Health Committee
Education Committee

Oral evidence: Transforming children and young people’s mental health provision, HC 642

Tuesday 7 February 2018

Ordered by the House of Commons to be published on 7 February 2018.

Watch the meeting

Members present:

Health Committee: Dr Sarah Wollaston (Chair); Luciana Berger; Dr Lisa Cameron; Dr Paul Williams.

Education Committee: Lucy Allan; Michelle Donelan; James Frith; Robert Halfon; Emma Hardy; Trudy Harrison; Ian Mearns; Mr William Wragg.

Questions 76 - 213

Witnesses

I: Professor Lisa Bayliss-Pratt, Chief Nurse and Interim Regional Director for London and the South East, Health Education England; Claire Murdoch, National Mental Health Director, NHS England; and Professor Tim Kendall, Mental Health National Clinical Director for NHS England and NHS Improvement.

II: Nick Gibb, Minister of State for School Standards, Department for Education; Ann Gross, Director, Special Needs, Children in Care and Adoption, Department for Education; Jackie Doyle-Price MP, Parliamentary Under-Secretary of State for Mental Health and Inequalities, Department of Health and Social Care; and Jonathan Marron, Director General of Community Care, Department of Health and Social Care.

Written evidence from witnesses:

- Health Education England
- Department for Education
Examination of witnesses

Witnesses: Professor Lisa Bayliss-Pratt, Claire Murdoch and Professor Tim Kendall.

Q76 **Chair:** Good morning. Thank you very much for coming to our second session on mental health and education. For those following from outside the room, could I ask you to introduce yourselves and who you are representing, starting with you, Claire Murdoch?

**Claire Murdoch:** I am Claire Murdoch, the national director for mental health, representing NHS England.

**Professor Kendall:** I am Tim Kendall, the national clinical director for mental health for NHS England and NHS Improvement.

**Professor Bayliss-Pratt:** Good morning. My name is Lisa Bayliss-Pratt. I am the chief nurse for Health Education England and the interim regional director for London.

Q77 **Chair:** Thank you. Could I perhaps start with a question to you, Tim? The Green Paper draws on an evidence review that has not yet been published. Therefore, it is not open to scrutiny. Could you set out for us why it has not been published? Clearly, there is a great deal of public interest in this and it is important that people beyond this place can scrutinise the evidence base for all of this.

**Professor Kendall:** Indeed. It will be published. We are not very far away from publishing it. The main problem was that to publish it we had to have not just the end-of-treatment results—if you do a trial, the first thing that most people look at is the outcomes between the end of treatment and the baseline when someone went into treatment—but we wanted to find out what was happening 12 months after the end of treatment. All the data that we have used for the Green Paper is based on trials that only had data for 12 months after treatment. The reason we did that was because we wanted to find out what interventions that could be done in schools would have a lasting effect.

Q78 **Chair:** What will you do if you find, when it is published, that it does not show the effect you think it is going to show?

**Professor Kendall:** We have all that data. What we did not have from all the trials was the measure from baseline to 12 months. To publish it, you have to have baseline to 12 months, not just the end of treatment and 12 months.

Q79 **Chair:** But if it is not robust enough for publication, is it robust enough to base an entire Green Paper on?

**Professor Kendall:** It is robust enough for publication. We have now finished and have all the data lined up. The results are probably better than they were when we only had to compare the end of treatment with 12 months.
Chair: You are confident that it is not going to change any of the underlying assumptions.

Professor Kendall: I am quite confident—yes, absolutely.

Chair: Can you assure all of us that you will publish as soon as possible so that it can be open fully to scrutiny?

Professor Kendall: Yes. We will publish as quickly as we can. I have had conversations with Richard Horton at The Lancet, who is very interested, but obviously it has to go through peer review.

Chair: It surprises me that you have not done some form of peer review in any case. How can you be confident about what this data is showing if you have not involved any peer review?

Professor Kendall: Having gone through all the data and spent a huge amount of time doing so, I am confident that we have clear results. They are not massively different from previous publications except that we have restricted it to trials that are 12 months, so we have a longer-term follow-up. I think it is the first time that we have just restricted it to that sort of data. I am confident that the evidence base underlying the Green Paper will lead us to interventions that are most likely to have a lasting effect for those children.

Chair: Thank you. Another area of concern around some uncertainty is the identification of the trailblazer areas. Two of the three pillars rely on trailblazers where we still do not know what the criteria are going to be for selection. Therefore, it is very difficult to assess what the impact could be on surrounding areas and other possible unintended consequences, because we do not know how you are going to select them or to what extent they are going to be fully funded.

Professor Kendall: Everybody is absolutely agreed that the selection of sites and the roll-out in general has to be taking full account of where that site is with the five year forward view, what they have been doing perhaps with school pilots and all those sorts of things. The Green Paper has to be additional to, and take full account of, what is going on. I could not tell you what the criteria will be for the trailblazers at this point. I do not know.

Chair: This is an enormous part of this Green Paper. It depends on these trailblazer areas.

Professor Kendall: My understanding is that once the consultation has finished those sites will be selected relatively quickly, but it is not me who will be selecting them, as I understand it.

Chair: Do you accept that it is a fair criticism of how we can scrutinise the Green Paper when we still do not know how the trailblazers will be selected?

Professor Kendall: It would be difficult to select them before you have finished the consultation. If you were asking me after the consultation
whether we could then lay out pretty quickly what those criteria would be, that is fine, but I would have thought it was odd to do it before we had finished the consultation.

Q86 **Chair:** That is your response. That is fine. We will probably return to this at a later stage to scrutinise it because—

**Professor Kendall:** Of course.

**Chair:** There are potential unintended consequences if you set up trailblazers, but we will come to that later. We will come on now to Luciana.

Q87 **Luciana Berger:** Turning to the Green Paper, it is not really until we get to page 30 that there is anything that looks to address how we prevent mental ill health. This has been a theme that we have heard in previous sessions. Can you share with the Committee what you believe in the Green Paper and the plans that are put forward will really seek to address the social determinants of mental ill health and prevent mental ill health in our next generation?

**Professor Kendall:** As you know, my prime role was to look at the evidence base about interventions and we looked at prevention by comparison to early intervention. The evidence around intervening to prevent—so, programmes where you would raise awareness in kids or train them around mental health—is not very good, whereas the evidence around intervening early, that is, picking up children who have evidence of a mental health problem emerging, is much better. In all the trials that we looked at, the biggest effects are in those where you are looking to act very quickly.

Q88 **Luciana Berger:** Some people suggest that, just because you do not have the evidence, it does not mean that we should not do more to prevent mental ill health in the first place. What do you say to that?

**Professor Kendall:** I am sorry—I did not hear.

Q89 **Luciana Berger:** I think most people would say that just because you do not have the evidence—and we can look at that afterwards—it does not mean that we should not be doing everything we can to prevent mental ill health in the first place. What do you say to that?

**Professor Kendall:** I entirely agree, if we know how to do that. The problem about intervening without a good evidence base is that you might have unfortunate consequences. You may make things worse. It is very obvious around areas such as self-harm, suicide, or whatever, that, if you intervene before someone has shown signs of this you might be suggesting things that they might do. I would not be wanting to intervene without a really good evidence base among kids who are not showing signs of mental health problems.

Q90 **Luciana Berger:** We have an evidence base for the first 1,001 days of a child’s life. Why was there so little—just a passing paragraph—on what
we should do before birth, from conception, to two?

**Professor Kendall:** Do you mean why the Green Paper does not cover before school?

**Luciana Berger:** Yes, the under-fives.

**Professor Kendall:** I think you probably need to ask the people from the Department of Health and DFE. The scope was given to us, so the evidence that we then excavated was appropriate to that scope, to that age group. I have no doubt that over time, because I do know of evidence about intervening in pre-school and, indeed, supporting mothers and so on, these things will happen, but, as we spoke last time, in mental health we are always trying to fill the gaps that we know exist. This one— intervening in schools—is a gap that I think seriously needs to be filled.

**Q91** Luciana Berger: We know from the “Future in mind” document and from other things that there is a real aspiration to move from 0 to 25 services, and not having that cliff edge at 16. I wonder why the Green Paper seeks to entrench the cliff edge by looking to separate the 16 to 25 agenda.

**Professor Kendall:** I am not sure it separates it. My understanding is that the aim is that we cover schools—so, from when a child enters school to when they leave. In the trailblazer sites, one thing we will learn will be how to do that well. When you look at the introduction of improving access to psychological therapies, it was a 10-year programme to train up people in primary care, where 95% of anxiety and depression happens, not within mental health. I see this has some similarities.

It is important in those first few years that we learn exactly how to do this, how to bring in treatment programmes, train up people in schools, make sure that we have good access from CAMHS into those new mental health teams, and that we look at things such as what happens at the end of 18. Again, we can’t do everything all at once, but we do have to keep an eye on how that works.

**Q92** Robert Halfon: Could I follow up on what Luciana has said? The Centre for Mental Health and the Royal College of Psychiatrists says that the Green Paper has little recognition of the fact that the children from the poorest 20% of households are four times more likely to have mental health difficulties as those from the wealthiest 20%; and there are other organisations that say that the Green Paper does not do enough in helping people from the most vulnerable groups in our society. What is your comment on that?

**Professor Kendall:** I work in a homeless service for adults.

**Q93** Robert Halfon: Can I ask the others to comment as well? I would like the views of all three of you.

**Professor Kendall:** Sure. I work in a homeless service for adults. I am always dealing with the consequences of social deprivation and people who have lost their jobs—people who are at the bottom end of the social
spectrum in so many ways. I have to work with colleagues in housing and in social care, and we have to make sure that we get the benefits and so on. I am sure that children who are from very deprived backgrounds will need more than just psychological treatment, but it was not part of our brief to look at that.

Claire Murdoch: Absolutely, one knows there is a link between poverty, worklessness and histories of abuse—families with complex needs. The partnership between health and education is vital in making sure that we are targeting what is on offer to those who need it most. Many schools are brilliant at knowing their local communities, the needs of local families and looking at underprivileged children or children living with complex social factors as well as health. We are seeking to shore up support to schools more in the health and wellbeing arena and make seamless the pathway through to CAMH services when needed, because that is something that schools’ headteachers often tell us frustrates them. When they have recognised a need, getting access into CAMHS can be difficult. We need to work on that whole pathway and make sure that what goes on in schools is evidence based.

Schools do have an expertise at knowing troubled families, families with complex needs and working with them. However, although the key partnership here on the Green Paper will be with education, we are very sighted on what goes on in public health where we have many health colleagues working, for example, in health visiting, school nursing and addiction services—I could go on—where you need desperately to ensure that there is a whole locality plan down to neighbourhood level, involving all those appropriate agencies. We need local government and public health to be at this table as well. We make efforts to make sure that happens. The local transformation plans and the health and wellbeing boards are all intended to bring those agencies together, but I agree with you that one cannot provide clinical treatment in a social vacuum.

Q94 Robert Halfon: Thank you. I find it remarkable—and we were talking about data earlier—that this is data that we know about, which should be the primary focus in the Green Paper.

In terms of alternative provision, we know that the vast majority—some people have suggested it is 100%—of pupils in alternative provision have mental health difficulties.

Professor Kendall: Sorry?

