



Rt Hon Jeremy Hunt MP, Chair,
Health and Social Care Committee
House of Commons
London SW1A 0AA

NHS England and NHS Improvement

17 August 2021

Dear Chair

As requested at the Health and Social Care Committee's oral evidence session on 22 June, this letter provides further information on key areas raised relating to Children and Young People's Mental Health including: the training for Senior Mental Health Leads and Education Mental Health Practitioners; waiting times for eating disorder services; capital spend; advocacy and inpatient care; prone restraint and suicide prevention studies.

Training for Senior Mental Health Leads [SMHLs] and Education Mental Health Practitioners [EMHPs]

Professor Kendall agreed to write back to the Committee regarding the training for SMHLs and EMHPs, and whether this covers Eating Disorders.

a) Senior Mental Health Leads

In June 2021, Department for Education [DfE] published [guidance](#) on grants for schools and colleges. The purpose of the training is to provide the knowledge and skills a SMHL needs to implement and sustain an effective whole school or college approach to mental health and wellbeing in their setting. The specific learning outcomes are provided [here](#).

Rather than access a single training scheme, schools and colleges will be able to access a range of quality-assured courses from training providers, selecting the course that most closely meets their SMHL's specific learning needs and type of setting. DfE expects to publish a list of all courses meeting the required quality standards, with a tool to help schools and colleges navigate the market and select a course(s), in September 2021.

The learning outcomes for senior mental health leads include:

- The lead will understand the range of mental health issues likely to be encountered in schools and colleges – which is likely to include eating disorders - and the risk factors associated with specific groups, including those who have suffered from trauma, vulnerable groups such as children who have or have had a social worker, looked-after and previously looked-after children, young carers and those identified as otherwise vulnerable, those with special educational needs and those from ethnic minority backgrounds;

- The lead will be able to implement a process to identify those who may need additional support, working with other staff across the school to use pre-existing documents, such as Education Health Care Plans, where appropriate, and make a decision about whether a health or education intervention is more appropriate and access this support with reference to the Local Offer.

School and college staff are not expected to, and should not, diagnose mental health conditions or perform mental health interventions.

b) Education Mental Health Practitioners

EMHPs are the core of Mental Health Support Teams' workforce, with most MHSTs having four EMHPs working alongside and supervised by senior therapists and clinical leads.

The curriculum for EMHPs equips them with the necessary skills and knowledge to provide high quality care for children and young people presenting with mild-to-moderate mental health needs in educational settings. The training also equips them to identify and understand common mental health problems – such as eating disorders – and support those Children and Young People [CYP] to access appropriate support.

However, EMHPs are not intended to provide clinical interventions to more complex issues like eating disorders. This need is better met in more specialist Children and Young People's Mental Health [CYPMH] services that are also being expanded as part of the Long Term Plan.

Eating Disorders – Waiting Times

The Committee requested the most up-to-date data relating to the impact of the pandemic on waiting times, specifically relating to Eating Disorders.

The CYP Community Eating Disorder [CED] Referral to Waiting Time Standard is that by 20/21, 95% of CYP with a suspected eating disorder should start NICE-recommended treatment in the community within one week if urgent, and four weeks if routine. The NHS Long Term Plan outlines how this is to be maintained beyond 20/21.

The NHS is now treating more CYP with an eating disorder than ever before. During the pandemic, we have seen increases in the number of CYP requiring treatment (this includes CYP that started treatment as well as CYP that were waiting to start treatment by the end of March 2021), in both routine and urgent cases. During 20/21, a total of 2,719 CYP required urgent treatment, compared to 1,488 in 19/20. This represents an 83% increase in demand. A total of 12,169 required routine treatment in 20/21, compared to 8,632 in 19/20. This represents a 41% increase in demand.

Prior to the pandemic, services had been making good progress towards the 20/21 Waiting Time Standard. But the increase in demand during the pandemic has affected performance against the Waiting Time Standard. The most recent data (Q1 21/22) shows 61.0% of CYP started treatment within one week for urgent cases, and 72.7% within four weeks for routine cases. Prior to the pandemic, Q4 19/20 data showed that 80.5% of CYP started treatment within one week for urgent cases, and 84.4% within four weeks for routine cases.

