



The state of children's mental health services 2020/21

Technical report

January 2021

Contents

Introduction	2
Key findings from this year’s report.....	3
Data sources and methods.....	6
Section A: Trends in children’s access to CYPMHS.....	9
Number of children referred to CYPMHS	9
Children “turned away”	12
Waiting times and outcomes	13
CCG spending on children’s mental health services	18
Spending parity between children’s and adult mental health services.....	20
CCG summary scores.....	21
Section B: Forecasting trends in numbers of children accessing treatment in 2019/20	26
Scenarios for children accessing CYPMHS services.....	27
Calculating equivalent 2020 measures of mental health prevalence.....	28
Forecasts under the baseline 2017 prevalence measures.....	29
Forecasts under 2020 prevalence estimates	31
Appendices	34

Authors

Rebecca Gilhooly and Tom Clarke

Contact: rebecca.gilhooly@childrenscommissioner.gov.uk

Acknowledgements

We are grateful to NHS England, NHS digital and NHS Improvement for the data provided that underlies this analysis and for their review and comments on early drafts of this document. Any views, inaccuracies, or errors remain the responsibility of the author, not the Children’s Commissioner or other parties.

Introduction

This is the Office of the Children's Commissioner's (OCC) fourth annual report on the state of children's mental health services in England. The report aims to assess children's ability to access Children and Young People's Mental Health Services (CYPMHS) provision in England in 2019/20 and how (if at all) this has changed over the past two years. Using new figures sourced from NHS Digital, NHS England and NHS Improvement, this report examines the following at both a national and Clinical Commissioning Group (CCG) level:

- > Numbers of children referred to and accessing CYPMHS
- > Numbers of children referred that were not accepted into treatment during the 2019/20 financial year, as proxied by the numbers not receiving two contacts with CYPMHS
- > Average waiting times
- > Spending on children's mental health

We also update our forecasts examining progress against key milestones for children with a diagnosable mental health condition accessing treatment nationally.

[Last year's](#) report found that in 2018/19:

- > There were improvements across all indicators compared to 2017/18, though there was notable variation at a local level.
- > Fewer than 4% of children in England accessed CYPMHS, accounting for just over a third of children with a diagnosable mental health need.
- > Waiting times improved nationally with 57% children of children referred accessing treatment within 6 weeks.
- > CCGs spent 14 times more on adult mental health services than on CYPMHS.
- > Nationally, 1.76 billion was required in additional investment to achieve spending levels proportionate to the children's population share (roughly 20%).
- > There was a large improvement in rates of children accessing treatment and the NHS was broadly on track to meet its commitments for the 5 year forward view and ten year plans. However, this was contingent on sustaining these large improvements in access.

Key findings from this year's report

Note: throughout this report 'numbers accessing treatment' refers to children receiving two contacts from CYPMHS. This is the best proxy measure available for access to CYPMHS services and is in line with reporting in the Five Year Forward View for Mental Health.

The numbers and rate of children referred for treatment has increased markedly on 2018/19.

- > The number and rate of children referred to CYPMHS has continued to increase. In 2019/20, 538,564 children were referred to CYPMHS – an increase of 35% on 2018/19, and nearly 60% on 2017/18.
- > The percentage of children in England referred to CYPMHS has also increased for two consecutive years, from 2.85% in 2017/18 to 4.5% in 2019/20.

However, rises in numbers accessing treatment (as measured by those receiving two contacts) have increased at a slower rate than referrals.

- > In 2019/20, 391,940 children had their second contact after referral with children's mental health services – the best measure available for the numbers accessing treatment during the year. This is equivalent to 34.7% of children with a diagnosable mental health condition (based on 2017 prevalence estimates). This number is up 4% on the previous year and up 21% on 2017/18

If these trends in children accessing treatment continue this may put at risk some of the longer term targets for children accessing CYPMHS services.

- > The Five Year Forward View committed the NHS to an extra 70,000 children accessing CYPMHS by 2020/21 compared to 2014/15. This was equivalent to 35% of children with a diagnosable condition under a prevalence study conducted 10 years prior to these targets being set. Under these original parameters this target has been met by CYPMHS. The NHS' Long term plan also sets out a target of an additional 345,000 children aged 0-25 receiving support by 2023/24 compared to 2017/18 levels.
- > However, in 2017 and 2020 there have been subsequent prevalence studies indicating that the prevalence of children with a diagnosable mental health condition has increased notably since the 2004 survey. While not a statutory target, given the time lag between the new prevalence survey and targets being set, it remains useful to examine if this milestone of 35% of children accessing treatment has been reached once changes in prevalence are taken into account.
- > Under the 2017 measure of the prevalence of mental health disorders, CYPMHS remains on track to achieve 35% accessing treatment by 2020/21. However, the small year on year increase has meant that the longer term goal of an extra 345,000 children (aged 0-25) getting support by 2023/24 in the long term plan is more uncertain if current trends in numbers accessing treatment continue.
- > There is considerable uncertainty about the effect of the COVID-19 pandemic on children's mental health. In 2020, the NHS published [figures](#) suggesting a large increase in the prevalence of children with a probable mental health disorder (up to 1 in 6 children with a probable mental disorder compared to 1 in 9 in 2017). This may well indicate a short term rise in need relating to

the pandemic, but there is also a risk that this increased need will continue, at least in the medium term. After accounting for measurement differences between prevalence estimates, our best estimate suggests that the current access rate is equivalent to only 23% of children with a diagnosable mental health condition, not 34.7%.

- > Under this higher prevalence measure assumption, if current trends continue 35% of children with a diagnosable condition will not be accessing treatment until 2026/27 even under our optimistic set of assumptions.
- > Due to data limitations, these forecasts do not attempt to model any uplift in numbers accessing treatment due to the rollout of mental health support teams (MHSTs) or increased spending on CYPMHS. It is therefore vital that these programmes are rolled out effectively to increase rates of access to treatment where appropriate and that data is published to allow careful monitoring and transparency of the effectiveness of these programmes.

While the proportion of referrals that have been diverted to other services or closed before treatment has fallen, a growing proportion of referrals are waiting to access treatment.

- > Of those referred to CYPMHS in 2019/20, over a third (36%) received treatment within the year – up from 33% in 2018/19. Similarly, 27% of those referred in 2019/20 had their referrals closed before treatment, down from 34% the previous year.
- > As referral rates are increasing faster than the rate of children accessing treatment, there is a growing number of children referred who are still waiting to access treatment. In 2019/20, there were 198,677 children still waiting to access treatment at the end of the year – an 84% increase from 107,846 children in 2017/18. The proportion of children still waiting has also increased from 32% in 2017/18 to 37% in 2019/20.
- > The number of children not accepted into CYPMHS varies notably by clinical commissioning group (CCG) from as low as 4% to over 48% - likely reflecting different models of service delivery.

Where children do receive a second contact, they are doing so more quickly. However, there is notable variation between CCGs.

- > Waiting times data is only available for children that manage to access CYPMHS treatment (as measured by those receiving two contacts). Of those that did enter treatment in 2019/20, 24% did so within six weeks of their referral. This is an improvement on 19% in 2018/19.
- > The local level picture is more mixed. While most CCGs saw improvements, 32 out of 191 CCGs saw an increase in average waiting times.

While levels of spending per child on CYPMHS have increased compared to 2018/19, they still account for a very small proportion of CCG budgets.

- > In 2019/20 CCGs spent, on average, £66 per child on children's mental health services. This is an increase of £5.60 per child in *real* terms (up from £59 in 2018/19)¹.
- > However, on average, CCGs continue to spend less than 1% of their budget on CYPMHS (0.97% in 2019/20 compared to 0.92% in 2018/19).

¹ Note: all real terms comparisons are based on ['ONS GDP deflators'](#) at market prices, and money GDP, September 2020'

- > Spending increases have been concentrated in the areas that spent the least in 2018/19. The top 20% of CCGs with the highest spend per child in 2018/19 have an average increase in spend per child of £9 in *cash* terms from 2018/19 to 2019/20. This is compared to the bottom 20% of CCGs which have an average increase in spend per child of £16 (*cash* terms).

There is still a significant 'postcode lottery' in CCG spending on children's mental health, and a significant disparity between spending on children's mental health and spending on adult mental health.

- > In 2019/20, spend per child ranged from £25 per child in Halton CCG to £202 per child in Islington CCG.
- > There remains a marked disparity between child and adult mental health spending. Nationally, CCGs spent 13 times more on adult mental health services than CYMPHS in 2019/20 – a slight improvement from 14 times more in 2018/19².

² It should be noted that a portion of CYP mental health spend is funded via special commission and is not accounted for in this analysis.

Data sources and methods

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. In 2019/20, the underlying data aggregated in the dashboard was collected via the NHS Mental Health Services Dataset (MHSDS). This contrasts with 2018/19 which used the NHS's Strategic Data Collection Service (SDCS) as an interim source of data until the MHSDS improved to a point where it could be more reliably quoted.

The dashboard 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.
- > 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's Office used its 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 2019/20 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 receiving treatment.
- > The number and percentage of children still awaiting their second contact at the end of the year.

Analysis methods

Key measures

Updating last year's report, we use data for the 2019/20 financial year to assess national and CCG performance on five key indicators:

- > CCG spending on children's mental health as a percentage of total CCG allocation
- > Mental health spend per child - calculated using NHS FYFVMH spending figures³ and ONS mid 2019 CCG population estimates⁴
- > 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.

Note: Since 2017/18, multiple smaller CCGs merged to form new combined CCGs (see appendix for full list). Where this report compares rates over time, the average rate of the smaller CCGs in previous years is taken to represent the past rate of the combined CCG (e.g. the 2018/19 rate for NHS Devon which merged the next year).

