Children's COMMISSIONER

Early access to mental health support

APRIL 2019

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Introduction from Anne Longfield, Children's Commissioner for England

Mental health is an issue that is constantly brought to my attention in this role – whether that is when I am visiting schools or speaking to groups of children, or through letters from parents, teachers and those who work in the health service. Time and again I hear of the struggles that children face when trying to access help for problems like depression or anxiety. Those who are accepted for treatment often have to wait months for help: children have even told me they had to threaten to take their own life before they managed to access treatment. This situation has to change. I have been pushing the government and the NHS to make a step change in their ambitions for improving children's mental health services, so that all children who need help can get it - and to introduce waiting time targets so that children do not have to wait more than four weeks for an appointment.

More money is now going into specialist services in many areas of the country, and the government has a target to increase access to these services over 10 years. But too many children are still turned away today because they do not meet the threshold, either because their mental health problem is emerging or because it is not considered serious enough for over-stretched services to offer help. Expanding specialist services is only part of the answer to this problem. There is a danger that we continue to have a system that fails to help children until they are so unwell that they need specialist-intervention. Many of the children I speak to want to avoid highly-clinical services. They want help that is easily accessible, with minimum upheaval, procedure and stigma.

In some areas there are excellent services provided by schools, councils or the local NHS that can help these children, but in many areas there are not. This is because of a system which is highly fragmented and leaves much to chance. Many schools provide in school-counselling, but there are still unanswered questions about who should fund it. Sometimes it is the school itself, but in other areas it is the local council, the NHS or a charity. The government has committed to rolling-out a school-based system to a quarter of areas by 2023, but there is as yet no timeline for when this support will be available in all schools and in the meantime children are crying out for help. A similar story could be told about other forms of low-level provision. NHS England guidance to local NHS areas used to recommend commissioning an integrated 'targeted' service for lower-level needs and a 'specialist' service for acute needs. But there has not been enough scrutiny of what is provided for lower-level needs either by the NHS or local authorities and clarity over which organisation should be responsible for funding it. The result is a postcode lottery of children's mental health provision.

In 2014, the Health Select Committee recommended that the government conduct an 'audit' of low-level mental health provision for children. This never happened, meaning we have an absence of national data on this provision. That is why I have set out to try and map this spending across England to understand where the gaps are and if the situation is getting better or worse.

As my report shows, this exercise is fraught with difficulties because of the way that services are organised and funded locally. Nevertheless, it is vital that we gain an understanding of what is going on at a local level. Otherwise we are operating in the dark and will never have a clear idea of where gaps in provision exist so children with mental health problems are unable to get the help they need. Local partners need to work together on a joined-up plan in each area to offer support to children who do not need specialist care. Areas that are not putting in enough money must be held to account. And central government and the NAO should collect this data annually in future. I hope that MPs and parents as well as children will put pressure on them to do so.

Anne Longfield OBE
Children's Commissioner for England

Executive Summary

This report illustrates the findings of a data collection exercise to understand spending on low-level mental health services across England.

Data collection and quality

Through a Statutory Information request under Section 2F of the Children's Act 2004 (as amended) we were able to collect spend data from all local authorities (LAs) and almost all NHS clinical commissioning groups (CCGs). However, due to the complexities in the allocation of spend in areas and between agencies as well as a degree of missing data, our findings are presented as 'reported spend' only.

Current spend

Around £226 million was reported as planned spending on low-level mental health services in the financial year 2018/19. This equates to around £14 per child.[1] Around half of this funding comes from NHS sources and half from LAs. About three-fifths of LA spending is through children's services and two-fifths through public health.

There is wide variation between areas and agencies in reported spending: the top 25% of local areas spent £1.1 million or more, while the bottom 25% spent £177,000 or less. The overall total spending figure of £226 million includes a small number of very high spending areas masking a larger proportion of low spending areas. This is particularly the case for spending by LAs.

Spending over time

Total reported spend across all areas increased by 22% between 2016/17 and 2018/19 in cash terms, and by 17% in real terms. Over the same period, spending per child increased by 20% in cash terms and by 16% in real terms.

While most areas (58%) reported a real-terms increase in spend per child over this period, over a third of areas (37%) saw a real-terms fall. This is very concerning at a time when more funding has been put into children's mental health at a national level. It also reinforces the 'postcode lottery' caused by large variations in spending across areas.

Where spend has fallen, it has often been driven by reduced LA spending. While total spending by LAs increased by 16% in real terms from 2016/17 to 2018/19, there was wide variation across areas. Only around a third of areas saw LA spending per child increase in real terms; nearly 60% of areas saw it fall. Given the focus on improving access to children's mental health, these reductions are concerning.

CCG spend per child increased by 16% in real terms from 2016/17 to 2018/19. Three-fifths (62%) of CCGs saw a real-terms increase in this, but over a third (35%) saw a real-terms decrease. Median CCG spend rose by more than mean CCG spend did, which suggests increases in CCG spend are spread out across a large number of areas. This is not the case with LA spending, where increases have been driven by a smaller number of higher spending areas.

