

*Report prepared for
Department of Health*

2010/11
**National Survey
of Investment**
in Adult Mental Health Services

CONTENTS

<i>Section Number</i>		<i>Page Number</i>
Part One:	EXECUTIVE SUMMARY	1
	1.1 Key findings	
	1.2 Acknowledgements	
Part Two	BACKGROUND SCOPE AND PROCESS	3
	2.1 Background	
	2.2 Scope	
	2.3 Process	
	2.4 Coverage of data returns	
Part Three:	NATIONAL ANALYSIS	6
	3.1 Scope for detailed analysis	
	3.2 Guide to this section	
	3.3 Total Annual Investment in Adult mental health	
	3.4 Unreported Investment	
	3.5 Total real resources in Adult mental health	
	3.6 Overall Use of Investment	
	3.7 Overall Commissioner and Provider Analysis	
	3.8 Priority Services investment	
	3.9 Psychological Therapies and Direct Payments	
	3.10 Overall Profile of Direct services Investment	
Part Four:	GEOGRAPHICAL ANALYSIS	20
	4.1 Overall Geographic use of Investment	
	4.2 Changes in SHA Investment 2009/10 to 2010/11	
	4.3 Differences in Weighted Investment per Head between SHAs	
	4.4 Differences in Weighted Investment within SHAs	
	4.5 Differences in Weighted Investment between PCTs	
Part Five:	CONCLUSIONS	27

Appendices

<i>Appendix One:</i>	Changes to the Finance Mapping Process for 2010/11
<i>Appendix Two:</i>	Methodology for Estimating Value of Unreported Investment
<i>Appendix Three:</i>	Detailed 2010/11 Reported Investment in Service Areas
<i>Appendix Four:</i>	Difference in Reported Real Investment 2009/10 to 2010/11 for Key Priority Areas by SHA
<i>Appendix Five:</i>	Priority Areas Investment and Activity Figures 2002/03 to 2010/11
<i>Appendix Six:</i>	SHA and PCT weighted investment per head 2010/11
<i>Appendix Seven:</i>	Investment in Direct Services by Commissioner and Provider Type 2010/11
<i>Appendix Eight:</i>	SHA Investment by Commissioner and Provider Type 2010/11

Figures

FIGURE 1	Total investment in adult mental health services
FIGURE 2:	Estimate of Unreported Investment
FIGURE 3:	Inflation uplifts 2002/03 to 2010/11
FIGURE 4:	Total real investment in adult mental health services 2001/02 to 2010/11 at 2010/11 pay and price levels)
FIGURE 5:	Overall cost profile combined chart and table
FIGURE 6:	National commissioner and provider analysis
FIGURE 7:	Reported investment in priority service areas 2002/03 to 2010/11 (£millions)
FIGURE 8:	Table of Real Term investment in priority service areas 2002/03 to 2010/11 (£millions)
FIGURE 9:	Comparative Changes in Priority Services Investment and Activity since 2002/03
FIGURE 10:	Investment in Psychological Therapies and Direct Payments since 2002/03
FIGURE 11:	Separate Investment in Psychological Therapies and Direct Payments
FIGURE 12:	Growth of investment in direct service categories (at 2010/11 pay and price levels)
FIGURE 13:	Percentage of Direct Services Investment since 2002/03
FIGURE 14:	Reported Investment in selected areas 2002/03 to 2010/11
FIGURE 15:	Geographical Investment and Provider Charts
FIGURE 16:	SHA investment and real term percentage changes 2009/10 to 2010/11

- FIGURE 17:** SHA Investment per Head of Weighted Working Age Population
- FIGURE 18:** % SHA Variance from England Weighted Investment per Head
- FIGURE 19:** Overall Investment Differences by LIT within SHAs
- FIGURE 20:** Secure Investment Differences by LIT within SHAs
- FIGURE 21:** Psychological Therapies Investment Differences by LIT within SHAs
- FIGURE 22:** Map of PCT Adult Investment per weighted head
- FIGURE 23:** Quartile map of PCT Adult Investment per weighted head
- FIGURE 24:** Quartile map of London PCTs Adult Investment per weighted head

1. EXECUTIVE SUMMARY

This is the tenth annual report presenting the results of the finance mapping exercise. It provides details of the level of investment in mental health services for working age adults (aged 18-64) in England for 2010/11 and compares it with the reported results in previous years.

The data was less detailed in the first year of collection 2001/02 and some services were defined or grouped differently. This does not affect the highest level analysis e.g. total investment in year, but it does impact more detailed comparative analysis with later years. Consequently comparisons at service group level commence from 2002/03.

Previous years' information has been adjusted by the GDP Deflator Figures for 31st March 2011 published by HM Treasury to adjust past investment to constant prices.

A key issue with this year's survey is that the overall proportion of investment which had to be estimated from earlier year's figures rose to 14% from 5% in 2009/10. Although 86% is still a sufficient basis for a quite reliable national estimate, the proportion of missing data was particularly high in three SHAs – 60% in the worst case. This means that some SHA data needs to be regarded as approximate and we cannot be confident about growth rates in the more severe cases (such as West Midlands).

1.1 Key Findings

The adult mental health analysis provides the following overall key findings:

- Total investment in adult mental health services in 2010/11 (reported investment plus estimated unreported investment) was £6.550 billion or £195.8 per head of weighted working age population.
- Total investment increased from £6.323 billion in 2009/10 to £6.550 billion which is a 3.6% cash increase and a real increase of 0.7%.
- Since 2001/02, the total investment, after allowing for inflation, has increased by 58.5% in real terms (see Figure 4). At 2010/11 prices, £4.132 billion was spent in 2001/02 and £6.550 billion in 2010/11.
- The percentage of investment reported in direct services (as opposed to overhead or capital costs) is now at its highest recorded level of 81.9% compared to 81.3% in 2009/10.
- Secure and High Dependency services remain the largest single area of spend accounting for 19% of expenditure on direct services.

- The reported investment in the three priority areas (Crisis Resolution, Early Intervention and Assertive Outreach) has changed little in the latest year with a real increase of only £0.6 million between 2009/10 and 2010/11 although it increased by £386.8 million since 2002/03 and 2010/11.
- The activities carried out by the priority teams suggest that more people were treated with little increase in investment over the year (see Figure 9). This implies an increase in productivity.
- Investment in psychological therapies has doubled in real terms since 2007/08.
- There was an increase of 1.38% between 2009/10 and 2010/11 in proportionate spend on the services provided by the non-statutory sector (24.45% in 2009/10 to 25.74% in 2010/11).

The analysis revealed the following about the investment between SHAs (noting uncertainty about the quality of some SHA data).

- Most SHAs either maintained their investment in real terms or reported modest increases in investment of up to 4.7%. Three reported reduced investment of up to -0.8% (East Midlands, East of England and Yorkshire and the Humber).
- London maintained its position of the highest weighted investment per head spending SHA. Weighted investment in adult mental health services in London was £212 per head compared to the national average of £196 per head.
- The amount invested per weighted head varies among SHAs by between 8.0% above, and 9.2% below the national average (£196).

The level of unreported investment in 2010/11 (13.7%) is higher than in previous years and this is not always easy to identify as there is no certainty that particular services commissioned in one year will remain unchanged in following years.

Our approach in quantifying this unreported data is outlined in Appendix Two but is basically to take the previously reported data that is missing and increase it for inflation using HM Treasury GDP Deflator figures.

The overall level of increase for those LITS who did supply data is generally not very different from the increase in GDP deflators. Assuming that missing data has increased in the latest year in line with inflation is therefore a reasonable assumption. But it is only an assumption and if the proportion of missing data is substantial, say a quarter or more, the estimated increase becomes approximate.

1.3 Acknowledgements

The data and information in this report could not be prepared without the dedicated contribution of those people involved with Local Implementation Teams, Provider and Commissioning organisations, in both NHS and Local Authorities, who have worked hard, in what has been difficult circumstances, to help produce what is probably the most comprehensive and detailed annual guide to investment in mental health services nationally.

Mental Health Strategies team would like to record their appreciation of the support and hard work of all of these people as it has been vital to the completion of this review.

2. BACKGROUND, SCOPE AND PROCESS

2.1 Background

Financial mapping data has been collected annually since 2001/02 as part of the annual process on behalf of the Department of Health (DH).

The overall aim is to establish:

- the level of investment in mental health services planned for each financial year for adults of working age and older people in England as a whole.
- the level and nature of investment in the above mental health services for the populations of SHAS, LITs and PCTs within England, and
- the level and nature of mental health investment by statutory sector commissioners within England.

The analysis in this report covers services for working age adults. The analysis is derived from the detailed financial files completed by PCTs, Mental Health Trusts and Local Authorities and then submitted to Mental Health Strategies (MHS) by Local Implementation Teams (LITs). A separate report covers services for older adults.

There are specific reports sent to each LIT that cover details of their investment in services for both working age adults and older adults.

2.2 Scope

The scope of the Finance Mapping exercise for Working Age Adults is shown below.

	Commissioned by		Provided By
	PCTs	Local Auth	
	✓	✓	
MH Trusts			✓
Directly Providing PCTs			✓
Local Authorities			✓
Non Statutory sector			✓

2.3 Process

Organisations were asked to submit investment figures for working age adult services on the basis of expected outturn (or actual outturn figures if available) for 2010/11. Consequently reported investment may not exactly match the actual outturn figures reflected in each Organisation's annual accounts and makes no reference to programme budgeting, which the DH do not require for the Annual Review and which provides a far less detailed analysis of mental health investment.