Limitations of the data

1. The FYFVMH dashboard and MHS dataset only presents data for children's mental health services funded by the NHS. As such, this report does not examine figures on mental health provision financed by organisations outside the NHS such as school-based counselling or services provided by local authorities (services which may be supported by the NHS but not considered NHS funded). CCGs that spend more on external or prevention based services at the expense of NHS provided CYPMHS may underperform on indicator scores based solely on CYPMHS datasets. Given that three out of five of our scoring indicators relate to CYPMHS waiting times, access and referral rates, such CCGs may find that the scoring system undervalues their investment in non-NHS funded services. To combat this, we attempt to balance the score system by including two different measures on overall CCG spend which better captures investment in externally provided mental health services.
2. As with data used for national monitoring, a child is counted as accessing treatment if they have two contacts with CYPMH services. This is the best proxy measure currently available until wider measures are routinely collected via the MHSDS. In some cases, a child may have more than one contact before treatment begins, while others may be referred or not need further support from CYPMHS after one contact. Therefore, we cannot confidently state in all cases that a child with less than two contacts did not have their needs met or that every child with two contacts has entered treatment. However, this remains the best proxy measure available due to a lack of other reliable data sources estimating the number of young people receiving treatment at a

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

⁴ [CCG population estimates \(National Statistics\)](#)

single contact. It is also in line with the measures used to monitor progress in the Five Year Forward View for Mental Health.

3. Children whose referrals were closed may not have required specialist treatment or may have been referred to services funded by other routes and organisations (e.g. local authorities and non-NHS funded charities). Some children may also have chosen not to enter treatment even when offered or advised. However, the data provided does not specify why a referral was closed. Until such data is provided, this will be a key gap in establishing the outcomes and circumstances of those referred.
4. In some cases, children referred near the end of a financial year may enter treatment early in the following year. These children would be shown in 2019/20 data as “still awaiting treatment” despite a relatively short wait. As a result, we cannot assume that all children still waiting for treatment have waited long periods for their second contact. The NHS has also noted that their waiting times data is marked as experimental and requires development until it is deemed reliable and robust enough to become an official dataset.
5. In its MHSDS data quality report, the NHS noted that each year there are some mental health service providers that did not submit data to the MHSDS. Though the number of providers submitting data has improved over the past few years, the data presented here is still incomplete due to underreporting. Until a system is put in place to capture data from other providers, schools, local authorities and the health and justice sector, the MHSDS remains the best representation of mental health services information that we have available.⁵

⁵ MHSDS data quality report available [here](#).

Section A: Trends in children’s access to CYPMHS

Number of children referred to CYPMHS

1. The number and rate of children *referred* to CYPMHS has continued to rise over the past two years. However, the rate of increase of the number of children *accessing* services has risen at a much slower rate.

The number of children referred to CYPMHS has increased for two consecutive years. In 2019/20, 538,564 children⁶ in England were referred to CYPMHS. This is equal to 4.5% of all children in England – a continued increase from 2.85% in 2017/18 and 3.36% in 2018/19.

Out of 191 CCGs, 182 (95%) saw an increase in the percentage of children referred to CYPMHS since 2018/19. 156 CCGs (82%) saw an increase in both years, with NHS Nottingham City having the largest increase in the proportion of children referred: from 1% in 2017/18 to 6.4% in 2019/20⁷.

Only 9 CCGs (5%) saw a decrease in referral rate since 2018/19 (see table 1) and none saw a decrease in both years from 2017/18 and 2018/19. Two CCGs, NHS North West Surrey and NHS Northumberland, have referral rates almost unchanged from levels in 2017/18 (4.3%) after recovering from a dip in 2018/19 (2.64%).

When CCGs are arranged in descending order by the proportion of children referred to CYPMHS, the top 20% of CCGs with the highest referral rates in 2018/19 had an average increase of 0.8% from last year while the bottom 20% had an average increase of 1.2%. This suggests that improvements are distributed relatively evenly across CCGs that were performing well and less well (on this metric) the year before.

Table 1. CCGs that saw decreases in the rate of children referred to CYPMHS between 2018/19 and 2019/20⁸.

Clinical Commissioning Group (CCG)	Proportion of CYP population (under 18) referred to CAMHS during 2018/19	Proportion of CYP population (under 18) referred to CAMHS during 2019/20	Percentage point change (ppt)
NHS Barnsley CCG	4.19%	3.17%	-1.02ppts
NHS Doncaster CCG	3.55%	3.28%	-0.26ppts
NHS St Helens CCG	6.30%	6.14%	-0.16ppts
NHS North Lincolnshire CCG	4.06%	3.93%	-0.14ppts
NHS Horsham and Mid Sussex CCG	3.06%	2.93%	-0.13ppts
NHS Hull CCG	6.39%	6.32%	-0.08ppts
NHS Stockport CCG	4.94%	4.90%	-0.04ppts
NHS Trafford CCG	2.99%	2.96%	-0.04ppts
NHS High Weald Lewes Havens CCG	3.41%	3.39%	-0.03ppts

⁶ Note that this figure denotes the number of children referred to CYPMHS. Not all of these children access treatment within the year as some have one contact appropriately, have their referrals closed before treatment or are still waiting. Access rates (see below), refer to children who are confirmed to have entered treatment based on our proxy measure of two contacts with CYPMHS.

⁷ Concerns have been raised about data quality issues and caution should be taken when interpreting these figures (see limitations section).

⁸ In cases of marginal increase, caution should be exercised when interpreting results given data quality issues within the MHSDS.

During 2019/20, 391,940 children⁹ were confirmed to have had two or more contacts (our best available measure for children ‘accessing treatment’) – a 4% increase from 377,866 in 2018/19. This level is equivalent to 3.26% of all children aged 0-17 in England.

It also represents 34.7% of children with a diagnosed mental health condition, based on 2017 prevalence estimates on mental health conditions amongst children aged 0-17.¹⁰ With a mean access rate of 38%, there is significant variation in this rate across the country: from 11% in NHS Vale Royal CCG to 83% in NHS Darlington CCG. Comparable measures of prevalence across three years are only available based on rates calculated in 2004. These show that nationally the growth in access rates has slowed over the year. From 2018/19 to 2019/20, access rates only increased by 0.7% from 36.1% to 36.8% (see table 2). This compares to a 5.6% increase the previous year, though part of this slowing may be due to differences in data quality between the 2018/19 and 2017/18 data collections.

Table 2. Change in national access rates from 2017/18 to 2019/20¹¹.

Year	% of CYP accessing treatment (base = 2004 prevalence measure)	Annual change	% of CYP accessing treatment (base = 2017 prevalence measure)	Annual change
2017/18	30.5%	--		--
2018/19	36.1%	+ 5.6 pts	33.1%	--
2019/20	36.8%	+ 0.7 pts	34.7%	+1.6 pts

Note: these figures are calculated against 2004 prevalence estimates.

Nationally, the 34.7% figure represents a slight improvement over 2018/19 (see Table 2 above). However, based on those receiving two contacts it still means that just under two-thirds of children with an identified mental health need are not accessing services.

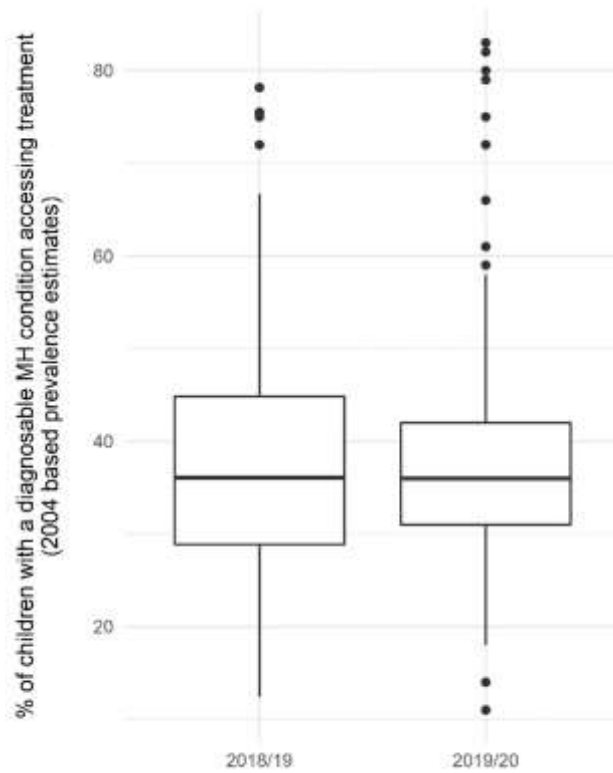
Similarly, the only available access rates at CCG level remain based on 2004 prevalence estimates. Overall, these show that the distribution of access rates has narrowed notably (notwithstanding previously mentioned data quality issues), driven by reductions in access rates amongst the previous year’s highest performing CCGs and increases amongst the lowest performers in 2018/19 (see figure 1). The top 20% of CCGs with the highest access rates in 2018/19 saw an average decrease of 5% from 2018/19 compared to the bottom 20% which had an average increase of 7%.

⁹ Note: The 391,940 figure includes both children referred in the year and those referred in previous years who had their second contact or continued support during 2019/20.

¹⁰ Source: <https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/>. This was previously estimated to be 36.9% of children and young people with a diagnosable mental health condition based on the original 2004 prevalence data used to model FYFVMH ambitions. The new access rate is based on prevalence data updated in 2017.

¹¹ Figures for 2018/19 were validated by the NHS Strategic Data Collection Service (SDCS) before the MHSDS was considered reliable enough to use. As a result, caution should be applied to conclusions drawn from comparisons.

Figure 1: CCG level distribution of access rates as a proportion of children with a diagnosable mental health condition. Dots are equivalent to CCGs with greater than 1.5 times the interquartile range.



Note: In the figure above, the median CCG is shown by the line in the middle of the box. The upper and lower quartiles are the ends of the box. Vertical lines represent 1.5 times the interquartile range and the dots outside the box and whiskers are outliers.

Children “turned away”

Note: In this report, the term “children turned away” refers to children and young people who do not receive two contacts after being referred to CYPMHS because their referral was subsequently closed. This is the best proxy measure available for those receiving treatment and aligns with monitoring in the Five Year Forward View. However, this will include some children whose referrals was closed but who may not have required specialist treatment, chose not to pursue further intervention, or were referred to other services.

- 1. The proportion of children referred whose referrals was closed before starting treatment has continued to decrease. As referrals increase and fewer children are being turned away, the pool of children waiting after their first contact has increased.**

In 2019/20, the proportion of children referred whose referral was closed before treatment continued to fall to 26%, down from 36% in 2017/18 and 34% in 2018/19. While this is a significant improvement, there were 144,384 children whose referral was closed before treatment during 2019/20.¹²

There remains large variation across the country in the numbers of children whose referral was closed before starting treatment, from as low as 4% of referrals in CCGs NHS Bromley, NHS Lambeth and NHS Southwark, to 48% in NHS Herefordshire. However, this is still a large improvement from 2017/18 when, in some CCGs, more than 80% of children referred experienced this.

