

The performance of the NHS in England in transforming children's mental health services

Emily Frith

March 2017

EDUCATION
POLICY
INSTITUTE

Research area:
Children and
Young People's
Mental Health



About the author

Emily Frith, Director of Mental Health. Emily is the author of three reports from the Education Policy Institute's Independent Commission on Children and Young People's Mental Health: *Children and Young People's Mental Health: State of the Nation*; *Progress and challenges in the transformation of children and young people's mental health care*; and most recently, *Children and Young People's Mental Health: Time to Deliver*. Prior to working for the Education Policy Institute, Emily was Special Adviser to the Deputy Prime Minister. Emily has also worked for the Prison Reform Trust, literacy charity the Driver Youth Trust, and Turning Point, the social care organisation.

Acknowledgements

The author would like to thank David Laws and Natalie Perera for their editorial advice, Latisha Gordon for her help with data analysis and Jon Andrews, Becky Johnes and Russell Eagling for their support on quality assurance and final drafting.

This report uses data from the NHS England Mental Health Five Year Forward View Dashboard v1.1, published 30 January 2017 and v1.0, published 27 October 2016. Please note that maps within this publication contain National Statistics data © Crown copyright and database right 2016. Contains OS data © Crown copyright and database right 2016.

About the Education Policy Institute

The Education Policy Institute is an independent, impartial and evidence-based research institute that aims to promote high quality education outcomes, regardless of social background.

Education can have a transformational effect on the lives of young people. Through our research, we provide insights, commentary and critiques about education policy in England - shedding light on what is working and where further progress needs to be made. Our research and analysis spans a young person's journey from the early years through to higher education and entry to the labour market. Because good mental health is vital to learning, we also have a dedicated mental health team which will consider the challenges, interventions and opportunities for supporting young people's wellbeing.

Our core research areas include:

- Accountability and Inspection
- Benchmarking English Education
- Curriculum and Qualifications
- Disadvantaged, SEND, and Vulnerable Children
- Early Years Development
- School Funding
- School Performance and Leadership
- Teacher Supply and Quality
- Children and Young People's Mental Health
- Education for Offenders

Our experienced and dedicated team works closely with academics, think tanks, and other research foundations and charities to shape the policy agenda.

Contents

- Foreword..... 3
- Executive summary 4
 - Key findings 4
 - Implications for policy..... 6
- Introduction 7
- Part 1: Clinical Commissioning Group performance on children’s mental health 8
- Part 2: Increasing access to child and adolescent mental health services..... 14
- Part 3: Inpatient care 15
- Part 4: Performance on children’s mental health crisis care 18
- Part 5: Funding for child and adolescent mental health care 21
- Part 6: Planned spending on eating disorder services 23
- Conclusion..... 25

Foreword

One of the biggest problems facing the children and young people's mental health care sector is the lack of robust data on critical issues such as funding, access to services, and waiting times. This lack of information across the system has hampered politicians and NHS leaders in their ambition to increase access to services and improve standards. It has also limited both public understanding of trends and the quality of public debate.

In order to address this problem, NHS England has published a 'Dashboard' to act as a barometer of performance in implementing their mental health strategy, the *Five Year Forward View for Mental Health*. In this report, the Education Policy Institute has analysed the Dashboard and identified early indications of progress and challenges in the transformation of children and young people's mental health care in this country.

Our analysis shows wide variation in performance across the country. There is much more to do, both to improve the quality of data and to deliver the children's mental health services to which the country aspires.

A handwritten signature in purple ink, appearing to read 'David Laws'.

Rt Hon. David Laws

Executive Chairman,

Education Policy Institute

Executive summary

This report analyses data from NHS England's new Mental Health Five Year Forward View Dashboard. The Dashboard, the second quarter of which was published in February 2017, is intended to act as a barometer to measure progress on improving children and young people's mental health across a range of indicators. The indicators have been chosen to reflect Government priorities identified in national policy strategies such as *Future in Mind*.¹

Key findings

Overall performance on improving children's mental health care

NHS England has measured overall local performance in improving child and adolescent mental health services based on a self-assessment framework completed by Clinical Commissioning Groups (CCGs, the organisations which plan and purchase local NHS services). The framework included a range of questions about performance, including whether the local NHS had increased its funding for children's mental health in line with expectations and whether there are clear plans in place to improve services. Data on the individual questions were aggregated into an overall score and have not been published separately. In our view this is unsatisfactory; disaggregated data should be provided.

- **Almost three quarters (73.2 per cent) of local Clinical Commissioning Groups failed to meet NHS England's benchmark for improving services.** The benchmark was a score of 5 out of 6. There has been a slight improvement in this score since Quarter One (April to June 2016), when around 79.4 per cent of CCGs failed to meet the standard.
- Responses to the questions were converted into a percentage score. The benchmark for meeting the required standard is 83.3 per cent. However, in Quarter 2, **over a third of CCGs failed to score over 50 per cent.**²
- The South of England has performed best on service transformation according to NHS England's assessment framework, with around a third (32.0 per cent) of CCGs meeting the standard. In London, the worst performing region, less than a fifth (18.8 per cent) of CCGs met the standard.

Crisis care

As outlined in the EPI report *Children and Young People's Mental Health: State of the Nation*,³ there are serious gaps in NHS provision of support for children and young people in mental health crisis. Specialist mental health services do not always offer crisis support after hours; A&E departments often lack specialist expertise and young people can end up in police cells due to a poorly coordinated crisis response. The Government has acknowledged the importance of adequate crisis

¹ Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing, Department of Health 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

² As a percentage of the 191 CCGs with data published on this measure.

³ Children and Young People's Mental Health: State of the Nation, Emily Frith, Education Policy Institute, 2016.

care in recent policy strategies such as *Future in Mind*⁴ and the *Five Year Forward View for Mental Health*.⁵

The Dashboard measures performance on improving crisis care. Based on a self-assessment framework, it records whether local Clinical Commissioning Groups are implementing an agreed improvement plan for a dedicated mental health crisis response for children and young people in mental health crisis (at A&E, in hospital or in the community) across extended hours. To be fully compliant with the measure, the CCG has to have agreed a plan to develop better local services to be implemented in 2016/17, with committed funding and key milestones and evaluation included. Areas which were not compliant with the measure had no agreed plan or allocated funding to improve care for children and young people in crisis.

