



The state of children's mental health services

Technical report

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Introduction and aims

This report aims to assess children's ability to access Children and Young People's Mental Health Services (CYPMHS) provision in England in 2018/19 and how (if at all) this has changed since 2017/18. This updates our previous two briefings on this subject^{1,2} with new figures sourced from NHS Digital, NHS England and NHS Improvement. At both a national and Clinical Commissioning Group (CCG) level, we examine:

- > Numbers of children referred to and accessing CYPMHS
- > Numbers of children referred that were not accepted into treatment during the 2018/19 financial year
- > Average waiting times
- > Spending on children's mental health

Our last report found that in 2017/18:

- > Quality of service and rate of improvement was highly variable between areas
- > CCGs spent 15 times more on adult mental health services than on CYPMHS
- > Fewer than 3% of children in England accessed CYPMHS.
- > Even with a referral, many wait long periods for treatment or have their referrals closed before treatment.
- > Nationally, £1.72 billion is required in extra investment to achieve spending levels proportionate to the children's population share (roughly 20%).

¹ Children's Commissioner's [Children's mental health briefing 2017/18](#)

² Children's Commissioner's [Children's mental health briefing 2016/17](#)

Executive summary

Based on 2018/19 data we find that at a national level there have been some improvements across all indicators, compared to 2017/18, however, there remains notable variation at a local level.

Numbers referred for treatment

- > The number of children being referred to CYPMHS has increased from 339,000 in 2017/18 to 398,000 in 2018/19.
- > The percentage of all children aged under 18 and referred to CYPMHS has also increased from 2.85% in 2017/18 to 3.36% in 2018/19. This rate varies from 1.6% to 7% across CCGs.

Children not accessing treatment

- > Of those referred to CYPMHS in 2018/19, a third (33%) received treatment within the year. 34% were not accepted into treatment or discharged after an assessment and 33% were still on waiting lists at the end of 2019.
- > This is a slight improvement from 2017/18 when 31% of children successfully received treatment, 37% were not accepted into treatment and 32% were left waiting at the end of the year.
- > The numbers of children not accepted into CYPMHS varies considerably across the country, from as few as 7% of referrals to more than 60%.

Waiting times

- > Of those children who did enter treatment, 57% did so within six weeks. This is an improvement nationally on just over 50% in 2017/18.
- > However, the local level picture is more mixed. While the majority of CCGs saw improvements, 90 out of 195 CCGs saw an increase in average waiting times

Spending

- > On average, CCGs – local NHS areas – continue to spend less than 1% of their budget on children's mental health (0.92% in 2018/19 compared to 0.87% in 2017/18)
- > In 2018/19 CCGs spent, on average, £59 per child on children's mental health services. This is an increase of £5 per child in cash terms (up from £54 in 2017/18).
- > This spend per child varies notably by local area, ranging from £14 per child to £191 in the highest spending CCG
- > There remains a notable disparity between child and adult mental health spending. Nationally, CCGs spent 14 times more on adult mental health services than those for children in 2018/19 – a slight improvement from 15 times more in 2017/18.

Data sources

All data used in this analysis, except where specified, is sourced from two data extracts provided by NHS Digital, NHS England and NHS Improvement.

1. NHS Five-Year Forward View for Mental Health Dashboard

The Five-Year Forward View for Mental Health (FYFVMH) dashboard aggregates key data across mental health services to monitor performance against targets set in their five-year plan.³

This data provides information on:

- > The percentage of young people accessing mental health services during the year estimated as a proportion of children and young people with a diagnosable mental health condition. This is collected via the NHS's Strategic Data Collection Service (SDCS).
- > Levels of spending on children and young people's mental health services and how this compares to overall CCG budgets.
- > The percentage of children and young people able to access eating disorder treatment within a 1 week or 4 week time frame

Note: This analysis largely excludes FYFVMH information on eating disorder services as these are not included in the NHS mental health services figures provided. We do however provide brief analysis of this FYFVMH data on eating disorder services in Appendix B.

2. NHS Mental Health Services Data Set

The Mental Health Services Data Set (MHSDS) contains pseudonymised record-level data from all CCGs in England about the care of young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services.

As with last year, the Children's Commissioner used her statutory powers under [Section 2F of the Children Act](#) to acquire aggregate CCG level figures from the MHSDS from NHS Digital. The dataset compiles information on all children referred to CYPMHS for treatment during 2018/19 and provides us with the following information:

- Waiting time between referrals and second contact broken down by weeks.
- The number and percentage of children who had referrals that were closed before treatment.
- The number and percentage of children still awaiting treatment at the end of the year.

³ [NHS Mental Health Five Year Forward View Dashboard](#)

Analysis methods

Key measures

Using data for the 2018/19 financial year, we assess national and CCG performance on five key indicators:

- > CCG spend on children's mental health as a percentage of total CCG budget.
- > Mental health spend per child - calculated using NHS FYFVMH spending figures⁴ and ONS mid 2017 CCG population estimates.⁵
- > Total number of children referred to children's mental health services as a proportion of the under-18 population.
- > Average waiting time for children who receive a second contact.
- > The percentage of referrals that are closed before treatment.

Limitations

The key limitations of this analysis are:

1. The FYFVMH dashboard and MHS dataset only reports figures for NHS-commissioned CYPMHS. This report does not include figures on low-level mental health provision such as school-based counselling or those provided by other organisations. Given how three of the indicators in our summary score relate to CYPMHS waiting times, access and referral rates, CCGs that spend heavily on low-level services at the expense of more formal CYPMHS provision may find that our scoring system undervalues their investment. To mitigate this, we give greater weighting to general investment by including two different spending measures in our analysis.
2. As with data used for national monitoring, a child is counted as accessing treatment if they have a second contact with CYPMHS services. In most cases, a child's first contact is an initial assessment for whether they require further services while a child's second contact usually designates the start of treatment. However, in some cases, a child may have more than one contact before treatment begins, and in other cases treatment may be delivered in one contact without need for further support. Thus, we cannot confidently state that in all cases, those accessing CYPMHS are actually receiving treatment nor that those only receiving one contact did not have their needs met. However, this is the best proxy measure we have as there are no other reliable estimates available for the numbers of young people currently in treatment.
3. Children who had their referrals closed may not have required specialist treatment or may have been referred to services provided by other organisations such as charities, social care and private healthcare practices. Some children may also have chosen not to enter treatment

⁴ [NHS Five Year Forward View Dashboard](#)

⁵ [Clinical commissioning group population estimates \(National Statistics\)](#)

even when offered or advised. However, the data does not specify why a referral was closed; this is a key gap in establishing the outcomes and circumstances of those referred.

