Children and Young People's Mental Health Services Workforce Report for Health Education England

Final Report

June 7, 2019

**This report was commissioned by
Health Education England
and produced by
NHS Benchmarking Network**

Contents

Executive Summary

- This report outlines the findings from a national stocktake of the Children and Young People's mental health (CYP MH) workforce across England. The project was commissioned by Health Education England (HEE) and undertaken by the NHS Benchmarking Network (NHSBN).   The project builds on a previous study undertaken by the NHSBN for HEE in 2016.
- CYP MH is a multi-agency service that involves many organisations in providing services across England. The project recognised the multi-agency nature of CYP MH delivery and therefore aimed to collect data across a wide range of organisations that included;
    - NHS providers
    - Local Authorities
    - Independent sector providers
    - Voluntary sector providers
    - Youth Justice services
- NHSBN conducted a data collection exercise that invited all providers in the above sectors to quantify and describe the shape and nature of their CYP MH workforce. The data collection took place between February and April 2019 and used data relating to 2018 calendar year. The data collection targeted quantifying the total size and shape of the CYP MH workforce, as well as analysing workforce demographics, skills and competencies.
- The headline findings from the project are as follows;
    - A total of 18,136 staff are employed in CYP MH, delivering a total of 14,857 WTE staff
    - The NHS are the primary provider of community based CYP MH services and account for 74% of total CYP MH staff reported by the project
    - Staff working in the inpatient CYP MH sector are provided by both NHS and independent sector with the NHS being the largest employer in inpatient care.
    - Workforce demographics suggest a staff base that is largely female (over 80%), has demonstrable diversity, and contains many disciplines.
    - The CYP MH workforce has grown in recent years with the NHS employed workforce increasing by 23% since 2016. Other sectors do not offer the complete data position of the NHS to make definitive comparisons against, but evidence of growth does exist in both Local Authority and Voluntary sectors.

Introduction and background

- This report outlines details of the second comprehensive national stocktake of the CYP MH workforce, which builds on a previous data collection performed by the NHS Benchmarking Network in 2016. Children and Young Peoples mental health services are a high profile service area that has been identified for investment and development in a number of recent national strategies including the NHS Five Year Forward View (2014) and NHS Long Term Plan (2019). CYP MH was also discussed in a recent Government green paper "Transforming Children and Young People's Mental Health" (2017) which outlined aspirations for an inclusive multi-agency portfolio of CYP MH services that would form the backbone of an expanded delivery model in future years. Much of this vision is articulated in the NHS Long Term Plan with workforce growth central to plans to expand CYP MH services in future.

- The previous national data collection was completed in 2016 and used 2015 as the baseline year for profiling the workforce. This project used the same CYP MH sectors analysed in the 2016 data collection. The 2019 project analyses data from the calendar year 2018 for the following sectors;

  - NHS providers
  - Local Authorities
  - Independent sector providers
  - Voluntary sector
  - Youth Justice (Youth Offending Teams)

Introduction and background (cont)

- The project aims to provide a comprehensive profile of the CYP MH workforce across these sectors including;

    - Size of workforce (headcount and WTE)
    - Demographic profiling
    - Discipline mix and skill mix
    - Training / competencies
    - Service models
    - Activity and productivity metrics

- The project was supported by a communications programme which invited all CYP MH providers to take part in the project so that a resilient (updated) national workforce baseline could be established. The project used the same methodology as that used in 2016 and therefore enabled like for like comparisons to be made of changes in the workforce size and shape.

Timescales

- The project's data collection launched in February 2019 in a phased manner by sector. The NHS data collection launched on 8th February 2019 and was followed by data collections across Local Authorities, Independent sector, Voluntary sector, and Youth Offending Teams.

- Data collections were targeted at a 1st April 2019 submission date, however, extensions into April were agreed with some providers to maximise data collection completeness within the project's parameters.

- Data supplied by providers was subject to a validation process to ensure the accuracy of the project's findings. Data validation took place during April and May 2019. All data used in this report has been agreed with providers.

- Initial findings from the project were discussed with Health Education England and members of NHS England's CYP MH policy team in May and are followed by production of this updated report. A final report will be produced following review of this draft report by Health Education England.

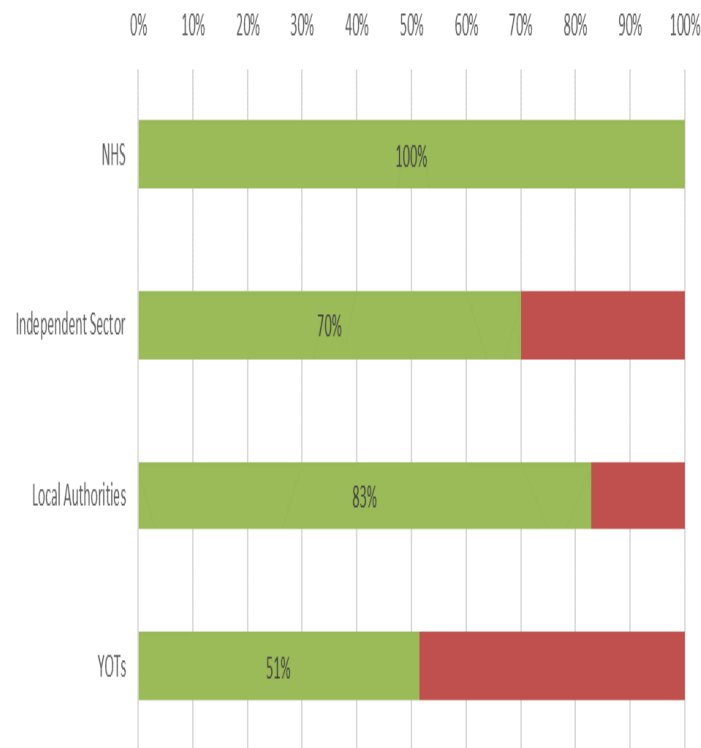|	Winter 2018	Feb 2019	March 2019	April 2019	May 2019	June 2019
Consultation & template design	🟩					
Data collections live		🟩	🟩	🟧	🟧	
Validation			🟩	🟩	🟧	
Interim findings					🟩	
Final reporting						🟩

Engagement

- An active process of engagement was undertaken to ensure that the project's content was appropriate to provide a robust commentary on the CYP MH workforce. The following groups supported the project's scoping and design work and subsequent data collection process:

    - **National Policy**
        - Discussions were held with national policy teams in both Health Education England and NHS England.
    - **NHS**
        - The NHSBN Mental Health Benchmarking reference group provided advice and commentary on data definitions and project scope.
    - **Independent Sector**
        - NHS England Specialised Commissioning provided input to help promote the project across all independent sector providers commissioned by NHS England.
    - **Local Authorities**
        - The Association of Directors of Children's Services helped promote the project across the Local Authority sector.
    - **Voluntary Sector**
        - The Association of Mental Health Providers helped share the project's goals and encourage involvement by the voluntary sector.
    - **Youth Justice**
        - The Youth Justice Board promoted the project across Youth Offending Teams in England.

- A number of other organisations also contributed to project design and engagement work. We are grateful to all organisations who supported the project's work. The following page provides details of the proportion of providers in each sector that provided data during the project's data collection period.

Data completeness

- The chart below illustrates the degree of completeness achieved in data submissions across the various CYP MH sectors. Completeness has been assessed using a definition of known numbers of providers which are drawn from recognised national positions for providers in the NHS, Local Authorities, Independent sector and Youth Offending Services.
    - NHS – All NHS Trust providers of CYP MH services responded to the project's request for data
    - Independent sector – 70% of the independent sector providers commissioned by NHS England Specialised Commissioning contributed to the data collection.
    - A total of 83% of Local Authorities responded to the survey with CYP MH data or statements that CYP MH services are not provided
    - YOTs – 52% of YOTs responded with details of their involvement in wider CYP MH activities. It should be noted that Youth Offending Services do not generally employ dedicated CYP MH workers but include CYP MH activities as part of wider youth justice activities.
- The Voluntary sector is perhaps the most difficult to scope due to the complex commissioning arrangements via a range of agencies and subsequent complexity of provider models. A total of 35 data submissions were received although it is not possible to estimate a degree of completeness based on this position.
- It should though be noted that more data was received from all sectors than was achieved in the 2016 project.

Chart showing data completeness by sector:
- NHS: 100%
- Independent Sector: 70%
- Local Authorities: 83%
- YOTs: 51%

Headline workforce summary

- Across the four core workstreams with dedicated CYP MH posts, **14,065** WTE staff were reported as working within CYP MH services. Of these, **80%** (11,036 WTE) were employed by NHS Trusts.

- Comparisons with the 2016 project (which used 2015 calendar year data) are shown in the table opposite, which also summarises changes that have taken place over the last 3 years.

- Please note that YOT staff are not dedicated CYP MH workers but staff members who have CYP MH responsibilities as part of wider roles.
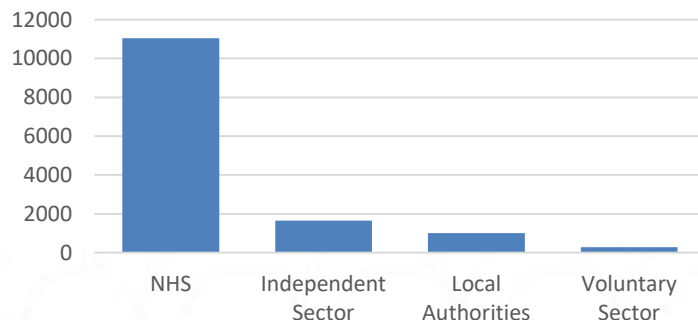
Sector	2015 WTE	2018 WTE	Change %	Number of providers (2015)	Number of providers (2018)
NHS	8,976	11,036	23%	65	63*
Local Authority	865	1,065	23%	37	57**
Independent	1,688	1,643	-3%	2	7***
Voluntary	158	321	103%	13	35**
Core CYP MH	**11,687**	**14,065**	**20%**		
YOT	996	792	-20%	84	72****
Total	**12,683**	**14,857**	**17%**		

*The position of 63 NHS providers in 2018 has reduced from the 65 NHS providers reported in 2015 due to Trust mergers, a 100% provider participation rate is evident for both years.

** The position of Local Authorities and Voluntary sector is influenced by an enhanced sample size in 2018

*** The position of Independent sector providers represents a different sample mix in 2018.

**** The position of YOTs is influenced by a reduced number of contributors in 2018, although it should be noted that staff reported by YOTs do not exclusively work on CYP MH

Total WTE working in CYP MH

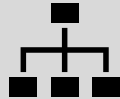# Workforce profile

NHS

NHS data submissions

- All NHS providers of CYP MH services were invited to take part in the project. This included a range of organisation types including; specialist Mental Health Trusts, Children's Trusts, Acute Trusts, Community providers, and a small number of social enterprises who operate Agenda for Change pay scales and were formally part of the NHS. Providers covered both inpatient and community services.
- The data collection achieved a 100% response rate from the NHS providers so enables like for like comparisons with the 2016 project which also achieved 100% coverage. The number of providers participating reduced from 65 to 63 due to Trust mergers taking place over this period.
- Central to the NHS comparisons is an ability to produce time-series comparisons with the outputs from the 2016 project which enables statements to be made on changes in the size and shape of workforce over this three year period.
- The majority of CYP MH staff are employed by the NHS so the profile of staffing produced in this sector in many ways characterises the overall CYP MH workforce.
- Some Trusts provided multiple submissions at site level (rather than Trust level), which accounts for the spread of data on some metrics where absolute totals are compared.

NHS overview

Workforce

11,036 WTE working in CYP MH

Vacancies

1110 WTE posts are vacant

Gender

84% of WTE are female

Age

32% of staff are aged over 50

Ethnicity

82% of staff are White British

Disability

7% of staff have a disability

Full/part time

60% of staff work 0.8 – 1 WTE

Contract type

89% of staff are on permanent contracts

Time in post

77% of staff have been in post < 5 years

Workforce size by Trust

- Trusts reported a mean average of 150 CYP MH staff members per Trust. This equates to 112 CYP MH staff per Trust (median average) when the impact of the large providers on the left-hand side of the distribution is adjusted for.
- A wide range was evident in this data which can be seen in the chart opposite. The range extends from fewer than 10 staff to over 800 staff employed by organisation. Some of this variation can be attributed to different service models operating in different Trusts and differences in service scope. This variation is more pronounced than in Adult mental health services.
- In 2016 Trusts reported a mean position of 70 CYP MH staff per Trust (headcount). The 2019 project has a slightly different mix of data submissions due to Trust mergers with submissions typically covering larger footprints. However, the growth in average team size is clear and supports the headline 23% NHS workforce growth position highlighted in the summary of this report.

Total CYP MH staffing - headcount

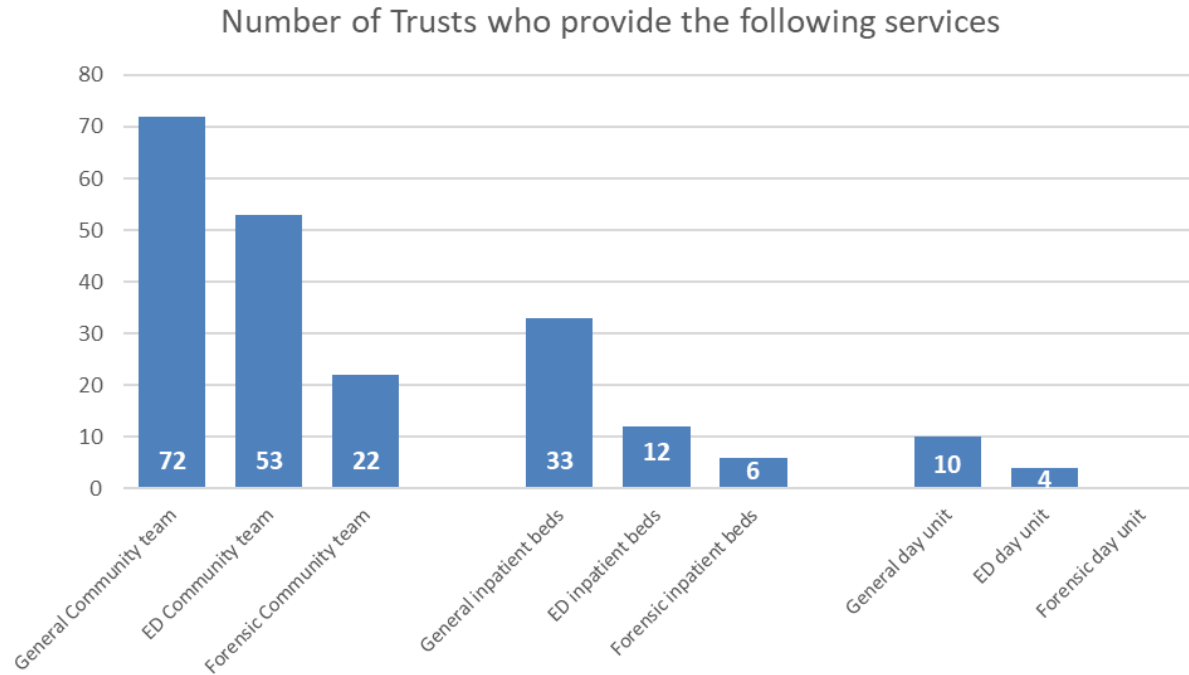Mean = 150   Median = 112
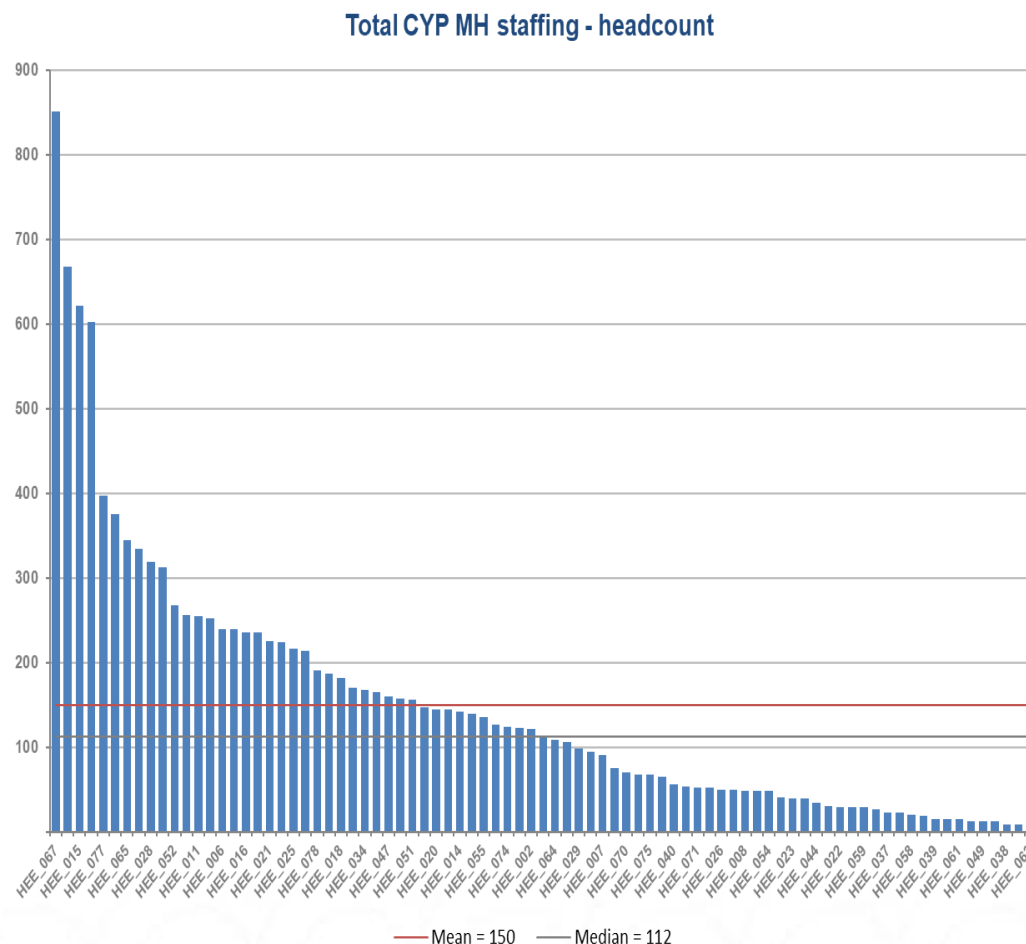
Workforce growth 2015 - 2018

