



# Early access to mental health support

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Technical report

APRIL 2019

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# Executive summary

## Introduction

The Children's Commissioner for England is concerned about the provision and spend on low-level mental health services and how it varies between local areas and agencies. As a result, on 1<sup>st</sup> 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). It requested 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 technical report accompanies a summary report entitled *Early Access to Mental Health Support*. It provides details on the data collection including its methods and limitations as well as presenting more detailed findings used in the summary report.

## Key findings

- > **It has been possible to collect area level spend data from all local authorities and almost all Clinical Commissioning Groups.**

We received responses from 194 CCGs (out of 196) and all 152 upper tier local authorities (LAs).

- > **However, complexities in the allocation of spend in areas and between agencies as well as a degree of missing data, mean that the responses we obtained may not provide the total picture of spend on low-level mental health services in all areas of England across all agencies. In recognition of this, we presented our data as 'reported spend'.**

Issues with the data include services being commissioned as block contracts<sup>1</sup>, unapportionable and 'hidden' funding from other agencies as well as inconsistent definitions of services and different budget delineations which meant that many respondents were not able to give a true picture of spend. This illustrates the difficulties of collecting spend data on low-level mental health services.

- > **Total reported spend on low-level mental health services in cash terms for the financial year 2018/19 amounted to £225,605,217, equating £14.15 per child<sup>2</sup>.**

This is likely to be an underestimate given that not all areas and agencies reported spend data as well as the limitations highlighted above. The total reported spend for 2016/17 was £181,327,438, or £12.13 per child. For 2017/18 the figure is £201,308,240 equalling £13.04 per child.

- > **Close to half of the total reported spend came from CCGs. Around a third came from children's services (CS), which combined with public health (PH) made up local authority (LA) spend. LA spend itself accounted for around half of all reported spend.**

These proportions stated roughly the same from 2016/17 to 2018/19.<sup>3</sup> However, within LA spend, children's services spend decreased slightly from just over a third to just under (34% to 31%) at the same time as public health spending increased (from 17% to 19% of total spend).

- > **There was large variation between areas on reported spend and per child spend, with small groups of very high spending areas masking a larger proportion of low spending areas.**

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<sup>1</sup> A payment made to a provider to deliver a specific, usually broadly-defined, service.

<sup>2</sup> Per child spend used 0-17 population estimates and projections for corresponding financial years.

<sup>3</sup> For year on year comparisons we used reported spend data which was given for all financial years to stop artificial inflation of spend data with a larger number of responses for a certain year.

In 2018/19, the top 25% of areas reported total spend of around £1.1 million or more; whereas the areas in the bottom 25% reported total spend of around £177,000 or less. Mean reported spend across areas was around £994,000 almost double that of the median spend at around £527,000. The mean spend was also twice as high as the median for CS spend and CCG spend, and was over four times higher for PH spend.

- > **Total spend and spend per child increased in cash terms for all agencies over the period. However, in real terms, the increase in spend was smaller. Furthermore, median spend for CS, PH and ‘other’ agencies actually fell in real terms over the period 2016/17 to 2018/19.**

In cash terms, total reported spend rose by 22% while spend per child rose by 20%. Corresponding real term increases were 17% and 16% respectively. Total spend by LAs increased by 16% in real terms, but median LA spend increased by only 5% in real terms. In addition, in real terms, median CS spend fell by 3%, median PH spend fell by 14% and median spend by ‘other’ agencies fell by 10%.

- > **Two-thirds of areas who reported spend have seen a cash-terms increase in total reported spend over the period while just under a fifth (19%) have seen a reduction. However, in real-terms, taking account of child population changes and inflation, 58% of areas saw a real-terms increase in spend per child and 37% of areas saw a reduction.**

Over a third (34%) of CCGs and 59% of LAs saw a real-terms decline in per child spend. Looking within LA spend, two-thirds saw a real-terms decline in CS spend per child, while 53% saw a real-terms decline in PH spend per child. Analysis suggests that more CCGs are increasing spending than LAs, and that the increase in LA spending is driven largely by a smaller number of higher spending LAs.

- > **Reported spend shows substantial variation between regions and some urban-rural differences.**

In 2018/19, spending per child was higher in London and the North East and lower in the East Midlands, the East of England and the South East. LA spend per child was highest in London at £17.88 per child and lowest in the East of England at £5.32 per child. 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 ‘predominantly rural areas’, and much higher than ‘urban with significant rural’ areas.

- > **More cleaning and clarification could improve the data quality**

However, issues of missing and inconsistent data due to issues of block funding, apportioning of budgets and “hidden” budgets will continue to plague spend data collections on low-level mental health unless government bodies work together to collect data systematically.

## Recommendations

As set out more extensively in the accompanying report, *Early Access to Mental Health Support*, the government should increase its focus on local spending on early access support for children with mental health problems and undertake a similar data gathering exercise. The wide variations across areas that we have found needs to be examined further to understand why a perceived ‘postcode lottery’ exists. There should be more pressure on LAs and the NHS to work together to ensure there is a joined up plan in each area to offer support to children who do not require specialist care, and those areas which are reducing funding must be held to account.

There has been a great deal of interest in this work from the NHS, LAs, and charities who work with children on the frontline. 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, and will also publish the figures for each local area and CCG.

# Data collection and analysis

This section sets out definitions used in the report, how the data collection was scoped and piloted as well as how the statutory request was conducted. It also details how the data was analysed and limitations with the data collected.

## Definitions used in the report

**Children and young people** – children and young people aged 0-17.

**Children's Services (CS)** – the local authority department and associated budget for which the local authority's Director of Children's Services is responsible.

**Department for Public Health (PH)** – the local authority department and associated budget for which the local authority's Director of Public Health is responsible.

**Clinical Commissioning Group (CCG)** – the Clinically-led statutory NHS body responsible for the planning and commissioning of health care services for the local area.

**Children and young people's low-level mental health services** – defined as non-specialist services comprised of those preventative and early intervention services for children and young people around mental health and emotional wellbeing which fall below the Tier 3 and Tier 4 specialist referral thresholds. Information on services above these specialist thresholds is recorded as part of NHS England's Mental Health Five Year Forward View Dashboard. Therefore, in our data collection we did not request information on the funding allocated to specialist services. Instead, we requested data on mental health service that children and young people may come into contact with at an earlier stage. The levels of service we were asking about are essentially those captured by the following definitions of *Tier 1 and Tier 2* services:

- > Tier 1: *preventative, universal services* which aim to help children protect their emotional wellbeing and resilience, and to prevent problems occurring in the first place. These are services that tend to be delivered by non-specialists. Examples of Tier 1 services include mental health support delivered by GPs, school nurses, health visitors, teachers, family support workers, children's centre practitioners, voluntary agencies in schools, children's centres, community centres and other universal settings.
- > Tier 2: *early intervention, targeted services* aimed at children with emerging mental health difficulties whose needs cannot be fully met by universal services, but who would be unlikely to meet the thresholds for specialist services. These services tend to be delivered by qualified mental health practitioners. Examples of Tier 2 services include mental health workers and counsellors working in clinics, schools and youth services; and other non-specialist support services.

Within this we asked only for funding specifically for children and young people's mental health. However, we recognised that many areas have moved away from these categories and models of service provision – an issue we acknowledge in the limitations listed below. As a result, we were prescriptive in terms of the data that was requested.

With regard to the universal services 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). However, we did ask for the inclusion of dedicated funding for training, resources, etc. that supports the low level 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. For example the salary of a mental health support worker.

## Scoping and piloting

Following a scoping period where work was undertaken with relevant experts as well as professionals in partner LAs and CCGs, an initial data request form was developed. The form was piloted through SmartSurvey in 11 areas resulting in 15 responses (including responses from multiple agencies within the same local area).

Only three (out of 11) areas could provide us with two years of funding data, of which two areas were able to provide funding data for all three years (2016/17 to 2018/19). Among the three areas providing an overall spend figure, there was variation in the proportions contributed by each agency's budget. There was also wide variation in spend per child between areas. In 2018/19 reported spend per child ranged from £0.41 to £5.30 for Tier 1 services, and from £4.04 to £23.92 for Tier 2 services.

Issues that arose from the pilot mainly centred on apportioning spend on low-level mental health services due to block contracts. There were also difficulties in breaking down Tier 1 and 2 funding, in addition to extrapolating funding for Tier 1 services (such as health visiting and, school nurses, etc.) to know how much of this would count as low-level spend. There were also broader questions about what exactly should be included within spend returns such as whether Children's Services spend should include education spend.

These results were fed back to an expert advisory group, following which the data collection questionnaire was improved and streamlined. In particular, we merged the request for Tier 1 and 2 spend together and requesting less information on the areas of spending.

## Mainstage data collection

Following the pilot, advisory group and further internal testing, on 1 August 2018, the Children's Commissioner sent a statutory data request to:

- > All 152 Directors of Children's Services as well as several corresponding Children's Trusts;
- > All 152 Directors of Public Health; and
- > All 196 Clinical Commissioning Group Accountable Officers.

We asked for information on:

- > Which departments/organisations fund children and young people's (0-17) low-level mental health services in the local area;
- > Whether they could report relevant spending on children's low-level mental health services;
  - o If so, how much funding was allocated to these services in 2016/17, 2017/18 and 2018/19 by the organisation(s) on whose behalf they were responding;
- > Which settings the services funded by their organisation(s) are delivered within, and whether they funded services delivered by the voluntary sector

We sent three periodic reminders with a deadline of 14 September 2018. Most responses were received within that time but we continued to chase and clarify throughout the data cleaning process from September to December 2018.

## Sample and response rates

After cleaning returns, which included clarifying with respondents issues of missing or possibly incorrect data and combining entries due to multiple responses, we ended up with returns for:

- > 194 CCGs (out of 196)

- > 152 upper tier Local authorities (out of 152). These were returns which included either a DCS or DPH response or both.

As a result our final dataset contains 252 data points which includes combined entries either from:

- > Local authorities (CS and/or PH) and CCGs
- > Multiple CCGs or combined local authorities. Examples include the combination of the City of London and Hackney data point, or the combined Kent CCG data point.

From the 252 data points, 9% (n.22) have no data on spend for any years meaning the other 91% (n.230) reported some data on spend. However, it should be noted that this includes data points that have, for example:

- > Data for only one agency (i.e. CCG, PH or CS);
- > Data for only one year (2016/17, 2017/18, or 2018/19)

Of the 230 data points that gave spend data, a third (33%, n.76) are combined responses for the local authority (CS or PH) and CCG. These entries have mostly been combined through the data cleaning process and they do not necessarily have spend data for all agencies (i.e. both CS and PH data). Further cleaning and response combination could be undertaken which could possibly achieve an estimated c.75 further combined cases. But this would have taken an extensive period of time and resources which were not available to the CCO.

Respondents were asked to explain where the data came from. Of those that reported spend data, 63% (n.143) stated it was from accounting data whereas 39% (n.90) stated that it was an estimated contribution. However, with the combination of data points both options were sometimes given, for example CCG spend being from accounting data and CS data from an estimated contribution. It should also be noted that some responses did not give any indication of where the data came from and therefore caution should be taken when assessing agency responses to this question.

## Data limitations

Due to the nature of the data, there are a number of major limitations that should be noted.

- > **Joint agency and/or area responses** caused repetition and inconsistent responses with more than one response for the same agency sometimes being reported. A substantial amount of time was taken to clarify which data was the most accurate, yet there may still be a degree of double-counting or inconsistency within the data.
- > **Block contracts**<sup>4</sup> which combined children's low-level mental health services with a range of other services were reported by some respondents. Although only 6% (n.14) stated it as a reason for being unable to report spend on children's low-level mental health services, a much higher proportion noted it in the comments or gave it as a reason why they could only provide an estimate rather than accounting data. This will have affected the reported spend given.
- > **Unapportionable funding** was a common issue as respondents 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 split out from the general health or education budgets. This could again have affected the reported spend, possibly causing both under and/or over spend estimations.

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<sup>4</sup> A block contract is a payment made to a provider to deliver a specific, usually broadly-defined, service. Block contracts are paid in advance of the service being undertaken and the value of the contract is independent of the actual number of patients treated or the amount of activity undertaken. Payments are made on a regular, usually annual, basis. How the value of a block contract is calculated varies widely. It can be set through a measure of patient need or it may be simply based on the historical expenditure on a particular service. Source: BMA, <https://www.bma.org.uk/collective-voice/policy-and-research/nhs-structure-and-delivery/nhs-structures-and-integration/models-for-paying-providers/block-contracts>

- > **Different definitions** of services and their budgets across agencies was common due to the nature of the sector and the funding procedures in place. This caused inconsistencies in services and budgets provided. Definitions and frameworks ranged from old CAMHS tiers, services with no tiers, joint children's and adults' services, and use of the new THRIVE framework<sup>5</sup>. Agencies struggled to separate low-level mental health services from other CAMHS services and many were implementing a THRIVE framework which did not easily align to the CAMHS tiers we asked for spend data on.
- > **Hidden funding** was an issue as many respondent comment sections included extremely important information about the funding that was provided (or not provided), but this information was often difficult to interpret. A substantial amount of time was spent clarifying open text comments from respondents but even with this, there could be a large number of inaccuracies potentially causing under and over estimations of spend.
- > **Allocated budgets** were asked for, rather than *actual* budgets, due to the fact that we had requested 2018/19 data and the 2018/19 financial year had not ended at the time of the data request. Therefore, spend reported will not be actual spend, which could be different, again possibility causing under and over estimations of spend.
- > It was sometimes difficult to ascertain whether an agency did not fund low-level mental health services, or whether they did but were unable to provide a spend figure. Respondents often gave a “-” response for certain years or only for certain agencies, making it difficult to know whether this should be recorded as no spending or as missing data.