Since 2017/18, 160 CCGs (84%) have reduced the percentage of children whose referrals were closed before treatment. Of these, NHS East Berkshire and NHS Berkshire West saw the biggest decreases – 60% and 58% respectively. Despite the overall improvement, some CCGs that saw large increases in referral closure rates (see Table 3). Furthermore, 10 CCGs (5%) saw referral closure rates increase two years in a row (see Table 4).

Table 3. The top 10 CCGs with the largest increases in the rate of children having referrals closed before treatment since 2017/18.

Clinical Commissioning Group (CCG)	% referrals closed before treatment 2017/18	% referrals closed before treatment 2018/19	% referrals closed before treatment 2019/20	Change from 2017/18 to 2019/20
NHS Oxfordshire CCG	16%	30%	31%	15 ppts
NHS City and Hackney CCG	20%	29%	34%	14 ppts
NHS Corby CCG	7%	9%	19%	12 ppts
NHS North Tyneside CCG	13%	10%	24%	11 ppts
NHS North Cumbria CCG	21%	40%	31%	10 ppts
NHS Trafford CCG	15%	42%	25%	10 ppts
NHS Nene CCG	9%	13%	18%	9 ppts
NHS Shropshire CCG	23%	35%	32%	9 ppts
NHS Calderdale CCG	18%	30%	26%	8 ppts
NHS Telford and Wrekin CCG	20%	31%	28%	8 ppts

¹² 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.

Table 4. CCGs in which the percentage of referrals closed before treatment increased in both 2018/19 and 2019/20.

Clinical Commissioning Group (CCG)	% referrals closed before treatment 2017/18	% referrals closed before treatment 2018/19	% referrals closed before treatment 2019/20	Change from 2017/18 to 2019/20
NHS Barnsley CCG	35%	36%	42%	7 ppts
NHS Mid Essex CCG	33%	37%	40%	7 ppts
NHS Castle Point and Rochford CCG	38%	44%	45%	7 ppts
NHS Oxfordshire CCG	16%	30%	31%	15 ppts
NHS Southport and Formby CCG	14%	17%	20%	6 ppts
NHS Nene CCG	9%	13%	18%	9 ppts
NHS Wandsworth CCG	31%	33%	34%	3 ppts
NHS North East Essex CCG	34%	36%	39%	5 ppts
NHS Corby CCG	7%	9%	19%	12 ppts
NHS City and Hackney CCG	20%	29%	34%	14 ppts

Waiting times and outcomes

- 1. In 2019/20, just under two thirds of children referred to CYPMHS had not yet received treatment within the year (based on those receiving two contacts).**
- 2. The sustained rise in referrals combined with lower increases in access rates has resulted in a growing number and share of children waiting to access treatment after their first contact with CYPMHS. However, those that are able to access treatment are managing to get seen quicker (see graph below).**

Of the 538,564 children referred to CYPMHS in 2019/20¹³, only 195,335 (36%)¹⁴ children received two contacts within the year— our best proxy for entering treatment. 126,878 children (24% of those referred) entered treatment within six weeks – an increase from 74,130 children (19% of those referred) in 2018/19. Another 68,457 children (13% of those referred) entered treatment but waited more than six weeks – relatively unchanged as a percentage from 56,688 children (14% of those referred) the previous year (see figure 2).

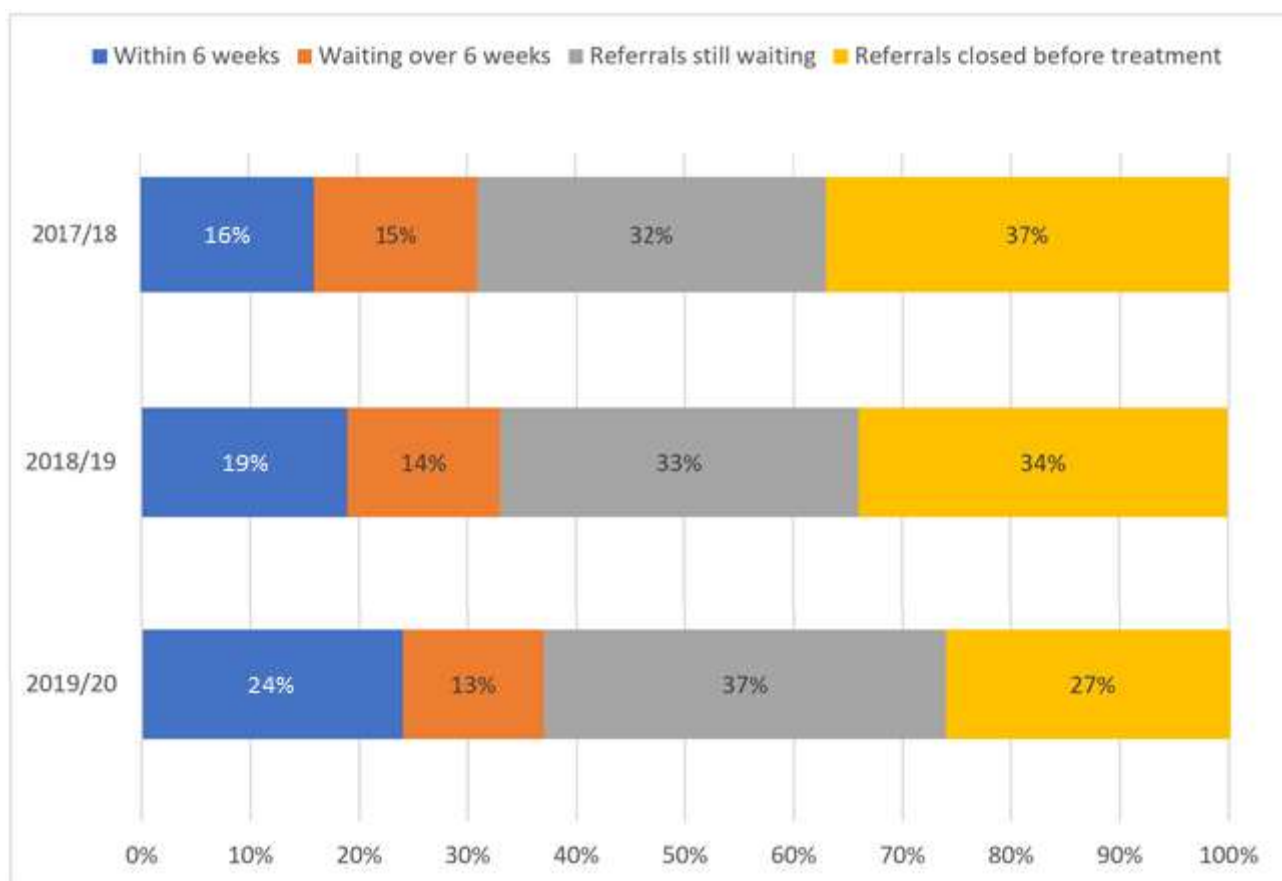
Just over a quarter of all children (144,181) referred to CYPMHS in 2019/20 had their referral closed before they entered treatment – an improvement in percentage terms from 34% (135,430) in 2018/19. However, 198,677 children (37% of those referred) were still on the waiting list at the end of the year, representing a sustained increase in proportion over the past 2 years - 107,846 children (32% of those referred) in 2017/18 and 131,878 children (33% of those referred) in 2018/19.

¹³ Note that for consistency, these figures do not include learning disability and autism (LDA) services. As such, the percentage of young people who had their referrals closed before treatment will differ slightly from the section above. However, the figures will include a number of CYP with LDA who are seen within generic CYPMH services and are referred for assessment once within CYPMH.

¹⁴ This figure does not include children still waiting at the end of the year.

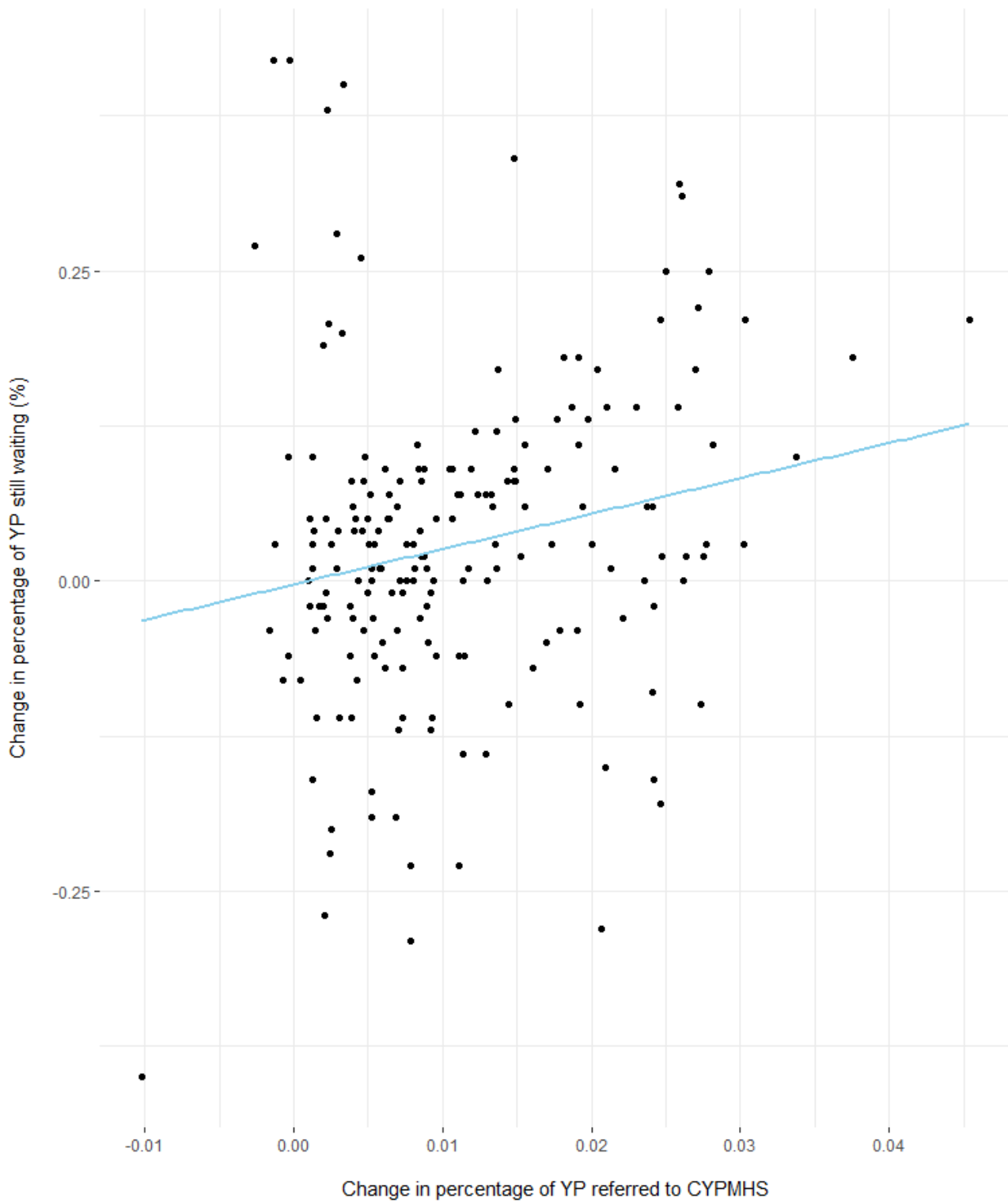
As with other indicators, the average waiting time for children to enter treatment (two contacts with CYPMHS) varies widely by CCG from as quick as 8 days in NHS Barking and Dagenham to almost three months in NHS Fylde and Wyre. The percentage of children still waiting for treatment at the end of the year also varied significantly at a CCG level from as low as 10% in NHS Tower Hamlets to 74% in NHS North Lincolnshire. This is slightly worse than in 2018/19 where the CCG with the highest proportion of children still waiting was 69% in NHS South Warwickshire while the lowest proportion was 10%.