NHS CYP MH Workforce change

- Between the 2016 survey (31st December 2015 position) and the 2019 survey (31st December 2018) positions, Trusts reported:

  - 22% increase in headcount
  - 23% increase in WTE

- The growth in NHS employed staff covers both community and inpatient care. Growth in community based staff is growing at a faster pace than in inpatient care.

NHS CAMHS workforce growth
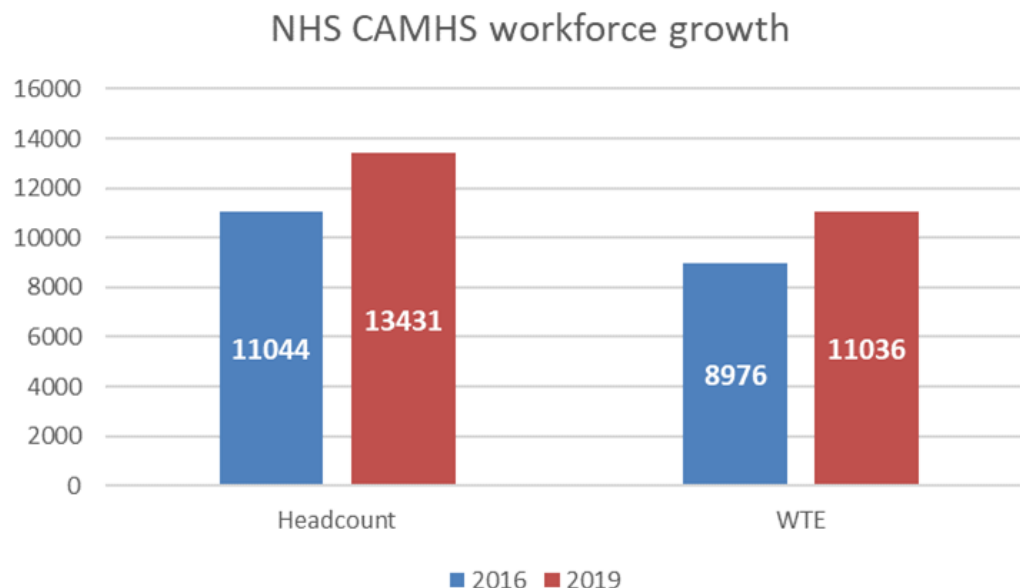
NHS Service summary

- Participant Trusts were asked to describe the services included within local CYP MH portfolios. The most commonly provided services are:

- General community CYP MH team
- Eating disorder community CYP MH team
- General CYP MH inpatient beds

- A smaller number of services offer specialist Forensic services whilst an even smaller number offer specialist Day Services.

Number of Trusts who provide the following services

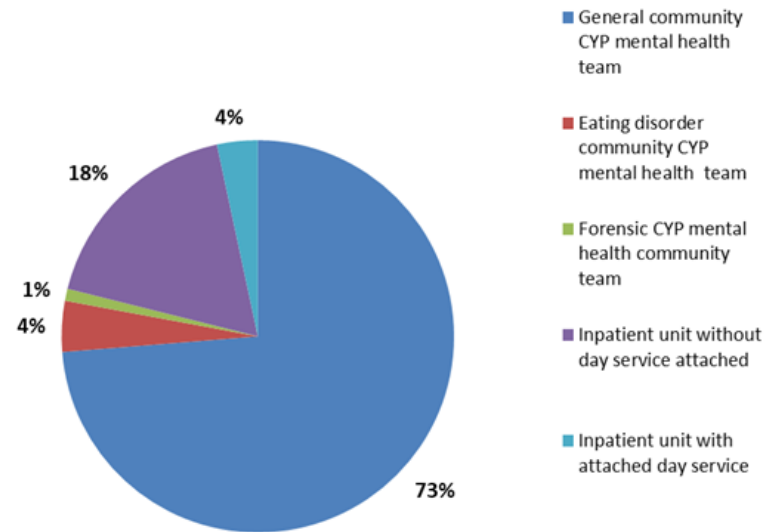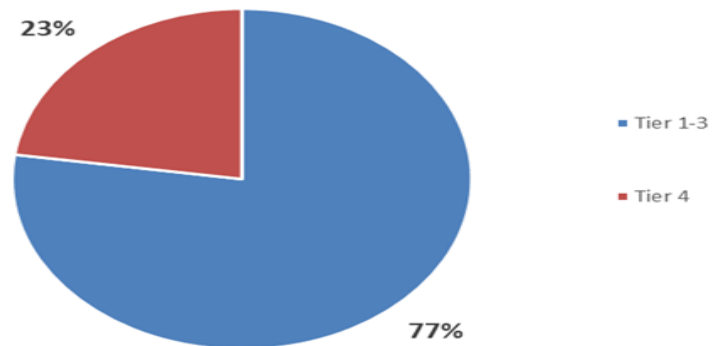| Service	Number
General Community team	72
ED Community team	53
Forensic Community team	22
General inpatient beds	33
ED inpatient beds	12
Forensic inpatient beds	6
General day unit	10
ED day unit	4
Forensic day unit	

Workforce distribution (NHS)

- The 2019 project results show that most NHS employed staff (78%) are found in community CYP mental health teams, 22% are employed in inpatient services.
- General community CYP mental health teams are the largest single staff group (73% of total NHS CYP mental health workforce). An additional 4% of staff work in community Eating Disorders services, and 1% work in community Forensic CYP MH teams.
- 22% work in inpatient settings, most of which (18% in total) do not operate alongside a day unit but in ward based care.
- The 2016 collection used higher level definitions that just identified staff into community services (i.e. tiers 1-3) or inpatient care (tier 4). The results showed a similar picture with 77% of staff in community CYP mental health teams and 23% employed in inpatient services.
- The findings in 2019 confirm growth across NHS provided CYP MH services, with community services attracting more of this growth than inpatient care.

- *Please note that the 2016 workforce distribution chart excludes 700 staff who were not assigned to either community or inpatient environments by their employer and have been excluded from the pie-chart totals (this number was smaller at around 100 in 2019)*

Workforce distribution by WTE (2019)

Legend:
- General community CYP mental health team
- Eating disorder community CYP mental health team
- Forensic CYP mental health community team
- Inpatient unit without day service attached
- Inpatient unit with attached day service

Values: 4%, 18%, 1%, 4%, 73%

Workforce distribution (2016)

Legend:
- Tier 1-3
- Tier 4

Values: 23%, 77%

Job roles (NHS)

- The chart opposite and infographic below illustrate the multi-disciplinary team mix of NHS employed CYP MH staff across both community and inpatient care. Nursing staff (29%) form the largest staff group followed by Psychology (15%), Administrative (15%), and Support Workers (10%).

Admin = 15%

Nursing = 29%
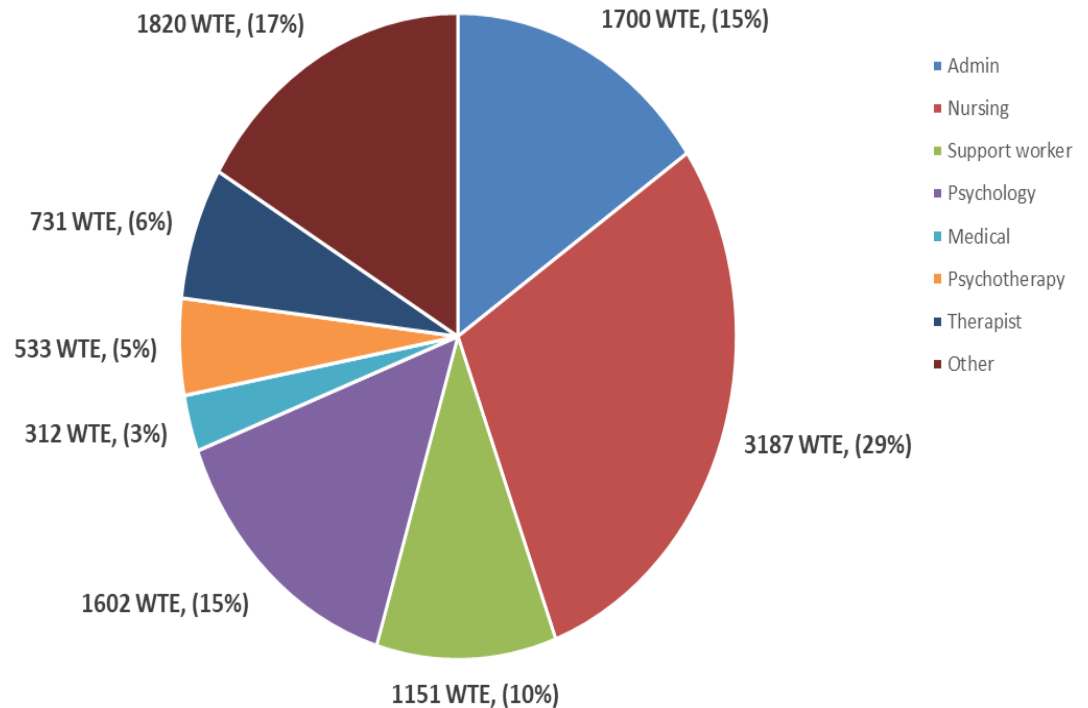
Support worker = 10%

Psychology = 15%

Medical = 3%

Psychotherapy = 5%
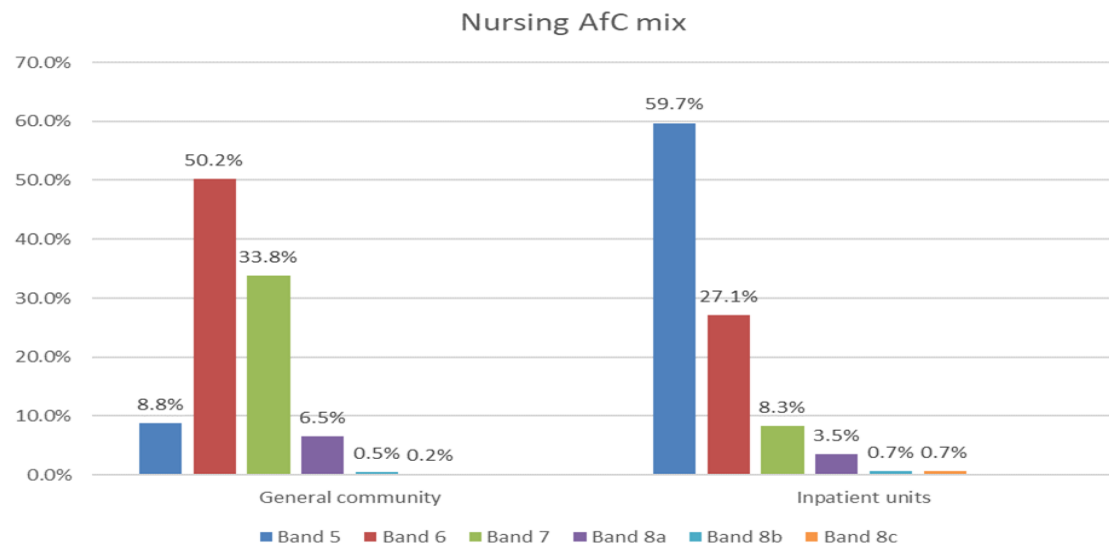
Therapist = 6%

Other = 17%

NHS Workforce Groups

1820 WTE, (17%)
1700 WTE, (15%)
731 WTE, (6%)
533 WTE, (5%)
312 WTE, (3%)
1602 WTE, (15%)
1151 WTE, (10%)
3187 WTE, (29%)

- Admin
- Nursing
- Support worker
- Psychology
- Medical
- Psychotherapy
- Therapist
- Other

Additional job roles drill down (NHS)

- A range of additional specialist posts were identified by participants. These posts were occupied by people from a range of professional backgrounds and highlight some of the specialist therapies offered in CYP MH. Not all providers offer these designated specialist roles with some of these activities being picked up by Nursing and Therapy staff in some organisations.
- Additional job roles identified included;
    - CYP Education MH practitioner = 0.1% of total workforce (11 WTE)
    - CYP Psychological Wellbeing practitioner = 1.2% (118 WTE)
    - Family Therapist = 0.4% (36 WTE)
    - Counsellor = 0.5% (49 WTE)

Nursing Agenda for Change profile

- Analysis of skill-mix within CYP MH services provided by the NHS confirmed services with a rich level of skill when compared to other NHS mental health specialties.

- The chart opposite shows the 2018 skill-mix in both community and inpatient environments. Skill-mix is richest in community based CYP MH settings. 91% of nurses in the community are a Band 6 or above, while in inpatient settings this is 40% of qualified Nursing staff.

- In inpatient settings Band 5 staff are the most frequently occurring.

- Differences in skill-mix are also evident at higher grades with more staff employed at Bands 7 and 8A in community based service and these posts being few in number in the inpatient environment.