Substantial time was taken to clarify and clean the data. However, we are aware that there could still be inconsistencies across different local areas in how funding is reported and in the direction of any estimation bias. This is a particular issue where agencies gave no further information in the comments, which made it difficult to ascertain if they had problems such as those stated above and whether they completely understood what data was needed.

Therefore, 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 by CS, PH or CCGs in the information request or subsequently devised following clarification with the agency or cleaning to aggregate the area level spend. It therefore does not include spend which was 'unreportable' due to the issues raised above.

As a result of these limitations we would advise a large amount of caution is taken when using and interpreting the data presented below.

## Data analysis

After cleaning the data, a number of analyses were carried out to calculate reported spend in cash terms for the financial years 2016/17, 2017/18 and 2018/19 for the three agencies, CS, PH and CCGs. The data request also asked each agency for data on what was spent on low-level mental health by 'other' agencies. Not all agencies provided this data and it appeared that some respondents were not always clear on what should be included within this category. As a result, interpretation of reported spend on this 'other' category should be treated with caution. However, we believe it is an important element in understanding total spend on low-level mental health services. It is included throughout the report as a separate category and included in the total spend calculations.

Given that both children's services and public health sit within local authorities (LAs), throughout the report we also show reported spend by LA. This was calculated by adding together CS and PH responses where data was given for

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<sup>5</sup> THRIVE is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and families which conceptualises need in five categories or needs based groups: Thriving, Getting Advice, Getting Help, Getting More Help and Getting Risk Support. More information available at: <http://www.implementingthrive.org/>



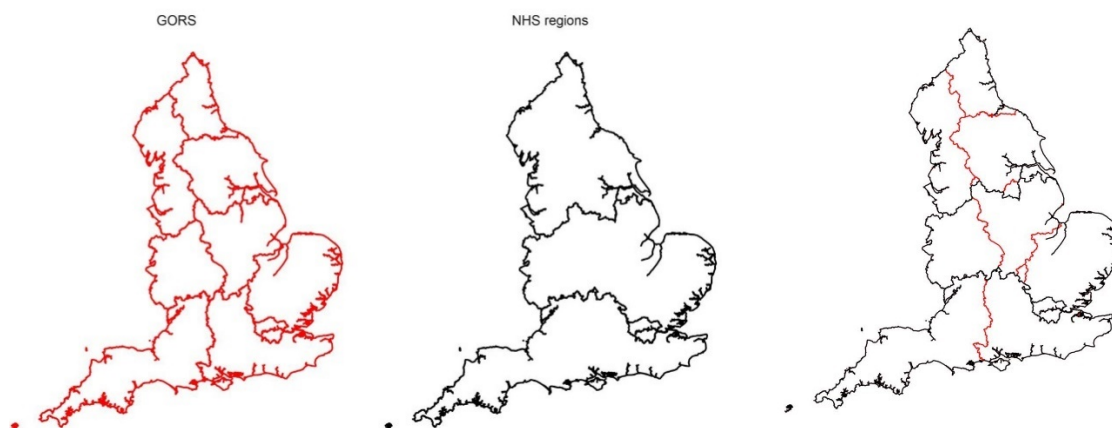
both CS and PH or using reported spend data from CS or PH where the LA only reported spend from one but not the other. Where CS and PH data could be combined it was, so that we have one data point for every LA.

The data request asked for allocated budget spend figures in the 2016/17, 2017/18 and 2018/19 financial years, and we report this data as is – which will be in cash terms. When looking at changes over time, however, we have also taken into account inflation in order to report the changes in spend between 2016/17 and 2018/19 in real terms.<sup>6</sup>

In order to be able to compare different areas and understand the generosity of spend, we have also calculated reported spend per child aged 0-17. Given the lack of area-level data on children's usage of, or need for, low-level mental health services, we have instead used 0-17 population estimates as the most appropriate metric. For 2016/17, we used the most up-to-date 2017 ONS population estimates spend of the 0-17 population in each LA and CCG.<sup>7</sup> For 2017/18 and 2018/19, we used ONS 0-17 population projections for 2018 and 2019 as the best current estimate for LAs<sup>8</sup> and CCGs<sup>9</sup>.

In order to look at any regional variation in reported spend we attempted to map English regions to reported spend. Unfortunately, our data as a whole do not fit neatly within region boundaries. The LAs in our data fit inside Government Office Regions (GORs), but CCGs do not. Instead, CCGs are grouped to fit inside NHS regions – which are generally larger and fewer in number. As Figure A illustrates, GORs and NHS regions do not match each other; there is no region-level geography that allows all of the data to be analysed in such a way. As a result, we can only analyse LA spend at the GOR level, and can only analyse CCG spend at the NHS region level. We were unable to look at regional variation in total spend or include spend by 'other' agencies.

Figure A - GORs and NHS regional boundaries



To look at variation by rurality we used ONS classifications broken down into: predominantly rural, urban with significant rural and predominantly urban.<sup>10</sup> For this, both local authorities and CCGs areas had the same classifications allowing for total overall reported spend to be analysed per area.

<sup>6</sup> We used the GDP deflators taking 2016/17 spend as the baseline and calculating inflation for 2018/19. We used GDP deflators at market prices, and money GDP December 2018 (Quarterly National Accounts) as the most up-to-date. Published 8 January 2019 Available at: <https://www.gov.uk/government/statistics/gdp-deflators-at-market-prices-and-money-gdp-march-2018-quarterly-national-accounts>

<sup>7</sup> Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/clinicalcommissioninggroupmidyearpopulationestimates>

<sup>8</sup> Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

<sup>9</sup> Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/clinicalcommissioninggroupsinenglandz2>

<sup>10</sup> LA: <https://www.gov.uk/government/statistics/2011-rural-urban-classification-of-local-authority-and-other-higher-level-geographies-for-statistical-purposes> ; CCG: <https://data.gov.uk/dataset/59883a8e-2e3d-4432-b8bc-5c2346831be0/rural-urban-classification-2011-of-ccgs-including-population-in-england>

# Main findings

## Collecting spend data

A major finding is that it has been possible to collect a response from almost all of the areas and agencies to whom we issued the statutory data request. We received a response from all 152 upper tier local authorities (LAs), either from the Director of Children’s Services (DCS) or Director of Public Health (DPH) or both. We received a response from 98% of Clinical Commissioning Group (CCGs) with 194 of the 196 CCG Accountable Officers responding.

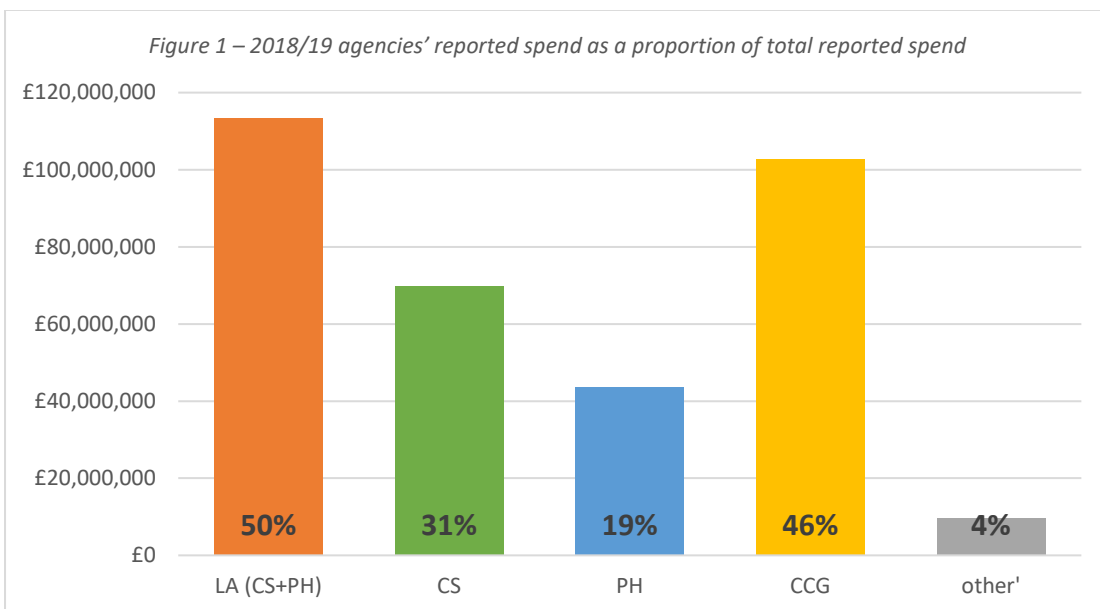
However, as set out in the previous section, while a high level of response was received, there are significant amounts of missing data and a number of limitations to the data. As a result, spend data reported is not the total picture of spend in low-level mental health services in all areas of England across all agencies and is therefore termed as ‘reported spend’ to underlie this fact.

## Current spend on low-level mental health services

Table 1 sets out the reported spend in the current 2018/19 financial year for the three agencies – Children’s Services (CS), Public Health (PH), Clinical Commissioning Groups (CCGs) as well as reported spend by ‘other’ agencies.<sup>11</sup> It sums these to give total reported spend. For illustrative purposes, the table also presents LA spend for the LAs where CS and/or PH spend was reported.

The table shows that in the 2018/19 financial year total reported spend across these areas was £225,605,217. It should be noted that this is likely to be an underestimate given that not all areas and agencies reported spend data as well as the limitations highlighted above.

Figure 1 breaks down the proportion of total reported spend by agency showing that half of all reported spend in 2018/19 came from local authorities. Just under a third (31%) is from children’s services and just under a fifth (18%) from public health. Just under half of total reported spend (47%) comes from Clinical Commissioning Groups.



Note: Local Authority (LA) spend is a combination of CS and PH spend. It is not included in the calculation for each agency but is shown here as for illustration.

<sup>11</sup> This included, for example, particular school spend or spend for health visitor programmes on mental health or grants. See Data Analysis section for more information.

Looking at Table 1 in more detail, the total reported CCG spend for 2018/19 is £102,667,437. Total reported LA spend of £113,274,101 is made up of £69,774,307 reported CS spend and £43,499,793 reported PH spend. Spend from 'other' agencies makes up £9,663,679.

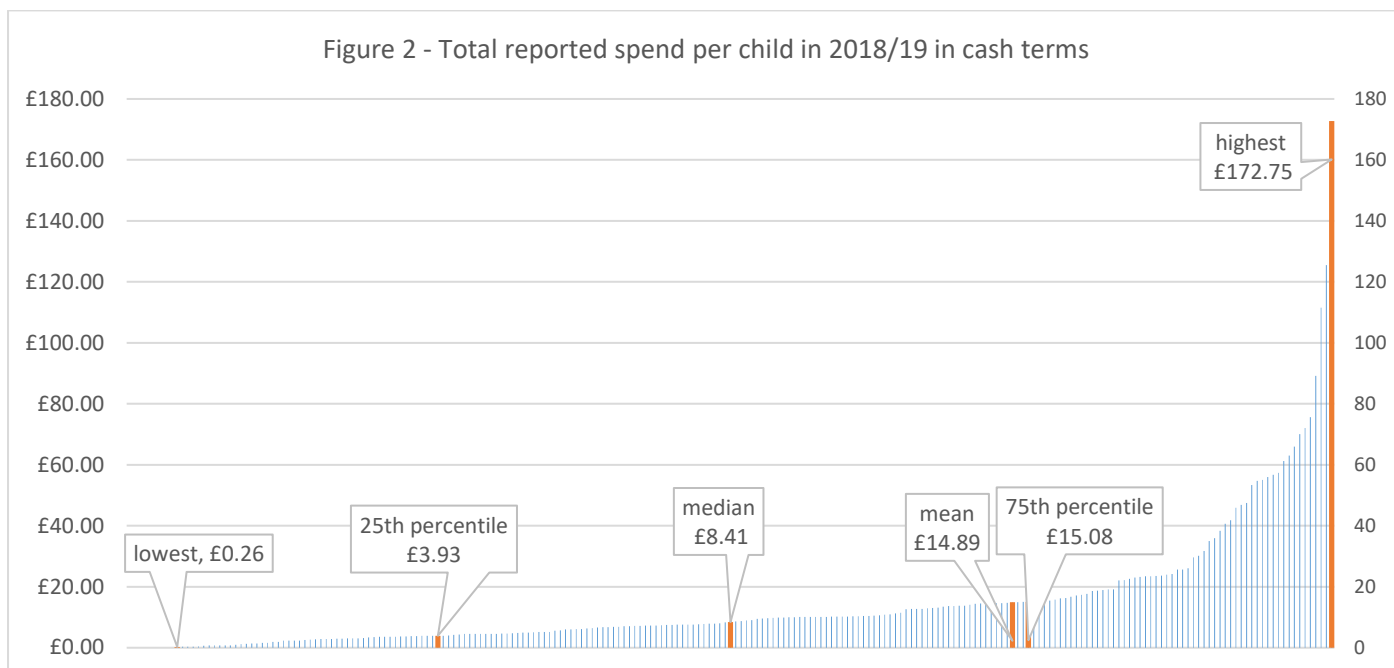
Using 2019 0-17 ONS population projections for all the areas that reported spend data, current spend per child was calculated by dividing reported spend in the corresponding area by their 0-17 population. This equalled £14.15 per child for this financial year 2018/19. For LAs reporting spend, LA spend per child was £10.84. Reported CCG spend per child was £9.27.