Wide regional variation

We found significant variation in spending across regions. In the financial year 2018/19, reported per child spend on low-level mental health services was higher in London and the North East, and lower in the East Midlands, the East and the South East. In London, local authority spending per child was £17.88 per child, compared to only £5.32 per child in the East of England. CCG spend per child is highest in the North of England (£12.76 per child) and lowest in the Midlands & East (£5.83 per child). Spend per child in predominantly urban areas was slightly higher than in more rural areas.

[1] Calculated by dividing reported spend in the corresponding area with their 0-17 population.

Conclusion

Overall, this shows that while spending is increasing in total and across most areas, there is still significant variation in spending and there are still many areas where spending per child is falling in real terms, in spite of rising demand and an increased focus on this area by policymakers. This appears to be a more of an issue for spending by LAs than for spending by CCGs.

We recommend that the government increase its focus on local spending on early access support for children with mental health problems, and that it repeat this data gathering exercise to monitor what progress has been made. There should also be more pressure on LAs and the NHS to work together to ensure that each area has a joined-up plan to support children who do not require specialist care, and those areas which are reducing funding must be held to account.

We are calling on the government to build on this work to gather clear data on this local spending, and will seek to work with other statutory bodies to facilitate this.

Introduction

The NHS Long Term plan[2] states that less than a third of children with a mental health problem are accessing treatment and support. This figure has improved since only a quarter of children were seen in 2015/16. More money is being spent on children's mental health services than in the past and new targets have been set. The NHS Long Term Plan states that spending on children's mental health will increase at a faster rate than overall NHS spending, something which we called for and welcome. The rate of improvement is, however, highly variable across the country and the increase in capacity is currently not keeping pace with increased demand[3].

For some children not accepted into specialist treatment, there will be other services in the local community that they can access. There will be a counsellor at school or a drop in service run by a local charity. The council or local NHS might fund a phone helpline or an online counselling service. Many children we speak to prefer to access a service like this which is in a familiar setting:

> *"I'm not sure I would ever go to CAMHS after everything I have heard – I don't know anyone that has actually been helped by CAMHS. But yeah I would definitely use things like [a charity organisation] – because even if you aren't in crisis point they are there to try and help." (Older girl in youth group)*

> *"They have a different approach in a good way – it's down to earth and friendly – it feels like they are your friend – but in a professional way –but with CAMHS it's just the professional and the patient." (Older boy in youth group)*[4]

There is comprehensive international evidence that counselling is most likely to be accessed in schools or youth clubs. Such services are also vastly cheaper to provide – an in-school counselling course costs £229 per child, compared to an average of £2,338[5] for community CAMHS.

The Government and the NHS are starting to roll out counselling support in schools. Over the next five years the NHS will fund new Mental Health Support Teams working in schools and colleges, which will be rolled out to between one-fifth and a quarter of the country by the end of 2023. For many children, however, these services for those with emerging problems do not exist, and many areas of the country will still not be covered by school support at the end of 2023. Where these low level services do currently exist, they are often not well publicised yet still over-subscribed. Those on the waiting list for specialist care may not know about them. We have heard from many children who have struggled to access any support:

> *"There was this girl last year... She literally tried to kill herself and only then was she referred to CAMHS. Like she had, she showed signs of so many mental health issues before that, she even went to teachers and said, I'm not feeling well, could you please refer me to CAMHS. And you know they said, no, we can't. And it only took to the point where she'd literally tried to take her own life by drinking bleach that they actually realised." (Teenage girl)*[6]

In 2015, the coalition government pledged £1.4 billion additional funding for children's mental health over the five years to 2020/21. This funding flowed to local clinical commissioning groups but there was no clear baseline for the budget which frustrated efforts to ensure that all the funding was being spent appropriately. Now there is a much better understanding of NHS spending on specialist mental health services, but still a lack of clarity over spending on non-specialist services by the NHS and local authorities. This means that the size of the overall budget on children's mental health remains unclear and it is impossible to track whether spending is going up or down. It is also difficult

[2] The NHS Long-Term Plan, January 2019
[3] Children's Mental Health briefing: A briefing by the Office of the Children's Commissioner for England, November 2018
[4] Child spoken to as part of consultation for the Office of the Children's Commissioner
[5] https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/10/Childrens-Commissioner-for-England-Mental-Health-Briefing-1.1.pdf
[6] Child spoken to as part of consultation for the Office of the Children's Commissioner

to see the proportion of overall spending which goes on targeted services for those with emerging or low-level conditions.

The NHS Long Term Plan includes the target that an additional 345,000 children and young people will be able to access support in the NHS or at school and that over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it.[7] A waiting times target of four weeks and new waiting time targets for A&E and community crisis services are also being piloted. While these targets are extremely welcome, there is still a concern that if there are service thresholds in place for access then children who are not deemed to 'need specialist care' will not be accepted into treatment; and that while specialist services are being built up over the next 10 years, hundreds of thousands of children are falling through the cracks in service provision today, and we do not know what is there to catch them. It is therefore vital that we understand what other provision is available in each community.