- The table opposite shows the overall number of Nurses working in NHS CYP MH services by sector.
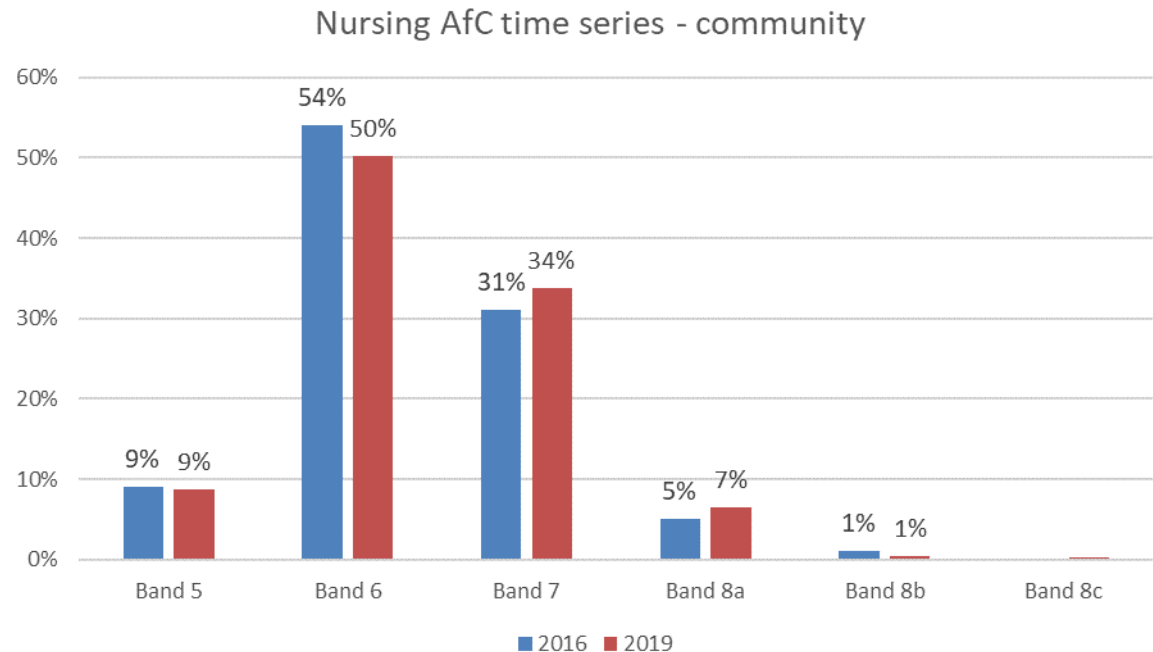

Nursing AfC mix

General community: Band 5 8.8%, Band 6 50.2%, Band 7 33.8%, Band 8a 6.5%, Band 8b 0.5%, Band 8c 0.2%

Inpatient units: Band 5 59.7%, Band 6 27.1%, Band 7 8.3%, Band 8a 3.5%, Band 8b 0.7%, Band 8c 0.7%

NHS Nurses by sector	2015	2018
Community (WTE)	1,582	2,116
Community (headcount)	1,825	2,379
Inpatient (WTE)	666	753
Inpatient (headcount)	719	807

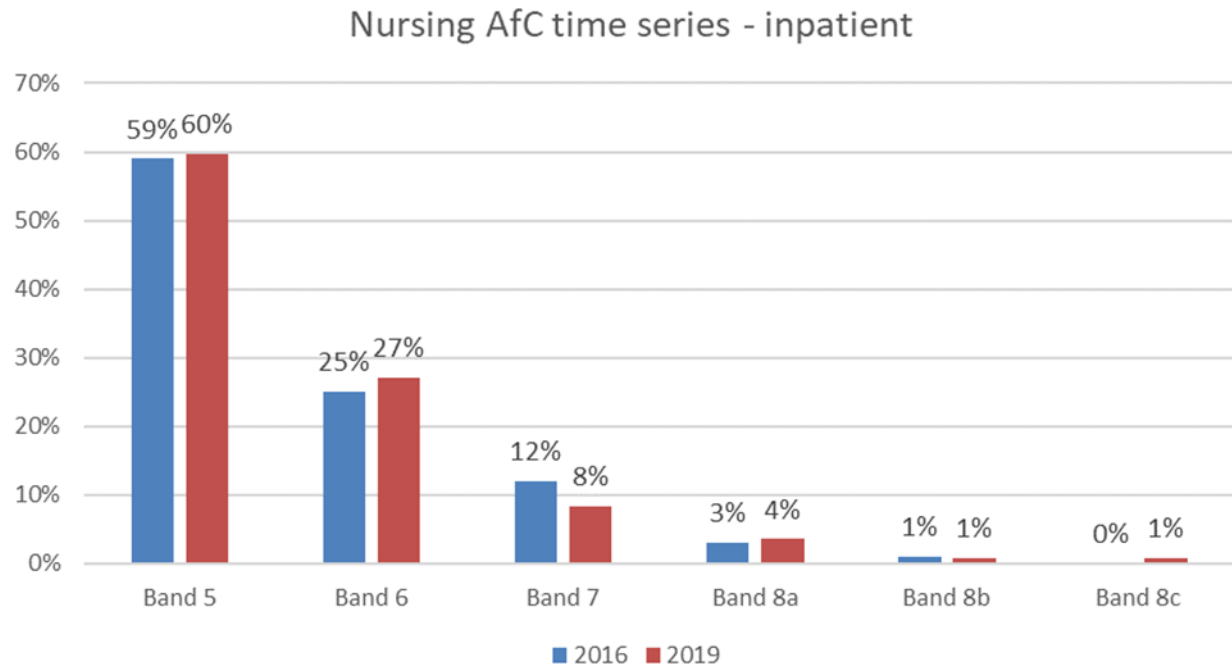# Change in nursing skill mix

Community

- Analysis of the community based Nursing team over the last 3 years confirms increasing levels of seniority in the Nursing team in the 2019 project where Bands 7 and 8A have increased in the last 3 years.

- The community nursing workforce is becoming more senior. Band 7 posts and above were 37% of Nursing staff in 2016 and now account for 42% of staff in 2019.

Nursing AfC time series - community

Band	2016	2019
Band 5	9%	9%
Band 6	54%	50%
Band 7	31%	34%
Band 8a	5%	7%
Band 8b	1%	1%
Band 8c		

■ 2016 ■ 2019

Change in nursing skill mix

Inpatient

- Analysis of the inpatient environment reveals a more mixed position with marginal increases in Bands 5 and 6 as a proportion of total workforce, offset against reductions in Band 7 staff.
- A small number of additional posts in Band 8A and 8C are also evident.

Nursing AfC time series - inpatient

Band	2016	2019
Band 5	59%	60%
Band 6	25%	27%
Band 7	12%	8%
Band 8a	3%	4%
Band 8b	1%	1%
Band 8c	0%	1%

Workforce profile

Local Authorities

Independent sector

Voluntary sector

Youth Justice

Local Authority data submissions

- Out of the 152 Local Authorities in England, 57 (38%) responded that they provide CYP mental health services, and 68 (45%) responded that they do not provide CYP MH services A total of 27 Local Authorities (18%) did not respond to the survey. Local Authority presence in the CYP MH provider market is therefore less evident with only 38% confirming provider status.
- The 2019 project attracted a strong increase in participation over the 2016 collection, in which only 60 Local Authorities took part. The increase in sample size in 2019 covered 82% of Local Authorities making explicit statements about the extent of their provision of CYP MH services.
- As with 2016, although there was wide variation in the workforce providing CYP mental health services, the majority of organisations reported a small number of teams, each containing low numbers of staff members. This confirms that Local Authorities are typically smaller providers of CYP MH services.

2019 collection

Provide CYP MH services?	Number of responses	Percentage of total LAs
Yes	57	38%
No	68	45%
No response received	27	18%

2016 collection

Provide CYP MH services?	Number of responses	Percentage of total LAs
Yes	37	24.3%
No	23	15.1%
No response received	92	60.5%

Does the Local Authority provide CYP mental health services?

18% 38% 45%

- Yes - No - No response received
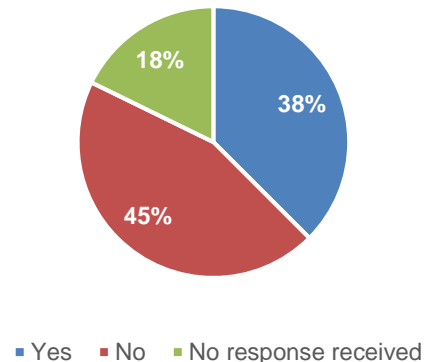
Local Authority staff in post

- The chart to the right outlines the reported headcount of the CYP MH workforce in the Local Authority sector. There is considerable variation across providers, and a median value of 12 staff per LA.

- The total number of staff working in CYP MH services across all Local Authorities is 1259 (headcount).

Number of staff in post working in CYP MH services in the LA (headcount)

LA_29 = 2   Mean = 20   Median = 12
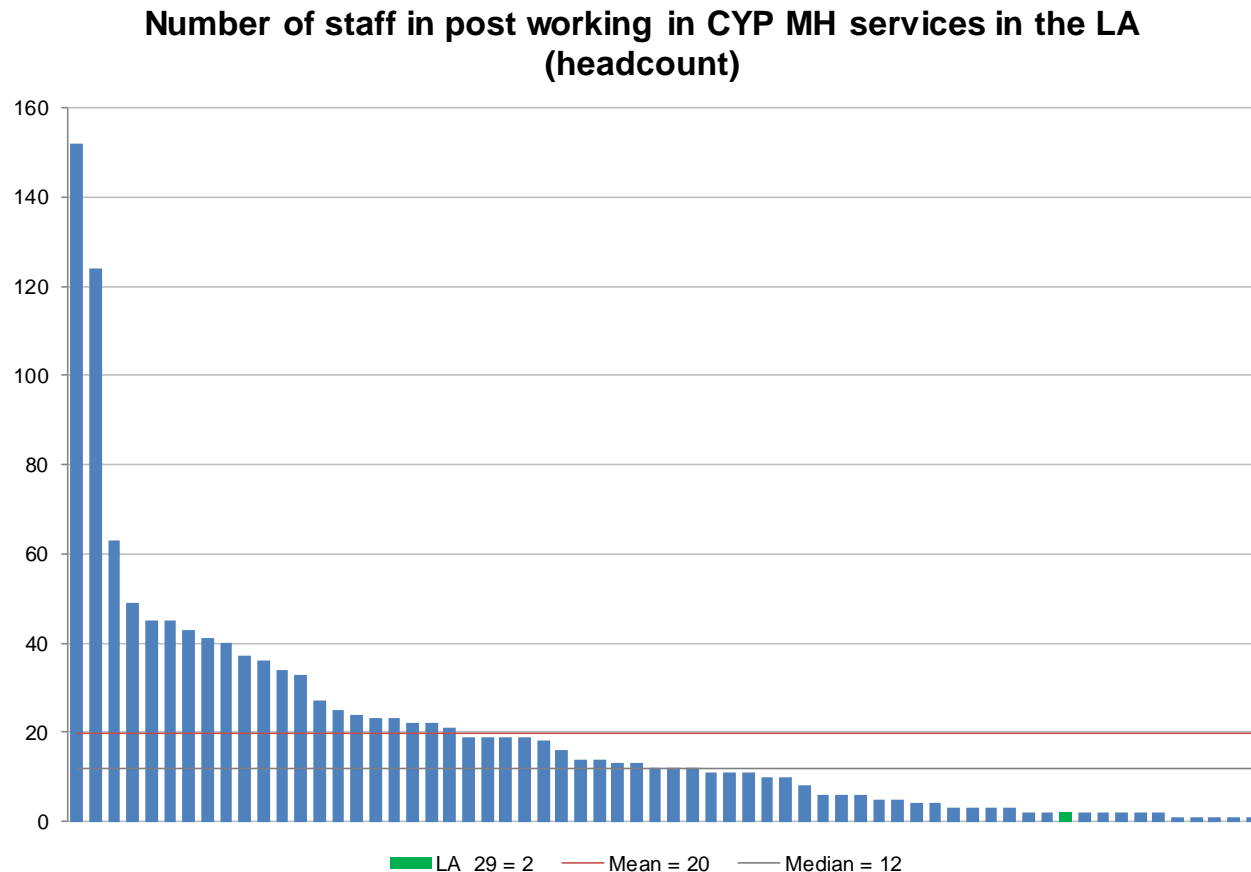
Local Authority workforce overview

Headcount

1259 staff working in CYP MH services in 57 providers

Time allocation

50% of staff time is patient facing

Gender

84% of staff are female

Age

36% of staff are aged over 50

Ethnicity

80% of staff are White British

Disability

4% of staff have a disability

Full/part time

60% of staff work 0.8 – 1 WTE

Contract type

85% of staff are on permanent contracts

Time in post

71% of staff have been in post < 5 years

Independent sector submissions

- Requests for participation were sent to all Independent sector providers of CYP MH inpatient care commissioned by NHS England Specialised Commissioning. A total of 10 providers were identified by Specialised Commissioning and all were asked to contribute to the project.
- A total of 7 providers submitted data and 3 were unable to engage within the parameters of the project.
- Providers were given a choice as to whether they submitted data at the level of the whole organisation, or by individual site. This acknowledged that providers may have a mix of CYP MH sub-specialties and therefore analysis at site level could be more helpful than an overall corporate profile. A total of 19 site level data submissions were provided.
- One large provider submitted a substantially reduced number of staff compared to the 2016 project which may skew comparisons with previous years.
- The data submissions covered inpatient services only with no providers describing additional specialist community liaison services.

Independent sector staff in post

- Analysis of the independent sector workforce shows on average (mean), each organisation or site has 100 staff members.

- The range across the organisations varies from over 600 staff members to 20 staff and is clearly skewed by the large provider on the left of the chart who made a corporate rather than site specific data submission.

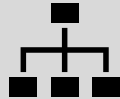- Site specific data indicated by the median average suggests around 40 staff are employed per site.

Total CYP MH staffing - headcount

Legend: Ind_02 | Mean = 100 | Median = 60

X-axis categories: Ind_19, Ind_10, Ind_02, Ind_11, Ind_06, Ind_04, Ind_05, Ind_12, Ind_09, Ind_14, Ind_17, Ind_01, Ind_13, Ind_16, Ind_03, Ind_07, Ind_18, Ind_15, Ind_08
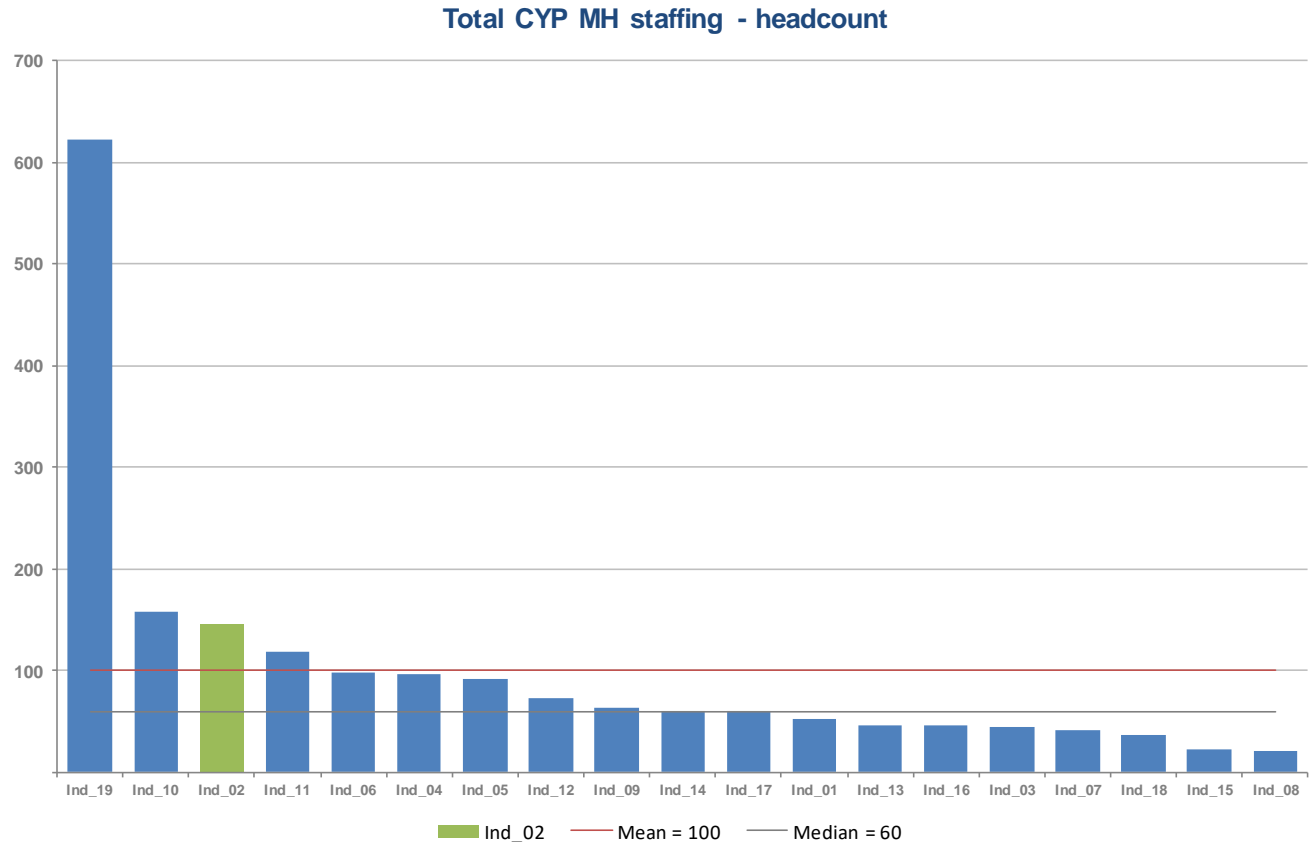
Independent sector overview

1643 WTE

working in CYP MH

Vacancies

313 WTE posts are vacant

Gender

77% of WTE are female

Age

13% of staff are aged over 50

Ethnicity

69% of staff are White British

Disability

3% of staff have a disability

Full/part time

76% of staff work 0.8 – 1 WTE

Contract type

98% of staff are on permanent contracts

Time in post

85% of staff have been in post < 5 years

Voluntary sector submissions

- The voluntary sector typically demonstrates much more diversity in its make-up than that evident in the statutory sector. This is also reflective of the diversity in commissioning arrangements with VOs commissioned by a range of statutory organisations, typically NHS Clinical Commissioning Groups or Local Authorities. The size of VO involvement differs according to commissioning scope and can for example cover wide access for non-acute service delivery, or more niche support for targeted activities.
- A total of 35 organisations submitted data to the 2019 project. The data submitted was from both charities that worked in a local area and those who operated UK wide.
- The voluntary organisations also varied in the age range supported by services with some offering lifelong services, some offering services only to teens and others offering services for younger children.
- The data provided from the voluntary sector also covers organisations who receive a significant proportion of their funding from the NHS and those who are entirely funded through other sources.
- This year's collection included organisations with a much larger workforce when compared to the 2016 collection when only one organisation reported a workforce of over 20 WTE.
- Data of 'staff in post' at 31st December 2018 was also provided by a number of organisation's across both clinical and non-clinical staff. This section also provided an insight into the salary bandings, time in post, contract type, gender split, and a breakdown of how time is spent by the organisation employees.