- **Across England, less than a third of CCGs (31.6 per cent) had a fully funded plan to improve crisis care.** 10.5 per cent of CCGs (22 in total) had no agreed plan or funding to improve crisis care from its current level.
- The Midlands and East of England region was the highest performing, with 42.6 per cent of CCGs fully compliant. This compared to only 19.7 per cent for the North of England, the worst performing region on crisis care.

Children being treated on adult wards

It is Government policy that no one under 18 should be treated on an adult ward. *Future in Mind* states:

“There will always be some children and young people who require more intensive and specialised inpatient care. These must be age-appropriate”.⁶

The Dashboard records how many young people were admitted to adult wards, and the total length of stay, measured by number of ‘bed days’ in these wards.

- 90 young people under 18 were staying on adult wards in the reporting period, an increase from 79 in Quarter One. In total, 2,654 nights were spent by a child under 18 on an adult ward. **This represents an increase of over a third in just three months.** Between April and June 2016 there were a total of 1,938 bed days spent on adult wards. Given the relatively small number of young people in this indicator, this may indicate a (potentially seasonal) fluctuation in performance or individual circumstance, rather than a marked trend but it will be important to track this data to identify the ongoing trend and to focus attention on eliminating this problem.
- **The problem of children being treated on adult wards is particularly prevalent in the North of England.** This region accounts for 45 of the 90 young people under 18 staying on adult wards with a total of 1,235 nights spent by children on adult wards. This compares to a total of 10

⁴ Future in mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing, Department of Health 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

⁵ The Five Year Forward View for Mental Health, NHS England, 2016. <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

⁶ Future in mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing, Department of Health 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

young people and a total of 150 nights in London. This could indicate problems with the spread of inpatient service provision across the country.

Funding

NHS England asked all CCGs to state their planned annual spending on children's mental health, excluding eating disorders and learning disabilities. The Education Policy Institute has compared this data with population statistics for each CCG to identify an approximate per capita spending figure. There is wide variation in these levels of planned investment in children's mental health care per capita across the country. CCGs in the top quarter spend over £52 per capita, those in the bottom quarter spend £23 or less per capita. The factors influencing this wide variation are unclear, but are likely to relate to historic patterns of service provision, different levels of need, individual organisational priorities and, in some cases, difficulties in extracting data on individual programme spending from wider block contracts. Despite the potential issues of data quality, **this wide variation seems to be evidence of a postcode lottery in care**. This should prompt further scrutiny of decision making at a local level.

Implications for policy

Our analysis of the Dashboard shows that there is wide variation in performance across the country in relation to child and adolescent mental health services. It demonstrates the need for progress on four key areas:

1. Retaining a focus on service improvement across the country over the five-year transformation period
2. Ensuring that every CCG has a clear and funded plan to improve crisis care;
3. Reducing the number of children being treated in adult wards; and
4. Addressing the wide variation in planned spending across the country, including ensuring that every area increases their investment in line with their share of the £1.4bn additional funding announced with *Future in Mind*.

Introduction

As part of the *Five Year Forward View for Mental Health*,⁷ the Government committed to improving transparency in mental health service provision in order to improve access to services and the quality of care. To this end, NHS England have published a 'Dashboard' to act as a barometer of progress in improving mental health services.⁸

The stated intention is: *"for NHS England and the Five Year Forward View Programme Board to be able to monitor progress on its commitments to transform mental health services. Additionally, by making the data publically available, we are ensuring that commissioners can use it as a tool to inform their work and that services users and their families and carers can see how local services are performing and understand where to look to make informed choices about their care"*.

The Dashboard measures performance at a national level, by region, and by local Clinical Commissioning Group on ten measures in children and young people's mental health:

1. Percentage score on a self-assessed framework on improving child and adolescent mental health services.
2. Total number of new young people under 18 receiving treatment.
3. The proportion of young people with an eating disorder seen within waiting time targets of one week (urgent) or four weeks (routine) – This is an NHS in England placeholder as the data is not yet available.
4. Total number of bed days for young people in inpatient care.
5. Total number of admissions for young people into inpatient care.
6. Total number of bed days on adult wards.
7. Total number of children and young people on adult wards.
8. Compliance with a new crisis care standard.
9. Total planned spend on children and young people's mental health.⁹
10. Total planned spend for children and young people with eating disorders.

This report analyses data from the second Quarter Dashboard report, which was made available in February 2017. This covers the reporting period from July to September 2016. Where possible, we have compared performance to Quarter One (April to June 2016). Performance is measured at a national level for England, and is broken down into four regions. At a local level, performance is compared across the 209 Clinical Commissioning Groups (CCGs, the organisations that purchase and plan local NHS services).

There are serious limitations with the available data, which means that it cannot be taken as a comprehensive assessment of performance across the country. For example, the funding indicators only list total planned spend and do not represent this on a per capita basis. They also do not give an indication of whether this spending has gone up or down. Nevertheless, the Dashboard is a significant step towards further transparency in an otherwise opaque system. This report explores the information provided within the Dashboard on the current performance of the NHS in England on children's mental health and draws conclusions on the implications for further policy development.

⁷ The Five Year Forward View for Mental Health, NHS England, 2016 <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

⁸ <https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/>

⁹ Excluding learning disability and eating disorders.

Part 1: Clinical Commissioning Group performance on children's mental health

The first measure within the Dashboard analyses progress on the transformation of local child and adolescent mental health services as set out in the Government strategy documents *Future in Mind*¹⁰ and the *Five Year Forward View for Mental Health*.¹¹ Along with investment of £1.25bn over the five years to 2020, these strategies outline a process of improvement to increase access to treatment, reduce waiting times and modernise the quality of service provision.

Each local Clinical Commissioning Group (CCG) is given a percentage score based on their answers to six questions on their progress in transforming services in a self-assessment framework. NHS England has chosen to publish a single percentage score covering all areas in the framework, as a general assessment of the progress of each area in improving children's mental health services. The score for each individual question has not been made publicly available.