LIT leads carried out a co-ordination role and forwarded returns to Mental Health Strategies for validation and analysis. High level reviews of each submission were carried out and any specific questions about the quality and accuracy of some of the information provided were discussed with each LIT or provider/commissioner representative and agreed changes incorporated into revised submissions.

The HM Treasury GDP inflation rates of 31st March 2011 have been used in assessing the real change in investment reflected in the annual comparisons.

There has also been an estimate of the value of investment not included in individual submissions, as in previous years, and details of this estimated cost of, and the methodology used for, unreported investment are set out in Section 2 and Appendix Two.

There have been no significant changes to the methodology or collection process.

2.4 Coverage of Data Returns

The number of LITs in England at 146 has remained unchanged from 2009/10. There has been an overall reasonable response rate by NHS and Local Authority commissioners in adult mental health services, despite the difficult and challenging circumstances faced by participating organisations. As noted already and set out in more detail in Appendix Two, response rates for two or three SHAs were however disappointing.

89% of LITs provided complete returns and a further 3% partial returns. Overall a creditable return rate. Since some LITs vary in size and investment, the (89% and 3%) return rates do not directly reflect the value of investment (14%) that is estimated.

The 89% submission level for 2010/11 although lower than in previous years, nevertheless reflects the continuing value placed on the financial mapping exercise by the NHS and Local Authorities involved.

As in 2009/10, the lowest response rate was from organisations in the West Midlands, many of whom decided they were unable to provide any information.

Data quality for adult services continues to be reasonable considering the exercise coincided with organisational and staff movements leading to some difficulties.. There were inevitably some issues of data quality with information provided due to the number of LITs and individuals involved. These occurred as a result of changes in local commissioning arrangements, the people undertaking this work as well as local interpretation of the guidance made available to support this process.

There is a significant improvement in the quality of information where Local LIT Leads played an active role. This results in benefits for both the LITs as well as in the National reports.

3. NATIONAL ANALYSIS

3.1 Scope for detailed analysis

We have concentrated on comparing detailed 2010/11 results with those of 2002/03 and later years since data for 2001/02 were defined or grouped differently. The investment comprises either reported expenditure or estimates of unreported spend. The sum of the two comprises the total investment.

3.2 Guide to this section

This section can be broadly split into two parts.

The first part provides a high level picture of national investment and includes:

- Total reported investment by year
- Unreported Investment
- Total Real Resources – including uplifts for Inflation.
- Profile of investment according to direct, indirect, overhead costs and capital charges

The second part offers a more detailed picture of investment within direct services by group and key priority areas and includes a comparison of investment according to Strategic Health Authority.

- Commissioner and Provider type
- Priority Services Investment
- Psychological Therapies and Direct Payments
- National Direct Services Investment

Geographical analysis of investment e.g. by Strategic Health Authority is covered in Part Four.

3.3 Total Annual Investment in Adult Mental Health

Very few data collections are ever 100% complete and consequently any comprehensive picture of investment will include both reported data and estimates of expenditure that is unreported. Financial mapping is no different.

A summary of total resources in adult mental health services incorporating estimates of unreported information is shown in Figure 1.

Figure 1: Total investment in adult mental health services

Cash Investment in £' Billions					
Year	Reported Investment	Estimated Unreported	Total Investment	Annual Increase	% Cash Increase
2001/02	3.129	0.125	3.254		
2002/03	3.489	0.220	3.709	0.455	14.0%
2003/04	3.910	0.033	3.943	0.234	6.3%
2004/05	4.474	0.046	4.520	0.577	14.6%
2005/06	4.679	0.225	4.904	0.384	8.5%
2006/07	4.991	0.172	5.163	0.259	5.3%
2007/08	5.512	0.018	5.530	0.367	7.1%
2008/09	5.849	0.043	5.892	0.362	6.5%
2009/10	6.001	0.322	6.323	0.431	7.3%
2010/11	5.655	0.895	6.550	0.227	3.6%

The above identifies annual increases in total cash investment in previous years ranging between 2002/03 and 2003/04 (6.3%), to a maximum of 14.6% between 2003/04 and 2004/05.

For the last 3 years since 2007/08, the total cash investment increased by £1.020 billion (18.45%).

Total investment rose by £227 million (3.6%) between 2009/10 and 2010/11 before any adjustment in inflation.

The inclusion of unreported investment in the total amount enables an accurate comparison of national levels of investment from year to year. When reporting total investment levels on a national basis use the figures in Figure 1 or Figure 4, dependant on whether inflation is being taken into account.

3.4 Unreported Investment

The estimated level of unreported investment for 2010/11, expressed as a percentage of the total investment is 13.7% compared with 5.1% in 2009/10. Of the estimated unreported investment, 6.5% was due to some West Midlands LITs not submitting data.

The value of the unreported investment has been based on previous years' returns plus inflation as described in Appendix 2. The trend in estimated investment from 2001/02 to 2010/11 is shown in Figure 2.

Figure 2: Estimate of 'unreported' investment (see also Appendix Two for the methodology of its calculation)

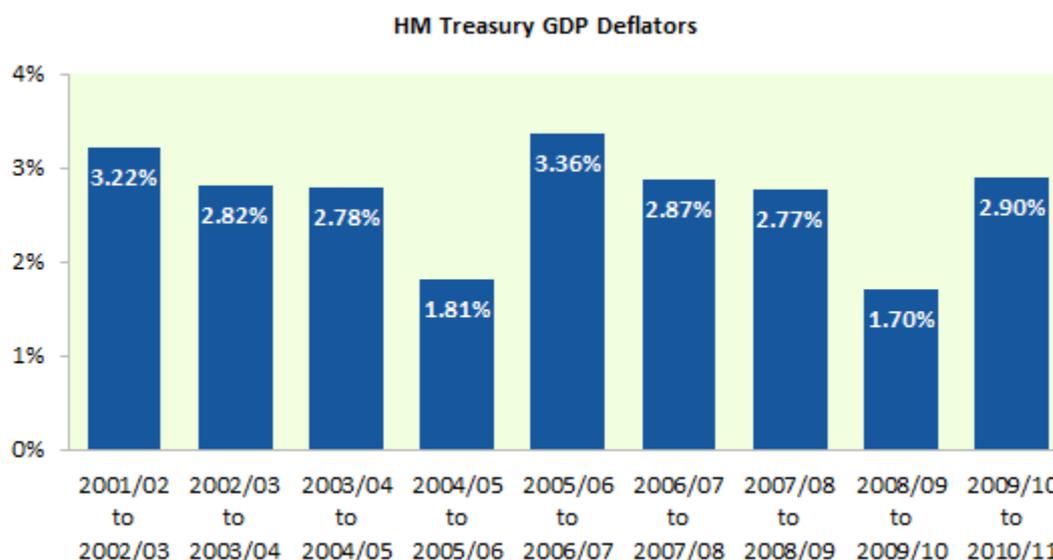
Year	Estimated Unreported Investment (£) Billions	Missing data as % of Total
2001/02	0.125	3.8%
2002/03	0.220	5.9%
2003/04	0.033	0.8%
2004/05	0.046	1.0%
2005/06	0.225	4.6%
2006/07	0.172	3.3%
2007/08	0.018	0.3%
2008/09	0.043	0.7%
2009/10	0.322	5.1%
2010/11	0.895	13.7%

3.5 Total Real Resources in Adult Mental Health

Each year's total investment has been recalculated to the pay and price levels prevailing in 2010/11 in order to identify real increases in annual investment.

The annual HM Treasury GDP percentages used are those updated on 31st March 2011. The GDP deflators used are set out in Figure 3.

Figure 3: Inflation uplifts 2001/02 to 2010/11



Applying the HM Treasury GDP percentage uplifts in Figure 3 to the total investment in Figure 2 shows real increases in investment since 2001/02 as shown in Figure 4.

Figure 4: Total Real Investment in Adult Mental Health services 2001/02 to 2010/11 (at 2010/11 pay and price levels)

Year	Estimated		Total Investment	Annual Increase	% Increase
	Reported Investment	Unreported Investment			
2001/02	3.974	0.159	4.132		
2002/03	4.293	0.271	4.563	0.431	10.4%
2003/04	4.679	0.039	4.718	0.155	3.4%
2004/05	5.209	0.054	5.262	0.544	11.5%
2005/06	5.351	0.257	5.608	0.346	6.6%
2006/07	5.521	0.190	5.712	0.104	1.9%
2007/08	5.928	0.019	5.947	0.236	4.1%
2008/09	6.121	0.045	6.166	0.219	3.7%
2009/10	6.175	0.331	6.507	0.340	5.5%
2010/11	5.655	0.895	6.550	0.044	0.7%
Increase 2001/02 to 2010/11			2.418		58.5%

The biggest annual increase was in 2004/05 (11.5%) whilst the percentage increase for 2010/11 was 0.7%.

The overall real increase in total investment since 2001/02 is £2.418 billion or 58.5% after adjusting for inflation.

3.6 Overall Use of Investment

The total investment is analysed in three groupings – direct costs, indirect costs/overheads and capital charges. The overall percentage split between these cost categories each year is shown in Figure 5.