Voluntary sector staffing

- The chart represents the size of the Voluntary sector workforce based on reported headcount.

- The headcount of the workforce covered a ranged from 1 to 70 members of staff.

- A breakdown of contracted hours per week can also be found in the detailed Voluntary sector report, which shows the split of full time and part time workers.

Size of Workforce (Headcount)

Mean = 16   Median = 7
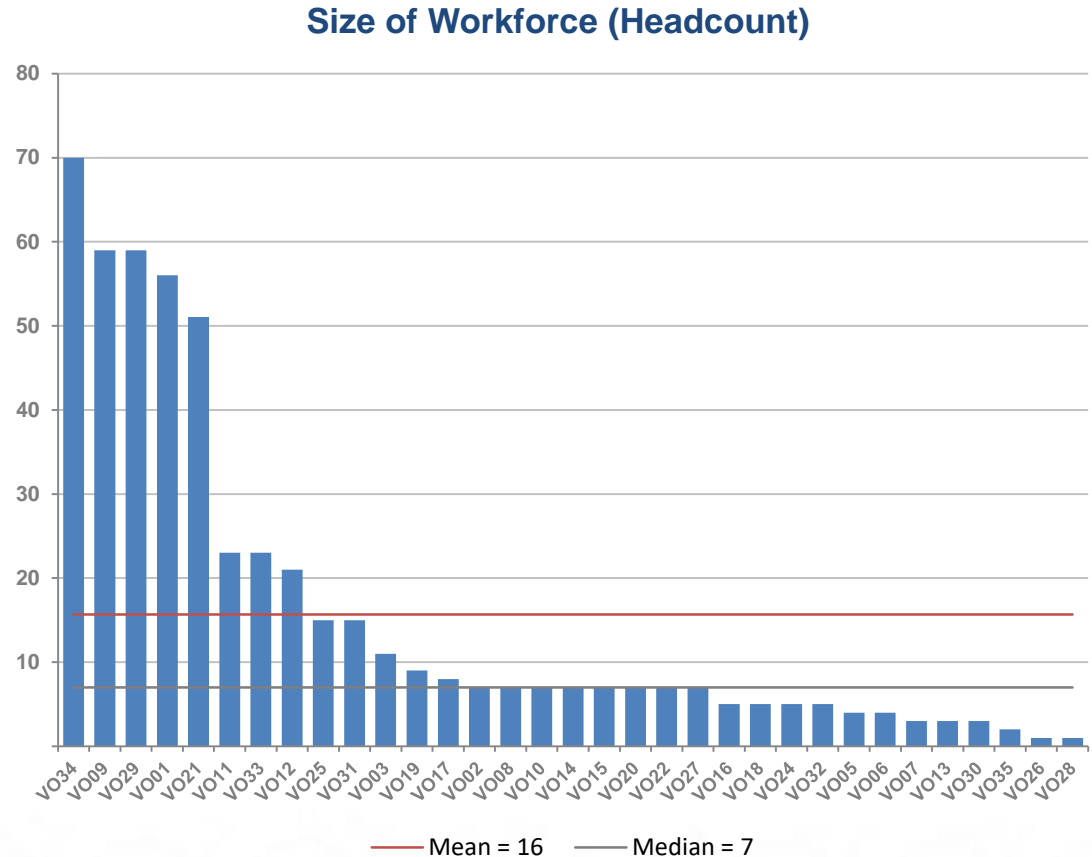
Voluntary Organisations overview

321 WTE

working in CYP MH services

Salary

28% of staff earn £21,000- £25,000

Gender

80% of WTE are female

Age

28% of staff are aged over 50

Ethnicity

71% of staff are White British

Disability

9% of staff have a disability

Full/part time

42% of staff work 0.8 – 1 WTE

Caseload

43 patients on caseload per clinical WTE

Time in post

74% of staff have been in post < 5 years

Youth Justice Submissions

- 72 Youth Offending Teams participated in the project and provided data to this year's stocktake across a variety of geographical areas in England. In interpreting the data from YOTs it should be noted that YOT's employ very few specific CYP MH workers. The YOT service model is instead organised in a manner where supporting CYP MH issues is part of the wider YOT role and one taken on by many staff within YOTs (including Social Workers, Probation Officers, other practitioners, and a range of managerial and support staff). For this reason a methodology was developed with YOTs that articulates the total contribution of this wide range of staff, rather than staff specifically employed as CYP MH workers.

- Youth Offending Teams were asked to detail their staff breakdown both in terms of headcount and WTE, split by role within their organisation. Further information regarding those staff was collected to capture who provides children and young people's mental health input. Details were also collected on the services that are provided by YOTs and training requirements of staff.

Youth Justice Workforce providing CYP MH input

- Participant Youth Offending Teams were asked to provide the headcount of their teams who provided CYP MH input.

- The mean average level of input was identified as 18 staff per YOT providing an element of CYP MH support. There was a significant variation between respondents with a range of 66 staff to 1 staff member.

- The median average input was 14 staff providing CYP MH input.

Total headcount providing CYP MH input per organisation

YOT07   Mean = 18   Median = 14
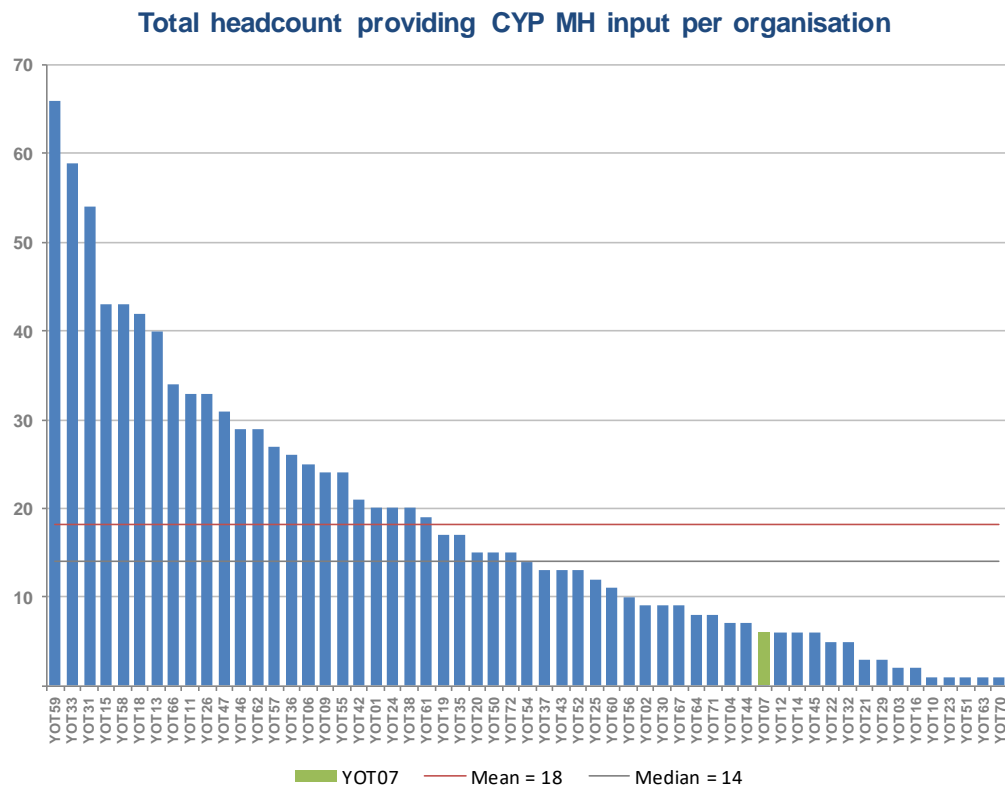
YOTs overview

18 staff members
Average headcount providing CYP MH input per YOT

Headcount
792 – Total YOT WTE staff providing CYP MH

CYP MH input
1033 -Total headcount providing CYP MH input

Police custody
48% of teams provide liaison + diversion in police custody

Qualified staff
16% of WTE are qualified social/ probation workers

74%
Of YOTs have an embedded CYP MH team/ practitioner

85%
Offer support to drug and alcohol services

Family Therapist
13% of YOTs have access to a qualified family therapist

85%
Of teams have direct access to CYP MH services

Thematic Analysis

Vacancies

NHS vacancies (all job roles)

- CYP MH services have been growing at pace in recent years in response to national policy and recognised increases in morbidity in childhood illness due to mental health issues. CYP MH providers have attempted to actively expand the workforce in response to these demands.
- The position at 31st December 2018 was reported as 1110 WTE vacancies across NHS CYP MH services.
- This equates to approximately 9% of the CYPMH workforce where vacancies were reported alongside staff in post data (NB not all submissions included vacancy figures).
- The absolute number of vacancies are very similar to those reported in 2016, even though the NHS CYP MH workforce has grown by 23% over this period. The percentage of posts vacant has therefore fallen from 12% to 9%. The infographic on the following page outlines the vacancies by discipline. Vacancy levels are approximately in line with the make-up of the CYP MH workforce with the largest workforce categories demonstrating the highest number of vacant posts in absolute terms.
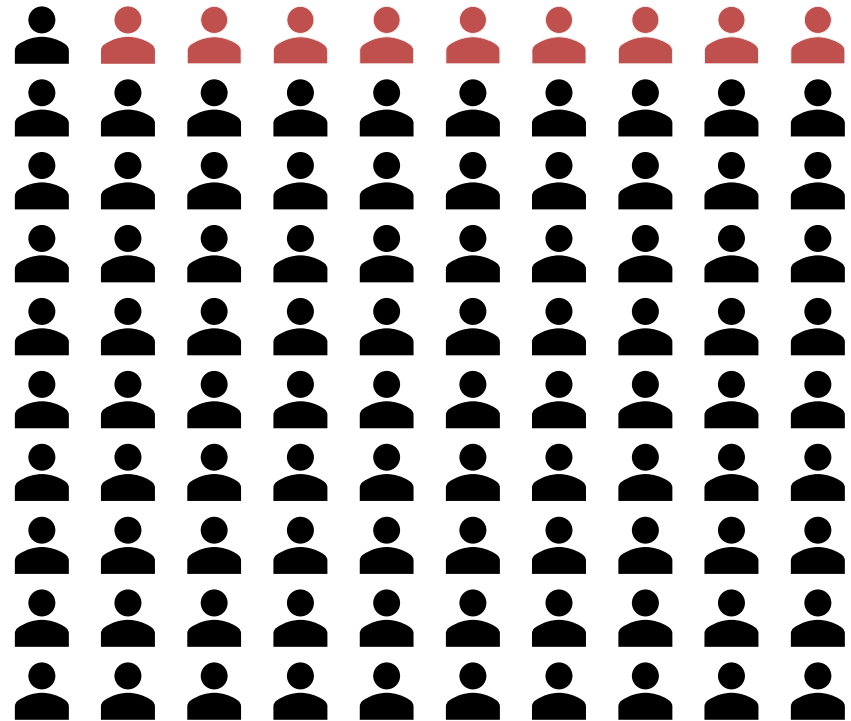
NHS vacancy profile

Vacancies

450 WTE Nursing, 41%

117 WTE Other / Not stated, 11%

116 WTE Psychology, 10%

111 WTE Support worker, 10%

61 WTE Medical, 6%

52 WTE Therapist/ AHP, 5%

97 WTE Admin/ Management, 9%

34 WTE Psychoth... 3%

21 WTE OT, 2%

21 WTE Family Therapist, 2%

17 WTE Social worker, 2%

CYP Educa... MH...

C... P... w...

Cou...

St...

Legend:
- Admin/ Management
- CYP Education MH practitioner
- CYP Psychological wellbeing practitioner
- Nursing
- Medical
- OT
- Psychology
- Psychotherapy
- Family Therapist
- Therapist/AHP
- Counsellor
- Support worker
- Social worker
- Student
- Other / Not stated

NHS vacancies: nursing

- Nursing is the largest of the disciplines in CYP MH and reports the highest number of total vacancies. At 31st December 2018 450 WTE registered nursing vacancies were reported across NHS CYP MH.
- This equates to approximately 11% of nursing posts vacant at this point, across both community based and inpatient services.
- Nursing posts account for 29% of all CYP MH staff in post but 41% of all vacancies suggesting the CYP MH Nursing market is one of the more difficult areas to recruit within CYP MH.
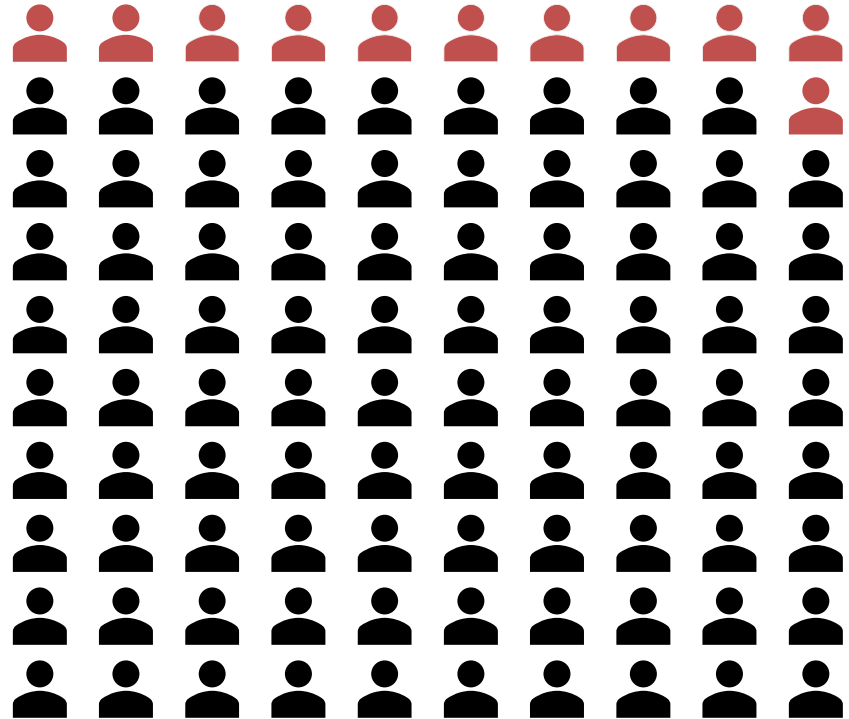
NHS vacancies: psychology