Table 1. Reported cash terms spend for each category in the current financial year 2018/19

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

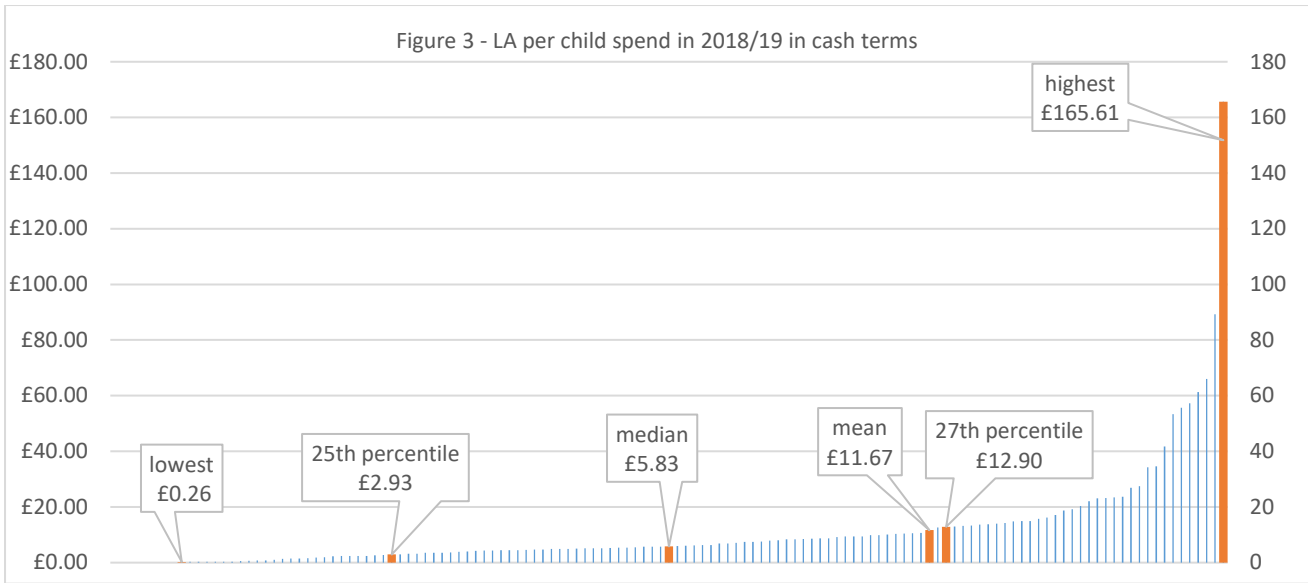
Table 1 also shows the huge variation in spend for all of agencies. As shown by the 75<sup>th</sup> percentile, the top 25% of areas reported over £1,139,996 or more, whereas the areas in the bottom 25% of areas, as shown by the 25<sup>th</sup> percentile, reported total spend of £177,072 or less. Total mean reported spend (£993,856) is almost double that of the median spend (£527,000). This is also the case for CS and CCG; while mean spend is over four times higher for PH, indicating a number of very high spending areas pushing up the mean.

To illustrate this and compare areas, Figure 2 plots the total reported spend per child for each area in 2018/19. We again see the large differences between the median (£8.41) and the mean (£14.89), caused by a small percentage of very high spending areas masking the majority of areas spending much lower per child. Annex

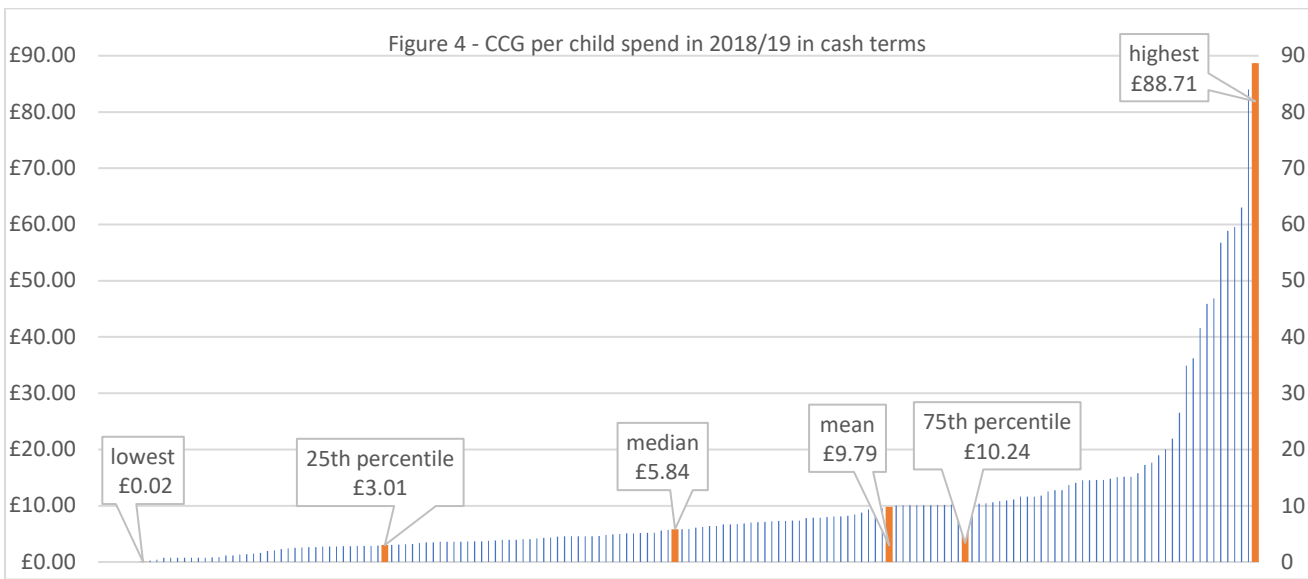


n. 227

A similar pattern can be seen in Figure 3 and 4 which plots reported LA and CCG spend per child respectively in 2018/19.



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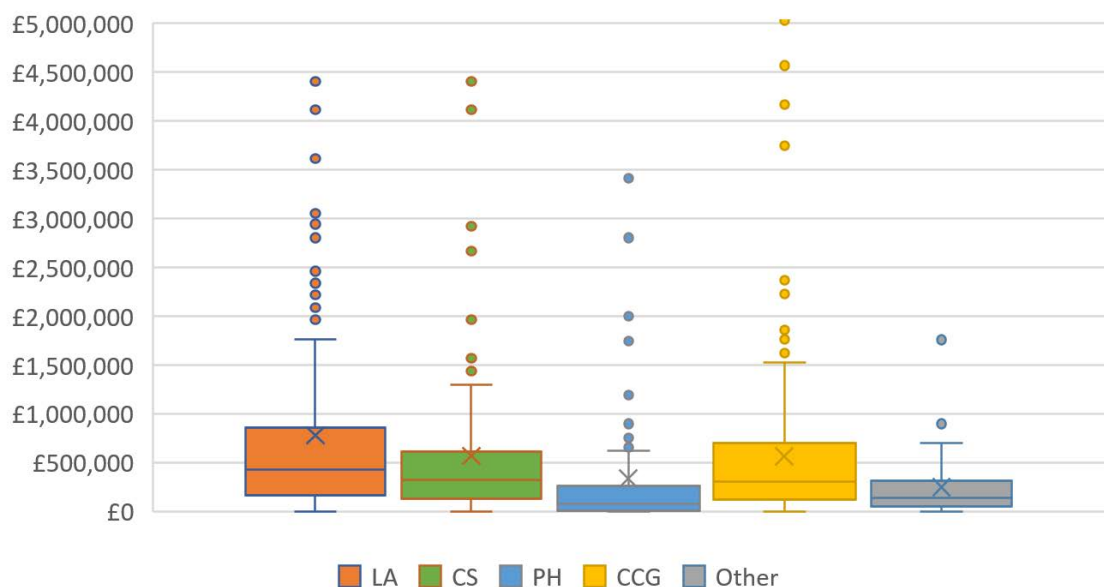


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To illustrate the distribution of spend on low-level mental health services by agency in 2018/19, Figure 5 plots the distribution of total spend for each agency for CS, PH, CCG and 'other' agencies.<sup>12</sup> Figure 6 plots spend per child and show similar variations. It demonstrated that all agencies are affected by a number of high spending agencies, pushing up the mean and masking much lower levels of spend across the majority of areas and agencies.

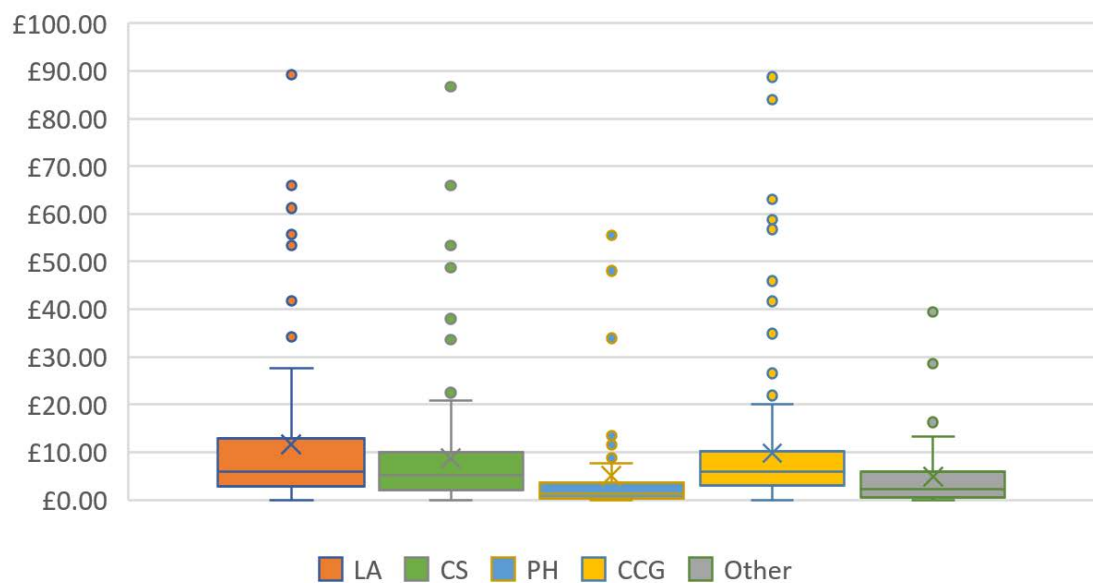
<sup>12</sup> The middle line of the boxes of the whisker diagram represents the median whereas the 'X' in the box represents the mean. The bottom line of the box represents 25<sup>th</sup> percentile and the top line of the box represents the 75<sup>th</sup> percentile. The circles represent outlier data points. The end of the whiskers are the maximum and minimum spend, excluding the outliers.

Figure 5 - reported spend profile in 2018/19



Outliers over £5 million (two) are not shown in the figure, but are included in the data used to construct the figure.

Figure 6 per child spend profile in 2018/19



Outliers over £100 per child (two) are not shown in the figure, but are included in the data used to construct the figure.

### Spend in 2017/18 on low-level mental health services

The total reported spend on low-level mental health services in England in the financial year 2017/18 was calculated to be £201,308,240.<sup>13</sup> This included reported CCG spend of £94,082,453 and reported LA spend of £99,258,982 – which itself included £63,911,779 reported CS spend and £35,347,203 reported PH spend.

As a proportion of total reported spend, CCGs made up under half (at 47%). Reported CS spend made up just under a third (32%) and PH spend just under a fifth (18%). Reported LA spend was therefore just under half of total spend.

<sup>13</sup> All 2017/18 figures and percentages can be found in Annex 1 table A

For total reported spend there is a large difference between the 75<sup>th</sup> percentile of areas (representing the top 25% and above) and the 25<sup>th</sup> percentile (representing the bottom 25% and below) at £1,111,507 and £168,084 respectively, and between the mean at £910,897 and the median at £486,000. Substantial differences were seen for all agencies illustrating number of high spending areas driving up total reported spend.

Using 2016 ONS population estimates for 2018, we estimate that per child spend in 2017/18 was £13.04. Reported LA spend per child was £10.14 while CCG spend per child was £8.41 per child.

### Spend in 2016/17 on low-level mental health services

Total reported spend in 2016/17 was £181,327,438.<sup>14</sup> This was made up of £82,741,866 coming from CCGs and £91,385,251 from LAs – the latter comprising £61,317,055 reported CS spend and £30,068,196 reported PH spend.

The 75<sup>th</sup> percentile of total spend was £979,500 whereas the 25<sup>th</sup> percentile was £143,750. Mean spend was £839,479, whereas median spend was £469,500.

Using 2017 ONS population estimates for all the areas that reported spend data, spend per child was calculated at £12.13. CCG spend per child was slightly higher at £7.99 than CS spend per child at £7.67. Both were substantially more than PH spend per child, which was £3.89. Overall, LA spend (which includes CS and/or PH spend) per child was £9.43.