Figure 2. Percentage of children referred to CYPMHS in 2017/18 to 2019/20 by outcome.



Upon closer inspection, there is a small positive correlation between increases in referrals to CYPMHS and the percentage of children still waiting (see figure 3). CCGs with the largest increases in the proportion of children referred also saw the biggest rise in the number of children waiting between their assessment and treatment. This suggests rises in referrals are one factor driving this increase in the proportion waiting to access treatment. However, Figure 3 also demonstrates that there is substantial variation in this relationship, suggesting other factors may also be important in explaining this such as local models for service provision, workforce vacancies and the availability of other services. Furthermore, as there are a few extreme outliers, this relationship is weak at best with many CCGs showing a different or even opposite relationship.

Figure 3. Relationship between CCG change in referral rates and change in the percentage of children still waiting between their first and second contacts.



15

¹⁵ Note that waiting times data is only defined for children who manage to access treatment (using two contacts as a proxy for starting treatment) within 2019/20.

Amongst those who do receive two contacts within the year, national average waiting times for children referred to CYPMHS have reduced for two consecutive years. The average waiting time from referral to second contact has improved from 57 days in 2017/18 and 53 days in 2018/19 to 43 days in 2019/20. There has also been notable improvement in the percentage of children seen within 6 weeks, up from 19% (of all referrals) in 2018/19 to 24% (of all referrals) in 2019/20.

However, even amongst those that do access treatment, there are still many children who wait prolonged periods of time. In 2019/20, 13% of children referred (68,457) waited more than 6 weeks to enter treatment – a slight improvement over 14% of children referred (56,688) the previous year. 6% of children referred waited over 12 weeks for their second contact, down marginally from 7.5% in 2018/19.

This year, 11 CCGs (6%) had an average waiting time of three weeks (21 days) or less – a considerable increase from 3 CCGs in 2018/19 and 4 CCGs in 2017/18 (see table 5). Furthermore, 83% (159) of CCGs improved their average waiting times in 2019/20, a large increase from 54% last year.

At a local level, the bottom performing 20% of CCGs (i.e. those with the highest average waiting time in 2018/19) have an average decrease in waiting time of 22 days from 2018/19 to 2019/20 while the top performing 20% have an average drop of 2 days. This suggests that while the waiting times have improved across the board, the overall drop in waiting time is driven by the worst performing CCGs drastically improving their performance.

Table 5. CCGs with an average waiting time of less than three weeks (21 days) between referral and second contact with CYPMHS in 2019/20.

Clinical Commissioning Group (CCG)	Average waiting time 2017/18 (days)	Average waiting time 2018/19 (days)	Average waiting time 2019/20 (days)	Change from 2018/19 to 2019/20 (days)	Change from 2017/18 to 2019/20 (days)
NHS Barking and Dagenham CCG	31	23	8	-15	-23
NHS Rotherham CCG	57	24	12	-12	-45
NHS Doncaster CCG	73	29	14	-15	-59
NHS Milton Keynes CCG	78	38	17	-21	-61
NHS Waltham Forest CCG	56	24	17	-7	-39
NHS Telford and Wrekin CCG	231	26	17	-9	-214
NHS Shropshire CCG	172	29	18	-11	-154
NHS Newham CCG	61	33	18	-15	-43
NHS Ealing CCG	89	53	20	-33	-69
NHS Blackburn with Darwen CCG	64	27	21	-6	-43
NHS Tower Hamlets CCG	45	41	21	-20	-24

Table 6. The 10 CCGs with the largest increases in average waiting time from 2017/18 to 2019/20.

Clinical Commissioning Group (CCG)	Average waiting time (in days) 2017/18	Average waiting time (in days) 2018/19	Average waiting time (in days) 2019/20	Change from 2017/18 to 2019/20 (days)
NHS Fylde and Wyre CCG	47	69	87	+40
NHS Dudley CCG	18	71	54	+36
NHS Walsall CCG	36	82	64	+28
NHS Greater Preston CCG	43	76	69	+26
NHS Scarborough and Ryedale CCG	18	26	42	+24
NHS Horsham and Mid Sussex CCG	41	71	65	+24
NHS South Norfolk CCG	41	52	64	+23
NHS Berkshire West CCG	38	66	60	+23
NHS Norwich CCG	43	54	65	+22
NHS Chorley and South Ribble CCG	44	91	65	+21

CCG spending on children's mental health services

1. Spending on CYPMHS has increased again but it still represents a small proportion of overall CCG budgets and there remains large variation across CCGs.

Overall, CCG spending on mental health has continued to increase over the past two years. Of the total NHS spend for England of (£81.56 billion), CCGs spent £791 million on children's mental health services (0.97% of total allocation). This compares to £703 million in 2018/19 (0.92% of total allocation) – an increase of 12.5% in cash and 9.8% in real terms¹⁶. Spend per child has also increased, up from £59 in 2018/19 to £66 in 2019/20. This represents an increase of 11.9% in cash terms and a 9.2% increase in real terms¹⁷.

The top 20% of CCGs with the highest spend per child in 2018/19 have an average increase in spend per child of £9 from 2018/19 to 2019/20. This is compared to the bottom 20% of CCGs which have an average increase in spend per child of £16 in *cash* terms. This suggests that spending has increased across the board, especially in CCGs that invested the least last year.

Note: From this point onwards, changes in mental health spending will be in cash terms unless otherwise stated.

In 2019/20, 123 CCGs (64%) spent a larger proportion of their budget on children's mental health services than last year. However there remains notable variation at a local level. Since 2017/18, 19 CCGs (10%) reduced the proportion of their budget spent on CYPMHS. Of these, NHS Tower Hamlets saw the biggest reduction since 2017/18 with a fall of 0.91 pts from 2.12% to 1.21%. Despite this large decrease, NHS Tower Hamlets was and still places amongst the highest spending CCGs in England (see table 7). More concerning is NHS Halton's 0.51 pts drop from 0.84% to 0.33% in 2019/20 – the lowest percentage amongst all CCGs. NHS Halton is also one of the CCGs with the biggest reduction in spend per child over the past year – a fall from £59 in 2018/19 to £25 in 2019/20 (this year's lowest amount).

¹⁶ [ONS GDP deflators](#) at market prices, and money GDP, September 2020

¹⁷ The FYFVMH dashboard and MHS dataset only presents data for children's mental health services directly commissioned by the NHS. As such, this report does not examine figures on low-level mental health provision such as school-based counselling or services provided by external organisations (services which may be funded by the NHS but not considered NHS commissioned).

Table 7. The 10 CCGs with the largest decreases in budget allocation to CYPMHS from 2017/18 to 2019/20.

Clinical Commissioning Group (CCG)	% CCG budget spent on CYP MH 2017/18	% CCG budget spent on CYP MH 2018/19	% CCG budget spent on CYP MH 2019/20	Change from 2017/18 to 2019/20
NHS Tower Hamlets CCG	2.12%	1.24%	1.21%	-0.91 ppts
NHS South East Staffordshire and Seisdon Peninsula CCG	2.31%	1.94%	1.76%	-0.54 ppts
NHS Halton CCG	0.84%	0.80%	0.33%	-0.51 ppts
NHS Camden CCG	2.04%	1.82%	1.67%	-0.37 ppts
NHS East Surrey CCG	1.16%	1.01%	0.91%	-0.25 ppts
NHS Crawley CCG	0.74%	0.68%	0.56%	-0.18 ppts
NHS Dartford, Gravesham and Swanley CCG	0.97%	0.96%	0.81%	-0.16 ppts
NHS Eastbourne, Hailsham and Seaford CCG	0.81%	0.67%	0.65%	-0.16 ppts
NHS Hambleton, Richmondshire and Whitby CCG	1.35%	1.26%	1.21%	-0.14 ppts
NHS Dorset CCG	0.88%	0.81%	0.77%	-0.11 ppts

Out of 191 CCGs in England, most (85% - 162) increased spending on CYPMHS per child in 2019/20 compared to 2018/19. This compares to 83% of CCGs that increased CYPMHS spending the previous year. However, there remain 21 CCGs (11%) that reduced CYPMHS spending between 2017/18 and 2019/20 (see table 8). Only 2 CCGs reduced spending per child in both 2018/19 and 2019/20. These are:

- > NHS Camden (from £162 to £128)
- > NHS Eastbourne, Hailsham and Seaford (from £60 to £54)

As with budget proportions above, most CCGs that saw spend reductions over two consecutive years spent high amounts in previous years. These CCGs continue to perform well relative to others even after a drop in spend. In fact, NHS Camden has consistently ranked in the top 10% of CCGs in terms of spend per child.