This shows an increase of 4.9% (from 77% to 81.9%) in the proportions of investment reported as spent on direct services since 2001/02. The increase in the three years since 2007/08 is 0.5%.

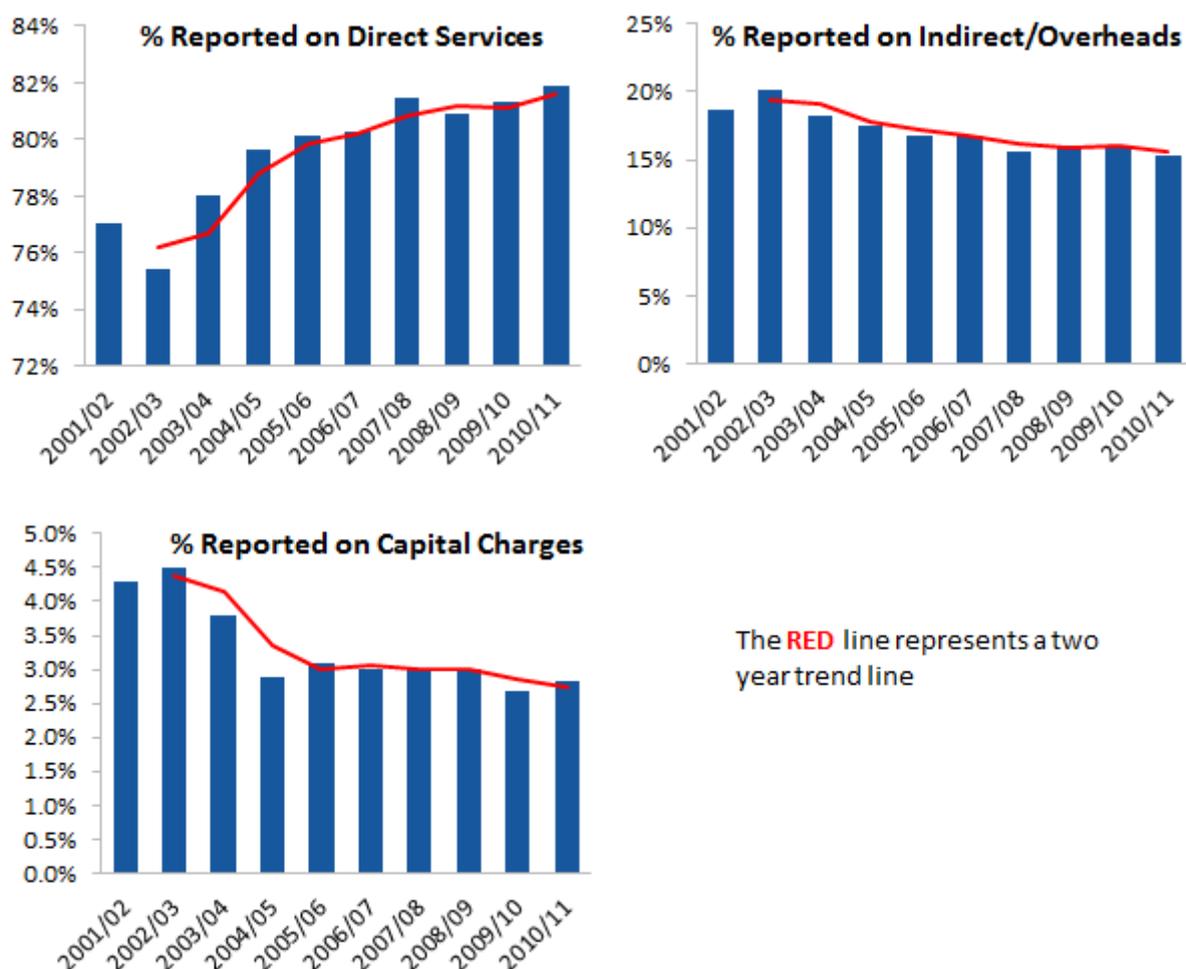
Out of a total of £6.542 billion in 2010/11, the amount reported spent on direct services was 81.9% or £5.366 billion.

The proportion reported spent on direct services has increased by 0.6% since 2009/10 with consistent increases since 2002/03 apart from a dip in 2008/09. The same period has shown mostly downward trends on the non direct services components.

Figure 5: Overall cost profile combined chart and table

Financial Year	% Reported Spend by Cost Area			% Change over previous year		
	Direct	Indirect/ Overheads	Capital Charges	Change in % Direct	Change in % Indirect/Oheads	Change in % Capital Charges
2001/02	77.0%	18.7%	4.3%			
2002/03	75.4%	20.1%	4.5%	-1.6%	1.4%	0.2%
2003/04	78.0%	18.2%	3.8%	2.6%	-1.9%	-0.7%
2004/05	79.6%	17.5%	2.9%	1.6%	-0.7%	-0.9%
2005/06	80.1%	16.8%	3.1%	0.5%	-0.7%	0.2%
2006/07	80.3%	16.7%	3.0%	0.2%	-0.1%	-0.1%
2007/08	81.4%	15.6%	3.0%	1.2%	-1.2%	0.0%
2008/09	80.9%	16.1%	3.0%	-0.5%	0.5%	0.0%
2009/10	81.3%	16.0%	2.7%	0.4%	-0.1%	-0.3%
2010/11	81.9%	15.3%	2.8%	0.6%	-0.7%	0.1%
Change since 2001/02	4.9%	-2.7%	-1.6%			

The percentages reported annually are shown below with a two year trend line.

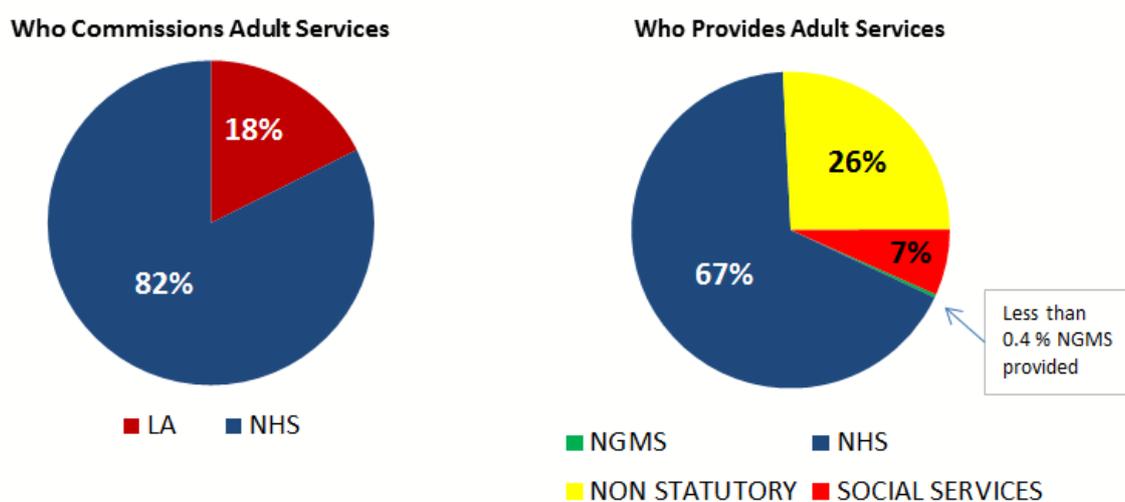


These changes in percentages may be due to combinations of specific examples of improved quality of information submitted, as well as substantive change in the overall level of investment in direct service provision.

3.7 Overall Commissioner and Provider Analysis

We can identify the type of organisation that both commissions and directly provides adult mental health services and the national picture is shown in Figure 6 below.

Figure 6: National commissioner and provider type analysis



Note: For presentation purposes, percentages have been rounded up

This year 2010/11 has seen no change in the overall percentages of investment commissioned by the NHS and Local Authorities compared with 2009/10, which have remained at 82% and 18% respectively.

Figure 6 also shows a further reported increase of 1.4% compared with last year in the amount of work undertaken by non statutory providers (nearly 24.4% in 2009/10 to 25.8% in 2010/11).

There are a small amount of services provided by the Non General Medical Services (NGMS) sector (about 0.4%) comprising services delivered by the General Medical Services sector but funded from mainstream PCT resource allocations.

Analyses of commissioner and provider investment by SHA can be seen in Appendices 6 and 7.

