Health Services (CAMHS). The model is underpinned by a whole system understanding of mental health in which the 'provision of services to enhance mental and emotional well-being is wider than statutory health and social care and involves community and voluntary sector groups, education and youth justice organisations.'⁶

⁶ [DHSSPS \(2012\) Child and Adolescent Mental Health Services: A Service Model](#)

Table 1.0: The Regional Model contains 5 different stages of support and there are a range of support or services that fall under each of these stages which are outlined in the diagram below.

Step 1	Targeted Prevention	GP, school nursing, maternal care services, school nursing, health visiting, public health education, community / voluntary development, youth services, education, independent sector.
Step 2	Early Intervention	Primary mental health services, paediatric care services, child development services, infant mental health services, family support and social care, LAC Therapeutic services, community led mental health services, youth counselling, children's disability teams.
Step 3	Specialised Intervention Services	Elective CAMHS teams, eating disorder, addiction services, specialist autism service, safeguarding services, Family Trauma Services, Behavioural Support for Learning Disability Services,
Step 4	Integrated Crisis Intervention Child and Family Services	CAMHS resolution and home treatment teams, crisis residential care, intensive day care support services.
Step 5	Inpatient and Regional Specialist Services	Paediatric intensive care unit (PICU), acute inpatient care, Secure care, forensic CAMHS.

Source: Adapted from DHSSPS, 2012 Stepped Care Service Model for CAMHS

The report provides a depth and breadth of information on the experiences of children and young people who have accessed or attempted to access mental health services which has not been collected before. As such, it provides a vital insight into the child and adolescent mental health system from the point of view of the service user, the information is of particular relevance and value to those responsible for policy decision making, as well as those involved in the planning and commissioning of services.

In total, the Review contains 50 recommendations that encompass the entirety of a young person's journey with accessing or attempting to access mental health services and support. The recommendations range in their focus, however, additional investment is an overarching requirement, and sits alongside the need for better data collection and

monitoring, better co-ordination and integration within and between services, and using existing resources differently. It is critical that services are configured in a way that reflects objective need, and are delivered in a young person friendly way. Our Review has identified that mental health services and support, particularly statutory services are not re-modelling how services are delivered quickly enough, or in a way that is making a real difference to children and young people's experience of services.

Our submission to the Inquiry draws extensively on the findings from NICCY's Mental Health Review and has focused on the following three questions:

1. Which areas of health and social care are under most pressure and how could funding be used to alleviate these pressures?
2. Should the UK Government ensure that additional confidence and supply funding earmarked for specific areas is spent on those areas, and if so how?
3. How could funding in the short-term be used to bring about long-term transformational change in the HSC?

1. Which areas of health and social care are under most pressure and how could funding be used to alleviate these pressures?

NICCY's Mental Health Review found a mental health system under significant pressure, finding it difficult to respond to the scale of need and the complexity of issues with which children and young people are presenting. It identified significant variation in the availability, accessibility, acceptability and quality of mental health support available to children and young people in Northern Ireland.

NICCY welcomes the positive developments in child and adolescent mental health services in Northern Ireland over the past decade; this includes the publication of the Stepped Care Model for CAMHS as the regionally agreed model for the organisation and delivery of services. Other important developments include the establishment of Crisis Assessment Intervention Teams (CAIT), and more recently further investment in data and monitoring processes.

Unfortunately, the core budget for children's and young people's mental health services has not changed significantly enough to meet its ambitions for system reform. The pace of change has been too slow.

The strategic direction for mental health policy in the Department of Health over the last number of years has been based on the recommendations from the Bamford Review which was published in 2006 / 2007.⁷ The Bamford Review remains one of the most comprehensive reviews of mental health and learning disability services that Northern Ireland has ever had. A Review of CAMHS was part of the suite of reports published by Bamford, and the Stepped Care Model for CAMHS published in 2012 became an out-working of this. As described above in Table 1.0, the Stepped Care Model is the regionally agreed model for the organisation and delivery of CAMHS. When the Model was published, figures were not provided on how much funding would be required to fully implement the core services across the region, but it was acknowledged that aspects of it would require additional funding. The plan was also for the core services with the framework to be in place within 5-10 years. Unfortunately, the necessary investment has not been provided, therefore the implementation of the Model continues to be a work in progress. The establishment of core services has not been carried out in a unified or consistent manner across Northern Ireland, therefore provisions are more developed in some Health and Social Care Trust (HSCT) areas than in others. Although there may be clear locality specific strategic and operational reasons for prioritising the development of some services over others, basic services should be available across the whole region and presently this is not the case, perpetuating the fragmented nature of CAMHS across different Trust areas.