The questions are listed in the table below along with further explanation of why they are important:

Question	Explanation
Has the CCG, working with partners, updated and republished the assured local transformation plan (LTP) from 2015/16, which includes baseline data?	All Clinical Commissioning Groups were tasked with producing Local Transformation Plans as part of the conditions for receiving their share of £1.25bn additional funding announced alongside <i>Future in Mind</i> in March 2015. This question assesses whether local areas are continuing to focus on improving local services with a clear and transparent plan.
Is the dedicated community eating disorder service commissioned by the CCG providing a service in line with the model recommended in the access and waiting time and commissioning guidance?	Eating disorder services are a particular priority within the children's mental health transformation process and the local NHS was given specific funding and guidance as well as an access and waiting time standard to ensure that young people with eating disorders get a more consistent level of care across the country.
Is the Children and Young People's team commissioned by the CCG part of a quality assurance network?	A quality assurance network is a collaboration between local NHS organisations to implement quality standards and share best practice on a specific health topic. ¹²

¹⁰ Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing, Department of Health 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

¹¹ The Five Year Forward View for Mental Health, NHS England, 2016. <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

¹² <http://www.rcpsych.ac.uk/members/sections/eatingdisorders/qualityassurance/fored.aspx>

Does the CCG have collaborative commissioning plans in place with NHS England for tier 3 (specialist community) and tier 4 (inpatient) CAMHS?	The collaborative commissioning plans are to ensure better coordination between community services and inpatient care, to reduce unnecessary admissions to hospital, stop young people having to travel miles for a bed, and to provide more care within the community. It was expected that all CCGs would have these plans in place by the end of December 2016.
Has the CCG published joint agency workforce plans detailing how they will build capacity and capability including implementation of Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) transformation objectives?	As demonstrated by the EPI report <i>Progress and challenges in the transformation of children and young people's mental health care</i> , ¹³ there are significant challenges in ensuring the right workforce is in place to improve the children and young people's mental health system. For example, 8 out of 10 providers who responded to our freedom of information request were experiencing recruitment difficulties. This question seeks to discover whether the local NHS has robust workforce development plans to address this and to ensure that staff are trained in line with evidence based practice.
Is the CCG forecast to have increased its spend on Mental Health Services for Children and Young People by at least their allocation of baseline funding for 2016/17 compared to 2015/16, including appropriate use of the resources allocated from the Autumn Statement 2014 and Spring Budget 2015?	This question is important because the funding to improve children and young people's mental health was added to each CCG's general budget (their baseline allocation) rather than being ring-fenced. This indicator allows NHS England to assess whether the funding has been spent on improving children's mental health.

For each question, the local CCGs were rated as 'Fully Compliant', 'Partly Compliant' or 'Not Compliant'. The response to each question is given an individual score and these are added together to give a total score for each indicator. The scores for each response are given in the table below:

Question	Fully Compliant Score	Partially Compliant Score	Not Compliant Score
1	0.6	0.3	0
2	0.6	0.3	0
3	0.6	n/a	0
4	0.6	0.3	0
5	0.6	0.3	0
6	3	n/a	0

¹³ Progress and challenges in the transformation of children and young people's mental health care, Emily Frith, Education Policy Institute August 2016: <https://epi.org.uk/report/progress-challenges-in-transformation-of-young-peoples-mental-health/>

The total possible score for this indicator is 6. The percentage of the total possible score available is also calculated for each CCG as: Percentage Compliance = $100 \times \text{CCGs Score} / \text{Total available score}$.¹⁴

Performance at a national level is recorded as the proportion of CCGs which met NHS England's benchmark by receiving a score of 5 or above (out of a total possible score of 6). This equates to a percentage score of 83.3 per cent. **Nearly three quarters of CCGs (73.2 per cent) failed to meet this standard.** The proportion of CCGs which met the standard has risen slightly since Quarter One (from 20.6 per cent to 26.8 per cent).

Across England, out of the 191 CCGs which were given a score (18 CCGs experienced data quality issues), **66 scored 50 per cent or less (34.6 per cent).**

Figure 1.1 below shows performance by region.

Figure 1.1: Percentage of CCGs meeting NHS England standard on transformation



The South of England has performed best in Quarter Two on service transformation according to NHS England's assessment framework, with around a third (32.0 per cent) of CCGs meeting the standard. In London, on the other hand, less than a fifth (18.8 per cent) of CCGs met the standard. The South of England has also made the most progress since Quarter One (April to June 2016).

Figure 1.3 below shows the distribution of scores across Clinical Commissioning Groups.

¹⁴ A detailed explanation of the scoring methodology can be found in the NHS England publication [Understanding the CCG Improvement and Assessment Framework \(CCG IAF\) Mental Health Transformation Self Assessment Indicators](#).

Figure 1.3: Clinical Commissioning Group CYP mental health transformation milestones score



This indicates wide variation in local performance between the best and worst areas.

The lowest performing areas which scored 20 per cent or below were:

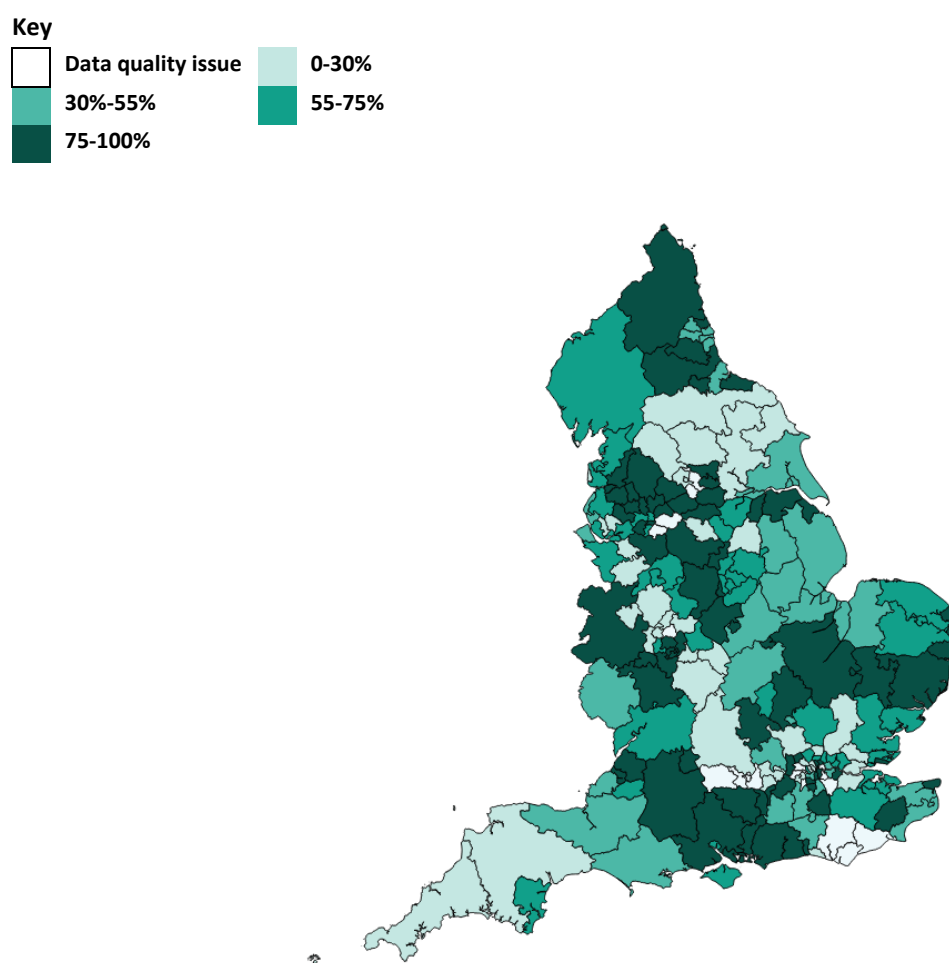
Clinical Commissioning Group	Region	Score (percentage)
NHS CAMDEN CCG	London	10
NHS SOLIHULL CCG	Midlands and East of England	10
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	South of England	15
NHS KERNOW CCG	South of England	15
NHS TELFORD AND WREKIN CCG	Midlands and East of England	15
NHS WOLVERHAMPTON CCG	Midlands and East of England	15
NHS BASILDON AND BRENTWOOD CCG	South of England	20
NHS BLACKPOOL CCG	North of England	20
NHS BRIGHTON AND HOVE CCG	South of England	20
NHS COVENTRY AND RUGBY CCG	Midlands and East of England	20
NHS ENFIELD CCG	London	20
NHS RICHMOND CCG	London	20
NHS SHEFFIELD CCG	North of England	20
NHS SOUTH CHESHIRE CCG	North of England	20
NHS SOUTH WARWICKSHIRE CCG	Midlands and East of England	20
NHS ST HELENS CCG	North of England	20
NHS THURROCK CCG	Midlands and East of England	20
NHS VALE ROYAL CCG	North of England	20
NHS WEST ESSEX CCG	Midlands and East of England	20

The highest performing areas were:

Clinical Commissioning Group	Region	Score (Percentage)
NHS SOUTHWARK CCG	London	100
NHS BARNSELY CCG	North of England	95
NHS NORTH TYNESIDE CCG	North of England	95
NHS WAKEFIELD CCG	North of England	95
NHS AYLESBURY VALE CCG	South of England	90
NHS CITY AND HACKNEY CCG	London	90
NHS COASTAL WEST SUSSEX CCG	South of England	90
NHS DARLINGTON CCG	North of England	90
NHS DURHAM DALES, EASINGTON AND SEDFIELD CCG	North of England	90
NHS EAST SURREY CCG	South of England	90
NHS EASTERN CHESHIRE CCG	North of England	90
NHS GREATER HUDDERSFIELD CCG	North of England	90
NHS IPSWICH AND EAST SUFFOLK CCG	Midlands and East of England	90
NHS NORTH DURHAM CCG	North of England	90
NHS NORTH WEST SURREY CCG	South of England	90
NHS NORTHUMBERLAND CCG	North of England	90
NHS OLDHAM CCG	North of England	90
NHS PORTSMOUTH CCG	South of England	90
NHS SOUTH TEES CCG	North of England	90
NHS SURREY HEATH CCG	South of England	90
NHS WEST SUFFOLK CCG	South of England	90

There are 18 CCGs which have data quality issues with the 2016/16 baseline financial data so have not been given a score for this question. The map below shows the scores by CCG.

Figure 1.3 Map of Clinical Commissioning Group CYP mental health transformation milestones score



Despite an increased government focus on this area in recent years, we still find that nearly three quarters of local CCGs failed to meet NHS England’s own benchmark for improving services for children and young people with mental health problems.

While it is not possible to interrogate the individual elements of the framework as this information has not been made publicly available, the findings indicate that in many areas of the country funding is not being increased in line with national expectations, and Clinical Commissioning Groups do not have robust plans in place to improve local services. It is essential that this data is used to identify where performance is at its best, in order to share good practice and to target intervention at the weakest areas. Without a detailed focus on local performance on funding and service improvement, the aims outlined in national strategies such as *Future in Mind* will not be realised.

In order to aid transparency, NHS England should consider publishing the local breakdown of responses to each individual question, in particular whether the local CCG is planning to increase funding for local services in line with their share of the £1.25bn additional funding allocated for children’s mental health. The present measure is of limited value because the breakdown of six separate indicators is not given. It is not clear why this should be kept confidential.

Part 2: Increasing access to child and adolescent mental health services

The Education Policy Institute has analysed the Dashboard data on the total number of new young people under 18 receiving treatment. This is defined in the Dashboard as: *“The number of children and young people aged 0-17 with at least two contacts (including indirect contacts) within a six-week period for the same referral, in the reporting period (Q2 2016/17 or July to September 2016)”*.

Across England, during the reporting period (Quarter Two 2016/17, July to September 2016), 17,902 new young people were referred to treatment. This compares with 16,274 new young people who were referred to treatment in Quarter One (April to June 2016).

The Government has set an expectation that the new investment in children and young people’s mental health should increase access to 70,000 more young people. The increase in young people in treatment is therefore to be welcomed as a sign of more young people getting access to services. The Dashboard does not, however, allow us to measure effectively performance in increasing access to care for children and young people against the Government’s target because it only measures the number of new young people referred, not the total number of young people in treatment.

It is important to note that these figures are known to be under-reported (in September 2016 submissions were received from around 70 per cent of expected organisations). For this reason, we have not included a regional breakdown of this data.

Part 3: Inpatient care

The Dashboard measures performance on inpatient care based on how many young people were admitted to hospital during the reporting period. In order to get a sense of how long people are staying in care, the Dashboard also includes a measure of the total number of ‘bed days’ that young people spent in hospital.

Reducing hospital admissions and length of stay in hospital is an important policy goal because it is a better use of resources and because it indicates that better support is available in the community to treat young people closer to their home and in a less restrictive setting.