- Psychology is the second largest of the disciplines in CYP MH and reports the second highest number of total vacancies after Nursing. At 31st December 2018 116 WTE Psychology vacancies were reported across NHS CYP MH
- This equates to approximately 6% of Psychology posts vacant at this point and suggests a relatively buoyant market for Psychologists that has been helped by a number of national training and recruitment initiatives.
- Psychology accounts for 15% of staff within CYP MH services and 10% of total vacancies.
- Most Psychology positions are within community based CYP MH.
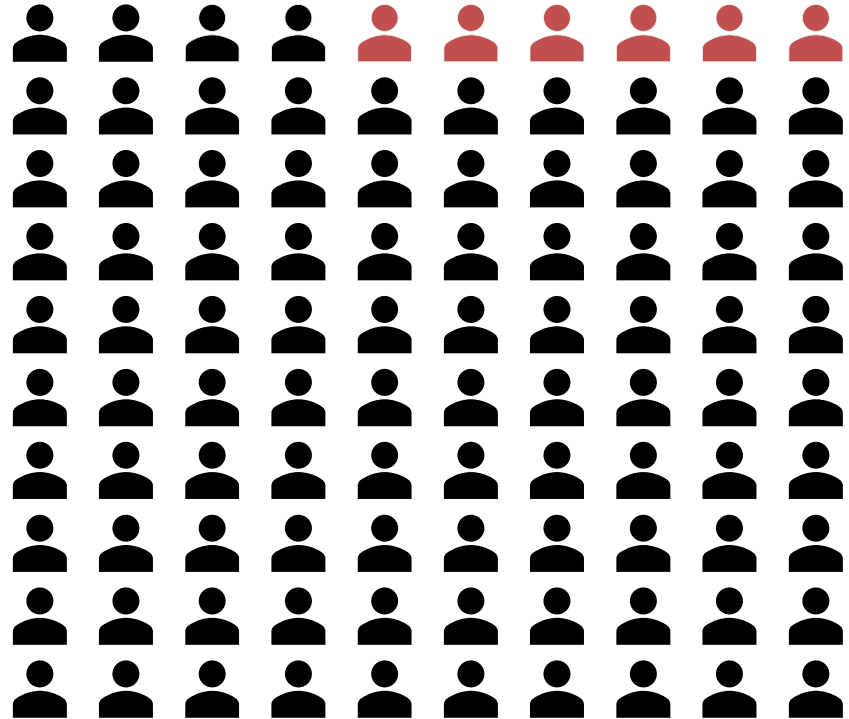
NHS vacancies: medical

- 53 WTE medical vacancies were reported across NHS CYP MH services at 31st December 2018.
- Medical staff account for 3% of all CYP MH posts but 6% of vacancies suggesting that Medical staffing within CYP MH is subject to supply problems.
- Approximately 15% of medical posts were vacant at 31st December 2018.
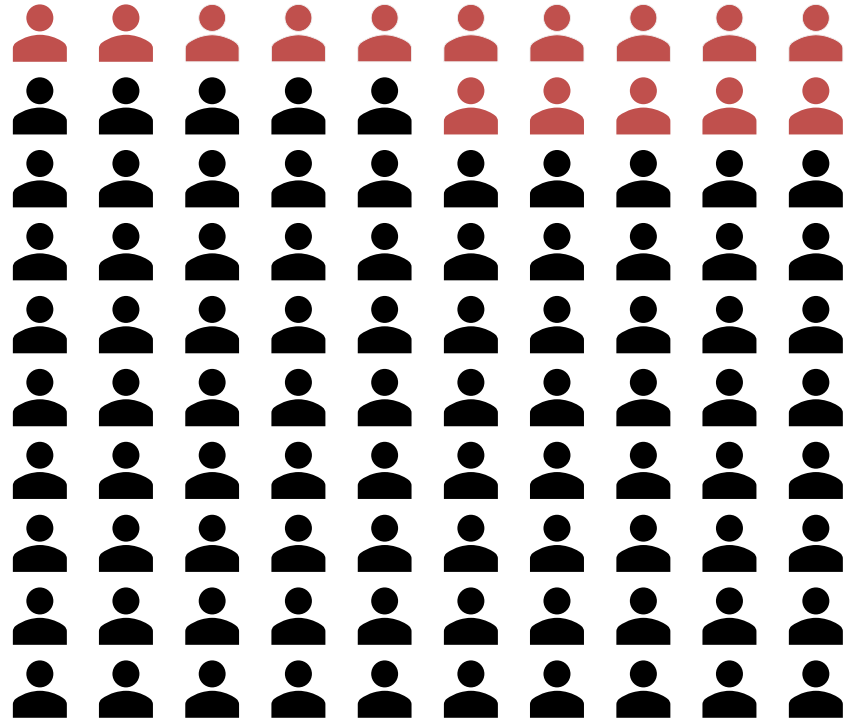
NHS vacancies: administrative

- 97 WTE administrative and managerial staff vacancies were reported across NHS CYP MH services at 31st December 2018.
- This equates to approximately 5% of administrative and managerial posts vacant at this point.
- Administrative and managerial roles account for 15% of staff within CYP MH services and 9% of total vacancies.
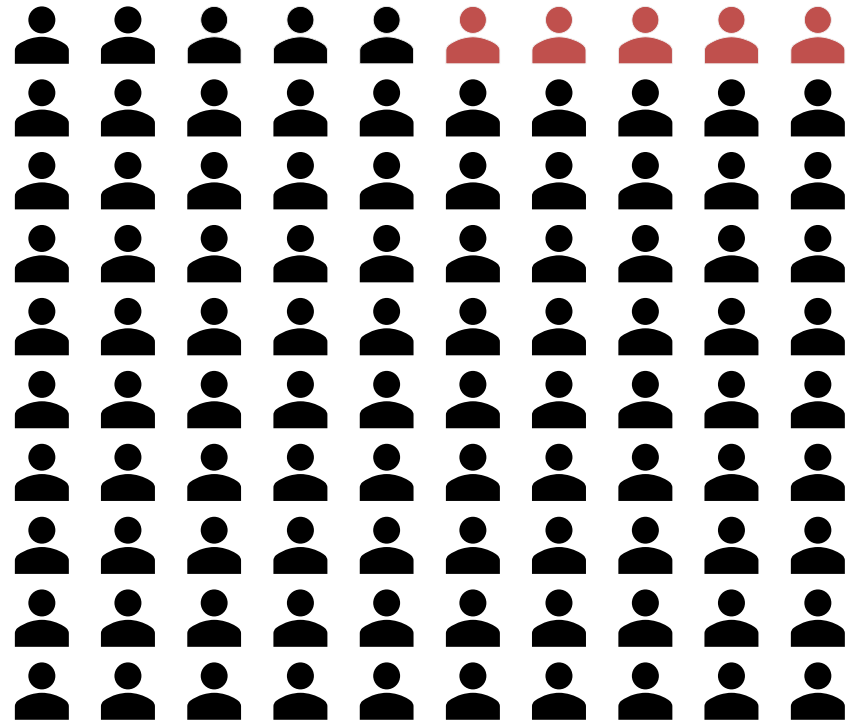
Vacancies (all sectors)

- Vacancy data was requested from all providers. This data was largely complete from the NHS but showed incomplete positions from both Local Authorities and Independent sector. Vacancy data was not provided by the Voluntary sector or YOTs.
- Analysis of vacancies declared by the NHS, Local Authorities and Independent sector reveals a consistent position that highlights pressures on specific disciplines.
- Nursing vacancies are evident in both the NHS and Independent sectors whereas Psychology and Medical staffing vacancies are mainly identified within the NHS.
- A total of 107 WTE Social Work vacancies were also identified with 85% of these being in Local Authority CYP MH services.

504 WTE

116 WTE

58 WTE

81 WTE

107 WTE
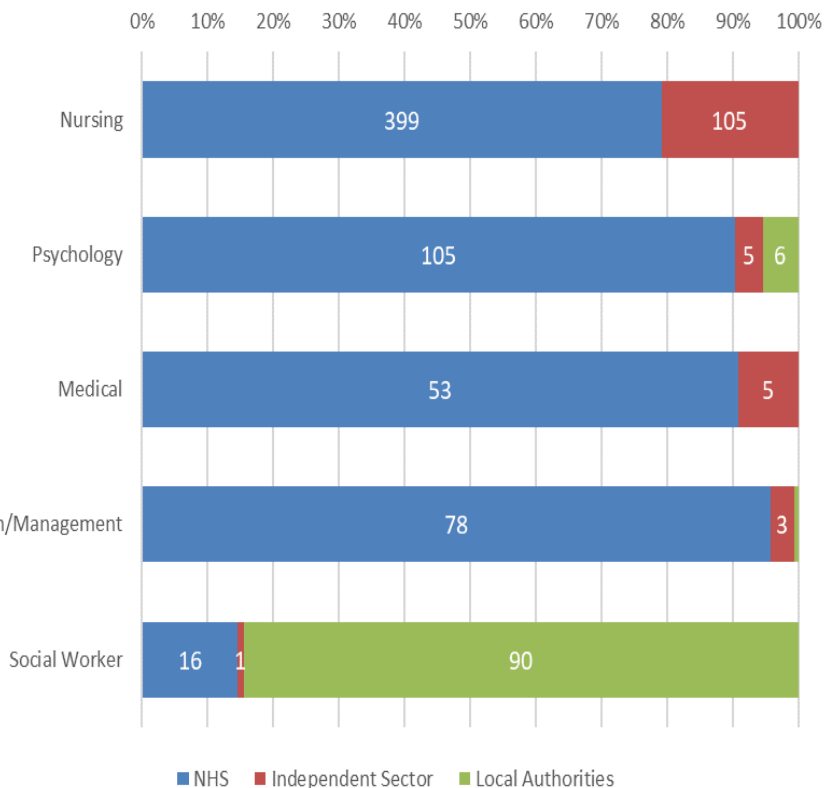
Vacancy time series (NHS)

- Analysis of trends in absolute vacancy numbers reported confirms a relatively static position over the last 3 years.

- Vacancy levels at 31st December 2018 are similar to those reported in the 2016 collection, however as the workforce has grown over this period, they now represent a smaller proportion of the total workforce (9% now vs 11% in 2016).

- Analysis of vacancies by sector has not been provided due to the incompleteness evident in LA and Independent sector data over the 2 periods, and the absence of data from VOs and YOTs.

WTE vacancies
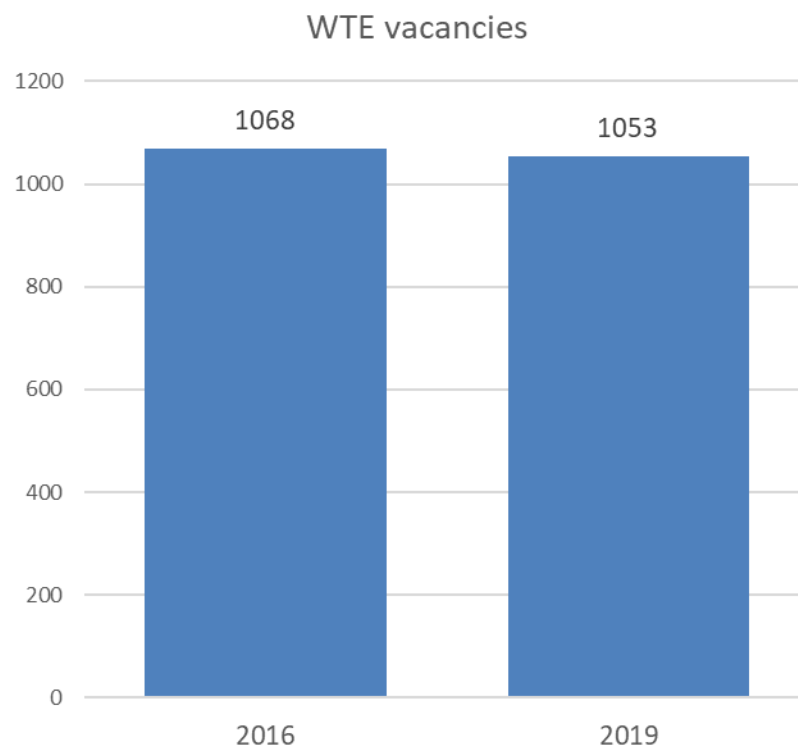
Workforce Demographics

All Sectors

The project collected team level data on the main workforce demographics within CYP MH services. Providers submitted team level data that outlined workforce age, gender, ethnicity, disability, average hours worked, time in post, and retention levels. Team level data was used rather than individual staff level records to comply with GDPR requirements. Analysis is presented for the total CYP MH workforce across all sectors where this data was provided (excluding YOTs)

Demographics - Age

- Analysis of workforce age was conducted in 5-year age bands and is shown in the chart opposite.
- There is a well distributed age group for NHS staffing which is not skewed to any particular age group. This trend is also generally evident with the profile of the workforce in Local Authorities and the Voluntary sector.

- The Independent sector profile is noticeably younger than other sectors. For example, 42% of staff in the Independent sector are aged under 30, compared to 14% of staff in the NHS.

Age of staff in post
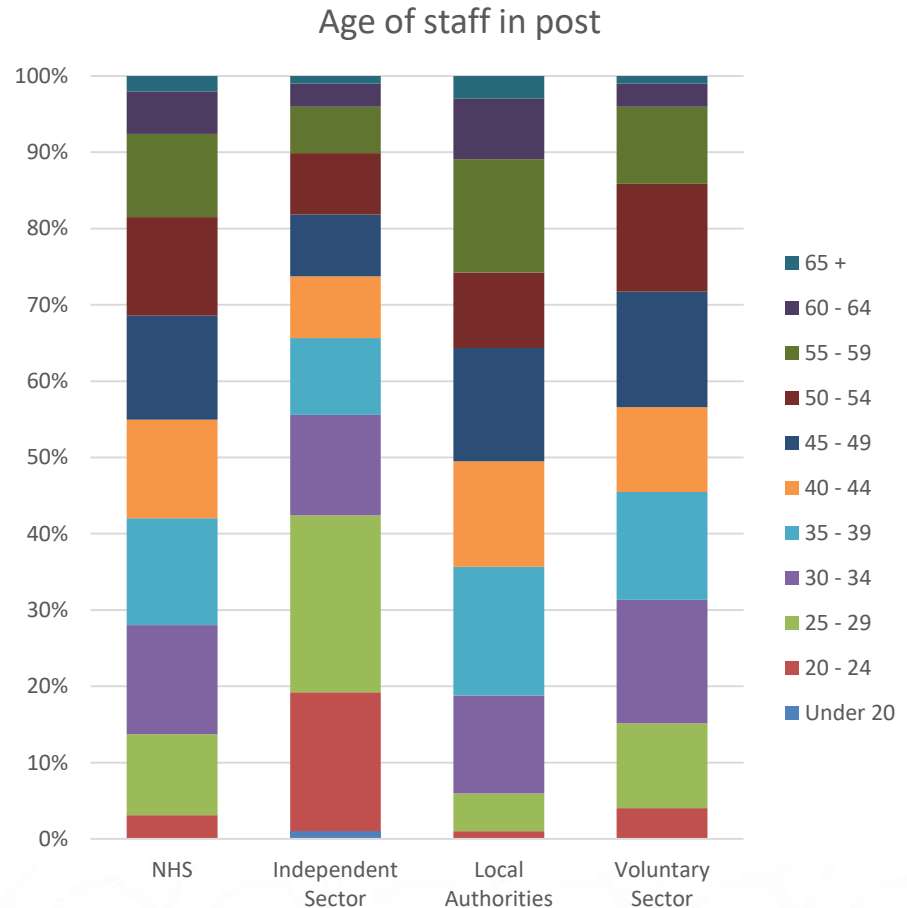
Demographics - Ethnicity

- The CYP MH sector shows a level of diversity within its workforce that is broadly in line with the wider England population.
- The chart opposite shows ethnicity by sector compared to the England population overall profile. When compared to the wider England population (*source Office of National Statistics mid-year estimates 2018*), 86% of people identified as White British, all CYP MH sectors reported diversity of workforce that is close to the England wide population, (in interpreting this position please note the proportions of workforce identified as ethnicity not stated which are shown in orange on the sector charts).
- There are some nuances within this position with the highest levels of diversity evident in the Voluntary sector and Independent sector. Other nuances exist within certain BAME groups. For example, across England, 3.3% of the population are Black / Black British (purple area on charts). In comparison with the CYP MH sector where the incidence of Black / Black British staff is;
  - NHS – 5%
  - Independent sector – 11%
  - LAs 6%
  - VOs 12%
- People from an Asian / Asian British background (shown in green) are though less represented in all CYP MH services except voluntary organisations than in the wider population.