The Department of Health has committed to the implementation of the recommendations included as part of the Bamford Review, this has included the development of action plans and progress reports to monitor change, however, they generally have limited focus on children and young people. The last published action plan was for the period 2012-2015 and has not been updated.⁸ Furthermore, an evaluation / progress report for the period 2012-2015 remains unpublished as it did not receive full Ministerial and Executive clearance prior to the suspension of the Assembly in early 2017.

Since the Bamford Reports were published there has been a significant number of additional Reviews carried out on different parts of the child and adolescent mental health

⁷ <https://www.health-ni.gov.uk/articles/bamford-review-mental-health-and-learning-disability>

⁸ <https://www.health-ni.gov.uk/consultations/bamford-evaluation-your-experience-matters>

system, some of which are outlined below. These Reviews have outlined very important issues, including actions or recommendations needed to ensure that services are meeting need, however these Reviews have generally lacked clear implementation plans with the required financial and human resource; where implementation plans have been in place, delivery of actions have been vague, and targets have not always been met.

1. RQIA (2011) “Independent Review of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland”;
2. Rees et. al., (2014) “A Review of Beechcroft and Child and Adolescent Acute Care Pathways”;
3. HSCB and PHA (2017) “10,000 Voices: Regional Report- Experience of Paediatric Autism and CAMHS Project”;
4. Leavey et al., (2017) “Improving mental health pathways and care for adolescents during transition to adult services in NI” (IMPACT); and
5. DoH (2018) “Review of Regional Facilities for Children and Young People”⁹

More recently, the DoH has started to carry out preliminary consultation on a 5 year Mental Health Plan with the focus on improving the general mental health of people in Northern Ireland. We welcome any developments the DoH can take to provide greater strategic focus on children’s mental health, including setting out a clear and comprehensive plan on the provision of a regional model of CAMHS in Northern Ireland which provides a *‘comprehensive array of services that addresses the physical, emotional, social and educational needs in order to promote positive mental health.’*¹⁰

NICCY’s view is that this planning work needs to take a much stronger focus on key actions across the life span, including those specific actions required in order to improve children’s mental health. The 5-year mental health planning work is also in the context of no additional monies being available for mental health. Although not all reform requires additional investment, mental health provision for children and young people’s mental health in particular, is an area where adequate and sustainable change does require significant additional funding given historic underinvestment.

The budgeting work that NICCY undertook as part of this Review provides one of the most comprehensive pictures to date, of how government funds emotional and mental health services for children and young people in Northern Ireland. The methodology applied in

⁹ This report has only been published in December

¹⁰ [DHSSPS \(2012\) Child and Adolescent Mental Health Services: A Service Model](#)

this piece of work was adapted from that used in the Dartington Social Research Unit (DRSU) children’s budgeting project, commissioned by NICCY and Atlantic Philanthropies in 2015.¹¹ It was originally designed to map expenditure on a range of children’s services in Health and Local Authority systems in England and was adapted in the 2015 project to the specific requirements of the Northern Ireland research. With guidance from DRSU, NICCY adapted the methodology further for this project, aligning it closely with the CAMHS Stepped Care model.¹²

NICCYs Review provided further evidence of the widely known fact that mental health services for children and young people in Northern Ireland are chronically under-funded.

Table 2.0 below outlines the range of investment across all levels of emotional and mental health services for children and young people. The most recent full year budgeting information available for the Review was 2015/16, it found that from an overall health budget of £4,036 million, just over £31 million was spent on child and adolescent mental health services, which is less than 0.8% of the budget. **This means that less than 1p in every pound of the overall health budget is invested in children’s emotional wellbeing and mental health services.**

Table 2.0: Total expenditure by Steps and HSCT areas, 2015–16

	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	
Step 1	£974,927	£810,195	£901,396	£770,310	£966,356	£4,423,184
Step 2	£1,264,395	£1,296,291	£1,115,819	£1,382,436	£1,276,200	£6,335,140
Step 3	£1,870,005	£2,578,047	£1,759,670	£2,813,923	£2,662,822	£11,684,466
Step 4	£472,472	£340,256	£472,471	*	*	£1,285,199
Step 5						£7,490,950
Total	£6,079,989	£6,522,979	£5,747,546	£6,464,859	£6,403,567	£31,218,939

* Figures for Steps 3 and 4 services were provided combined for SHSCT, and for WHSCT

Figure 1.0 below outlines how the reported budget spend on emotional and mental health services for children and young people is broken down regionally across Step 1 -5 of the Stepped Care Model. As the graph illustrates the largest investment is concentrated in Steps 3 and 5, which are statutory or core CAMHS services.