Robert Halfon: Some have suggested that it could be up to 100% of pupils in alternative provision who have mental health difficulties, and, if it is not 100%, it is certainly incredibly high. Given that, there is obviously a nod to alternative provision in the Green Paper, but what is the focus and what are the plans to deal with that? We have a separate education inquiry into alternative provision and exclusions at the moment.
**Professor Kendall:** I am going to give you my view. In the trailblazers, my personal view is that we go through schools because schools know where children are; that is part of their job. It does not mean to say that we only provide care for children who are going to school every day, because that would miss a huge chunk of kids that we do need to make contact with. Looked-after children, for example, a lot of whom are not attending school properly, are kids with very high levels of mental health problems, and quite a lot of those end up with me as an adult in a homeless service. We should be using schools as a way of getting to children who need help—not just restricting ourselves to doing it with kids who are regular attenders.

**Luciana Berger:** Forgive me, if I can just come back on the point, Tim, where you said it was not in your remit to look at children who come from more disadvantaged backgrounds. If you are there as the expert leading on what goes into this Green Paper, is it not incumbent on you to ensure that there is a specific plan in place as part of the entire programme that seeks to address health inequalities? Is that not part of the Department of Health’s remit?

**Professor Kendall:** Are you talking about what interventions should be there?

**Luciana Berger:** Just the fact that there is nothing specific. Many of the representations that we have had, both in our written and oral evidence, raise the very serious concern that there is nothing in this Green Paper that adequately addresses the health inequality that sees children from the most disadvantaged backgrounds incurring more mental ill health compared with those from the richest backgrounds. You said it was not in your remit to address that within the plans that are put forward. I challenge you to say, presumably as the expert, why that is not something you could have incorporated into the plans that you put forward.

**Professor Kendall:** I may be misunderstanding you. I am saying that the provision of intervention should cover all children whatever their background.

**Luciana Berger:** Indeed, but there is nothing specifically in the Green Paper that seeks to address the health inequality that exists, which we know, where children from the most disadvantaged backgrounds—

**Professor Kendall:** Do you mean social intervention?

**Luciana Berger:** I mean anything that seeks to address the inequality that we know exists—that children from the most disadvantaged backgrounds incur the highest levels of mental ill health.

**Professor Kendall:** I may be completely misunderstanding you, but I think you are asking about interventions to address those inequalities at their roots, that is, why they have those inequalities around social—
Luciana Berger: No, just what we should be doing to address it

Chair: Several other colleagues want to come in as well. William and Lucy want to come in on this.

Q99 Mr Wragg: If I am hearing this correctly, it is a question of the scope of the Green Paper. How much influence did you have on the scope of the Green Paper?

Professor Kendall: That was not for me to decide. It was the Department of Health and the Department for Education.

Q100 Mr Wragg: There was no push-back from any of you on the scope of the Green Paper.

Professor Kendall: There was a considerable discussion, and it is a balance about what is manageable and what is not.

Mr Wragg: Thank you.

Q101 Lucy Allan: Can I follow that up with a drill-down question? Should there be in this Green Paper emphasis on the more disadvantaged groups such as looked-after children and children from socioeconomic backgrounds who are deprived? Should there be an emphasis on it more than just some warm words?

Professor Kendall: There should be an emphasis on children who have significant mental health problems, and most of those—

Q102 Lucy Allan: I mean the groups where we know significant mental health problems exist.

Professor Kendall: We know about looked-after children and socially deprived children.

Q103 Lucy Allan: You can say no.

Claire Murdoch: It is terribly important feedback to come back through consultation, and I guess that is part of what consultation is for. I had assumed, because it is how we plan health generally, that, once one localises a plan, you shape it for the demography and the need in a given area; that it will not be a one size fits all; and you will not be saying that, if there are this many children in this school and the same number in that school, and social deprivation and the extent of the need is different, you will just offer two identical services. I would be very disappointed if we did not flex the funding and the degree of resource, and how it operates within the evidence base that you and other colleagues have established. I would be really disappointed if we were not flexing for social deprivation.

I was until recently the chair of a big comprehensive school in north London, and the extent to which we understood our populations, from the well-heeled middle class through to free school meals—
Lucy Allan: Should there be more emphasis in the Green Paper on these groups?

Claire Murdoch: When it goes forward, we absolutely should embrace that as part of what has come back in consultation, because if the service does not flex for local need, partly through social determinants of health and the wider social determinants of deprivation, pressure and mental illness, as you have said, if we are not aligning the service to local need, it will be less effective. It cannot be one size fits all.

Chair: Can I clarify which of you will be leading on the selection of the trailblazer areas?

Professor Kendall: I am not aware that any of us will be selecting.

Claire Murdoch: We have not yet determined how that selection process will happen. We will want to do it jointly with the Department for Education. We are hoping that, through consultation, if we compare the responses that come back, which should include appetite and interest in being a trailblazer, if we compare that with what we know about certain areas and what they have already, we will then determine what the process is. We do not have a determining process already.

Chair: The reason I am asking is this. Is it currently your intention to address these kinds of issues through selection of trailblazers? Lisa, do you want to come in?

Professor Bayliss-Pratt: Thinking about this conversation and reflecting on it, the discussions we have had around the development of this Green Paper and moving forward positively, the success factors central to this work are around integration between schools, education, local authorities and health. One of the cornerstones, whatever the trailblazers are, is that we need to make sure there is an integrated approach in taking this forward.

The second thing that we have had at the forefront of our minds, building on the successes of such workforces as adult IAPT and the children and wellbeing practitioners, is that we are trying desperately to get upstream on early intervention so that we can prevent more problems downstream. In light of the emphasis on the five year forward view, the spirit of this work is how we can get more awareness, more prevention and cross-system competency frameworks for all people who are in contact with children so that they can put things in earlier.

As to moving forward pragmatically and with as robust an evidence base as we can have, we have work around children and young people wellbeing practitioners. We have seven higher education institutions across the country and six collaboratives. We want to build on that learning in order to make things move in the right direction moving forward. We are trying to build on what we have, making sure that, of course, health inequalities and improving outcomes are the central focus of what we do.
**Chair:** It is a work in progress. I am going to come to Paul.

**Q107 Dr Williams:** Is there a need for anything in this Green Paper to be said around prevention of adverse childhood experiences?

**Professor Bayliss-Pratt:** Yes, absolutely. We were at the launch last night with YoungMinds where we talked a lot, did we not, about adversity and the fact that, did we say, one in three or one in four, potentially, of children in the class has probably had some adversity or trauma?

**Q108 Dr Williams:** It was half; 48% was the information that was given to us last night.

**Professor Bayliss-Pratt:** Yes, absolutely. The education training package that we have worked on with YoungMinds that we are digitising as we speak needs to be rolled out as part of the trailblazer work—absolutely.

**Q109 Dr Williams:** Do you have anything to add, Tim or Claire? All of us welcome the bringing together of health and education services. We think it is necessary to do that. Our question is about whether that is sufficient to tackle many of the big issues around young people’s mental health. There is an emerging evidence base that is referred to in the Green Paper around adverse childhood experiences. Where is that work going to be taken forward? How are we going to see prevention of adverse childhood experiences and prevention of a lot of the long-term, not just mental health consequences but social consequences of ACEs? Where are we going to see that bit of work being brought forward?

**Professor Kendall:** It is incredibly unlikely that we will be able to prevent adverse childhood experience. We can, through other means, make it less likely, for example, through addressing domestic violence. That is a really common context in which children get harmed. In my view—and not all psychiatrists would share this view—childhood adversity and trauma are a pretty common, if not routine, trigger to the emergence of mental health problems. The type of mental health problem you have depends on your genes and prior childhood experience.

At the heart of this programme would have to be an acknowledgment that adversity in childhood is part of what we deal with. That is part of the treatment programme.

**Q110 Dr Williams:** Claire, you have mentioned the need for further research in the Green Paper. Is there a timescale for that? When are we going to see this at the heart of policy making?

**Claire Murdoch:** We currently have the process to create local transformation plans, which should have all relevant local agencies around the table making plans for their populations, drawing together the huge amount of work that goes on across the piece, whether that it is in schools, health or in public health and prevention, primary care, and indeed in local government around wellness, resilience-building,
vulnerable communities or domestic abuse. That is something that it is very hard to do and prescribe for from a national level, but we absolutely ought to expect a vibrant and persuasive architecture and partnership locally that knows their community, pulls in all these factors and can deliver.

The transformation plans are being updated in September, for example. They need to be regularly refreshed and need to be invested in locally with people who know, then drawing on best evidence, because there is a danger—and perhaps you are alluding to it now—that we come up with the next really good idea, “And it is...” with an evidence base, but we fail to maximise wellbeing and early years’ health and wellbeing of children if it is not joined up. A lot of that must happen locally, in my opinion.

Dr Williams: It would be helpful if the Green Paper were perhaps a bit more explicit about the need for that.

Q111 Michelle Donelan: Keeping to the point around those, I have three issues I want to raise and have your thoughts on. The Green Paper says it wants better support for families of children at risk, but is that covering every child that is at risk of mental health? Should we not be looking at support for all families, at information and resources so that people can pick it up, and the tools to identify mental health problems? It is again back to that theme of being preventative.

Also, it says that the research will be useful to engage with vulnerable children when they are referred, but that is a bit late then. We need the families to be able to identify that there is a mental health problem in the first place and then to be able to have the tools, as I said, to assist them.

Thirdly, there is no interlink between the schools and the family, so they are both working in silos. When we met with children last week, they were saying that they are in effect two different people when they are at school and when they are at home. There needs to be some kind of conduit to share that knowledge when teachers are already overburdened, so we cannot be adding that to them. Does anyone want to say anything?

Professor Kendall: Yes. One area where we have looked at intervening in childhood for kids with mental health problems and which probably has the most robust evidence base is working with families around behavioural support: kids with conduct disorder, ADHD, kids with behavioural problems that are secondary to autism, or, indeed, a broad range. You might argue that I do not have the evidence to support it, that this is sufficiently effective that you might want to open it up for any parent who wants help with parenting, how to set boundaries, how to deal with difficult behaviour and so on. You might argue—and I think there is probably a good argument—that that should be available for any parent.

Q112 Michelle Donelan: When mental health is such a severe problem facing this country, especially with young people, would you not expect that to
A key part of the roll-out of this Green Paper will be providing behavioural support programmes for parents. That would have to be a part of it.

**Professor Kendall:** Do you really believe they are going to be accessible by all parents, because that is not my impression from the Green Paper?

**Professor Kendall:** No. I am not aware that someone has done an effective trial where people have free access to parenting programmes and they are not selected on the basis of having a mental health problem. I am not aware of that evidence base. If we had found it, we would have put it in the forthcoming paper.

**Claire Murdoch:** I would like to add this. I do think there needs to be strong local infrastructure and awareness, and certainly primary care in the form of your GP is a key person in all this. I do not know whether Lisa wants to say more about mental health training and awareness for GPs, but they should be a constant in terms of the family’s life and wellbeing.

Another area where I believe we are significantly likely to improve infant and early years mental health is through the roll-out of the perinatal mental health programme that we announced this weekend just gone—funding for wave 2. We have said we will reach 30,000 more women and their families who are experiencing mental health problems. We know there is a strong evidence base that, if you do not intervene in those early years when mother is struggling, absolutely the infant can carry with them mental health problems into childhood, and so on and so forth.

The point is that there is a lot of work going on. Is it enough? Probably not. Do we need a longer-term strategy? Yes. But we must have local integration with the right people.

**Chair:** I am very conscious that we have an awful lot of questions to get through, so can we keep the answers a little briefer? Luciana has a follow-up quick question, and then I am coming to Paul to look at the impact on other services as well.

