

Trends in Child and Adolescent Mental Health Services & the Cordis Bright CAMHS stress-test

July 2020



Introduction

- This document presents an analysis of trends in Child and Adolescent Mental Health Services (CAMHS) in England.
- It also looks at how these trends vary by local area. It highlights that Clinical Commissioning Groups (CCGs) are often experiencing different pressures to the national average. We use 19 indicators to identify those which we think are experiencing the most pressures in relation to CAMHS provision.
- This analysis forms part of a portfolio of stress-tests that Cordis Bright produces. Please visit our [website](#) for stress-tests on children with special educational needs and looked after children.
- The purpose of these stress-tests is to provide new insight by analysing existing publicly-available datasets in new and different ways.
- The CAMHS stress-test has proved particularly difficult to design because the data that is available is relatively limited, there is often a lack of consistent reporting periods, and indicators do not cover all aspects of provision that we would have liked.
- In places we have had to combine datasets in atypical ways to create proxy indicators which give a flavour of potential trends in the system. We have drawn any conclusions carefully and tried to be fully transparent in the slides and references in the calculations that have been undertaken.
- We hope that, despite these ‘health warnings’, the analysis is helpful for local planning purposes – both now and into the future when we expect Covid-19 to have significant impacts on the mental health and wellbeing of children and young people.
- This first version of the stress-test is very much work in progress and we are keen to refine and expand future versions. Please send your feedback to colinhorswell@cordisbright.co.uk.

A note about indicators & data availability

Indicators

- We have chosen the following indicators to form the basis of the stress-test:
 - Numbers and rates of open referrals
 - Numbers and rates of children and young people in contact with mental health services
 - CCG spend on CAMHS
 - Distance of open wards stays from home address for children and young people
 - New emergency and urgent referrals to crisis care teams
 - Numbers of bed days in adult in-patient wards and CAMHS tier 4 wards

Data availability

- The majority of data used in this analysis was available either on a monthly or a quarterly basis. As it was not possible to aggregate this data to create yearly figures without avoiding potential overlaps or double counting, we have opted to use monthly and quarterly data to provide a snapshot of service use and spending within a specific timeframe.
- For monthly data, we have analysed data from November 2019, and have used data from November 2016, 2017 and 2018 for historical comparisons.
- For quarterly data, we have analysed data from Q3 2019/20, and have used data from Q3 2016/17, 2017/18 and 2018/19 for historical comparisons.
- A number of CCGs have undergone [mergers](#) in recent years. In these situations, we have combined the data from the previously separate CCGs to calculate a figure for the newly merged CCGs for previous years – for example, to calculate the 2016 indicators for Buckinghamshire CCG, we combined the data from Aylesbury CCG and Chiltern CCG from those years.

Helping you think about next steps

If this analysis raises questions for your local CCG or local authority then Cordis Bright can help in the following ways:

- We can produce bespoke versions of this stress-test plotting your CCG's performance against each indicator. This helps understand your relative strengths and weaknesses. We are able to do similar for a basket of CCGs, e.g. your statistical neighbours. There is a small charge for this analysis.
- We are experts at service reviews and evaluation. Relevant experience includes an evaluation of a children and young people's Emotional Wellbeing and Mental Health Transformation Programme; evaluation of a Trauma Recovery Model approach within youth offending; a multi-site evaluation of the Living Well approach to improving mental health; and evaluation of an innovation project designed to safely prevent escalation to tier 4 CAMHS.
- We also offer needs assessments, helping you map local need and service provision and identifying gaps and areas for improvement. These can be population-wide, e.g. mental health services for all children and young people, or focused on particular cohorts, e.g. looked after children, or particular aspects, e.g. training needs assessments for those working with children and young people who may have emotional and mental health needs.

Our team draws upon the expertise of people who have previous experience within children and young people's mental health as well as children's services more generally. If you would like to discuss any of these options further then please contact Colin Horswell on colinhorswell@cordisbright.co.uk.

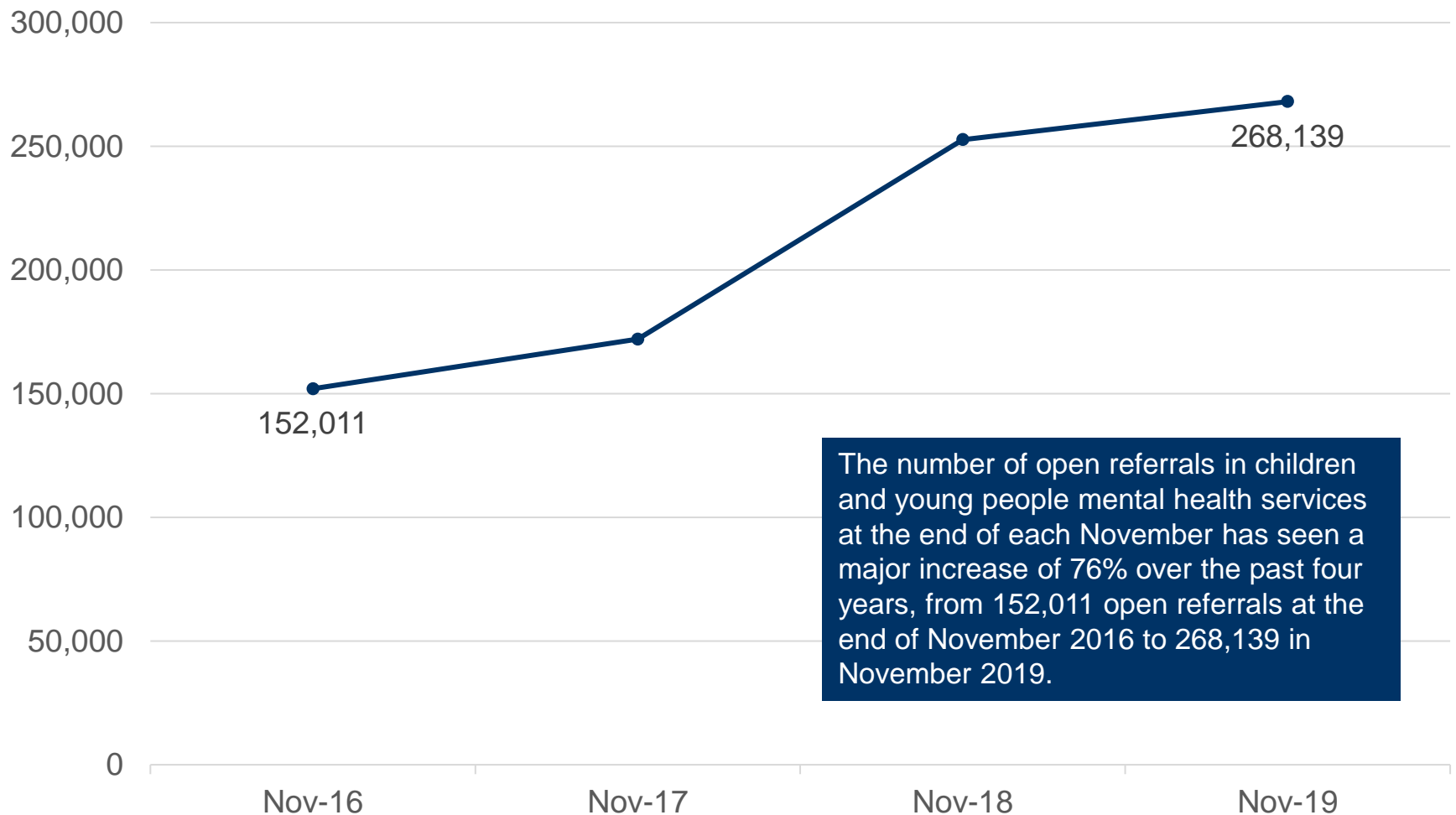


The national picture



Open referrals¹ in children & young people mental health services at the end of reporting period

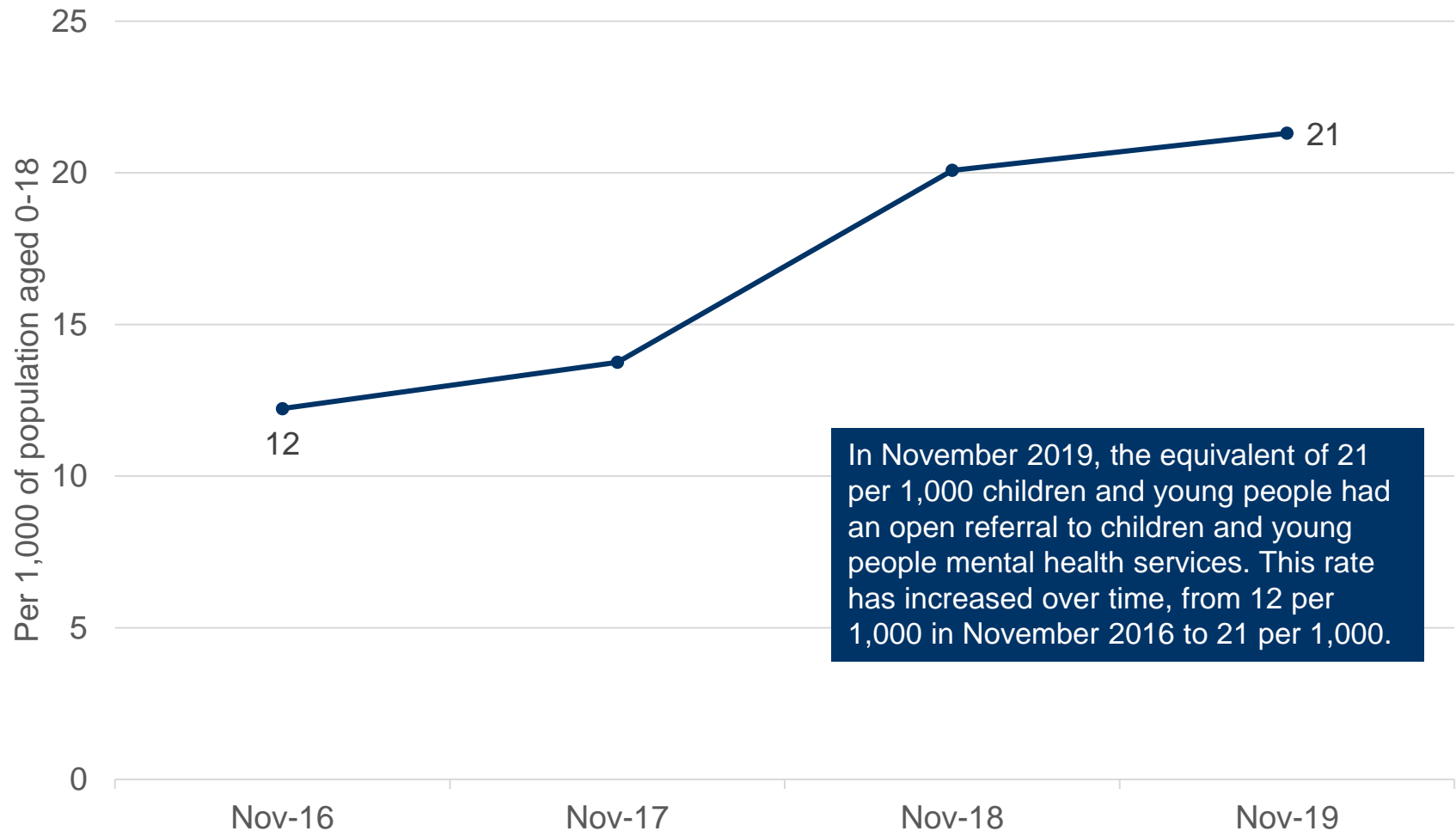
(Monthly data, each November)



The number of open referrals in children and young people mental health services at the end of each November has seen a major increase of 76% over the past four years, from 152,011 open referrals at the end of November 2016 to 268,139 in November 2019.

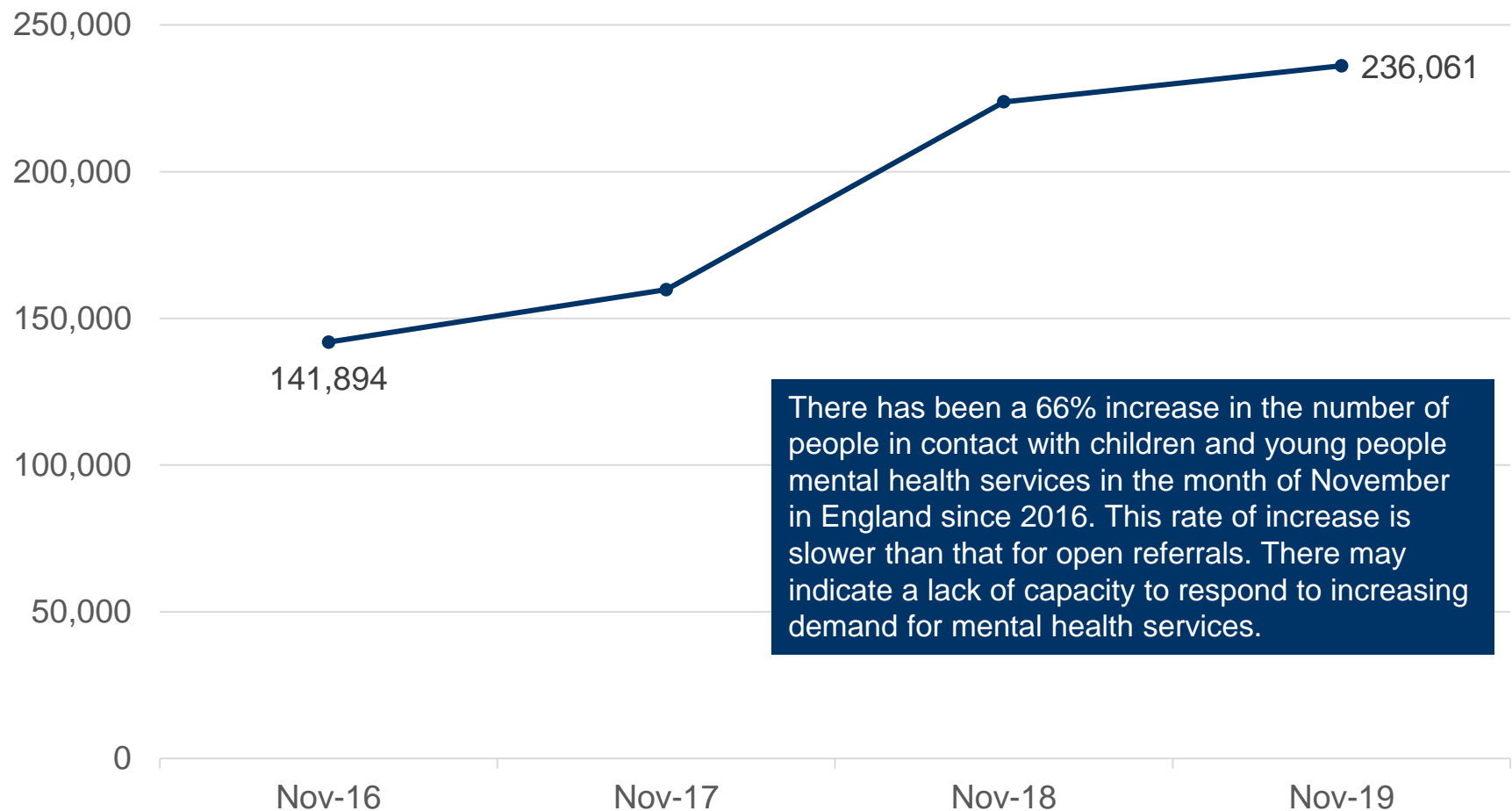
Open referrals per 1,000 of population aged 0-18

(Monthly data, each November)



People in contact with children & young people mental health services in England²

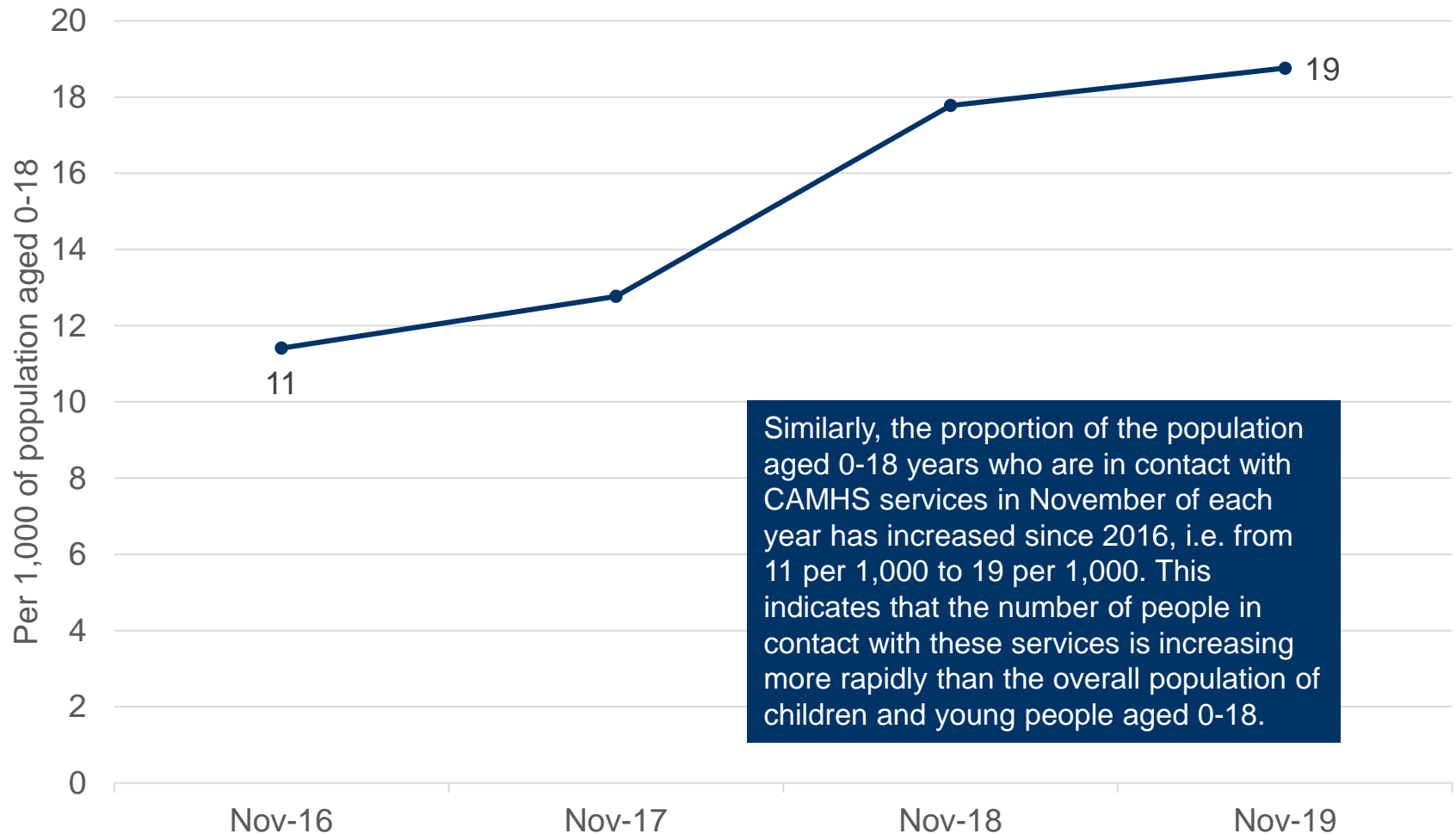
(Monthly data, each November)



There has been a 66% increase in the number of people in contact with children and young people mental health services in the month of November in England since 2016. This rate of increase is slower than that for open referrals. There may indicate a lack of capacity to respond to increasing demand for mental health services.