¹¹ Kemp, F., Ohlson, C., Raja, A., Morpeth, L., and Axford, N., (2015) [Fund-Mapping: The Investment of Public Resources in the Wellbeing of Children and Young People in Northern Ireland](#), Belfast: NICCY/Atlantic Philanthropies.

¹² Further detail of the methodology is available in [NICCYs Mental Health Review](#)

Figure 1.0: Regional Breakdown of budget reported by Step 1-5, 2015–16

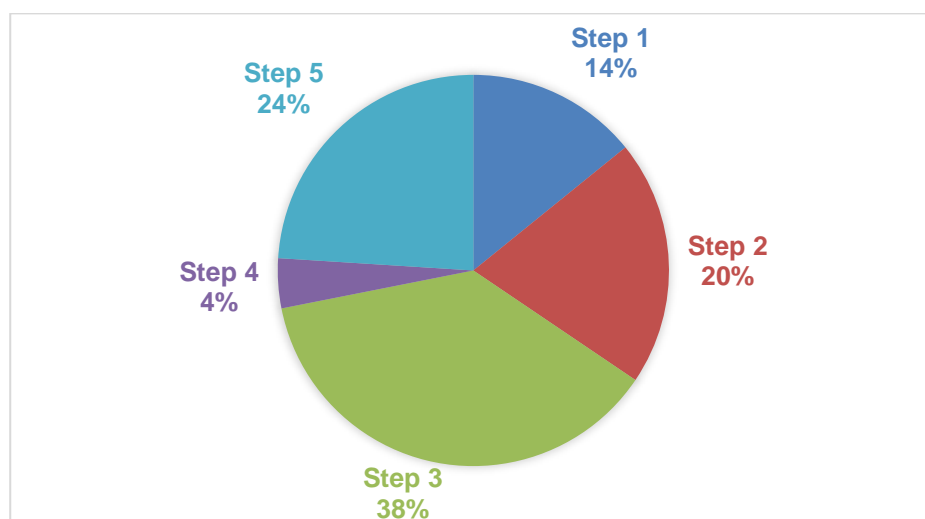


Table 3.0 shows the comparison in spend on statutory mental health services between adult (18 years and over) and child and adolescent (under 18 year olds) services. **The figures show that less than 8% of spend on statutory mental health services goes to under 18s, with the vast majority of spend going to services for those aged 18+.** This investment is hugely disproportionate, especially when one considers that half of mental health problems start by the age of 14 and 75% by the age of 18.¹³

Table 3.0: Step 3-5 Budget spend between Child and Adult Mental Health Services 2015-16

CAMHS	£19,574,861 ¹⁴	7.80%
Adult Mental Health	£231,384,895	92.20%
	£250,959,756	

NICCYs Mental Health Review has concluded that, in order to drive adequate and

¹³ Khan, L. (2016) Missed Opportunities: A review of recent evidence into children and young people's mental health, Centre for Mental Health 2016.

¹⁴ Please Note: This figure was provided by HSCB to NICCY in 2017 and is separate to the budgeting data collected by NICCY.

proportionate spend on children and young people’s mental health greater investment must be provided across prevention, promotion and rehabilitation services.

More specifically the Review has recommended that sufficient investment is provided to fully implement the Stepped Care Model of CAMHS, to include the development of a Children and Young People Mental Health Transformation Fund.

In order to drive these recommendations forward, NICCY has also recommended that an inter-departmental and inter-sectoral project board should be established to oversee the range of recommendations made within the Review. This includes a specific role for the Project Board to review the funding of emotional and mental health services and to determine where additional resources should be allocated to have the most positive impact on the greatest number of children and young people.

The fund mapping methodology used as part of NICCYs Review should be used to map changes in spending on emotional and mental health services over time. This should be robustly reported on to show the progressive realisation of children’s right to health and their compliance with the statutory duty placed on agencies by the Children’s Services Co-operation Act 2015¹⁵ to work together to improve the wellbeing of children and young people.

Investment in children and young people’s mental health services is widely accepted as insufficient, including by previous Health Ministers in Northern Ireland and civil servants working in health policy and commissioning.