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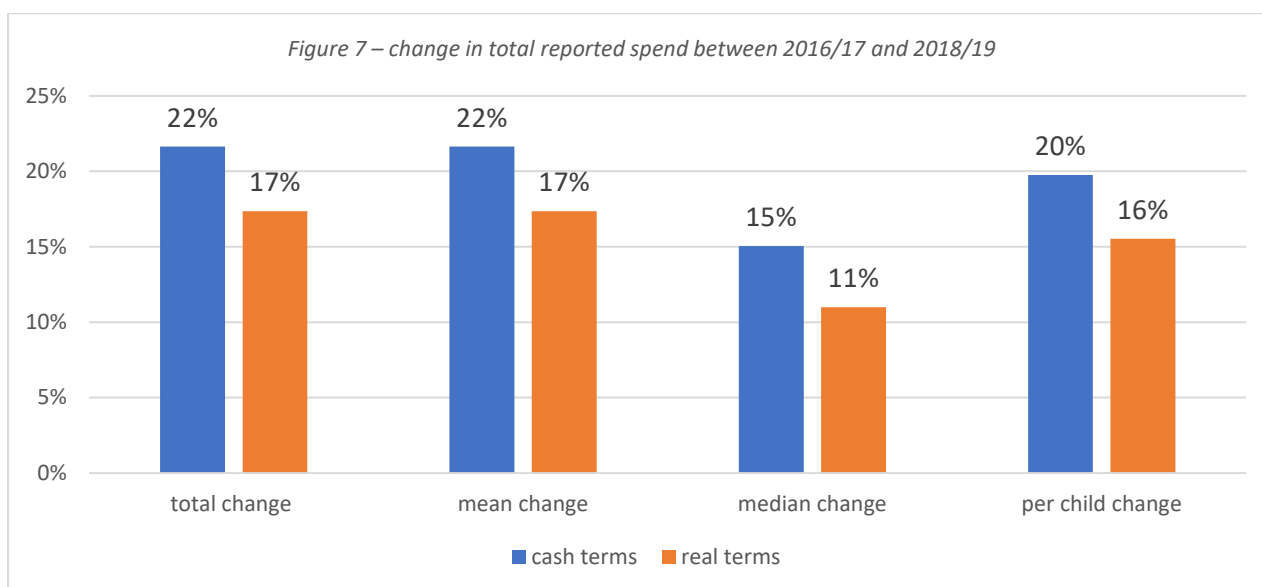
<sup>14</sup> All 2016/17 figures and percentages can be found in Annex 1 table B

## Spend data across the period

The above figures cannot be used to assess how spending has changed over time because the number of responses, and the set of areas reporting spend figures, may have changed from one year to the next. This means that spending figures relating to different financial years are not comparable in the above section. To facilitate valid comparisons, this section focuses solely on the sample of local areas which reported a given category of spend in every year (i.e. for 2016/17, 2017/18 and 2018/19). We report changes in spend in both cash and real terms as, both overall and per child. Per child spend was calculated as before while real-terms changes were calculated by stripping out the inflation using the relevant GDP deflator. To get a more detailed understanding of change in reported spend we also show how many areas reported an increase, decrease or stagnation in spend.

### Total reported spend across the period

Figure 7 shows the percentage change in total reported spend in cash and real terms over the period from 2016/17 to 2018/19 with real terms change using 2016/17 prices.



n. 214. Real terms change is calculated using 2016/17 prices.

Table 2 details total spend across the period (2016/17 and 2018/19). Over the period we see a total cash terms increase of 22%, or 20% per child. In real terms, the percentage increases are 17% overall and 16% per child.

We also see a large discrepancy between both the cash and real terms mean and median spend increases. Mean spend increased almost twice as fast (in percentage terms) as median spend.

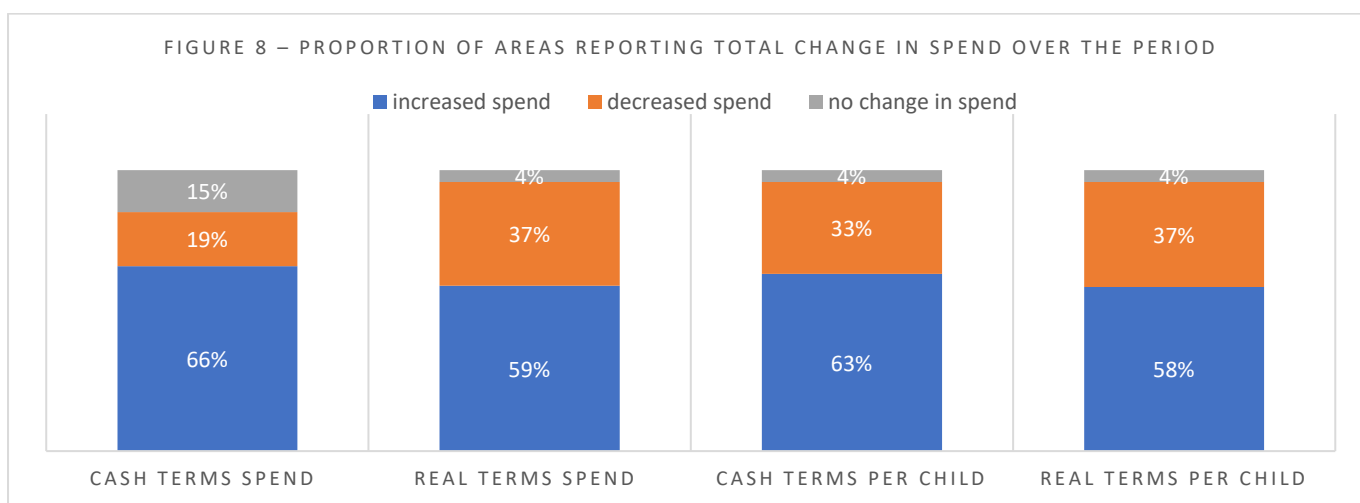
Table 2 - Total reported spend across years			
	2016/17	2017/18	2018/19
spend	£178,150,579	£195,533,982	£216,697,232
annual change		£17,383,403	£21,163,249
% (cash terms)		10%	11%
change over period*			£38,546,653
% (cash terms)			22%
% (real terms)			17%
mean spend	£832,479	£913,710	£1,012,604
annual change in mean spend		£81,231	£98,894

	% (cash terms)		10%	11%
change in mean spend over period*				£180,125
	% (cash terms)			22%
	% (real terms)			17%
median spend		£469,500	£492,709	£540,143
annual change in median spend			£23,209	£47,434
	% (cash terms)		5%	10%
change in median spend over period*				£70,643
	% (cash terms)			15%
	% (real terms)			11%
Spend per child**		£12.02	£13.09	£14.39
annual change			£1.08	£1.29
	% (cash terms)		9%	10%
change over the period				£2.37
	% (cash terms)			20%
	% (real terms)			16%

n. 214 \*change over period refers to change from 2016/17 to 2018/19. \*\*spend per child of population is the 0-17 population in the areas which have given spend data

The analysis below looks at whether the discrepancy between mean and median spend could be due to a small number of areas having a large increase in spend, or a large number of areas each seeing a small increase in spend. Figure 8 and Table A in Annex 2 shows total reported spend across the period (i.e. comparing 2016/17 data to 2018/19) in cash terms (first bar) and real terms (second bar) as well as per child spend in cash terms (third bar) and per child spend in real terms (fourth bar).

Two-thirds (66%) of areas saw an increase cash terms spend equating to an average of £317,836 per area. However only 58% of areas saw an increase in real terms per child (averaging £3.74 per child). Only a fifth (19%) of areas saw decrease in reported spend in cash terms (averaging £152,883). However, 37% of areas saw a real-terms decrease in spend per child (averaging £1.93).

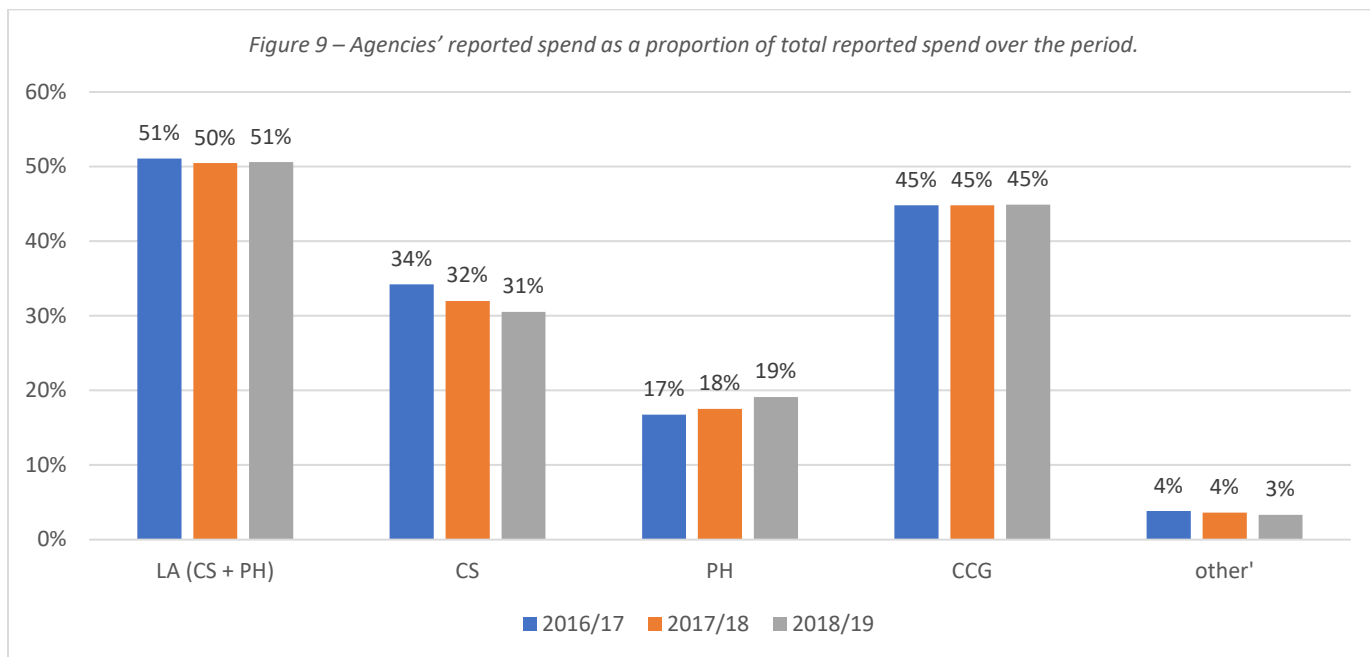


## Reported spend as a proportion of total spend across the period

Figure 9 plots agencies' reported spend as a proportion of total reported spend in each year for areas that reported data across all years. There was little change of the period in the share that each agency's spend accounted for. CCG



spend constituted 45% while LA spend accounted for half. Within LA spend, around a third came from children’s services, slightly declining over the period, with under a fifth coming from public health which increased its share of total spend slightly year on year.



### Local Authority reported spend across the period

Figure 10 show an increase in total LA spend over the period: around 21% in cash terms and 16% in real terms. Spend per child increased by 18% in cash and by 14% in real terms. Spend figures are set out in Table B in Annex 2.

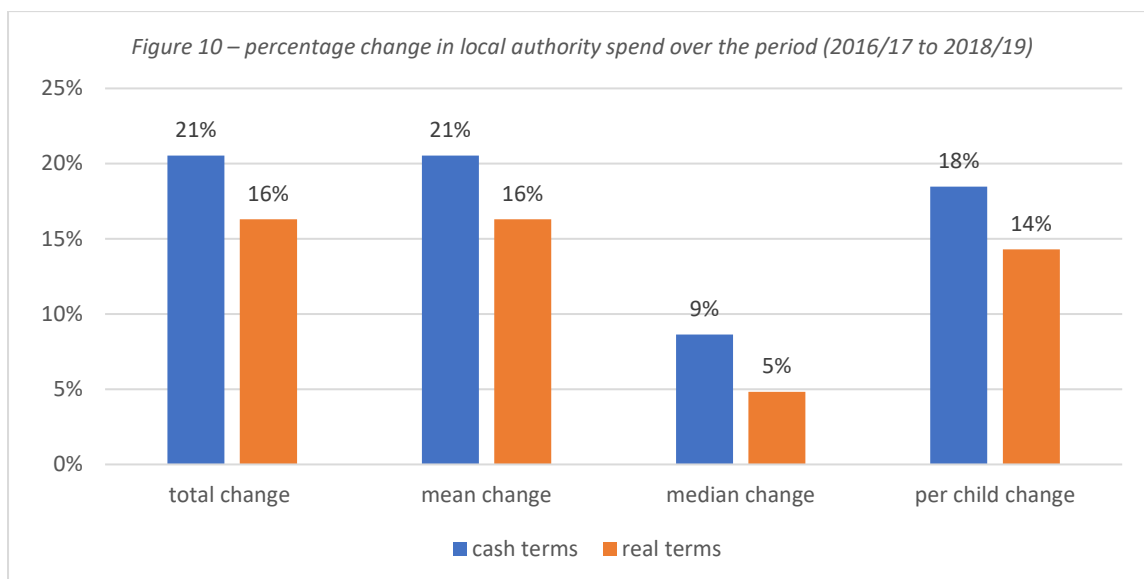
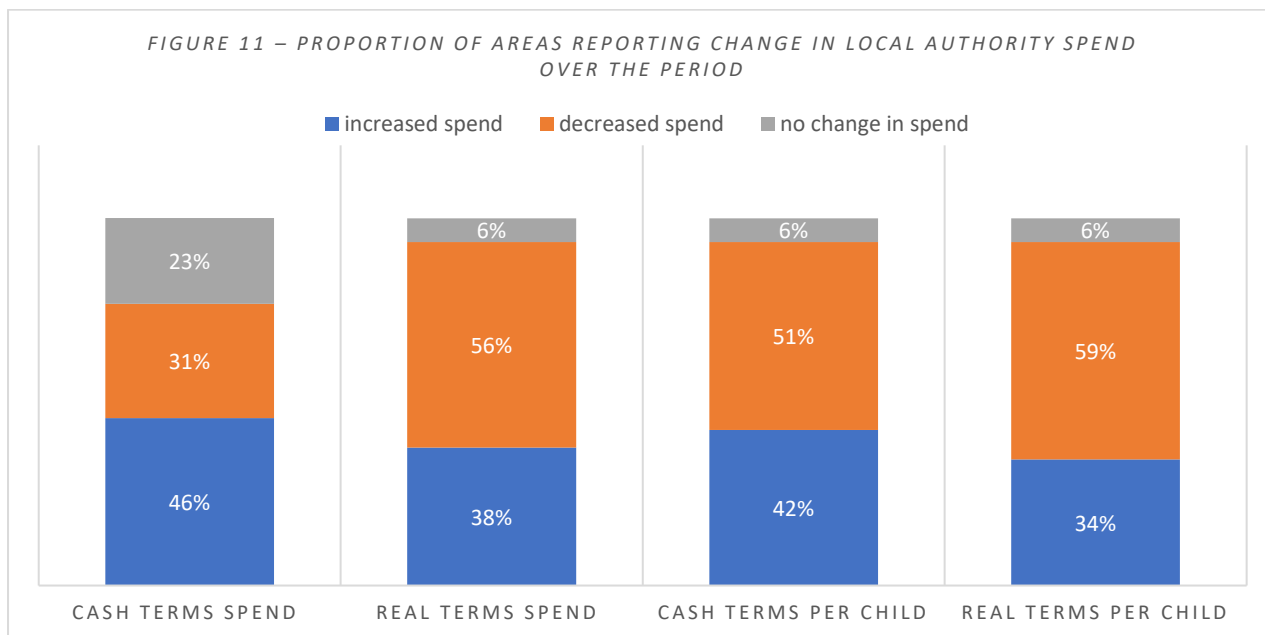