4. Some children may have been referred near the end of the 2018/19 financial year but enter treatment early in the following year. These children would be shown in the data as “still awaiting treatment” despite not having waited particularly long. As a result, we cannot assume for certain that all children still awaiting treatment have been waiting a long period for their second CYPMHS contact.
5. The NHS has highlighted that not all providers of mental health services submitted data to the MHSDS. Though the number of providers submitting data has improved over the past two years (106 in 2017/18 compared to 171 in 2018/19), the figures presented here will not be complete due to underreporting. However, this is still the best representation of mental health services data that we have available.⁶ Note that this also affects some figures provided in the FYFVMH dashboard regarding service provision. This is not the case for budget figures and figures on children accessing treatment during the year. For the latter, a separate exercise was completed to validate access rate figures for 2018/19.

⁶ MHSDS data quality report available [here](#).

Findings: National picture

Number of children referred to CYPMHS

In 2018/19, 398,346 children in England were referred to NHS funded CYPMHS. This is equivalent to 3.36% of the total population of children in England and reflects an increase from 2.85% of children in 2017/18.

Out of 195 CCGs, 170 (87%) saw an increase in the percentage of children referred to CYPMHS. Of the CCGs that saw a decrease, NHS North West Surrey's rates fell the most from 4.33% in 2017/18 to 2.64% in 2018/19 – a decrease of 1.69% (see figure 1).

Figure 1. The top 10 CCGs with the largest percentage point decreases in the rate of children referred to CYPMHS

CCG	% children referred to CYPMHS 2017/18	% children referred to CYPMHS 2018/19	Percentage point change
NHS North West Surrey CCG	4.33%	2.64%	-1.69pp
NHS Surrey Heath CCG	3.77%	2.50%	-1.26pp
NHS Northumberland CCG	4.02%	3.16%	-0.87pp
NHS Surrey Downs CCG	3.32%	2.48%	-0.84pp
NHS East Surrey CCG	3.52%	2.68%	-0.83pp
NHS Guildford and Waverley CCG	3.46%	2.64%	-0.82pp
NHS West Suffolk CCG	3.32%	2.52%	-0.80pp
NHS West Cheshire CCG	2.96%	2.20%	-0.76pp
NHS South Cheshire CCG	2.26%	1.61%	-0.65pp
NHS Vale Royal CCG	2.65%	2.08%	-0.57pp

377,866 children had two or more contacts (our best proxy for accessing treatment) during 2018/19 – this is equivalent to 3.2% of all children aged 0-17. This is up from 324,724 in 2017/18 and represents 33.1% of children with a diagnosed mental health condition - based on updated national prevalence estimates of mental health conditions amongst children aged 0-17 used in the FYFVMH dashboard⁷. This suggests around 2 thirds of children with an identified need are not accessing services.

Note: This 377,866 figure includes both children referred in the year and those referred in previous years who had their second contact during 2018/19

As with referral rates, there remains a large variation in these *access* rates across CCGs. These range from an estimated 12% of those with an identified need in Leicester City CCG to 78% in Newcastle Gateshead CCG.

Note: these CCG estimates have not yet been updated by the NHS to account for the rise in the estimated national prevalence. These are therefore not comparable to national prevalence estimates above.

⁷ Source: <https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/>. This was previously estimated to be 36.1% of children and young people with a diagnosable mental health condition based on the original 2004 prevalence data used to model FYFVMH ambitions.

Children “turned away”

In 2018/19, nationally the proportion of children that did not enter specialist treatment or were discharged after an assessment – i.e. children whose referrals were closed before treatment – fell very slightly to 34%, down from 36% in 2017/18. Though this suggests a small improvement in rates of children being turned away after an assessment, there are still 136,117 children whose referral was not accepted for treatment ⁸.

Note: These figures will include some children who had their referrals closed but may not have required specialist treatment, chose not to pursue further intervention or were referred to other services.

The numbers of children not accepted into CYPMHS varies considerably across the country, from as few as 7% of referrals in Southwark, to more than 60% in Knowsley. This is an improvement from 2017/18 when, in some CCGs, more than 80% children referred were not accepted for treatment, however it still represents considerable local variation in the numbers not accepted for treatment.

In 2018/19, 122 of 195 CCGs (63%) reduced the proportion of children whose referrals were closed before treatment. However, there have also been some CCGs that have seen large increases in the proportions of children and young people having their cases closed before treatment (see figure 2)⁹.

⁸ Unlike, other figures used in this report, this number includes those referred for learning disability and autism services to better capture the scale of children needing services but are not accepted for specialist treatment.

⁹ This could reflect a change in service delivery model e.g. triage to other services.

Figure 2. The top 10 CCGs with the largest increases in the rate of children having their referrals closed before treatment (as defined using two contacts as a proxy for starting treatment) ¹⁰

CCG	% children whose referrals were closed before 2017/18	% children whose referrals were closed before 2018/19	Percentage point change
NHS Trafford CCG	15%	42%	27.0pp
NHS North Cumbria CCG	21%	40%	19.0pp
NHS Leicester City CCG	27%	45%	18.0pp
NHS North Hampshire CCG	41%	55%	14.0pp
NHS East Leicestershire and Rutland CCG	21%	35%	14.0pp
NHS Oxfordshire CCG	16%	30%	14.0pp
NHS Calderdale CCG	18%	30%	12.0pp
NHS West Leicestershire CCG	26%	38%	12.0pp
NHS Shropshire CCG	23%	35%	12.0pp
NHS Northumberland CCG	27%	38%	11.0pp

Waiting times

Note: this section refers to children who were both referred and treated (using two contacts as a proxy for starting treatment) within 2018/19. This is only 130,818 children out of 398,346 referred in 2018/19. The remainder of children are either still waiting or had their referrals closed before treatment. As mentioned previously, children who had their referrals closed may not have required specialist treatment, chose not to pursue further intervention or were referred to other services.

