



The state of children's mental health services 2019/20

January 2021

Contents

Foreword from Children’s Commissioner, Anne Longfield	2
Introduction	4
Covid and children’s mental health	6
Children’s mental health services in 2019/20.....	9
Recommendations	11
Annex 1 – The highest and lowest performing areas in England for children’s mental health	13

Author

Martin Lennon

Contact: martin.lennon@childrenscommissioner.gov.uk

Foreword from Children's Commissioner, Anne Longfield

This is my fourth annual report on the state of children's mental health services in England, and my last as Children's Commissioner. I started this series of briefings because of the torrent of stories I was hearing from children about needing mental health services that weren't there for them. I wanted to examine the data behind these stories, and hold Government to account on its promises of change.

Six years since I took up the role of Children's Commissioner, I still hear from children about unacceptable experiences with mental health care.

This year I want to take a step back and reflect on two things: progress against plans to improve access to care, and the impact of the pandemic.

Firstly, I want to take stock of what progress had been made over the past five years, a time during which we've had an unprecedented number of Government initiatives, a Green Paper, a White Paper and other commitments on children's mental health. If we look solely at how services have expanded, we can see a significant improvement from a very poor starting position. However, if we look at this in terms of the underlying needs of children, the improvements seem far more modest. The sad truth is that, in spite of progress, services are still nowhere near meeting the level of need and hundreds of thousands of children are being left without help as a result. Some notable exceptions are the local areas which have improved services above and beyond what central Government has expected of them.

Secondly, this briefing looks at the impact of Covid, which has turned the lives of children upside down and placed the NHS under unimaginable strain. Children have had major disruption to two years of education, and have had extremely limited opportunities to see friends and wider families, to play and enjoy activities. More than this, many will have been very worried about the impact of Covid on their families. Taken together, this cocktail of risks and stresses appears to have taken a very heavy toll on some children. A large-scale study, undertaken by the NHS in July 2020, found that clinically significant mental health conditions amongst children had risen by 50% compared to three years earlier. A staggering 1 in 6 children now have a probable mental health condition. We do not know how far this spike will have long term consequences on children's mental health, nor do we know the impact of further lockdowns, but it is highly likely that the level of underlying mental health problems will remain significantly higher as a result of the pandemic. The data I am publishing today covers the period up to end of March 2020, so largely pre-Covid, but what it shows is a system without the necessary capacity or flexibility to respond to such seismic events in the lives of children.

Once we move past the current crisis, we will need to review the NHS's funding and capacity. This will provide an opportunity to look again at children's mental health services and my fervent hope is that Government will significantly upscale its ambition to deliver a wholesale change in the way we provide children's mental health services. The work that has been undertaken over the past five years paves the way for this. In particular, the creation of Mental Health Support Teams (MHSTs), which provide a model of integrated mental health care across schools and the NHS, should allow children to access a graduated range of support. A positive development from the Covid-19 crisis is that it has shown that some of this can be provided digitally.

The Government's current plan – to roll out NHS-led counselling in schools to 20-25% of areas by 2023 –



was never ambitious enough. This was my response to the original Green Paper, and a view shared by the joint inquiry of the Education and Health Select Committees. At the time I called for more collaboration with existing voluntary sector provision to help roll this out faster. This would have provided greater capacity and flexibility – something which has been needed more this year than ever. It is vital that these counselling services are available for every school as quickly as possible. When we see what the NHS has achieved within the last year, it shows what can be done with the right level of ambition and determination. It should not have to take another decade to create a decent mental health service for all children.

A handwritten signature in black ink, appearing to read "Anne Longfield". The signature is fluid and cursive, with a horizontal line underneath it.

Anne Longfield OBE
Children's Commissioner for England

Introduction

Mental health remains the biggest issue raised by children with the Children's Commissioner¹. Children are concerned about their own mental health, the mental health of their friends and problems accessing treatment:

*"Young people and children are suffering a lot more than people think they are. In my opinion, **people underestimate how much young people and children are affected by these current circumstances.**"* Boy, 16, online consultation response

*"I've been on a counselling waiting list for ages. I know it's hard times for everyone but if there was more counselling I think people would be happier. **[I was] referred to CAMHS like 10 months ago by the Doctor.**"* Tim, 15, Merseyside