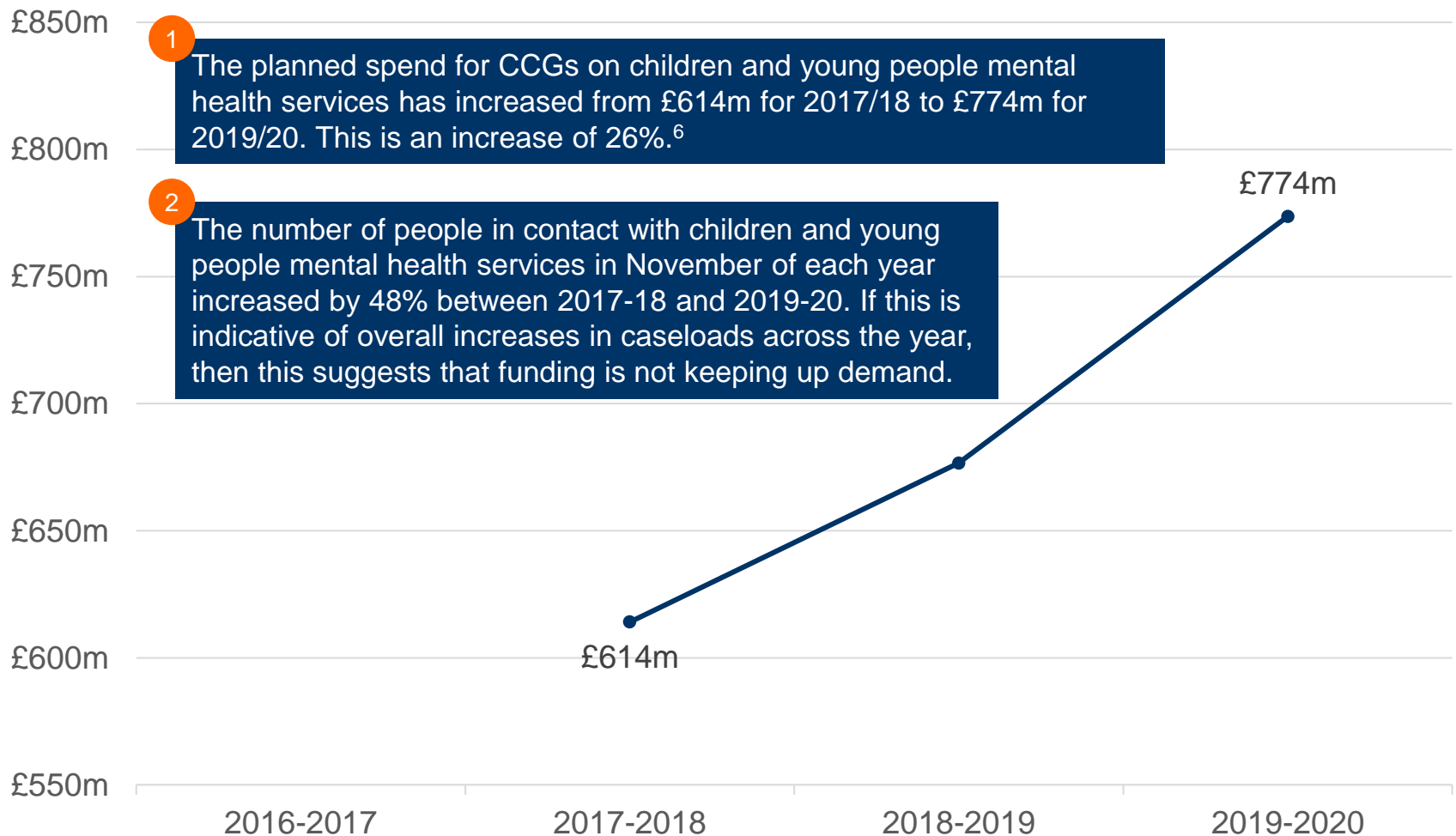
People in contact with children & young people mental health services per 1,000 of population aged 0-18³

(Monthly data, each November)



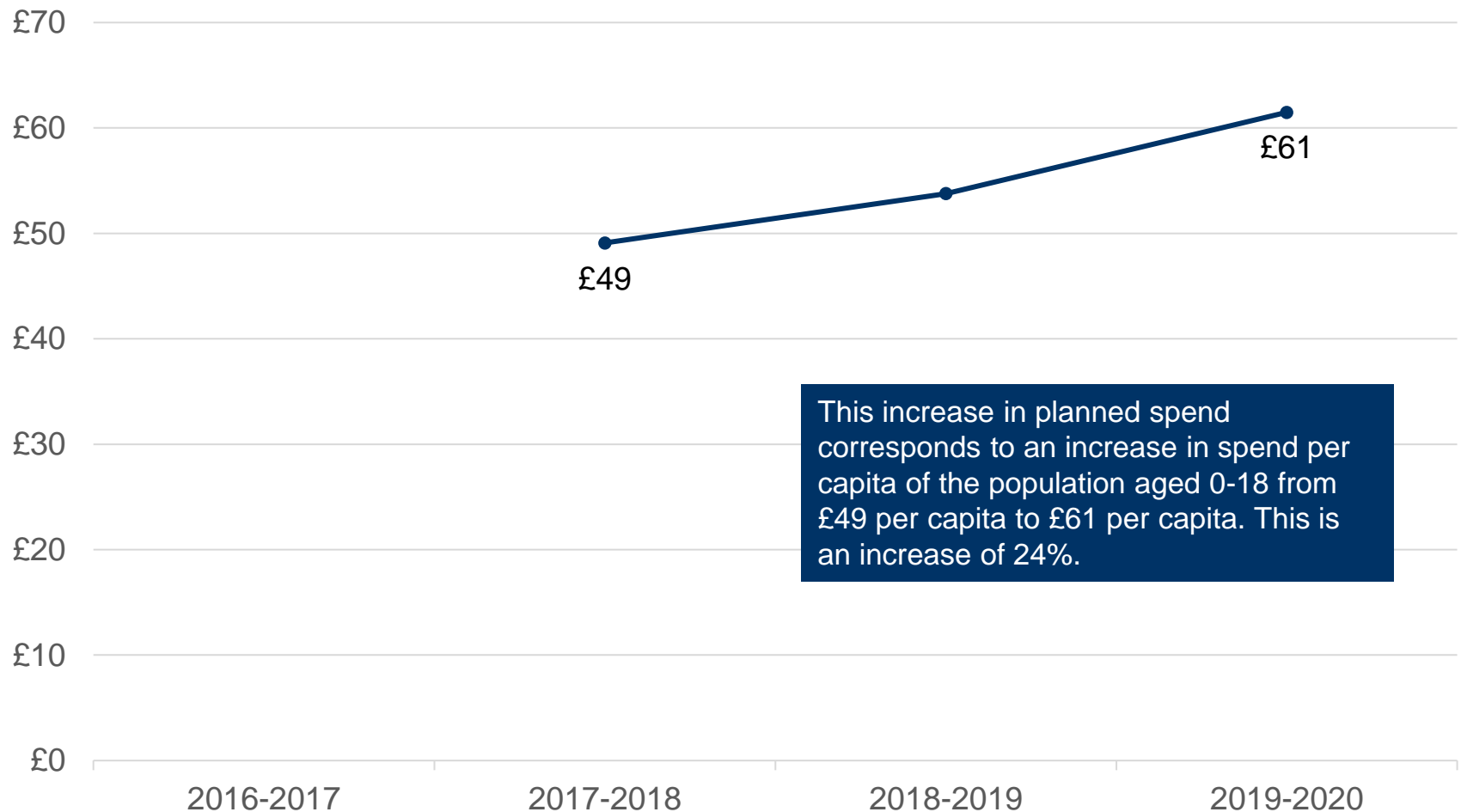
Children & young people mental health services planned CCG annual spend⁴

(Annual data)⁵



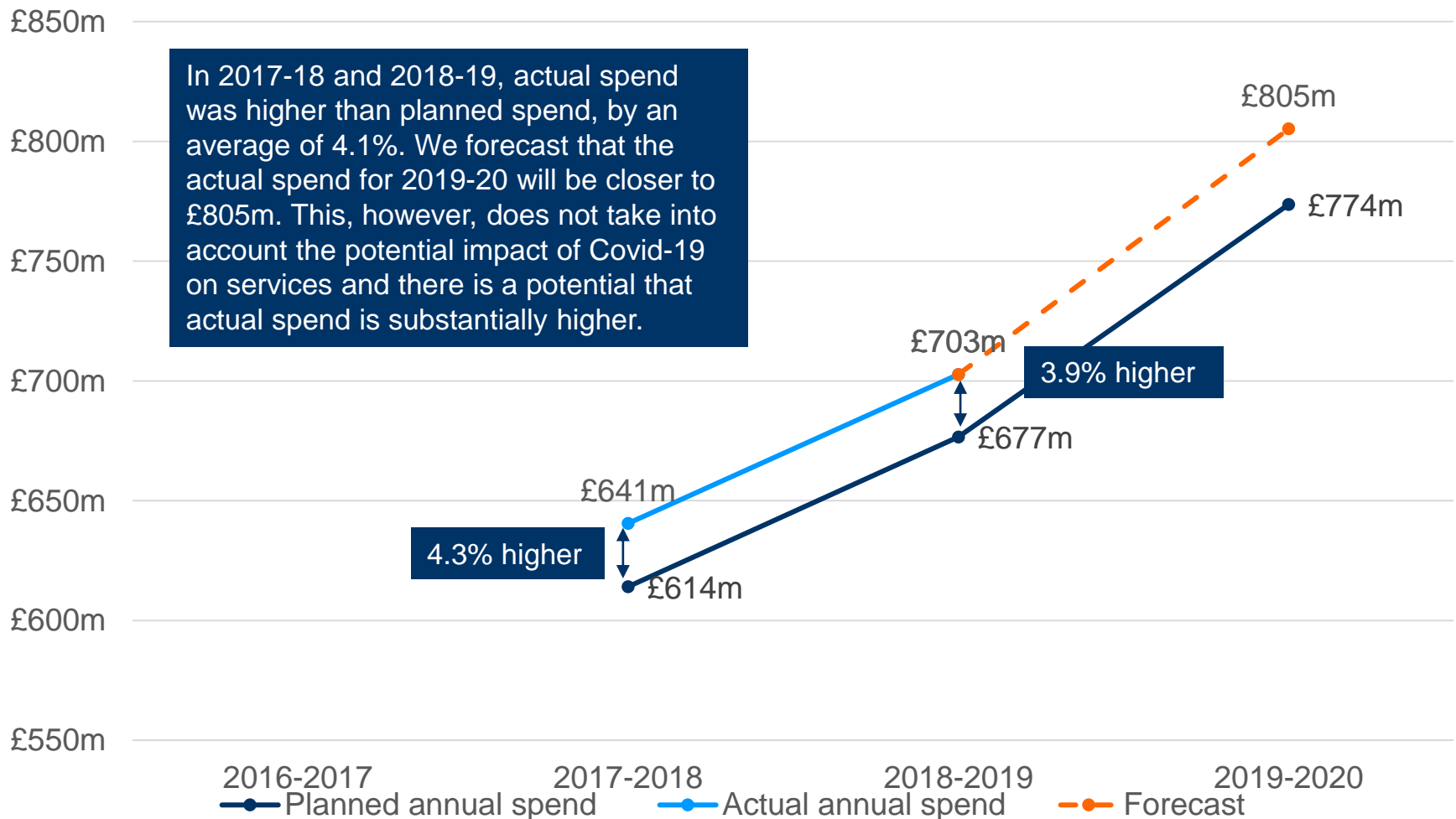
Children & young people mental health services planned CCG annual spend per capita

(Annual data, for population aged 0-18³)



Children & young people mental health services CCG planned spend vs. actual spend

(Annual data)

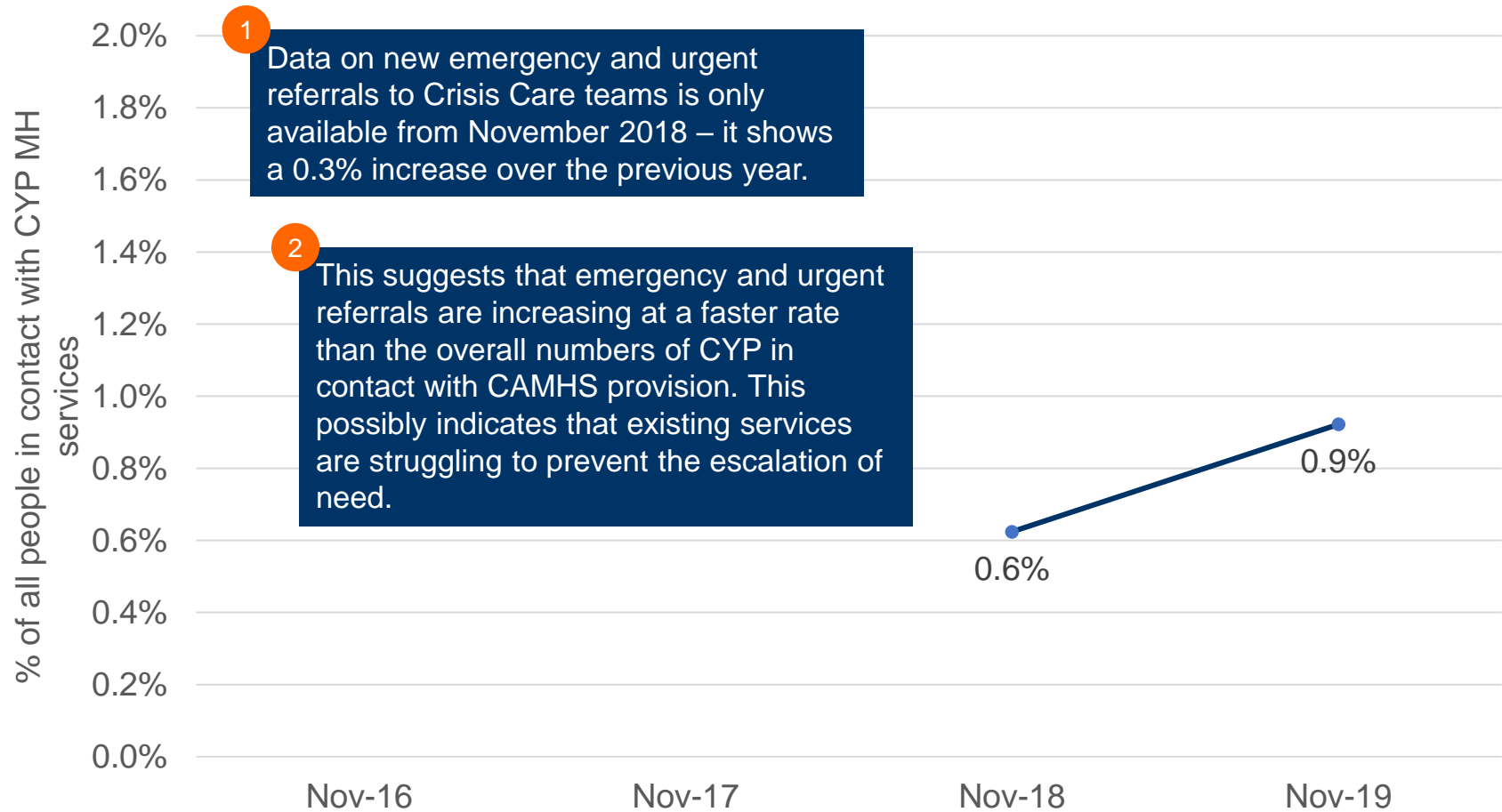


Other indicators

- The remainder of this section looks at indicators for more acute CAMHS provision.
- This reflects the data that is publicly available.
- We feel these indicators might give some insight into some of the pressures faced across CAMHS, not just those at higher tiers. Hence their inclusion.