**Luciana Berger:** I think people listening will be very pleased to hear both Tim and Claire mention that you think parenting should be in the Green Paper, and that you believe that health visitors and early years should be there, because, at the moment, it is a passing paragraph. That is a concern that has been raised with us.

Can I press you on paragraph 118 of the Green Paper, where it talks about attachment and says that you need to commission further research? Why do you need to commission further research into what works? I am looking online at the World Health Organisation, which has copious amounts of research and evidence reviews that show what works when it comes to attachment. Why do you need to commission further research?
**Professor Kendall:** There is quite a lot of evidence around attachment, but the trials are quite small. If you look at helping parents where the partner has been removed because of violence, you can help the mother re-establish a warm attachment, a reciprocal attachment, through video feedback. You work with the mother, you video her with the baby, and then you reflect on it with her about how she might improve her attachment to the child—and it works. However, the evidence base for this is really quite small; it is not big. As you get to older kids, up to 4 or 5 years old, there are gaps in the evidence.

That is true for almost all childhood research in children’s mental health. We have big gaps. Probably the parenting one is one that has the fewest gaps, but helping people or children with attachment difficulties is a new, 20-year-old research programme.

**Professor Bayliss-Pratt:** We absolutely recognise the importance of health visitors and early intervention with health colleagues engaging with women, and mothers and babies. We know that work is there and we think health visitors are an important part of this work.

**Dr Williams:** I have a quick question about the impact on CAMH services. Mental health support teams and your own impact assessment and stakeholders agree that in the short term the mental health support teams might unearth a lot of previously unmet need and there may be a short-term increase in the number of referrals to CAMHS. How will you mitigate against the risk of that happening?

**Claire Murdoch:** Obviously, we want to pilot so that we can carefully understand what those increased referral rates might be and what it might mean for resource, expertise, and so on and so forth. It is partly why we are piloting, to enable us to understand that.

We are doing other work, which I think we talked about last time I was here in November, on the census, which reports in the autumn. I know many people felt it was not soon enough, but when it lands it will give us some of the most comprehensive information on need that we have had in this country for a decade or more. In fact, it is not just repeating the previous census; it goes very much further in terms of the range of questions it is asking.

We have to be prepared to commit to a strategy and plan beyond 2021 for CAMHS and the five year forward view for mental health that ends then. This takes us some way into 2022-23, but we must align the CAMHS plan as we do the learning from this to ensure that we have a five-year strategy.

**Dr Williams:** Will there be extra resources in the trailblazer areas put into CAMHS?

**Claire Murdoch:** We have costed what we think that will be in trailblazer areas. Tim did a lot of the work on this.
Professor Kendall: It is worth saying that this whole programme with the Green Paper is to address unmet need. We expect to go in there and find it. Even with the five year forward view, we are only going to be reaching one third of kids, so this will be to address that big gap in unmet need.

Q117 Dr Williams: Tim, you think that, in the longer term, referrals to CAMHS may reduce because of the work of schools and the mental health support teams.

Professor Kendall: It would be unwise for me to say to you that that is a likelihood. I would say that the appropriateness of referral is very much more likely to be improved, and we have that from school pilots. When everyone is more aware of what mental health problems there are and how they affect kids, you get more appropriate referrals, so the more serious ones get into CAMHS and the less serious ones can be dealt with in the school.

Q118 Ian Mearns: I have heard you talk this morning about making sure that things are joined up at a local level. Are there any examples of where the necessary frameworks, including those for data sharing and for safeguarding, are already in place to enable schools, colleges, local authorities and health services to work together effectively to make sure that there is adequate provision and that it is it done in a timely fashion?

Professor Kendall: I am aware that, with the school pilots, the training programmes involve people from schools and people from CAHMS, so they did the training together; I think a second wave of the Department for Education has kicked off this January. I think it is the Anna Freud Centre. That is specifically to ensure that you get very good communication and understanding. I could not tell you whether that addresses transfer of knowledge through IT and so on—I don’t know—but it is obviously absolutely key to this that there is a really good collaboration between the school, health service and the local authority.

Q119 Ian Mearns: Is there a blueprint even in that case to model what those frameworks should look like?

Professor Kendall: We will be able to take some of the learning from the schools pilots to help inform how we should do this.

Q120 Ian Mearns: Of course, in order for a blueprint and frameworks to develop effectively, there have to be some changes of hearts and minds in terms of the people who are delivering it on the ground.

Professor Kendall: I agree. There was a specific intention that the trailblazers are as much to learn as they are to deliver. We will be trying to find ways of doing things that will inform the next steps and do that all the way through implementation, to learn from what we have done.

Q121 Ian Mearns: How will you ensure that the promised funding for the Green Paper’s proposals will go to where it is actually required?
**Professor Kendall:** It is absolutely key that we have to be sure that the funding goes in to providing the right training for people in schools; to make sure that there is a lead in schools; that they are properly trained and that we have a good curriculum for them that is nationally developed; and that that funding goes into the development of training child wellbeing practitioners to deliver evidence-based interventions. It is my view that this should be absolutely straightforward. The money should just go into that. There should not be any other call on this money.

Q122 **Ian Mearns:** You might have some control over that with trailblazers, but, once programmes come to be rolled out further on and money gets put into a funding formula, how is it going to be ensured, without ring-fencing, that the money is directed at where it should be?

**Professor Kendall:** The way we are doing it with the five year forward view, which Claire might want to come in on, is by making everything very transparent, ensuring that the money is passed on and that we are able to track that, and I think now it is going to be externally audited.

**Claire Murdoch:** Yes. The five year forward view for mental health—and we are two years into a five-year programme—teaches us exactly that challenge of making sure that money is used for its intended purpose. We have started the first two years with some good success, I would say, but it could be strengthened further still, and the planning guidance that we issued last week is doing just that.

With regard to this programme, we have not yet determined between DFE and Health exactly what the architecture, the oversight and the process will be to track the money through, but we have some great learning from the five year forward view programme, which we will be happy to share. Yes, it needs real expertise and really smart processes, to make sure that the money gets to where it should. I was talking to a DFE colleague only this morning, and, for example, there is little point in getting the money to where it ought to go if money that is already being spent on child welfare in resilience and wellbeing dries up. We need to be super-smart. We have not yet devised that, but we will be paying close attention to it with DFE colleagues. It is really important.

Q123 **Robert Halfon:** Can I follow up on the resource question? Is it your understanding that it is new money or use of existing funds?

**Claire Murdoch:** New money.

Q124 **Robert Halfon:** In terms of the Department for Education and the national health service, it is new money that is going to be spent from both Departments to fund this.

**Professor Kendall:** As I understand it, this is new money. It is certainly not money that is coming out from the five year forward view.

**Robert Halfon:** Thank you.
Chair: Luciana, do you have follow-up questions on workforce and funding?

Q125 Luciana Berger: At page 10 of the Green Paper it refers to the review that you carried out and to there being non-clinical staff.

Professor Kendall: I am sorry—it refers to what?

Q126 Luciana Berger: Your review refers to the non-clinical staff that you will be training to be part of these teams within schools. It will be helpful to the Committee to understand who these people are that you think will carry out the roles within these sorts of teams. It is not very clear. There is no further embellishment for us to understand who these people are, where they come from and how they will be trained, particularly on the fact that they will be non-clinical.

Professor Kendall: Obviously, they will be clinical when they have been trained, but the point is that we have quite good evidence now in a number of different areas of health where you can take psychology graduates who have not had prior jobs within the health service and you can train them to deliver basic evidence-based interventions. Over time, you can get them to the point where they can deliver rather more complex interventions. We have done that in IAPT. The low-intensity workers deliver things around guided self-help such as computerised CBT. When they have done that for a year, they can move on and be trained in cognitive behavioural therapy for anxiety and depression. Over time, you can train them to do other things so that they can do obsessional compulsive disorder, which is a different type of intervention.

I expect exactly the same in this context and, learning from IAPT, that we will have a training programme that will bring in psychology graduates and so on, but—and this was quite important in the evidence—we could also train people who already work in schools, such as mentors, because they are people who have experience within schools but are commonly not trained in evidence-based interventions.

Professor Bayliss-Pratt: We want to build competency frameworks that have a tiered approach. We want to build on the successes of dementia. We know that with dementia we created a three-tiered approach, from awareness right through to expert knowledge, and the idea is that we will build competency frameworks for all those who engage with children at the right level so that they can identify the need and refer, where appropriate, or treat, depending on where they sit within the world of care and treatment that they are in with the children.

Q127 Luciana Berger: What role did Health Education England play in the development of the Green Paper?

Professor Bayliss-Pratt: We very much collaborate with NHSE and NHSI, the Department of Health, and our focus is around where we will get these people from. Building on Tim’s point, we know that there is no shortage of psychology graduates out there. We have great successes
under way with IAPT, and, as I mentioned earlier, we have the six collaborations with the children and young people wellbeing practitioners across the country.

So, we are very much into saying that we have an education infrastructure that is in the making, we know we have enthusiasm from people to work with children and young people, and now we need to make the offer attractive in terms of careers, education and training opportunities.

Q128 **Luciana Berger**: What impact does the Green Paper have on your current workforce strategy, which is currently out for consultation?

**Professor Bayliss-Pratt**: It chimes with a lot of what we have talked about here. We definitely know we need to do more around integration of health and social care. We absolutely know we need to build careers and not jobs, and we know that we need place-based planning and commissioning at a very local level so that we can address those very issues about the social determinants of health that we talked about earlier. I think this work fits very well with the draft workforce strategy that is out at present.

Q129 **Luciana Berger**: On your point about careers and not jobs, what assessment have you made of the number of peer mentors, counsellors and educational psychologists who have been cut from schools, who, essentially, this programme will replace?

**Professor Bayliss-Pratt**: We have found, looking at the stepping forward and the draft workforce consultation, that the data quality around health and social care and children and young people is difficult to track. We have done a lot of work in trying to understand where the workforce is and what they do. We are building on the data quality. So, we are aligning what the need is linked to the activity, what the finance is and what the workforce size and shape needs to be in order to deliver these changes. It is very much work in process. I think the STP footprints and the way that we are talking about place-based commissioning and place-based workforce is moving us in the right direction, but we have yet to find more of these people and get them into careers that are meaningful and rewarding.

**Chair**: I am very conscious of the time.

Q130 **Luciana Berger**: Would you know how many roles have been cut in our schools to date?

**Professor Bayliss-Pratt**: We do not currently get that data, so we need to understand that, find that data, challenge it and work through what the solutions are. To be absolutely honest with you, no, we do not have that granular data from local authorities as it stands.

**Chair**: We are going to move on to the teaching workforce and the impact there, but I know Lisa has a quick follow-up question on the
clinical workforce.

Q131 **Dr Cameron:** As a psychologist, I am interested to hear you talk about psychology graduates. Will the supervisory framework for that sit within CAMHS or with educational psychologists? Has that been decided upon, and have you been engaging with the British Psychological Society regarding those issues?

**Professor Kendall:** I can answer the first bit, which is that CAMHS will be absolutely key to making sure that supervision and supervision structures work.

**Professor Bayliss-Pratt:** I can answer the second question. We are absolutely engaged with the British Psychological Society and are really keen to work with them on looking at how we can create flexible psychology programmes that embrace IAPT competencies so that people can get into jobs sooner rather than later.

**Chair:** Thank you.

Q132 **Mr Wragg:** This is probably a question for Lisa, but others can comment if they wish. Is the senior lead role envisaged in the Green Paper a voluntary position?

