Healthy London Partnership

A guide to available datasets and reports on children and young people's mental health and wellbeing

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Supported by and delivering for London's NHS, Public Health England and the Mayor of London

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Introduction

The ability to measure the work that we do and what we achieve for and with our patients is an important principle of Future in Mind, and is operationalised in the Five Year Forward View Implementation Plan for Mental Health[1]. Since Future in Mind's launch in March 2015 and subsequent resourcing from local CAMHS transformation plans, a great deal has been planned and actioned (though planning continues and plans are refreshed annually).

This briefing aims to bring you up to speed with the progress made and opportunities available in the use of metrics to enable the best understanding of the access to and quality of mental health services provided to children and young people (CYP). We will be signposting the information and resources we believe will be helpful.

This is a rapidly evolving area and improvements in content and reliability are happening on at least a monthly basis at present.

Access and waiting times; the national system

1. Numbers accessing community CAMHS services

The national expectation of 70,000 additional CYP seen by community CAMHS each year by 2020/21 was set by Future in Mind. This increases the percentage of those accessing services from 25% to 35%. An annual trajectory has been set which increases to meet this objective. It is measured by provider submissions to the NHS Digital Mental Health Services Dataset (MHSDS).

One of the challenges to this is the denominator of the cohort to which the target of 35% will be applied. This denominator is currently based on national prevalence estimates from a 2004 survey, which is currently being updated and which will report in 2018. There is a broad consensus that we expect to see an increase in prevalence of mental health difficulties in CYP.

It is permissible for CCGs to modify their reported prevalence, with the support of NHS England regional commissioning and operations teams and with the Healthy London Partnership (HLP) CYP Programme. If this is something you are considering, we recommend that you discuss initially with the HLP CYP Programme.

Reports on access are available at NHS Digital and updated monthly. The following link gives the November 2016 report, and it is easy to navigate to other months from there:

http://content.digital.nhs.uk/catalogue/PUB23196

The series is evolving rapidly but as a minimum each release contains:

- an executive summary which presents some national-level time series information
- data files with subnational figures for a variety of activity and caseload measures, designed to provide the basis for discussions between providers and commissioners and the building blocks of some quality and performance measures
- provider level data quality measures (and provisional data for the next month)
- a detailed metadata file, which provides contextual information for each measure,

including a full description, current uses, and the method used for analysis

Here is an example of a national summary report:

"*Mental health, learning disabilities and autism services*

At the end of October, there were 1,217,879 people in contact with services; the majority of these (1,033,459) were in adult mental health services. There were 135,239 people in contact with children and young people's mental health services and 71,684 in learning disabilities and autism services.

Children and young people in contact with mental health services

- *Between 1 September and 30 November provisional data shows that 1,315 new referrals for people aged under 19 with eating disorder issues were received.*
- *There were 298,346 referrals active at any point during October for people aged under 19, of which 40,782 were new referrals and 36,322 people under 19 were discharged during the month.*
- *Of the 1,161,729 people in contact with mental health services at the end of October, 226,193 (19.5 per cent) were aged under 19."*

Formal data definitions have been issued on which the additional access achieved for CYP during Future in Mind will be judged. It has 3 elements, two counted from MHSDS submissions by providers and one estimated from historic prevalence data:

1A - The number of new children and young people aged under 18 receiving treatment from NHS funded community services in the reporting period.

- This is a count of new patients who had their first 2 contacts following a referral within 6 weeks.
- Age is ≤0-17y 364 days at first contact. The second contact can be after the 18th Birthday.
- A new individual can be counted only once in the entire reporting period.
- Although treatment may include indirect contacts it does not include text or SMS. The second treatment is counted in the reporting period.
- Data will be taken from the Mental Health Services Dataset.

2A - Total number of individual children and young people aged under 18 receiving treatment by NHS funded community services in the reporting period.

- Treatment is defined as 2 contacts with no time limit.
- Age is ≤0-17y 364 days at first contact. The second contact can be after the 18th Birthday.
- An individual can be counted only once in a financial year

- Individuals can be counted in multiple financial years if they have 2 contacts in each.
- Although treatment may include indirect contacts it does not include text or SMS. The second treatment is counted in the reporting period
- Data will be taken from the MHSDS

2B - Total number of CYP under 18 with a diagnosable mental health condition

[i.e. the estimated prevalence of mental ill health in the population].