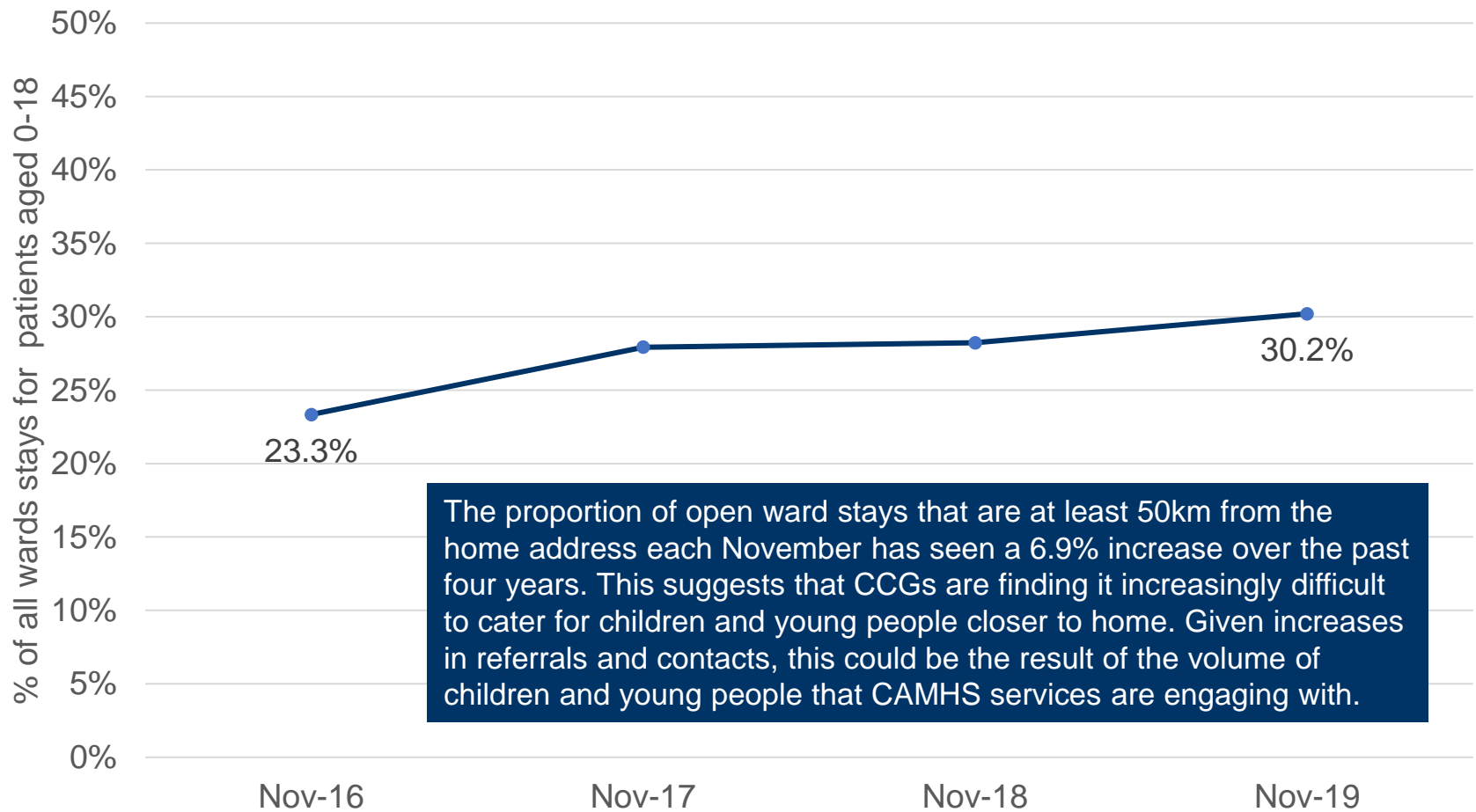
New emergency referrals & urgent referrals to crisis care teams

(for patients aged 0-17 as a percentage of all people in contact with children and young people mental health services, monthly data, November)



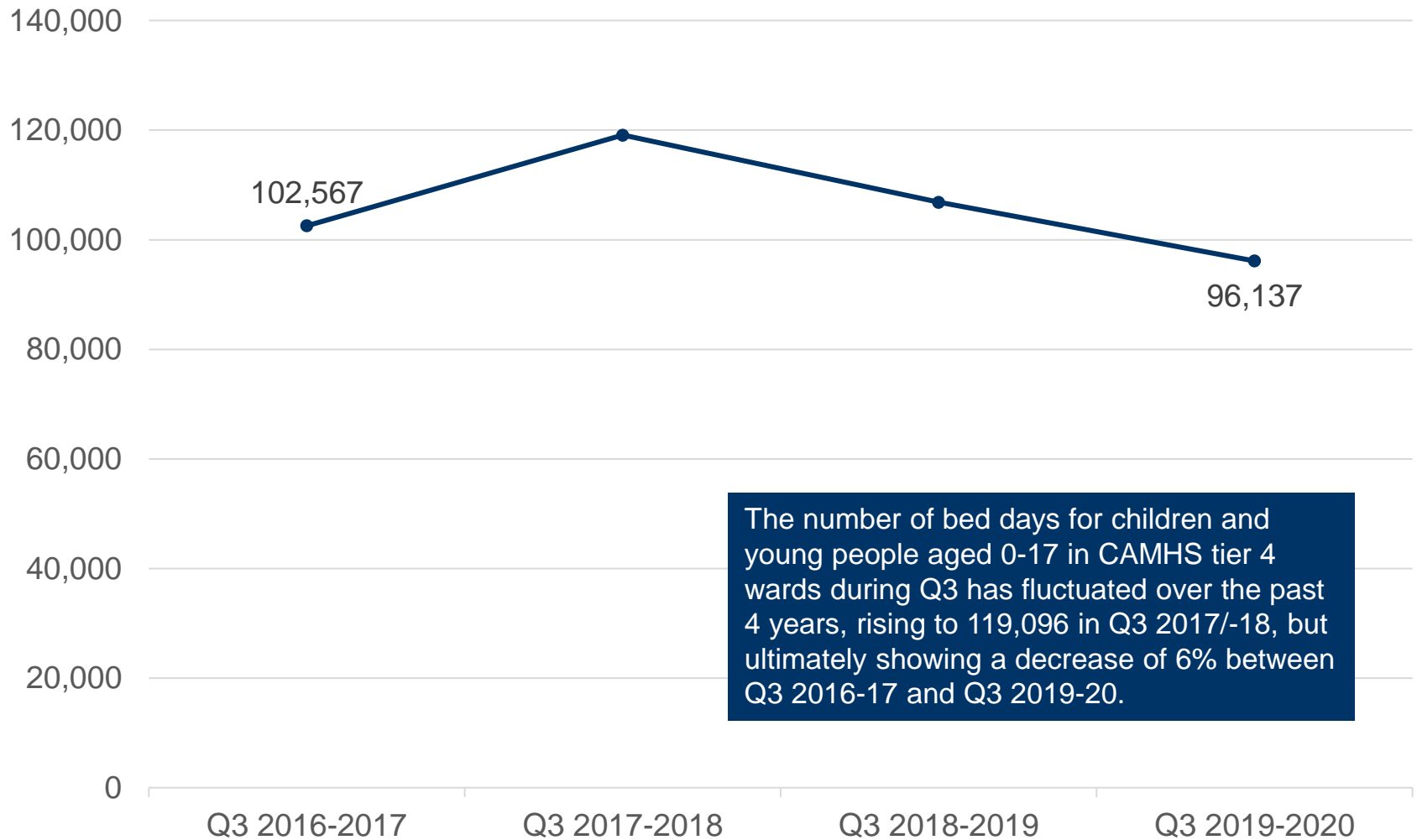
Open wards stays at least 50km from home address

[for patients aged 0-18, as a percentage for all ward stays for patients aged 0-18, monthly data, November)



Number of bed days for children & young people under 18 in CAMHS tier 4 wards

(Quarterly data, Q3)

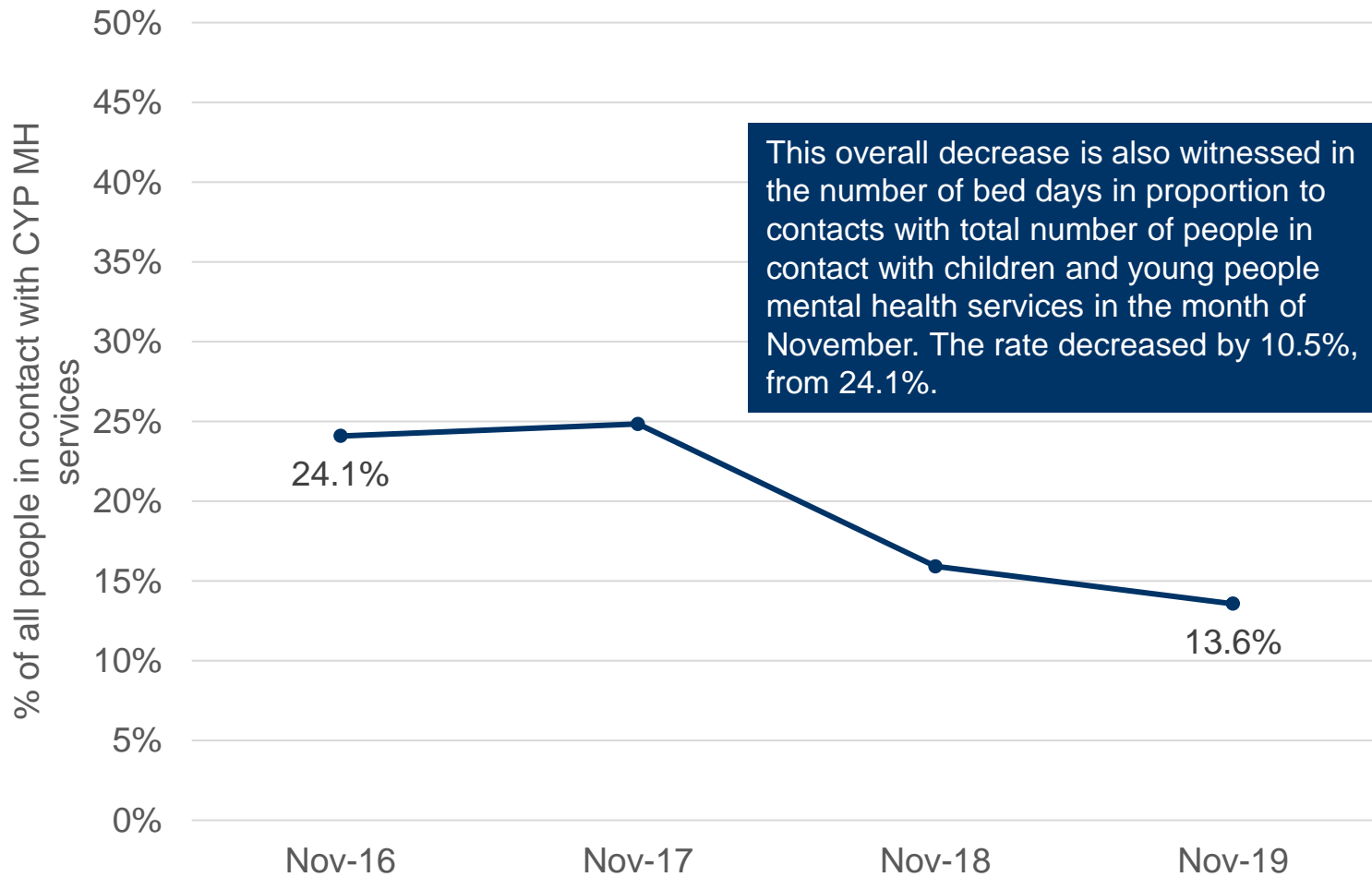


The number of bed days for children and young people aged 0-17 in CAMHS tier 4 wards during Q3 has fluctuated over the past 4 years, rising to 119,096 in Q3 2017/-18, but ultimately showing a decrease of 6% between Q3 2016-17 and Q3 2019-20.

Bed days of children & young people under 18 in CAMHS tier 4 wards

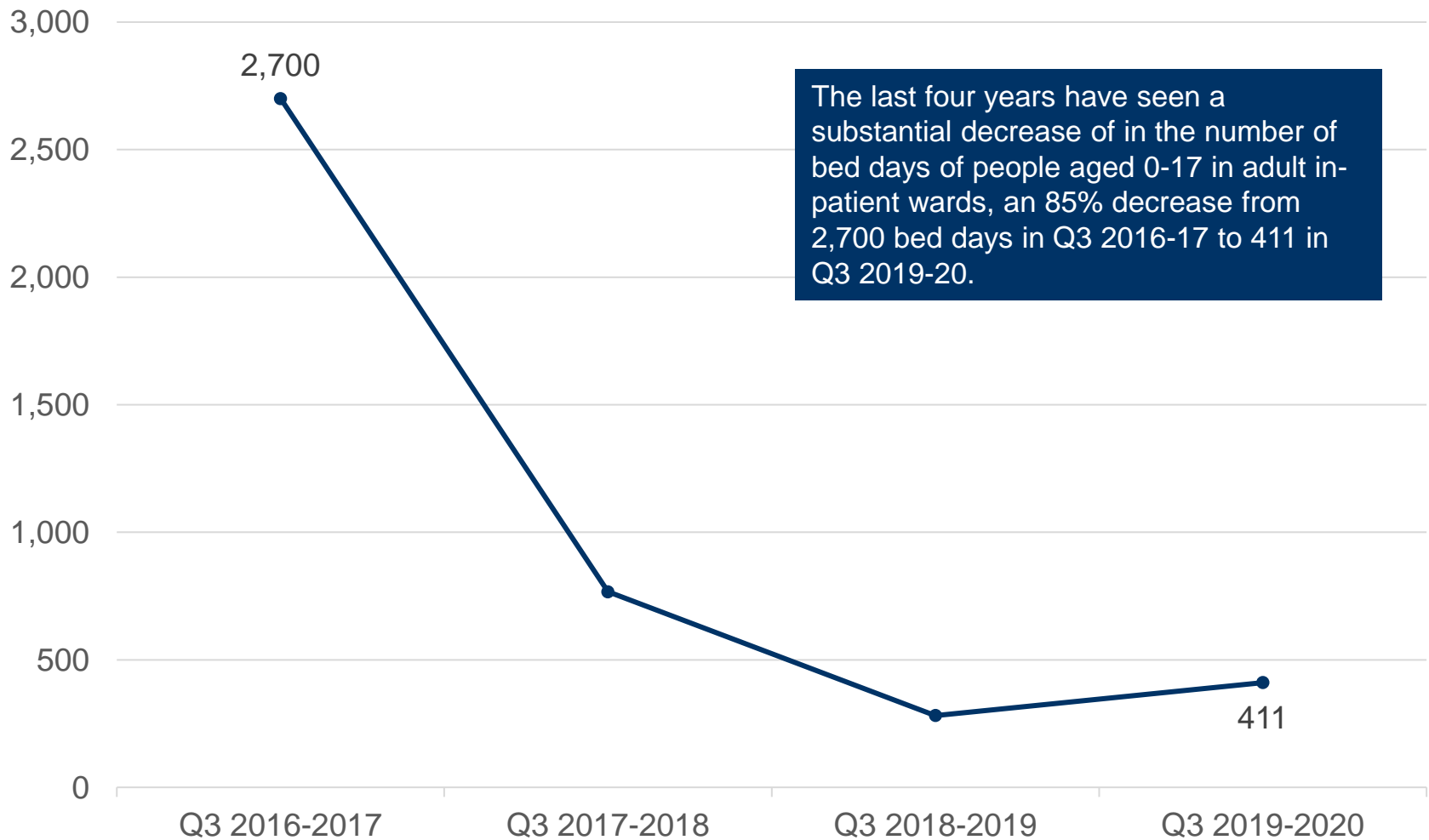


(as a percentage of all people in contact with children & young people mental health services, monthly data interpolated from quarterly data)⁷