**Professor Bayliss-Pratt:** My understanding is that it is not. We would want a senior leader to want to do it, so we would be looking for champions within that role, but the detail about whether it is remunerated or voluntary, and how and where it sits, is yet to be worked out. The spirit of it is that you would want that to be a champion role and somebody who is highly committed to doing it.

Q133 **Mr Wragg:** Absolutely. I do not doubt the spiritedness and enthusiasm of a teacher wanting to take on that role within a school, but, set against a backdrop of pressures on the workforce and high-stakes accountability, how much will that enthusiasm conquer those impediments, do you think?

**Professor Bayliss-Pratt:** Until we get into the trailblazer, it is quite difficult to know, but we know—going back to Dr Paul Williams’s comments earlier about addressing adversity—that last night, at the launch of our YoungMinds education and training document and work programme, we saw a lot of enthusiasm. There was frustration, but that seems to lead to action and it feels like we are in a place where we have action, activity and a desire to address some of these issues because they are really having an effect on the day job, so to speak. They can’t be ignored.

Q134 **Mr Wragg:** No, indeed. From first-hand experience, I know that they can’t be ignored, but would this come forward as a piece of permissive legislation? Would you not prefer it to be a statutory obligation that had adequate space within the curriculum and timetable for this senior lead to have the space and time to apply themselves properly to it? Would you
Professor Bayliss-Pratt: It would be easy to say yes, but I think we have to work through what the trailblazers look and feel like, and statutory functions and responsibility is the kind of area where you have probably not necessarily got the hearts and minds. I think a lot of this is about getting people to want to do it and say they will do it, and then shoring that up through statute might be a better approach than starting there, because it might not be the best approach to get people engaged. I do not know whether colleagues want to add anything.

Claire Murdoch: We found with the 27 link pilots, which covered 300 schools, that the lead teacher role, with the additional training and additional responsibilities linking into a CAMHS person, worked very well. I would agree with Lisa that perhaps legislation is not the first place to start. Certainly, we have some growing evidence that says schools know that better mental health is already causing work within the school, coming to your workload point, and that it could be better and more effectively managed with better organisation and support. Those early link pilots have given us hugely valuable lessons that we will be feeding into this role.

Mr Wragg: The impact assessment for the Green Paper estimates an extra £360 million of investment across the board to realise its ambitions. Bearing in mind that figure and taking into account the pressures on CAMHS currently, do you think it is credible to assume that the current CAMHS workforce has the capacity to deal with it? I suppose it builds on Dr Williams’s question.

Professor Kendall: The CAMHS workforce will not be doing this. The CAMHS workforce will provide links with this programme, and in particular there will be input for supervision.

Mr Wragg: Would it not deal with any additional demands that these interventions turn up, as my colleague mentioned earlier?

Professor Kendall: As I say, I cannot guarantee that that will not be the case. What I can say from the schools’ pilots that we have is that we got better referrals. It did not suddenly produce tons more referrals, as far as I am aware, but they were certainly more appropriate referrals.

Claire Murdoch: We are expecting funding for the areas that go live first. With the waiting and access time standard into CAMHS, we are looking to cover maybe 20% of the country by the end of the period. We expect that some of that additional funding will need to go towards bolstering the CAMHS response, so that is built into our assumptions. Whether it is enough, time will tell as the system calibrates and, hopefully, we will get better joint working and the schools-based support teams up and running.

Professor Kendall: We have growing evidence that intervening early with children has beneficial effects further down the line. I would
envisage that, if we can make this work really well, the burden on CAMHS will not go up.

**Mr Wragg:** Thank you very much.

**Chair:** Emma has a supplementary and then we will come to Michelle.

**Q137 Emma Hardy:** Coming back to the point you were talking about before about teachers and their capacity to be able to do this, it is accepted by everyone that teachers’ hearts and minds are absolutely there in wanting to deal with mental health problems, but there are a couple of points I would like to make. One is that teachers are struggling with mental health problems because of the high-stakes accountability system that we have, and they are leaving and not being replaced. The other issue with it is that I do not believe that there is the space. If you train one person, how much training is that lead person going to have—how many training days? Will it be three, four or maybe a week? They are then meant to be the expert in the school on mental health. Anyone who has been a health professional who knows anything knows that you are not going to get somebody trained up to being any kind of lead in mental health unless you give them years of training, not a few days on Inset maybe at the beginning of the year. If we are going to take this seriously, and deal with this seriously, would you not agree that what you need are trained professionals who are properly funded in the schools and not teachers who have been on an Inset?

**Professor Kendall:** I am from health and not education, but my understanding is that you need a teacher in the school, who is respected as a senior figure there, who takes a lead role to make mental health important. I think you are right that this is not two days’ training. I absolutely don’t think it is two days. We are talking about someone who is going to be reasonably skilled in recognising mental health.

**Q138 Emma Hardy:** My question on that is that I do not believe, with all the other responsibilities that teachers and senior leaders have, that they simply have the capacity to do that. They have the will, but I do not think they have the capacity.

**Professor Bayliss-Pratt:** Learning from the children wellbeing practitioners is that they are collaborative. They are not in isolation. They work within communities of practice and teams. The roles that will be going in to supplement that lead person will be all about helping them to work with and access a community of people who are better educated and sighted about mental health so that they can make the right referral at the right time. The idea is that that person is not alone. We did not just go for HEIs—sorry, higher education institutions—around the children and young people’s programme because we wanted a collaboration so that people could create communities of practice and learn from each other so that they absolutely were not on their own within this. There is, of course, the health system, which is why the integration agenda is so
important so that people do not feel their name is just it and it is down to them.

**Q139 Emma Hardy:** Do you not think that this is trying to deliver something on the cheap? It is something that sounds very good—“We have a senior leader who is in charge of mental health”—but you are actually talking about delivering something on the cheap to someone with limited training in a school and making them responsible for something, in my opinion, that is far too important to give to someone as an extra add-on to their already packed job description.

**Claire Murdoch:** I do think it is important, and, although it was two years ago that I was chair of a school, I would hope that the governing body and the headteacher would be looking in a whole-schools way at better mental health and supporting this one person who will have a leadership role, not in isolation from what goes on in the curriculum but in giving wider support.

It is also really important that we envisage CAMHS reaching into the school and supporting this person in an ongoing way. You make an important point that I cannot answer, which is whether proper time as well as proper training will be available. I know you are seeing education next, so perhaps you can ask them, but I think it is a fair point.

**Chair:** We have a lot to get through with our next panel and we have to finish at 11.30. Michelle has the final question.

**Q140 Michelle Donelan:** I want to ask about the four-week waiting time, which has had a number of concerns aired by the stakeholders in the sector, including the pace of it. About 20% to 25% of children will be impacted within five years. There is also a concern that the threshold to see specialists could rise and then there are also the questions about how this will be achieved without further investment in the actual infrastructure, because it is a supply-and-demand issue. Shouldn’t waiting times be linked very closely to quality and outcome? It is one thing having a four-week waiting time, but, if that is just for an initial assessment and the outcome by the individual is not very good, then the four-week waiting times are null and void in effect.

**Professor Kendall:** It is absolutely central that this programme, as with IAPT, is as data rich as we can get it. All the workers who work in this should be trained to do outcome measures and they should use those outcome measures through the treatment programmes. I absolutely agree with you that we need to have robust evidence of the level that currently IAPT has. Ninety-eight per cent have outcome measures that are effective for us to be able to tell you what recovery rates are nationally. That is absolutely central to this programme.

As to the four-week wait, these are meant to be trialled. We do not know at this point exactly how that is going to work out. Where we have done this so far, for example, in eating disorders in children, it has had an
absolutely phenomenal impact. Although Claire has not heard this, I went to one of Claire’s units with one of NHS England’s boards on Monday and met both children and parents who had been seen within three days of referral. The difference in terms of the impact on their lives is phenomenal. I am really keen that we do this and try to find a way of getting access quickly, but I agree with you that it needs to sit alongside us being confident that we are having a positive impact.

Q141 **Michelle Donelan:** I am not questioning the concept of reducing waiting times at all, in placing them in. One concern is that, if you are an eight-year-old child today, the chances are that this will not impact on you at all by the time you are 18. Are we not a bit slow off the mark if this is a Green Paper that is supposed to get to grips with things and tackle stuff?

**Professor Kendall:** As a new programme—and I am sorry to go on about it—IAPT took 10 years to get across England, and still now we are hitting 15% of people with depression and anxiety to get evidence-based psychological therapies; and we are going to step that up to 25%. With this, we will go gradually, learn as we go, get the right training in place, be able to monitor the outcomes and be able to see what the impact is. The same will go for the waiting time. As we then roll it out over a period of 10 years, I think it is probably, to get it covering the whole of England, we will have a different and much better programme in 10 years’ time than we will next year.

Q142 **Michelle Donelan:** But that will be to the detriment of all those children within 10 years.

**Professor Kendall:** We do not have the workforce, training or the knowledge to be able to do this within a year or two; we just don’t have it. The danger is that you do something that generates unintended consequences that we did not know about. I am absolutely in favour of us having a gradual approach to this. If we see the opportunity to speed this up, and there is funding to be able to do that and it is opportune—

Q143 **Michelle Donelan:** Just on that, would funding be able to accelerate it?

**Professor Kendall:** No, at this point in time I do not think so. The pace at which this is going to begin allows us to learn how to do it properly and well.

Q144 **Chair:** On a final point, will you be monitoring the impact on neighbouring areas as you roll it out to make sure that the workforce is not being sucked into the trailblazer areas?

**Professor Kendall:** Completely, yes.

Q145 **Chair:** You will be keeping an eye on it so that you are not getting worse in other areas as you do it.

**Professor Kendall:** Yes.
Chair: Thank you for that. Thank you to all of you on the panel for coming today.

Examination of witnesses


Q146 Chair: As before, could you introduce yourselves for those who are following from outside this room, starting with you, Ann Gross?

Ann Gross: Thank you very much and good morning. My name is Ann Gross. I am the director in the Department for Education responsible for policy areas, including children’s mental health, covering life skills, disadvantaged pupils and special educational needs and disability.

Nick Gibb: I am Nick Gibb, the Minister of State for School Standards.

Jackie Doyle-Price: I am Jackie Doyle-Price. I am the Minister for Mental Health and Inequalities.

Jonathan Marron: I am Jonathan Marron. I am the director general for community and social care at the Department of Health and Social Care.

Chair: Thank you very much. Rob is going to start today.

Q147 Robert Halfon: Good morning. I put my first question to the Minister for schools. On 4 December you published the Green Paper on mental health, and 10 days later, on 14 December, the DFE published the social mobility report. There is literally a passing nod in the social mobility report to mental health. Why is that?

Nick Gibb: They are two separate things, although good mental health will enable children to attain better in their academic endeavours. The opportunity areas in the social mobility action plan are about tackling pockets of the country that have slower rates of social mobility than in other parts. That is really what the social mobility action plan was about.

The Green Paper is about tackling a very serious issue among young people, and that is the growing problem of mental health. This Government, combined with the Department of Health, are very serious about tackling this emerging new problem. The Green Paper talks about having designated leads in schools, people who are trained, who know their way around the system, supported by a mental health support team, which is made up of trained people in this area but also supervised by mental health clinicians. All the evidence is that early intervention is the best way of tackling mental health. We want to prevent children who experience anxiety, who experience early signs of mental health issues, from it developing into something more serious.