The most recent high-level policy direction in terms of health and social care comes from ‘Health and Wellbeing 2026, Delivering Together’¹⁶, which provides ‘a 10 year approach to transforming health and social care’. With respect to mental health, a number of commitments were made to achieving parity of esteem between mental and physical health, including better specialist services (such as perinatal mental health), expansion of community services and those to deal with the trauma of the past.

The then Minister for Health, Michelle O’Neill MLA, stated in the document:

¹⁵ <https://www.legislation.gov.uk/nia/2015/10/contents>

¹⁶ [DoH \(2016\) Health and Wellbeing 2026 - Delivering Together](#)

“Mental health is one of my priorities as Minister of Health, and it is an issue that I will champion at every opportunity. I want better specialist mental health services. This would include further support for perinatal mental health and inpatient services for mothers, with potential to address the need that exists across the island. We will expand services in the community and services to deal with the trauma of the past. Underpinning all of this, I am committed to achieving a parity of esteem between mental and physical health to ensure that we are tackling the true impact of mental health on our communities.”

Achieving parity of esteem between physical and mental health is an ambition for Governments across the UK, unfortunately, it has yet to be fully translated into decisions that are made at a policy and commissioning level. A recent report by the Institute for Public Policy Research looked at health spending in England and compared access and quality of mental health care to physical health care. It found that to guarantee parity of esteem, mental health spending must double by 2030, alongside uplifts in public health and social care budgets. This equates to a 5 per cent annual increase in the mental health budget. The report also states that spend in mental health must go up faster than the overall increase in health spending for parity to be achieved.¹⁷ Workforce data collected by the Royal College of Paediatrics and Child Health (RCPCH) through a workforce census carried out every 2 years across paediatric services in each region of the UK, highlights that in general gaps in staffing is higher in NI than in any other part of the UK.¹⁸

The HSCB is the statutory body responsible for commissioning mental health services in Northern Ireland, this includes child and adolescent mental health services (CAMHS). It has calculated that investment in CAMHS should be around 10% of the mental health budget, this estimation is based on a similar proportion of the UK national spend on mental health, and has thus identified a funding gap of £4.8 million per annum. The HSCB have also indicated that any additional money would be focused on prevention / early intervention work.¹⁹ It is concerning and frustrating that an uplift in recurrent funding for child and adolescent mental health services has not happened, despite bids from within commissioning planning processes. This is also despite a greater focus of mental health and public health campaign work, which is encouraging people to seek help when they need it.²⁰ Unlike other parts of the UK, core funding for children’s mental health has not

¹⁷ [IPPR \(2018\) Fair Funding for Mental Health](#)

¹⁸ <https://www.rcpch.ac.uk/work-we-do/workforce-service-design/workforce-census-2017>.

¹⁹ Letter to NICCY from HSCB in response to request for information, March 2017.

²⁰ Inspire- ‘Change your Mind’, ‘Time to Talk’, <https://www.changeyourmindni.org/>. Mind Your Head - <https://www.mindingyourhead.info/>

increased.²¹ This lack of funding is set against a context of increasing scale and complexity of need.²² This includes the fact that in all parts of the UK other than Northern Ireland, suicide rates are falling.²³ Although rates of suicide across NI are not necessarily directly comparable, this is a worrying trend.

Doing things differently - meaningful and effective integration of services

To drive real positive and sustainable change in the availability, accessibility and quality of mental health services and support available to young people, we need a system that works together - a system that recognises that children's lives cannot be compartmentalised and which organises itself in way that reflects that. Nowhere is this need for a whole system approach more critical than in the complex reality of children's emotional wellbeing and mental health.

The fund mapping work carried out as part of NICCY's Mental Health Review identified that a range of funders and agencies were providing services to support children and young people's emotional and mental health. It found that in terms of Steps 1 and 2 services, three key bodies fund critical universal preventative and targeted early intervention services, these are Public Health Agency (PHA), Education Authority (EA) and Health and Social Care Board (HSCB). Moreover, most of these services are provided by voluntary sector organisations, some of which are able to draw in additional resources through charitable funding. The remaining services which fall under Steps 3 to 5 are statutory services that are in the main, funded through the HSCB.

It is important that all these agencies work together in planning, commissioning, delivering and evaluating these services in order to ensure that finite resource are being used to best effect. Planning for new CAMHS investment is taken forward through the HSCB regional commissioning group and the HSCB Finance Directorate subsequently allocates funding to Trusts on the basis of 'capitation fair shares'. A 'capitation formula' is a statistical formula designed to measure the relative need for resources across localities, and is used to distribute additional resources. The formula is built up from individual programme of care models, taking account of a range of factors, including differences in population size and age/gender mix; this is aggregated to provide a 'composite fair share' for each locality.