A set of FAQs in relation to this indicator has been provided and is set out in Appendix 1.

Recommendation

We recommend that you check this dataset (using local business analytics function) to ensure that data is flowing correctly and the data quality for these indicators is high for your providers. All CCG NHS commissioned services are mandated to report data to MHSDS. It is important that smaller, voluntary and community providers who may not have the systems, processes and technology to report the data readily are supported or signposted to relevant resources

2. Access to eating disorders services

With the establishment of population-based Community-based Eating Disorder Services (CEDS) in 2016, data on access and waiting times for these patients is being submitted and reported. As at December 2016 for London aggregated, 92.5% of urgent referrals were being seen within 1 week, with 91.7% of routine referral being seen within 4 weeks. The national aggregate position and variation will be used to set the tolerance for these indicators for 2017/2018.

These data are currently flowing through Unify submissions from providers to NHS England but are expected to flow directly to MHSDS from April 2017 and will form part of the above report.

3. NHS England Mental Health Five Year Forward View Dashboard

This dashboard will be published quarterly and currently contains the following indicators, reported at CCG level. It is a blend of access, spend and system-level indicators. For the first report only (for the period July-September 2016) the indicators in bold in the table below were reported. https://www.england.nhs.uk/mentalhealth/taskforce/imp/mh-dashboard/

CCG IAF mental health transformation milestones- Total CYPMH score
Number of new of CYP under 18 receiving treatment in NHS funded community services in the reporting period
Proportion of CYP with eating disorders seen within 1 week (urgent) or 4 weeks (routine)
Total number of bed days for CYP under 18 in CAMHS tier 4 wards
Total number of admissions of CYP under 18 in CAMHS tier 4 wards
Total bed days of CYP under 18 in adult in-patient wards
Total number of CYP under 18 in adult in-patient wards
CCG IAF mental health transformation milestones- Crisis Q1b answer
CYP MH total planned spend - excluding learning disabilities and eating disorders (£k)
CYP MH planned spend: eating disorders (£k)

In due course the following indicators are planned to be reported:

- Proportion of CYP showing reliable improvement in outcomes following treatment.
- Proportion of CYP aged 0-18 inclusive meeting their mutually agreed goals against number of CYP accessing services.
- An average waiting time measure.

London Mental Health Executive Dashboard

Developed in collaboration with NHS Benchmarking, the London Mental Health Transformation Board has overseen the development of this dashboard. This is accessible to both providers and commissioners and has been developed as the basis for quality improvement action and not for the purposes of performance management. A link to the dashboard can be found below:

http://lmh.nhsbenchmarking.nhs.uk/login

The HLP CYP MH Programme has established a small subgroup to advise on the adoption of appropriate further measures for CYP on this dashboard. Currently the number of measures is very limited by the quality and completeness of data available to NHS Benchmarking. Currently four benchmark indictors are available, though the situation is under constant review and new indicators will be added once available and deemed helpful. The current indicators are:

- CAMHS referrals received per 100,000 population (age 0-18)
- CAMHS referrals accepted per 100,000 population (age 0-18)
- CAMHS referral acceptance rate calculated from above
- CAMHS contacts per 100,000 population (age 0-18)

Both 2014/2015 and 2015/2016 data are now available, so that time trend analysis is possible. For example, between these two periods there was an increase in CAMHS community contacts from 18,040 to 19,500 per 100,000 population which is in the ball park anticipated by Future in Mind. A user guide and FAQs are available and the tool is intuitive and easy to navigate with a strong visual element. We are working with partners on updating this dashboard through 2017.

Recommendation

Relevant staff in partner organisations which are best able to use the information for the purpose agreed should have been assigned logins and passwords. If you are such a member of staff and do not have a login, in the first instance you should approach the clinical director or lead commissioner for the service.