*"My mum tried, but it took so, so, long to get me on there [...] **about 2 years, pretty long.**"* Jonny, 13, Merseyside

*"The waiting times aren't great. Even if a child does feel comfortable talking to an adult, **they have to wait 6 to 8 weeks before they can receive any actual help.** Yeah, they can keep talking but sometimes they need to speak to a professional or use the CAMHS service." Scarlett, 16, North East*

*"**Mental health support in schools needs to improve quite a lot.** We don't have a counsellor at all, just a nurse every two weeks [...] Everyone is on edge and I think people would benefit a lot more from talking about it." Kim, 16, South Yorkshire*

This year there has been a particularly pronounced concern about the impact of Covid and lockdown, which we cover in more detail below:

*"**Lockdown has not helped with my mental health, it's emotionally draining, like I'm always tired and I've got a constant headache.** I don't talk to anyone about my mental health and I struggle to open up about it." Lucas, 17, South West*

The tragedy of this is that when children can access treatment, they generally report to the Children's Commissioner that it has helped. Consistently, children have been particularly positive when they can access the treatment in and around their school, or through a quick referral to mental health services, and others were vocal when they felt such support was lacking:

*"I'm lucky because my school has really good pastoral care and there's always people there, but I have a couple of friends who go to another school where it's completely different. There are pastoral teachers who are maybe not as good. [...] **maybe they are underfunded which is why they don't have the best service, so looking into the reasons why it's not good.**"* Scarlett, 17, North East

***We have good support at my new college.** [...] They have provisions in place, certain mental health provisions, counsellors there on hand if you felt like you were struggling and wanted to talk to someone and one to one support tutors. So if there was something you needed to speak about you could go to them. [...] It's an open friendly space so you don't have to*

¹ In the Commissioner's annual consultation with children conducted under Section 2B of the Children Act 2004.

feel alone." Ethan, 16, South Yorkshire

Children's mental health care has historically been a 'Cinderella service' within the NHS, with high numbers of children not accepted into treatment and long waits for those who can get on the waiting list. In recent years, however, there has been broad consensus that this is unacceptable and has to change. The previous Health Secretary² and the current NHS England Chief Executive³ have both identified children's mental health as the area with the biggest gap between what patients need and what the NHS was providing. Successive Prime Ministers and Health Secretaries have committed to improving it. In the past five years we have had three major Government initiatives on children's mental health:

- > Future in Mind, 'Improving mental health services for young people', 2015⁴. This White Paper included clear commitments for the period 2015-2020, and led to the creation of the 'Five Year Forward View' on mental health, which included a commitment to treat an additional 70,000 children a year a dashboard showing progress on mental health services.
- > 'Transforming children and young people's mental health provision: a Green Paper', 2017. Included further commitments on expanding NHS funded mental health services for children, introduced new 'Mental Health Support Teams' to work with schools to provide treatment and introduced pilots for 4-week waiting times⁵. Alongside this, there was funding for schools to improve teacher training and the introduction of a designated mental health lead in every school.
- > The NHS Long-Term Plan, 2019. This included new commitments to continue the expansion of NHS services for children, with specific targets up to 2023, and a broader ambition to meet the needs of all children who require NHS support by 2028.

The Children's Commissioner's annual series of Mental Health briefings, which began in 2017, examines the data on NHS children's mental health services to see what progress is being made towards a genuine transformation of children's mental health. In particular, it seeks to assess progress towards bridging the gap between current levels of service provision and what children need from the NHS.

² <https://www.hsj.co.uk/sectors/mental-health/hunt-vows-to-act-on-nhss-biggest-area-of-weakness/7011628.article?blocktitle=&contentID=>

³ In evidence to the Public Accounts Committee, Sir Simon Stevens said "I think unmet need for children's mental health services is greater than unmet need in adults' mental health services, and unmet need in mental health services in the round is definitely greater than in physical health services." <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/public-accounts-committee/mental-health-services-for-children-and-young-people/oral/92201.pdf>

⁴ [Improving mental health services for young people - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/424242/Improving_mental_health_services_for_young_people.pdf)

⁵ [Transforming children and young people's mental health provision: a green paper - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/424242/Transforming_children_and_young_people_s_mental_health_provision_a_green_paper.pdf)

Covid and children's mental health

The substantive data on which this briefing is based covers the period March 2019-March 2020. It is, therefore, examining services provided in the period pre-Covid. However, there is now very strong evidence that Covid has had a big impact on children's mental health and we are just beginning to get the first data on how NHS services have responded.