The Dashboard indicates that some progress has been made over the last quarter in reducing hospital stays for young people. From April to June 2016, the total number of bed days for under 18s in inpatient care was 95,378.¹⁵ This has fallen from 107,701 bed days in Quarter One. In total, 2,967 young people under 18 were admitted to hospital during this period, down from 4,399 in Quarter One.

Figure 3.1 below shows the number of bed days by region in each quarter.

Figure 3.1: Total number of bed days in CAMHS inpatient wards in reporting period

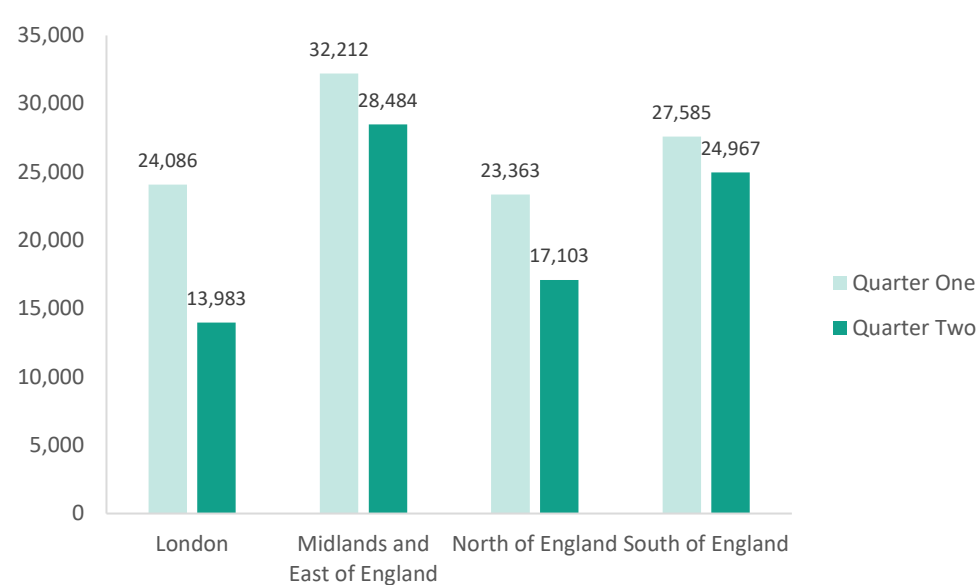


Figure 3.2 below shows the total number of admissions by region in each quarter.

¹⁵ Bed days is a measure used in inpatient care which counts the total number of days in which a young person under 18 was in inpatient care, capturing both the total number of young people and the total length of stay. It is not possible to break this down into the number of individual young people.

Figure 3.2: Total number of admissions of under 18s to CAMHS inpatient wards in reporting period



These charts illustrate that a greater number of inpatient stays occur in the Midlands and East of England (a total of 1056 admissions in the second quarter). There are fewer admissions and total bed days in London. This is likely to be due to the physical location of inpatient facilities, which are not evenly located across the country.¹⁶

Across all regions, the total number of children admitted and the total number of bed days has fallen since Quarter One. The biggest reduction in bed days and admissions has occurred in London (a 41.9 per cent decrease and 63.0 per cent decrease respectively). The smallest reduction in bed days was in the South of England (a 9.5 per cent decrease). The smallest reduction in admissions was in the Midlands and East of England (a 24.6 per cent decrease).

Children on adult wards

The Dashboard also measures the number of young people under 18 admitted to adult wards, and the total number of bed days on adult wards.¹⁷

Despite Government policy that no young person under the age of 18 should be treated on an adult ward, the Dashboard highlights that young people are still not getting access to appropriate care and are being treated inappropriately on adult wards.

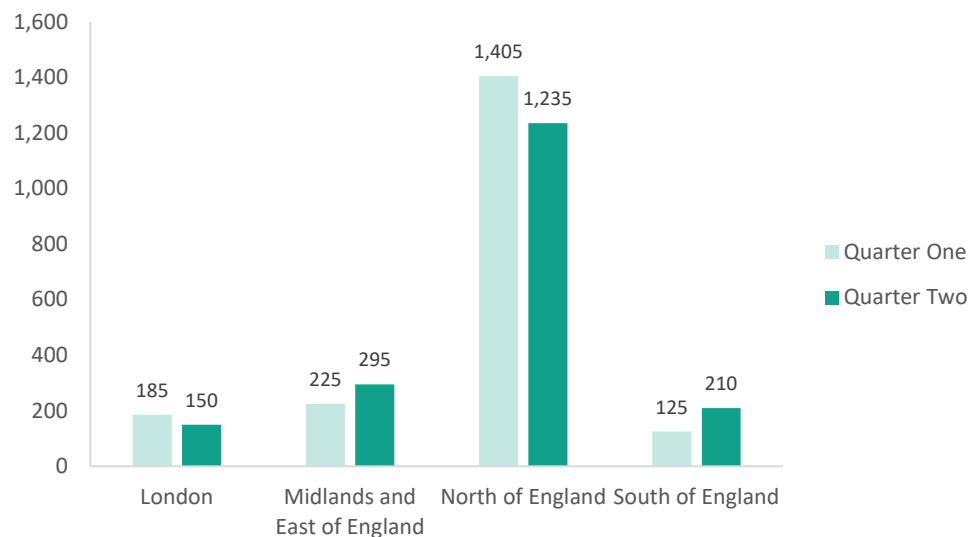
90 young people under 18 were staying in adult wards during the reporting period. In total, there were 2,654 bed days for children under 18 on adult wards. These figures have deteriorated since Quarter One, when 79 children were on adult wards and there were a total of 1,938 bed days in adult wards. The number of days that children spent in adult wards has increased by over a third in just three months, although it is not yet clear whether this increase is due to a (potentially seasonal) fluctuation or an ongoing trend.

¹⁶ NHS England, Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report, 2014. <https://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf>

¹⁷ The number of bed days is a total of all the days spent by all individual children on a ward, so it is a measure which includes the length of stay in addition to the number of children involved.

Figure 3.3 below indicates that this problem is particularly prevalent in the North of England. There were 1,235 total bed days for children on adult wards in the North of England, compared to 150 in London. Given the small number of young people affected, total numbers of young people on adult wards are rounded to the nearest five. For the North of England this was 45 young people, compared to 15 in the Midlands and East of England and 10 in the other regions. Given the small number of young people affected patterns may reflect particular individual circumstances.