Ethnicity of staff in post

Legend:
- Unknown / not stated
- Other ethnicity
- Mixed Race
- Black / Black British
- Asian / Asian British
- White / White British

Categories: England 86%, NHS 82%, Independent Sector 72%, Local Authorities 84%, Voluntary Sector 71%
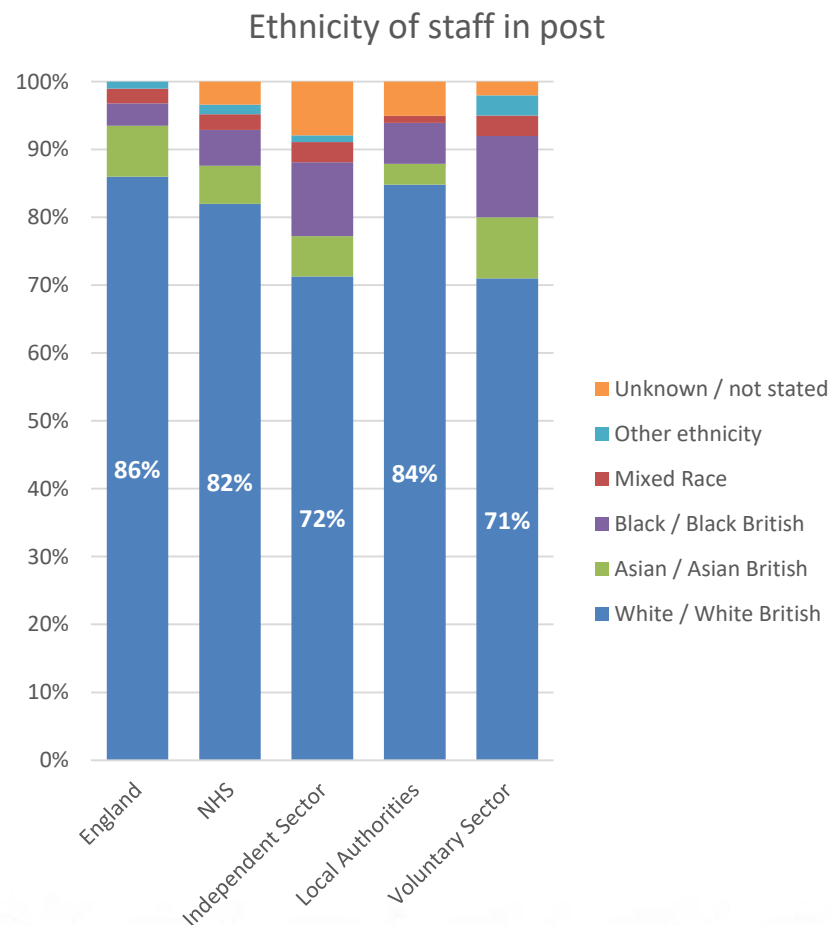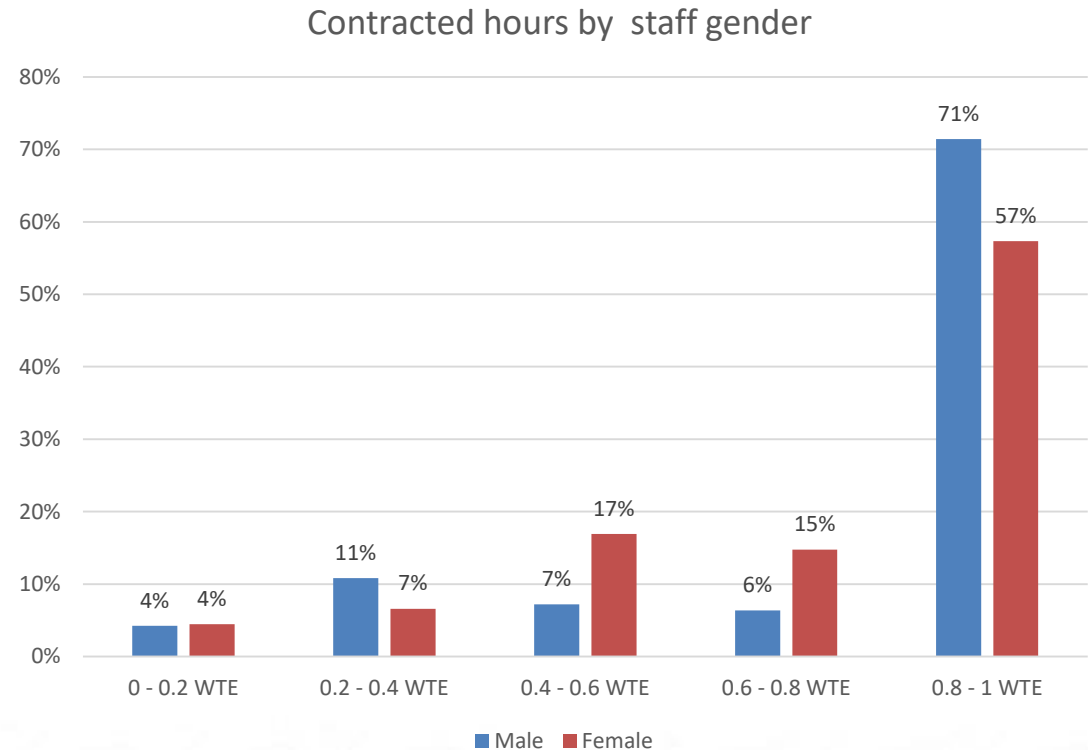
Demographics - Gender

- In all sectors, the CYP MH workforce is predominantly female. The following positions were reported in each sector;:

  - NHS – 84% female
  - Independent Sector – 80%
  - LAs – 85%
  - VOs – 80%

- Comparative data from other NHSBN Adult mental health projects suggests a more typical workforce profile of 70% female, 30% male in adult services.


Gender of staff in post
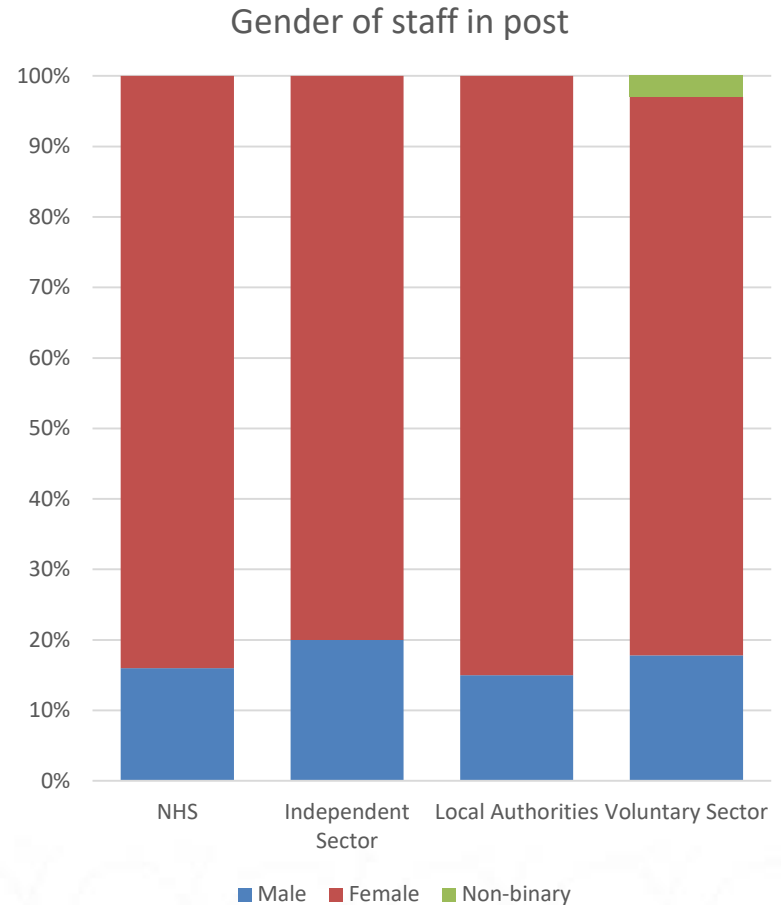
Additional gender profiling (NHS)

- The chart opposite shows comparisons of contracted hours / WTE status between genders.
- 57% of female staff work predominantly full time (0.8 WTE or more) compared to 71% of male staff.

Contracted hours by staff gender

WTE band	Male	Female
0 - 0.2 WTE	4%	4%
0.2 - 0.4 WTE	11%	7%
0.4 - 0.6 WTE	7%	17%
0.6 - 0.8 WTE	6%	15%
0.8 - 1 WTE	71%	57%

■ Male ■ Female

Contracted hours per week

- Analysis of full-time and part-time working by sector confirms interesting variation between the sectors.
- Part time working is most common in the voluntary sector and least common in the independent sector.
- Within the NHS, 40% of staff work part time (defined in this analysis as staff working 0.8 WTE or less).

Full time / part time profile of staff in post
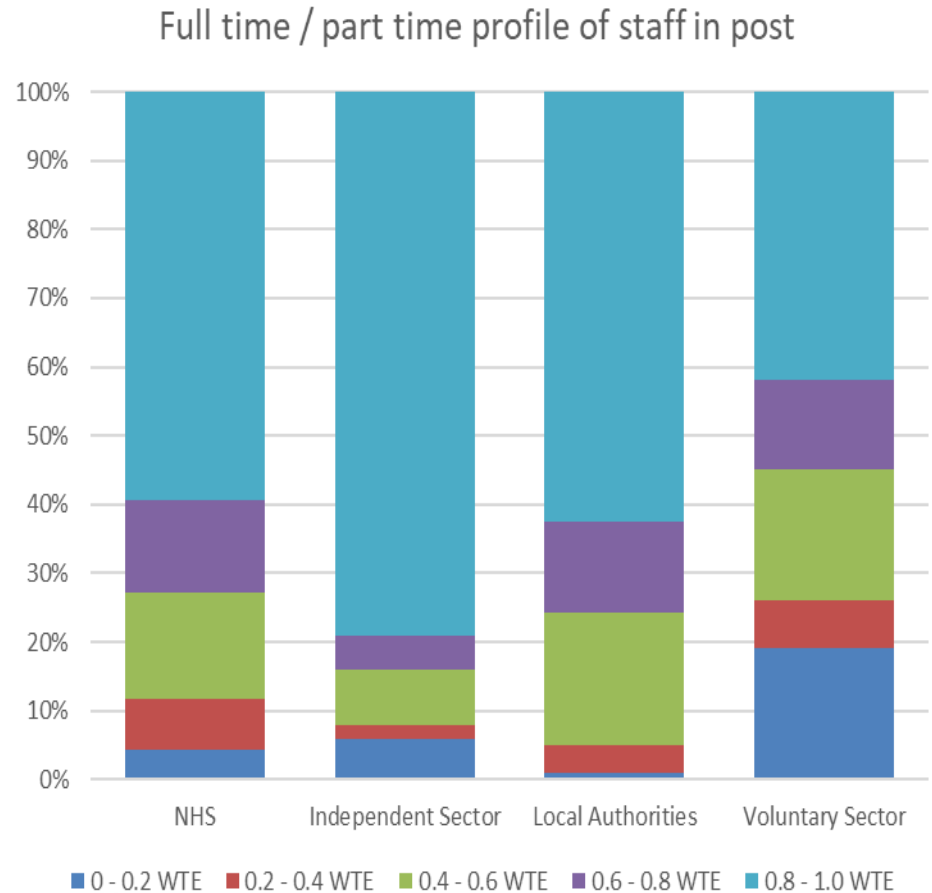
Time in post (NHS)

- The majority of NHS staff members (78%) have been in their current post for 5 years or less.
- This may be due to
    - staff being promoted to new roles
    - Wider turnover of staff
    - expansion of the workforce

Time in post (years)

Legend:
- Under 1
- 1 -5
- 6- 10
- Over 11

Pie chart values: 31%, 46%, 13%, 10%
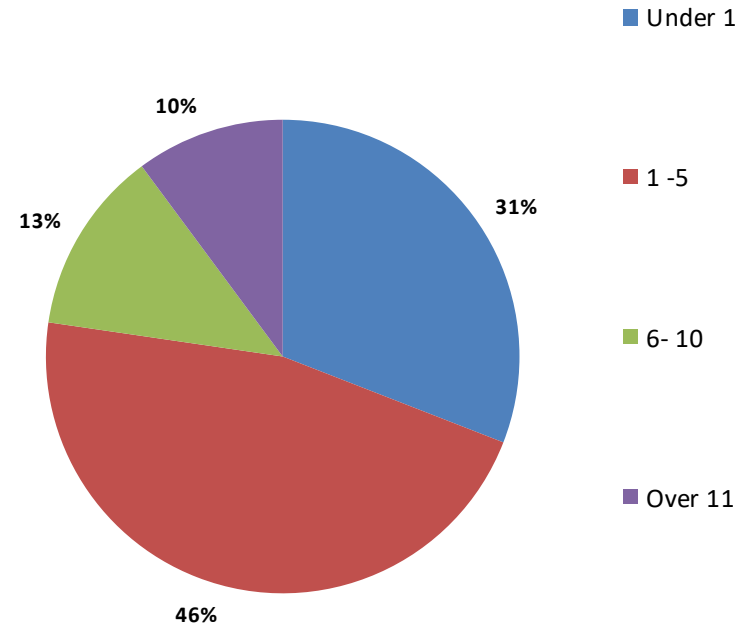
Staff retention (NHS)

- Analysis of staff turnover and retention was enabled by exploring the status of staff members at the start of 2018 and end of 2018.
- 83% of staff members in post on 1st Jan 2018 were still in post on 31st December 2018.
- The 17% movement rate within the NHS CYP MH workforce reflects workforce growth and wider factors impacting on churn including staff leaving, and ending of fixed term contracts.
- The range across organisations extends from 100% to under 30% of staff still being in post at year end.

Proportion of staff in post at 1st January still in post at 31st December

Mean = 82%   Median = 83%
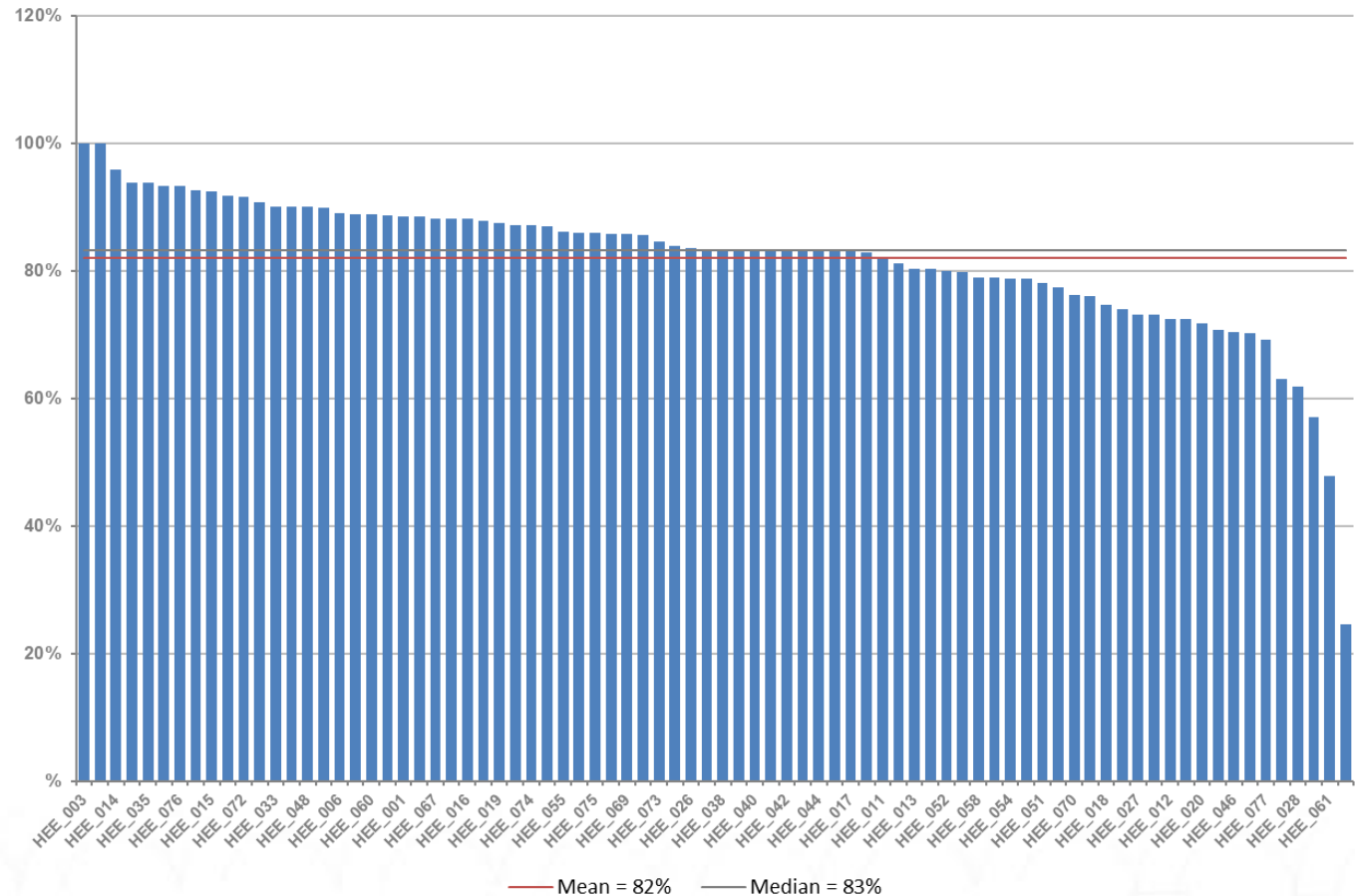
Time allocation (NHS)