It is not necessarily all negative. Some children, particularly those in families who were not impacted directly by the crisis, have enjoyed more time at home together; other children find school a source of anxiety, and this was eased when they were learning at home. This could lead to a reduction in low-level stress and anxieties. Last year we found a drop in the number of children reporting that they felt stressed 'some of the time', from 47% to 34% between March and June – while the proportion of children feeling 'rarely or 'never' stressed rose from 23% to 42%. But there was little change in the proportion of children who reported that they felt stressed most days or every day.⁶

However, Covid-19 seems to have had a significantly detrimental impact on some children's mental health. In July, a large-scale survey commissioned by the NHS Digital found that the prevalence of clinically significant mental health conditions amongst children was 50% higher than in the previous large-scale clinical survey, conducted three years earlier⁷. We cannot say how much of this rise has occurred over the past three years, and how much was a direct result of the pandemic. But mental health conditions in children had risen very gradually over the previous 15 years, which strongly implies this significant and rapid rise was the result of the pandemic.

"Over lockdown, I feel like I've changed, I feel like a different person. Everything has changed." Ella, 11, Merseyside

"My sleeping pattern since lockdown has been off – didn't go to sleep until 3am this morning and I had college at 9 am, that's not really helped. It's all different, I don't like change." Shannon, 17, South West

"Family - Haven't seen my Mum and sister since last year, Covid hasn't helped this and meant that we can't go out for day trips. Covid [is] stressful, everyone is worried about it which is stressing me out." Boy, 17, online consultation response

The headline finding from the 2020 survey is that *"one in six children (16%) of children aged 5 to 16 were identified as having a probable mental health disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls"*⁸. This increase is significant, and is likely to have serious implications for children now and for their long-term prospects. However, while NHS Digital describes this survey as showing that *"The proportion of children experiencing a probable mental disorder has increased over the past three years, from one in nine in 2017 to one in six,"*⁹ we need to treat this finding with caution, as the survey was undertaken during the pandemic. We do not know how much of this increase was due to the stress of lockdown for children, or what has happened to children since. It is vital the NHS continue to monitor children's mental health, because if the increase in need is sustained, it will have big implications for targets to increase access to NHS services, plans for

⁶ <https://www.childrenscommissioner.gov.uk/report/stress-among-children-in-england-during-the-coronavirus-lockdown/>

⁷ [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital](#)