3.8 Priority Services Investment

The three key modernisation services identified as priority developments in the mental health National Service Framework and National Health Service Plan were:

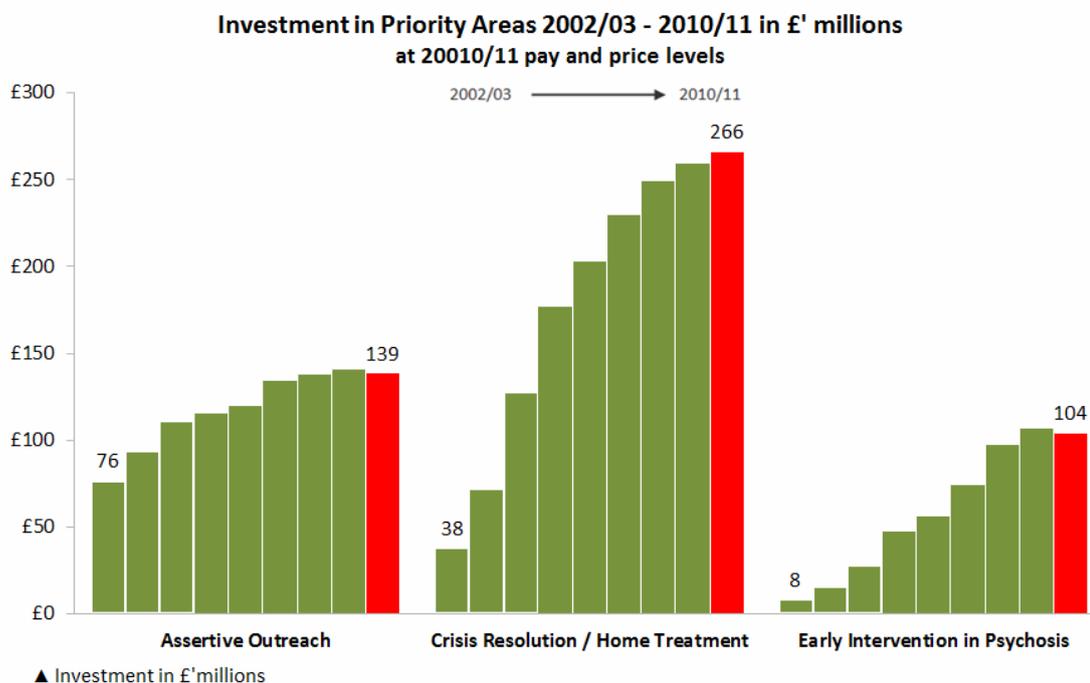
- Assertive Outreach
- Crisis Resolution/Home Treatment, and
- Early Intervention in Psychosis.

Levels of the reported investment in these service areas from 2002/03 onwards are shown in Figures 7 and 8.

Note that investment for 2002/03 to 2008/09 shown in Figures 7 and 8 are based on reported data and do not include estimates of any missing data. The figures for 2009/10 and 2010/11 include both reported and estimated investment. Since the levels of missing data in 2002/03 to 2008/09 were minimal, Figures 7 and 8 should still reasonably reflect the actual investment figures over the years.

Figure 7 charts the investment figures whilst Figure 8 tables the investment amounts and shows the real changes in investment per year after inflation has been taken into account.

Figure 7: Reported investment in priority areas 2002/03 to 2010/11



The investment in real terms after inflation is shown in Figure 8. This shows each year's reported investment per year at 2010/11 pay and prices illustrating how this has changed over the years.

Figure 8: Table of Real Term investment in priority service areas 2002/03 to 2010/11

	Assertive Outreach	Crisis Resolution / Home Treatment	Early Intervention in Psychosis	Total in £ millions	% real increase per year	Actual Increase
2002/03	76.5	37.7	7.8	122.0		
2003/04	93.6	71.8	15.4	180.8	48%	58.7
2004/05	110.8	127.8	27.6	266.2	47%	85.4
2005/06	116.0	177.5	47.9	341.4	28%	75.2
2006/07	120.1	202.9	56.4	379.4	11%	38.0
2007/08	134.4	229.9	74.4	438.6	16%	59.2
2008/09	137.9	249.6	97.5	485.0	11%	46.4
2009/10	141.1	259.9	107.3	508.3	5%	23.3
2010/11	138.6	266.1	104.1	508.8	0%	0.6
Real term increase 2002/03 to 2010/11 in £' millions				386.8		

Significant increases in investment occurred in the earlier years and the annual percentage increase had declined to 5% by 2009/10. The percentage increase since 2009/10 is effectively nil at 0.1%. However, investment in crisis services has continued to increase in real terms although it has reduced in the two other services.

The estimated real increase since 2002/03, after inflation is £387 million.

Relationship between Priority Investment and Activity

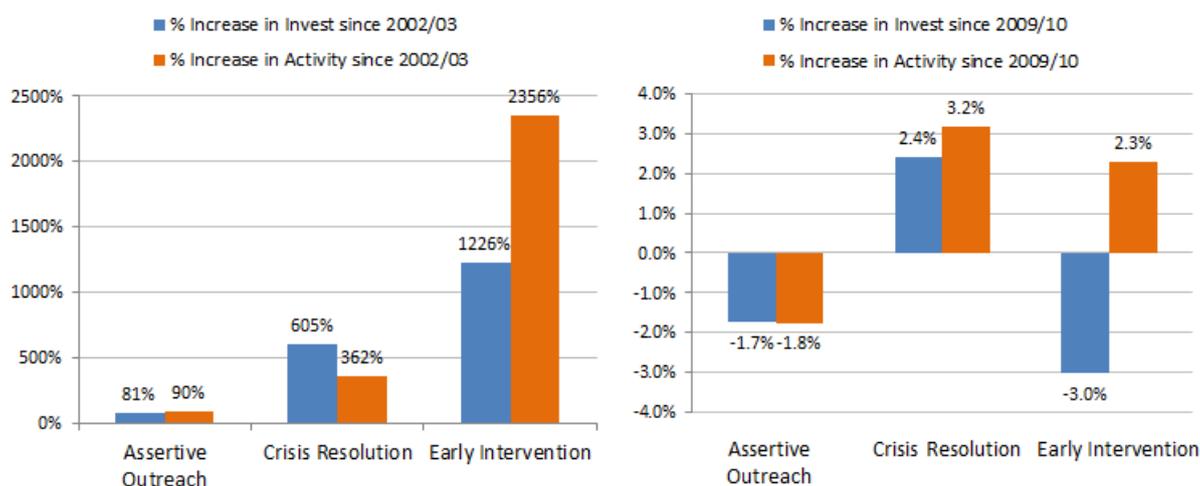
Matching investment figures with similar figures on activity is complicated due to the way in which the activity figures are collected. Whilst complete year figures for crisis resolution/home treatment are available, data on assertive outreach and early intervention in psychosis are collected as a snapshot in time at the end of March – the first as the number of home treatments (not patients seen) and the second as the number of patients currently being seen.

These figures do however provide a broad indication of trends since 2002/03. Figure 9 comprises two charts which compare the rises in investment and activity using figures from the NHS Information Centre supplied by Primary Care Trusts. Figure 9 presents both investment and activity information over two time periods

- 2002/03 to 2010/11
- 2009/10 to 2010/11

Together the two periods span the years since data collection began and a specific focus on the year since the last collection in 2009/10.

Figure 9: Comparative Changes in Priority Services Investment and Activity since 2002/03



Some caution is required when drawing conclusions from these figures since only one of the three priority areas (crisis resolution) uses complete year figures¹.

That said,

- Activity and investment changes in assertive outreach services are very similar with only 9% greater activity over investment since 2002/03 and a small drop in investment and activity since 2009/10

The very small drop in assertive outreach investment and activity is not a criticism as these services are working to capacity and have met their national plans (to treat 20,000 patients at any given time).

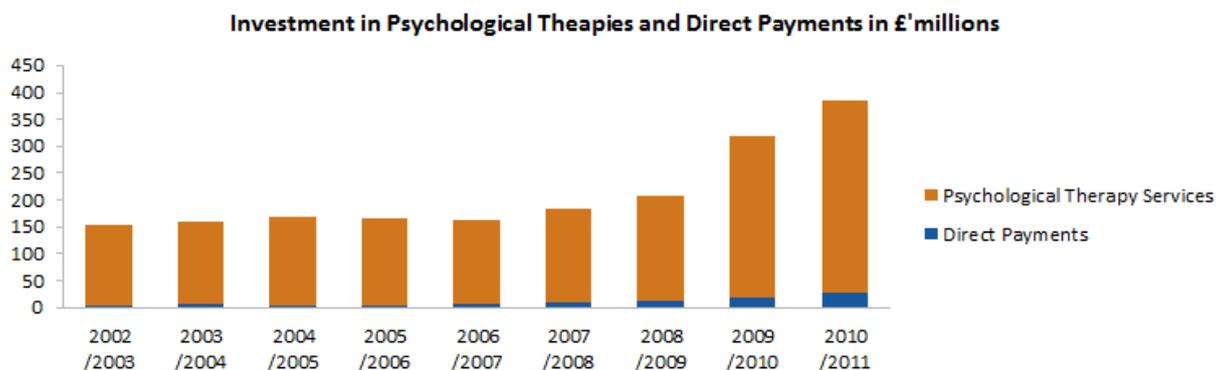
- The increase in crisis resolution home treatment since 2002/03 is much smaller than the increase in investment although increases in activity since 2009/10 have outstripped increases in investment.
- The increased activity in early intervention caseload since 2002/03 is nearly double the increase in investment. Figures for the past year since 2009/10 suggest a major advance where activity increased by 2.3% at the same time as a 3.0% fall in investment – a difference of 5.3%.

3.9 Psychological Therapies and Direct Payments

Improving access to psychological therapies for the recovery of patients with depression and anxiety is a top government priority as is improving patient choice. Direct payment to individuals is one way of facilitating greater choice. Information on these two separate areas are shown in Figures 10 and 11.