- As part of the data collection process staff were asked to identify how much of their time is typically patient facing and how much time is spent on indirect but patient relevant activities. Where providers were able to undertake this analysis the clinical time allocation showed;

  - Patient facing time – 43%

  - Patient non-face to face time – 18%

  - Indirect patient specific activity – 21%

  - Non-patient specific activity – 11%

  - Travel – 7%

Time allocation

100%	
90%	43%
80%	
70%	
60%	
50%	18%
40%	
30%	21%
20%	
10%	11%
0%	7%

Time allocation

■ Patient facing time   ■ Patient non-face to face time
■ Indirect patient specific activity   ■ Non-patient specific activity
■ Travel
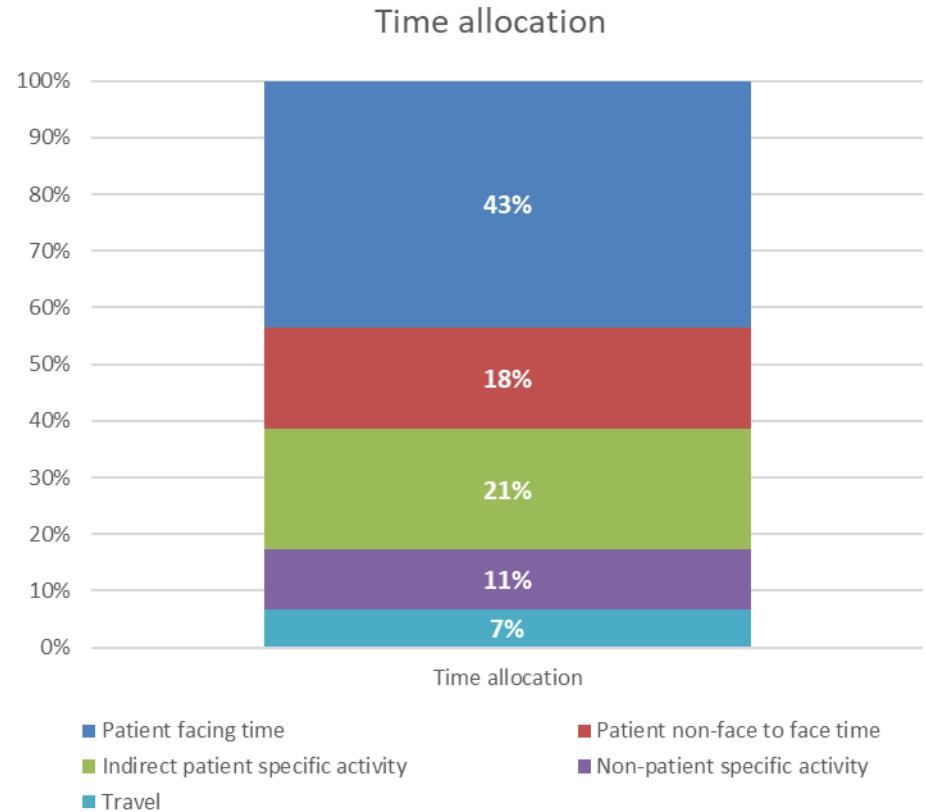
Disability (NHS)

- Where disability status was recorded by participants, the average rate of staff reporting disabilities was 6%, with 94% reporting no disability.

- This position is broadly similar to the 2016 figure of 5% of staff reporting a disability and 95% reporting no disability.

Disability

7.2%   92.8%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Yes ■ No
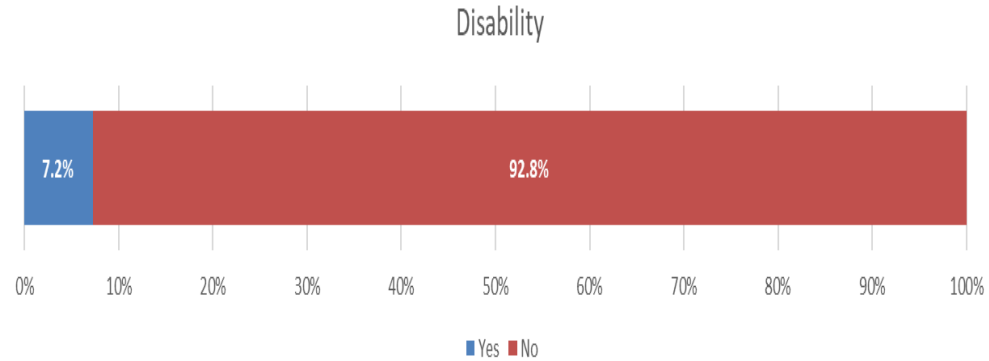
Skills and training

The project collected team level data on the main skills and competencies of the CYP MH workforce. Providers submitted team level data that outlined the formal training received by the team and the skills that the team could access. As with the previous workforce demographic analysis, team level data was used rather than individual staff level records to comply with GDPR requirements. Analysis is presented for the NHS CYP MH workforce. Further detailed analysis of skills and training is also available in the reports for other sectors.

General community teams (NHS)

"Providers identified they have individuals in teams trained to deliver the following"

High provision		Low provision	
Cognitive Behavioural Therapy (CBT) for young people with depression and anxiety	96%	Focal psychodynamic therapy (FPT)	8%
ASD assessment approaches (e.g. ADOS/ADI or DISCO)	92%	Adolescent-focused psychotherapy for anorexia nervosa (AFP-AN).	11%
Family Therapy (FT)	91%	Systems training for emotional predictability and problem solving (STEPPS)	11%
Dialectical Behaviour Therapy (DBT)	89%	Approved clinician (non-medical)	19%
Eye Movement Desensitisation Reprogramming (EMDR)	87%	Inpatient CYP MH whole team training	21%
Attachment informed interventions e.g. Dyadic Developmental Psychotherapy or Video Feedback to Promote Positive Parenting	83%	Working with 0-5s training via CYP IAPT	21%
Parenting for children (under 10 years) with conduct and behavioural problems	77%	Bulimia-nervosa-focused family therapy (FT-BN)	23%
Counselling children and young people with mild anxiety and depression	74%	Dietary counselling for eating disorders	25%
Formal instruction in bio-psycho-social mental health assessment including risk assessment	72%	Social prescribing	26%

Eating Disorders community teams (NHS)

"Providers identified they have individuals in teams trained to deliver the following"

High provision		Low provision	
CBT for Eating Disorders	81%	Focal psychodynamic therapy (FPT)	7%
Family Therapy (FT)	81%	Social prescribing	7%
Anorexia-nervosa-focused family therapy for children and young people (FT-AN) (single or multiple-family)	70%	Non-medical prescribing	11%
Cognitive Behavioural Therapy (CBT) for young people with depression and anxiety	63%	Cognitive Analytic Therapy (CAT)	15%
Dietary counselling for eating disorders	56%	Children and young people with learning disabilities or autistic spectrum disorder training (via CYP IAPT)	15%
Supervision (diploma level)	56%	Service Transformational Leadership	15%
Systemic Family Practice (SFP) for eating disorders	52%	Attachment informed interventions e.g. Dyadic Developmental Psychotherapy or Video Feedback to Promote Positive Parenting	19%
Formal instruction (including CYP-IAPT) in 'developing a formulation	52%	Outreach enhanced supervision (for supervisors not attending full diploma course)	19%
Bulimia-nervosa-focused family therapy (FT-BN)	48%	CBT for Psychosis	22%
Psycho-education / guided self-help	48%	Adolescent-focused psychotherapy for anorexia nervosa (AFP-AN).	22%

Inpatient services (NHS)
"Providers identified they have individuals in teams trained to deliver the following"

High provision		Low provision	
Dialectical Behaviour Therapy (DBT)	91%	Social prescribing	5%
Family Therapy (FT)	91%	Systems training for emotional predictability and problem solving (STEPPS)	9%
Cognitive Behavioural Therapy (CBT) for young people with depression and anxiety	86%	Non-medical prescribing	14%
ASD assessment approaches (e.g. ADOS/ADI or DISCO)	82%	Enhanced Evidence Based Practitioners (EEBP)	18%
Family Focused Therapy	77%	Focal psychodynamic therapy (FPT)	18%
Formal instruction (including CYP-IAPT) in 'developing a formulation	77%	Outreach enhanced supervision (for supervisors not attending full diploma course)	18%
Inpatient CYP MH whole team training	77%	Adolescent-focused psychotherapy for anorexia nervosa (AFP-AN).	23%
Psycho-education / guided self-help	77%	Interpersonal Psychotherapy for adolescents (IPT-A) with moderate to severe depression	36%
CBT for Psychosis	68%	Parenting for children (under 10 years) with conduct and behavioural problems	36%

Comparison between teams (NHS)

Intervention	General community team	Eating disorders community team	Inpatient team
CBT for young people with depression and anxiety	96%	63%	86%
CBT for Eating Disorders	38%	81%	64%
CBT for Psychosis	45%	22%	68%
Cognitive Analytic Therapy	42%	15%	41%
Dialectical Behaviour Therapy	89%	44%	91%
Family Therapy	91%	81%	91%
Eye Movement Desensitisation Reprogramming (EMDR)	87%	30%	50%

Service provision and activity

Community services

The project collected provider level data on the main service models in operation and activity metrics within CYP MH services. Analysis focused on the main characteristics of services and the level of activity generated by each service, which could then be applied at staff member level to generate benchmarks on activity per clinician.

Age range of CYP MH services (NHS)

- CYP MH services typically operate within the 0-18 age range but there are subtle differences between providers, typically around the age at which teams hand over and transition patients to Adult care.
- Although a wide range of lower/upper ages were given by providers, only 8% of services routinely extend beyond age 18.
- The policy aspiration to develop pathways that cover young people up to the age of 25 is still emerging with just 1% of NHS CYP MH teams formally providing service access to services beyond the age of 19.

Age range for General CYP MH service

Legend:
- 0-16
- 0-17
- 0-18
- 0-19
- 0-24
- 0-25
- 5-16
- 5-18
- 8-18

Pie chart values: 4%, 45%, 39%, 6%
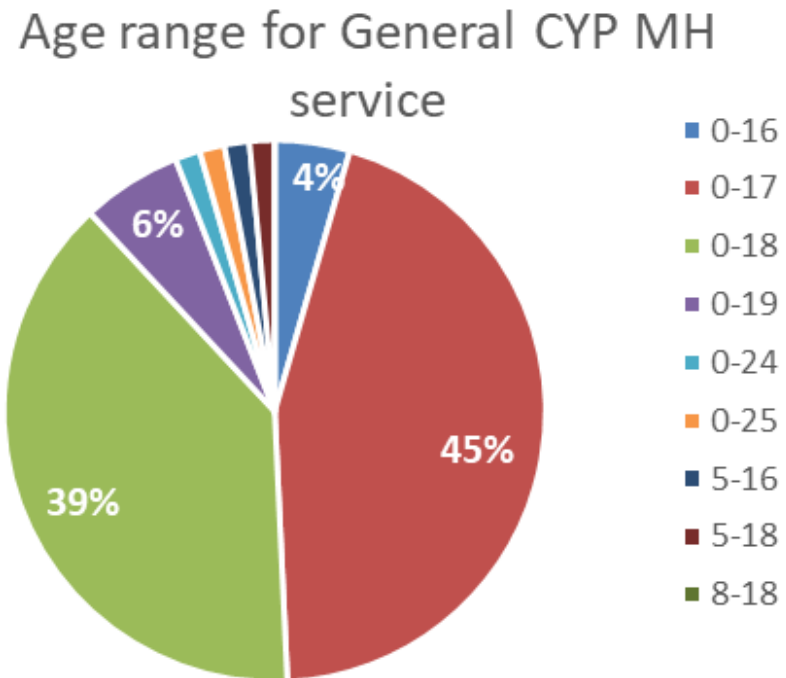
Contacts per clinical WTE (NHS)
General community team

- Analysis of the number of contacts per clinical WTE within CYP MH teams demonstrates a median average of 404 contacts delivered per clinical WTE per year.
- Contact rates per day average approximately 1.8 per WTE per day, assuming a 44 week year (allowing for annual leave, training days and sickness absence).
- The data shows surprising levels of variation with top decile providers generating over 800 contacts per year (i.e. circa 4 contacts per day), and bottom decile providers generating around 200 contacts per day (i.e. less than 1 contact per day).

Total contacts per clinical WTE (General)

Mean = 426   Median = 404
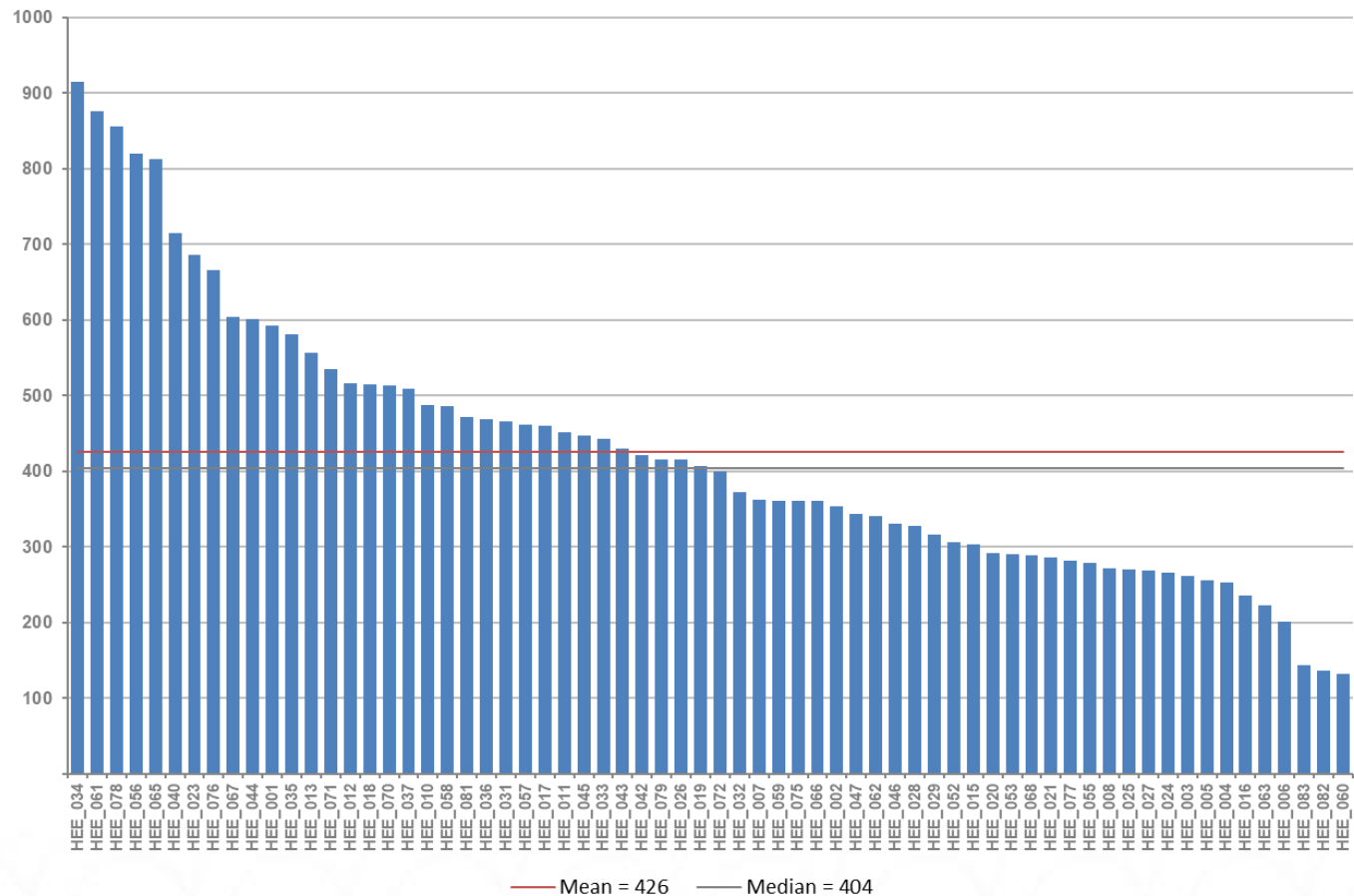
Patients on caseload per clinical WTE (NHS)