Figure 3.3: Total bed days of under 18s on adult inpatient wards by region in each quarter



The total number of bed days in London and the North of England has gone down since Quarter One but it has risen in the South of England and the Midlands and East of England.

Part 4: Performance on children's mental health crisis care

The provision of services for young people in mental health crisis is in many areas inadequate, a situation which has led to children being held in police cells, on adult wards, or moved to inpatient care out of their local area. The Government has acknowledged the need to improve services in recent strategy documents. For example, *Future in Mind* states:

*"The litmus test of any local mental health system is how it responds in a crisis. For children and young people experiencing mental health crisis, it is essential that they receive appropriate support/intervention ... including an out-of-hours mental health service"*¹⁸.

The *Five Year Forward View for Mental Health* goes on to pledge:

*"People facing a crisis should have access to mental health care 7 days a week and 24 hours a day in the same way that they are able to get access to urgent physical health care"*¹⁹.

The Dashboard metric on crisis care, records whether each Clinical Commissioning Group (CCG) is fully, partially, or not compliant under a self-assessment framework with the following statement:²⁰

"Are the CCG and provider implementing an agreed and funded service development and improvement plan for a dedicated mental health crisis response for children and young people presenting to emergency departments, in wards and community settings which includes provision for a response across extended hours?"

"Fully compliant: A plan to develop and evaluate a model of crisis care for children and young people who present in the community and in acute hospital settings has been agreed, funding committed and is being implemented in 2016/17. The plan includes trajectory, milestones and clinical and economic evaluation of the service.

Partially compliant: A plan including trajectory and milestones has been agreed to enhance provision of crisis and liaison response for children and young people in acute hospitals and in community settings by 31 March 2017, but funding has not yet been fully committed. The plan includes clinical and economic evaluation of the service.

Not compliant: There is no agreed plan or finance has not been identified to improve provision of mental health crisis and liaison response for children and young people from the current level of provision".

Figure 4.1 shows the proportion of CCGs which were fully, partly and not compliant with the standard. Across England, only 31.6 per cent, less than a third of CCGs, were fully compliant. This has slightly improved since Quarter One when 27.3 per cent were fully compliant. 121 CCGs (57.9 per cent) were

¹⁸ Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing, Department of Health 2015. p46

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

¹⁹ The Five Year Forward View for Mental Health, NHS England, 2016. <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf> p12

²⁰ A detailed explanation of the scoring methodology can be found [here](#).

partly compliant. 22 CCGs (10.5 per cent of all CCGs, or one in 9) were not compliant with the indicator. This means that they had no agreed plan or finance to improve crisis care from its current level.

Figure 4.1: CCG compliance with the crisis standard

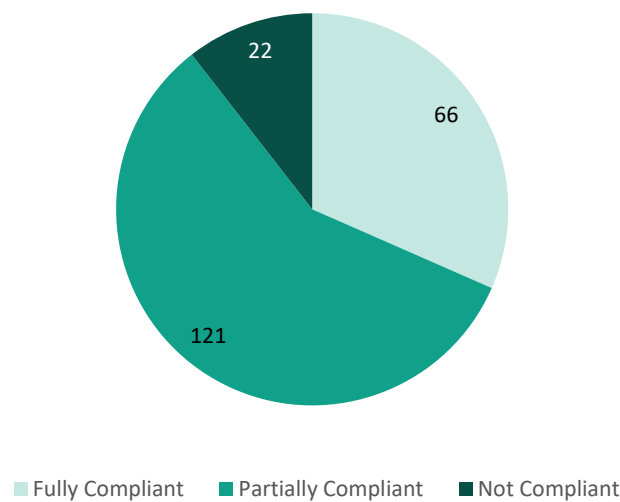


Figure 4.2 below illustrates the level of compliance across the regions, with the Midlands and East of England having 42.6 per cent of CCGs fully compliant compared to only 19.7 per cent for the North of England.

Figure 4.2: Percentage of Clinical Commissioning Groups fully compliant with crisis standard



As the chart shows, the South of England has made the most progress on improving crisis care, and the Midlands and East of England has made the least progress. London and the North of England are performing worst overall, having made a low level of progress and displaying a low level of overall compliance.

The CCGs that have no funded plans to improve crisis care were as follows (listed in alphabetical order):

Clinical Commissioning Group
NHS BRACKNELL AND ASCOT CCG
NHS KERNOW CCG
NHS LAMBETH CCG
NHS LEEDS NORTH CCG
NHS LEEDS SOUTH AND EAST CCG
NHS LEEDS WEST CCG
NHS NORTH EAST LINCOLNSHIRE CCG
NHS NORTH SOMERSET CCG
NHS NORTH STAFFORDSHIRE CCG
NHS SHROPSHIRE CCG
NHS SLOUGH CCG
NHS SOLIHULL CCG
NHS SOUTH CHESHIRE CCG
NHS SOUTHAMPTON CCG
NHS SOUTHBEND CCG
NHS STOKE ON TRENT CCG
NHS TRAFFORD CCG
NHS VALE ROYAL CCG
NHS WEST CHESHIRE CCG
NHS WEST LANCASHIRE CCG
NHS WINDSOR, ASCOT AND MAIDENHEAD CCG
NHS WIRRAL CCG

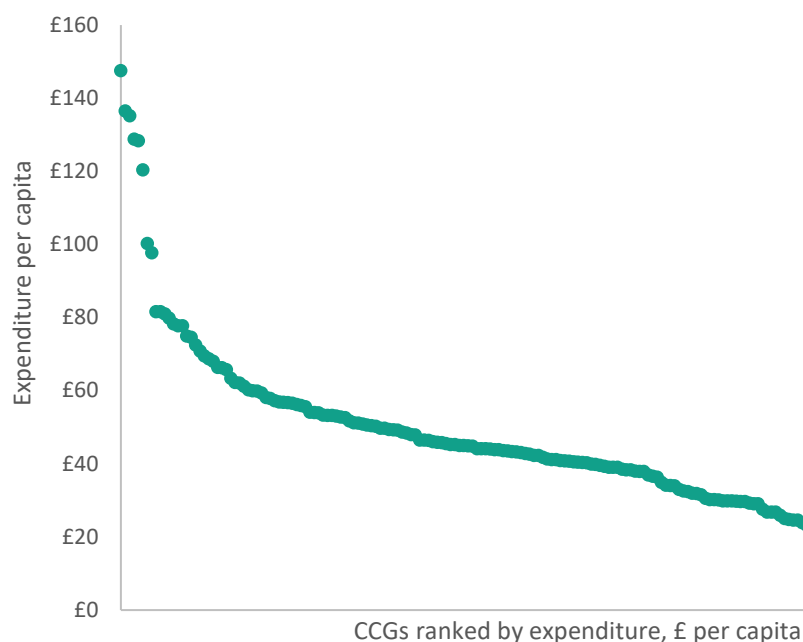
Part 5: Funding for child and adolescent mental health care