The Children's Commissioner therefore undertook a statutory data request to local authorities and clinical commissioning groups to gain an understanding of what is spent on mental health services to support children with emerging or mild conditions which do not meet the thresholds for specialist NHS services. This report outlines the key findings of this research, explores the challenges of conducting this exercise and makes recommendations on what can be done to improve the situation in future.

[7] NHS Five Year Forward View for Mental Health, A report from the independent Mental Health Taskforce to the NHS in England February 2016

Background

The 2015 introduction of the 'Five-Year Forward View on Mental Health' provides local-level information on the provision of specialist mental health services by NHS bodies, some of which include low-level support in a wraparound service. Yet there is very little national data collection on what is spent on low-level support for those with emerging conditions, including both universal and targeted services. There have been consistent calls for such information to be collected. Most notably, in 2014 the Health Select Committee recommended that an audit be conducted of children's low-level mental health services[8]. This has never occurred until now.

There is also confusion about which agencies should be providing these services. While the government's response to the first joint report of the Education and Health and Social Care Committees on the children's mental health Green Paper accepts the need for better join-up between education and the NHS, and indicates that schools will play a key role in delivering mental health support, there is limited understanding of what this currently looks like. The Department for Education conducted a survey of which services schools provide and fund[9] while the Department of Health and Social Care looked at the balance of spending between local authorities (LAs) and Clinical Commissioning Groups (CCGs), finding that 16% of total children's mental health funding came from LAs.[10] This presumption was based on a limited set of information provided by a sample of local areas nearly four years ago.

In order to get a clearer idea of local spending, on 1st August 2018 the Children's Commissioner wrote to every Clinical Commissioning Group (CCG) Accountable Officer, Local Authority Director of Children's Services (DCS) and Director of Public Health (DPH) in England through a statutory information request under Section 2F of the Children's Act 2004 (as amended). The request sought data in relation to the spending by these and any other agencies on low-level mental health services in each local area in the financial years 2016/17, 2017/18 and 2018/19. This report provides details on the spend data that we received back from local areas and presents high level findings.

Definitions

By "children and young people's mental health services", we mean support for children and young people around mental health and emotional wellbeing.

By "children and young people", we mean 0-17 year olds.

Low-level mental health services

Low-level, non-specialist services comprise those preventative and early intervention services which fall below specialist referral thresholds.

Information on services above these thresholds is recorded as part of NHS England's Mental Health Five Year Forward View Dashboard. We were not seeking information on the funding allocated to these specialist services for the purposes of this survey. Instead, we wanted to know about the provision of mental health services that children and young people may come into contact with at an earlier stage. This includes preventative, universal services which help children protect their emotional wellbeing and resilience, such as support provided by school nurses and in children's centres. It also includes targeted services with qualified mental health professionals aimed at children with emerging mental health difficulties but who would be unlikely to meet the thresholds for specialist services, such as school counsellors or online counselling.

Within this we asked only for funding specifically for children and young people's mental health. With regard to the 'universal' level in particular, we did not ask for general spending on the salaries of school nurses, health visitors, GPs (i.e. staff costs of professionals who only provide mental health support as a part of a broader role), but did include

[8] https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf
[9] Department for Education 2017 https://www.gov.uk/government/publications/supporting-mental-health-in-schools-and-colleges
[10] Children and Young People's Mental Health Services Baselining Report, NHS England, January 2016 https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2015/08/nhse-camhs-baselining-summary1.pdf

dedicated funding for training, resources, etc. that supports the mental health services provided by these professionals (i.e. dedicated funding for mental health work of these professionals) and staff costs for any professionals whose central role is to provide mental health support e.g. the salary of a mental health support worker. Alongside this, we also collected data on spend on speech, language and communication services in each local area. This will be reported separately in a report later in 2019.

Data limitations

This data collection has proved extremely challenging due to the way in which local mental health services are planned and organised. Some of the main complications included:

- Block funding, where targeted low-level services are commissioned alongside specialist mental health treatment, or where children's mental health services are commissioned alongside adult mental health services, within the same contract. In such cases, local areas were unable to state how much was actually spent on low-level children's mental health services. We therefore asked them to estimate the proportion of the overall contract value that could be attributed to these services, and have used in our data the estimate that the local area subsequently provided. However, some areas were not able to provide an estimate either.
- Commissioners relying on providers to hold information on what is provided locally.
- Local areas working in partnership to fund services across local authority or CCG boundaries.
- Local authorities and CCGs do not always have co-terminus boundaries making it difficult to map spending across a geographic area.
- Unapportionable funding was a common issue as many agencies noted that low level mental health services are additionally provided by other services, for example schools or general GP work but this could not be apportioned from the general health or education budgets.
- Different definitions of services and their budgets across agencies due to the nature of the sector and the funding procedures in place.
- Requesting 2018/19 spend data meant that we had to ask for *allocated* spend rather than *actual* spend.