Nationally, waiting times for children referred to CYPMHS have reduced slightly compared to 2017/18. 57% of those referred in 2018/19 accessed CYPMHS within 6 weeks, up slightly from 54% in 2017/18. Furthermore, the average waiting time from referral to second contact has also improved slightly, from 57 days in 2017/18 to 53 days in 2018/19.

However, there remains a large number of children that are waiting to access treatment for extended periods. In 2018/19, 14% of children (56,688) waited more than 6 weeks for treatment – an improvement from 15% (49,257) in 2017/18. Within this, 29,969 children (7.5% of those referred) waited over 12 weeks for their second contact – this is relatively unchanged from 7.8% in 2017/18.

Only around a third of children referred during the year– 130,818 out of 398,346 children – also had a second contact the same year. The remaining 267,528 children who required support either had their referral closed or were still waiting for treatment at the end of 2018/19.

¹⁰ For CCGs that merged in 2018 (e.g. NHS Aylesbury Vale and NHS Chiltern to form NHS Buckinghamshire), the average of the smaller CCG rates was used in place of the new combined CCG. The same method is used throughout this document where necessary.

Only three CCGs had an average waiting time of three weeks (21 days) or less – a slight drop from four CCGs in 2017/18. These CCGs were:

- > NHS Hambleton, Richmondshire and Whitby (19 days)
- > NHS Harrogate and Rural District (20 days)
- > NHS South Tees (21 days).

All three of these CCGs were also among the top 10 areas with the lowest waiting times last year. Fourteen CCGs had an average waiting time of 3 months (90 days) or more – an improvement from 18 areas in 2017/18. The CCG with the longest average waiting time was NHS North Derbyshire (113 days) followed by NHS Hardwick (106 days).

Only 54% of CCGs improved their average waiting time in 2018/19. Out of 195 CCGs, 90 saw increases in wait times for children accessing CYPMHS. NHS North Derbyshire in particular increased wait time from 33 days in 2017/18 to 113 days in 2018/19 (see figure 3).

Figure 3. The 10 CCGs with the largest increases in average waiting time from 2017/18 to 2018/19.

CCG	Average waiting time 2018/19 (days)	Average waiting time 2017/18 (days)	Change in average waiting times (days)
NHS North Derbyshire CCG	113	33	80
NHS Hardwick CCG	106	29	77
NHS Dudley CCG	71	18	53
NHS St Helens CCG	97	46	51
NHS Chorley and South Ribble CCG	91	44	47
NHS Nottingham City CCG	80	33	47
NHS Walsall CCG	82	36	46
NHS West London CCG	90	44	46
NHS Central London (Westminster) CCG	79	41	38
NHS Lincolnshire East CCG	62	25	37

Outcomes of children and young people referred to CYPMHS

To summarise the sections above:

Of the 398,346 children referred to CYPMHS in 2018/19¹¹, 130,818 (33%) children successfully entered treatment within the same year. Of these, 74,130 children (19%) entered treatment within six weeks – an increase from 56,602 (16%) in 2017/18. Another 56,688 children (14%) entered treatment but waited more than six weeks – relatively unchanged as a percentage from 49,257 children (15%) the previous year.

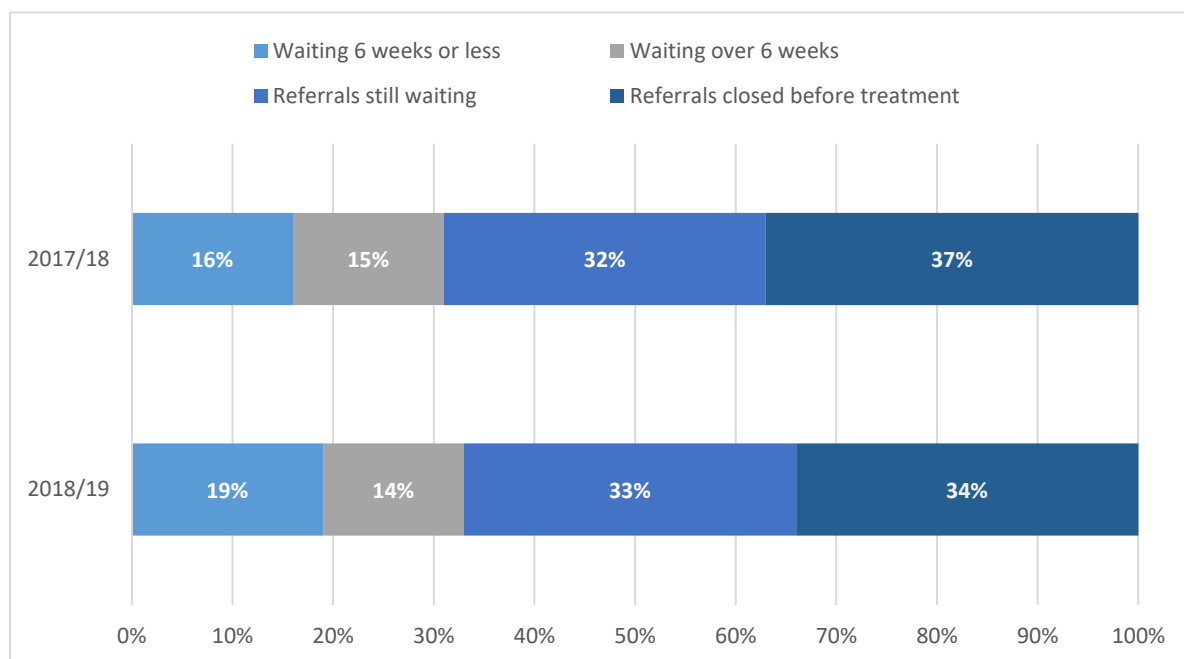
Just over a third of all children (135,430) referred to CYPMHS in 2018/19 had their referral closed before they entered treatment – an improvement in percentage terms from 37% (124,812) in

¹¹ Note that these figures do not include learning disability and autism services. As such, the percentage of young people who had their referrals closed before treatment will differ slightly from the section above.

2017/18. Another 131,878 children (33%) were still on the waiting list at the end of the year – a slight increase from 107,846 children (32%) in 2017/18 (see figure 4 below).