²¹ [OCCE, Children's Mental Health Briefing: November 2018](#)

²² [NICCY \(2017\) Child and Adolescent Mental Health Problems: A Scoping Paper.](#)

²³ [Samaritans- Suicide Fact and Figures - 2018](#)

However, prevalence data it is not available in Northern Ireland, therefore these assessments cannot be based on a robust measure of known mental health needs.

The majority of the existing investment in CAMHS is within HSCT baseline funding and reflects an accumulation of historical investment rolled forward year on year. Baseline resources are already committed with staff employed in the services established within Trusts, and are periodically reviewed to reflect changing local priorities, population data and any requirement for efficiencies.

NICCY's Review found that within HSCTs, the configuration of services tends to reflect historical developments rather than necessarily the most efficient structures. Consequently some mental health services or support sit within directorates or programmes of care that aren't easy to identify, thereby preventing the flow of funding reaching the intended group, and limiting the impact of services on intended outcomes. One example of this which is highlighted in NICCY's Review concerns mental health services for children with learning disabilities. During the Review it became evident that young people with a learning disability are not clearly visible in the mental health system. This lack of visibility and integration of mental health and learning disability services is apparent in the commissioning and management structures, including Programmes of Care. Within Healthcare in Northern Ireland, there are seven Programme of Care (POC) which are divisions of healthcare into which activity and financial data are assigned. They are used to plan and monitor health services and are not defined by age. POC 5 is a defined division of healthcare that focuses on Mental Health Services for all ages and excludes learning disability services. POC 6 is the division of healthcare for Learning Disability Services which also includes the Iveagh Centre.²⁴ The Iveagh Centre is an assessment and treatment centre for young people with a learning disability who have a range of support needs that includes mental health.

This fragmentation of services can make it more difficult to ensure that planning and investment in mental health services is done adequately and equitably. The lack of integration of mental health and learning disability services within the commissioning and financial planning part of the system, has obvious implications for other parts of the system, which includes service delivery and monitoring. The segregation of mental health and learning disability services also means there are a lack of professionals trained and experienced in working with children that have a learning disability and a mental health

²⁴ [HSCB \(2018:1\) Regional CAMHS Services Review Group- \(CAMHS Dataset\), Draft Definitions – June – Version 9.](#)

problem.²⁵ It can also negatively affect innovation in these services, as commissioning processes become more difficult.

The challenge of providing good quality and accessible mental health services is not unique to Northern Ireland. Other Governments face similar challenges, and it is recognised that system structure and commissioning processes are extremely important and are the basis for ensuring fair and equitable access to services.

For example, in a recent review of services for children and young people with learning disability in England, commissioned by the Department for Health, it was stated that:

‘there currently appears to be no line of sight for our group of children through the system. The way the system is structured reinforces the status quo. The fragmentation across three statutory agencies builds inertia within them and breeds a lack of ownership.’ (..) ‘our children cry out for a cross government, cross system approach. They should sit at the heart of joint commissioning and yet they don’t.’²⁶

More generally, the Review found that commissioning is fragmented, which makes it difficult to identify appropriate funding sources for new innovations or for changes to be made to current services. In some cases staff must approach a number of commissioners across different Directorates to fund important work. During the Review this became particularly apparent with regards seeking information about funding for mental health services and support for young people with a learning disability.

Serious consideration needs to be given to a reconfiguration of the Health Programmes of Care to make these fit for purpose, meeting the current and future needs of children and young people rather than continuing with structures and processes that are aligned to outdated historical legacies.

NICCY’s Review also found a lack of recognition or practical out-working of the Stepped Care Model of CAMHS. This was most evident within agencies or services that are not mental health specific. For example, at a number of stages during the Review, the Education Authority made it clear that it does not align itself to the Stepped Care Model,

²⁵ [Lundy, L., Byrne, B., and McKeown, P. \(2012\) Review of Transitions to Adult Services for Young People with Learning Disabilities.](#)

²⁶ [Lenehan \(2017\) These are Our Children: A Review by Dame Christine Lenehan, Director, Council for Disabled Children, Department of Health.](#)

perceiving it to be relevant only to statutory mental health services and not the education system. This lack of integration was also apparent in other parts of the system such as A&E. There is still work to be done to ensure that a range of services and professionals work together and understand their role in supporting children and young people's emotional wellbeing and mental health, as a core part of the mental health system.