Q148 Robert Halfon: Can I challenge you a little on that answer? Many organisations, from the Royal College of Psychiatrists, the Association of
Colleges and the Centre for Mental Health, say, for example, that there is little recognition of the fact that children from the poorest 20% of households are four times more likely to have mental health difficulties. Given the figures on children and mental health, that has a huge impact on social justice and social mobility, because you know that those children are likely to do possibly worse than other children. Therefore, surely it should have been a significant part of the social mobility report.

Even with alternative provision, we know that the vast majority of students, if not all of them, who are in alternative provision, have mental health difficulties. Again, why is there nothing, or very little, in the Green Paper and very little linkage between the two, given the impact that mental health in children has on social mobility?

**Nick Gibb:** We know that vulnerable children have a higher propensity to certain mental health issues. We acknowledge that in the Green Paper. We will ensure that the trailblazer areas, on which we are consulting in the Green Paper, encompass a range of different areas so that we can test different approaches to how we help those children. Every mental health support unit will cover areas that include special schools and areas of deprivation so that we can test out the different ways that we are going to help those children.

Q149 **Robert Halfon:** Is that not another case of it being in silos? Surely the trailblazer areas should be linked to the opportunity areas.

**Nick Gibb:** Yes, that may well be, and I suspect we will ensure that those trailblazer areas incorporate a number of opportunity areas.

Q150 **Robert Halfon:** There is no consideration at all in the Green Paper in terms of the 119,000 under-19 apprenticeships. Will you ensure that there is data gathered on the level of mental health need and provision for apprentices? It mentions further education, but that seems to be completely neglected in the Green Paper that you have produced.

**Nick Gibb:** Yes. We will make sure that they incorporate FE. The transforming children and young people’s mental health provision Green Paper is explicitly for people up to the age of 18. That is what this is designed to tackle.

Q151 **Robert Halfon:** There is nothing about apprentices at all, and there are thousands of 16 to 19-year-olds doing apprenticeships.

**Nick Gibb:** Yes. It will incorporate those young people as well.

Q152 **Robert Halfon:** In terms of resources regarding the mental health professionals in schools, is that new money that has been given by the Treasury to the Department for Education?

**Nick Gibb:** The Green Paper sets out that there will be a designated lead. Don’t forget that half of schools already have designated mental health leads. We are going to make sure that they are properly trained. We have a fund called the teaching and leadership innovation fund that we are
inviting bids for now to develop very high-quality training programmes for those mental health leads in our school. They will start rolling out those courses from September onwards. We are talking about £95 million of additional money. That will come from within the DFE budget, but it is additional money for this particular purpose. That is money spent over the next five years to train mental health leads in all our schools.

Q153 Robert Halfon: There were figures of £300 million in the papers.  
Nick Gibb: This is a joint thing with Health, and £200 million of that is from the Department of Health and Social Care. That is about training, supporting and provisioning the mental health support teams.

Q154 Robert Halfon: A previous witness said it was new money. I want to check. You are saying it comes from existing money, in terms of the schools—  
Nick Gibb: It is additional money, and I can tell you that the £95 million comes from within the DFE budget allocated to this purpose. Jackie, I am sure, will tell us about the £200 million.

Jackie Doyle-Price: The Department of Health and Social Care contribution to this is £200 million and that is all funded from within the Department of Health’s budget, but it is additional money for the purpose of mental health.

Q155 Chair: Is it new money or is it coming from repurposing?  
Jackie Doyle-Price: It is additional money.

Q156 Robert Halfon: Where does the £95 million come from in the budget? From where are you taking it? If that is not new money but part of the existing budget, where is it coming from in the DFE budget to pay for this?  
Nick Gibb: These are issues that we deal with all the time. We have allocated the £95 million, and that is for us to deal with as we deal with all the cost processes within the Department.

Q157 Emma Hardy: Following on from the points that Robert just made, you talked about the additional money, but the schools will not be provided with any money to cover additional costs that they have, will they, such as supply costs, lesson costs or if somebody is going out?  
On the point of training, how much training are these people going to have? How many days’ training are they going to have? If you are going to be a senior lead on something as important as mental health, how much time are you going to give them to do this? What jobs are you going to take away from senior leaders so that they have the space and capacity to do it?  
Nick Gibb: Part of the funding—the £95 million, which equates to about £20 million a year—will be used in what is called backfill to ensure that there is somebody to fill the role of that person while they are on a
training course. We are inviting bids through, as I said, the teaching and leadership innovation fund for people who want to put forward bids to provide that training. We want it to be very rigorous and very high quality, and only those bids of high quality will get through our—

Q158 Emma Hardy: How much time, Minister, do you think they would need to spend outside school, outside their role, to be a senior lead on something like mental health?

Nick Gibb: This will be for specialists to determine, but when we invite bids we will assess their quality to ensure that the mental health leads in schools are properly trained for this very important role. We are tackling a problem that has not been tackled before.

This is a very ambitious Green Paper—and we are interested in the Committee’s views about it—tackling a problem of modern society that, as a Government, we are determined to tackle. We want the training of those mental health leads to be rigorous. We want it to be effective in enabling those senior leaders in a school to be able to do their job effectively. We are providing funding to enable those senior leads to be absent from school while they are being trained.

Q159 Emma Hardy: Can I go back to the point, because you have not quite covered it yet, Minister? What are you going to take away from senior leaders? What roles are you going to tell them that they do not need to do any more to make sure that they have the space and capacity to give this the time and attention it needs?

Nick Gibb: My experience of schools is that they want to tackle this issue. Providing support to schools in helping them to tackle mental health issues will relieve the school of some pressure, because this is a growing issue in schools. This is all about providing support, aid and help to schools in tackling what already is a time-consuming and important problem with which they are dealing.

Q160 James Frith: Good morning. This is to Nick, if I may. The Green Paper’s emphasis appears to be about taking a proactive approach rather than a reactive one and trying to head off through early intervention, all of which is commendable. Within that frame, I ask about school experiences of curriculum. It has been said that the DFE’s guiding principle around the curriculum is that children be exposed to the best that has ever been said and done—commendable as a notion—but my concern and question is: have you left no room for children to learn about themselves when considering mindfulness, coping, managing, thinking, wellbeing, confidence and speech? I welcome your thoughts, and, Jackie, as well, please.

Nick Gibb: Yes. They are not mutually exclusive, and those schools that have the most effective academic curricula and achieve well for their young people also have very strong extracurricular activities and very strong pastoral care. Young people want to do well academically. We want young people to be prepared for life in modern Britain, for life in
what is a competitive global economy. We think that will help young people’s mental health in the long run. We do not want children to be under pressure with exams—of course not. Exams have always been part of our education system from time immemorial. We want children to be well prepared for GCSEs and well prepared for what is a more demanding curriculum, but we do not want them to be put under any pressure additional to what children already face in their academic studies.

We are consulting at the moment on relationship education in primary schools and relationship and sex education in secondary schools. We regard this as a very important policy initiative by the Department. It was made compulsory by the Children and Social Work Act last year. We want to ensure that that curriculum helps young people build that resilience and introduces young people to, and helps them tackle, some of the modern pressures that they will face in life.

Q161 James Frith: Would you recognise that the system has gone too far in assuming that all lessons and all education curricula point toward exam success; that not enough is being done in the class that recognises the need for children to have a sustainable approach to managing their mindfulness, their wellbeing; and that, notionally, even these conversations, these words, are alien to our school sector too frequently because of the pressure that they are under?

Chair: We are going to come on to exam pressures later.

Nick Gibb: I do not accept your premise. We are not saying that every minute of the day of a child’s life at school should be consumed by academic study. We have improved the national curriculum; we have made it more rigorous and put it on a par with the best in the world to ensure that our young people are best equipped to compete with people from other countries with their education systems.

But we want the school curriculum, which goes beyond the academic curriculum, to be as broad based as always. We want young people to be studying music, which is compulsory to the age of 14; we want young people to engage in sport, which is why we have the sport premium; and we want young people to have pastoral care, to be introduced to issues such as drug abuse and all those dangers that they will encounter as children and adults. We want them to have those kinds of lessons as well. It is wrong to say that we want every minute of the day to be consumed by geography, history and science. It is simply not true; it is not the policy, and it is not what I see up and down the country in the schools that I visit.

Jackie Doyle-Price: Briefly, you are absolutely right to identify that what is sitting underneath the whole of this is early intervention—both to prevent longer-term problems and to make the whole system more effective.
One point I would emphasise is that this Green Paper is very much about the partnership between the Department of Health and Social Care, the NHS and schools. It is not the entirety of what we are doing to support children and young people’s mental health. For example, we also have other work going on with the social media companies and internet safety, which again would help relieve pressures in other ways, as you say. I do not see any of this as mutually exclusive. We just want to make sure, through this Green Paper, that we are enabling schools to access the right support to enable early intervention and give pupils—

Q162 **James Frith**: What did the Department of Health stipulate education do better to help your pursuit of that goal?

**Jackie Doyle-Price**: We see schools as being the avenue through which we get early support to children with mental health issues. That is really it. We recognise that we are getting a lot more pressure on the CAMH service, and the best way of dealing with this is not just simply adding more resource to CAMHS, which we are doing as well, but making sure that we intervene to give children support earlier on in the process, because, first, it will be more effective and better for them, and, secondly, we will get better outcomes for them but also reduce longer-term demand on the service.

**Chair**: We are losing the flow of questions. Ian, yours was a supplementary based on Emma’s and Rob’s questions.

Q163 **Ian Mearns**: Yes, it is about the new money, the £95 million, Minister, and you explained that that would be roughly £20 million a year. Behind that is an aim and an objective that every school would have a designated senior lead for mental health at the end of or during that process, but that works out at about less than £500 per school or college per year. Is this an objective that is going to be delivered on the cheap, or is it going to be delivered effectively with less than £500 per school or college per year?

**Nick Gibb**: We want to make sure that these courses are rigorous. We are talking about one person per school being trained over a period of time. We will learn from the experience, and, if we find that the courses that the mental health leads take are not adequate, we will ensure that they are adequate and that our mental health leads in our schools are properly trained. As I said earlier, this is a very ambitious Green Paper, and we are learning and will learn as it unfolds in the next few years.

Q164 **Ian Mearns**: The funding package, when you explain it, is less than £500 per school or college per year. The funding does not seem particularly ambitious for the objective that we are trying to get to at the end. The funding does not seem ambitious.

**Nick Gibb**: As I said, if that is not enough, we will revisit it, but we are inviting bids to the teaching and leadership innovation fund to develop courses. We want them to be rigorous and to ensure that these mental health leads have the proper training. If the funding is not sufficient to
enable that to happen, we will revisit the issue, but I am confident that
we have our estimates about right.

**Q165**  
**Ian Mearns:** It is a fine objective to try to make sure that children and young people in schools are referred to the appropriate services as soon as possible, that their problems are properly identified and signposted in the right direction. But I can just imagine headteachers around the country thinking, “Wow, I am going to get all of this resource to train up this person to make sure that we do this job properly.”

**Nick Gibb:** This is over a period of years, so it won’t all happen in one year. I am trying to check your mathematics, and I am always loth to do mathematics in the full view of the public. There are 20,000 schools in the country, and 20,000 times £1,000 is £20 million, I hope, but we are not talking about doing all this in one year. We are talking about doing it over a period of years; so perhaps your estimate is at the low end of the figure.

**Ian Mearns:** Okay.

**Chair:** I know Luciana has a quick supplementary on this.

**Q166**  
**Luciana Berger:** Health Minister, you have health inequalities in your title. My colleague raised the fact that, at age 11, children from the poorest 20% of households are four times more likely to have a serious mental health difficulty as those in the wealthiest 20%. We were told by Tim Kendall in the previous panel that it was not in their scope, given by, presumably, the political and ministerial leads, to address health inequalities in this Green Paper. Many of the representations that we have received have raised some very serious concerns that that has not been addressed. Why is that?