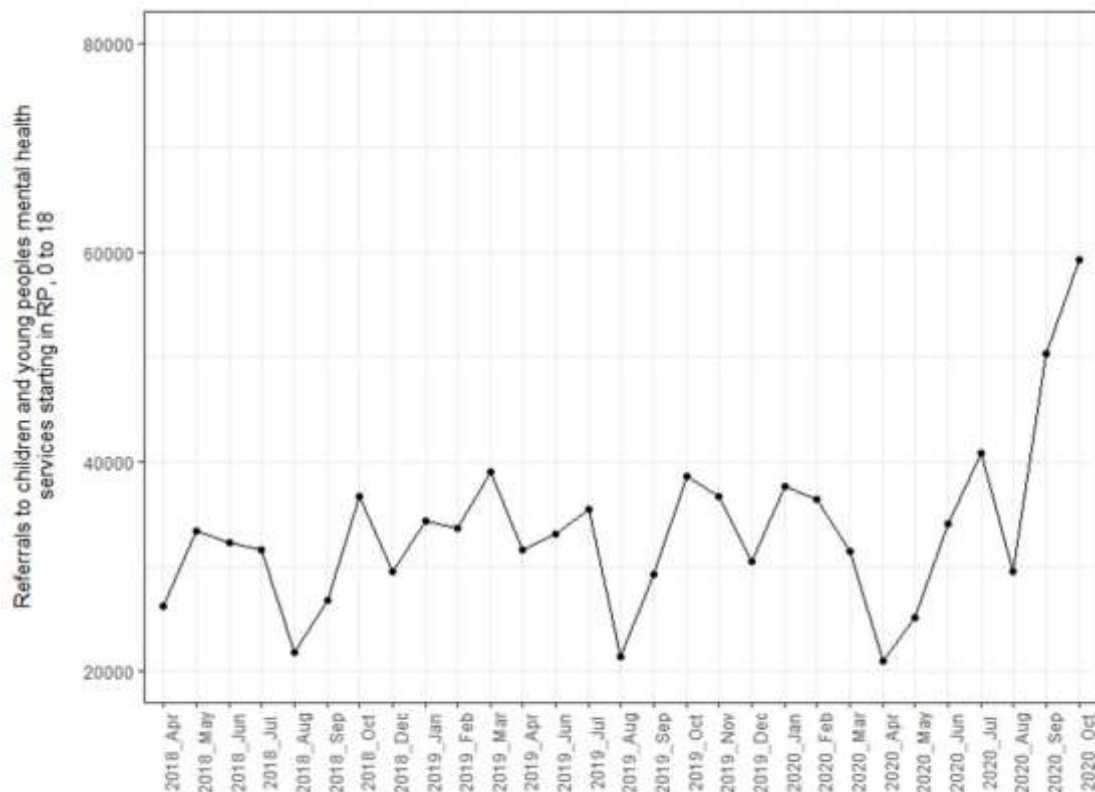
⁸ As above

⁹ As above

which were premised¹⁰ on previous prevalence estimates. In short, it means that the gap between children’s needs and the services available, which was already considerable¹¹, is likely to have grown much greater.

We only have very early signs of how NHS services have responded to Covid-19. The data needs to be treated with extreme caution because mental health service data tends to fluctuate during the year anyway. However, early data¹² suggests that referrals to mental health services dipped early on in lockdown, but subsequently soared in early Autumn 2020. In April referrals were 34% lower than in the same month in 2019. In September they were 72% higher than in September 2019.

Figure 1: Monthly referrals to children and young people’s mental health services in England



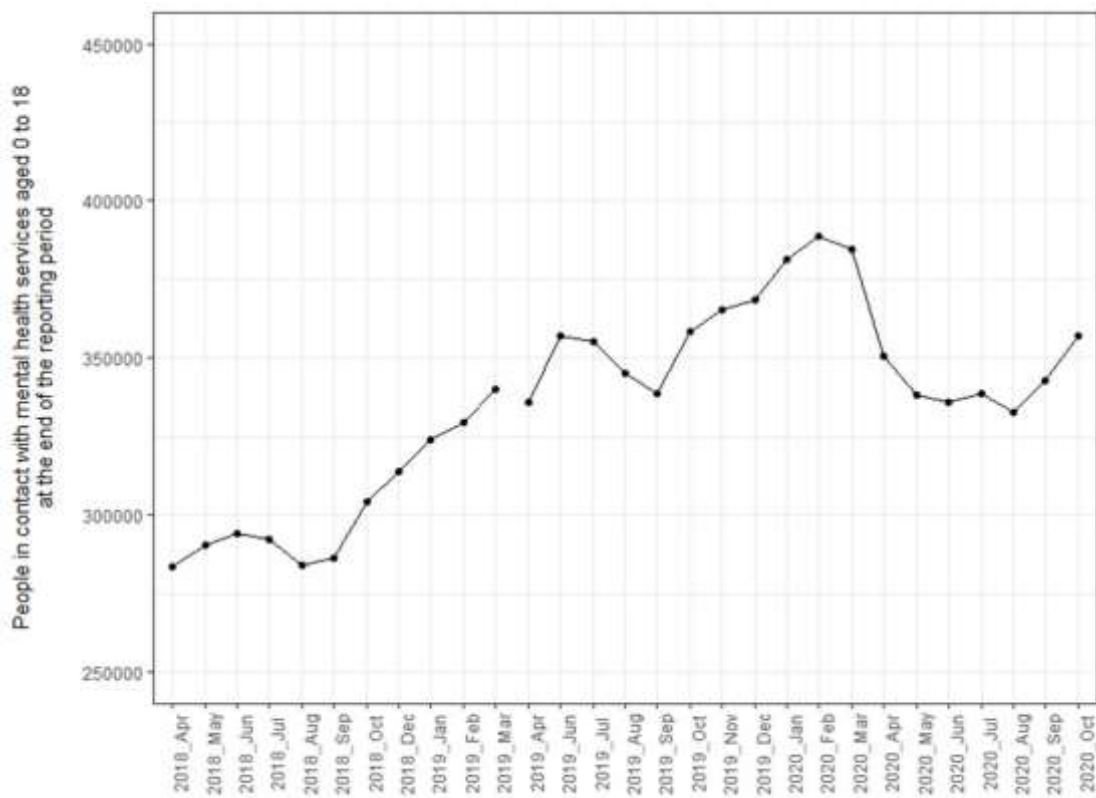
Similarly, the number of children in contact with services fell during lockdown and has only recovered partially since. Given the pressure on the NHS during this time, this recovery is very positive. However, it still means that while referrals to services have rapidly risen above pre-crisis levels, the number of children accessing treatment has not. It is important to note, however, as the graph below shows, that the numbers entering treatment fluctuates over the year, so it is too early to draw definite conclusions.