Figure 10 also shows much smaller median change in spend, both in cash terms (9%) and real terms (5%). This again indicates that a small number of areas with big spend increases may have masked a larger number of areas with small increases or decreases. This is supported by the fact that that median LA spend decreased in between 2017/18 and 2018/19 by 6%, while mean LA spend increased by 11%.

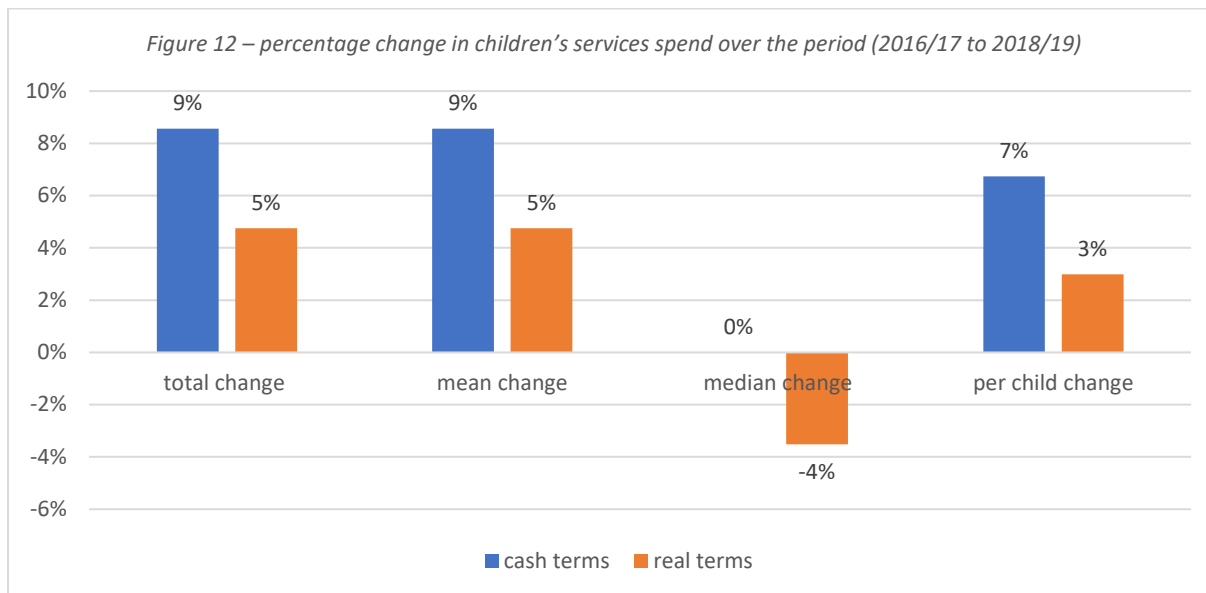
Figure 11 and Table C in Annex 2 looks at the number of local authorities which had different changes in spend over the period. Nearly half (46%) saw an increase in overall spend in cash terms, but only a third (34%) saw a real-terms increase in LA spend per child. In cash terms under a third (31%) of local authorities see decreases in LA spend

(averaging -£130,558), but a much bigger proportion, 59%, see a real terms decrease in LA spend per child (averaging £1.59).



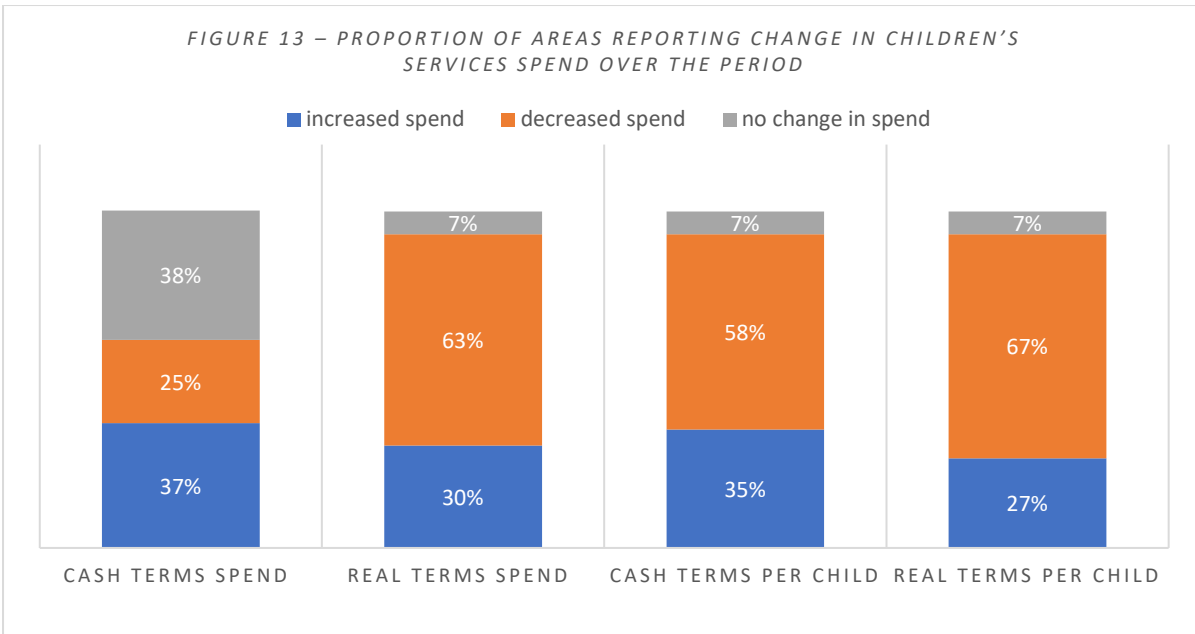
### Children’s Services reported spend across the period

Figure 12 and Table D in Annex 2 look at children’s services (CS) reported spend within LA spend over the period. In cash terms, total CS spend rose by 9% while CS spend per child rose by 7%. However, in real terms the increases are only 5% and 3% respectively. Median CS spend was flat in cash terms and decreased by 3% in real terms. This suggests again that increases in spend are being pushed up by a number of areas substantially increasing their reported CS spend.



To look at this in more detail Figure 13 and Table E in Annex 2 show the number of areas with changing CS spend over the period (i.e. 2016/17 to 2018/19). While 37% of areas saw a cash term increase in reported spend only 27% saw an increase in per child real terms spend. In cash terms, a quarter of areas reported CS spend had decreased, but two-thirds of areas saw a real terms decrease in CS spend per child.

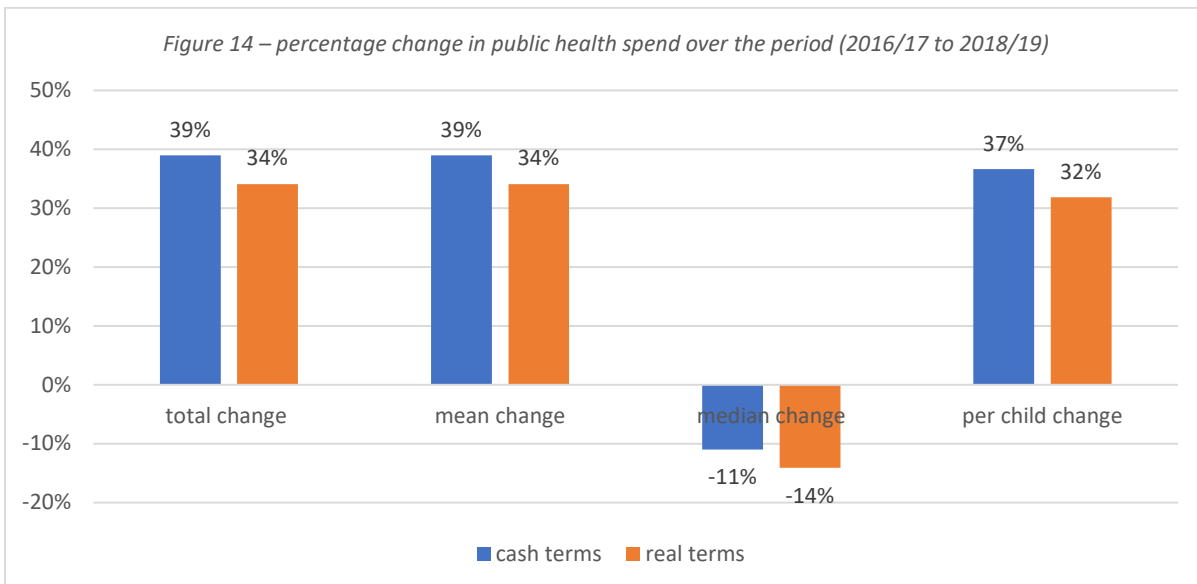
FIGURE 13 – PROPORTION OF AREAS REPORTING CHANGE IN CHILDREN'S SERVICES SPEND OVER THE PERIOD



### Public health reported spend across the period

Figure 14 looks at the changes in public health in both reported cash terms and real terms. It shows a cash terms increase of 39% and a real terms increase of 34%. Detailed in Table F in Annex 2 this equates a cash terms increase of £11,626,270, which is a per child increase of £1.49.

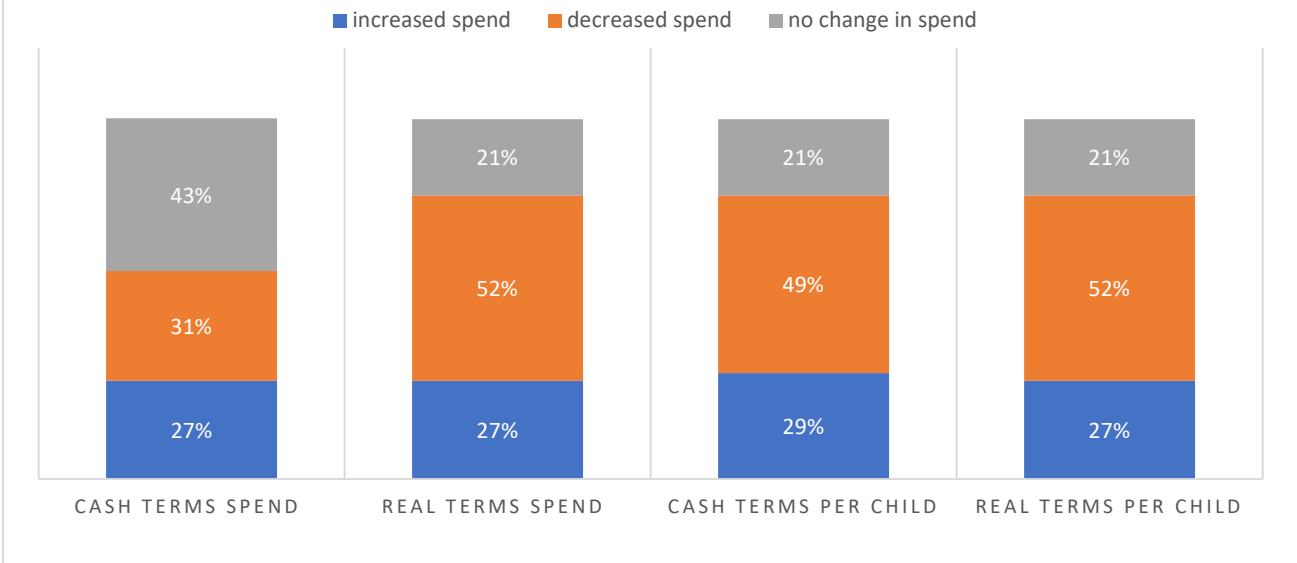
However, when looking at median change we can see a huge discrepancy. Median PH spend fell by 11% in cash terms and by 14% in real terms. This again illustrates the that there are a small number of PH areas which report a substantial increase in PH spend at the same time as most PH areas are seeing a fall in reported PH spending.