Comparing these outcomes over time shows some progress in most areas. However, while those successfully referred enter treatment faster on average, a higher proportion of children are left on waiting lists and unable to access services. Of all children referred to CYPMHS in 2018/19, only a third successfully had a second contact within the year. Even with these improvements, there remains a significant number of children waiting prolonged periods for services or are not accepted into treatment.

Figure 4: Percentage of children referred to CYPMHS in 2018/19 and 2017/18 by outcome.



Spend

Overall, there has been an increase in CCG spending on mental health in 2018/19 compared to 2017/18. Of the NHS allocation for England of £76.15 billion, CCGs spent a total of £703 million on community children’s mental health (0.92% of total allocation). This compares to £641 million in 2017/18 (0.87% of total allocation) - an increase of 10% in cash and 8% in real terms. This also represents an increase in spend per child, up from £54 in 2017/18 to £59 in 2018/19 – an increase of 9% in cash terms and a 7.3% increase in real terms.

In 2018/19, 124 CCGs (64%) spent a larger proportion of their budget on children’s mental health services. However there remains considerable local variation in this and Figure 5 shows the areas that decreased their spending the most.

Figure 5. The 10 CCGs with the largest decreases in budget allocation to CYPMHS from 2017/18 to 2018/19.

CCG	% of budget 2017/18	% of budget 2018/19	Percentage point change
NHS Northern, Eastern and Western Devon CCG	1.97%	0.91%	-1.06pp
NHS Tower Hamlets CCG	2.12%	1.24%	-0.87pp
NHS North East Hampshire and Farnham CCG	1.74%	1.06%	-0.68pp
NHS Blackpool CCG	0.73%	0.23%	-0.49pp
NHS St Helens CCG	0.62%	0.16%	-0.45pp
NHS Ashford CCG	1.10%	0.66%	-0.44pp
NHS Canterbury and Coastal CCG	1.21%	0.78%	-0.43pp
NHS Luton CCG	1.55%	1.17%	-0.38pp
NHS South East Staffordshire and Seisdon Peninsula CCG	2.31%	1.94%	-0.37pp
NHS Waltham Forest CCG	0.84%	0.49%	-0.34pp

At CCG level, the data shows wide variation in terms of spend, waiting time and access rates. Out of 195 CCGs in England, the vast majority (83% - 161) increased spending on CYPMHS per child in 2018/19. This compares to 65% of CCGs that increased CYPMHS spending the previous year. However, there remains 34 CCGs (17%) that reduced CYPMHS spending between 2017/18 and 2018/19. There are 6 that have reduced spending for two consecutive years (see Figure 6).

Figure 6: CCGs that reduced CYPMHS spending in both 2017/18 and 2018/19.

CCG	Spend per child 2018/19	Spend per child 2017/18	Change
NHS Blackburn with Darwen CCG	£44	£45	-£1
NHS Coventry and Rugby CCG	£40	£41	£0
NHS Dorset CCG	£61	£66	-£5
NHS High Weald Lewes Havens CCG	£50	£60	-£9
NHS Nene CCG	£52	£54	-£3
NHS St Helens CCG ¹²	£14	£49	-£35

There remains a notable disparity between adult and child mental health spending. CCGs spend an average of 13.9% of their overall budget on adult mental health services – approximately 14 times more than spending on CYPMHS. This compares to 12.9% of their budget in 2017/18

There is significant variation between CCG’s mental health spend per adult and spend per child. The highest spend per adult (£400) is significantly higher than the highest spend per child (£191). Similarly, the lowest spend per adult (£128) is nine times higher than the lowest spend per child/young person (£14).

Note: the above spending figures for CYPMHS spending do not include spending on inpatient services

¹² Note: spend per child figures are accurate based on the data provided by NHS England, however during review data quality concerns were expressed about St Helen’s figure. We advise this figure is used with caution.

as these are centrally commissioned rather than through CCGs. These are not available at a local level but represent an additional £389m nationally. If this additional spending is included in the calculation, average spend per child amounts to £92 and spend on adult mental health services is approximately 13 times higher than CYPMHS.

Spending Parity

To explore this disparity between spending on adult and children's mental health further, this section estimates the required increase in CYPMHS spending to achieve spending levels proportionate to the children's population share (roughly 20%). In other words, we estimate how much additional CYPMHS spending would be required to ensure that CYPMHS spending accounted for 20% of total mental health spending.

Nationally, the NHS would have to spend an extra £1.76 billion on CYPMHS to achieve this parity. This is an average increase of £9.03 million per CCG. There is also wide variation in the level of additional spending required by CCGs, ranging from a minimum of £1.7 million in East Staffordshire to a maximum of £39.1 million in Birmingham and Solihull. In terms of percentage, the CCGs that require the most additional spending are NHS St Helens (1727%), NHS Blackpool (1448%) and NHS Hardwick (1022%). See figures 15 to 18 in the appendix for more details on CCG additional spend.

Overall, this is a similar deficit to last year once inflation is accounted for. This is because per capita spend on adult mental health has increased at a notably higher rate than spending on children. Between 2017/18 and 2018/19, it rose by £9.50 per adult - almost double the per capita increase in CYPMHS spending (£5.20 per child).

Findings: CCG level analysis

Creating CCG level summary scores

As with last year's report, we have created a summary score for each CCG based on the five indicators above. This provides an overall indication of how each CCG compares to the rest of England. For each indicator, CCGs are ranked and assigned to 5 quintiles. Scores ranging from 1 to 5 are given to the CCG based on their quintile group. Best performing CCGs are given a score of 5 while the worst performers are given a score of 1. We then add these quintile scores together to form an overall score ranging from 5 to 25 for each CCG. For example, an overall score of 5 would indicate being in the bottom quintile across all 5 measures.

Overall CCG scores

This year, three areas tied for lowest performing CCG in England – according to our scoring criteria – with a score of 6 out of a maximum 25. These are NHS Hardwick, NHS Bradford City, and NHS Leicester City. Analysing their performance on each indicator more closely, we find that Hardwick performed worst overall. In Hardwick, 45% of children referred to CYPMHS are not accepted into treatment and those who did get treatment waited, on average, nearly three and a half months (106 days). Hardwick spends considerably less than average on CYPMHS: 0.26% of the total CCG budget, equivalent to only £19 per child. Though slightly better than the referral rates for NHS Bradford City and NHS Leicester City, only 2.65% of children in Hardwick were in contact with mental health services in 2018/19.