Table 8. Top 10 CCGs with the biggest reduction in spend per child from 2017/18 to 2019/20¹⁸.

Clinical Commissioning Group (CCG)	Spend per child 2017/18	Spend per child 2018/19	Spend per child 2019/20	Change from 2017/18 to 2019/20 (cash terms)
NHS Tower Hamlets CCG	£119	£70	£70	-£49
NHS Devon CCG	£108	£66	£67	-£42
NHS North East Hampshire and Farnham CCG	£103	£62	£68	-£35
NHS Camden CCG	£162	£140	£128	-£34
NHS Halton CCG	£58	£59	£25	-£33
NHS North Staffordshire CCG	£40	£49	£29	-£11
NHS Canterbury and Coastal CCG	£85	£54	£74	-£11
NHS Crawley CCG	£43	£46	£37	-£7
NHS Eastbourne, Hailsham and Seaford CCG	£60	£55	£54	-£6
NHS Hastings and Rother CCG	£55	£49	£49	-£6

Spending parity between children’s and adult mental health services

There remains a clear disparity between adult and child mental health spending in England. CCGs spend an average of 12.9% of their overall allocation on adult mental health services – approximately 13 times more than on CYPMHS. However, it should be noted that adult services by nature may require more funding due to diagnoses for costlier/more severe mental health conditions as well as the longer potential length of treatment (age 18+ as opposed to under 18).

Again, there is notable local variation in mental health spend per adult and spend per child. The highest spend per adult (£404) is significantly more than the highest spend per child (£202). The lowest spend per adult (£129) is five times higher than the lowest spend per child (£25) – a drop from nine times higher in 2018/19.

Note: the above spending figures for CYPMHS spending do not include spending on inpatient services as these are centrally commissioned rather than through CCGs. These are not available at a local level but represented an additional £389m nationally last year. When this figure is included, the gap between adult and child spend nationally is narrowed but still substantial.

To explore the 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.

¹⁸ Significant improvements have been made in NHS coding and data quality over the past 3 years. As a result, some of these changes will be due to better data rather than actual changes in spend per head.

At a national level, the NHS would have to spend an extra £1.8 billion on CYPMHS to achieve parity. This is equal to an average increase of £9.6 million per CCG. As with other indicators, there is considerable variation in the level of additional spending required by CCGs, ranging from £1.1 million in East Staffordshire and South Norfolk to £50.4 million in Devon. In percentage terms, the CCGs that require the most additional spending are North Staffordshire (1,112%), Halton (822%) and Leicester City (644%).

The top 20% of CCGs with the highest spend per child in 2018/19 have an average difference of £170 between adult and child spending while the bottom 20% have an average difference of £177. This suggests that the gap between adult and child mental health spending is present across CCGs and not only in those that have previously invested less in CYPMHS.

CCG summary scores

Key findings:

- > Broadly speaking, CCGs that performed well last year also performed well this year. Those that performed poorly have gotten worse or remained the same.
- > NHS South Tees continues to be the best performing CCG with a maximum score of 25 for three years running.
- > NHS Greater Preston is this year's lowest performing CCG with a score of 6 out of 25.

Creating CCG level summary scores

As with last year's report, to provide an overall indication of how each CCG compares to the rest of England in terms of children's access to mental health services, we created a summary score for each CCG based on five key indicators of CYPMHS performance. These indicators are:

1. CCG spending on children's mental health as a percentage of total CCG allocation
2. Mental health spend per child - calculated using NHS FYFVMH spending figures¹⁹ and ONS mid 2019 CCG population estimates²⁰
3. Total number of children referred to children's mental health services as a proportion of the under-18 population.
4. Average waiting time for children who receive a second contact.
5. The percentage of referrals that are closed before treatment.

For each indicator, CCGs are ranked from best to worst (e.g. shortest waiting time to longest) 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. An overall score of 5 would indicate being in the bottom quintile across all 5 measures while a score of 25 would indicate being in the top quintile across all measures.

¹⁹ [NHS Five Year Forward View Dashboard](#)

²⁰ [CCG population estimates \(National Statistics\)](#)

Overall CCG scores

According to these scoring criteria, NHS Greater Preston CCG receives the lowest overall ranking with a score of 6 out of 25. It is followed by NHS Crawley CCG and NHS Horsham and Mid Sussex CCG, both of which have a score of 7 (see table 9).

Almost half of this year's worst performers also had a score of 10 or less in 2018/19 – suggesting consistently poor performance. In particular, NHS Greater Preston, NHS Chorley and South Ribble and NHS Nottingham West were all in the bottom ten last year as well – indicating little to no improvement. No CCG was in the bottom 10 CCGs for all three years. NHS Hardwick, the CCG with the lowest overall score in 2018/19, has since merged into NHS Derby and Derbyshire which has an overall score of 15 in 2019/20 (compared to 6 as a standalone CCG in 2018/19).

Table 9. The 10 CCGs with the lowest scores on our index of mental health service spending and waiting times for children in England for 2019/20.

Clinical Commissioning Group (CCG)	% CCG budget spent on CYP MH	2019/20 spend per child	Proportion of CYP population (under 18) receiving CAMHS treatment during 2019/20	Average Waiting Time for People with Two Contacts (Days)	% Referral Closed Before Treatment	CCG overall score on five CYP MH indicators
NHS Greater Preston CCG	0.70%	£45	3.6%	69	40%	6
NHS Crawley CCG	0.56%	£37	3.6%	66	33%	7
NHS Horsham and Mid Sussex CCG	0.79%	£44	2.9%	65	34%	7
NHS Chorley and South Ribble CCG	0.76%	£54	4.5%	65	36%	8
NHS Nottingham West CCG	0.69%	£44	3.4%	53	29%	8
NHS Redditch and Bromsgrove CCG	0.84%	£47	3.5%	71	28%	8
NHS Richmond CCG	0.73%	£41	4.2%	49	46%	9
NHS Southend CCG	0.65%	£44	4.0%	36	40%	9
NHS Brent CCG	0.90%	£53	2.5%	70	32%	9
NHS Kingston CCG	0.74%	£48	5.3%	50	43%	9

As shown in table 10, the CCGs with the largest drops in overall score in 2019/20 were NHS Dartford, Gravesham and Swanley and NHS Gloucestershire. This is driven by both CCGs reducing the proportion of their budget allocated to CYPMHS and reductions in spend per child.

Table 10. Top 10 CCGs by largest decrease in overall score since 2017/18.

Clinical Commissioning Group (CCG)	2018/19 CCG overall score	2019/20 CCG overall score	Change in overall score
NHS Dartford, Gravesham and Swanley CCG	19	12	-7
NHS Gloucestershire CCG	17	10	-7
NHS Barnsley CCG	23	17	-6
NHS South Warwickshire CCG	17	11	-6
NHS East Riding of Yorkshire CCG	15	10	-5
NHS East Surrey CCG	18	13	-5
NHS Oxfordshire CCG	15	10	-5
NHS Sandwell and West Birmingham CCG	20	15	-5
NHS Wandsworth CCG	18	13	-5
NHS West Essex CCG	16	11	-5

As shown in table 11, six out of ten of the best performing CCGs this year also had a score of 20 or above in 2018/19 – signalling consistently good performance. As with last year NHS South Tees scored highest on this index though NHS Barking and Dagenham had the biggest improvements across all indicators and increased its overall score by 7.

Table 11. The 10 CCGs with the highest scores on our index of mental health service spending and waiting times for children in England for 2019/20.