To support this increase in demand for CED services, part of the £79m additional funding from the recent Spending Review has been allocated to CED services in 21/22 to help meet this surge and enable additional capacity for around 2,000 more CYP to access services.

We do not yet know the trajectory for new cases of CYP eating disorders over the coming months and years. Numbers may continue to increase, stay the same or reduce.

Capital Spend for Mental Health Trusts

The committee asked for clarification of how much capital funding has been made available to support CYPMH.

An additional £40m has been allocated for 21/22 through the Specialised Commissioning Medium Term Bids to address the impact of the pandemic on CYPMH and enhance services across the country. One way this is to be spent is to support ensuring the right type of beds are in the right places, especially in those parts of the country that have increased challenges regarding bed capacity, or that alternatives to admission are in place.

£10m of this is being used as capital funding to provide extra beds at units which provide care for young people with the most complex needs. This includes support for those with an eating disorder, with a focus on enhancing CYP Community Eating Disorder infrastructure and working on admission avoidance strategies.

This is on top of the additional £79m referenced above.

Advocacy and Inpatient Care

The Committee asked for further information on access to advocacy for CYP within inpatient mental health services, both those detained under the Mental Health Act [MHA] and those admitted 'informally'. We agreed to also clarify the numbers of detentions of CYP.

The total number of CYPMH admissions fell from 5,335 in 19/20 to 4,251 in 20/21. The number of detentions under the MHA also decreased from 2,257 in 19/20, to 1,926 in 20/21¹. However, this represents a slight increase in the detentions as a proportion of total admissions across the same time period, from 42% to 45%.

Advocacy services for young people are commissioned independently for all inpatient services and are provided in 100% of services, regardless of whether or not the young person has been detained under the MHA. This is a contractual requirement and is measured via the regional teams alongside the Quality Network for Inpatient CAMHS, who undertake quality peer reviews which ensure this standard is maintained in all services.

Prone Restraint

Further clarification was sought on Professor Kendall's comments regarding prone restraint. In October 2019, NHS England and NHS Improvement set up the National Quality Improvement Taskforce to improve inpatient services for children and young people with

¹ This reflects the number of detentions rather than individual CYP. In theory, one person could be detained on more than one occasion, and this is reflected in these numbers.

mental health, learning disabilities and autism. One of the Taskforce's workstreams relates to working with providers to reduce restrictive practices more widely, including:

- Delivery of a Human Rights Framework and Training delivered by The British Institute for Human Rights. This will ensure assessments support decision-making with and for young people;
- Development of Debrief Guidance and best practice (led by the Restraint Reduction Network [RRN]) so all providers have an evidence-based arrangement for patient debrief after any restrictive practice;
- Development of Seclusion and Long-Term Segregation Policy;
- Development of a Blanket Restrictions Framework and guidance, led by RRN;
- A targeted 'Safe Wards' programme aimed at reducing restrictive practices – 20 wards have been identified and providers notified;
- Development of guidance on mechanical restraint as currently there is nothing to guide provider practice.

Professor Kendall does not believe there should be a blanket restriction on prone restraint, as it may be necessary in some cases. However, there need to be clear guidelines and protocols in place in organisations, built on principles of good and safe care, with patient engagement and choice being key. These are all elements that the Taskforce is looking to develop and support. It would also be helpful to consider further training in managing distress, and the adoption of trauma-informed approaches to prevent the use of restraint.

Preventable Suicide Study

The Committee asked that Professor Kendall write back on the conclusion of discussions between him and Louis Appleby regarding a study into preventable suicide.

Discussions are underway regarding this. There is agreement on the principle behind such a study, but there are still details to be confirmed. We will update the Committee once discussions have concluded.

Yours sincerely,



Claire Murdoch
National Mental Health Director
NHS England and NHS Improvement



Professor Tim Kendall
National Clinical Director for Mental Health
NHS England and NHS Improvement