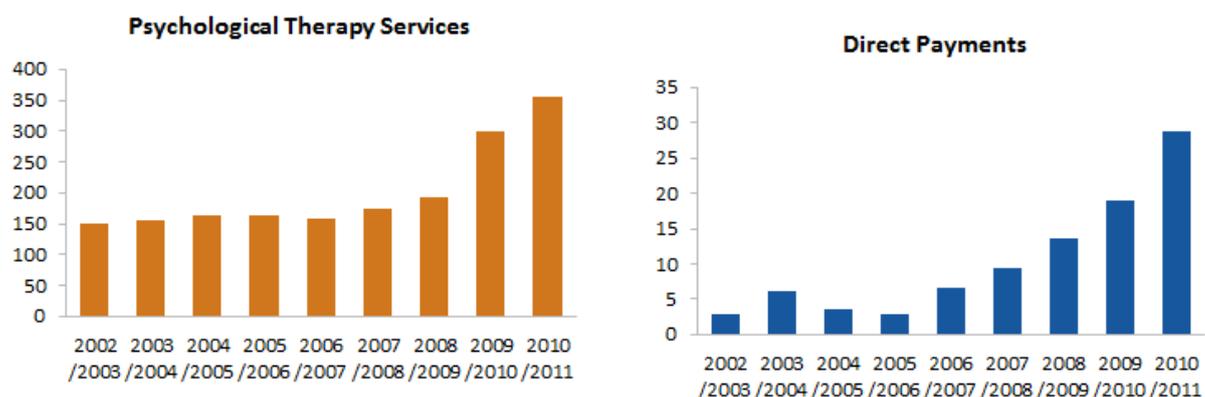
¹ Crisis Resolution Team data capture the numbers of home treatments provided over the full year. Early intervention engage with patients over three years The reported figures are for total EI caseload at the end of a given year. Assertive Outreach teams engage with patients that are hard to engage often with chaotic lifestyles. Data shows the number of people on caseload at the end of the year.

Figure 10: Investment in Psychological Therapies and Direct Payments since 2002/03



Annual investments in these two services are separately shown in the two charts comprising Figure 11.

Figure 11: Separate Investment in Psychological Therapies and Direct Payments



Investment shown in £'millions at 2010/11 pay and price levels

Both these areas have experienced an overall increase in investment against an overall background of minimal change in investment in many other areas.

3.10 Overall Profile of Direct Services Investment

The finance mapping analyses adult mental health investment across sixteen service categories that are consistent with the service mapping definitions, and also across three broad cost groups (i.e. direct, indirect/overheads and capital charges).

It is possible to carry out analysis in greater depth within the sixteen service categories e.g. Psychiatric Intensive Care Units within the Secure and High Dependency service category.

The biggest areas of investment have consistently been:

- Secure and High Dependency
- Clinical services
- Community Mental Health Teams (CMHTs)
- Continuing Care
- Access & Crisis Services

The specific services included within the above areas are listed in Appendix Three, including the aggregate level of investment for each. The analysis in Figure 12 covers investment since 2002/03 in direct services only. The local apportionment of indirect costs/overheads will differ between organisations but this is minimised when analysing at a national level; it may still account for some of the changes identified in the following table.

The orange bars to the right hand side show each category's percentage of the reported 2010/11 direct services investment.

e.g. Secure and high dependency services was 19% of the total £5.366 billion reported invested in direct services in 2010/11.

Figure 12: Growth of investment in direct service categories (at 2010/11 pay and price levels)

Investment in £'millions at 2010/11 levels										
Direct Service Categories	2002	2003	2004	2005	2006	2007	2008	2009	2010	% in 2010/11
	/2003	/2004	/2005	/2006	/2007	/2008	/2009	/2010	/2011	
Secure & High Dependency	397	512	687	755	790	924	948	951	1,016	19%
Clinical Services	796	877	971	958	900	948	905	862	949	18%
CMHTs	556	573	631	628	650	717	717	716	739	14%
Continuing Care	393	411	447	439	482	535	597	583	618	12%
Access & Crisis Services	215	275	349	422	445	515	569	558	594	11%
Accommodation	333	399	405	414	421	462	438	476	518	10%
Psychological Therapy Services	150	155	165	162	158	174	193	301	356	7%
Day Services	172	186	173	172	168	161	159	160	153	3%
Home Support Services	66	76	119	105	109	117	122	114	113	2%
Other Community & Hospital	53	51	75	98	82	109	119	96	92	2%
Support Services	50	46	48	50	50	55	59	65	71	1%
Services for MDOs	35	58	48	43	55	54	57	61	58	1%
Direct Payments	3	6	4	3	7	9	14	19	29	1%
Personality Disorder Services	0	1	5	12	17	17	23	30	29	1%
Carers' Services	11	16	20	21	22	25	28	27	27	0%
Mental Health Promotion	3	3	3	4	3	5	4	3	3	0%
Total Direct Services	3,234	3,645	4,149	4,286	4,358	4,827	4,952	5,023	5,366	
% Real increase over previous year		12.7%	13.8%	3.3%	1.7%	10.8%	2.6%	1.4%		

Investment on the new IAPT services within the Psychological Therapies group was collected for the first time in 2009/10.

Readers should note that in Figure 12, the investment figures for 2010/11 are based on the combined reported and estimated value of the unreported investment, unlike the other figures which are based on reported investment only.

This means that the difference between the 2009/10 and 2010/11 columns would inflate the real change in investment between these two years. This is a consequence of the larger degree of estimated investment in this year's report due principally to the lower return rates of the West Midlands area.

Nevertheless, Figure 12, due to the much lower levels of estimated investment in the other years, should provide a reasonable picture of how investment has changed since 2002/03.

The overall real growth in total investment in direct services, (using the HMP Treasury GDP Deflators - see Figure 3) between 2002/03 and 2010/11 is around 65% but the actual increases in specific service categories vary widely.

Although analysis is possible back to 2002/03, more recent years are normally of greater interest, we have chosen to also look at the change since 2002/03 and in the year since 2009/10.

The services showing the largest percentage real increases over the past eight years are:

	% Increase	
	2002/03 to 2010/11	2009/10 to 2010/11
■ Access and Crisis Services	177%	6.4%
■ Secure and High Dependency Services	156%	6.8%
■ Home Support	70%	-0.4%
■ Mentally Disordered Offenders	65%	-5.0%
■ Continuing Care	57%	6.1%
■ Accommodation	56%	9.0%
■ CMHTs	14%	3.2%

The above also shows the percentage change in the past year since 2009/10.

All of the sixteen direct service groups have seen an increase in real term investment since 2002/03.

Looking at the change since 2009/10, three areas decreased in investment and two areas stayed about the same. The degree of estimated unreported direct investment in the 2010/11 figures was 13.5%.

The largest increases in total investment since 2002/03 have been in Secure and High Dependency (£619.0m) and Access and Crisis (£379.6m).

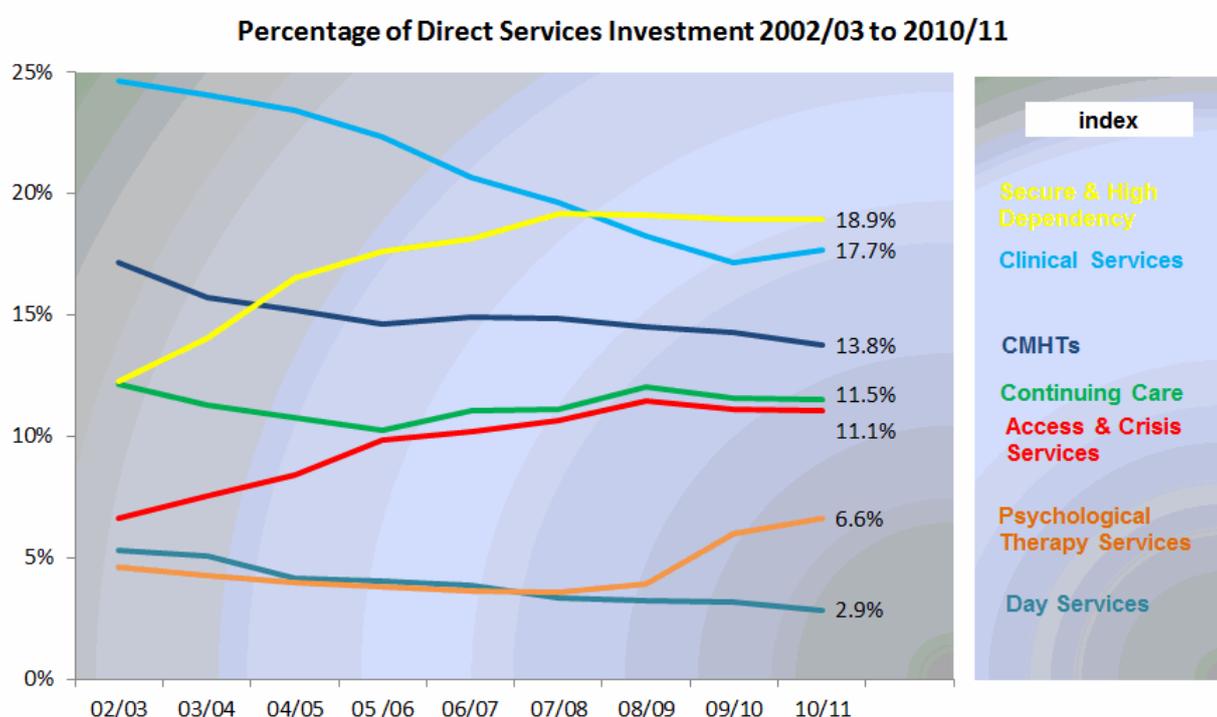
The areas reporting the largest real increases in the three years since 2007/08 have been:

- Psychological Therapies (£182.3m) and
- Secure and High Dependency (£91.8m).