Bed days of children & young people under 18 in adult in-patient wards

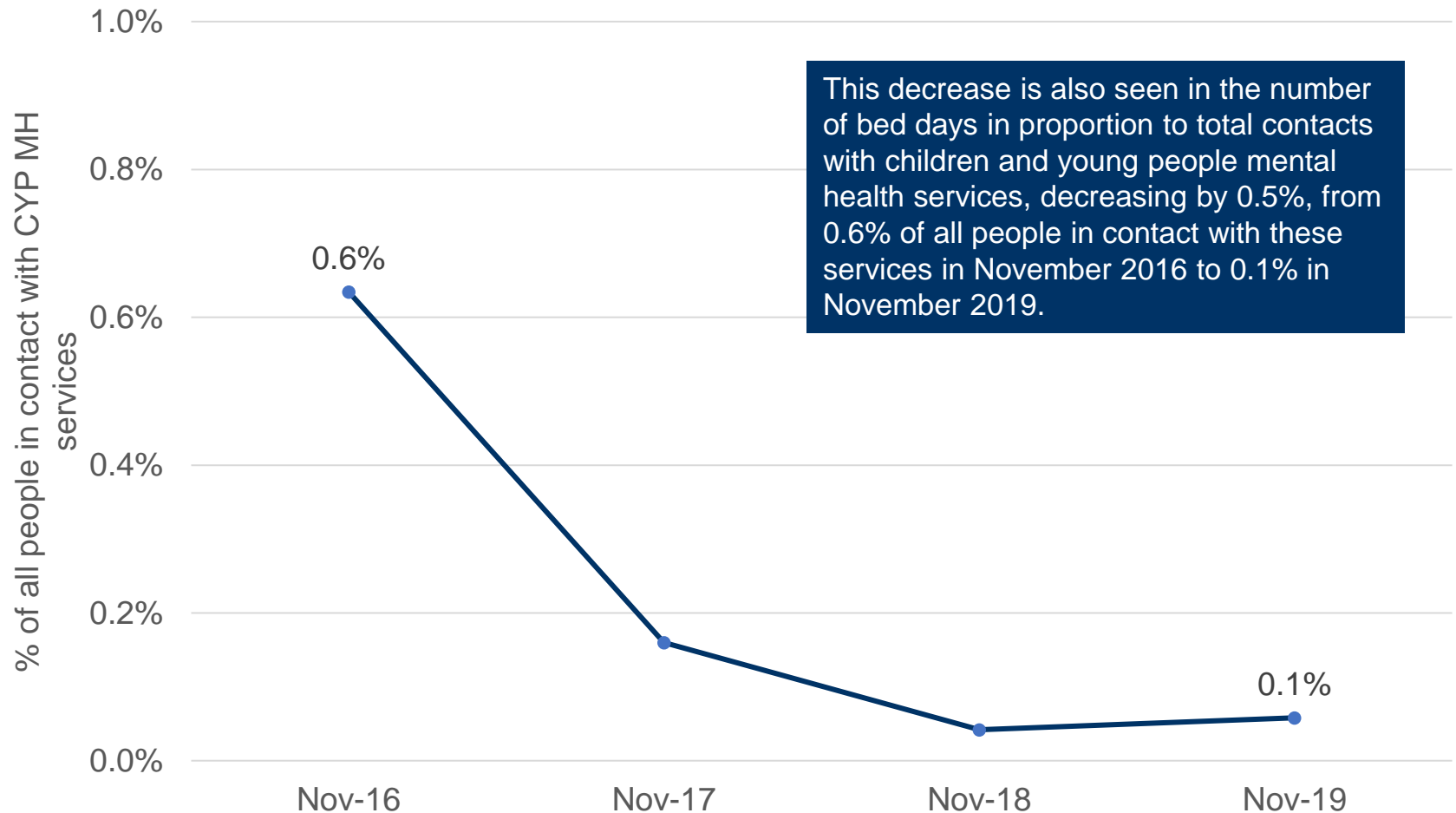
(Quarterly data, Q3)



Bed days of children & young people under 18 in adult in-patient wards



(as a percentage of all people in contact with children & young people mental health services, quarterly data interpolated to monthly, November⁷⁾)



The CAMHS stress-Test

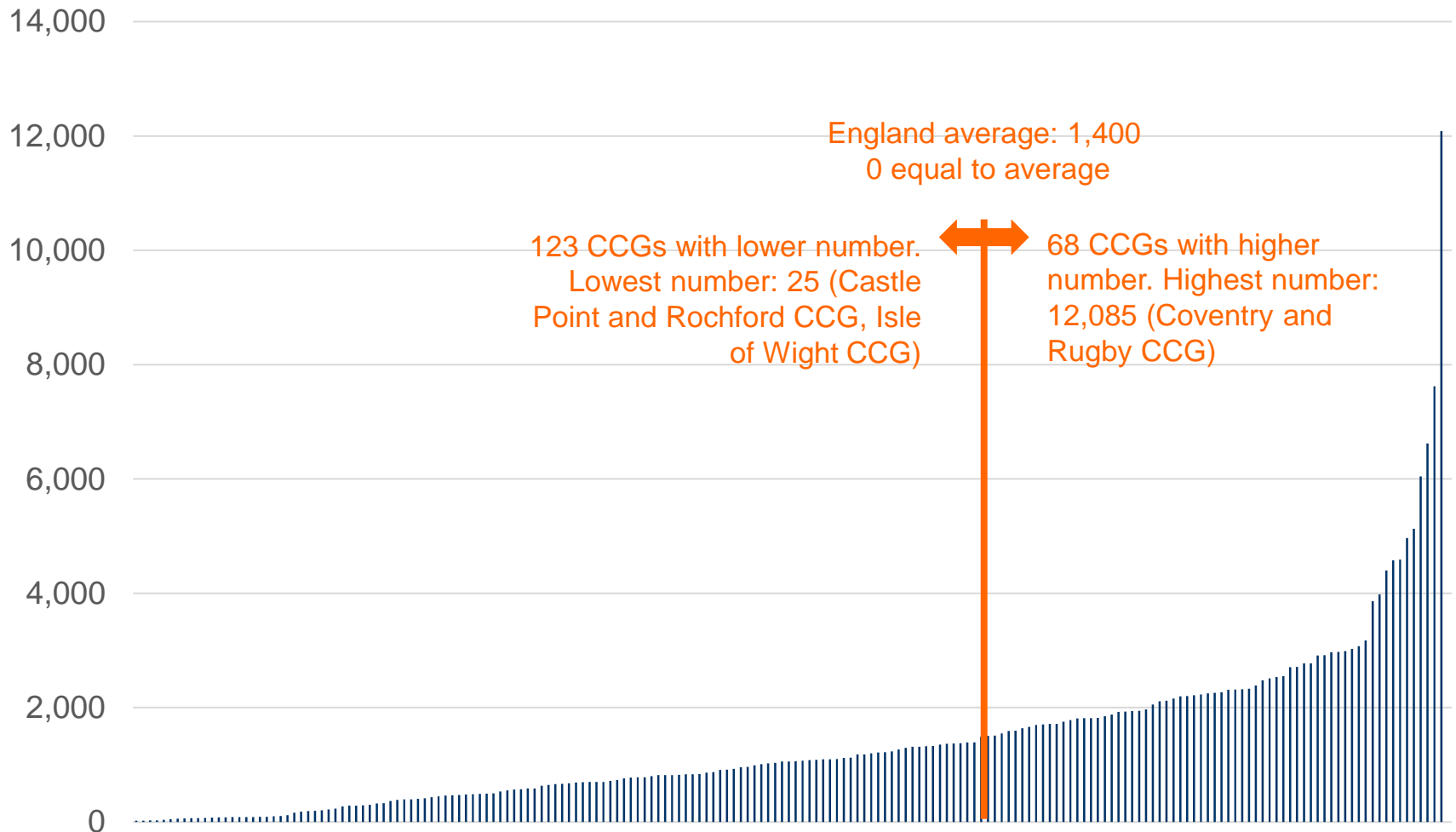
The national averages disguise substantial differences between CCGs

We have chosen 19 indicators to be part of the stress-test

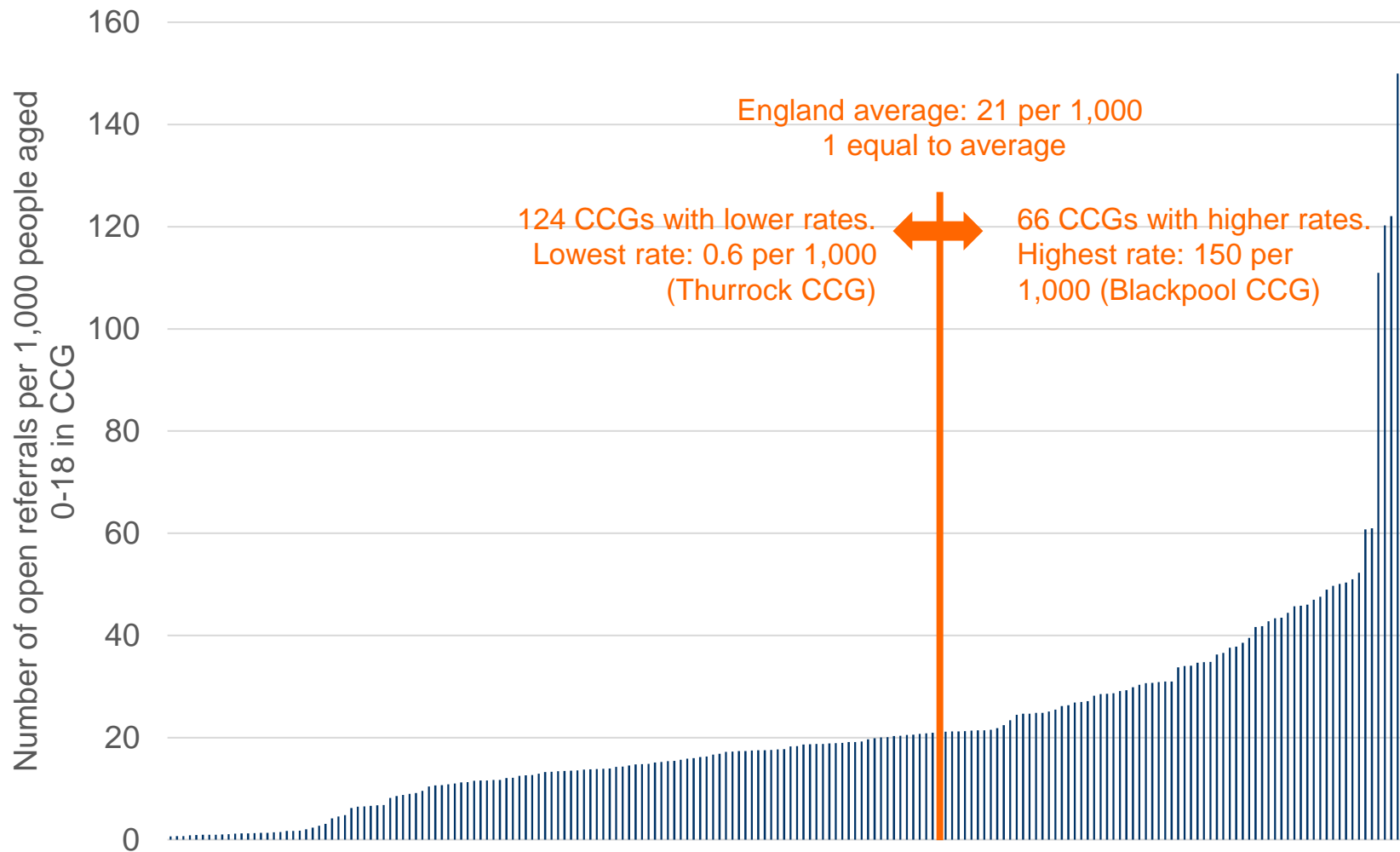
- Open referrals in CYP MH services (Nov 2019)
- Open referrals in CYP MH services per 1,000 0-18 population (Nov 2019)
- Percentage change in number of open referrals (Nov 2016 to Nov 2019)
- People in contact with CYP MH services (Nov 2019)
- People in contact with CYP MH services per 1,000 0-18 population (Nov 2019)
- Percentage change in people in contact (Nov 2016 to Nov 2019)
- CYP MH services CCG planned spend (2019-20)
- Planned spend per capita (2019-20)
- Change in CYP MH planned spend per capita (2017-18 to 2019-20)
- New emergency & urgent referrals to crisis care (Nov 2019)
- Percentage change in new emergency & urgent referrals to crisis care teams (2018-2019)
- Number of open ward stays at least 50km from home address (2019)
- Percentage change in number of open ward stays at least 50km from home address (2016-19)
- Number of bed days for CYP under 18 in CAMHS tier 4 wards (Q3 2019)
- Percentage bed days of CYP under 18 in CAMHS tier 4 wards (Nov 2019)
- Percentage change in number of bed days of CYP under 18 in CAMHS tier 4 wards (2017-19)
- Number of bed days of CYP under 18 in adult in-patient wards (Q3 2019-20)
- Percentage bed days of CYP under 18 in adult in-patient wards (Q3 Nov 2019)
- Percentage change in number of bed days of CYP in adult in-patient wards (Nov 17-19)

See slides for fuller description of each indicator

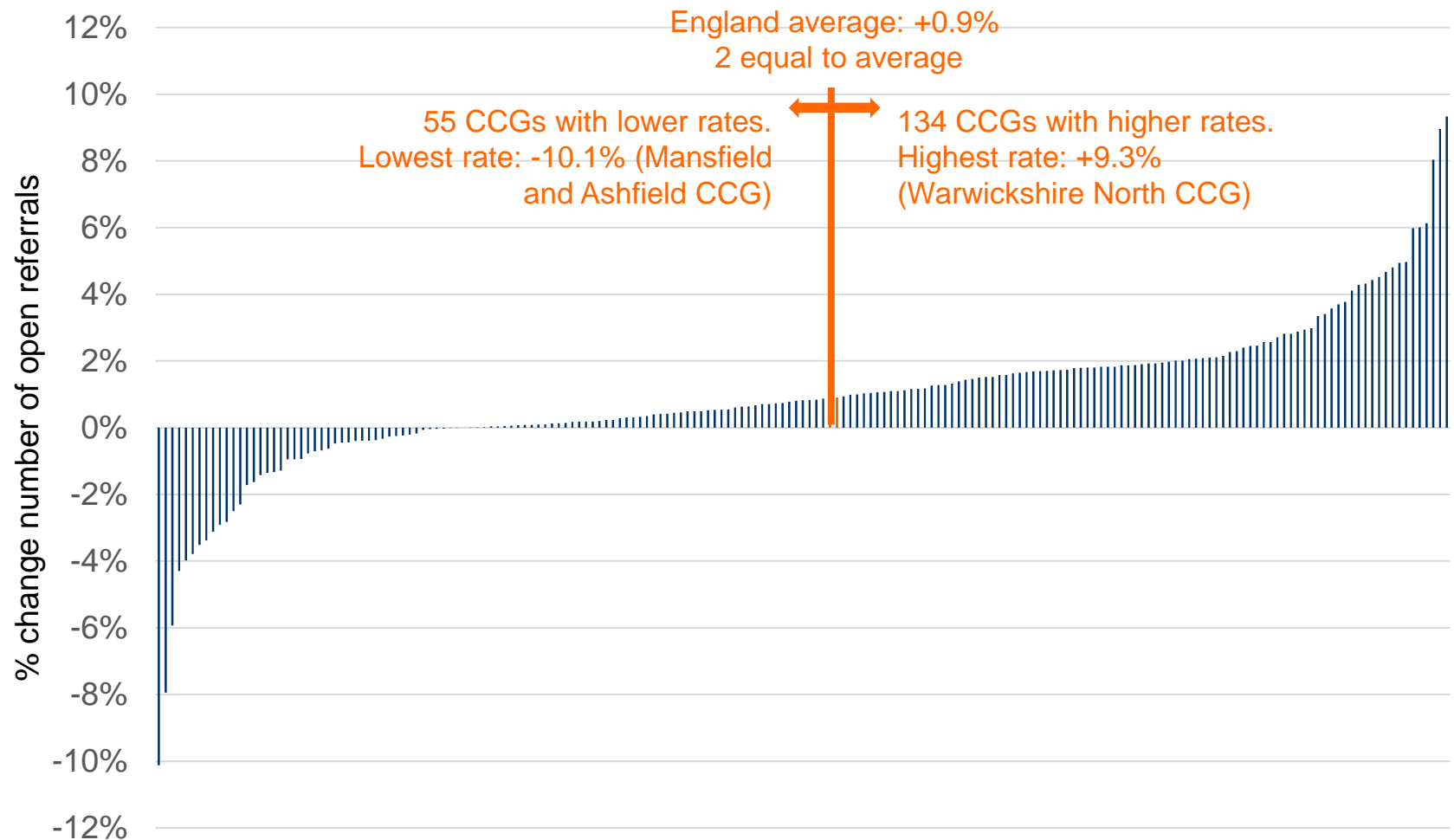
1. Open referrals in children & young people's mental health services (Nov 2019)