**Jackie Doyle-Price:** It is because the Green Paper is focused specifically on the partnership between the Department and schools, and that package of work to address mental health. It is not a Christmas tree for everything we are doing to tackle mental health for children. I have already referred to some of the stuff that we are doing on internet safety and so on, which again is not captured in this because there is no need for it to be. This Green Paper is really about what is a new, unique partnership between our two Departments to tackle this problem. That is not to say that we are not tackling the issue of inequalities in other ways.

**Q167**  
**Luciana Berger:** Forgive me, but I think anyone watching will find talking about tackling health inequalities as being part of a Christmas tree quite distasteful. This is a very serious issue.

**Jackie Doyle-Price:** I did not describe tackling health inequalities as part of a Christmas tree. What I said is that this Green Paper is about this particular partnership, and actually we do not want to dilute the focus on what is a very ambitious and radical programme.

**Chair:** Emma, and then we must move on to the next section with
Michelle.

Q168 Emma Hardy: Minister, schools are going to be looking forward and wanting to plan for the future and for this. Going back to the point that my colleague made, they will need to know how much money they get, and, more importantly, I am going to push you again for an answer because you have managed to avoid giving one so far. How many days’ training do you think that these lead practitioners are going to need to become these people that you want them to be in schools?

Nick Gibb: To be honest, I don’t know, because this is an issue for specialists. It would be more than the one-day course that you are concerned about. We are inviting bids from people who are equipped and qualified to provide these courses. We want to ensure that the output of those courses will deliver mental health leads in schools who can do that job properly. These are senior members of staff in schools. Half of schools already have mental health leads in their schools. We want to provide extra training for those existing mental health leads and to ensure that the other half of the schools also have mental health leads, but the quality will be determined by the bids that come to the teaching and leadership innovation fund.

Q169 Emma Hardy: The number of days is going to determine the funding as well. Those two things need to be thought of together, because you promised earlier that backfill costs would be met and that schools would not be out of pocket. If you are thinking about these number of days being five, 10, 15, or one, it is going to influence how much money you will have to provide to the schools.

Nick Gibb: Yes. These are the kinds of decisions that are taken in Government. It is about balancing value for money for the taxpayer with wanting to get the maximum output from the money that is being spent. These are decisions that will be taken. The starting point is that we have allocated between £15 million and £20 million a year, and then up to £95 million over the period. We are inviting bids to the teaching and leadership innovation fund, which is a very generously funded fund to raise standards of teaching and leadership in our schools as a whole, and we will wait to see what those proposals are. We have a very rigorous sifting process in how we assess those bids. I am confident that we will deliver courses that are of a high standard but that are also good value for the taxpayer.

Robert Halfon: Can you confirm that the £95 million you mentioned is not coming from any other frontline services in the Department for Education—that it is coming from efficiencies or back office, so to speak?

Nick Gibb: These are issues that we are addressing. These are issues that we face the whole time in how we manage a very large, multibillion-pound budget. I cannot say to you today precisely where that £95 million is going to come from, because these are issues that we continually revisit and assess the whole time in the Department, but I can assure
you that the £95 million will be made available to this issue. If you have issues about other projects and programmes, then you can raise those issues when we come to discuss them.

**Chair:** Can we move on to the issue of families? Michelle is going to lead on this.

**Q171 Michelle Donelan:** I want to touch on the fact that nowhere in the Green Paper is there a mention of a link between schools and families. Some of the messages we have heard from young people themselves are that they can be two very different people at home and in school, and there is not necessarily a link between the teachers and the parents and a sharing of information, which requires an additional resource. It does not seem to be in the remit of anybody within the Green Paper.

Secondly, I appreciate your point, Minister, that this Green Paper cannot be seen as being all things to all men. However, it offers more support for healthcare professionals, but there is no more support for families in general. It specifies vulnerable families and particularly post-referrals. Should we not be seeking to offer support, advice, information and the tools to parents to pick up these mental health issues early as well?

**Nick Gibb:** I will bring Jackie in, in a minute, to talk about health visitors, but the mental health support unit will work with families in the area as well, not just with the schools and with pupils at the schools. It is not just focused purely on the school time and school pupil. They will of course work with families, particularly vulnerable families, in their area.

**Q172 Michelle Donelan:** Will that be available to every family or just the vulnerable families?

**Nick Gibb:** No. It will be available to any family of a child who is experiencing mental health issues.

**Q173 Michelle Donelan:** That is what I mean. Should there not be support for people who are not aware that their child is facing mental health issues or how to deal with it in the beginning, so more proactive rather than reactive?

**Jackie Doyle-Price:** That goes much further than this Green Paper. If we look at the mental health support teams, we fully anticipate that family interventions will be part of giving that early support. One thing that the mental health leads in schools will do is be able to identify those families who might need that support, and that could be part of the referral.

Again, we will be able to tackle all this in more detail through the trailblazers, just to see how this shapes out in practice. There might be a need for us to do more proactive engagement with families through schools, and we can look at that, but I think what we are doing here is bringing in this additional resource that will enable that targeted intervention, which so far we have found more effective.
Q174 **Michelle Donelan:** You are confident that this will provide schools with enough support to have a conduit between the teaching staff and parents without adding extra burden on to teachers at the moment.

**Jackie Doyle-Price:** We are talking about 8,000 new staff that will make up these mental health support teams, and they will be the place where the senior mental health leads in schools can refer families and the child for help.

Q175 **Dr Williams:** I think most of us welcome the connection between mental health services and schools, and thank you for the answers you have just given to Michelle around families. We think it is necessary, but in terms of improving children’s mental health it is of course necessary and not sufficient. You have already said, Jackie, that there are many other things that are being done.

One big gap that we have seen and heard about is the gap around prevention, particularly around the things that happen at the beginning of a child’s life from preconception, to time in the womb, to the very early formative years, and then adverse childhood experiences. ACEs are referred to in the Green Paper, but it is a passing reference rather than being at the core of the strategy.

What plans do you have for a prevention strategy as well as this very laudable early intervention strategy?

**Jackie Doyle-Price:** There is no single thing that causes people to suffer poor mental health. If there was, we would all find it a lot easier to deal with. There are behavioural factors, environmental factors and genetic factors, and all these things need to be considered.

In so far as the early years are concerned, obviously we have our separate perinatal programme that we are investing in, basically, to give more support from birth to the mother and the child, and we know that that yields better outcomes, so that will be one factor. Clearly, all the early intervention we are doing through things like the troubled families initiative will help too.

I also think that now we are going through massive behavioural change through the availability of new technology, the internet and so on. While that brings with it great opportunities for people to have better mental health and better knowledge, it also brings with it challenges. We all need to look at what tools we need to equip our young people with in the 21st century to enable them to help themselves, as we were discussing earlier. That is a broader programme that we are still learning about.

As I say, it takes many bites to eat an elephant, so we are tackling this bit by bit. We have started investing in perinatal and we now have this Green Paper, but we will always be looking for more solutions to tackling what is a growing problem.

**Chair:** Did you want to expand on the point about the exam stress and
high-pressure environments? I am sorry—that was William.

Q176 **Mr Wragg:** My question has been let out of the bag already before I get to ask it, but I was going to come back to this idea that somehow the Department and even the Minister perhaps want to create a generation of superhuman, academic stormtroopers against the perception that the teaching profession want a generation of mollycoddled snowflakes, but of course it is not that clearcut, is it? It is not that clearcut at all. Has the Minister given any consideration to the idea that not only are schools perhaps the answer to some mental health problems, as this Green Paper envisages, but also the source of some of them?

**Nick Gibb:** We want children to have a happy experience at school. That is why we have very clear policies on behaviour in school, and we want to eradicate bullying in our schools. We have given teachers more powers about controlling classrooms, about dealing with unruly behaviour and so on. Having an ordered, safe environment, where children can be happy and can learn in safety, is a very important part of tackling mental health issues. As we have seen with the growing amount of bullying online, a lot of that started offline in the face-to-face environment of the school. So, a good disciplined school does not add to stress; it actually eases stress and anxiety on pupils. We take that issue very seriously.

We also take seriously relationship education. We think it is important to teach young people about the importance of friendship, about healthy relationships, what is an unhealthy relationship and so on. Those things again are policies designed for schools to help deal with mental health issues.

**Mr Wragg:** Absolutely.

**Nick Gibb:** We have randomised control trials happening at the moment about things like mindfulness and so on.

Q177 **Mr Wragg:** If I may say so on that, I do not doubt that you are doing a lot of good things.

**Nick Gibb:** I am telling you what they are.

Q178 **Mr Wragg:** The purpose of my question is not to undermine you entirely in that respect, but what consideration is given to exam pressures, particularly as the move towards examinations from other assessments is nearly complete? Perhaps you can also comment on the levels of teacher stress, which are quite apparent and widely acknowledged, and the effect that that can have sometimes in transmitting that stress into the classroom environment.

**Nick Gibb:** In terms of exam stress, as I said earlier, exams have always been part of the school system. We have reduced the number of exams pupils are taking by getting rid of the modular concept of GCSEs. There was a retake culture that had spread into our system where children were spending huge amounts of time banking a grade and then retaking it to
push it up to another grade. We have essentially eliminated that retake
culture in schools as a result of our reforms.

We want young people to do well at school. Young people want to do well
at school, and we want them to be equipped for life in a very challenging
modern economy. The best way to do that, of course, is to have a very
effective education, and we are seeing standards rise in school: 1.9
million more pupils now are in schools judged good and outstanding
compared with 2010. These are important issues.

Q179 Mr Wragg: I often reel off the same statistics as well—don’t worry; I am
not afraid of those statistics. But I wonder perhaps if it is not time, in all
seriousness, that the gas under the pressure cooker might be turned
down a little.

Jackie Doyle-Price: Can I make an observation here? We know that one
in 10 children has an identifiable mental health condition, and that is
separate from exam stress. While exam stress can exacerbate already
existing pressures, I do not think we should necessarily see that as being
the primary cause here, because we are tackling recognisable mental
health conditions.

Nick Gibb: Yes. The whole essence of this paper is to identify early those
children for whom anxiety is more than just the pressure young people
face with exams; to identify it early; to ensure that those young people
have support from the mental health support teams so that it will not
escalate into something more serious. If it does escalate into something
more serious, the Green Paper talks about what happens next to make
sure they are effectively dealt with.

You also mentioned teacher pressure. We have taken very seriously the
issue of workload pressure on pupils. Back in 2014 we had the workload
challenge. We asked teachers what issues were adding to unnecessary
workload. We have had review groups set up to tackle that, things like
dialogic marking, obsession with data, and preparation. We are taking
very seriously and have accepted all the recommendations of those
reports. We are determined to make sure that those recommendations
are implemented right down to the school level.

Q180 Mr Wragg: Parking that, and I have a feeling that a colleague will come
back to it later, I could perhaps ask Jackie something at this point. We
heard earlier that there is the potential of this intervention perhaps
turning up more of a workload for those working in CAMHS. Can you give
an assurance that any additional demands placed on CAMHS because of
this welcome initiative will be fully funded?