Substantial time was taken to clarify and clean the data. However, there could still be inconsistencies across different local areas in how funding is reported.

As a result, we refer to the spend data in this report as "reported spend", given that it is only a reflection of the spend data which was reported or subsequently devised following clarification with the agency. The issues stated above therefore decrease the scope for comparability across local areas, and means that an amount of caution should be taken when using and interpreting the data. For more information please refer to the accompanying technical report.

Key Findings

Through a Statutory Information request under Section 2F of the Children's Act 2004 (as amended) the Children's Commissioner's Office (CCO) has demonstrated that it is possible to gather information on spending on low level mental health from Local Authorities (LAs) and Clinical Commissioning Groups (CCGs). We achieved a high response rate with 194 CCGs (out of 196) and all LAs (out of 152) responding to our statutory information request.

Current Spending

As shown in Table 1 around £226 million was reported as planned spending on low-level mental health services for 2018/19.[11] This equated to just over £14 per child.[12] Local authority (LA) spend is also broken down into spending by the local Children's Services (CS) and spending by Public Health (PH).

Table 1. Reported spend for each agency in 2018/19

	LA (DCS + DPH)		CS	PH	CCG	Other[13]	Total
total spend	**£113,274,101**		**£69,774,307**	**£43,499,793**	**£102,667,437**	**£9,663,679**	**£225,605,217**
mean spend	£851,685		£591,308	£426,469	£611,116	£254,307	£993,856
75th percentile (top 25%)	£879,200		£640,250	£310,616	£681,673	£271,000	£1,139,996
median spend	£418,793		£337,809	£72,950	£344,022	£145,500	£527,000
25th percentile (bottom 25%)	£142,000		£119,149	£14,813	£140,070	£52,500	£177,072
spend per child	**£10.84**		**£7.84**	**£5.48**	**£9.27**	**£3.21**	**£14.15**
n.	*133*		*118*	*102*	*168*	*38*	*227*

We found significant variation in reported spending across areas and within each agency. As shown in Table 1, the top 25% of areas spent over £1.1 million or more, whereas the bottom 25% of areas spent £177,000 or less.

[11] This is likely to be an underestimate given that not all areas and agencies reported spend data, in addition to the limitations mentioned previously. However it is a good indication of total spend.
[12] Calculated by dividing 0-17 population estimates for the areas that gave spend data.
[13] Other spend includes spending through schools, health visitors or other sources.

Figure 0 shows the spend per child for each area that provided data. The large difference between the mean and median spend shows that there are a small number of very high spend areas masking many more areas spending much smaller amounts on low-level mental health.

