**Introduction and changes since last request**

Since the last set of data submitted to the Office of the Children’s Commissioner, there have been two major changes which affect the data we report. These are summarised below and the discussed in more detail. We would be happy to meet with you to discuss this in more detail.

* Changing from Clinical Commissioning Groups (CCGs) to Integrated Care Boards (ICBs); and
* Improving understanding of mental health spend

As a result of the Health and Care Act 2022, **from 1 July 2022 Integrated Care Boards (ICBs) took over responsibility for commissioning health services locally from Clinical Commissioning Groups (CCGs).** ICBs are often made up of several former CCGs and sometimes include only part of a CCG in addition to others. As part of the preparation for this change, many local areas started to work more flexibly across CCG boundaries to deliver a plan for the whole ICB footprint. This sometimes means that one CCG reports a large fall in Children and Young Peoples Mental Health (CYPMH) spending, while another CCG in the same local area reports a much higher spend. In our return, we have supplied the data both at CCG level for comparison to previous years and at ICB level so you can see that almost all of these changes net to give growth at ICB level. Future years’ reporting will be solely at ICB level.

Since introducing the Mental Health Investment Standard (MHIS) in 2015/16, NHS England has worked with CCGs to improve our collective understanding of what is spent on mental health, in particular by introducing an independent review by reporting accountants to confirm that CCG reporting against the Investment Standard is accurate and consistent. Independent reviews were conducted on CCG reporting for 2018/19 and 2019/20, suspended for 2020/21 because of COVID and is now in progress on 2021/22 reporting.

The independent reviewers’ reports highlighted a number of issues which were not treated consistently around the country, and NHS England engaged with mental health and finance colleagues to understand why this was and what other areas might need clarification. This led to a [new set of categories](https://www.england.nhs.uk/publication/mental-health-investment-standard-mhis-categories-of-mental-health-expenditure/) and guidance for CCGs, and **NHS England commissioned all CCGs to review their historical spending (to 2018/19) and report on it using the new guidance and categories**. This was completed in 2021, and the data reported here is based on those updated reports.

As a result of this review, CCGs overall are reporting lower mental health spend than previously – note that this does not reflect an actual reduction in spend, just a better understanding of what was really spent. The main areas which led to the reductions were:

* Excluding spend on mental health patients in physical health settings (e.g. if a mental health patient is in an acute hospital bed waiting for a mental health placement) and mental health ambulance calls;
* Some spend on Children and Young People (CYP), Continuing Healthcare (CHC) and placements moving from mental health to learning disabilities; and
* Excluding spend on Attention Deficit Hyperactive Disorder (ADHD) which is not in scope of the MHIS.

CCG boundaries

Data are provided for the boundary configuration as of 2021/22. In addition, Finance data has been provided both at CCG level and aggregated into ICBs. Additional pages have been added to show the movement in spend for CYP, CYP ED and Total Mental Health following re-categorisation of spend in 2021.

Supressed data

Where data are taken from a published source the suppression rules used by the publishing organisation are applied. Where data are not already published outside of the dashboard, basic suppression rules are applied where CCG values are small (for example numbers of admissions) - values less than 5 are supressed to reduce the risk of disclosure and ensure patient confidentiality. Data that has been suppressed is indicated by \* in the spreadsheet.

Number of bed days and admissions of CYP under 18 in Children and Young people’s Mental Health Inpatient wards

This data includes all submissions received for 2021/22 at Month 12 (final freeze position) and all four quarters have been refreshed to account for any late entries or corrections. We are not expecting any further re-submissions from our healthcare providers. To note, data is not available for one CCG as providers did not adopt the new ODS code in year and were still reporting into the pre-merged CCG.

Number of CYP under 18 in adult inpatient wards

MHA 1983 as amended in 2007 permits the admission of CYP under 18 to AMH under two circumstances – where it is a genuine emergency and the CYP needs to be admitted briefly for safety reasons while an appropriate placement is found, or where it is clinically appropriate for an under 18 to be in an adult setting and where even if a CYPMH Inpatient bed was available the AMH ward would be preferable.

Number of children and young people (CYP) accessing support from NHS funded services

Through the NHS LTP we continue to build on the progress made in the Five Year Forward View for Mental Health to improve access to NHS-funded support for children and young people. Our commitment is that by 2023/24 an additional 345,000 CYP aged 0-25 will access support from NHS-funded services including the newly established Mental Health Support Teams in schools and colleges.