Figure 7 shows that half of the worst overall performers in 2018/19 also had a score of 10 or less in 2017/18 – indicating consistent poor performance. These CCGs are NHS Hardwick, NHS Leicester City, NHS Hounslow, NHS Hillingdon and NHS Ealing (the worst performer in 2017/18).

Figure 7. CCGs ranked by lowest overall score in 2018/19 and their score in 2017/18

Top 10 worst performing CCGS	Region	Rank in 2018/19 (out of 195)	Overall score in 2018/19 (out of 25)	Overall score in 2017/18 (out of 25)	Change in overall score
NHS Hardwick CCG	Midlands/East	195	6	10	-4
NHS Bradford City CCG	North of England	194	6	13	-7
NHS Leicester City CCG	Midlands/East	194	6	10	-4
NHS Ealing CCG	London	193	7	6	1
NHS Greater Preston CCG	North of England	192	7	11	-4
NHS Hounslow CCG	London	191	7	7	0
NHS Chorley and South Ribble CCG	North of England	190	8	11	-3
NHS East Leicestershire and Rutland CCG	Midlands/East	190	8	13	-5
NHS Hillingdon CCG	London	189	8	9	-1
NHS Nottingham West CCG	Midlands/East	188	8	13	-5

NHS Bradford City's score has fallen by 7 points between 2017/18 and 2018/19 – the largest change amongst low scoring CCGs. This is caused by a significant increase in average waiting time from 54 days to 87 days and a fall in CYPMHS spend per child from £51 to £43.

South Tees continues to be the best performing CCG and the only CCG to receive the maximum score of 25. As shown in figure 7, South Tees is closely followed by Hartlepool and Stockton-on-Tees with 24 points. Other areas that performed well include Barnsley, City and Hackney, Darlington, Brighton and Camden amongst others.

Seven of the ten best performing CCGs in 2018/19 also had a score above 20 in 2017/18 – indicating consistent good performance (see figure 8). The overall score of NHS Great Yarmouth and Waveney saw a notable increase from 13 in 2017/18 to 22 in 2018/19. This is driven by improved performance across all indicators, with a particularly striking increase in spend per child from £24 to £102.

Figure 8. CCGs ranked by highest overall score in 2018/19 and their score in 2017/18

Top 10 best performing CCGs	Region	Overall score (out of 25)	Rank in 2018/19 (out of 195)	Overall score in 2017/18 (out of 25)	Change in overall score
NHS South Tees CCG	North of England	25	1	25	0
NHS Hartlepool and Stockton-on-Tees CCG	North of England	24	2	24	0
NHS Darlington CCG	North of England	23	3	24	-1
NHS Barnsley CCG	North of England	23	4	21	2
NHS Swale CCG	South East	23	4	19	4
NHS City and Hackney CCG	London	23	5	22	1
NHS Isle of Wight CCG	South East	22	6	16	6
NHS Great Yarmouth and Waveney CCG	Midlands/East	22	7	13	9
NHS Durham Dales, Easington and Sedgefield CCG	North of England	22	8	24	-2
NHS Brighton and Hove CCG	South East	22	9	22	0

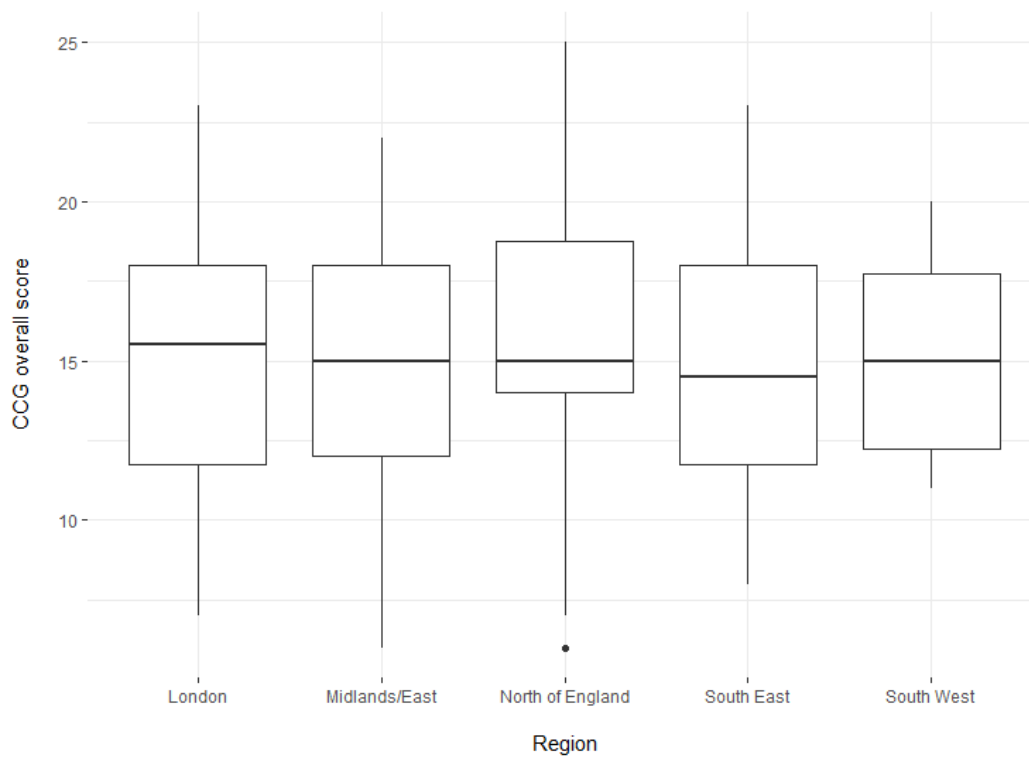
As seen in Figures 9 and 10, there is wide variation within all regions in England. The North of England has the widest gap in scores between its highest and lowest performing CCGs: 19 points. This is because it contains some of the best and worst performing CCGs in England, including five of the top 10 best performing CCGs and Bradford City – the second worst performing CCG.