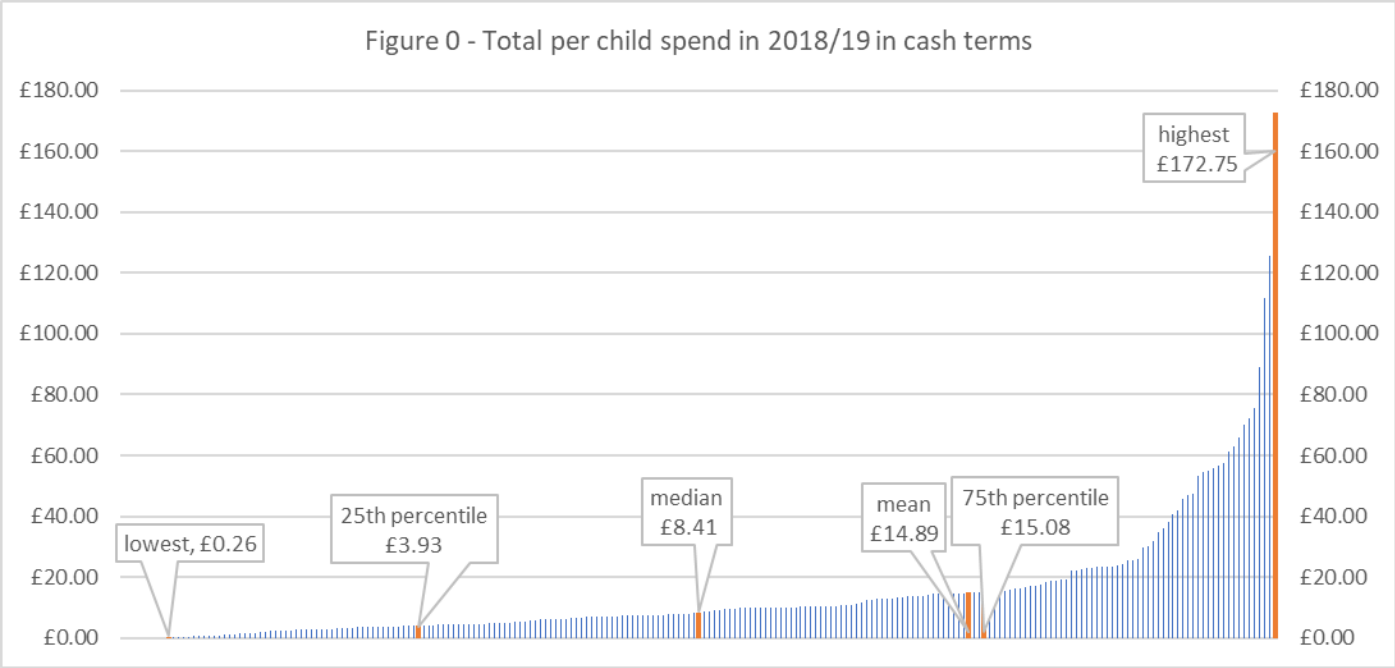
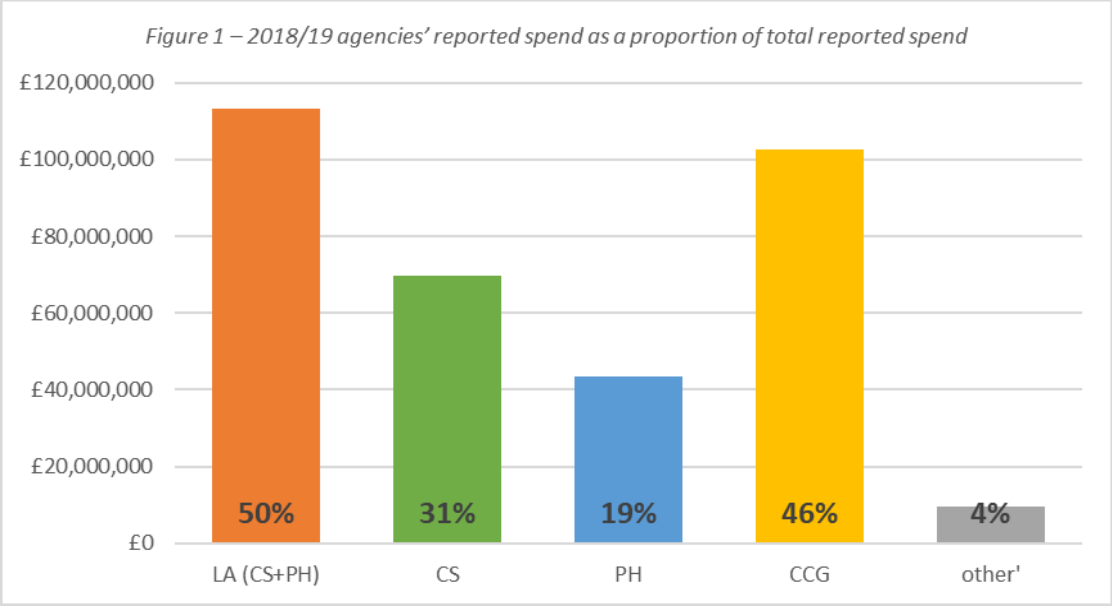


Figure 1 shows that the total reported spend consisted of an almost equal split between spending by LAs and spending by CCGs (50% and 46% respectively). About three fifths of reported spend by LAs was via children's services (CS), while the other two fifths was via public health (PH).

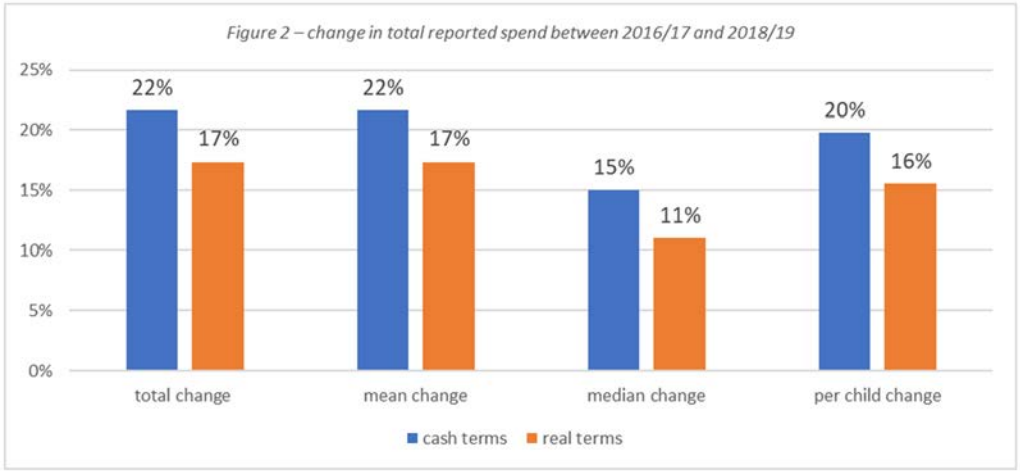


Changes in spend over time

We report on changes in spending in both cash terms – the actual amounts reported – and in real terms, taking into account inflation.[14] We also report on how spending per child has changed, recognising the child population has changed during this period.