This is shown in Figure 15 and Table G in Annex 2 where we see that 31% of PH areas report a cash terms decrease in PH spend, averaging -£56,529. Yet a similar proportion (27%) saw a cash-term increase (averaging £510,216). This suggests that the decline in reported PH spend for a sizeable proportion of areas is masked by a similar proportion of high spending departments over the period.

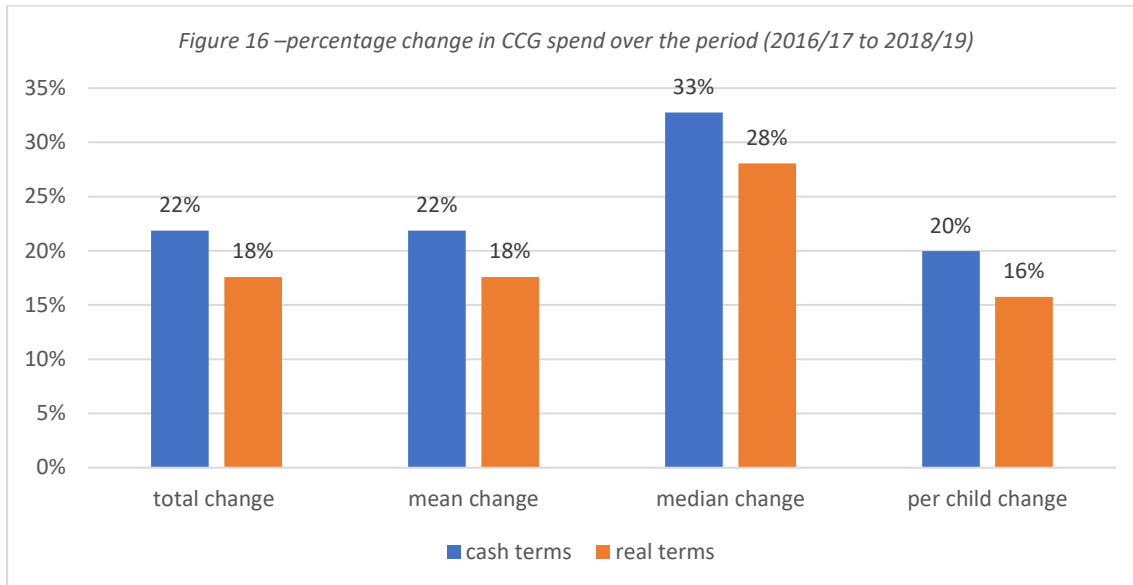
When looking changes in real terms, per child spend we again see a substantial difference in areas showing a decline in spend. We find that over half of PH areas see a decline in real terms spend.

FIGURE 15 – PROPORTION OF AREAS REPORTING CHANGE IN PUBLIC HEALTH SPEND OVER THE PERIOD



### Clinical Commissioning Group reported spend across the period

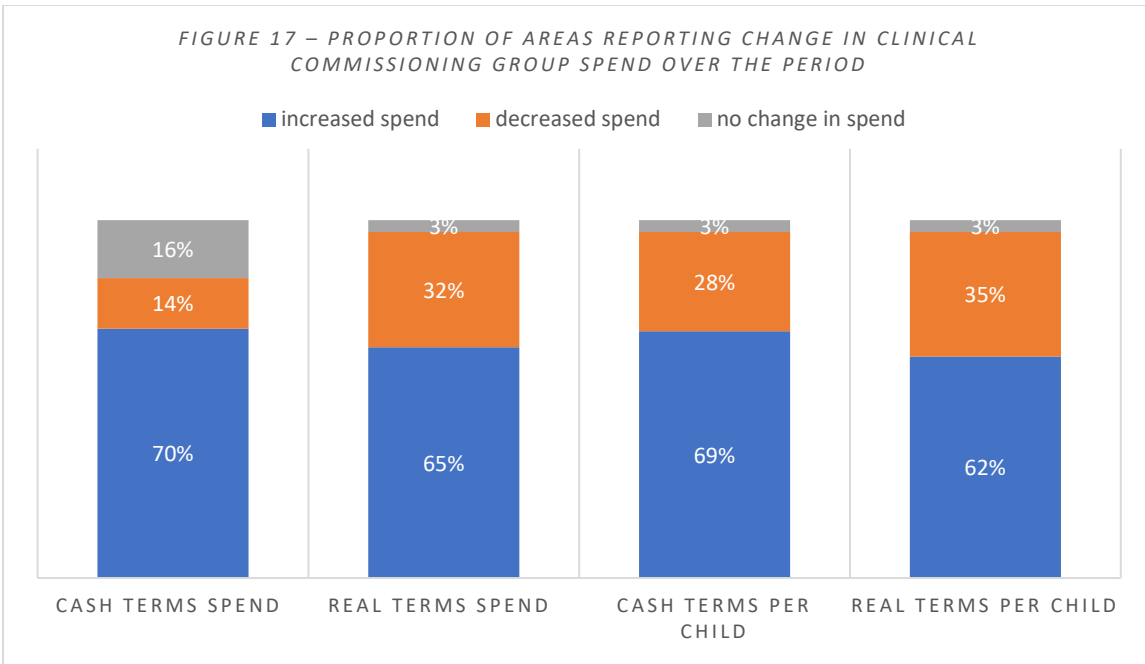
Figure 16 and Table H show that there was a 22% cash-terms increase in reported CCG spend (totalling £17,462,648), equivalent to an 18% increase in real terms. There was cash terms per child increase of 20%, equalling a 16% real-terms increase.



Unlike with LA and total spend, median CCG spend actually rose significantly (33% in cash terms, 28% in real terms). In absolute terms, mean CCG spend rose by £112,662 while median CCG spend rose by £84,600. This suggests that the increase in spend is more evenly spread across CCGs.

Figure 17 and Table I in Annex 2 show that over two thirds (70%) of CCGs saw a cash-terms increase in spend (65% saw a real-terms increase). Spending per child fell in real terms in around a third (35%) of CCGs. This again illustrates that the proportion and extent of the decreases is smaller in CCGs than in LAs, but nevertheless that a sizable group of CCGs saw their spending decrease.

FIGURE 17 – PROPORTION OF AREAS REPORTING CHANGE IN CLINICAL COMMISSIONING GROUP SPEND OVER THE PERIOD



### ‘Other’ agencies reported spend across the period

Figure 18 shows that spend by ‘other’ agencies increased by just 5% in cash terms over the period, and only 2% in real terms. On a per child basis there was a cash terms increase of 2%, and no change in real terms. Median spend by ‘other’ agencies fell by 7% in cash terms and 10% in real terms. Again this illustrates that rises overall are masked by a sizable number of areas seeing much smaller increases and declines in spend. This is detailed further in Table J in Annex 2.

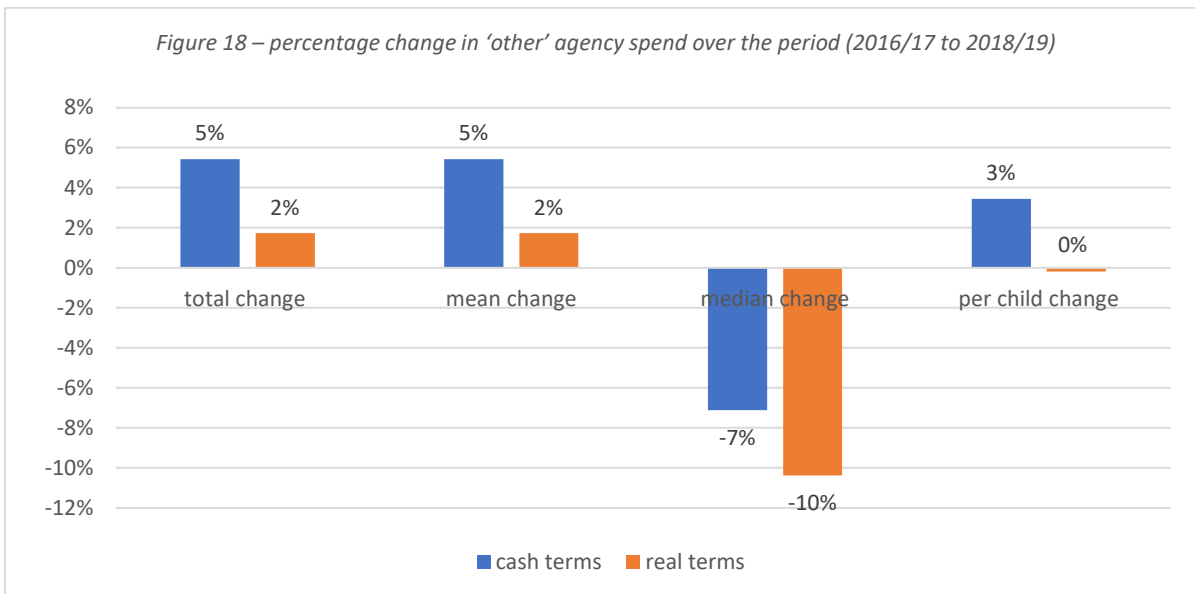
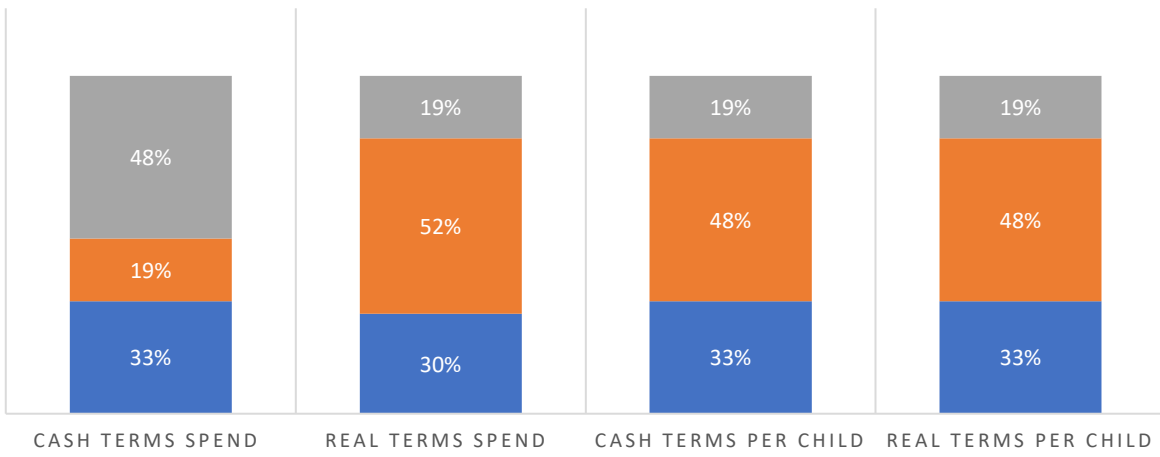


Figure 19 and Table K in Annex 2 show that almost half (48%) of areas saw no change in ‘other’ agency spend in cash terms, while a third (33%) of areas saw an increase. However, spend per child by ‘other’ agencies fell in around half (48%) of areas.

FIGURE 19 - PROPORTION OF AREAS REPORTING CHANGE IN 'OTHER' SPEND OVER THE PERIOD

■ increased spend ■ decreased spend ■ no change in spend

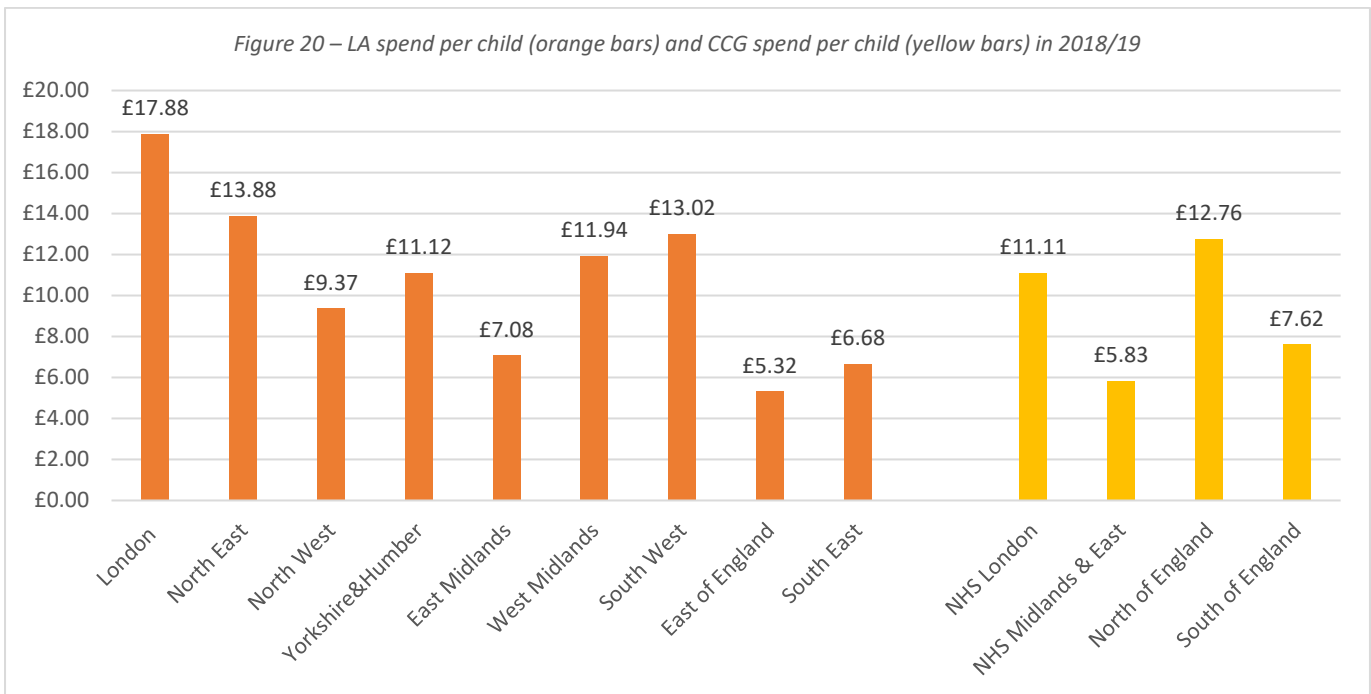


## Regional variation

As highlighted in the data analysis section of the report, LA spend can only be reported by Government Office Region (GOR) while CCG spend can only be reported by NHS region. To look at regional variations we calculated total reported spend for all LAs in each of these region in 2018/19. We focus on spending per child (dividing total spend by the number of children in LAs/CCGs that gave spend data for each region) in order to analyse regions in a comparable way.