Clinical Commissioning Groups were asked to state their total planned spend on mental health (excluding learning disability and eating disorder services) and to state separately their total planned annual spend on eating disorders. This information is only provided by individual CCG and not by region or across England.

It is difficult to compare areas based on total planned spend due to the variations in population. The Education Policy Institute has therefore compared this data with the latest estimates of the 0-18 population of each Clinical Commissioning Group²¹ to identify a per capita spending figure to aid comparison.

Figure 5.1 illustrates the variation in spending across CCGs:

Figure 5.1 Clinical Commissioning Group expenditure in £ per capita



There is wide variation in these levels of planned investment in children's mental health care per capita across the country. CCGs in the top quarter spend over £52 per capita, those in the bottom quarter spend £23 or less per capita.

While there will still be a range of factors influencing this variation, such as complexity of need and historic location of services, this analysis provides a fairer comparison than simply using the total planned spend for each area. NHS England should also consider further analysis of this data on a per capita basis. The very wide variation appears to demonstrate a postcode lottery of service provision, highlighting spending which is far too low in some areas to deliver a good service.

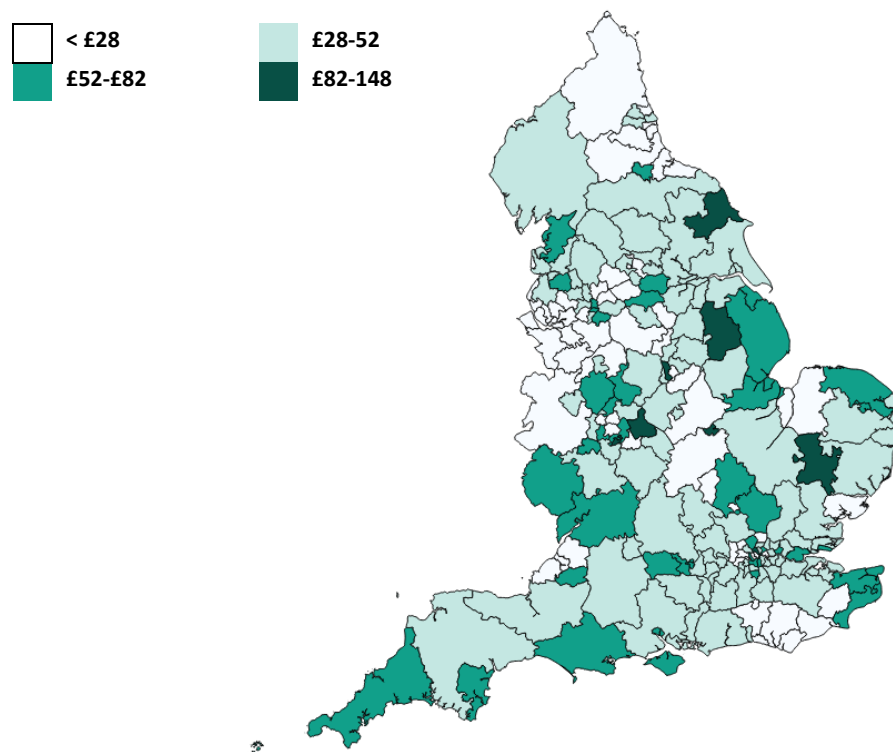
²¹ Clinical Commissioning Group Mid-Year Population Estimates, released 26 October 2016, covering mid-year population figures for 2015, Office of National Statistics.
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/clinicalcommissioninggroupmidyearpopulationestimates>

Six of these areas were also the worst performing overall or had no funded plan to improve crisis care. NHS Solihull, for example, scored 10 per cent on the overall performance framework, had no plan to improve crisis care and planned to invest £10.45 per capita. NHS Enfield is listed as one of the lowest spending groups and only scored 20 per cent on the overall performance framework.

NHS Wirral, NHS West Cheshire, NHS North Somerset and NHS North Staffordshire are all in the table above and have no funded plan to improve crisis care.

Figure 5.2 demonstrates the variation in spending across the country on a per capita basis.

Figure 5.2 Map of CYP MH total planned spend per capita - excluding learning disabilities and eating disorders



Part 6: Planned spending on eating disorder services

Clinical commissioning groups were also asked to state their total planned spending on eating disorder services. Not all CCGs were able to extract this data and so no national or regional total is available on eating disorder spending. In order to provide a fairer comparison, EPI has calculated the spend per total 0-18 population in each CCG area. This CCG breakdown is shown in Figure 6.1, and demonstrates wide variation in spending per capita on eating disorder services.

It may be that some areas have formed partnerships to improve services across geographical boundaries and that this investment is therefore not evenly distributed, but this is unlikely to account for all the variation in expenditure. This information should be used to highlight those areas which are failing to invest in high quality eating disorder services.

Figure 6.1 illustrates spending on eating disorders per capita by CCG. It indicates a higher level of spend in the North of England although there is a high level of variation within this trend.