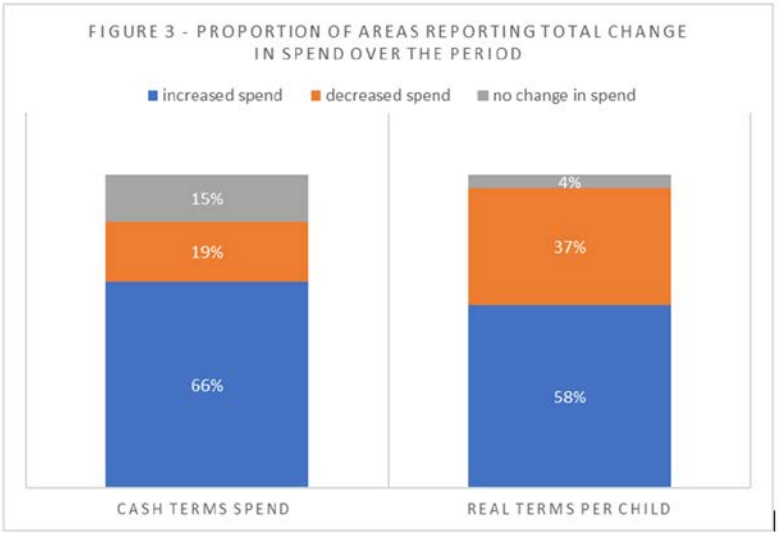
Total reported spend for 2016/17 was just over £181 million, or £12 per child. For 2017/18 this was roughly £200 million, or £13 per child.

Figure 2 shows that total reported spend increased by 17% in real terms between 2016/17 and 2018/19. It also slows that spend per child increased by 16% in real terms.



While spending has increased in real terms overall, there are a large number of areas that have reported decreases in spending, offset by a smaller number of areas that have seen large increases. This is shown in Figure 2 by the fact that the mean level of spend has increased faster than the median level of spend.

We find not all areas saw an increase in spending – in fact, a significant number saw this spending fall. This is shown in Figure 3 below: while 58% of areas saw a real-terms increase in spending per child, more than 1 in 3 areas (37%) saw a real-terms reduction.



[14] Real terms changes were calculated for the current financial year 2018/19 using 2016/17 prices. Our chosen inflation measure the GDP deflator from *GDP deflators at market prices, and money GDP December 2018 (Quarterly National Accounts)*. Source: https://www.gov.uk/government/statistics/gdp-deflators-at-market-prices-and-money-gdp-march-2018-quarterly-national-accounts

Figure 4 shows that total spend by LAs increased by 16% in real terms, but median LA spend increased by only 5% in real terms. Further analysis in the accompanying technical report shows that median CS spend actually fell by 4% in real terms, while median PH spend fell by 14% in real terms. Given the focus on improving access to children's mental health, these reductions are concerning.

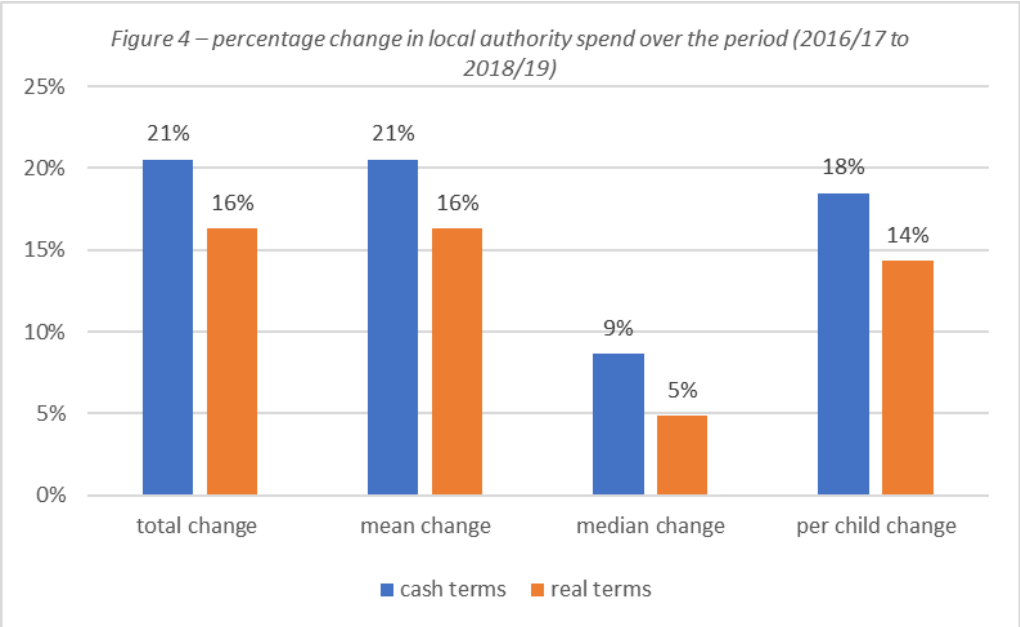


Figure 5 shows that 6 in 10 (59%) areas saw a real-terms decrease in LA spend per child while only a third of areas saw a real-terms increase (34%). This illustrates that while spending overall has increased, many local authorities have not maintained their spending on these services in line with inflation and population growth.