The mental health care system must be part of the broader transformation plans for the health and social care system.²⁷ It makes sense to see mental health alongside physical health and social care, as in young people's day to day lives they are inextricably linked. There is broad recognition of the need for parity of esteem between physical health and mental health.²⁸ In the context of realising the vision set out in the Stepped Care Model for CAMHS, there is also a need to ensure that equal value is placed on services and professionals working across different steps of the Model. This includes equal value and parity of esteem between prevention and early intervention services (Steps 1 and 2), and more specialist mental health services (Steps 3 – 5).

NICCYs Review has recommended that mental health services are included as part of the broader health and social care transformation programme.

The Review has set out a number of recommendations that relate to the development of real and meaningful joined up working between services. In particular, the Review recommends:

- **The development of a long term and sustainable 'funding and practice partnership' model which takes account of the investment required across all key services and sectors included in the Stepped Care Model; and**
- **Formalisation of the relationship between statutory CAMHS and VCS through the development of clear strategic policy direction.**

²⁷ [DoH \(2016\) Health and Wellbeing 2026 - Delivering Together; Bengoa \(2016\) Systems, Not Structures – Changing Health and Social Care](#)

²⁸ Royal College of Psychiatrists (2013) Whole-Person Care: From Rhetoric to Reality –Achieving Parity between Mental and Physical Health

Data and Monitoring

Objective need should be the main driver in all decision-making processes that concerns children and young people's mental health. To deliver the best services for children and young people who are at risk of developing poor mental health, or who are presenting to services with mental health problems, it is necessary to understand the scale of the need, how well existing services are meeting need and where the gaps are. There is also a need to have a clear understanding of how investment is distributed across mental health services and how much additional investment would be required to meet the identified gaps in services and support. Identifying budget spend on its own is a crude measure as there is increasing pressure on resources, it is essential that every effort is made to secure the best possible benefit from existing resources. This means that it is also important to explore the efficiency and effectiveness of services.

Those who commission services should regularly and robustly monitor how effective services are in delivering positive outcomes for children and young people. This would allow a clearer understanding of the opportunities to better co-ordinate programmes and services supported by different Departments and Agencies and to identify if improvements could be made to the commissioning and/or contracting processes. Mapping expenditure alongside outcome measurements would also help to determine whether a reconfiguration of funding for services would deliver better outcomes for the same budget.

NICCY's Mental Health Review found significant gaps in data collected on children and young people's mental health by Government on issues such as levels of need, demand and supply of services, investment and outcomes.²⁹

This lack of data means it is not possible to provide an exact scientific figure on how much money is required to meet children's mental health needs. However, it is clear that children's mental health funding is chronically under-funded. There continues to be a lack of consistency in the availability, accessibility and quality of mental health services and support available to children and young people.

There are current developments underway to fill critical gaps in the operational data on mental health services for children and young people through a regional CAMHS dataset, and the first ever prevalence survey on the level of mental health need in the population of under 18's has been commissioned in 2018. These improvements in the data and

²⁹ [See Section 7, NICCY Mental Health Review for further detail](#)

monitoring processes are being at least part funded using money provided through the Confidence and Supply Arrangement.³⁰

NICCY's Review has made a range of specific recommendations that relate to the need to ensure that the existing momentum continues in developments to fill gaps in data and monitoring and to ensure that data is publically available. (See Recommendations 45-50; page 21 of main report for further details).

2. Should the UK Government ensure that additional confidence and supply funding earmarked for specific areas is spent on those areas, and if so how?

Through the Confidence and Supply Agreement between the Conservative government and Democratic Unionist Party, a specific allocation of £10 million per annum, for five years, had been agreed for mental health services in Northern Ireland.

NICCY firmly believes that the existing focus on Confidence and Supply funding to mental health should remain. We also recommend that a specific proportion of funding towards mental health is 'ring fenced' for children and young people's mental health services. In recognition of the fact that children and young people make up 25% of the population in Northern Ireland, we recommend that a minimum 25% of funding is dedicated to children's services. This is also the advice NICCY provided to the Department of Finance (DoF) on the Northern Ireland Budgetary Outlook in Autumn 2017.