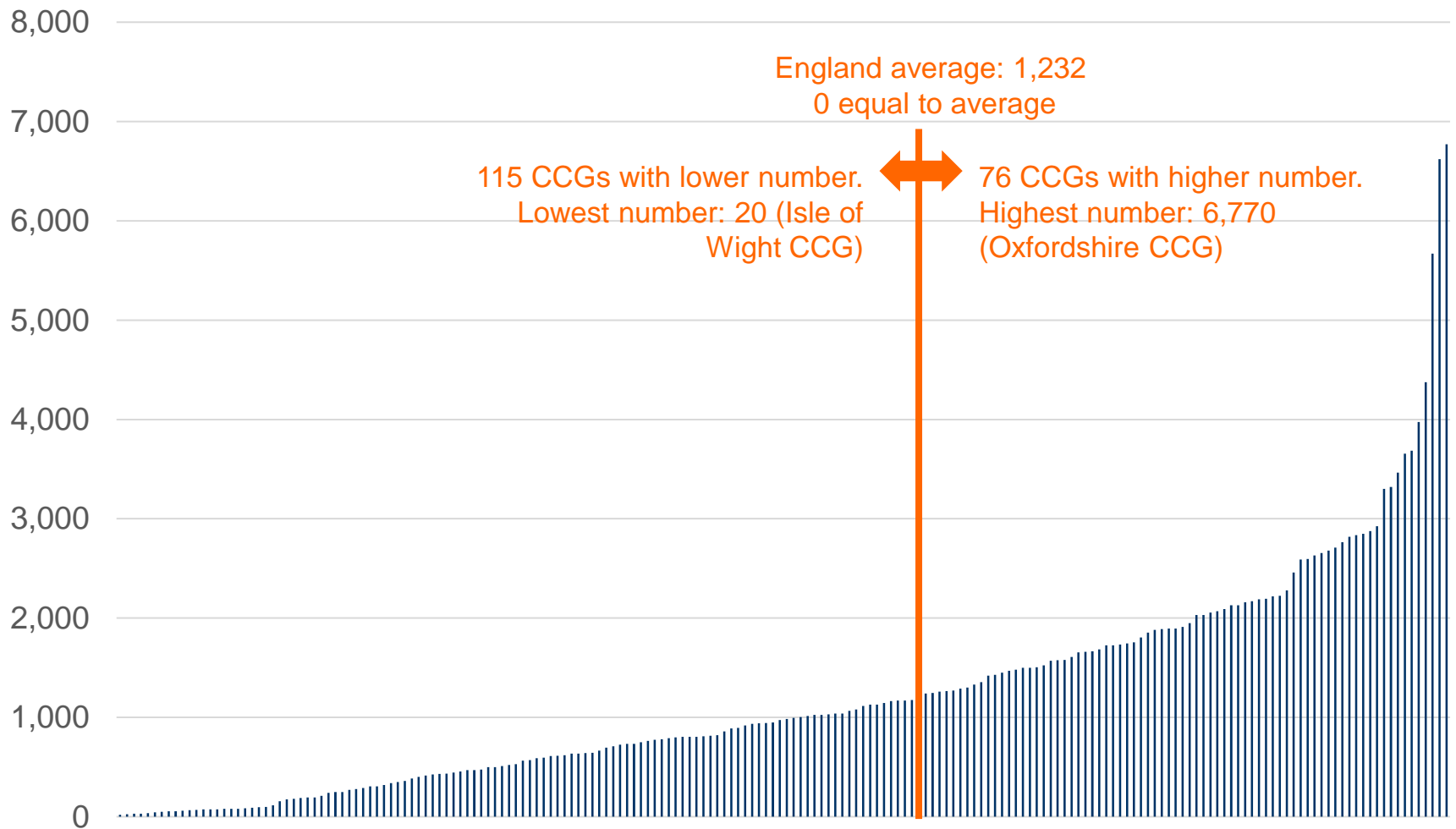
2. Open referrals in CYP mental health services per 1,000 people of CCG population aged 0-18 (Nov 2019)



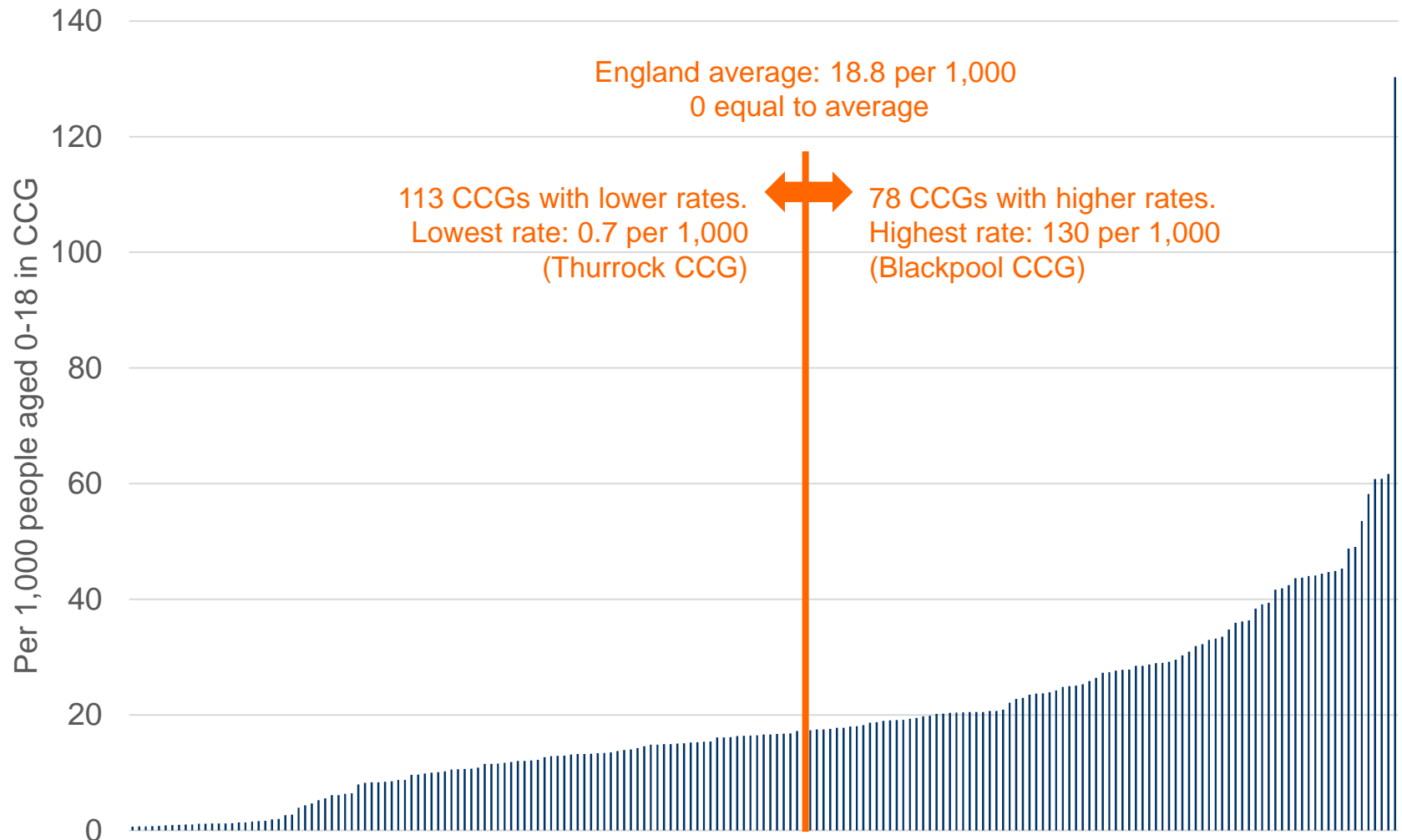
3. Percentage change in number of open referrals in CYP mental health services (Nov 2016 - Nov 2019)



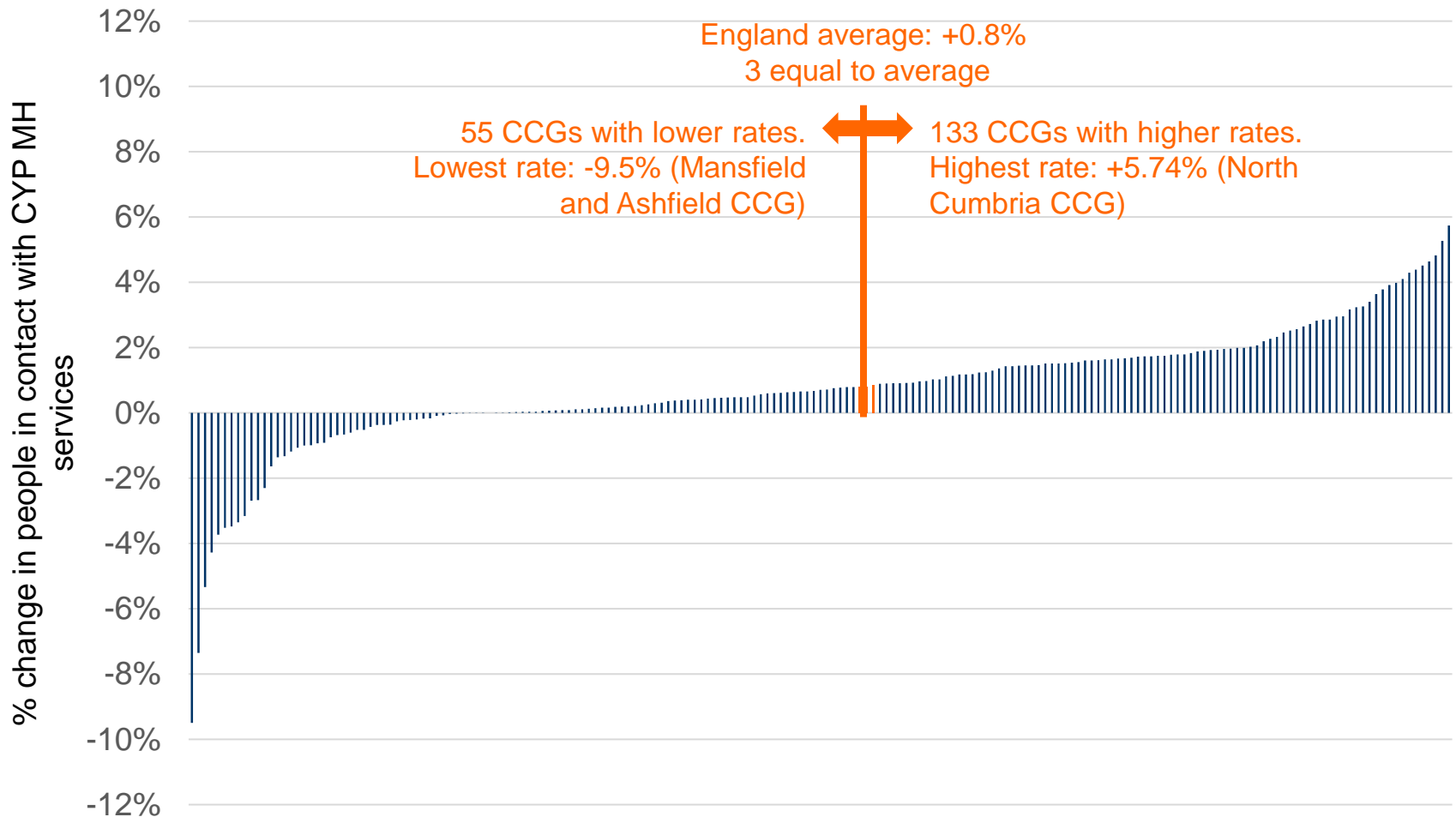
4. People in contact with children & young people mental health services (Nov 2019)



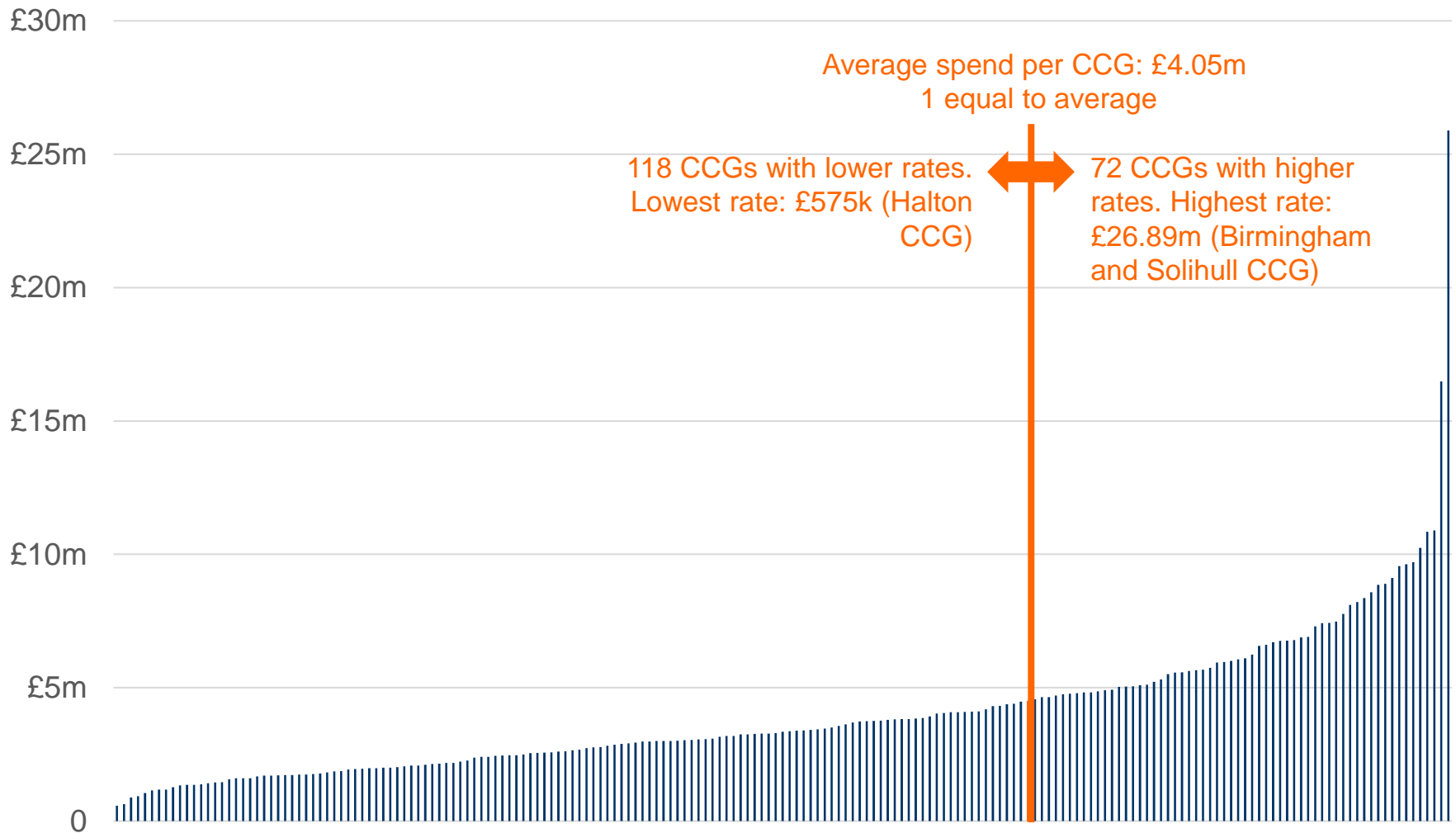
5. Number of people in contact with CYP mental health services per 1,000 people of CCG population aged 0-18 (Nov 2019)