This needs to be seen alongside movements in each service group's share of the year's direct investment.

Figure 13 tracks the proportion of direct services investment in seven specific service groups chosen for being the biggest investment areas or emerging areas of interest.

Figure 13: Percentage of Direct Services investment since 2002/03



Nationally increased investment in access and crisis services has been mirrored by a reduction in the relative position of clinical services and CMHTs.

The clinical services group comprises the seven service types (including adult acute inpatient services) listed in Appendix Three.

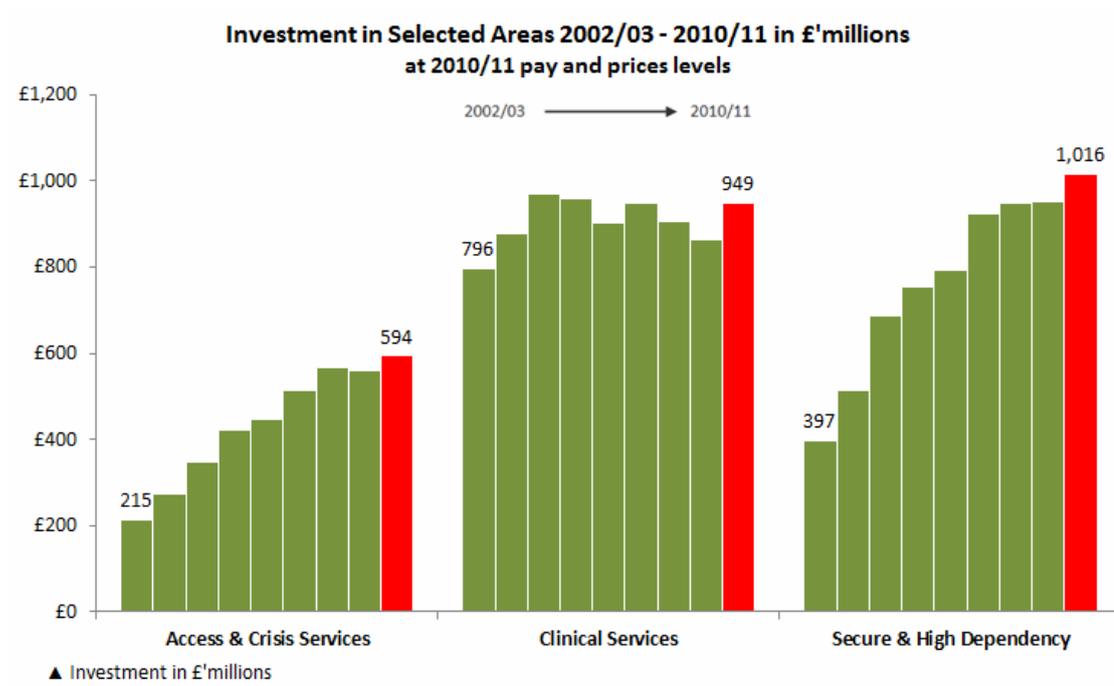
The percentage of reported expenditure on continuing care has stabilised over the last two years. Investment in day services continues to experience a gradual fall proportionate to total investment.

The real increase in investment in CMHTs and Access and Crisis teams combined has continued over this period; since 2002/03 it has increased by £562m. This increase may have contributed to the reduction in the proportion of investment made in clinical services that includes acute inpatient care.

Investment in Clinical Services (£949m) has again been exceeded this year by spend on Secure and High Dependency services (£1016m); this now accounts for about 19% of total investment in direct services compared with 12% in 2002/03.

It is worth reflecting briefly on the monies spent on clinical services and secure and high dependency services relative to that spent on access and crisis services, has changed over the years. Figure 14 compares these figures.

Figure 14 Reported Investment in selected areas 2002/03 to 2010/11



If we look at the ranking of highest spending areas in 2002/03 and 2010/11

- Access and crisis services has moved from the sixth highest spending area in 2002/03 to the fifth in 2010/11
- Clinical services has moved from top highest area to the second highest area
- Secure and high dependency was the third highest area of spend in 2002/03 and has replaced clinical services as the highest area of spend since 2008/09.

Other points to note apart from the above three service areas are:

- The last two years collections have seen a dramatic rise in investment in psychological therapies which now account for 6.6% of total investment
- Investment in home support services has effectively doubled since 2002/03 despite a small fall in investment in 2009/10 and 2010/11
- Direct payments have increased in real terms over nine fold since 2002/03.

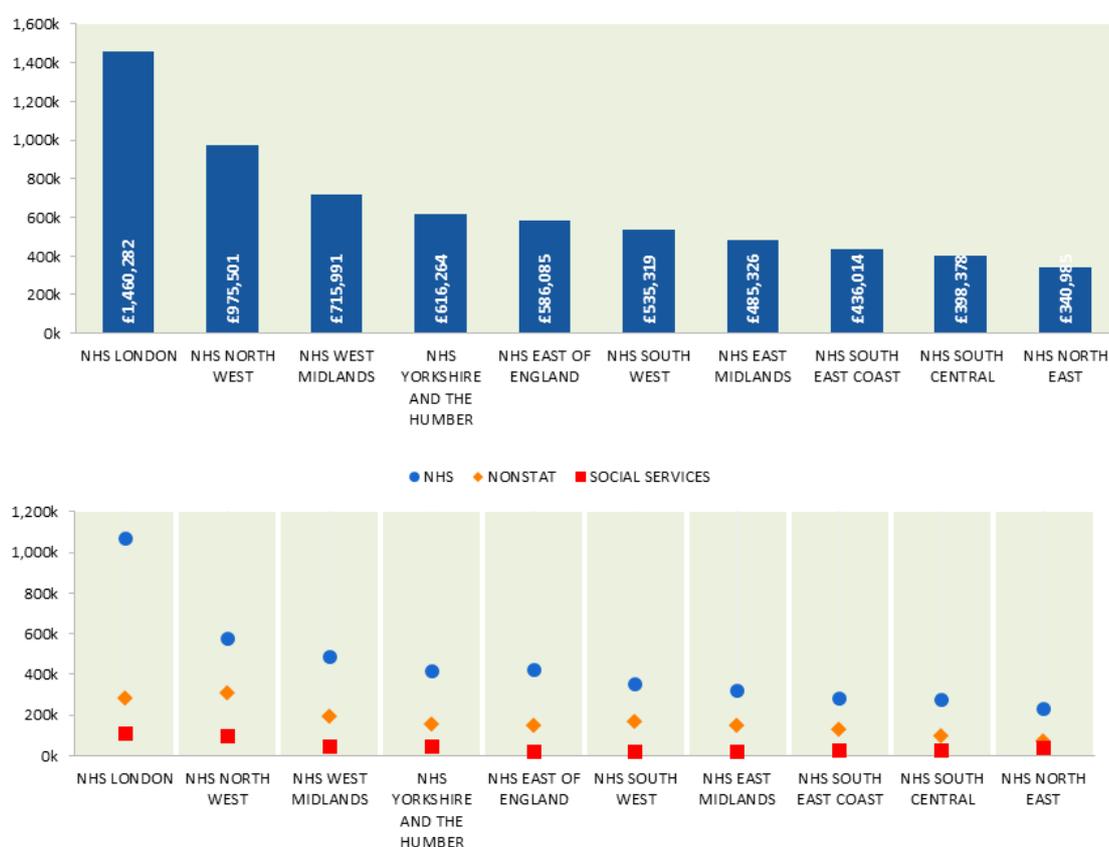
4. GEOGRAPHICAL ANALYSIS

4.1 Overall Geographic Use of Investment

The distribution of investment varies around the country, as does the relative proportions delivered by the key provider types. These are NHS providers, the Non Statutory sector and Local Authority Social Services departments.

Figure 15 illustrates where the investment is geographically spent. The lower part shows the relative amounts directly delivered by the key provider types.

Figure 15: Overall Geographical Investment and Provider Charts



Most NHS provision is by specialist mental health trusts, but some is funded from GMS funding but actually delivered by NHS Non GMS providers. Such provision is known as NGMS.

Due to the small provider share by NGMS providers, such provision has been included in the overall NHS provider type within the lower part of Figure 15.

4.2 Changes in SHA Investment 2009/10 to 2010/11

Percentage changes within each Strategic Health Authority are summarised in Figure 16 which is based on the combined reported and estimated unreported investment for each year. Both years are expressed at 2010/11 rates.

Figure 16: SHA Investment and real term percentage changes 2009/10 to 2010/11

SHA	TOTAL CHANGE IN SHA INVESTMENT in £'000s		% Real terms Change
	2009/10 at 2010/11 rates	2010/11	
NHS East Midlands	488,694	485,326	-0.7%
NHS East of England	588,466	586,085	-0.4%
NHS London	1,458,363	1,460,282	0.1%
NHS North East	325,693	340,985	4.7%
NHS North West	969,589	975,501	0.6%
NHS South Central	386,855	398,378	3.0%
NHS South East Coast	426,239	436,014	2.3%
NHS South West	530,669	535,319	0.9%
NHS West Midlands	710,437	715,991	0.8%
NHS Yorkshire and the Humber	621,351	616,264	-0.8%
TOTAL	6,506,356	6,550,146	0.7%

Most SHAs either maintained their investment in real terms, or reported small increases of up to 4.7%. Three SHAs showed real decreases in investment from 2009/10.