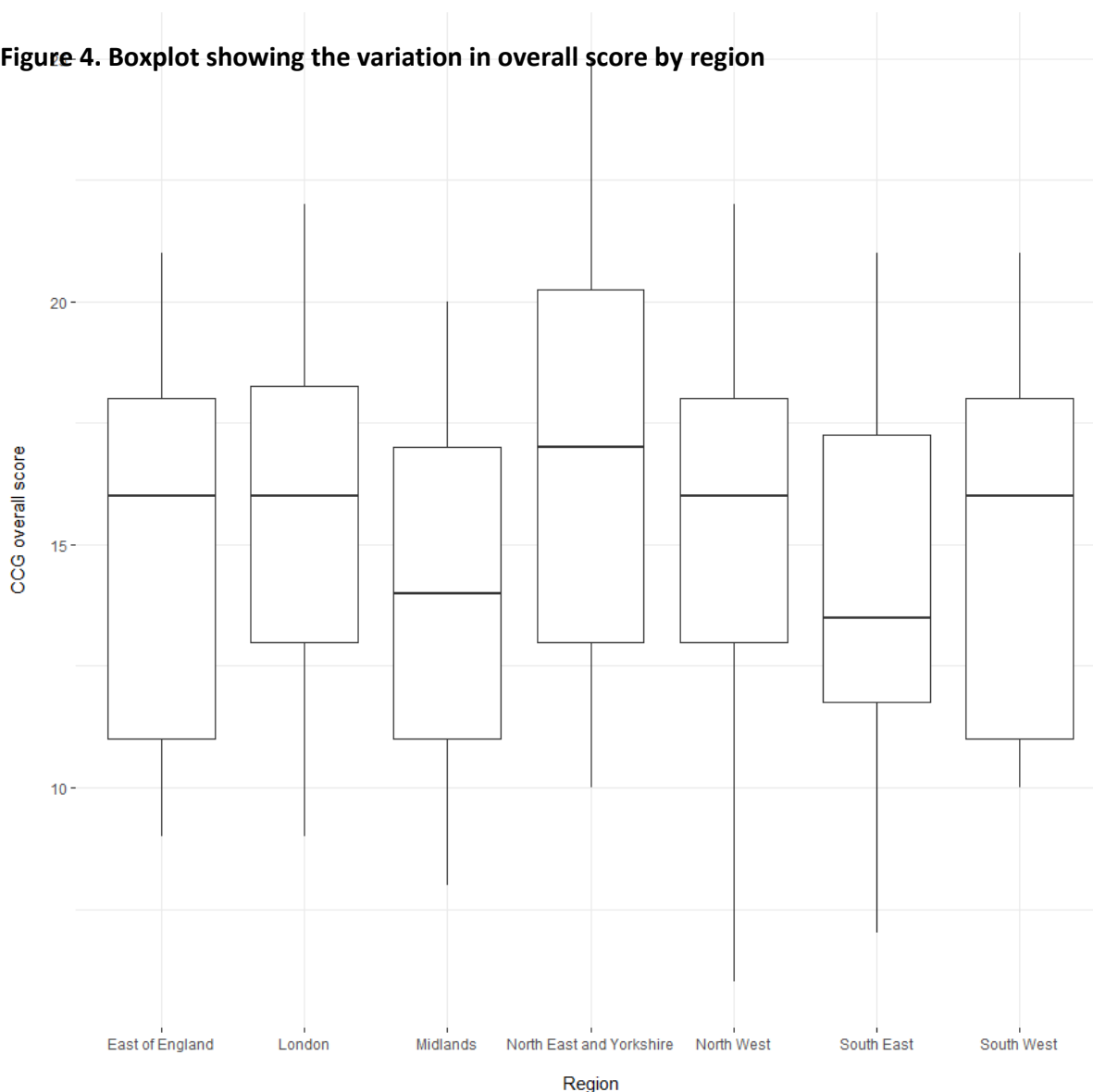
Clinical Commissioning Group (CCG)	% CCG budget spent on CYP MH	2019/20 spend per child	Proportion of CYP population (under 18) receiving CAMHS treatment during 2019/20	Average Waiting Time for People with Two Contacts(Days)	% Referral Closed Before Treatment	CCG overall score on five CYP MH indicators
NHS South Tees CCG	1.35%	£104	7.2%	30	19%	25
NHS Darlington CCG	1.12%	£79	7.8%	30	14%	23
NHS Durham Dales, Easington and Sedgefield CCG	0.98%	£88	7.1%	32	21%	23
NHS Hartlepool and Stockton-on-Tees CCG	1.52%	£106	6.6%	37	23%	23
NHS Barking and Dagenham CCG	1.28%	£62	4.8%	8	10%	22
NHS Liverpool CCG	0.88%	£80	5.3%	31	12%	22
NHS Manchester CCG	1.21%	£90	8.0%	40	22%	22
NHS North East Lincolnshire CCG	1.15%	£83	4.8%	24	28%	22
NHS Wakefield CCG	1.47%	£115	5.0%	35	21%	22
NHS Bath and North East Somerset CCG	1.13%	£79	5.4%	34	13%	21

As seen in Table 12 and Figure 4, there is wide variation within all regions in England. The North West has the widest gap in scores between its highest and lowest performing CCGs: 16 points. This is due to how the region contains some of the highest and lowest ranked CCGs in England such as Liverpool (22), Manchester (22), Greater Preston (6) and Chorley and South Ribble (8).

Table 12. Mean, minimum and maximum overall scores by region.

Region	Mean score	Minimum score	Maximum score
East of England	15	9	21
London	15	9	22
Midlands	14	8	20
North East and Yorkshire	17	10	25
North West	15	6	22
South East	14	7	21
South West	15	10	21

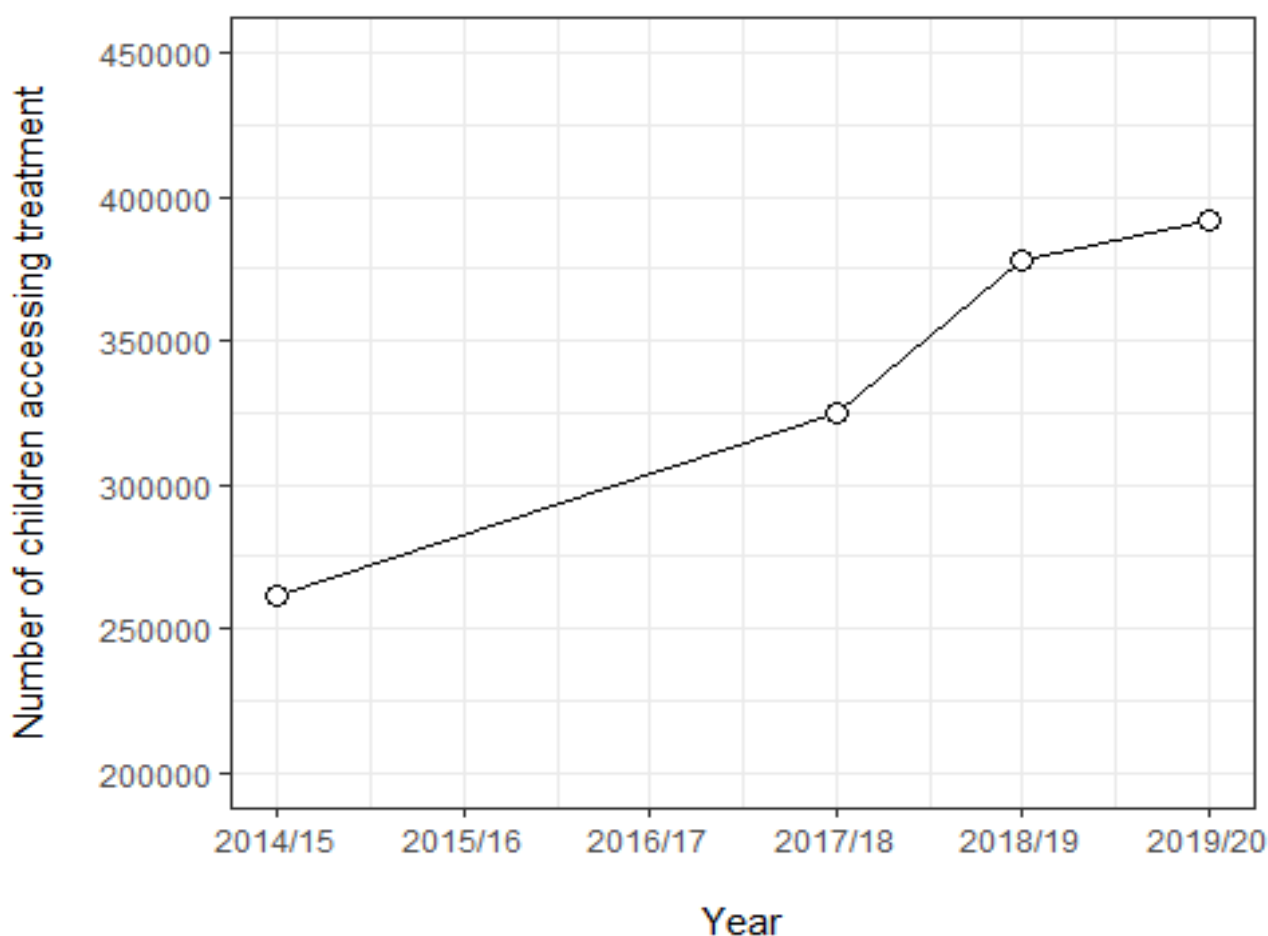
Figure 4. Boxplot showing the variation in overall score by region



Section B: Forecasting trends in numbers of children accessing treatment in 2019/20

Figure 5 below demonstrates that the numbers receiving a second contact with CYPMHS have followed a broadly linear trend since data has been collected, with a small acceleration in rate between 2017/18 and 2018/19. In 2019/20, 391,940 children had their second contact after referral with children's mental health services, a rise of 4% on 2018/19 levels. Under the NHS's calculations based on the [2017 Mental health of Children and Young People survey's](#) estimate of prevalence, this represents 34.7% of children with a diagnosable mental illness accessing treatment.

Figure 5: Trends in numbers of children with two contacts with CYPMHS, the best available proxy for children accessing treatment.



Recently, the NHS has published an [updated prevalence estimate](#) collected after the outbreak of the COVID-19 pandemic, suggesting a considerable rise in the prevalence of children with a probable mental health disorder. Under a measure based on the Strengths and Difficulties Questionnaire, this found that 1 in 6 children aged 5-16 had a probable mental health disorder, up from 1 in 9 based on the same measure in 2017. This is not directly comparable to previous prevalence estimates that used a different set of questions and it is unlikely that all of these children will need treatment from CYPMHS services. However, the SDQ has previously provided a useful proxy measure for changes in prevalence rates in previous years.

Given this likely rise in the prevalence of mental health issues amongst young people, the section below attempts to highlight when, if current trends in children accessing treatment persist, previously published milestones will be reached once changes are accounted for. These milestones are:

- > 35% of children with a diagnosable mental health condition accessing treatment - Source: Five Year Forward View. The Five Year Forward View committed the NHS to an extra 70,000 children accessing CYPMHS by 2020/21 compared to 2014/15. This was equivalent to 35% of children with a diagnosable condition under a prevalence study conducted 10 years prior to these targets being set. While not a statutory target as such, given the time lag between prevalence survey and targets being set it remains useful to examine if this milestone of 35% of children accessing treatment has been reached once changes in prevalence are taken into account.
- > An additional 345,000 children and young people aged 0-25 accessing mental health support in 2023/24 compared to 2017/18 - Source: NHS ten year plan. For consistency with available prevalence data, we estimate this is equivalent to an extra 227,700 0-17 year olds accessing support based on published proportions of 0-25 yr olds in contact with services that are aged 0-17 ([source: Mental Health Bulletin 2018-19 Annual report](#)).

Note: we have assumed below that all of these extra children will require treatment via two contacts with CYPMHS. This is the best measure available and is currently used to monitor progress as part of the Five Year Forward View. However, this may undercount those receiving therapeutic treatment/support via a single contact. Currently there are no published figures for these single contact cases so cannot be accounted for in our analysis. It also assumes that these will be children with a diagnosable condition, rather than including children with pre-clinical needs receiving support.