6. Percentage change in people in contact with CYP mental health services (Nov 2016 - Nov 2019)

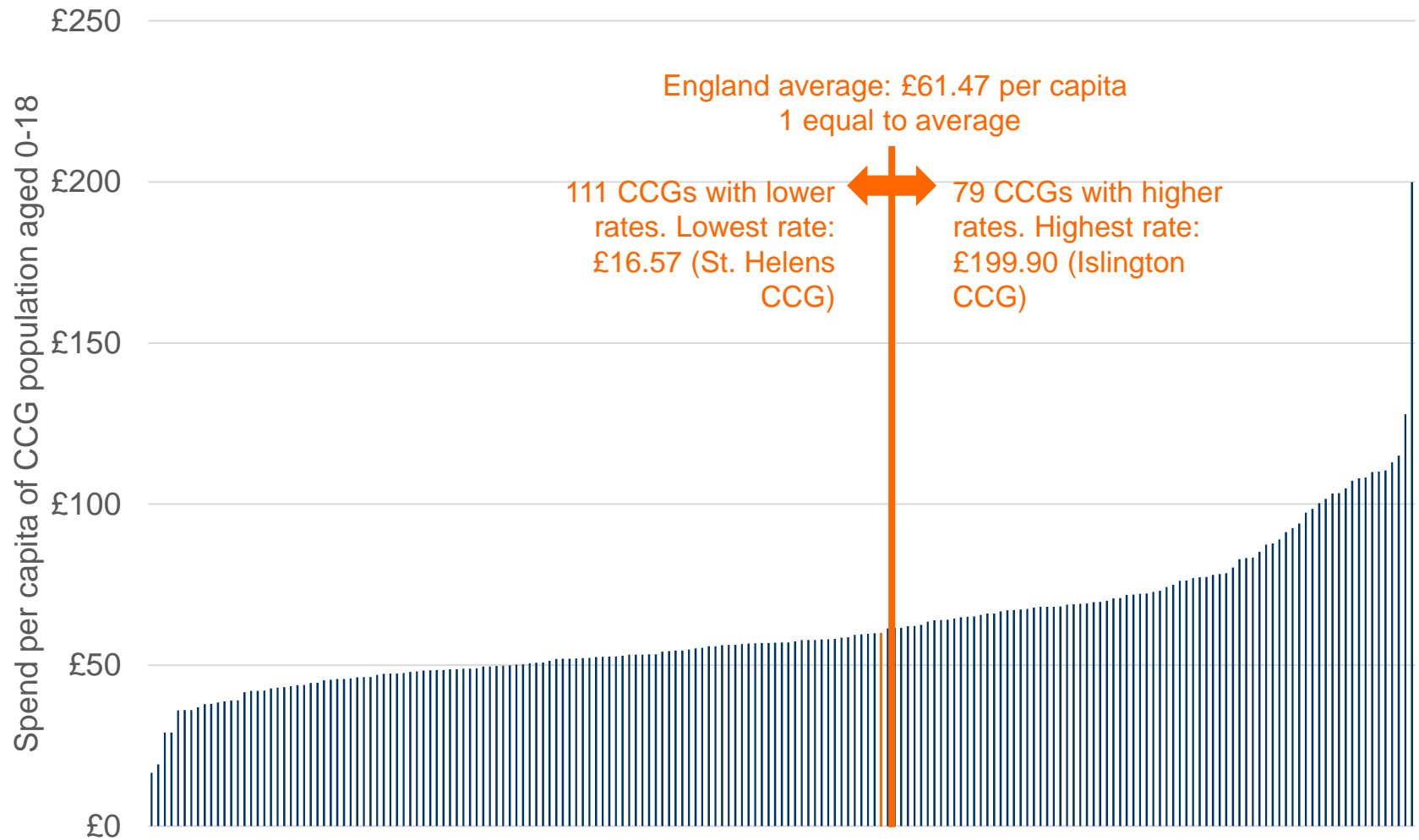


7. CYP mental health services CCG planned spend⁴ (2019/2020 planned spend)



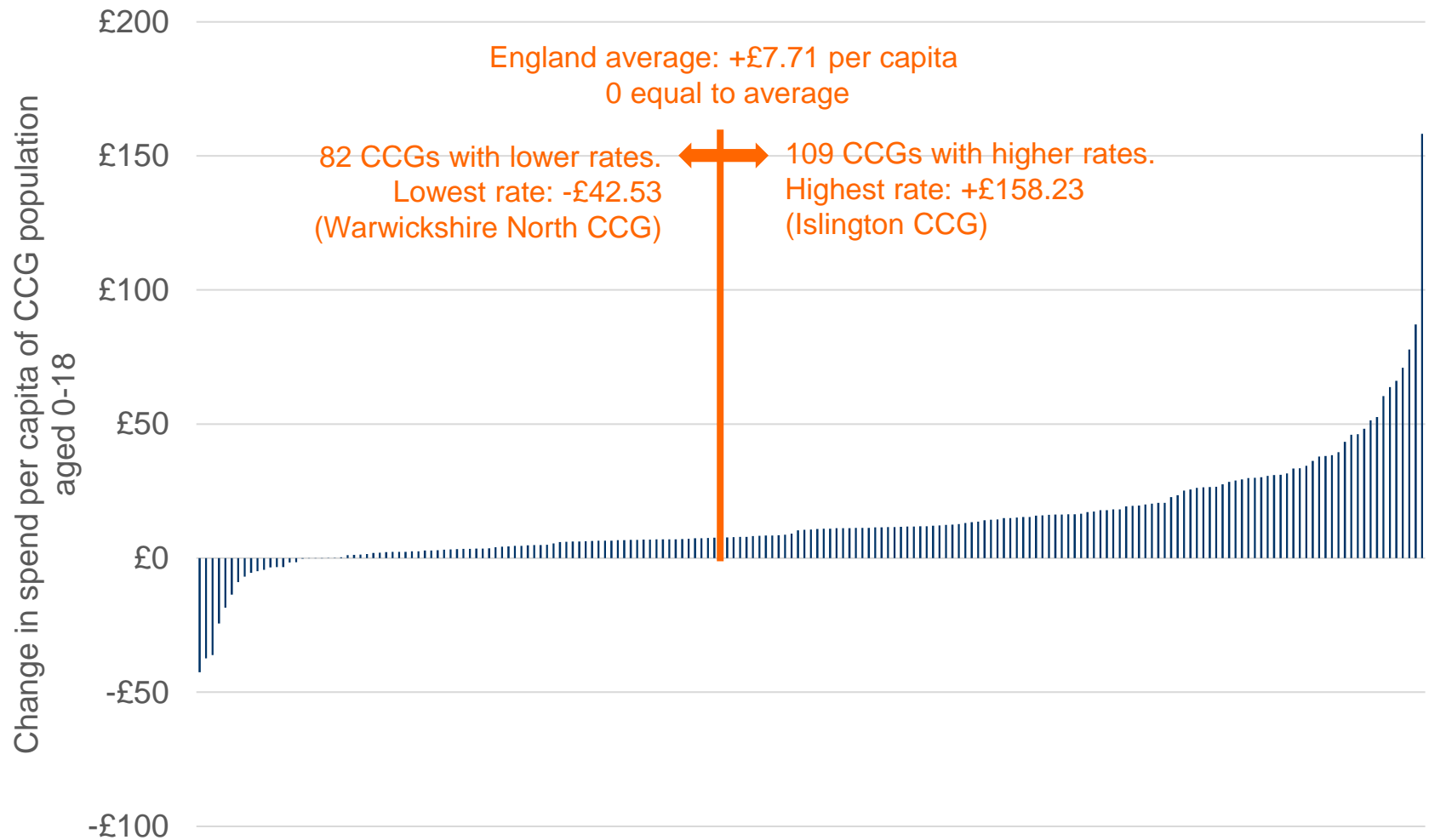
8. Spend per capita on CYP Mental Health

(of CCG population 0-18 (2019-20 planned spend))



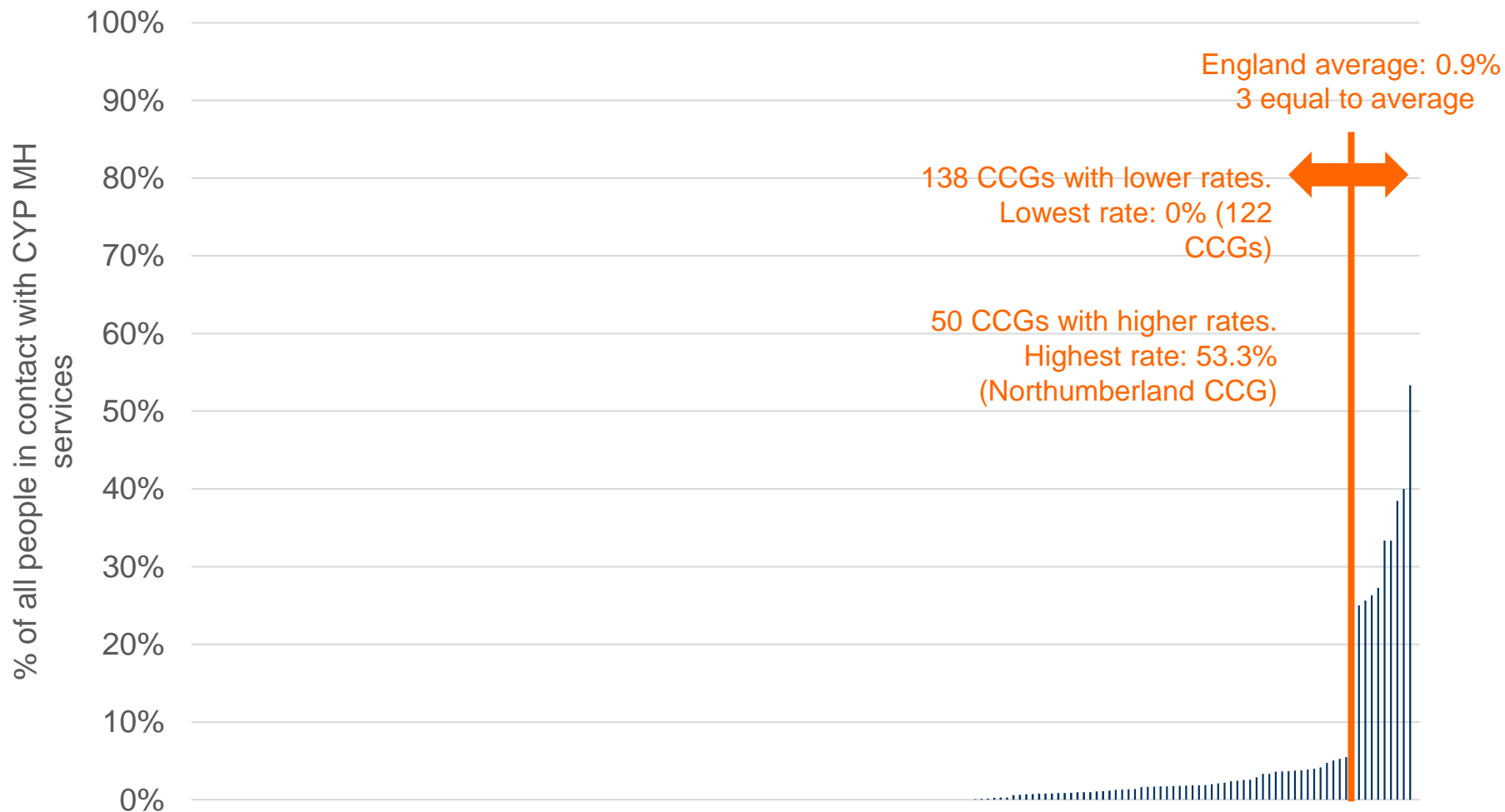
9. Change in CYP mental health planned CCG spend per capita

(for population aged 0-18 (2017-18 planned spend – 2019-20 planned spend))⁵



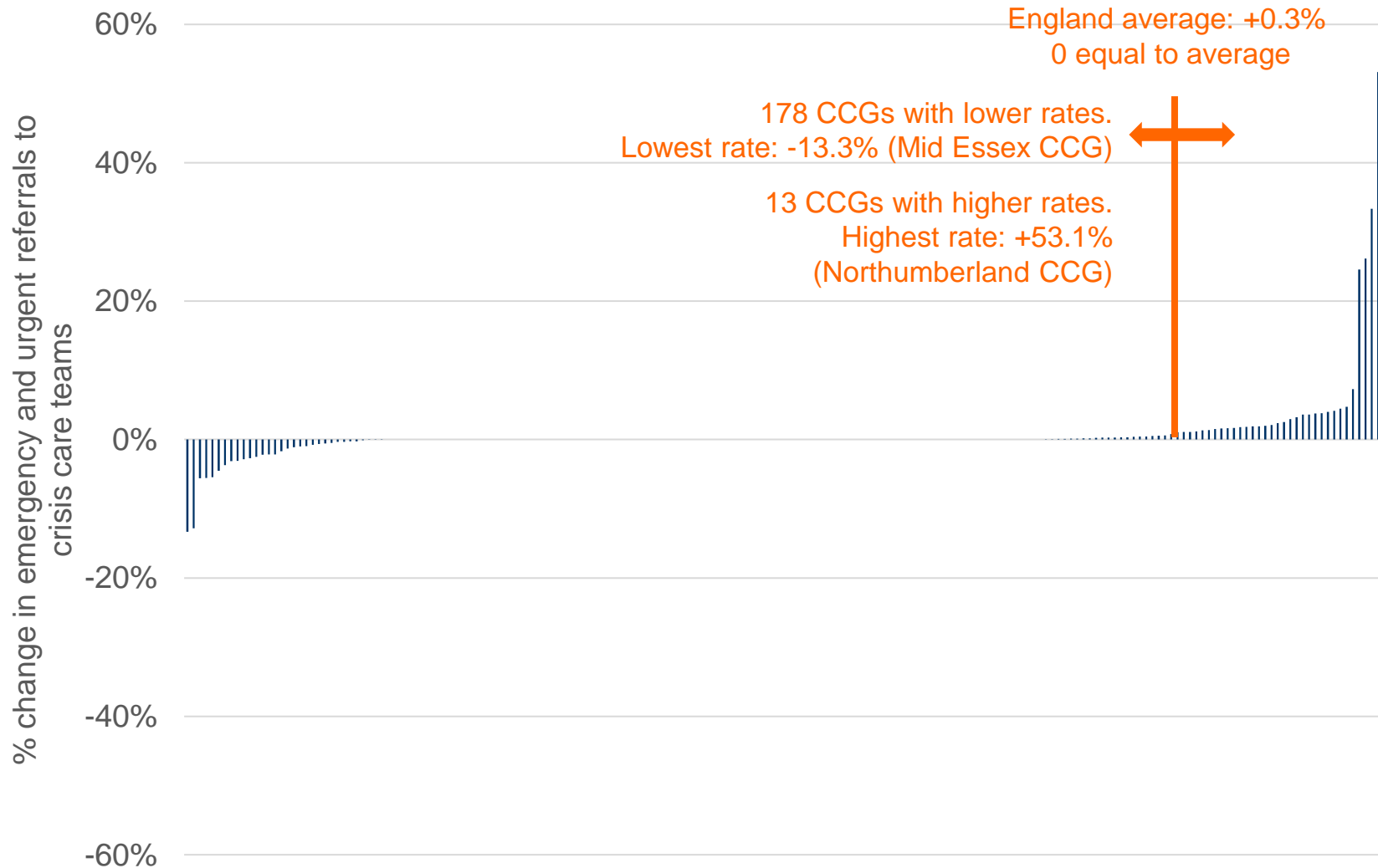
10. New emergency & urgent referrals to crisis care

(for patients aged 0-17 as a percentage of all people in contact with CYP mental health services (Nov 2019))



11. Percentage change in new emergency & urgent referrals to crisis care teams

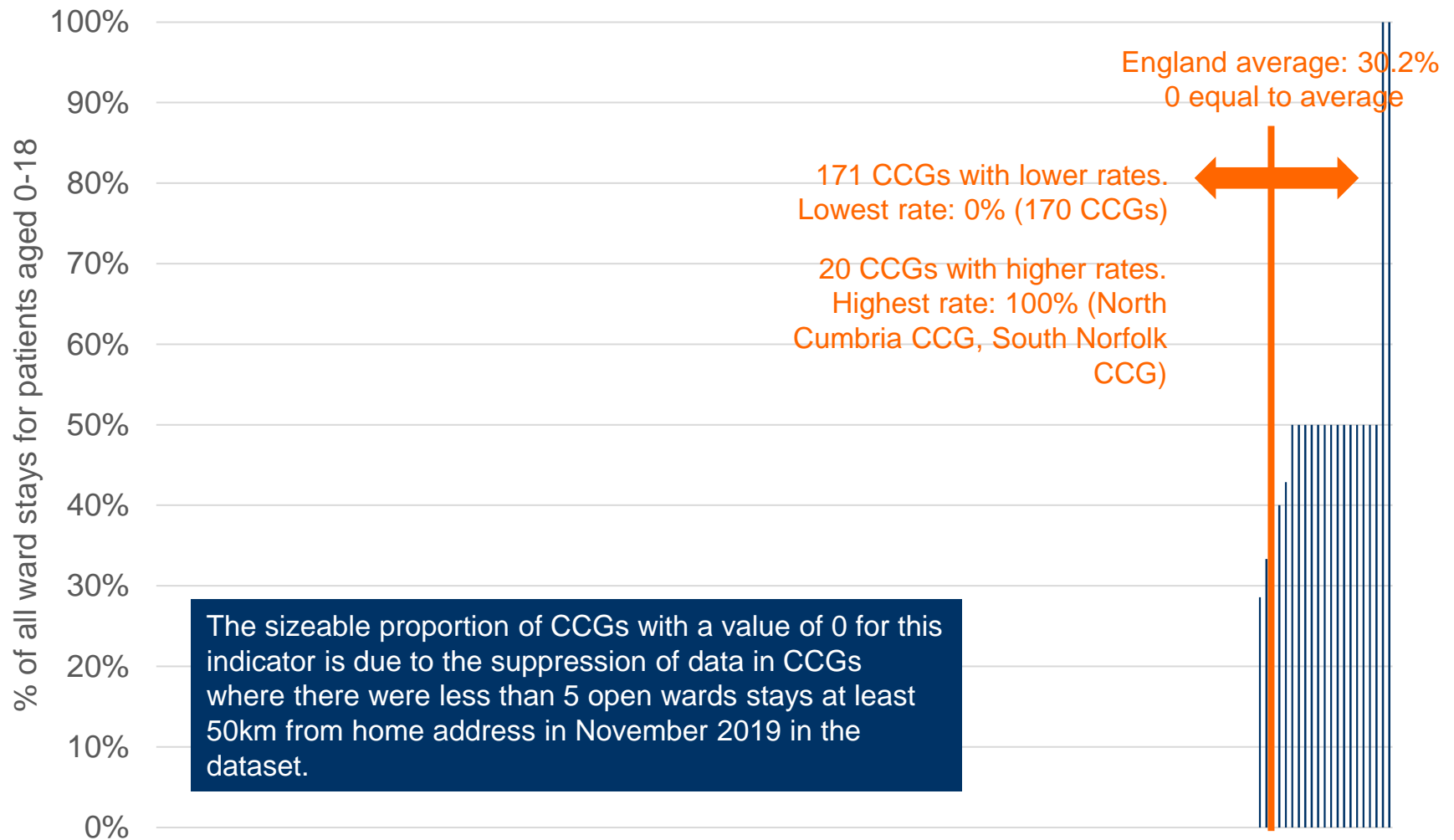
(for patients aged 0-17 as a percentage of all people in contact with CYP mental health services (Nov 2018 - Nov 2019))⁸



12. Number of open ward stays at least 50km from home address



(for patients aged 0-18 as a percentage of all ward stays for patients aged 0-18 (Nov 2019))