- East Midlands (-0.7%)
- East of England (-0.4%) and
- Yorkshire and Humber (-0.8%).

4.3 Differences in Weighted Investment per Head between SHAs

A key benchmark however remains the level of investment per head of weighted working age population. The weighting factor adjusts the actual adult population to take account of relative mental health need within each LIT; it already reflects the higher cost of staff in areas such as London thus facilitating direct comparison. The crude 18-64 population based upon the mid year estimates for 2009 kindly provided by the Office of National Statistics is weighted by:

- a market forces factor
- an emergency ambulance cost adjustment, and
- the mental health need index.

The weighted population thus takes into account mental health need and financial factors necessary to enable a fair comparison between high and low cost areas.

Figure 17 identifies for each Strategic Health Authority planned investment per head of weighted working age population in adult mental health services for 2010/11 using the combined reported and estimated unreported investment for each

Strategic Health Authority divided by its weighted population. This methodology is consistent with that adopted in previous years.

Figure 17: SHA investment per Head of Weighted Working Age Population

SHA	Total Investment 2010/11		Overall Investment per Head	
	in £'000s		in £'s	
NHS London	1,460,282		£211.6	
NHS West Midlands	715,991		£202.3	
NHS South West	535,319		£201.5	
NHS South East Coast	436,014		£196.7	
NHS North West	975,501		£195.0	
NHS East of England	586,085		£192.7	
NHS East Midlands	485,326		£186.9	
NHS South Central	398,378		£185.3	
NHS North East	340,985		£183.0	
NHS Yorkshire and the Humber	616,264		£177.9	
TOTAL	6,550,146		£195.9	
		Median of SHA	£193.8	

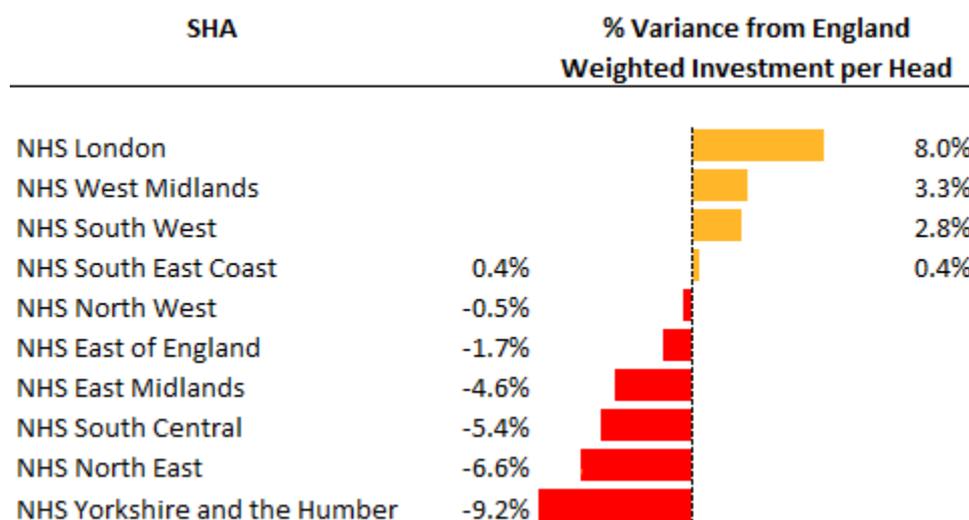
The average figure for England this year is £195.9 per head whilst the weighted SHA investment per head of weighted population ranged from £177.9 to £211.6. The median figure for the Strategic Health Authorities comes to £193.8.

Four SHAs – London, West Midlands, South West and South East Coast spent above the national average of £195.7 and the remaining six SHAs invest below the national average.

This information about the weighted population and overall weighted investment per head for each SHA is mapped graphically at Appendix Six.

The percentage differences from the national average in weighted investment per head range from +8.0% to -9.2% as shown in Figure 18 with London investing 8.0% more per head than the national average.

Figure 18 - % SHA Variance from England Weighted Investment per Head



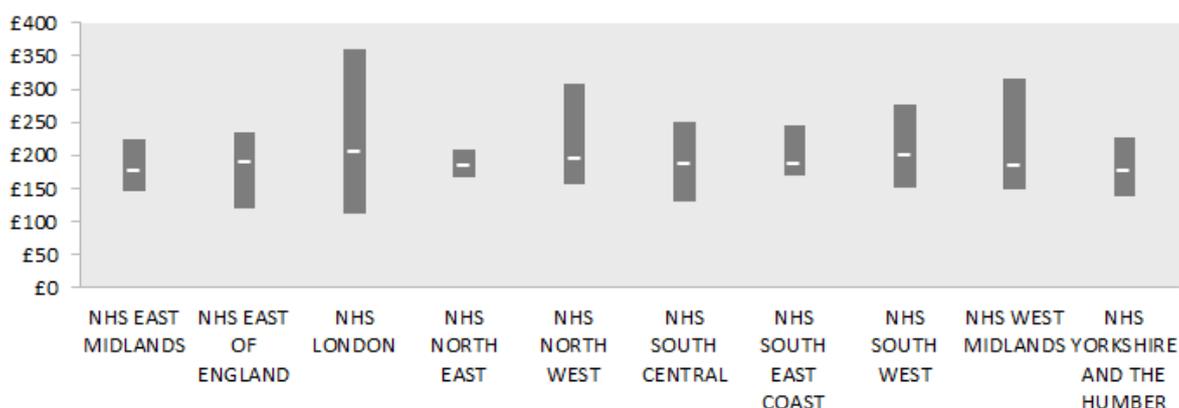
4.3 Differences in Weighted Investment within SHAs

The figures in Figures 17 and 18 give only an overview and a greater insight is gained by comparing the differences between the LITs *within* each SHA.

To illustrate this point, we have examined three important areas of investment using weighted investment per head as the measure. The three areas are:

- Overall Adult weighted investment per head as shown in Figure 19
- Secure services investment per head as shown in Figure 20
- Psychological therapies per head as displayed in Figure 21.

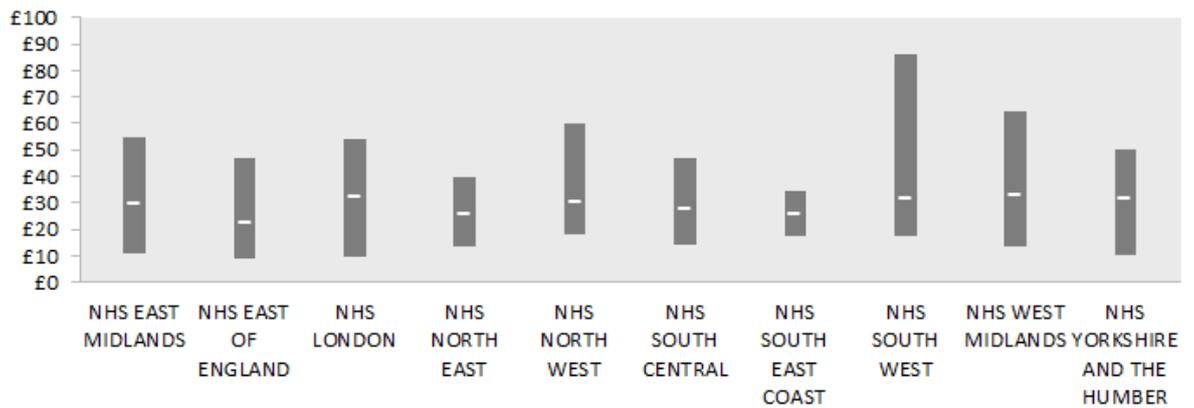
Figure 19: Overall Investment Differences by LIT within SHAs



The length of the bars indicates the range of weighted investment within the SHA and the horizontal bar the median level of weighted investment. This reveals that the widest differences occur in London, followed by West Midlands then the North West.

The largest area of adult investment is in secure and high dependency services. The differences in secure investment between the LITs within each SHA is shown in Figure 20.

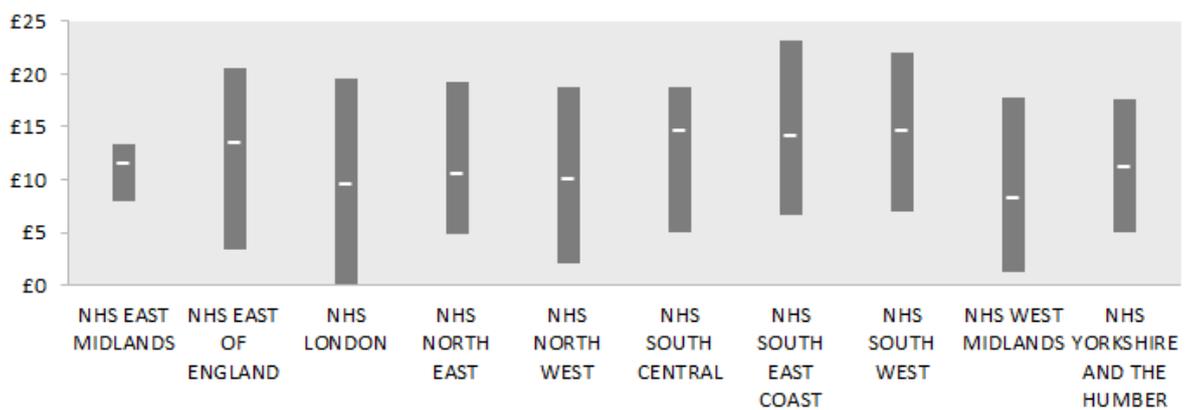
Figure 20: Secure Investment differences by LIT within SHAs



For secure services, the greatest differences occur in the South West, followed by West Midlands then London. Note that these figures of weighted investment per head EXCLUDE high secure services.