We also examine when the trajectory outlined in the impact assessment for the 'Transforming children and young people's mental health' Green paper. This trajectory is not a service target for CYPMHS, though it remains instructive to see the degree to which the assumptions underlying this impact assessment are affected by rises in mental health prevalence. We calculate this trajectory through the same method as used in the Green Paper with proportions accessing treatment adjusted to take into account of increases in prevalence. *Note: Our analysis is limited to proportions of those with a diagnosable MH condition receiving specialist treatment or an intervention from a MHST as no reliable measures of prevalence of children with pre-clinical needs are currently available.*

Scenarios for children accessing CYPMHS services

In the analysis below we examine 4 different scenarios for how the proportion of children with a diagnosable mental health condition accessing CAMHS treatment may change over the next 10 years. The first two scenarios both project forward a linear trend similar to previously observed trends in children accessing treatment (see figure 5 above). However, they give varying weight to more recent data points to attempt to account for data quality issues in previous years.

Scenario 1 assumes that the numbers accessing treatment will continue to rise at the same rate as the average increase between 2017/18 and 2019/20.

Scenario 2 assumes that the numbers accessing treatment will continue to increase at the average rate of increase between 2014/15 and 2019/20.

The other two scenarios attempt to account for comments received from officials at NHS England suggesting that they expect the proportions of children with a diagnosable condition accessing treatment to plateau over time. It is unclear the rate at which this plateau is likely to occur and so we present scenarios based on two different rates of deceleration.

Scenario 3 assumes that the annual increase in the numbers accessing treatment will reduce by 2.5% each year. Scenario 4 assumes that the annual increase will reduce by 5% each year. This forecasts a gradual plateau compared to the average rate of change between 2014/15 and 2019/20 in the numbers accessing treatment in future years.

Note that these scenarios are not intended to model any increase in access rates due to the roll out of MHSTs or increases in spending on CYPMHS. They are simply intended to demonstrate future trajectories if current trends in access rates continue under higher prevalence rates.

Calculating equivalent 2020 measures of mental health prevalence

We examine these scenarios under both the 2017 and recently published 2020 mental health prevalence estimates to approximate the proportion of children accessing treatment under each of the above scenarios. Examining these under both prevalence estimates are useful to reflect the uncertain impact of COVID-19 on rates of children's mental health. The 2017 estimates provide a baseline for whether these milestones will be met if there is no impact from the COVID-19 pandemic, whereas the 2020 estimates provide a higher bound set of estimates for the scenario where the higher rates found in the NHS's 2020 prevalence survey persist. We assume these prevalence rates stay constant in the same manner as the 'Transforming Children's Mental Health' Green Paper.

The current published rates of children with a diagnosable mental health condition accessing treatment are based prevalence estimates from this 2017 survey that are modified to account for the fact that CYPMHS services also serve under 5 year olds. These modified prevalence estimates are not published but it is simple to back calculate these given the published number of children accessing treatment (391,940) and the published access rate (34.7%). Based on population totals from ONS' (2018 based) population projections this suggests an NHS calculated prevalence rate of 9.4% for children aged 0-17. Calculating the equivalent prevalence measure for 2020 is more challenging as no equivalent access rates have been published so far based on these updated prevalence estimates. There is also the challenge that this 2020 survey used a different measure of prevalence than the 2017 survey based on the SDQ questionnaire rather than the more extensive question set used previously.

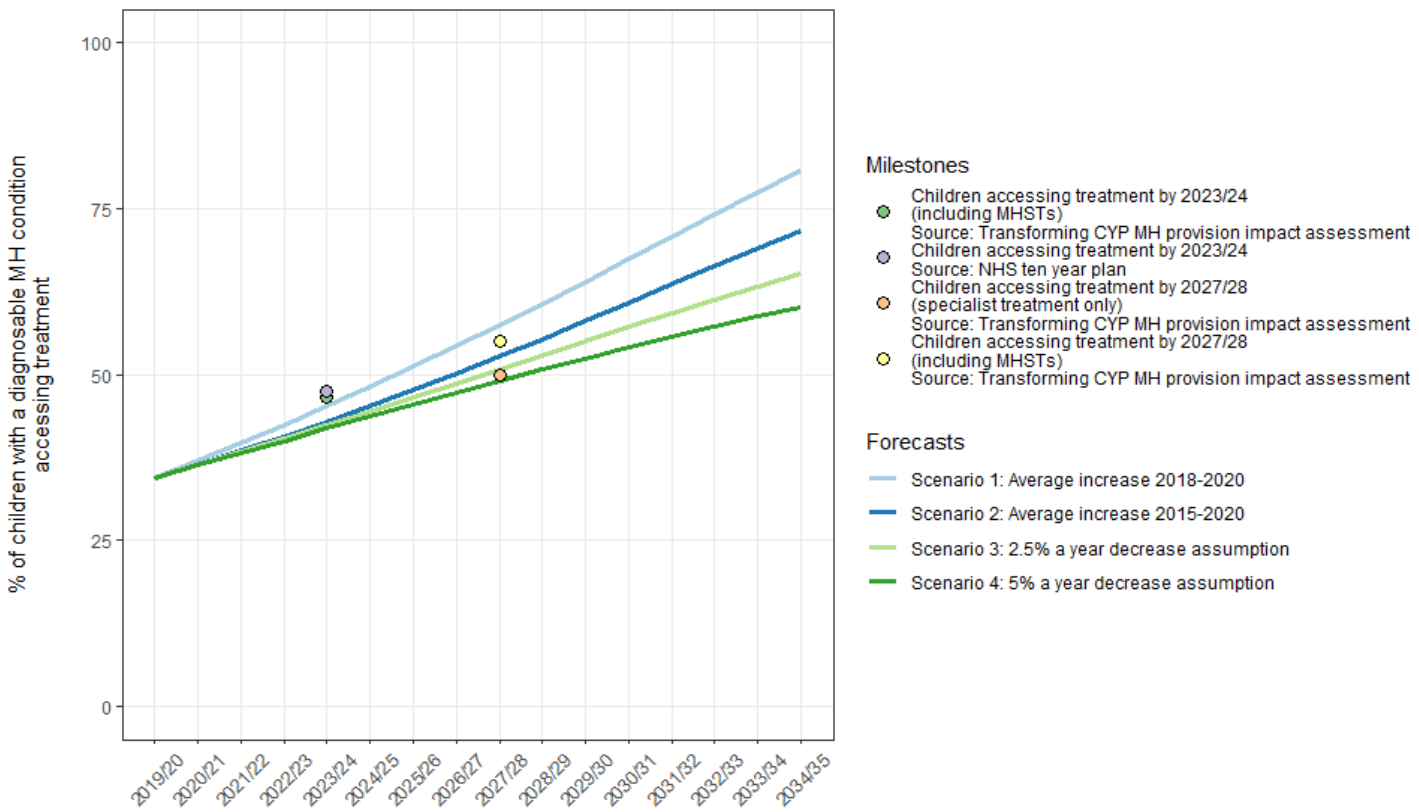
The 2020 survey presents prevalence estimates for this SDQ based measure for both 2017 (10.8%) and 2020 (16%). Therefore, to calculate a working prevalence rate for 2020, we assume that the ratio of the above NHS calculated prevalence rate and the SDQ measure in 2017 (9.4/10.8) remains constant in 2020. We then apply this ratio to the 2020 SDQ prevalence measure to estimate an equivalent working prevalence rate in 2020: $9.4/10.8 * 16 = 13.9\%$.

Forecasts under the baseline 2017 prevalence measures

Given the small increase needed to meet the 35% milestone in 2020/21, it is unsurprising that all of the four above scenarios forecast this being met under the 2017 based prevalence measures.

However, Figure 6 demonstrates that due to the reduced increase in the numbers accessing treatment in the last year, the longer term milestone in the NHS' ten year plan seems less certain even under these baseline prevalence measures. It also demonstrates that the path assumed by the green paper is also uncertain under all but the most optimistic scenarios.

Figure 6: Forecasted proportions of children with a diagnosable mental health condition accessing treatment under 4 different scenarios against key milestones assuming 2017 prevalence rates.



Under all four scenarios the key milestone set out in the long term plan will be reached after 2023/24. Under our most optimistic scenario this would be achieved in 2024/25 (Table 13).

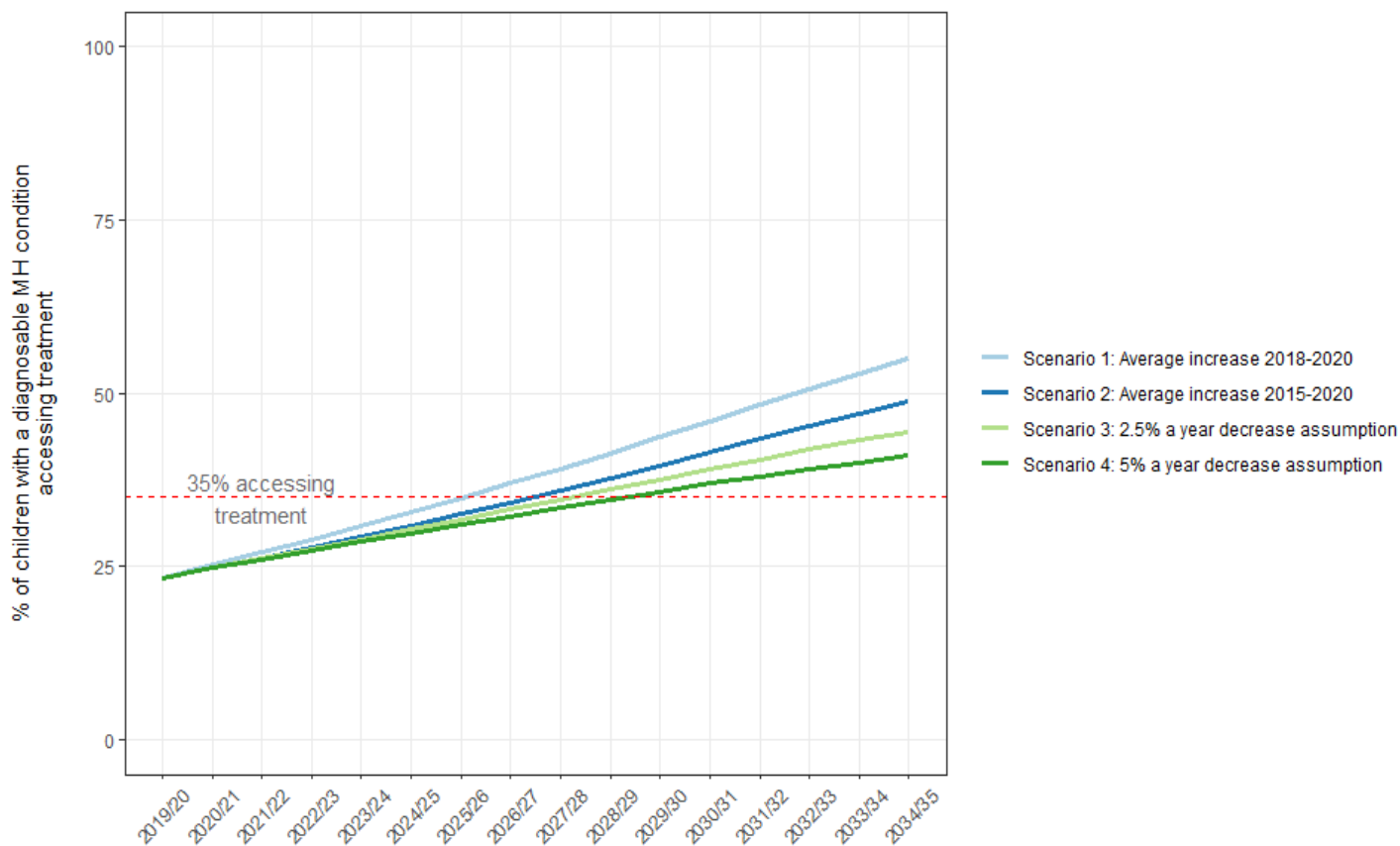
Table 13: Earliest year by which key milestones would be reached, under each scenario considered (assuming 2017 prevalence rates)