The data also shows wide geographic variation in the performance of London based CCGs. CCGs in North London performed especially well with NHS City and Hackney scoring 23 out of 25 points. In the top 20 best performing areas, there are three London CCGs, all of which are based in north London: NHS City and Hackney, NHS Camden and NHS Islington. However, five other London CCGs appeared in the bottom 20 worst performing areas. These are NHS Ealing, NHS Hounslow, NHS Hillingdon, NHS Harrow and NHS Central London – all of which are based in west/central London. This geographic clustering within London could be due to adjacent CCGs sharing the same mental health services providers, some of which may perform better than others.

Figure 9. Table showing the mean, minimum and maximum overall scores by region.

Region	Mean score	Minimum score	Maximum score
London	14.9	7	23
Midlands and East of England	14.7	6	22
North of England	15.8	6	25
South East	14.8	8	23
South West	15.1	11	20

Figure 10. Boxplot showing the variation in overall score by region.



Summary

Overall, these findings suggest that at a national level there have been improvements across our CYPMHS indicators, though there remains a large cohort of children struggling to access CYPMHS support. The percentage of children waiting more than 6 weeks for services has decreased and fewer children have their referrals closed before treatment. Though this is a positive development, performance still varies widely amongst CCGs and across indicators. Furthermore, two thirds of children are still awaiting their second contact or are not accepted into treatment.

There also remains a large disparity in spending between child and adult mental health. While children make up one fifth of the population, less than one percent of CCG spending goes towards children's mental health. However, this analysis must be caveated by how it focuses on specialist treatment and not low-level mental health services. Some CCGs that appear to spend little in this analysis may invest significant sums in non-specialist treatment.

We have identified five CCGs that were among the 10 worst performing areas for two years in a row. These CCGs are NHS Hardwick, NHS Leicester City, NHS Hounslow, NHS Hillingdon and NHS Ealing (the worst performer last year). All of these CCGs had a score of 10 or less in both 2017/18 and 2018/19 indicating little relative improvement in these areas.

Appendices

Appendix A - Forecasting numbers of children accessing mental health treatment

In 2018/19, 377,866 children accessed CYPMHS treatment during the year. This was up from 324,724 in 2017/18¹³. This section seeks to assess (using publicly available data) whether this rise is on course to meet two key targets set by the NHS:

- 35% of children with a diagnosable mental health need accessing treatment by 2020/21.
- An additional 345,000 children accessing mental health support by 2023/24 compared to 2017/18.

We also estimate the point at which all children with a diagnosable mental health condition are likely to be accessing mental health treatment.

Assumptions on prevalence of children with a diagnosable mental health condition

Rates of 0-17 year olds with diagnosable mental health conditions are not published. The rates used below are extrapolated from published data in the Five Year Forward View for Mental Health (FYFVMH) Dashboard though a key caveat of this analysis is that all calculations below are dependent on the assumptions used to calculate these prevalence rates. This is particularly an issue for children under 5 where survey evidence is limited.

The original target of 35% entering treatment (using two contacts as a proxy for treatment) was set based on prevalence estimate data extrapolated from a national survey in 2004 and developed using 2016 ONS population statistics. The national prevalence survey was updated in 2017 and showed that the prevalence of mental health conditions amongst children and young people has risen during the period. Our forecasts examine whether the above targets are being met under two different prevalence scenarios.

1. This new (higher) prevalence rate remains constant over the period in question
2. This increase in prevalence continues at the same rate as between 2004 and 2017

As reported in the 2018/19 FYFVMH dashboard 377,866 children accessed treatment during the year. This is equivalent to:

- 33.1% of children with a diagnosable mental health condition based on 2017 estimates¹⁴. This suggests an overall prevalence rate based on the 2017 survey of $377,866/0.331 = 9.54\%$
- 36.1%¹⁰ of children with a diagnosable mental health condition based on 2004 estimates. This suggests an overall prevalence rate based on the 2004 survey of $377,866/0.361 = 8.76\%$
- Averaging out the rise in prevalence across 2004-2017 equates to an additional 0.06% of 0-17 year olds per year with a diagnosable mental health condition.

For the two prevalence scenarios above we therefore examine two scenarios:

¹³ <https://www.england.nhs.uk/publication/mental-health-five-year-forward-view-dashboard/>

¹⁴ Source: <https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/>

1. Prevalence remains stable at 9.54% of children with a mental health disorder
2. Prevalence continues to increase by 0.06 percentage points per year

For reference we also provide an indication of the estimated prevalence of children with pre-diagnosable conditions. This is based on assumptions used in the impact assessment for the 'Transforming children and young people's mental health' from the Department of Health which assumes the same level of prevalence for pre-diagnosable conditions as diagnosable¹⁵.

Population figures are based on 2018 based ONS population projections for 0-17 year olds in England, using their principle set of assumptions¹⁶.

Assumptions on numbers accessing treatment

Only two versions of the FYFVMH dashboard have been published with annual rates of children accessing treatment. This makes accurate forecasting difficult as the limited amounts of data available results in estimates that are highly uncertain. In an attempt to mitigate this, we look at two potential scenarios regarding children accessing treatment:

1. High increase assumption – This assumes that the increase between the two published numbers accessing treatment will continue. It therefore assumes that the numbers accessing treatment will continue to increase by $377,866 - 324,724 = 53,142$ children each year
2. Lower increase assumption – This utilises the fact that at the implementation of the mental health transformation plan (2014/15), it was estimated that 25% of children with a diagnosable mental health condition were accessing treatment. Based on the 2004 prevalence rate above, this is equivalent to 261,680 children accessing treatment. Fitting a linear trend through the three points suggests an average rise of 27,193 children per year entering treatment.

Forecasts

Figure 11 on the follow page demonstrates these various scenarios. This suggests:

- Under all scenarios these projections suggest that the target of 35% in treatment by 2020/21 is likely to be reached.
- However, the target of an additional 345,000 children accessing support by 2023/24 is only likely to be reached if the higher assumption about numbers accessing treatment increasing continues to hold.