Figure 6.1 CCG expenditure on eating disorders per capita

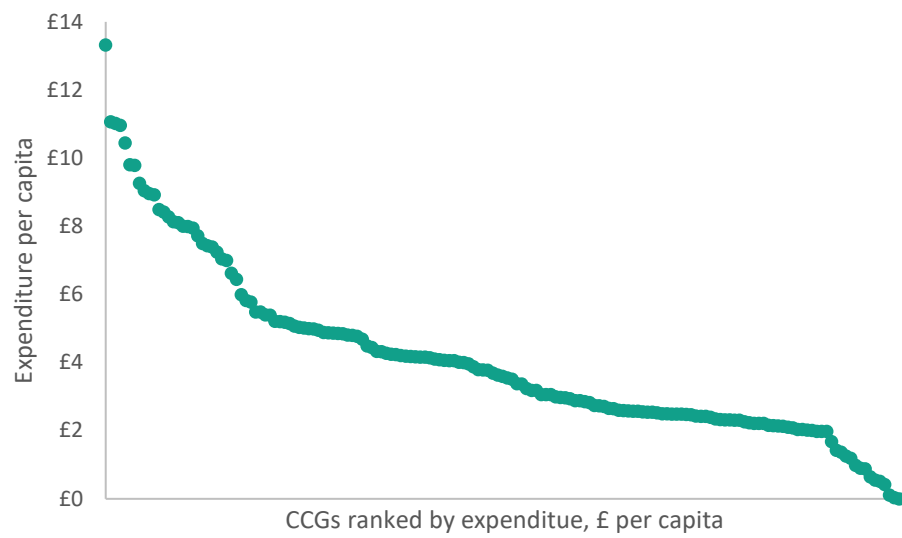
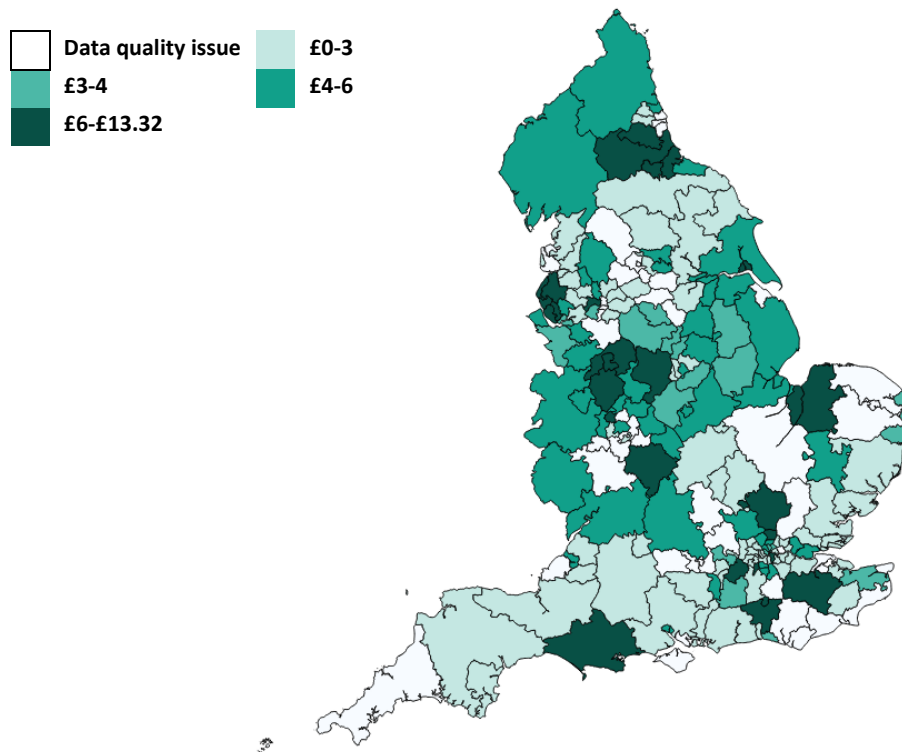


Figure 6.2: Map of CCG spending on eating disorder services per capita



Conclusion

The process of improving transparency in child and adolescent mental health is at an early stage. Nevertheless, the NHS England Dashboard does enable some early scrutiny of performance at a national, regional and local level.

Our analysis of the Dashboard demonstrates the substantial progress needed for services to reach acceptable standards in many areas. For example, crisis support for children and young people with mental health problems in England is currently too often of unacceptable standards. This report shows that fewer than a third of CCGs (31.6 per cent) have a fully funded plan to improve crisis care, and that 11 per cent of CCGs currently have no plans to improve this situation. To address this, the Government should consider a specific Crisis Care Concordat for children and young people's mental health care, to improve crisis care standards across the country. This approach has already proved successful in driving up standards in adult crisis care by bringing all relevant partners together (such as the police, ambulance services, hospitals and mental health providers) to implement agreed action plans to improve the local crisis response.²²

The Dashboard demonstrates that more needs to be done to avoid young people having to stay in hospital unnecessarily and, in particular, to prevent young people being treated on adult wards. This means coordinating the use of inpatient care facilities more effectively between NHS England and the local NHS. Local CCGs should also use the additional funding to provide better crisis support in the community.

The fact that nearly three quarters of local CCGs failed to meet NHS England's own benchmark for service improvement demonstrates the size of the task in improving care for children and young people with mental health problems. It shows that, in many areas of the country, funding is not being increased in line with national expectations, and Clinical Commissioning Groups do not have robust plans in place to improve local services.

The Dashboard also demonstrates that there is wide variation in planned spending on children's mental health, which seems to be evidence of a postcode lottery. The Department of Health and NHS England should use this data (alongside the answers to the self-assessment framework on the use of the additional investment allocated for service improvement) to hold CCGs to account if they are not investing in children's mental health.

NHS England is right to have committed to examine the results from this quarter in detail to identify where additional support is needed across the system. The Dashboard is a useful data source to assess progress so far but more data is needed to bring clarity to the current system and enable the Government and local stakeholders to monitor and drive improvement. The Education Policy Institute will continue to assess progress in this area using the Dashboard and other data sources as these develop.

The performance of the NHS in England in transforming children's mental health services

Emily Frith

The Government has committed to improving child and adolescent mental health services in England, having announced additional funding in 2015 and published the national strategy, the Five Year Forward View for Mental Health in 2016.

In order to aid transparency, NHS England have produced a Dashboard of how well local Clinical Commissioning Groups (the bodies who fund and plan local NHS services) are meeting key performance indicators.

This report analyses data from the Dashboard to assess variation in overall performance and on funding, inpatient services and crisis care across the country. The report highlights areas of best practice and those performing poorly and draws conclusions on which elements of service provision should be addressed as a priority.

The Dashboard will be updated quarterly and the Education Policy Institute will continue to use it to assess performance in this important area.

EDUCATION
POLICY
INSTITUTE



£10

www.epi.org.uk

Education Policy Institute,
27 Queen Anne's Gate,
London SW1H 9BU