Children and Young People's Improving Access to Psychological Therapies Collaborative (CYP IAPT) and the Child Outcomes Research Consortium (CORC)

CORC led the evaluation of the CYP IAPT programme (April 2011 to June 2015), analysing routine data related to outcomes and experience for CYP aged up to 25 years old seen across 75 services taking part in the initiative. This is an important summary document that starts to set out the scale of opportunity that a programme such as this could offer. Big caveats are placed on the reliability of the data in determining accurately likely benefits, as a result of data quality completeness. Individual organisational values are not presented. It can be accessed at:

http://www.corc.uk.net/

Note also data bulletins aggregated by wave of collaborative and reported quarterly. It is also possible to sign up to a newsletter and receive regular updates. There is also a dashboard that benchmarks local providers in the collaborative for local quality improvement activity; it uses funnel plots to demonstrate some key process and outcome measures. The dashboard is for use in local collaborative members for that activity. One very key area of enquiry is the extent to which CYP are influencing their own care and the development of mental health care services.

http://www.corc.uk.net/what-corc-does/research-analysis-and-evaluation/

cypiapt.com

Recommendation

Since all London main providers are members of CYP-IAPT this is essential for discussion on how the programme is working in your area and how further improvements can be made.

http://www.corc.uk.net/media/1172/201612child_and_parent-reported_outcomes_and_experience_from_child_and-young_peoples_mental_health_services_2011-2015.pdf

Wolpert, M., Jacob, J., Napoleone, E., Whale, A., Calderon, A., & Edbrooke-Childs, J. (2016). Child- and Parent-reported Outcomes and Experience from Child and Young People's Mental Health Services 2011–2015. London: CAMHS Press.

Public Health England (PHE)

1. Children and Young People's Mental Health and Wellbeing Profiling tool

Has been developed to support an intelligence-led approach to understanding and meeting need. Risk, prevalence, health, social care and education indicators are covered. Reports can be downloaded for a CCG or local authority. Indicators are assessed for quality. This is a readily accessible tool, easy to use.

https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh

2. Health behaviours in young people – What About YOUth? survey

This tool provides local authority estimates for several topic areas based on what 15 year-olds said about their attitudes to health lifestyles and risky behaviours. It includes general data on health and physical activity, diet, smoking drinking and drugs, wellbeing and bullying. It can display analyses by gender, ethnicity, deprivation and sexual orientation.

https://fingertips.phe.org.uk/profile/what-about-youth

Appendix 1 – FAQs – Access indicators

How will success be measured? What exactly is required for this standard?

1. We want to see an increase in the proportion of CYP with a diagnosable mental health issue accessing services.

2. The total number of CYP in 2A will be compared against the estimated total prevalence in 2B. Ultimately, a national annual aggregate of Parts 2A and 2B of the indicator will be used to assess if the national trajectory for increasing access to CYPMH services in *Implementing the Five Year Forward View for Mental Health* and in the joint planning guidance is being achieved.

The guidance suggests we can change the baselines? What does that mean?

3. The data the planning template uses is limited. They will contain crude approximations and a footnote which describes how 1A and 2A crude estimates were derived.

4. For prevalence element of the indicator (2B), we have used the information in the PHE Fingertips tool. These are modelled figures based on 2004 survey data and for 5-16 year olds and CCG population estimates and similar proportions of prevalence for 0-18year olds as 5-16year olds have been assumed. These are the best and most up to date nationally consistent data on prevalence. But we do recognise that CCGs may feel that they need to adjust the figure generated from our initial calculation, therefore within the planning template CCGs have the opportunity to adjust the prevalence figure, updating this based on local intelligence and additional information. It is recommended that new values are agreed in consultation with NHS England assurance and with clinical network colleagues who are able to offer advice if required based on their understanding of local CYP Transformation Plans.

1A is a referral to treatment standard. You are asking us to have two contacts in 6weeks!

5. There is NO standard attached to 1A. 1A applies a 6 week time period. This experimental measure is intended to improve our understanding of how quickly CYP are entering treatment. Ultimately the indicator is about numbers accessing treatment, success will be measured on 2A and 2B which have no time limit.

6. NHSE is working with NICE and the National Collaborating Centre for Mental Health to develop an evidence-based treatment pathway for generic CYP mental health. It is anticipated that it will be supported by a specific referral to treatment standard and indicator informed by data from 1A.

Why is treatment defined as 2 contacts? Why does the indicator exclude single contacts?

7. We acknowledge that single contact interventions are an important element of any CYP MH service and that commissioners will include this activity in their overall contract monitoring.

8. This specific indicator, and the ambition for 70,000 more CYP accessing treatment, is aimed at those children and young people who need an intervention that goes beyond what is possible in a single contact. This indicator does not suggest that two contacts is the optimum number in all cases, but is a proxy measure for those entering treatment.