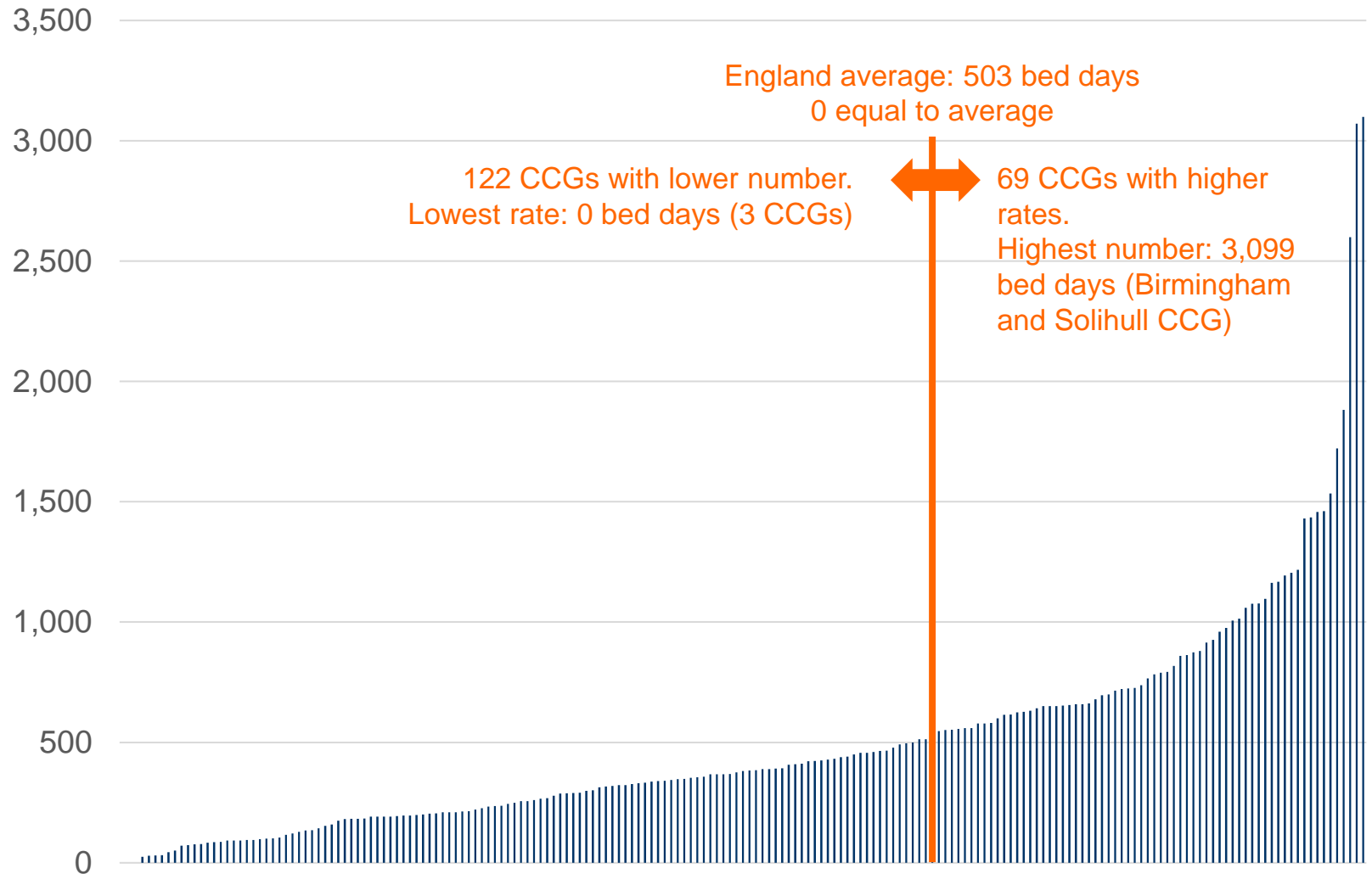
13. Percentage change in number of open ward stays at least 50km from home address

(as a percentage of all ward stays for patients aged 0-18 (Nov 2016 - Nov 2019))



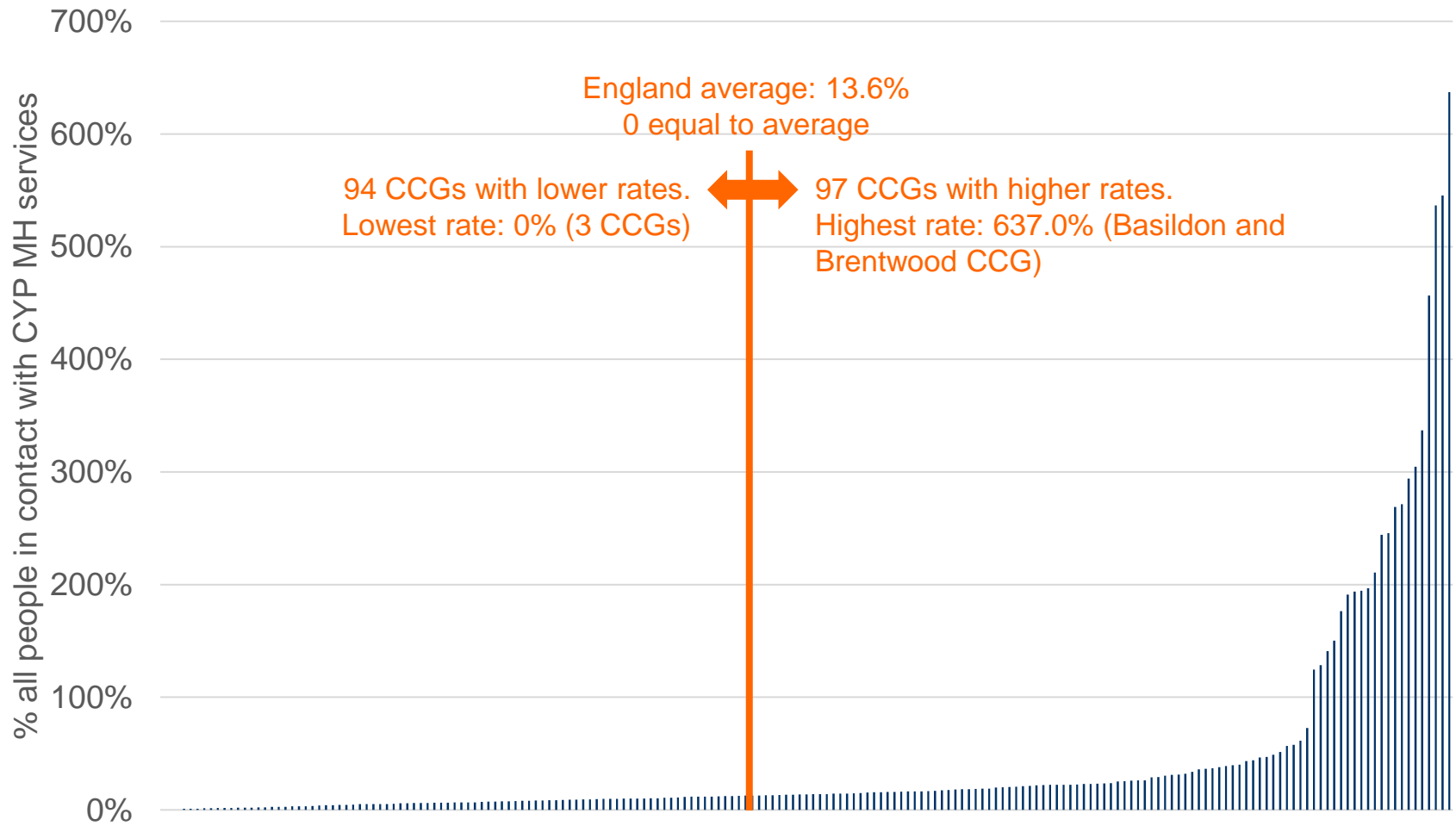
14. Number of bed days for children and young people under 18 in CAMHS tier 4 wards

(Q3 2019/20)



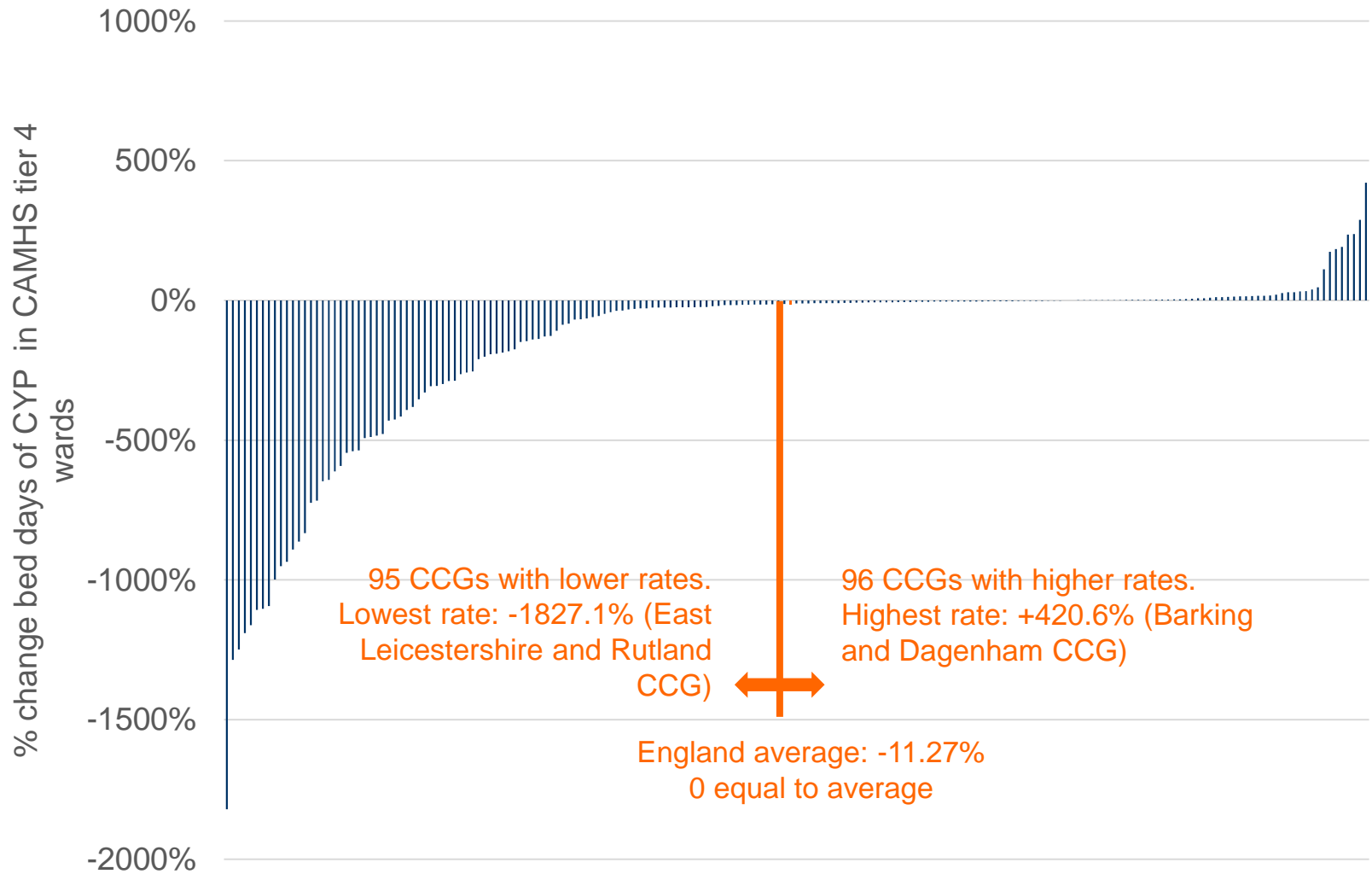
15. Bed days of children & young people under 18 in CAMHS tier 4 wards

(as a % of all people in contact with CYP mental health services⁷ (Nov 2019))

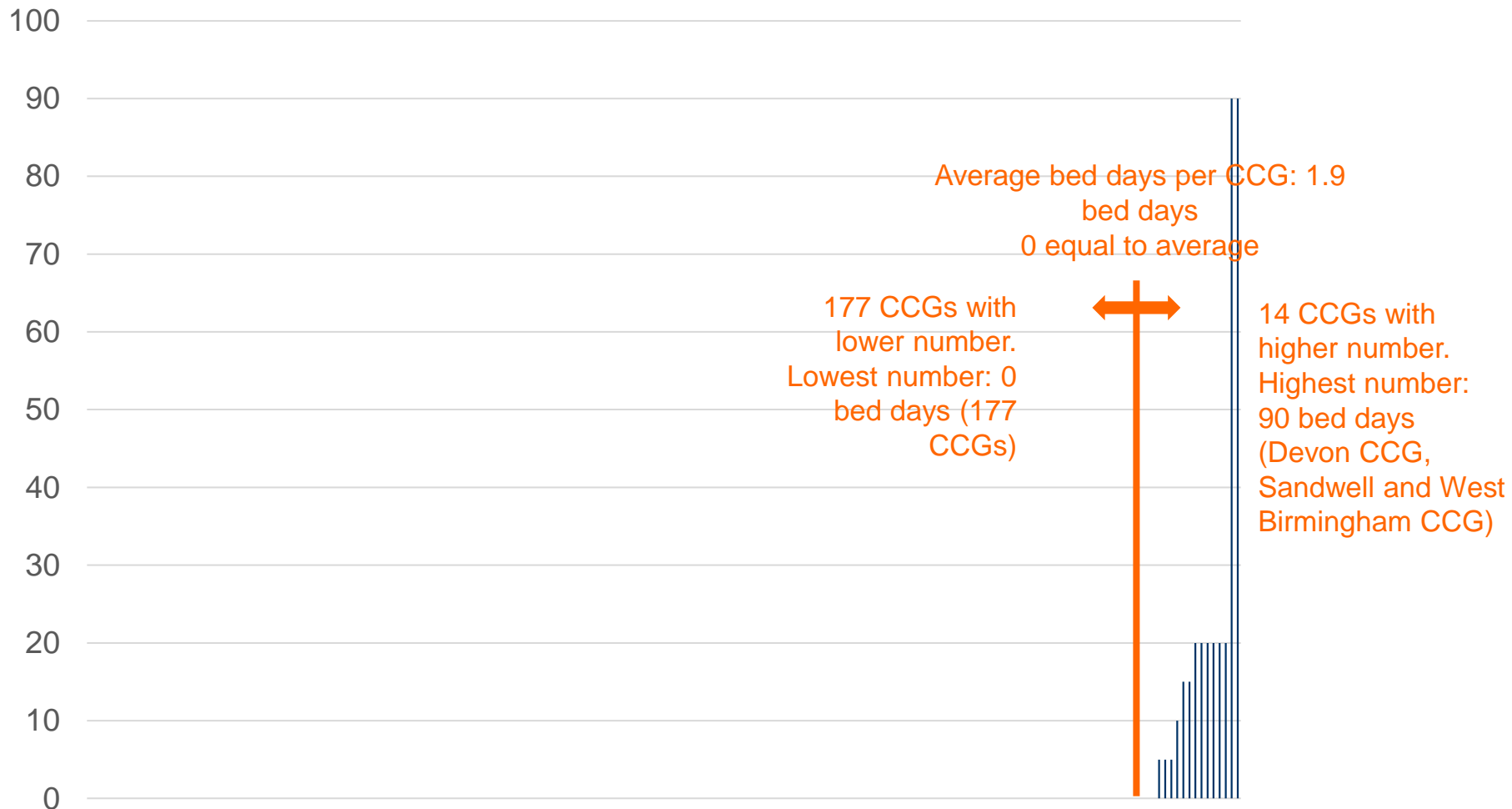


16. Percentage change in number of bed days of CYP under 18 in CAMHS tier 4 wards

(as a % of people in contact with CYP mental health services (Nov '17 – Nov '19))