It is also significant to note that DoF within the Autumn 2017 Budgetary Outlook paper, stated that while it would be for a Health Minister to determine how additional resource would be spent, there were seven 'key areas for investment', one of which was 'Children and Adolescent Mental Health Services and infant mental health focussing on early intervention'.³¹

On 24th April 2018 NICCY wrote to the Department of Health to ask how the first £10million of this 'Confidence and Supply' money earmarked for mental health was to be allocated. The response was that none of it would be dedicated specifically to CAMHS.

³⁰ Letter to NICCY from DoH, 24 April 2018.

³¹ [DoF \(2017\) Briefing on Northern Ireland Budgetary Outlook 2018-20](#)

“ In relation to the Confidence and Supply funding, the Secretary for State for Northern Ireland set the overall budget for the Department of Health in line with the process used to determine the budgets for all Northern Ireland Departments. As part of this, the Department submitted a range of financial information and options which were considered. Under the agreed budget, ring fenced resources have been made available to help address the increasing pressure on mental health services, however, no funding has been dedicated specifically for CAMHS.”

NICCY responded to this letter by raising serious concerns about the fact that none of the £10million C&S money allocated to mental health was dedicated to CAMHS. Further correspondence from the DoH in response to this letter on 4th July 2018 clarified that;

“The overall budget for the Department of Health was set by the Secretary of State for Northern Ireland in line with the process used to determine budgets for all Northern Ireland Departments. Under the agreed budget, ring fenced resources totalling £10m were made available to help address increasing pressures on mental health services. This includes areas such as increases in costs due to inflation and ensuring that current services are maintained, however, no funding was dedicated specifically for CAMHS.”

The Letter went on to state that:

“Further to this the Department has allocated an additional £3.54m to mental health projects from the Transformation Fund originating in the Confidence and Supply funding. This includes £986k specifically for CAMHS. This represents almost 28% of the additional transformation funding allocated to mental health projects. In addition £274k has been allocated to Think Family and whilst not a dedicated CAMHS project, Think Family is expected to have a positive impact on children and young people.”

NICCY is extremely disappointed that the Department of Health did not take the opportunity to allocate a greater proportion of additional resources for mental health services to go some way towards addressing the inequality of funding between children’s and adult mental health services. Indeed, this would have been very clear if an Equality Impact Assessment (EQIA) had been carried out on this budget decision and would have demanded mitigation of the clear adverse impact suffered by children as a result of the failure to adequately resource CAMHS. However, an EQIA was not conducted.

The Permanent Secretary of DoH informed NICCY that the responsibility for Section 75 impact assessment for the projects funded through the Transformation Fund lay with

individual project owners. This is clearly contrary to the advice of the Equality Commission, which stated in its response to the EQIA on Building A Better Future:³²

“...the development of an EQIA of the draft PfG / Budget / ISNI simultaneous to policy and budgetary development process would have.....allowed for a public debate that was better informed about equality aspects and therefore led to a more detailed and high quality consideration of these. The failure to do so represents a lost opportunity to embed equality aspects effectively in the development and finalisation of the draft PfG / Budget / ISNI. Further, the recent review of effectiveness of Section 75 highlighted the need for the EQIA to be applied as a positive tool to aid the policy development process and that an EQIA carried out after the development of the policy was not only inefficient in terms of time but ineffective when policy makers are reticent to make changes at a later stage. This calls into question the credibility of the process and Government commitment to addressing inequalities. The Commission expects that the development of the policies in future will incorporate an equality assessment simultaneous and at the earliest possible stage to ensure that consideration of equality issues will be integral to the consultation process at the outset and, therefore, to the development of the policies.”

Despite the general acceptance that more resources are required to fund emotional and mental health services for children and young people, it is notable that, on previous occasions when the UK government allocated additional resources to Child and Adolescent Mental health Services in England, a proportionate allocation to CAMHS in Northern Ireland, was not made through the ‘Barnett Consequential’ process.

Most recently during the Autumn Budget statement on the 29 October 2018, the Chancellor once again confirmed the UK government’s intention to achieve “parity of esteem between mental health and physical health services”. This included specific announcements on an additional £2bn to be invested in mental health services in England by 2023-24. Amongst other areas, he stated that the NHS will invest up to £250 million per year by 2023-24 into new [mental health] crisis services which will include “children and young people’s crisis teams in every part of the country” and “comprehensive mental health support in every major A&E by 2023-24”. He also stated that the NHS will “prioritise services for children and young people, with schools-based mental health support teams and specialist crisis teams for young people across the country”.³³ On the 28 November,

³² ECNI (2008) Response to ‘Building a Better Future’. Belfast: ECNI.