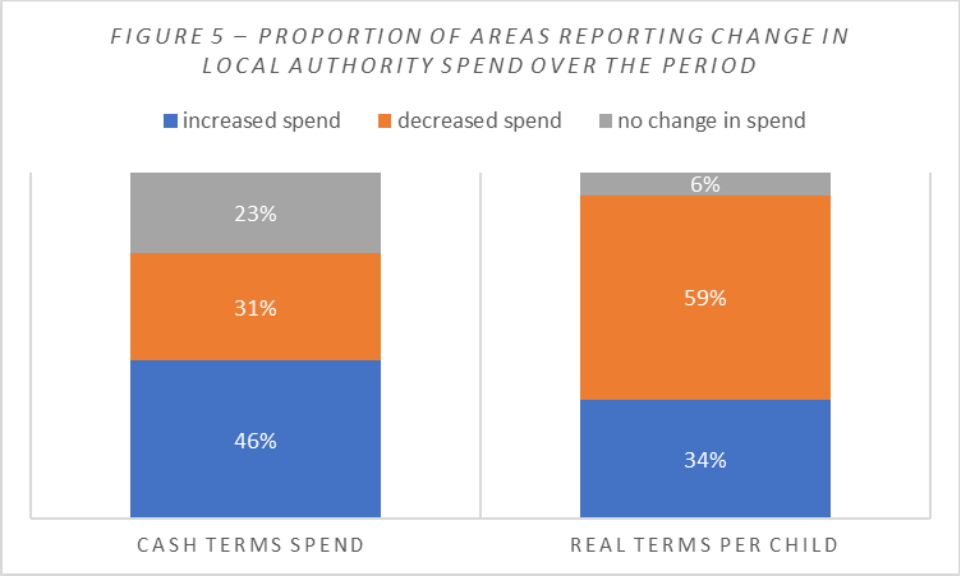
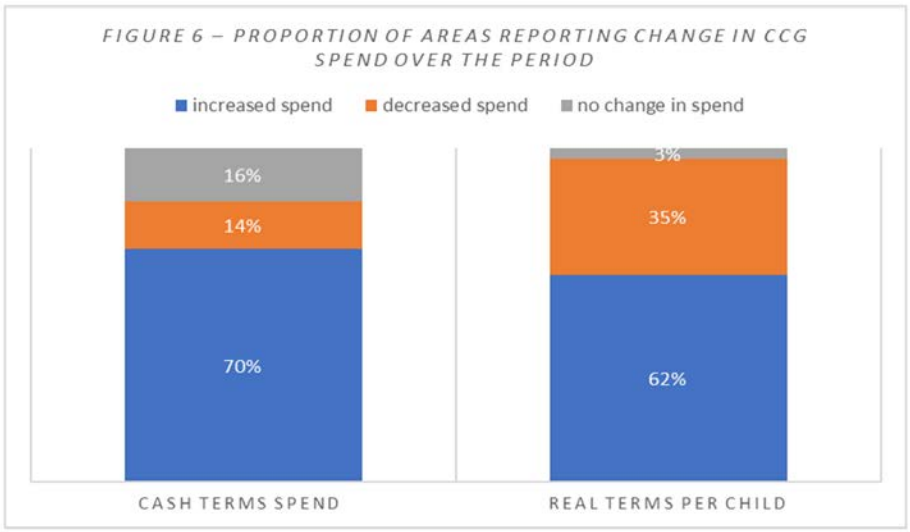
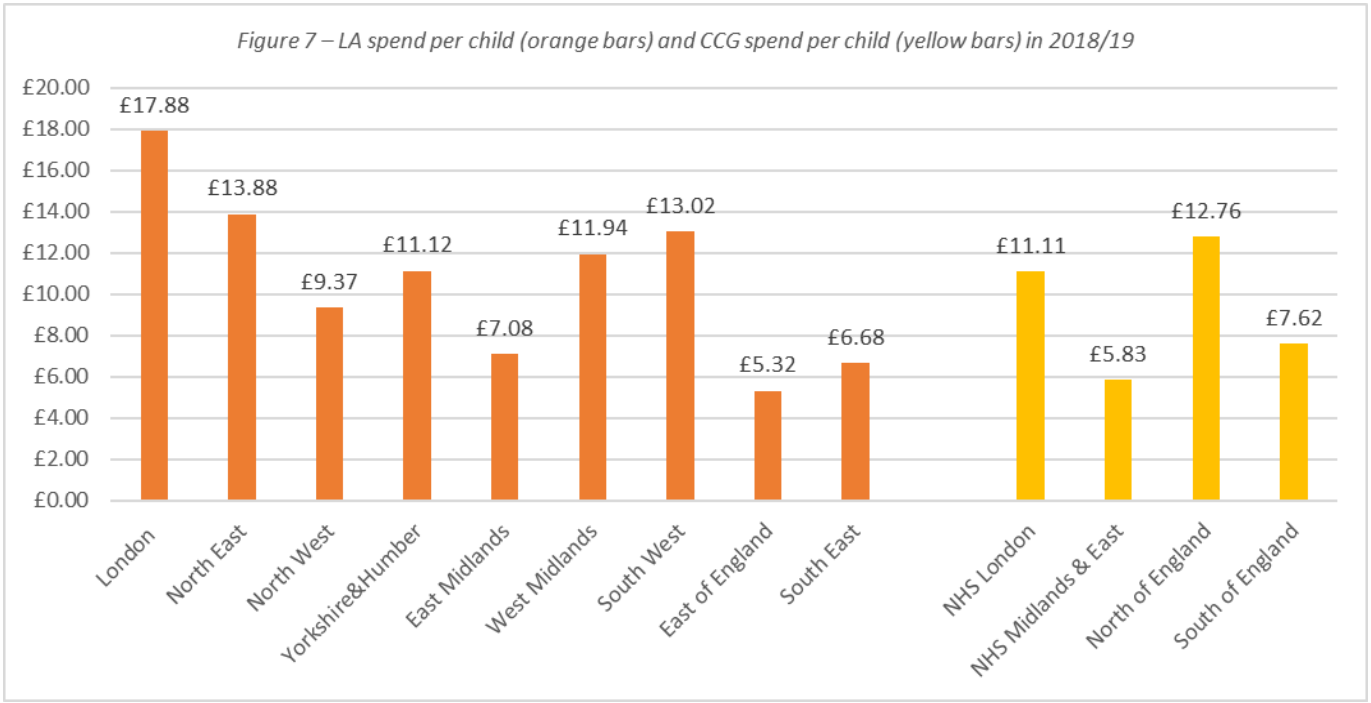