¹⁰ For example, the Five Year Forward view had a target to increase treatment provision by 70,000 per annum, which would have meant that 1 in 3 children with a mental health condition was accessing services.

¹¹ See Children’s Commissioner 2017, 2018, 2019, Care Quality Commission 2018 and National Audit Office 2018.

¹² Source is: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics>

Figure 2: Monthly number in contact with children and young people’s mental health services in England



Children's mental health services in 2019/20

The substantive findings for this report are based on detailed examination of the data on children's mental health for 2019/2020. The full details of this analysis are available in the accompanying technical paper. Here are our top findings:

1. Access to children's mental health services is still not adequate

4% of children accessed mental health services last year in 2019/20. This is equivalent to about 1 in 3 children who needed mental health services (based on 2017 estimates of need); or 1 in 4, based on 2020 estimates of need mentioned above. In 2017 the Government's Green Paper on children's mental health set out an ambition for a 4-week waiting target, to be first trailed through pilots. Last year just 20% of children referred to services started treatment within 4 weeks.

2. Access is improving, but not as quickly as we would expect. NHS England will need to increase the pace at which services expand to meet the commitments in the NHS Long-Term Plan

The number and rate of children referred to NHS mental health services has continued to increase. In 2019/20, 538,564 children were referred for help, an increase of 35% on 2018/19, and nearly 60% on 2017/18. The numbers getting treatment are also increasing but at a much slower rate. In 2019/20, 391,940 children received treatment. This number is up only 4% on the previous year.

This small increase in rates of access in the past year is both surprising and concerning. NHS England have consistently cited workforce capacity as the greatest challenge to improving access to services. To remedy this, more training programmes are meant to be coming on stream. This should enable the rate at which services are expanding to increase, as happened with the adult IAPTS mental health programme. Given this, we would have expected a faster expansion of NHS services over the last year.

For NHS England to meet its target in the NHS Long-Term Plan to expand provision by 340,000 children (aged 0-25) a year by 2023/24 it will need to increase the rate at which services expand.

3. Spending on children's mental health is slowly increasing but highly variable and still inadequate

The biggest constraint on improvements appears to be spending decisions made locally and nationally. On average, local CCG areas spend less than 1% of their overall budget on children's mental health and 14 times more on adult mental health services than on services for children. However, some local areas are spending considerably more, and have, accordingly much better mental health services (see below).

4. The postcode lottery remains

We look at four measures within this briefing, and for all of them there are enormous levels of variation.

- > **Spend** – 8 local areas spend less than £40 per child on mental health services, while 21 areas now spend more than £100 per child.

- > **Waiting Times** – 30 local areas now have average waiting times of less than 30 days, while 34 local areas have average waiting times of more than 60 days. Overall, average waits across England range from 8 days to 82 days¹³.
- > **Percentage of Children Accessing Treatment** – the 2017 survey of children’s mental health found that 10.8% of children are likely to have a clinically diagnosable condition. The current NHS aim is to treat *a third* of these children. 53 local areas have gone beyond this and are now treating *half* of children likely to have a clinically significant condition. Yet 17 areas are still failing to reach the NHS expectation of treating a third of children.
- > **Percentage of children whose referrals are closed before they access treatment.** One of the major problems children report to the Children’s Commissioner is being ‘turned away’ from mental health services without getting treatment. This can be a referral closed without any treatment, or an initial session which does not go on to full treatment.

The ‘Thrive’ model on which NHS children’s mental health services are based define one session of help as ‘Coping’ (which is a general level of service for children without significant issues) and then multiple sessions as ‘getting help’ for children with more significant needs. Accordingly, the NHS consider a child to be receiving ‘support’ if they have two or more sessions. This is the measure we assess.