³³ <https://www.gov.uk/government/publications/budget-2018-documents/budget-2018>

we wrote to DoH in NI seeking information as to whether they planned to specifically bid for money to fill the gap in the required investment in mental health services for children and young people. The DoH responded (*see below extract*) stating that there was likely to be a significant funding gap within the 2019/20 budget period to maintain existing services. It remains unclear whether children's services will be affected by this funding pressure, and if so which ones. This further emphasises the need for transparency in how limited funding is distributed and for a robust needs analysis process to be at the heart of this.

"We are fully engaged in the budgetary process for 2019/20 being led by Department of Finance and we are continuing to liaise closely on our financial planning and budgetary requirements for next year. The latest assessment shows a very significant funding gap for 2019/20 to maintain existing services. It is unlikely that sufficient funding will be secured to address this gap and difficult choices will need to be made, including how funding is allocated, and, how the in-year monitoring budget process is managed, in line with local needs and priorities."

3. How could funding in the short-term be used to bring about long-term transformational change in the HSC?

Long-term transformational change requires long term strategic planning that is matched with the required public funding to deliver it. This is currently not the case for children and young people's mental health in Northern Ireland as explained above.

It is widely recognised and understood that Government departments have great difficulty in spending short-term and non-recurrent funding and there is even greater difficulty in this sort of funding having a long term or transformational impact. Across the health and social system, multi-year funding is essential to develop longer term plans, that are needed to address pressures across the system, rather than relying on short term initiatives and funding top ups. The problems within the mental health system is a stark example of this.

There has been a distinct lack of transparency, accountability or public consultation around how additional money should be spent, how it is spent, or measurement of what impact it has made. A similar issue applies regarding the lack of transparency and consultation on how un-hypothecated Barnett consequential money is spent in Northern Ireland. There have been many examples where the allocation of money to child and adolescent mental health in Northern Ireland has not been proportional with the money

allocated to services in England. Although we are fully aware that there is no requirement for Barnett consequentials to be automatically provided for the same service here, the under-investment in this area is acknowledged by Government; before the collapse of the NI Assembly the then Health Minister, Michelle O'Neill, made a commitment to prioritise mental health and to be a Mental Health Champion within Government.

There is a need for greater engagement and transparency in all funding decisions. The processes applied to the spending of C&S money must be done in a way that reflects the best practice which we must strive for in terms of the spending of public money. Spending plans should be screened and equality impact assessed to ensure that equality of opportunity / objective need is at the core of key budgeting decisions.

The Voluntary and Community Sector (VCS) is an integral part of the mental health system and NICCY's Review provided very strong evidence of this. Often the VCS can more easily spend additional money because it can be used to expand or sustain ongoing programme work. VCS work will largely entail prevention and early intervention work that is critical to addressing emotional and mental health problems at the earliest point, thereby preventing young people's mental health from deteriorating. Effective early intervention services can also take pressure off statutory services and ensure that they are able to respond to those young people whose needs can be best met by these alternative services.

Unfortunately, prevention / early intervention services (Step 1-2) continue to face increasing demand without an increase in funding and in many cases VCS report a reduction in funding. We would suggest that service commissioners need to more routinely consider the wider opportunities that can come from distributing this funding to the VCS.

The Children's Services Co-operation Act 2015 (CSCA) places a statutory duty on all 'Children's Authorities' to co-operate in improving children's well-being, and empowers these organisations to 'pool funds' for this purpose. The legislation and associated guidance provides a renewed focus on the co-ordination of services, particularly where there are many organisations and agencies delivering a range of services to children and young people. Interim Guidance in how to comply with CSCA has also been published.³⁴

³⁴ <https://www.education-ni.gov.uk/node/35912>

Government Department Compliance with the CSCA, will have a significant and positive impact on the efficiency and effectiveness of services and by doing so will improve the outcomes for children and young people. It is imperative that all Government Departments are aware of and carry out its functions in line with the CSCA.

Conclusion

The NI Commissioner for Children and Young People hopes that this submission along with a copy of the full Review which NICCY, will assist the Committee and its Inquiry. In the absence of a NI Assembly the scrutiny and political oversight the NIAC provides is of importance. We welcome your ongoing interest in children and young people's mental health policy and services in Northern Ireland and more specifically the progress of implementation of the recommendations set out in NICCY's Review - 'Still Waiting'. We would be happy to assist the Committee in any way as it continues to carry out its Inquiry and we look forward to its publication.