For reference we also include targets from the impact assessment for the 'Transforming children and young people's mental health'¹⁷ green paper. Note: these have been rebased to match the prevalence

¹⁵

Source:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728894/impact-assessment-for-tranforming-cy-mental-health-provision-green-paper.pdf

¹⁶

Source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/z3zippedpopulationprojectionsdatafilesengland>

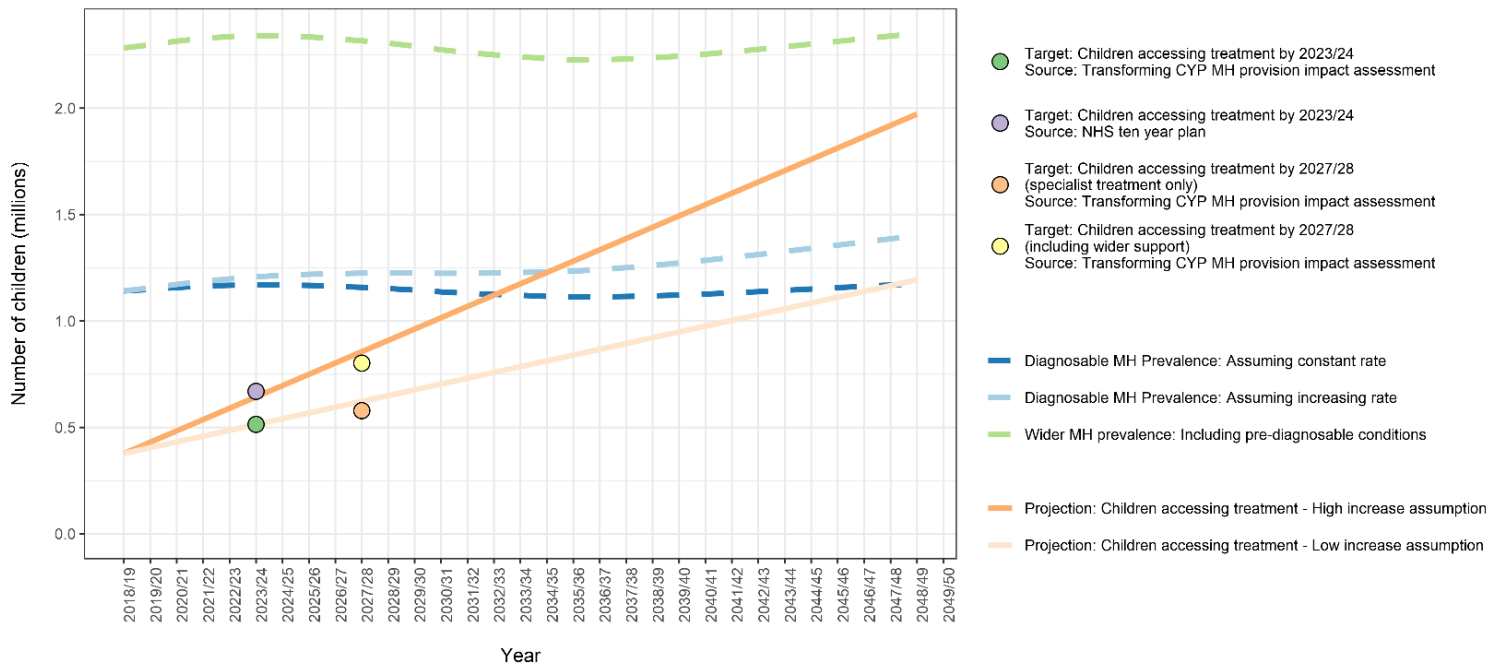
¹⁷

Source:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728894/impact-assessment-for-tranforming-cy-mental-health-provision-green-paper.pdf

assumptions used in other figures. These forecasts suggest that if increases continue at the current rate these targets are likely to be met.

Figure 11. Forecasted numbers of children accessing treatment under different scenarios



There is more uncertainty based on differing assumptions regarding when all children with a diagnosable mental health disorder will be accessing treatment. Figure 12 below summarises these results and suggests that 2032/33 is the earliest date at which all children with a diagnosable mental health disorder are projected to be accessing treatment.

Figure 12. Forecasted year when all children with a diagnosable mental health condition are accessing treatment by scenario

		Children accessing treatment – High increase assumption	Children accessing treatment – Low increase assumption
Diagnosable prevalence: constant rate	MH Assuming	2032/33	2047/48
Diagnosable prevalence: increasing rate	MH Assuming	2034/35	> 2050

Appendix B - Eating disorder service performance

Waiting times for those accessing the eating disorder service have improved slightly for both non-urgent and urgent cases. In 2018/19, 82.4% of children referred to eating disorder services were seen within 4 weeks versus 80% in 2017/18. Regarding children that are given an 'urgent referral', 80.6% are seen within one week compared to 80% last year. Over the past three years the number of children and young people accessing treatment has increased from 5,243 by the end of 2016/17 to 7,575 by the end of 2018/19, and the average percentage accessing treatment within the standard timeframe increased from 71.7% (2016/17) to 82% (2018/19).

Spending on the eating disorder service has also increased in both cash and real terms. More specifically, eating disorder services accounted for £50.6 million in spending in 2018/19 versus £47 million in 2017/18 – an 8% increase in cash terms and 5.4% in real terms.

Appendix C - Regional CYPMHS spend

Figure 13. Table showing children's mental health (MH) spending by region 2018/19.

Region	2018/19 Actual MH spend (adult + YP)	Total CCG Spend	2018/19 Actual CYP MH spend (excluding LD and ED) ¹⁸	No. CYP under 18 (Mid-2017 ONS population estimates)	Spend per child 2018/19	% CCG budget spent on CYP MH	CYP Mental Health CCG spend - eating disorders
London	£1.7bn	£12.1bn	£123.7M	2001359	62	1.03%	£8.2M
Midlands and East of England	£3.1bn	£22.3bn	£210.9M	3635103	58	0.95%	£16.1M
North of England	£3.3bn	£23.0bn	£202.3M	3259085	62	0.88%	£12.1M
South East	£1.4bn	£11.4bn	£100.1M	1873415	53	0.88%	£9.3M
South West	£1.0bn	£7.4bn	£65.8M	1097995	60	0.89%	£4.9M
Total	£10.6bn	£76.2bn	£702.7M	11866957	59	0.92%	£50.6M