General community team

- The project also explored caseload size by clinician across providers.
- Caseloads are a snapshot of open cases i.e. CYP receiving treatment at a point in time.
- On 31st December 2018, there were on average 34 patients on the caseload for every 1 WTE clinical.
- The data shows surprising levels of variation with top decile providers supporting over 60 patients at a point in time, and bottom decile providers supporting around 18 patients.
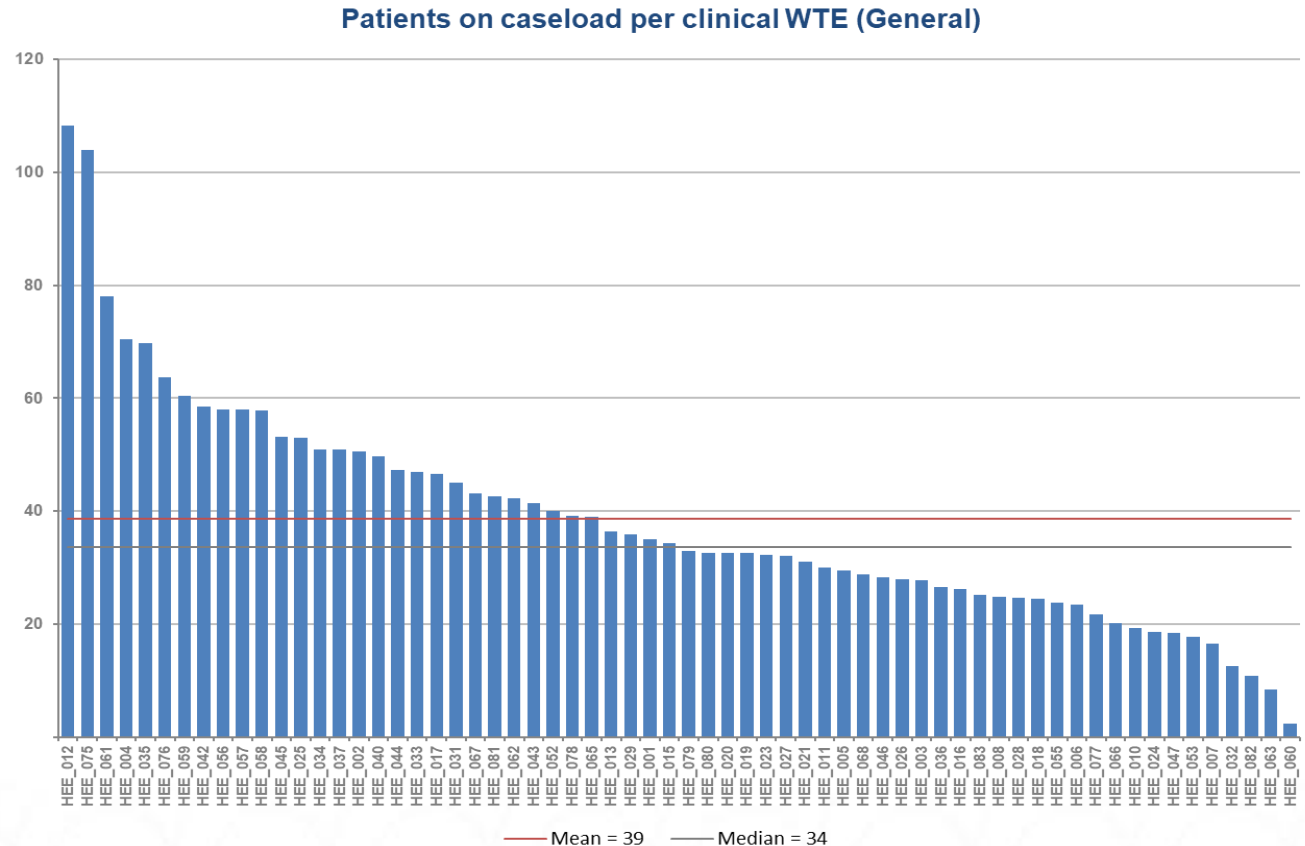
Patients on caseload per clinical WTE (General)

Mean = 39   Median = 34

Service Model (NHS)

General community team, extent of providers delivering the following services

Service model	Percentage responding Yes	National average	Number of organisations responding yes
Mental Health Promotion in the community, schools, within primary care		89%	65
Evidence based parenting programmes		67%	49
Early Intervention Psychosis Teams		44%	32
CYP MH Primary Care Mental Health Team (Dedicated CYP MH delivery)		64%	47
Ante- & post-natal specific support		29%	21
Early years support for infants / toddlers		39%	28
Training & Education to staff working in primary care/universal services (schools, GPs)		90%	66
Paediatric Liaison Service		56%	40
Outreach work		68%	50
Specific support to BME groups within the community		15%	11
Joint working/family therapy/group work		97%	71

(Percentage responding Yes column shows horizontal bar charts ranging from 0% to 100%)

- *Please note that the number of NHS organisations responding to this element of the workforce survey differs from the 63 NHS providers in total who took part in the project. Organisations were able to respond to this element of the survey at service level if differences exist between the services within a Trust's overall CYP MH portfolio.*

Service Model (NHS)

## General community team, extent of providers delivering the following services

Service model	0% Percentage responding Yes 100%	National average	Number of organisations responding yes
24/7 crisis response		47%	34
Provision of services to Schools or Colleges		79%	57
Assertive Outreach Teams		32%	23
Support to Youth Offending Teams		86%	62
Liaison and diversion for Police custody		31%	22
Support to Drug & Alcohol Services		35%	25
Specific services for children in and leaving care, adopted children and foster carers		78%	56
Support to LA behaviour support & inclusion services		40%	28
Treatment and support for CYP with a Learning Disability and a mental health need		93%	67
Treatment and support for CYP with ASD		68%	49
Treatment and support for CYP with ADHD		92%	66
Sensory Impairment Services		14%	10

Service provision and activity

Inpatient services

Bed occupancy

- The national position for mean bed occupancy in General Inpatient CYP MH is 70% bed occupancy excluding leave.

- This position increases to 79% including leave.

- CYP MH bed occupancy is the second lowest of the mental health specialties behind specialist Perinatal services. The highest levels of bed occupancy are typically reported in Adult Acute services which averaged 95% in 2017/18.

- The lower occupancy rates in CYP MH should ensure patient flow although it should be noted that admission rates to CYP MH beds are relatively low with fewer than 4,000 admissions per annum across England.

Bed occupancy (excluding leave) General

Mean = 69%   Median = 68%
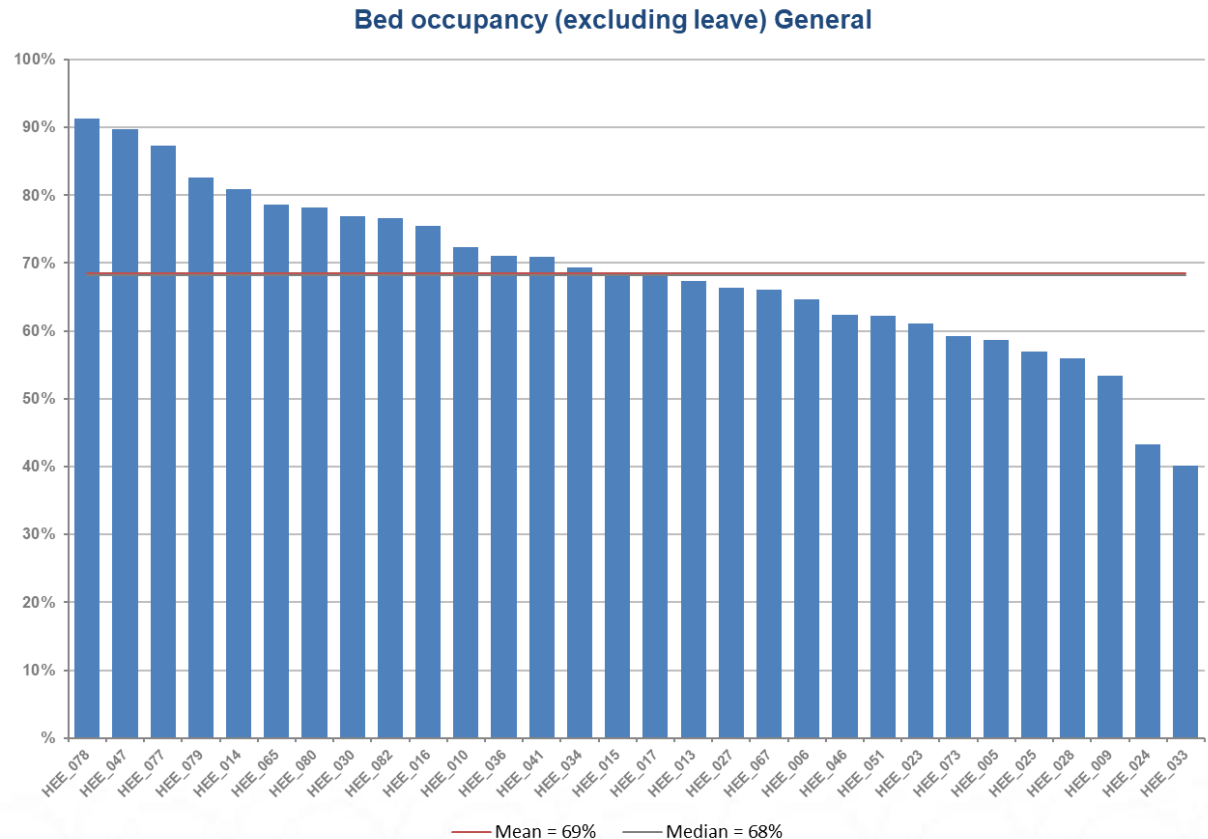
Clinical WTE per 10 beds

NHS and Independent Sector

- NHS units report higher staffing than the independent sector at 29 WTE vs 25 WTE per 10 beds.

Clinical WTE per 10 beds
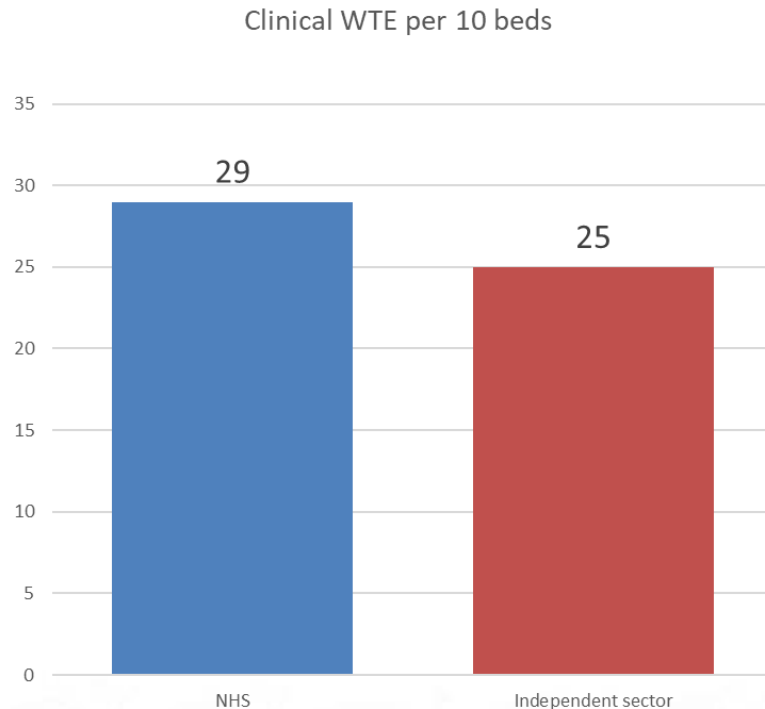
Inpatient workforce metrics
Sickness absence and turnover rates

- Sickness absence levels in the inpatient environment are consistent at 5% across all bed types and different provider types.
- Turnover rates do though show wide variation between bed types and provider types. The most stable workforce for CYP MH services can be found in NHS eating disorder and secure care beds at 5% and 4% turnover respectively. General NHS CYP MH beds are the largest category of beds and had a staff turnover rate of 16% in 2018.
- The highest rates of staff turnover can be seen in the independent sector where eating disorder services had a 17% turnover rate and general CYP MH beds reported 32% turnover in 2018.

	Sickness absence	Turnover
NHS – general	5%	16%
NHS – eating disorder	5%	5%
NHS - secure	5%	4%
Independent sector – general	5%	32%
Independent sector – eating disorder	5%	17%

Conclusions and further information

Conclusions

- This report outlines the national results from the stocktake of Children and Young People's Mental Health services across England. The project analysed data from calendar year 2018 to draw conclusions about the size and shape of the CYP MH workforce across England. Comparisons were made with the previous 2016 survey of CYP MH services which used 2015 data to assess how the workforce has evolved over the 3-year period.

- CYP MH is a multi-agency service with contributions to service delivery provided by organisations in a range of sectors. Data submissions were received from the NHS, Local Authorities, Independent sector, Voluntary sector, and Youth Justice services.

- The data from the NHS covered all CYP MH provider organisations and therefore provides a solid baseline against which the growth in the CYP MH workforce can be described. A 23% growth in the CYP MH workforce was reported with evidence of this growth being prioritised to community based services. Workforce expansion is evident to a lesser degree in inpatient services. The data collected also confirms the NHS as the largest employer of staff delivering CYP MH services with 74% of all WTE CYPMH staff employed by the NHS.

- The growth in the NHS workforce can be linked to tangible increases in funding for CYP MH via NHS England's Five Year Forward View strategy. Increases in CYP MH activity can also be referenced alongside the workforce growth and describes a sector that is expanding to cope with increases in demand.

- Contributions from other sectors are not based on 100% like for like comparisons with the 2016 project due to differences in the contributor sample size. However, data from participants does confirm evidence of growth and momentum in CYP MH services. The number of contributions from Local Authorities, Independent sector, and Voluntary sector have all increased in the last 3 years. Growth in workforce size in Voluntary sector providers may be taking place at pace but it should be noted that this is still the smallest of the CYP MH sectors.

- The report provides detailed evidence of workforce size and shape across all CYP MH provider sectors. This includes profiling of workforce demographic characteristics, skills and competencies. Workforce data has been aligned with service delivery data to describe how CYP MH services are delivered across the NHS and other sectors. Almost all of the metrics analysed by the project describe an expansion of the CYP MH service offer across England.

Further information

- This report summarises the national results from the stocktake of Children and Young People's Mental Health services across England. The report has been prepared for Health Education England and will be shared with partner organisations when the report has been signed off by HEE.

- A series of additional reports will be published by the project including bespoke workstream reports for each sector. All individual provider organisations who contributed data to the project will receive a report outlining how local services compare against wider national data from that sector. For example, all NHS providers will receive a report and commentary about NHS delivered CYP MH services, and Local Authority participants will receive a report that discusses the position of each provider within the LA CYP MH sector.

- Local bespoke reports will be sent to each provider organisation during July 2019.

- Requests for clarification on any of the issues raised in this report can be sent to the NHS Benchmarking Network team via zoe.morris@nhs.net or s.watkins@nhs.net