Based on this measure there is huge variation in how many children referred to services go on to get support¹⁴. Nine areas now close fewer than 10% of cases before treatment commences. Yet disappointingly, 70 local areas close 30% or more of their cases before children access support (as NHS England define it); in Herefordshire, this rises to 48% of cases.

See Annex 1 – for an overview of the best and worst performing areas in England for children’s mental health.

¹³ This is for children to access ‘support’, for which we use NHS England’s definition of receiving two contacts.

¹⁴ The NHS Mental Health Dashboard deems a child to be accessing mental health support if they attend two sessions of NHS-funded community support. For some children with lower-level needs one session may be helpful, often this might be a school-based session. NHS services use the ‘Thrive’ clinical model of organising services whereby one session is deemed to be helping children cope, and multiple sessions are deemed as ‘getting help’. [Thrive.pdf \(implementingthrive.org\)](https://www.thrive.org.uk/implementation/thrive.pdf) This briefing is looking at children who are deemed to be ‘getting help’ and ‘getting more help’ under the Thrive model.

Recommendations

The Government must acknowledge that the provision of children's mental health services is still nowhere near sufficient to meet children's needs, and ensure that they go beyond existing commitments with ambitious new targets to increase access to care.

This means raising the level of ambition, nationally, to match the best areas and hold local areas to account:

There are a small number of areas in England which are delivering services far beyond what NHS England and the Government expects them to provide. These areas should show where the benchmark should be set nationally. Other areas are lagging far behind, and some of these have done so repeatedly. Each year this briefing has highlighted areas which have failed to meet the most basic expectations NHS England sets for children's mental health service. The CCGs that have consistently deprioritised children's mental health, ignored the needs of children and failed to meet the expectations of NHS England should face consequences.

The aspiration in the NHS 10 year plan to provide support to all children who need specialist care by 2028 is very important. This ambition now needs a clear delivery plan to ensure this target is met. This will only be achieved if the system of support on offer is broadened out to include support in schools, online and from the voluntary sector

This briefing shows that even before the pandemic, services were not able to meet the level of need, so had no capacity to deal with the unprecedented surge in mental health problems amongst children we have seen since. Improving NHS specialist services is only part of the answer. We also need a broader system response to children's mental health, incorporating schools and the voluntary sector.

Fortunately, this is exactly the approach the Government designed through the Green Paper on children's mental health. The central part of the Green Paper was the implementation of 'Mental Health Support Teams' (MHSTs) to facilitate joint working between schools and the NHS, with graduated levels of support available across schools and specialist services. This is exactly what children have consistently told us they want (see quotes above) and creates an inherently more flexible system which can respond to the changing needs of children.

However, the Government committed to reaching just 20% of areas (with a maximum of 25%) within five years. There are as yet no definite plans to roll-out the MHSTs to the other 75%-80% of the country.

The Children's Commissioner is calling on the Government to:

- > **Commit to the implementation of MHSTs in every region of England. These should start now as they will take some time to fully develop.**
- > **In doing this we would like to see the Government ensure a greater role for the voluntary sector within MHSTs to better incorporate existing charities and enable faster roll-out.**

As part of this, the NHS should expand the data it collects on service provision and access, to include those who access 'support' rather than 'treatment' and how many children are accessing support through MHSTs rather than traditional services.

The pandemic has shown that many (but not all) children respond well to digital counselling, delivered both through video and chat functions. This has recently been confirmed by a study from the Anna Freud Centre¹⁵. There are a number of excellent, and well-evaluated, digital platforms for children’s mental health – most of which offer a progressive set of options for children to seek information and then support along the THRIVE model¹⁶. Many of these are best deployed when used in schools, and include numerous tools that help with a whole-school approach. There are also clear examples of this being rolled-out on a larger scale. The Wolverhampton Headstart programme used specialist software to support a city-wide roll-out of a digital platform to be utilised in schools and by children themselves, with clear success¹⁷. While there are several well-established providers in this area, most notably Kooth¹⁸, the proliferation of providers in recent years means more rapid upscaling is now possible. Unfortunately, children’s access to digital support is another lottery, depending on what is commissioned by individual schools and local areas. Providing digital mental health support, accessible at home but ideally provided through schools, is probably the quickest way to expand mental health provision in England, and possibly the cheapest. This would mean more children could be reached, and would relieve pressure on existing NHS services. The Children’s Commissioner urges the Government to do this now.