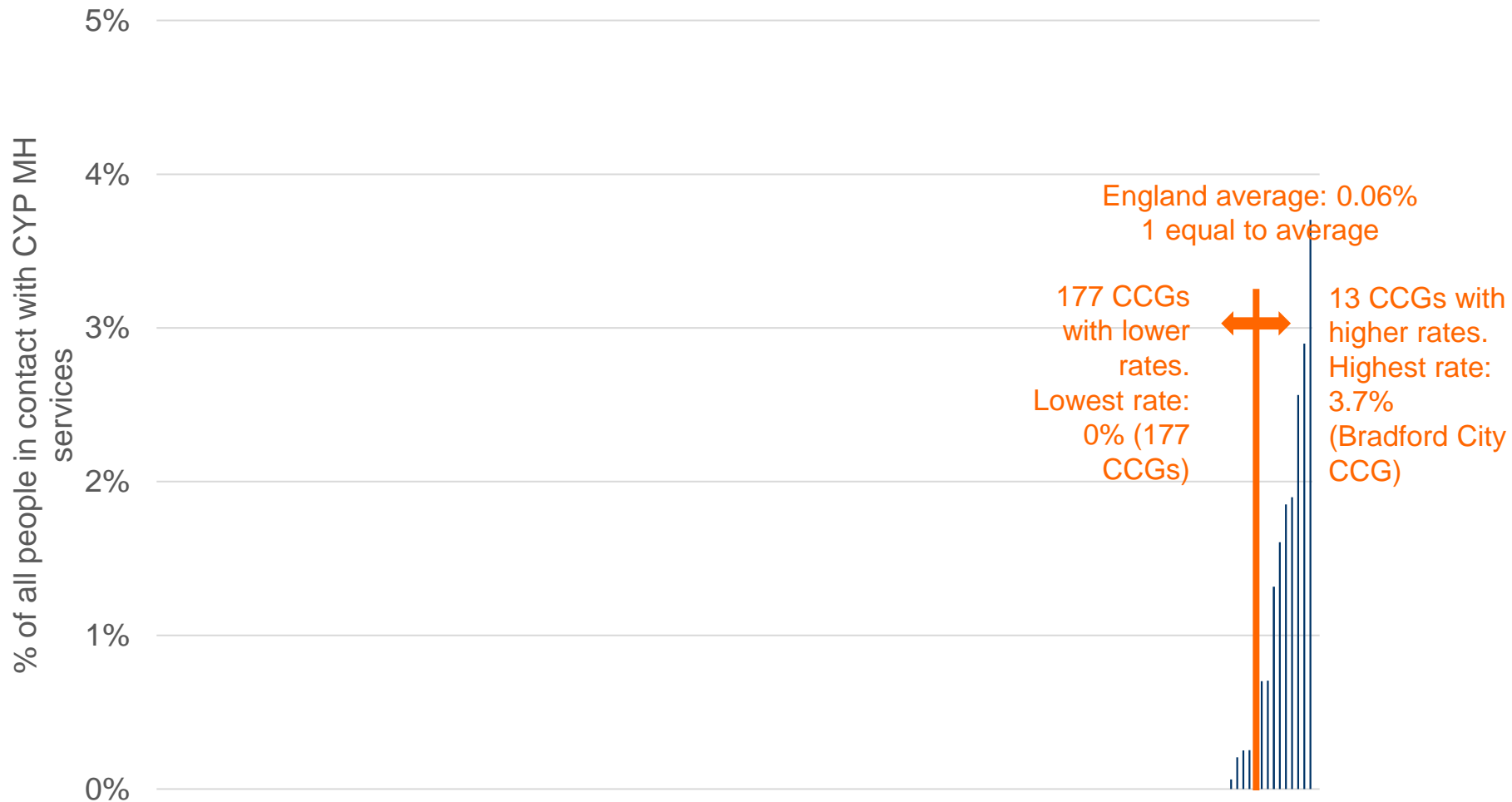


17. Number of bed days of children and young people under 18 in adult in-patient wards (Q3 2019/20)



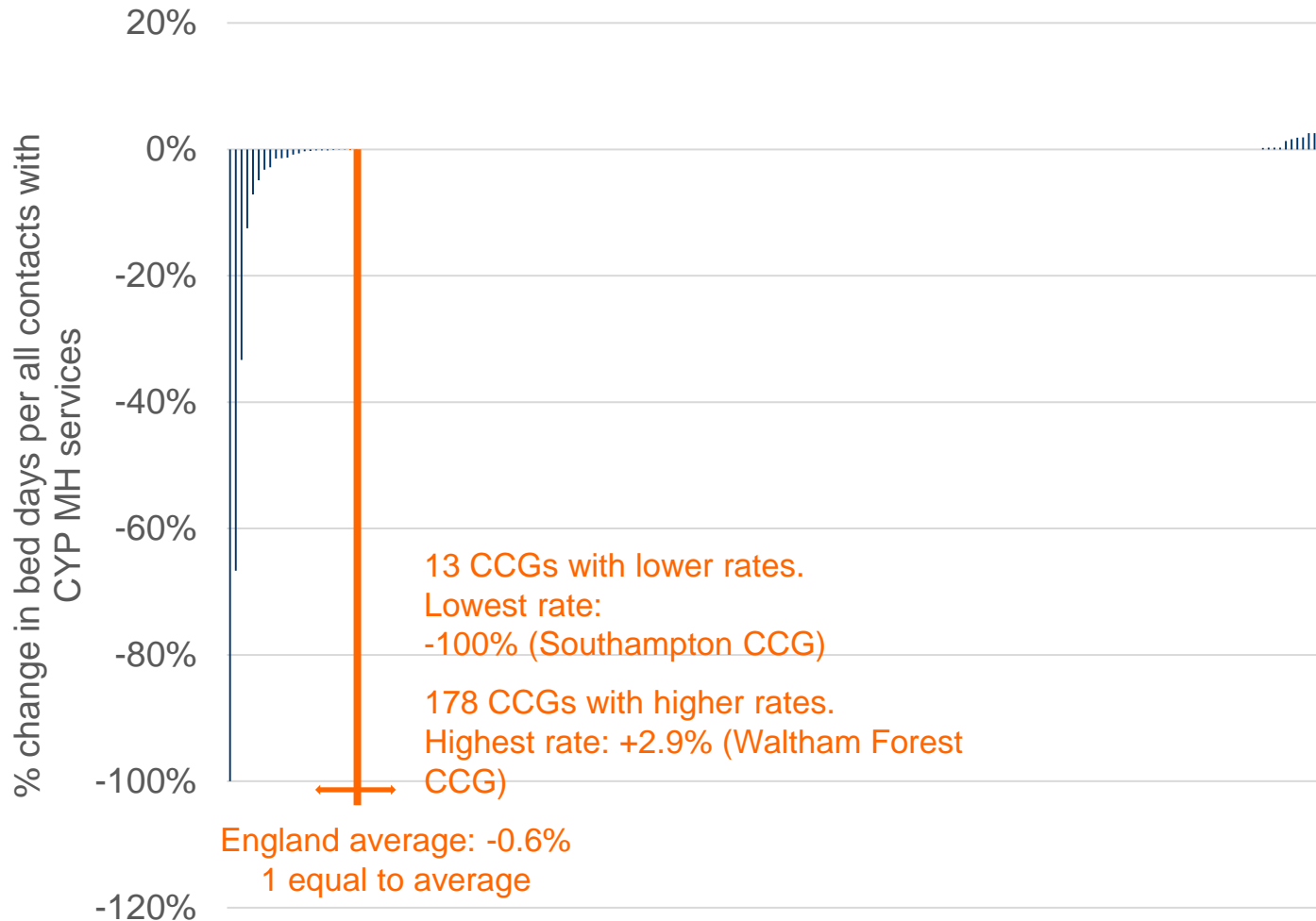
18. Bed days of children and young people under 18 in adult in-patient wards

(as a % of all people in contact with CYP mental health services⁷ (Nov 2019))



19. Percentage change in number of bed days of CYP in adult in-patient wards

[as a % of people in contact with mental health services (Nov 17 - Nov 19)]



The 20 “most stressed” CCGs for each indicator

Open referrals (indicators 1-3)			CYP in contact with MH services (indicators 4-6)		
Number	Per 1,000 population	% change 2016-2019	Number	Per 1,000 population	% change 2016-2019
Coventry and Rugby	Blackpool	Warwickshire North	Oxfordshire	Blackpool	North Cumbria
Oxfordshire	South Warwickshire	South Warwickshire	Coventry and Rugby	Warwickshire North	North West Surrey
South Warwickshire	Warwickshire North	Coventry and Rugby	Manchester	South Warwickshire	Durham Dales,
Manchester	Coventry and Rugby	Blackpool	North West Surrey	Coventry and Rugby	Easington and
Warwickshire North	North Cumbria	North Cumbria	Blackpool	North Cumbria	Sedgefield
North West Surrey	North West Surrey	North West Surrey	North Cumbria	North West Surrey	North Tyneside
Derby and Derbyshire	North Tyneside	Durham Dales,	Derby and Derbyshire	North Tyneside	Blackpool
Blackpool	Oxfordshire	Easington and	Buckinghamshire	Durham Dales,	Manchester
Leeds	Durham Dales,	Sedgefield	Leeds	Easington and	Surrey Heath
Buckinghamshire	Easington and	North Tyneside	South Warwickshire	Sedgefield	Surrey Downs
North Cumbria	Sedgefield	Surrey Heath	Hartlepool and	Oxfordshire	Darlington
Surrey Downs	Hull	Manchester	Stockton-on-Tees	Hull	Islington
Sheffield	Guildford and	Surrey Downs	Surrey Downs	North Durham	Eastern Cheshire
Cambridgeshire and	Waverley	North Durham	Cambridgeshire and	Guildford and	Warwickshire North
Peterborough	Surrey Heath	Islington	Peterborough	Waverley	North East Hampshire
Hull	East Surrey	Eastern Cheshire	Sheffield	Manchester	and Farnham
Barnet	Manchester	Darlington	Durham Dales,	Darlington	West Lancashire
Hartlepool and	Surrey Downs	Chorley and South	Easington and	Hartlepool and	Coventry and Rugby
Stockton-on-Tees	North Durham	Ribble	Sedgefield	Stockton-on-Tees	Portsmouth
Berkshire West	Darlington	North East Hampshire	Barnet	Surrey Heath	South Warwickshire
Durham Dales,	Hartlepool and	and Farnham	Berkshire West	East Surrey	Chorley and South
Easington and	Stockton-on-Tees	West Lancashire	Hull	South Tees	Ribble
Sedgefield	Islington	Walsall	South Tees	Surrey Downs	South Eastern
Gloucestershire	Eastern Cheshire	Portsmouth	Warwickshire North	Islington	Hampshire
					Eastbourne, Hailsham
					and Seaford

CYP MH spend (indicators 7-9)			Emergency/urgent referrals (indicators 10-11)		Open wards stays > 50km (indicators 12-13)	
£	£ p.c.	% change 2017-2019	Number	% change 2018-2019	Number	% change 2016-2019 ⁹
Birmingham and Solihull	Islington	Islington	Northumberland	South	South Norfolk	South Norfolk
Devon	Camden	Norwich	Lincolnshire West	Worcestershire	South Cumbria	Lincolnshire
Bristol, North	South Tyneside	Great Yarmouth	Lincolnshire East	Redditch and	South	South
Somerset and South	Isle of Wight	and Waveney	South Tyneside	Bromsgrave	Worcestershire	Worcestershire
Gloucestershire	Norwich	East Staffordshire	South Lincolnshire	Lincolnshire East	Norwich	Norwich
Derby and Derbyshire	South East	Enfield	South West	Luton	Nene	Nene
Leeds	Staffordshire and	South East	Lincolnshire	Ealing	Medway	Medway
Cambridgeshire and Peterborough	Seisdon Peninsula	Staffordshire and	Newcastle	Cambridgeshire	Gloucestershire	East Riding of
Dorset	West London	Seisdon Peninsula	Gateshead	and Peterborough	East Riding of	Yorkshire
Sandwell and West Birmingham	Great Yarmouth	Stafford and	Vale of York	Kernow	Yorkshire	Coastal West
Gloucestershire	and Waveney	Surrounds	Sunderland	East	East Berkshire	Sussex
Manchester	Barnsley	North Norfolk	Harrogate and	Leicestershire and	Coventry and	Bedfordshire
Islington	Wakefield	Morecambe Bay	Rural District	Rutland	Rugby	Bath and North
Herts Valley	Hammersmith and	Tameside and	Scarborough and	Lewisham	Coastal West	East Somerset
Berkshire West	Fulham	Glossop	Ryedale	Leicester City	Sussex	West Kent
Wakefield	Stafford and	Wakefield	East Riding of	Wigan Borough	Cambridgeshire	Bristol, North
Newcastle	Surrounds	Hambleton,	Yorkshire	West	and Peterborough	Somerset and
Gateshead	Sunderland	Richmondshire	Birmingham and	Leicestershire	Berkshire West	South
Nene	City and Hackney	and Whitby	Solihull	Croydon	Bedfordshire	Gloucestershire
Liverpool	Hartlepool and	Tower Hamlets	Bedfordshire	Birmingham and	Bedfordshire	Birmingham and
East and North	Hartlepool and	Central London	Croydon	Solihull	East Somerset	Solihull
Hertfordshire	Stockton-on-Tees	(Westminster)	West	Bedfordshire	Barnsley	Cambridgeshire
Sheffield	South Tees	Isle of Wight	Leicestershire	South West	Devon	and Peterborough
Wiltshire	Northumberland	Birmingham and	Wolverhampton	Lincolnshire	Derby and	Derby and
	East Staffordshire	Solihull	Wigan Borough	Sunderland	Derbyshire	Derbyshire
	Cannock Chase	Hammersmith and	Leicester City	Newcastle	West Kent	
	Tower Hamlets	Fulham	Kernow	Gateshead	Bristol, North	
		Bradford City		South Tyneside	Somerset and	
		Doncaster		Northumberland	South	
		Northumberland			Gloucestershire	

Bed days in tier 4 wards (indicators 14-16)			Bed days in adult wards (indicators 17-19)		
Number	% CYP in contact with MH services	% change 2017-2019	Number ¹¹	% CYP in contact with MH services ¹¹	% change 2017-2019 ⁹
Birmingham and Solihull	Basildon and Brentwood	Barking and Dagenham	Sandwell and West Birmingham	Bradford City	Waltham Forest
Cambridgeshire and Peterborough	Castle Point and Rochford	Castle Point and Rochford	Devon	Vale of York	Sandwell and West Birmingham
Devon	Isle of Wight	Havering	West Hampshire	Sandwell and West Birmingham	Southport and Formby
Dorset	Barking and Dagenham	South Tyneside	Warwickshire North	Birmingham	Southport and Formby
Nene	Dagenham	Redbridge	Calderdale	Southport and Formby	Airedale, Wharfedale and Craven
Derby and Derbyshire	North East Essex	Newcastle	Bradford Districts	Formby	Airedale, Wharfedale and Craven
Bristol, North	Southend	Gateshead	Bradford City	Airedale, Wharfedale and Craven	Devon
Somerset and South Gloucestershire	West Essex	Waltham Forest	Airedale, Wharfedale and Craven	Devon	West Hampshire
Coventry and Rugby	Medway	Sunderland	Vale of York	Calderdale	Bradford City
Manchester	Mid Essex	Northumberland	Southport and Formby	Bradford Districts	East Riding of Yorkshire
Kernow	South Tyneside	Merton	Formby	West Hampshire	Shropshire
Herts Valleys	Havering	Southend	Waltham Forest	Warwickshire North	East Riding of Yorkshire
West Kent	Redbridge	Redditch and Bromsgrove	Shropshire	East Riding of Yorkshire	Shropshire
West Hampshire	Waltham Forest	Ealing	Hull	Yorkshire	Hull
Islington	Thurrock	East Riding of Yorkshire	East Riding of Yorkshire	Shropshire	Hull
East and North Hertfordshire	Newcastle	Yorkshire		Hull	
Barking and Dagenham	Gateshead	Devon			
Sheffield	South Lincolnshire	Greater Preston			
Oxfordshire	South West Lincolnshire	Dorset			
Ealing	Lincolnshire	Lambeth			
Gloucestershire	Sutton	Wyre Forest			
	Lincolnshire West	West London			
	North East Lincolnshire				
	Lincolnshire				

Conclusions

- There is a higher degree of variation in how CCGs are performing both as a snapshot in time and in terms of trends over time.
- In the table overleaf, we highlight those CCGs who are facing multiple stressors.
- CCGs which feature most often in the top 20 of each stressor are:
 - Coventry and Rugby CCG
 - Islington CCG
 - Manchester CCG
 - Warwickshire North CCG
- These are each in the top 20 for eight indicators.
- These are the CCGs that we think are likely to be experiencing most 'stress' in relation to CAMHS provision.

CCGs facing multiple stressors...

CCG	Number of indicators in which CCG is in top 20 “most stressed”
Coventry and Rugby CCG	8
Islington CCG	8
Manchester CCG	8
Warwickshire North CCG	8
Cambridgeshire and Peterborough CCG	7
Devon CCG	7
East Riding of Yorkshire CCG	7
North Cumbria CCG	7
Birmingham and Solihull CCG	6
Blackpool CCG	6
Derby and Derbyshire CCG	6
Durham Dales, Easington and Sedgefield CCG	6
Hull CCG	6
North West Surrey CCG	6
South Warwickshire CCG	6
Surrey Downs CCG	6

Helping you think about next steps

If this analysis raises questions for your local CCG or local authority then Cordis Bright can help in the following ways:

- We can produce bespoke versions of this stress-test plotting your CCG's performance against each indicator. This helps understand your relative strengths and weaknesses. We are able to do similar for a basket of CCGs, e.g. your statistical neighbours. There is a small charge for this analysis.
- We are experts at service reviews and evaluation. Relevant experience includes an evaluation of a children and young people's Emotional Wellbeing and Mental Health Transformation Programme; evaluation of a Trauma Recovery Model approach within youth offending; a multi-site evaluation of the Living Well approach to improving mental health.
- We also offer needs assessments, helping you map local need and service provision and identifying gaps and areas for improvement. These can be population-wide, e.g. mental health services for all children and young people, or focused on particular cohorts, e.g. looked after children, or particular aspects, e.g. training needs assessments for those working with children and young people who may have emotional and mental health needs.

Our team draws upon the expertise of people who have previous experience within children and young people's mental health as well as children's services more generally. If you would like to discuss any of these options further then please contact Colin Horswell on colinhorswell@cordisbright.co.uk.

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Endnotes

1. This measure is effectively a count of open caseload, as is the measure of number of people in contact with services used in slides 6-9. The number of open referrals for people in contact with services, will generally be greater than the number of people in contact with services, as the latter only counts a person once regardless of how many referrals into services they have open at any time.
2. This measure relates to the number of people in contact with children and young people's mental health services at the end of the reporting period i.e. November of each year.
3. The data source does not specify the age-range of people in contact with children and young people mental health services. For the purpose of this analysis, we have chosen the 0-18 year cohort as the denominator.
4. This measure excludes spend on excluding learning disabilities and eating disorders services.
5. National data on the annual planned spend of CCGs on CYP Mental Health was only available from 2017-18.
6. These figures do not take into account inflation over the period.
7. In order to calculate the quarterly number of bed days as a percentage of monthly data of people in contact with CYP MH services, the number of bed days was divided by 3 to determine an average across the 3 months of the quarter, and this figure was used to calculate a percentage of the total number of people in contact with CYP MH services in November for that year.
8. Data for this indicator is only available from November 2018.
9. These indicators do not have a complete top 20 due to a large proportion of CCGs returning values of zero as a result of data suppression.



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