As we want to ensure access to early help and advice as well as to treatment, we now use **the number of CYP (0-17) receiving at least one contact in a rolling 12-month period** as a headline metric. We met with colleagues from OCC to brief you on this change in Autumn 2021, and subsequently in preparation for the forthcoming report. The change ensures that the metric better captures signposting, advice, single session interventions, risk support and consultation. Whilst we use the same metric methodology to monitor increased access for young adults aged 18-25, we monitor the two separately. This is because the 18-24 element of the programme is not seeking to create standalone young adult pathways but is promoting greater alignment and integration across CYP and adult provision. This integration is what service users and families want, but from a data perspective it does mean there can be challenge in attributing relevant activity from the thousands of young adults in MHSDS. Monitoring 0-17 and 18-25 separately removes the risk that reporting is skewed. NHSE will reconcile reporting on the ambition to demonstrate delivery by 2023/24 and has started reporting overall national numbers of 18-25-year olds, but system/CCG/provider level trajectories do not currently exist.

CYP service spend

Funding for children and young people’s mental health services and eating disorder is shown separately on the dashboard. This is in line with our commitment to be transparent about the funding allocated following the publication of Future in Mind in 2015.

The 2021/22 outturn reported here is as per published data in the 2021/22 Q4 Dashboard with the exception of four CCGs who amended their data after publication (South Sefton CCG, Southport and Formby CCG, South Tyneside CCG and South West London CCG).

In 2021/22 a re-categorisation exercise was undertaken across Mental Health and Learning Disability and Dementia expenditure to allow local health systems to reflect improvements in understanding of their costs and to improve reporting categories. The figures contained in the attached file reflect these changes, so spend for 2018/19, 2019/20 and 2020/21 may differ from previous reports but is on a consistent basis with 2021/22 outturn.

As Mental Health spend had already been audited for 2018/19 and 2019/20 the overall values could not change, but the categorisation could. From 2020/21 some CYP spend has been re-categorised outside the MHIS, with some shift to Learning Disability and Autism. An apparent reduction in 2020/21 may be a function of re-categorisation rather than a change in investment pattern.

CYPMH spend excluding Learning Disabilities, Autism and Eating Disorders spend

CYPMH other spend increased by £58.4m in 2021/22 (£927.1m vs £868.7m in 2020/21 after re-categorisation).

LTP funding growth from 2018/19 was profiled with a cumulative increase of £91.2m by the end of 2021/22, with £30.2m of this expected in 2021/22. CCG expenditure on CYPMH grew by £201.0m between the 2018/19 baseline and the end of 2021/22, including the in-year growth above.

12 out of 106 CCGs reported material reduction in growth in 2021/22. 11 of these reductions become net growth when aggregated to ICB level. During 2021/22 systems began to operate on ICB footprints, and report a net position to NHS England, so there is less re-balancing of contracts between CCGs within a single ICB as described in the introduction above.

At ICB level, one system (Cornwall and Isles of Scilly CCG/ICB) reported a reduction of £1.2m (11%) in 2021/22. The system reports that this reduction is mainly due to discharges from long-term high-cost placements. The system had invested c. £2.7m above LTP planned growth even allowing for this reduction at the end of 2021/22. It is expected that the Independent Review of 2021/22 spend will validate these figures.

CYP Mental Health CCG spend on Eating Disorders

There was £30m funding committed per year from the 2014 Autumn Budget Statement to improve access to community eating disorder services for CYP. However, from 18/19 actual spend has been much higher than the LTP planned growth, because CCGs had been investing more than the previous Five Year Forward View requirement. Furthermore, despite still being above target, CCGs continued investing further in each subsequent year.

CYPMH ED spend has increased by £10.0m (£71.9m in 2021/22 compared to £61.9m in 2020/21)

Mid Essex CCG shows a re-categorised CYPMH ED value of zero for 2020/21. The ICB have confirmed that the value is included in the main CYPMH category with no split available for that financial year. 9 CCGs out of 106 reported material reduction in investment between 2020/21 and 2021/22, aggregated to ICB level, no systems have a reduction in CYPMH ED investment.

As need continues to rise, the extra investment is to allow us to maintain delivery of the 95% standard beyond 2021/22. We continue with work with the NHS regions, ICBs and systems to help track investment and support services that face challenges with delivering the standard and expanding their CYP Eating Disorder team in line with national guidance.