¹⁵ <https://doi.org/10.1002/capr.12363>

¹⁶ [THRIVE Framework for system change | i-THRIVE \(implementingthrive.org\)](https://www.implementingthrive.org/)

¹⁷ [An Evaluation of HeadStart Wolverhampton – Education Observatory](#)

¹⁸ [Home - Kooth](#)

Annex 1 – The highest and lowest performing areas in England for children’s mental health

We compare local areas based on the following five metrics: (i) the percentage of their overall budget committed to children’s mental health; (ii) their spend per child on children’s mental health services; (iii) their proportion of children locally accessing services; (iv) waiting times for these services; (v) their number of referrals closed before treatment.

For each measure, we compare areas against other areas, and give them a score of 1-5 for each metric depending on their relative ranking in England. A score of 1 means an area is in the bottom 20% nationally while a score of 5 means that an area is in the top 20% nationally. We then add up these scores to give a total which ranges from 5 to 25. An area with a total score of 25 is in the top 20% of areas nationally on each of our five measures. This year only one area gets a perfect score – NHS South Tees CCG. South Tees has consistently been one of the highest scoring CCGs since we began this briefing series.

Unfortunately, we also have some areas who score very poorly across all our measures. Greater Preston, for example, scores 6, which means it is in the bottom 20% of areas in four out of five indicators. Overall, when we compare the best performing areas to the worst performing ones, the former are years ahead in improving children’s mental health.

For full details on the measures and the sources please see the full technical report.

Table 1. CCGs with the highest performance on mental health service spending and waiting times for children in England for 2019/20.

Clinical Commissioning Group (CCG)	% CCG budget spent on children's mental services	2019/20 spend per child on children's mental services	% of children (under 18) receiving CAMHS treatment during 2019/20	Average Waiting Time for People with Two Contacts (Days)	% Referrals Closed Before Treatment	CCG overall score (Min: 5 Max: 25)
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
NHS Isle of Wight CCG	1.38%	£129	4.7%	45	13%	21
NHS Luton CCG	1.34%	£71	4.5%	36	17%	21
NHS North Durham CCG	0.87%	£73	6.9%	35	19%	21
NHS South Tyneside CCG	1.33%	£120	7.8%	75	18%	21
NHS Swale CCG	1.30%	£75	5.4%	33	26%	21
NHS Thanet CCG	1.11%	£88	7.4%	24	31%	21
NHS Camden CCG	1.67%	£128	3.5%	40	16%	20
NHS Great Yarmouth and Waveney CCG	2.17%	£181	5.9%	38	42%	20
NHS Hambleton, Richmondshire and Whitby CCG	1.21%	£93	3.9%	35	20%	20
NHS Lambeth CCG	1.15%	£97	2.9%	31	4%	20

Table 2. CCGs with the lowest performance on mental health service spending and waiting times for children in England for 2019/20.

Clinical Commissioning Group (CCG)	% CCG budget spent on children's mental services	2019/20 spend per child on children's mental services	% of children (under 18) receiving CAMHS treatment during 2019/20	Average Waiting Time for People with Two Contacts (Days)	% Referrals Closed Before Treatment	CCG overall score (Min: 5 Max: 25)
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
NHS Newark and Sherwood CCG	0.58%	£46	3.7%	45	32%	9
NHS Nottingham North and East CCG	0.81%	£49	3.6%	51	32%	9
NHS Surrey Downs CCG	0.74%	£45	4.4%	62	24%	9
NHS Cambridgeshire and Peterborough CCG	0.86%	£49	4.7%	43	38%	10
NHS Castle Point and Rochford CCG	0.62%	£46	3.7%	26	45%	10
NHS Coastal West Sussex CCG	0.71%	£57	3.8%	56	28%	10
NHS Dorset CCG	0.77%	£61	3.4%	47	31%	10
NHS East Riding of Yorkshire CCG	0.76%	£56	4.1%	45	37%	10
NHS Gloucestershire CCG	0.79%	£51	4.1%	56	38%	10
NHS Harrow CCG	0.86%	£46	2.9%	51	22%	10



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