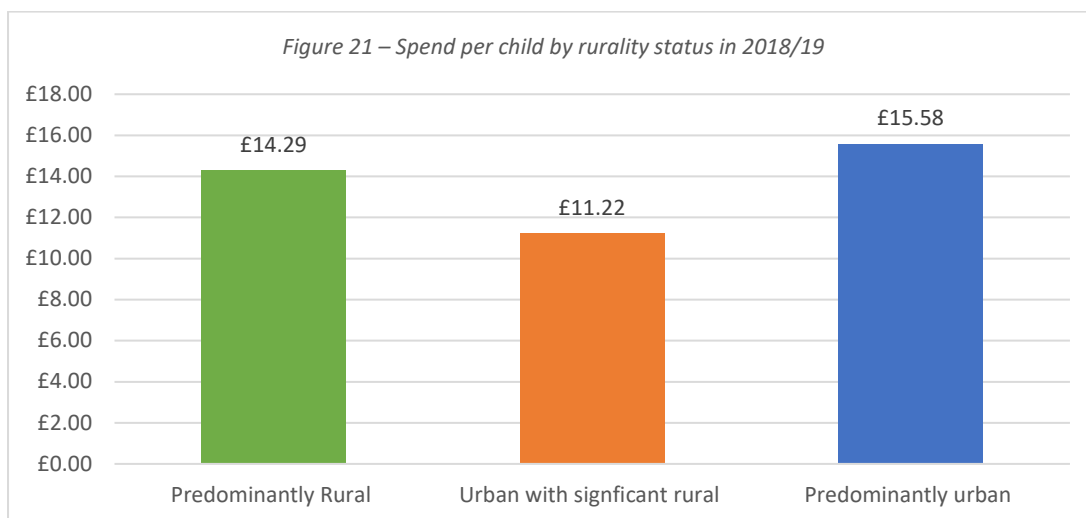
Figure 20 shows the average spending per child (orange bars) and CCG spend per child (yellow bars). We see that for LA spend per child is highest in London where it was £17.88 per child, the North East (£13.88 per child) and South West (£13.02). It is lowest in the East of England (£5.32 per child), the South East (£6.68 per child) and the East Midlands (£7.08 per child). CCG spend per child is highest in the North of England (£12.76 per child) and London (£11.11 per child), and lowest in the South of England (£7.62 per child) and the Midlands & East (£5.83 per child) NHS region.

Further analysis (not shown) found large variation within regions in spend with a number of very high and low spending areas for both LA and CCG spend.



## Urban-rural variation

We looked at whether there were differences by the level of rurality using the ONS classifications.<sup>15</sup> Figure 21 plots per child spend in the current financial year 2018/19 for areas with the following rurality classifications: 'Predominantly rural', 'Urban with significant rural', and 'Predominantly urban'. It shows that spend per child was higher in predominantly urban areas than in predominantly rural areas, and significantly more than urban areas with significant rural parts. Further analysis (not shown) found large variation in spend with a number of very high and low spending urban and rural areas.



<sup>15</sup> For this, both local authorities and CCGs areas had the same classifications allowing for total overall reported spend to be analysed per area



# Conclusions and recommendations

## Conclusions

Concerned about the provision of low-level mental health services in England and how it varies between local areas and agencies, the Children's Commissioner wrote to every Clinical Commissioning Group (CCG) Accountable Officer, Director of Children's Services and Director of Public Health in August 2018. The Commissioner used a statutory information request under Section 2F of the Children's Act 2004 to gather data on spending by these and other agencies on low-level mental health services in the financial years 2016/17, 2017/18 and 2018/19.

This technical report has provided details on the data collection including its methods and limitations as well as presenting more detailed findings used in the accompanying report; *Early Access to Mental Health Support*.

The first key finding of this work is that it is possible to gather this information at scale. We have successfully collected area-level spend data from all local authorities (LAs) and almost all CCGs. However, due to the complexities in the allocation of spend in areas and between agencies as well as a degree of missing data, findings are presented as 'reported spend' in recognition that it is not the total picture of spend in low-level mental health services in all areas of England across all agencies.

Total reported spend on low-level mental health services amounted to £225,605,217 in 2018/19 across the local areas that provided data. This equates to £14.15 per child. Close to half of the total reported spend came from CCGs. Around a third came from children's services, which combined with public health made up the LA spend. LA spend itself accounted for just over half of all reported spend.

The second key finding of this work is that there is in effect a 'postcode lottery' of large variations in spend from one area to another. A small number of very high spending areas mask a larger proportion of low spending areas, particularly in local authority spend. There is also substantial variation by region in spending per child.

The third key finding is that, while overall spending may have increased, it has fallen for a large number of agencies and areas. We found that median spend by children's services, public health and 'other' agencies has declined in real terms between 2016/17 and 2018/19.

While two-thirds of areas (66%) saw an increase in cash terms in total spend, 37% of areas saw a real terms decline in spending per child. Nearly 60% of areas saw local authority spend per child decline in real terms.

The government should increase its focus on local spending on early access support for children with mental health problems, with Local Authorities and the NHS working together to ensure there is a joined up plan in each area to support children who do not require specialist care. We are calling on the government to build on this work to gather clear data on this local spending. If this is not achieved within the next two years, we will endeavour to repeat this exercise with a view to publishing the figures for each local area.

# Annex 1

## Spend in 2016/17 on low-level mental health services

**Table A. Reported spend for each agency type in 2016/17**

	LA (DCS + DPH)	CS	PH	CCG	other'	Total
<b>Total spend</b>	£91,385,251	£61,317,055	£30,068,196	£82,741,866	£7,200,322	£181,327,438
<b>mean spend</b>	£725,280	£573,057	£291,924	£523,683	£240,011	£839,479
<b>75th percentile</b>	£901,074	£673,953	£211,809	£559,799	£252,531	£979,500
<b>median spend</b>	£403,612	£362,000	£70,000	£266,767	£177,680	£469,500
<b>25th percentile</b>	£146,250	£134,650	£0	£109,997	£31,250	£143,750
<b>spend per child</b>	£9.43	£7.67	£3.89	£7.99	£3.75	£12.13
<b>n</b>	126	107	103	158	30	216

\*total spend is all spend information received from all agencies (LA spend is a combination of CS and PH spend). \*\*spend per child of population is the 0-17 population in the areas which have given spend data. \*\*\*this excludes responses that gave spend data that equalled 0 (i.e. £0)

Figure A – Reported spend profile for each agency in 2016/17

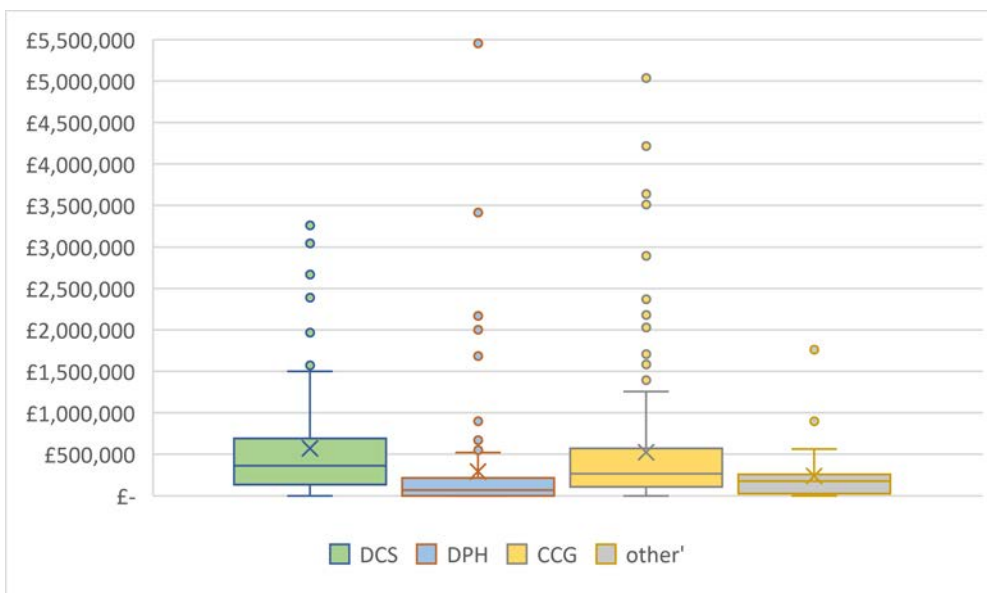
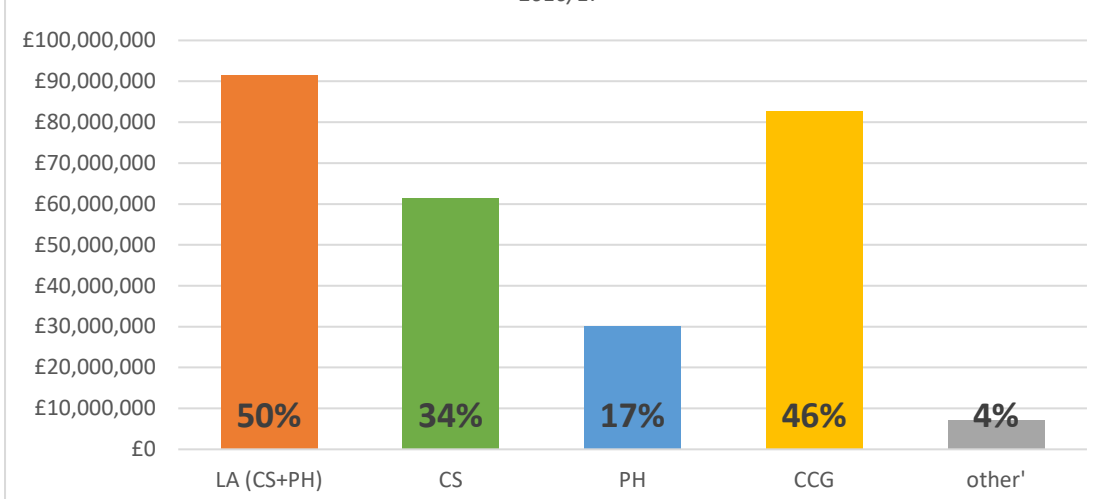


Figure B - Reported spend by each agency as a proportion of total reported spend in 2016/17



Note: Local Authority (LA) spend is a combination of CS and PH spend and is not included in the calculation for each agency but is shown here as an illustration

## Spend in 2017/18 on low-level mental health services

Table B. Reported cash terms spend for each category in 2017/18

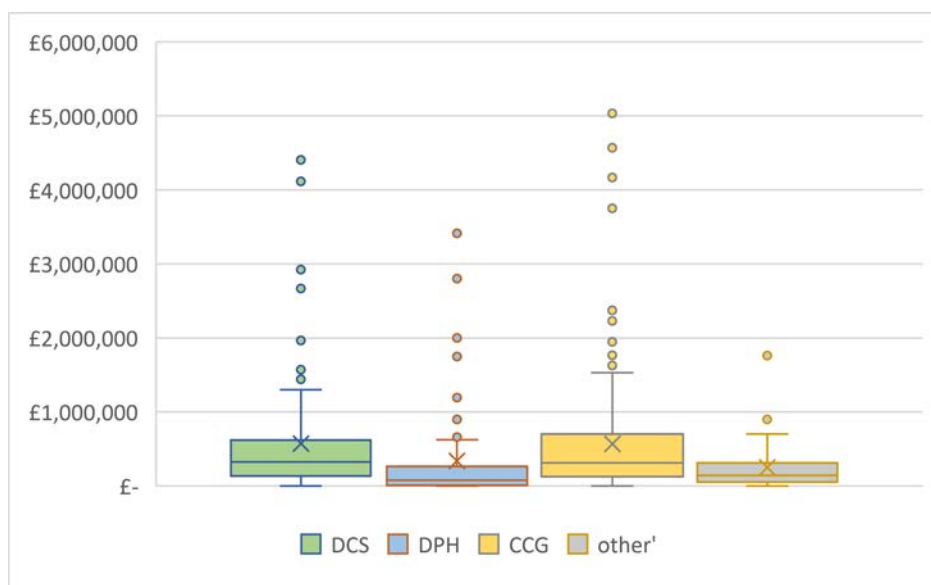
Table B. Reported spend for each agency type in 2017/18						
	LA (DCS + DPH)	CS	PH	CCG	other'	Total
Total spend	£99,258,982	£63,911,779	£35,347,203	£94,082,453	£7,966,806	£201,308,240
mean spend	£781,567	£570,641	£346,541	£566,762	£248,963	£910,897
75th percentile	£848,259	£589,018	£280,450	£699,556	£289,750	£1,111,507
median spend	£430,270	£326,000	£83,000	£309,878	£144,550	£486,000
25th percentile	£171,542	£137,528	£15,875	£132,470	£51,781	£168,084
spend per child	£10.14	£7.72	£4.52	£8.51	£3.53	£13.04
n	127	112	102	166	32	221