Jackie Doyle-Price: I can give you an assurance that we are already
investing more and giving more resource to CAMHS as it is. We have yet
to see how it will pan out, and the trailblazers will be informative in that
regard. Where we are sitting at the moment we can see a spike, which
will then come down, because the fact that we have more support going
into schools will mean, yes, that children will get help earlier, which means they might not then need a referral because that intervention might be sufficient. Equally, it might identify people who need more help and that would lead to more referrals.

We would expect, as the mental health teams become more established and embedded in the system, that that spike in referrals would start to come down, but it will all come down to what we see when we start the trailblazers and the feedback we get. If we find that that leads to more resource, that is what we will have to do.

**Chair:** Emma, you have a follow-up on exam pressures.

Q181 **Emma Hardy:** I do. With respect, Minister, we have heard the speeches before about the number of good schools, and we know that, but what we are talking about seriously here is the fact that the school system is driving stress and anxiety for children. We know that. Young people tell us it; teachers tell us it; everybody here knows that, whether we will admit it out in the open or not. It is not just exam pressure. We had evidence from the alternative provision saying that year 10 is the year group that is most likely having to leave school to go to medical alternative provision because of mental health problems, stress and anxiety. That does not just happen like that in year 10. That happens because of a progressive build-up all the way throughout their years in school until they get to year 10 and they just can't cope. We are hearing more about it being high-achieving girls who are breaking.

Surely, Minister, this is something that the Department needs to look at. We are not going to get all these high grades and results if we are breaking people before they get to take the exams.

**Nick Gibb:** We are not demanding that every pupil gets a high grade or result. What we have introduced into our reforms to the curriculum is putting it on a par with those countries around the world that have the best education systems. Our young people are perfectly capable of being taught and understanding the same curriculum that they have in other countries around the world, and that is all that we have done. Schools are responding very well to that. We are seeing more young people taking at least two sciences at GCSE. It was about 60% in 2010, and it is now nine out of 10 young people taking at least two sciences at GCSE. They are perfectly capable of coping with the new, more demanding curriculum.

Exam pressures have always been there, and the way to deal with them is to make sure that young people have taken exams earlier on in their school career, at the end of years 7, 8 and so on, so that they are used to taking them. We do not want schools to put undue pressure on young people. There is no reason why they should.

We are introducing relationship and sex education, which is going to be compulsory in schools. PSHE is also designed to help young people tackle all the modern-world pressures that apply to young people. The internet
and social media are key issues for young people, and we are trying to make sure, through the computing curriculum, that young people know how to stay safe online, how to behave online and so on.

We are taking all these issues extremely seriously, and I do not think it is right to say that reforms to the curriculum are the cause of young people’s anxiety or result in increasing mental health issues among young people. There is a whole raft of real-world pressures that apply to young people today that did not apply when I was at school. As I say, we are introducing measures and policies to help schools tackle those issues, because they are very serious issues. That is what the RaC curriculum that we are consulting on is all about, and it is what the PSHE issues that we are consulting on are all about.

Q182 **Chair:** Certainly, a clear message from young people to this inquiry has been that exam stress plays a key role in what they themselves report as leading to mental health difficulties. Are you specifically researching and investigating how you can mitigate that?

**Nick Gibb:** Of course we always monitor the research that is produced on these issues, but exam pressure has always been part of being at school.

Q183 **Chair:** Of course, but are we making it worse?

**Nick Gibb:** Nothing we have done makes it worse. The curriculum is more rigorous, but it is a curriculum that all young people can cope with. The GCSEs that we have reformed are for all abilities of young people to take. They are on a par with curricula and exams in other parts of the world where young people have been used to them for longer and are coping perfectly well. Exam pressure has always been there in our system and always leads to anxiety among young people, but there are more pressures on young people today in addition to that that we did not face in our youth.

Q184 **Chair:** Of course. It is just whether you are hearing the message from young people themselves about how concerned they are.

**Nick Gibb:** Yes, of course, I get correspondence from colleagues that encloses that, and my own constituents write to me, but I do not think there is anything in our reforms that will increase the level of pressure on young people to do well in exams. GCSEs have been there since 1988, and O-levels were there before that. There have always been school-leaving exams in our school system. There have since the 1980s been SATs at the end of primary school. We have made them more rigorous, but schools are teaching them well, and children are able to—

**Chair:** I have lots of colleagues who are very keen to come in.

**Nick Gibb:** I will stop there.

**Chair:** Is this specifically on the issue of exam pressures?
James Frith: I do not deny that exam pressure has always been in our school system. I think this is about format rather than number of exams. The modular approach gave students a chance to understand a suitable level of pressure, adapt and take it again. At the moment, the linear approach that puts all eggs in one basket supports this notion of a pressure cooker and all things going towards this one moment.

Your appreciation of the context in which young people are coming into schools and the pressure that they are under does not seem to sit with the system that has been designed, where you head towards one goal and you have one shot and it is hit or miss, because that is exacerbating some of the pressures that our young people tell us about their experiences of school, to which the Chair rightly refers.

Nick Gibb: It is a common system in other countries around the world. It is a system that was in place before some of the reforms that came in in the last 15 years, so it is not an unusual system to have an end-of-year course. We want young people to be able to remember what they have been taught; that it is not just about bite-sized pieces; that they can connect one piece of the two-year course with other parts of the course. That is why we have done that, and all young people are in the same boat; they are all doing that.

What happened with the previous modular system is that young people were taking exams the whole time. The whole school atmosphere from years 10 and 11 onwards was about exams, and we were the most examined country in the world in terms of young people. That is what we sought to address. We wanted to get away from this system where young people were taking exams all the time from years 10 and 11, and then they would be taking modular A-levels in year 12 and then again in year 13.

Chair: You have made that point.

Nick Gibb: That is what we sought to do by making them linear.

Chair: Emma and Ian both want to come in on the issue of exams.

Emma Hardy: You have just mentioned in the conversation the year 2 SATs, the year 6 SATs and the end-of-year exams in every subject, and we have not mentioned the year 1 phonics test. Basically, you are talking about exam pressure that is constant in every year group for every subject for every pupil. How many subjects are there in each year group? Is it nine or 10? They are having to do that every single year. It is not the same as when you went to school or when I went to school, and we had that pressure at the end in the GCSE year. You are giving our young people a constant, unending pressure for exams in every year group. I am sorry, but one hour of PSHE a week is not going to mitigate against that.

I would really like you, Minister, to visit and talk to some of the children in the medical alternative provision who are there because of stress and
anxiety caused by the current school system. If you will not listen to what
the panel are saying, hopefully you will listen to what the young people
are saying.

Jackie Doyle-Price: Can I intervene on that? I repeat the comment I
made earlier, which is that one in 10 children has a recognisable mental
health condition. We are seeing that exams are catalysing the additional
pressure and making that more exposed and more acute.

The reason why we want to invest in these 8,000 more staff, which is a
resource for schools to direct at children who need help, is exactly so that
we do not get to that crisis point, so we can have that early intervention
and support to give children the tools that they need to support
themselves and give them that behavioural therapy to make sure that we
don’t get to the position that you are hearing from young people now,
which is that exams are causing too much stress. This is all designed to
make people more resilient by giving them support earlier.

Q187 Ian Mearns: Just quickly, the exams that the young people take—and
we all want them to succeed—are cumulatively put together in terms of
statistics, and the schools are judged against those statistics. The
outcomes for individual children are put together. That is part of,
unfortunately, the perverse pressure in the system. Youngsters are being
driven by their schools, and we all want youngsters to succeed, but it is
the outcomes for the school as well as the children, and the schools are
judged against that. That puts pressure into the system as well, Minister.
By the way, that is not common around the world.

Nick Gibb: It is common around the world. There are some countries
around the world that have public exams every year to hold their schools
to account. We only have two points when schools are held to account for
their results. That is at the end of primary school, the SATs at the end of
year 6, and the GCSE results, essentially at the end of year 11. That has
been the case for 20 or 30 years in our system. There is nothing in our
reforms that changes that whole approach. Our reforms have, as I said,
reduced the number of times young people are taking exams, by getting
rid of the modular system and this retake culture, but it is important that
we have an education system that equips young people to do well in life.

It is stressful for a young person to leave school not having fulfilled their
potential and going into life facing challenges that they should not have
to face if they had had the education that they needed. Our objective as
a Government is to ensure that every young person going to a state
school is able to fulfil their potential. That is the essence of our reforms.
We want young people to be happy and safe at school. That is the
essence of our behavioural policies: to improve behaviour; to ensure that
the classroom is well disciplined; that teachers have the power to deal
with low-level disruption as well as more serious disruption.

Q188 Ian Mearns: At the same time, you should not be viewing young people
who are stressed through the system and who then exhibit mental health
problems because of the system as some sort of collateral damage in the whole education process.

**Nick Gibb:** No, I just don’t accept that. I refer you back to what the Health Minister was saying. One in 10 young people does have a diagnosable mental health issue, and for those young people any stress in life is going to be more serious than it is for young people who do not have diagnosable mental health issues—and, of course, exams are part of the stress that every young person faces as part of daily life. That is how it has always been. There is nothing in our reforms that should make that system more stressful. The curriculum is more rigorous, I accept, but the teachers are teaching it well, and young people are very well prepared for those more rigorous assessments, both at primary and at secondary level.

As to issues like the phonics check referred to earlier, that is a one-to-one, five-minute check that children enjoy, and it is about making sure that children are on track to reading—and they are on track to reading. Reading in our primary schools is improving immeasurably.

**Q189 Emma Hardy:** With respect, that is not reading; that is the ability to decode phonics, which is different from reading.

**Nick Gibb:** In fact, it is being measured because in the PIRL study we have risen from joint tenth to joint eighth place.

**Chair:** We have a quick follow-up from Luciana and then we will move on to another area.

**Q190 Luciana Berger:** Can I ask the Health Minister about an earlier question from my colleague Dr Williams about prevention? In your response you talked about investment in perinatal mental health, you talked about the internet and health visitors. I welcome the investment in perinatal mental health, but that is only going to reach a few hundred women, and we know there are around half a million babies born every single year. When it comes to the health visitor workforce, we have lost hundreds of health visitors, and there is a 34% gap in the number of health visitor training places currently being filled. On the point about the internet, I do not really think the internet has much bearing on the under-fives. We have had no mention of children’s centres, hundreds of whose doors have closed. That is a real opportunity to engage with parents and young people. Why is that under-five agenda totally absent from the Green Paper?

**Jackie Doyle-Price:** As I said before, this Green Paper is about how we are improving mental health through partnership with our schools, so the under-fives do not belong in this Green Paper.

In respect of health visitors, clearly it is an issue for local authorities to decide how they allocate their resource, but the investment in perinatal is new investment. Not only are we establishing new mother-and-baby
units, but we are putting out more and more staff to engage with new mothers on the ground, and those teams are being rolled out.

Q191 Chair: Can I take you back to an earlier point, Minister, when you referred to the one in 10 children with mental health difficulties? That is based on a prevalence survey that was published 14 years ago. How confident are you that the up-to-date prevalence survey, when it is published, will still be looking at that level of need, and if it does identify a much higher level of need will you adjust what you put into this?

Jackie Doyle-Price: Clearly, we will have to react to what the prevalence survey tells us and we will adjust that accordingly, but do you want to bring us up to date on that, Jonathan?

Q192 Chair: Are you anticipating, from the early work you are doing, that it is going to be much higher than that?

Jonathan Marron: We will need to see the prevalence survey that comes out later this year. The fieldwork is going on at the moment. It is a complex piece of work. I think we spoke about it at the last Committee. I do not think anybody is expecting prevalence to go down, and that is part of the reason why we have made significant investments in the CAMH service already. We have promised to get an extra 70,000 children and an extra 1,700 therapists by 2021. Indeed, the investment here will help meet the level of need that we know we are not meeting—the needs of children in our community.