What do you mean by "CCG Funded Community CYPMH services?

9. NHS funded services commissioned by CCGs and delivered in the community i.e not inpatient services commissioned by Specialised Commissioning or services funded by local authorities, schools etc.

Does this include voluntary/private sector provided services commissioned by CCGs?

10. Yes

Some of our providers are independent sector, and do not flow data to the Mental Health Services Dataset.

11. They should if the voluntary sector is being commissioned by the NHS. All providers of NHS funded MH treatment need to flow to MHSDS**.**

The indicator does not include SMS/email contacts. This ignores services provided digitally.

12. The definition excludes SMS and email contacts as it not possible at present to differentiate between therapeutic and administrative email contacts in the Mental Health Services Dataset. NHS England will work with NHS Digital to consider ways to adequately capture therapy delivered via email in future. Digital therapeutic services commissioned as part of the local care pathway should be recorded in table MHS201 of the MHSDS as "other" in the consultation medium field.

Some of our providers are voluntary sector/very small entities and do not submit their information to MHSDS.

13. Any service commissioned by the NHS should flow data via the MHMDS as set out on the National Contract and in the Information Standards Notice. This activity should be considered when looking at baseline figures. Many voluntary sector organisations are registered with NHS Digital and flow data - commissioners may want to use some of the non-recurrent funds to assist voluntary sector organisations to set up appropriate governance and collection systems. Some voluntary sector organisations have arrangements with their local provider Trust to flow data for them with appropriate coding to ensure activity is appropriately allocated.

This indicator ignores the contribution of non CCG funded services. It discourages early intervention and prevention

14. It is important to note this indicator is not designed to cover all activity. It is specifically aimed at only those CYP in contact with CCG commissioned community services (not universal services, LA funded or Tier 4).

15. The rationale partly reflects data availability but also that the extra 70,000 is the minimum we hope to meet. The number of additional CYP helped by 2020/21 across all CYP mental health and wellbeing should be higher.

16. The access indicator is a start. We aim to expand CYPMH indicators over time to include metrics on prevention and early intervention, but this is not possible yet.

Why are you focusing on access? Why not outcomes?

17. The Government has set the ambition that 70,000 more CYP per year will access services by 2020. This was part of the agreement for receiving the additional £1.4bn funding. NHS England and CCGs must demonstrate progress towards this as part of our accountability to Parliament. Other indicators on outcomes and waiting times are in development and will be introduced in due course.

How have the baselines been derived?

18. 2014/15 is the starting point or baseline for the ambition to have additional 70,000 CYP to access mental health treatment per year by 2020. The ambition was announced in 2014/15 and CCGs began receiving additional investment to transform services from 2015/16.

19. National data collection to the MHSDS commenced in January 2016. This means there is no data to set a baseline that takes account of the 2014/15 position.

20. For 1A and 2A an annual baseline will be extrapolated from the most recent available quarter from the Mental Health Services Dataset. This is likely to be Q1 2016/17.

21. This planning baseline will need to take account of the fact we are in the second year of additional funding, and areas are expected to have already increased the numbers of CYP in treatment compared to 2014/15.

22. For 2B data will be taken from PHE Fingertips tool, which is modelled using 2004 Prevalence Survey data for 5-16y and CCG population estimates. We have assumed similar proportions of prevalence for under 18 year olds as 5-16year olds.

23. We acknowledge that MHSDS data is in its infancy with issues around coverage. The prevalence data used for 2B is also relatively old.

24. CCGs will therefore be given an option to provide alternative baseline positions based on local data and intelligence.

How will CCGs be monitored? What are the review points? Where will data be published?

25. Monitoring will use MHSDS data on a quarterly basis.

26. Data will be published in the Five Year Forward View Mental Health Dashboard. Underpinning data from the Mental Health Services Dataset will also be published as part of NHS Digital's Supplementary Information pages http://content.digital.nhs.uk/suppinfofiles

What is the national trajectory for this indicator?

27. *Implementing the Five Year Forward View for Mental Health* [1]set a national trajectory for achieving the ambition. The new indicator monitors the CCG contribution to achieving this. https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf

Table: National Trajectory for Improved Access to CYP Mental Health Services

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Number of additional CYP treated over 2014/15 position	21,000	35,000	49,000	63,000	70,000