\*total spend is all spend information received from all agencies (LA spend is a combination of CS and PH spend)

\*\*this excludes responses that gave spend data that equalled 0 (i.e. £0)

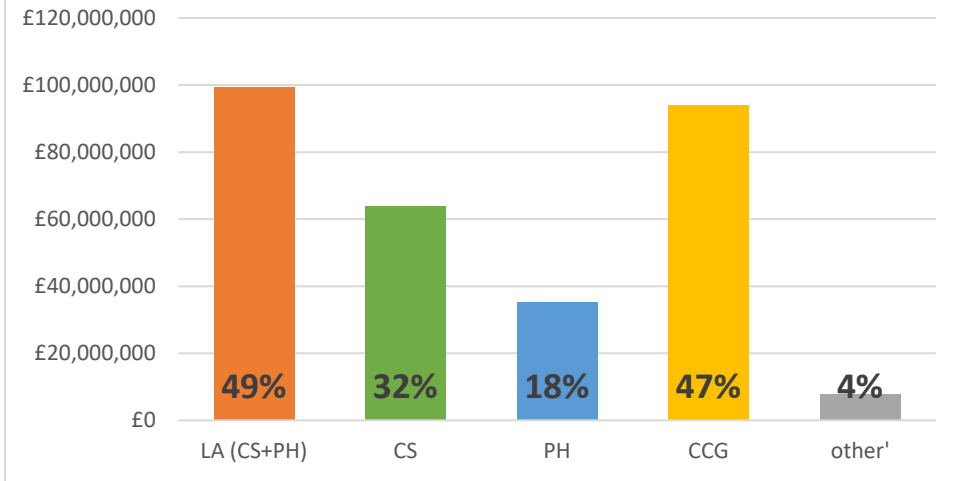
\*\*\*spend per child of population is the 0-17 population in the areas which have given spend data (excludes areas with missing data (£-) but includes areas reporting no spend (£0))

Figure C – Reported spend profile for each agency in 2017/18



Note one PH extreme outliers over £8.5 million are not shown in the figure, but are included in the data used to construct the figure.

Figure D - Reported spend by each agency as a proportion of total reported spend in 2017/18



Note: Local Authority (LA) spend is a combination of CS and PH spend and is not included in the calculation for each agency but is shown here as an illustration

## Annex 2

### Spend in across the period

Table A Number of areas with changing total spend across years				
	cash terms spend	real terms spend	cash terms per child	real terms per child
increased spend	66%	59%	63%	58%
Average increase	£317,836	£310,535	£4.03	£3.73
n.	141	126	135	125
decreased spend	19%	37%	33%	37%
Average decrease	-£152,883	-£103,756	-£1.70	-£1.94
n.	41	79	70	80
no change in spend	15%	4%	4%	4%
n.	32	9	9	9
Total n.	214	214	214	214

Table B Local Authority reported spend across years			
	2016/17	2017/18	2018/19
spend	£90,982,892	£98,679,453	£109,657,137
annual change		£7,696,561	£10,977,684
% (cash terms)		8%	11%
change over period*			£18,674,245
% (cash terms)			21%
% (real terms)			16%
mean spend	£727,863	£789,436	£877,257
annual change in mean spend		£61,572	£87,821
% (cash terms)		8%	11%
change in mean spend over period*			£149,394
% (cash terms)			21%
% (real terms)			16%
median spend	£404,864	£465,751	£439,865
annual change in median spend		£60,887	-£25,886
% (cash terms)		15%	-6%
change in median spend over period*			£35,001
% (cash terms)			9%
% (real terms)			5%
Spend per child***	£9.45	£10.17	£11.20
annual change		£0.72	£1.03
% (cash terms)		8%	10%
change over the period			£1.75
% (cash terms)			18%
% (real terms)			14%

n. 125 \*change over period refers to change from 2016/17 to 2018/19. \*\*spend per child of population is the 0-17 population in the areas which have given spend data

**Table C number of local authorities with changing spend across years**

	cash terms spend	cash terms per child	real terms per child
<b>Proportion with increased spend</b>	46%	42%	34%
<b>Average increase</b>	£416,947	£4.90	£5.42
<b>n.</b>	57	53	43
<b>Proportion with decreased spend</b>	31%	51%	59%
<b>Average decrease</b>	-£130,558	-£1.48	-£1.59
<b>n.</b>	39	64	74
<b>Proportion with no change in spend</b>	23%	6%	6%
<b>n.</b>	29	8	8
<b>Total n.</b>	125	125	125

Table D Detailed Children's Services reported spend across years

	2016/17	2017/18	2018/19
spend	£60,960,615	£62,545,160	£66,181,764
annual change		£1,584,546	£3,636,604
% (cash terms)		3%	6%
change over period*			£5,221,150
% (cash terms)			9%
% (real terms)			5%
mean spend	£580,577	£595,668	£630,303
annual change in mean spend		£15,091	£34,634
% (cash terms)		3%	6%
change in mean spend over period*			£49,725
% (cash terms)			9%
% (real terms)			5%
median spend	£384,700	£347,380	£384,700
annual change in median spend		-£37,320	£37,320
% (cash terms)		-10%	11%
change in median spend over period*			£0
% (cash terms)			0%
% (real terms)			-4%
Spend per child***	£7.75	£7.89	£8.27
annual change		£0.14	£0.38
% (cash terms)		2%	5%
change over the period			£0.52
% (cash terms)			7%
% (real terms)			3%
75th percentile	£690,322	£638,000	£651,000
25th percentile	£137,000	£150,000	£150,000

n. 105 \*change over period refers to change from 2016/17 to 2018/19. \*\*spend per child of population is the 0-17 population in the areas which have given spend data

Table E number of DCS with changing spend across years				
	cash terms spend	real terms spend	cash terms per child	real terms per child
increased spend	37%	30%	35%	27%
Average increase	£246,122	£265,946	£3.24	£3.74
n.	39	32	37	28
decreased spend	25%	63%	58%	67%
Average decrease	-£168,369	-£85,077	-£1.29	-£1.40
n.	26	66	61	70
no change in spend	38%	7%	7%	7%
n.	40	7	7	7
Total n.	105	105	105	105

Table F Detailed Public Health reported spend across years			
	2016/17	2017/18	2018/19
spend	£29,818,923	£34,289,674	£41,445,193
annual change		£4,470,751	£7,155,520
% (cash terms)		15%	21%
change over period*			£11,626,270
% (cash terms)			39%
% (real terms)			34%
mean spend	£313,883	£360,944	£436,265
annual change in mean spend		£47,061	£75,321
% (cash terms)		15%	21%
change in mean spend over period*			£122,382
% (cash terms)			39%
% (real terms)			34%
median spend	£82,000	£85,000	£73,000
annual change in median spend		£3,000	-£12,000
% (cash terms)		4%	-14%
change in median spend over period*			-£9,000
% (cash terms)			-11%
% (real terms)			-14%
Spend per child***	£4.08	£4.65	£5.57
annual change		£0.57	£0.92
% (cash terms)		14%	20%
change over the period			£1.49
% (cash terms)			37%
% (real terms)			32%
75th percentile	£230,387	£303,937	£308,957
25th percentile	£5,000	£17,250	£14,125

n. 95 \*change over period refers to change from 2016/17 to 2018/19. \*\*\*spend per child of population is the 0-17 population in the areas which have given spend data



Table G number of DPH with changing spend across years				
	cash terms spend	real terms spend	cash terms per child	real terms per child
increased spend	27%	27%	29%	27%
Average increase	£510,216	£473,712	£4.13	£4.08
n.	26	26	28	26
decreased spend	31%	52%	49%	52%
Average decrease	-£56,529	-£43,814	-£0.56	-£0.70
n.	29	49	47	49
no change in spend	43%	21%	21%	21%
n.	40	20	20	20
Total n.	95	95	95	95

Table H Clinical Commissioning Group reported spend across years			
	2016/17	2017/18	2018/19
spend	£79,827,366	£87,670,024	£97,290,013
annual change		£7,842,658	£9,619,990
% (cash terms)		10%	11%
change over period*			£17,462,648
% (cash terms)			22%
% (real terms)			18%
mean spend	£515,015	£565,613	£627,678
annual change in mean spend		£50,598	£62,064
% (cash terms)		10%	11%
change in mean spend over period*			£112,662
% (cash terms)			22%
% (real terms)			18%
median spend	£258,400	£312,755	£343,000
annual change in median spend		£54,355	£30,245
% (cash terms)		21%	10%
change in median spend over period*			£84,600
% (cash terms)			33%
% (real terms)			28%
Spend per child***	£7.85	£8.56	£9.42
annual change		£0.71	£0.86
% (cash terms)		9%	10%
change over the period			£1.57
% (cash terms)			20%
% (real terms)			16%
75th percentile	£559,597	£654,498	£686,346
25th percentile	£107,303	£139,977	£143,503

n. 155 \*change over period refers to change from 2016/17 to 2018/19. \*\*spend per child of population is the 0-17 population in the areas which have given spend data

**Table I number of CCG with changing spend across years**

	cash terms spend	real terms spend	cash terms per child	real terms per child
<b>increased spend</b>	70%	65%	69%	62%
<b>Average increase</b>	£181,913	£171,061	£2.55	£2.45
<b>n.</b>	108	100	107	96
<b>decreased spend</b>	14%	32%	28%	35%
<b>Average decrease</b>	-£99,269	-£61,255	-£0.85	-£0.99
<b>n.</b>	22	50	43	54
<b>no change in spend</b>	16%	3%	3%	3%
<b>n.</b>	25	5	5	5
<b>Total n.</b>	155	155	155	155

**Table J Detailed 'Other' reported spend across years**

	2016/17	2017/18	2018/19
<b>spend</b>	£6,796,962	£7,097,868	£7,166,468
<b>annual change</b>		£300,906	£68,600
<b>% (cash terms)</b>		4%	1%
<b>change over period*</b>			£369,506
<b>% (cash terms)</b>			5%
<b>% (real terms)</b>			2%
<b>mean spend</b>	£251,739	£262,884	£265,425
<b>annual change in mean spend</b>		£11,145	£2,541
<b>% (cash terms)</b>		4%	1%
<b>change in mean spend over period*</b>			£13,685
<b>% (cash terms)</b>			5%
<b>% (real terms)</b>			2%
<b>median spend</b>	£184,000	£160,000	£170,900
<b>annual change in median spend</b>		-£24,000	£10,900
<b>% (cash terms)</b>		-13%	7%
<b>change in median spend over period*</b>			-£13,100
<b>% (cash terms)</b>			-7%
<b>% (real terms)</b>			-10%
<b>Spend per child***</b>	£3.76	£3.89	£3.89
<b>annual change</b>		£0.13	£0.00
<b>% (cash terms)</b>		3%	0%
<b>change over the period</b>			£0.13
<b>% (cash terms)</b>			3%
<b>% (real terms)</b>			0%
<b>75th percentile</b>	£264,688	£301,500	£319,750
<b>25th percentile</b>	£23,215	£62,500	£69,500

n. 27 \*change over period refers to change from 2016/17 to 2018/19. \*\*spend per child of population is the 0-17 population in the areas which have given spend data

**Table k number of 'other' with changing spend across years**

	cash terms spend	real terms spend	cash terms per child	real terms per child
<b>increased spend</b>	33%	30%	33%	33%
<b>Average increase</b>	£65,101	£65,059	£0.97	£0.82
<b>n.</b>	9	8	9	9
<b>decreased spend</b>	19%	52%	48%	48%
<b>Average decrease</b>	-£43,280	-£28,774	-£0.49	-£0.72
<b>n.</b>	5	14	13	13
<b>no change in spend</b>	48%	19%	19%	19%
<b>n.</b>	13	5	5	5
<b>Total n.</b>	27	27	27	27



**Children's Commissioner for England**

Sanctuary Buildings  
20 Great Smith Street  
London  
SW1P 3BT

Tel: 020 7783 8330

Email: [info.request@childrenscommissioner.gov.uk](mailto:info.request@childrenscommissioner.gov.uk)

Visit: [www.childrenscommissioner.gov.uk](http://www.childrenscommissioner.gov.uk)

Twitter: @ChildrensComm