These investments are important. Obviously, if the research comes out showing a very widely different level of need, we will have to think about what that means for our plans in future.

Q193 Chair: Is the data that is coming back to you at this stage indicating that it is likely to be a much higher prevalence than one in 10?

Jonathan Marron: I do not have any systematic data. The survey is a very systematic way of estimating need. We do not have many other surveys like this where we try to estimate prevalence as opposed to just counting the people who come through the health service’s door. It really is the gold standard measure and I would rather wait for that.

Q194 Chair: You do not know. Do you think that every seven years is sufficient in terms of following this up?

Jonathan Marron: There has been a slight delay this time round as we have looked again at the methodology and in fact invested in a more comprehensive survey. Doing it on a regular basis is certainly important, as we have with the adult survey.

Q195 Chair: Minister, do you think it should be more frequent than seven-yearly?

Jackie Doyle-Price: It needs to be as frequent as it ought to be, but on this occasion it has been delayed to improve the methodology. If you are
ending up with better and more reliable data, that would make for more robust policy making, but clearly the more frequent the better and the more informed.

**Chair:** Conscious of time, we are going to move on to Paul’s next question.

**Q196 Dr Williams:** I have a couple of questions about accountability. First, who will the mental health support teams work for?

**Jackie Doyle-Price:** They will be supervised by CAMHS, so they will be clinically supervised.

**Q197 Dr Williams:** By whom will they be employed?

**Jackie Doyle-Price:** The NHS.

**Q198 Dr Williams:** It is an NHS organisation. Is this something that is going to be commissioned from mental health trusts, or has that just not been thought through or developed yet?

**Jackie Doyle-Price:** They will be working for clusters of schools. I would imagine that we will approach this via the CCGs to work out what the most appropriate cluster is. I guess in some cases it will be multi-academy trusts that will be the base for them. In others, it will be strict geographical areas. It will not be a one size fits all, just because our picture of schools, our network of schools and provision is not one size fits all either. It will be very much bespoke as suits the local area.

**Q199 Dr Williams:** It is great to see the Department of Health and Social Care and the Department for Education collaborating. Who is ultimately accountable for the delivery of this Green Paper?

**Nick Gibb:** I think we are both jointly accountable, so we will both be to blame if it does not deliver and we can both accept all your praise and commendation if and when it goes well.

**Jackie Doyle-Price:** It is a fair question, though. I have always said that a silo culture in Government is the enemy of good policy making, but the challenge is to make sure that it does not fall between two stools. I suspect that these two Committees will make sure it does not.

**Q200 Ian Mearns:** Will the necessary frameworks, including those for data sharing and safeguarding, be in place to enable all schools and colleges to work effectively with local authorities and local health services, and make sure that youngsters do not fall through the cracks?

**Jackie Doyle-Price:** That is what we are intending to do. This is where the trailblazers are going to be so important as that will highlight where the potential traps are in the system, because we are effectively, as we have observed, joining up quite a lot here.

**Q201 Ian Mearns:** As to advising on how the trailblazers are established, do you have in mind any blueprints of how things should be established in
terms of those frameworks?

**Jackie Doyle-Price:** That is one thing on which I would welcome feedback from the Committee because there is any number of ways that we could identify who should be trailblazers. Coming back to Mr Halfon’s earlier questioning, we could look at areas of deprivation. Equally, we could look at an area where we think it is likely to be most successful because that will bring with it its own learnings too. The feedback from this Committee will be very helpful in identifying where we should target. I suspect we want a blend of combinations really.

Q202 **Ian Mearns:** Speaking personally, I hope the trailblazers do not mirror opportunity areas, because there aren’t any in the north-east of England.

**Jackie Doyle-Price:** Noted, Mr Mearns.

**Chair:** Luciana and Lisa want to come in.

Q203 **Luciana Berger:** I have some questions about funding that I would like to ask the Education Minister. In a previous response you talked about pastoral care that you wanted children to have. We know that many schools across the country have cut their pastoral care workers, if they have any at all; they have cut their counsellors, their educational psychologists and their peer mentors. Has your Department done any appraisal of how many of those individuals and roles have been lost within schools across the country?

**Nick Gibb:** No. We are providing school efficiency advisers to help schools marshal their resources in the most effective way and ensure that they have the right staff make-up to deliver the curriculum that they are delivering to their pupils. We are helping schools to become more efficient. We have buying hubs to help them buy non-staff expenditure to help keep that efficient as well, and we think there is £1 billion of savings to be made from more efficient procurement.

We are spending record amounts of money on our schools—£41 billion this year. No Government in our history has spent £41 billion on schools, and that will rise to £42.4 billion next year. We know there are cost pressures, particularly in the last few years, on schools, but, going forward, the IFS has said that the spending on schools will increase in real terms, and in real terms per pupil as well, across the school budget as a whole.

Q204 **Luciana Berger:** We know that there are many schools that have cut those posts. I have visited many schools across the country that have told me that they previously had that provision and have had to cut it because of pressures on their budgets. How confident are you that the proposals in the Green Paper will be an addition and will make a difference, and not replace what has been cut in our schools already?

**Nick Gibb:** What the proposals are meant to achieve—and I think they will—is to ease pressure on schools in terms of tackling mental health
issues, because we are providing the support to the schools from the mental health support teams. We are training those mental health leads in schools. The purpose of this is additional. It is additional support to schools to enable them to tackle these very real and increasing mental health issues that schools are facing.

Q205 **Luciana Berger:** Health Education England also told us that there had been cuts in schools, and it was not appraised and was not sure, because it did not have the data, how many roles had been cut and what essentially this Green Paper would replace. Would you accept that there will be some replacement factor of what has been cut already from many schools across our country in this particular area of provision?

**Nick Gibb:** I don’t quite follow your—

Q206 **Luciana Berger:** We know that many schools across the country cut lots of different things that positively impact on children’s mental health within their schools. They had pastoral care workers and they do not have them any more. They had counsellors, education psychologists and peer mentors. All those roles now in many schools do not exist where they previously did. Would you accept that, to some extent, what you are putting forward in the Green Paper is only replacing what has been lost already?

**Nick Gibb:** No, I do not accept that. First, we are helping schools to deploy staff right across the system in the most effective way, and schools need to have strong pastoral support if they want to have good educational attainment as well as it being the right thing to do in its own right.

These proposals in the Green Paper help schools tackle these issues. They help schools with early intervention so that we can deal with a child’s anxiety before it escalates into something more serious, and for those children who have more serious mental health issues there will be the support from mental health support teams, which is clinically supervised, to help schools deal with issues that in the past they would have had to struggle with themselves in trying to find out where to seek help—all those issues that schools have spent a huge amount of time tackling. The intention of this Green Paper is to make that process simpler and easier for schools, which should enable them to apply less resource to it.

Q207 **Luciana Berger:** Health Minister, on the issue of funding, in direct response to what the Education Minister has just told us about making sure that there is support available for children with more moderate or severe mental health illness, will you now ring-fence the young people’s and children’s mental health budget to ensure that when those children get referred the services actually exist? There is a lot of evidence from right across the country, including the work done by YoungMinds and freedom of information requests, that shows that money that you intend to go into young people’s mental health services is being siphoned off to
Jackie Doyle-Price: I do not accept that at all. We have the mental health investment standard, and we know that from next year all CCGs will have to meet that. We know that 85% of them are currently doing so. I can appreciate where you are coming from with this question, because obviously you want to ensure that resources intended for children and young people’s mental health are spent on that. We firmly believe that to ring-fence it would be overly prescriptive, not least because the network of provision is very different from area to area. In some areas, CAMHS considers children and young people to go up to the age of 18, and in others it will be up to the age of 25. If we were to try to prescriptively ring-fence for children and young people, we could end up having some very perverse effects.

One issue that I am particularly concerned about is how we transition people from young people’s services into the adult system. It will be interesting to see from the trailblazers what good practice we can see in terms of what makes that effective.

We are very clear. We have set very clear standards for CCGs to meet in terms of investment in mental health. They are meeting those, and I do not think anything could be gained from a ring fence. I think, in fact, it could bring with it considerable risk.

Luciana Berger: Can I share with you one example in my own area where we had a national exemplar of children and young people’s mental health services to ensure that young people were seen within a three-year period? Because of the fact that the mental health budget has been raided, we are now seeing 412 young people in my area waiting more than 28 weeks for an assessment. It is not just in Liverpool; it is right across the country. Until that money is protected, we are not going to ensure that it reaches the frontline.

Jackie Doyle-Price: As I say, I simply do not accept that.

Luciana Berger: It is a case in point.

Jackie Doyle-Price: If you look at your CCG, it is meeting the mental health investment standard and it is doing so through a number of providers. You have highlighted one that has had a cut.

Luciana Berger: It is the main one.

Chair: We have to finish absolutely in three minutes, so I will have one sentence from Lisa and one from Rob, if that is possible.

Dr Cameron: I am quite concerned about the level of time and resource that CAMHS staff will have to put into the supervision of the graduate psychologists, particularly as the role seems quite autonomous as to covering clusters of schools. I wonder if you are looking at that and how you will ensure that CAMHS staff have enough time do their job alongside
the supervision.

**Jackie Doyle-Price:** Again, it is a very fair point and we are increasing the amount of resource available to CAMHS.

**Jonathan Marron:** One interesting thing to think about is the parallels with the IAPT programme that we have rolled out for adults over the last eight years, where we started with quite a small scale—can we build a model?—with clear training for the staff involved, and we used experienced staff seeded into each team that could provide the supervision. There are parallels there with what we are doing in the mental health support teams.

This task is slightly more complex in that we also have to land the relationship with the school. Part of the reason we have gone out so early with the consultation is that we want people to help us think about what that model will be. Getting supervision right is really important. Getting the quality of the training right at the beginning is really important, and having success with the first couple of years of roll-out where people really believe this is worth doing will be a key test of how we go forward.

Q211 **Robert Halfon:** Given the time—and this is probably rare in a Committee session—you do not have to answer the question, but I would like you to bear this in consideration for the next stage of this. Although you said, Minister, that this is very ambitious, and there are very good proposals in this, a lot of stakeholders, including the Children’s Commissioner, say that it is not ambitious enough and that it is very slow, so bear that in consideration. Bear in consideration also the strong link between social injustice and mental health. The impact it does have on the disadvantaged achieving in school is something that I know the Schools Minister cares passionately about, and there should be much more mention of apprenticeships in the next stage.

Finally, I would argue that there needs to be a lot more about social media and the impact on mental health. Wherever I go in my constituency and in the round table that we held, what comes up again and again is the stress that children face in schools because of social media, cyber-bullying and having to follow celebrities and so on. It is incredibly damaging, and a huge amount of work needs to be done on what the solution is, which of course is not easy.

**Jackie Doyle-Price:** On the point about ambition, I can appreciate why you receive representations that say it is not ambitious enough, because, in terms of outcome, we want to fix everything as soon as possible.

Q212 **Robert Halfon:** It needs to be faster.

**Jackie Doyle-Price:** But what I would say is that this is a transformational programme. If you are driving a programme like that, it takes time to embed into change. A really good analysis is with the roll-out of IAPT, which has been over eight years, but in doing it properly and systematically it has been more successful.
Chair: Thank you all for coming. We could have had another hour, I think, with lots of questions.

Jonathan Marron: And the rest.