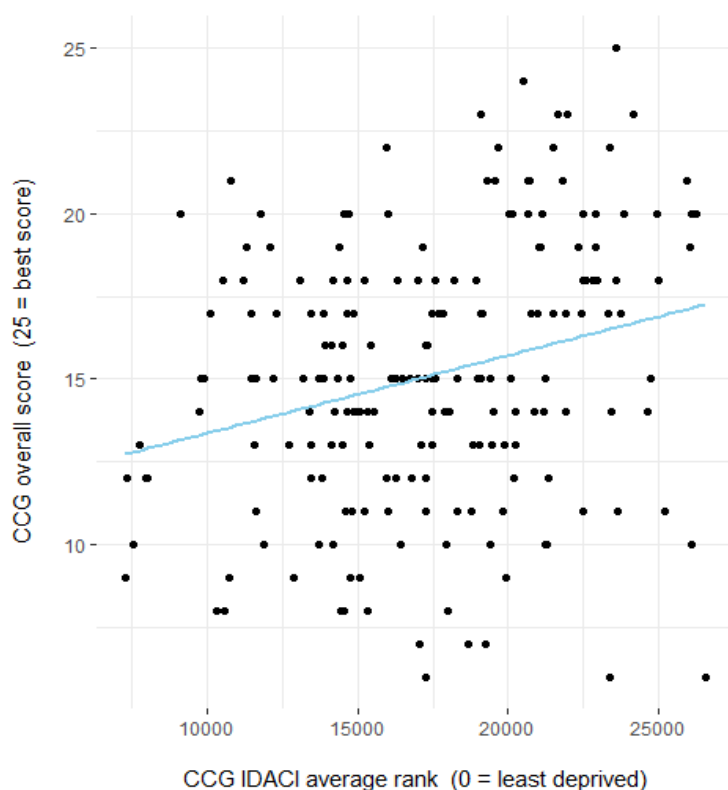
¹⁸ LD and ED refer to learning disability and eating disorder services respectively.

Appendix D - Correlations between Income Deprivation Affecting Children and Overall CCG score

To find the relationship between income deprivation and the provision of mental health services, we have linked in CCG figures from the 2019 income deprivation affecting children index (IDACI).

The data suggests that the most deprived CCGs have a higher average score on the five mental health indicators than the least deprived CCGs (see figure 14 below). Those in the top 10% most deprived CCGs had an overall score of 16.9 compared to 14.1 in the top 10% least deprived areas.

Figure 14. Relationship between CCG income deprivation affecting children and overall score on CYPMHS provision



Note that this analysis is based on the 2019 release of the English Indices of Deprivation. This publication reflects the current list of CCGs which changed at the beginning of April 2019. In contrast, the NHS data we use in this report are for the 2018/19 financial year, meaning that it does not have figures for the newly merged CCGs.

Because several CCGs merged at the beginning of the 2019/20 financial year¹⁹, we have used the IDACI rank for the new combined CCG in place of the smaller merged CCG. For example, NHS Erewash was merged with NHS Hardwick and two other CCGs to form NHS Derby and Derbyshire. In our table, both Erewash and Hardwick will have the IDACI score for NHS Derby and Derbyshire.

¹⁹ NHS Erewash CCG, NHS Hardwick CCG, NHS North Derbyshire CCG and NHS Southern Derbyshire CCG merged to form NHS Derby and Derbyshire CCG. NHS Northern, Eastern and Western Devon CCG and South Devon and Torbay CCG merged to form NHS Devon CCG in 2019.

Appendix E - Additional spend required to reach population parity (i.e. 20% of total CCG spending) by CCG

Figure 15. Top 10 worst CCGs ranked by how much they are required to spend to reach parity (absolute numbers).

Clinical Commissioning Group (CCG)	Required increase in spend (£)
NHS Birmingham and Solihull CCG	£ 39,078,000
NHS North, East, West Devon CCG	£ 33,991,100
NHS Dorset CCG	£ 30,688,000
NHS Leeds CCG	£ 29,214,250
NHS Sheffield CCG	£ 28,679,950
NHS Bristol, North Somerset and South Gloucestershire CCG	£ 27,444,750
NHS Kernow CCG	£ 25,651,500
NHS Cambridgeshire and Peterborough CCG	£ 23,602,250
NHS Coventry and Rugby CCG	£ 22,495,750
NHS Liverpool CCG	£ 21,966,000

Figure 16. Top 10 worst CCGs ranked by how much they are required to spend to reach parity (percentage).

Clinical Commissioning Group (CCG)	Required increase in spend (%)
NHS St Helens CCG	1726.5
NHS Blackpool CCG	1447.5
NHS Hardwick CCG	1022.2
NHS Central London (Westminster) CCG	745.1
NHS Leicester City CCG	678.2
NHS Norwich CCG	676.6
NHS Coventry and Rugby CCG	548.4
NHS Sheffield CCG	547.8
NHS Scarborough and Ryedale CCG	543.8
NHS Fylde & Wyre CCG	494.1

Figure 17. Top 10 best CCGs ranked by how much they are required to spend to reach parity (absolute numbers).

Clinical Commissioning Group (CCG)	Required increase in spend (£)
NHS East Staffordshire CCG	£ 1,729,089
NHS Corby CCG	£ 2,056,250
NHS Swale CCG	£ 2,457,500
NHS Surrey Heath CCG	£ 2,574,923
NHS South East Staffordshire and Seisdon Peninsula CCG	£ 2,616,830
NHS Wyre Forest CCG	£ 2,735,334

NHS South Sefton CCG	£	2,739,112
NHS Ashford CCG	£	2,857,281
NHS Erewash CCG	£	2,956,259
NHS West Lancashire CCG	£	3,277,174

Figure 18. Top 10 best CCGs ranked by how much they are required to spend to reach parity (percentage).

Clinical Commissioning Group (CCG)	Required increase in spend (%)
NHS South East Staffordshire and Seisdon Peninsula CCG	51.5
NHS East Staffordshire CCG	68.1
NHS Islington CCG	81.9
NHS Wiltshire CCG	96.9
NHS South Sefton CCG	98.6
NHS Berkshire West CCG	102.2
NHS Bexley CCG	105.8
NHS Stafford and Surrounds CCG	111.9
NHS Trafford CCG	115.9
NHS North West Surrey CCG	117.8



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