Forecast assumption	Children accessing treatment by 2023/24 (including MHSTs) Source: Transforming CYP MH provision impact assessment	Children accessing treatment by 2023/24 Source: NHS ten-year plan	Children accessing treatment by 2027/28 (including MHSTs) Source: Transforming CYP MH provision impact assessment	Children accessing treatment by 2027/28 (specialist treatment only) Source: Transforming CYP MH provision impact assessment
Scenario 1: Average increase 2018-2020	2024/25	2024/25	2027/28	2025/26
Scenario 2: Average increase 2015-2020	2025/26	2025/26	2028/29	2026/27
Scenario 3: 2.5% a year decrease assumption	2026/27	2026/27	2030/31	2027/28
Scenario 4: 5% a year decrease assumption	2026/27	2027/28	2031/32	2028/29

Forecasts under 2020 prevalence estimates

Under the most optimistic of these scenarios considered, 35% of children will access treatment by 2026/27, under the most pessimistic this will be reached by 2028/29.

Figure 7: Forecasted proportions of children with a diagnosable mental health condition accessing treatment under 4 different scenarios assuming 2020 prevalence rates.



Furthermore Figure 8 below demonstrates that under all 4 scenarios other key milestones will also be reached much later under the updated 2020 prevalence estimates.

Figure 8: Forecasted proportions of children with a diagnosable mental health condition accessing treatment under 4 different scenarios against key milestones assuming 2020 prevalence rates.

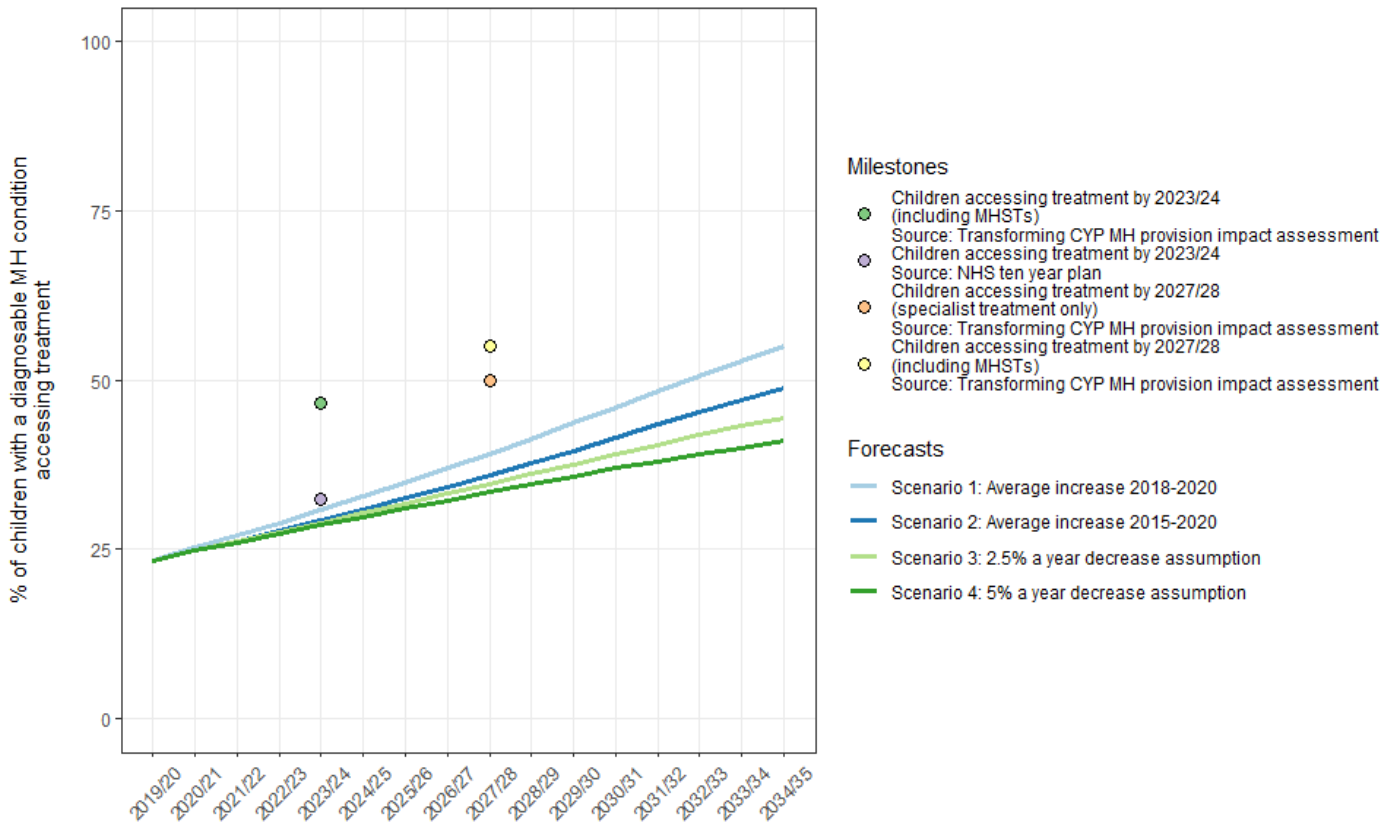


Table 14 demonstrates when each milestone will be met under each scenario (if the 2020 prevalence rates persist). As stated above these are likely upper bound estimates but illustrate that unless prevalence rates experience a sustained rise, these milestones may not be reached until considerably later.

Table 14: Earliest year by which key milestones would be reached, under each scenario considered (assuming 2020 prevalence rates)

Forecast assumption	35% of children with MH condition accessing treatment	Children accessing treatment by 2023/24 (including MHSTs) Source: Transforming CYP MH provision impact assessment	Children accessing treatment by 2023/24 Source: NHS ten-year plan	Children accessing treatment by 2027/28 (including MHSTs) Source: Transforming CYP MH provision impact assessment	Children accessing treatment by 2027/28 (specialist treatment only) Source: Transforming CYP MH provision impact assessment
Scenario 1: Average increase 2018-2020	2026/27	2031/32	2024/25	2035/36	2032/33
Scenario 2: Average increase 2015-2020	2027/28	2033/34	2025/26	2038/39	2035/36
Scenario 3: 2.5% a year decrease assumption	2028/29	2036/37	2026/27	2049/50	2040/41
Scenario 4: 5% a year decrease assumption	2029/30	2053/54	2027/28	Not reached	2070/71

Appendices

Appendix A - Eating disorder service performance

Waiting times for those accessing the eating disorder service have improved slightly in nonurgent cases. In Q4 2019/20, 84.4% of children referred to eating disorder services were seen within 4 weeks versus 82.4% in 2018/19. Regarding children that are given an 'urgent referral', 80.5% are seen within one week compared to 80.6% last year – roughly the same as last year.

Spending on the eating disorder service has decreased in both cash and real terms. More specifically, spend on eating disorder services accounted for £50 million in 2019/20 compared to £50.6 million in 2018/19 – a decrease of 1.2% in cash terms and 3.5 % in real terms²¹.

Appendix B – CCG Mergers since 2017/18²²

2019 – 2 mergers

NHS Erewash CCG, NHS Hardwick CCG, NHS North Derbyshire CCG and NHS Southern Derbyshire CCG – to form NHS Derby and Derbyshire CCG

NHS Northern, Eastern and Western Devon CCG and South Devon and Torbay CCG – to form NHS Devon CCG

2018 – 6 mergers

NHS Newbury and District, NHS North and West Reading, NHS South Reading and NHS Wokingham CCGs – to form NHS Berkshire West CCG

NHS Birmingham South Central, NHS Birmingham Cross City and NHS Solihull CCGs – to form NHS Birmingham and Solihull CCG

NHS Bristol, NHS North Somerset, and NHS South Gloucestershire CCGs – to form NHS Bristol, North Somerset and South Gloucestershire CCG

NHS Aylesbury Vale and NHS Chiltern CCGs to form NHS Buckinghamshire CCG

NHS Bracknell and Ascot, NHS Slough and NHS Windsor, Ascot and Maidenhead CCGs – to form NHS East Berkshire CCG

NHS Leeds North, NHS Leeds South and East and NHS Leeds West CCGs – to form NHS Leeds CCG

²¹ Concerns have been raised about data quality issues regarding eating disorder treatment services figures. The NHS notes that overall spending across CYP and CYP eating disorder services has increased by more than their combined budget increases.

²² More information on mergers [here](#).



Children's Commissioner for England
Sanctuary Buildings
20 Great Smith Street
London
SW1P 3BT

Tel: 020 7783 8330
Email: info.request@childrenscommissioner.gov.uk
Visit: www.childrenscommissioner.gov.uk
Twitter: @ChildrensComm