Figure 6 shows that over three-fifths of local areas (62%) saw a real-terms increase in CCG spend per child, while just over a third of areas (35%) saw a real-terms decrease in this.



Regional variation

We identified wide variation in spending per child across different regions of England.[15] In the financial year 2018/19, reported per child spend on low-level mental health services was higher in London and the North East, and lower in the East Midlands, the East and the South East. Figure 7 shows that in London, local authority spending per child was £17.88 per child, compared to only £5.32 per child in the East of England. CCG spend per child is highest in the North of England (£12.76 per child) and lowest in the Midlands & East (£5.83 per child).



The accompanying technical report also examines differences in reported spend between urban and rural areas. It finds that spend per child in 2018/19 was slightly higher in predominantly urban areas than in predominantly rural ones, and substantially higher than semi-urban areas.

[15] Per child spend is reported here, because reporting total spend would be biased by regional differences in population size. Due to differences between how regions are defined in local government and in the NHS, we have had to show LA spend by Government Office Region and show CCG spend by NHS region. The accompanying technical report looks at regional differences in more detail.

Conclusion and recommendations

This data collection has shown that it is possible to gather information on local spending on low-level mental health support, although process of doing so involves many challenges. In total, reported spending was expected to be £226 million in 2018/19, working out to around £14 per child. Close to half of this spending comes from the NHS and half from LAs. The majority of LA spend was accounted for by spending from children's services departments. There was extremely wide variation in spend in total and per child with a small number of high spending areas masking a large proportion of much lower spending areas.

Total spending has gone up each year and by 17% in real terms child since 2016/17. While the majority of areas have seen their total spending increase, we find that overall spending per child has fallen in real terms in around three-fifths of local areas. Furthermore, we find that LA spending per child has fallen in real terms in three-fifths of local areas, which is perhaps unsurprising given the context of reductions in children's services and public health budgets.

We recommend that government should increase the focus on local spending on this early support for children with mental health problems as part of the national strategy to increase access to children's mental health services. Local authorities need to be fully involved this national strategy to ensure a joined up approach to getting children the help they need. Reforms to multi-agency safeguarding arrangements provide a good opportunity for government to encourage local authorities and the NHS to work together to ensure that each area has a joined-up plan to support children who do not require specialist care. Furthermore, those areas which are reducing funding must be held to account. In order to enable this, the government should also undertake a similar data gathering exercise in future to monitor what progress has been made in each local area.

There has been a great deal of interest in this work from the NHS, local authorities and charities who work with children on the frontline. We have provided local level data to the Government, NHS England, Public Health England, Local Government Association, regulators and the National Audit Office. We are calling on the government to build on this work to gather clear data on this local spending, and will seek to work with other statutory bodies, such as NHS England and the National Audit Office in order to facilitate this. If this is not achieved within the next two years then we will endeavour to repeat this exercise, with a view to publishing the figures for each local area.

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