Investment in psychological therapies is regarded as increasingly important. Consequently, the relative investment in the total of psychological therapies (both IAPT and non IAPT) is displayed in Figure 21.

Figure 21: Psychological Therapies Investment differences by LIT within SHAs



Comparing SHAs, there is a wider variety of investment per weighted head for psychological therapies between the LITs of the SHAs as can be seen by looking at the median line (marked as a white horizontal line).

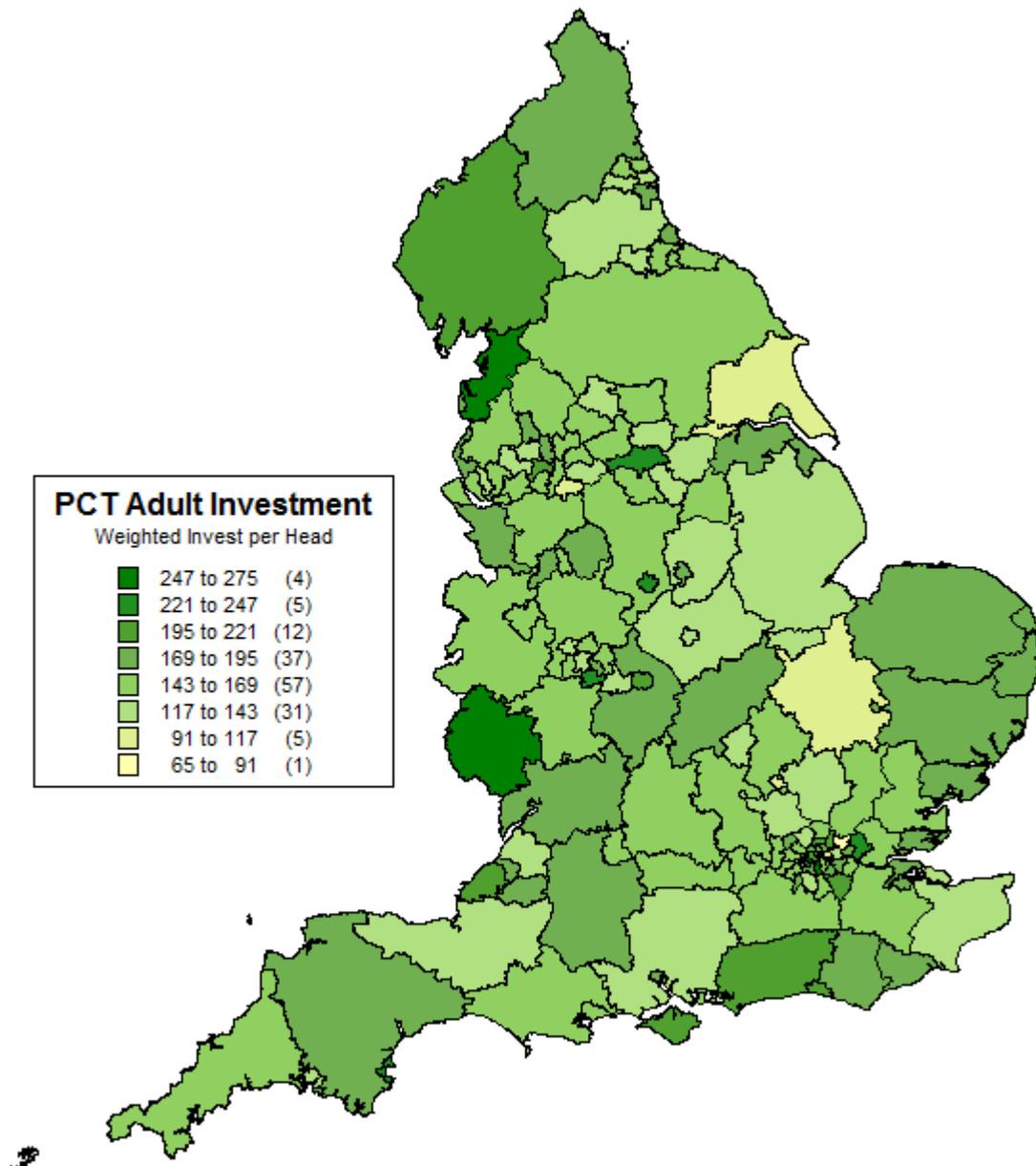
Looking at the differences between the LITs *within* the individual SHAs, it is London who report the greatest variation (shown by the length of the gray bar).

The next SHAs with greatest differences in psychological therapies is East of England then South East Coast.

4.4 Differences in Weighted Investment between PCTs

Differences in weighted investment are clearly displayed when PCT investment nationally is mapped as illustrated in Figures 22-24 – all from different angles².

Figure 22: Map of PCT Adult Investment per Weighted Head

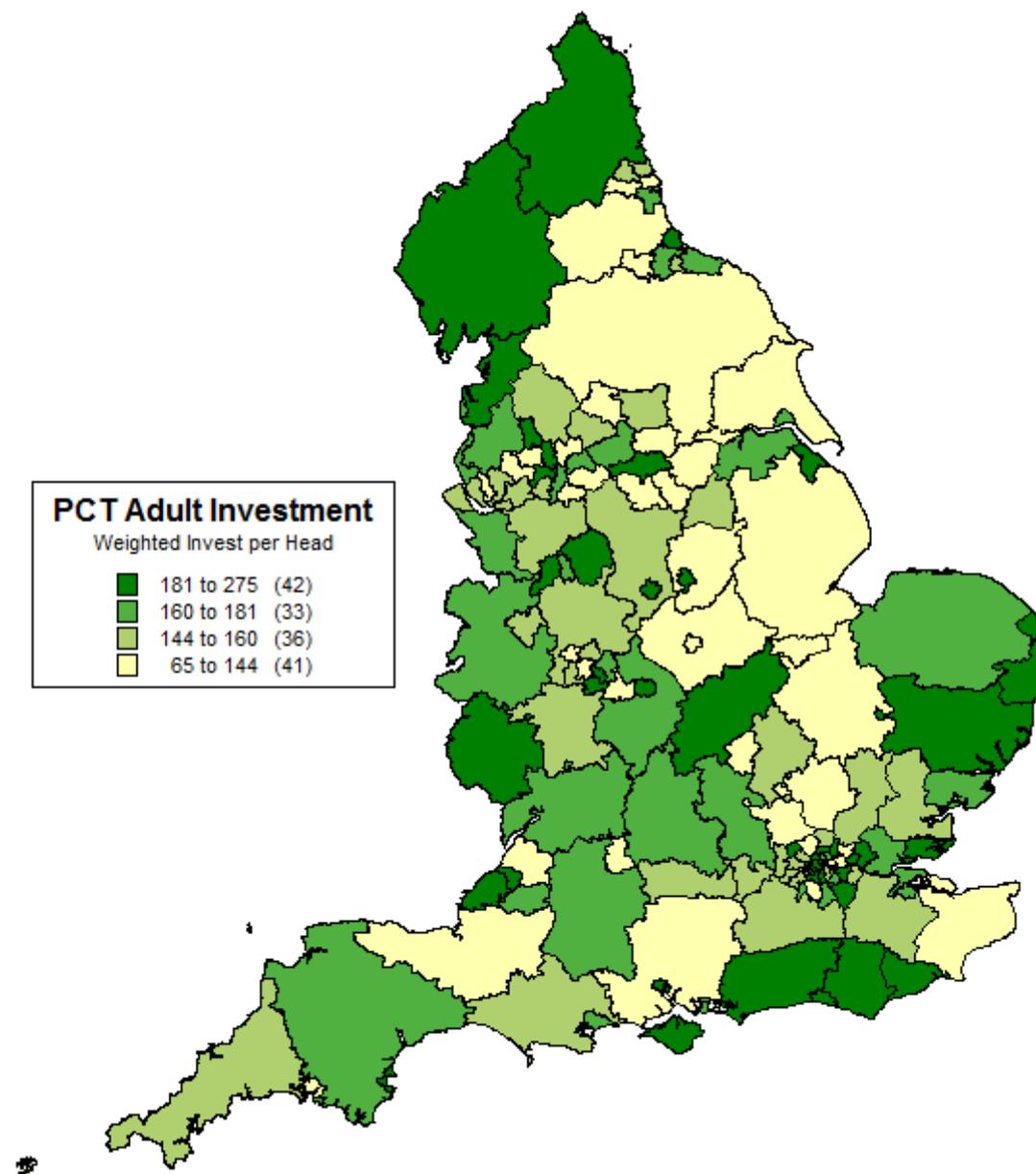


Although the above focuses on PCT commissioned investment only, and is thus a different measure to that in Figure 17, it does demonstrate the varying investment levels nationally and within Strategic Health Authorities.

² The figures in brackets in the map indicate the number of PCTs.

Examining the same figures but displaying them in four groups we in effect, get a Quartile picture where the darkest shading represents the top 25% of PCTs who invest the most by value per weighted head. Conversely the lightest shading identifies the 25% of PCTs who reported investing the least amount per head. See Figure 23.

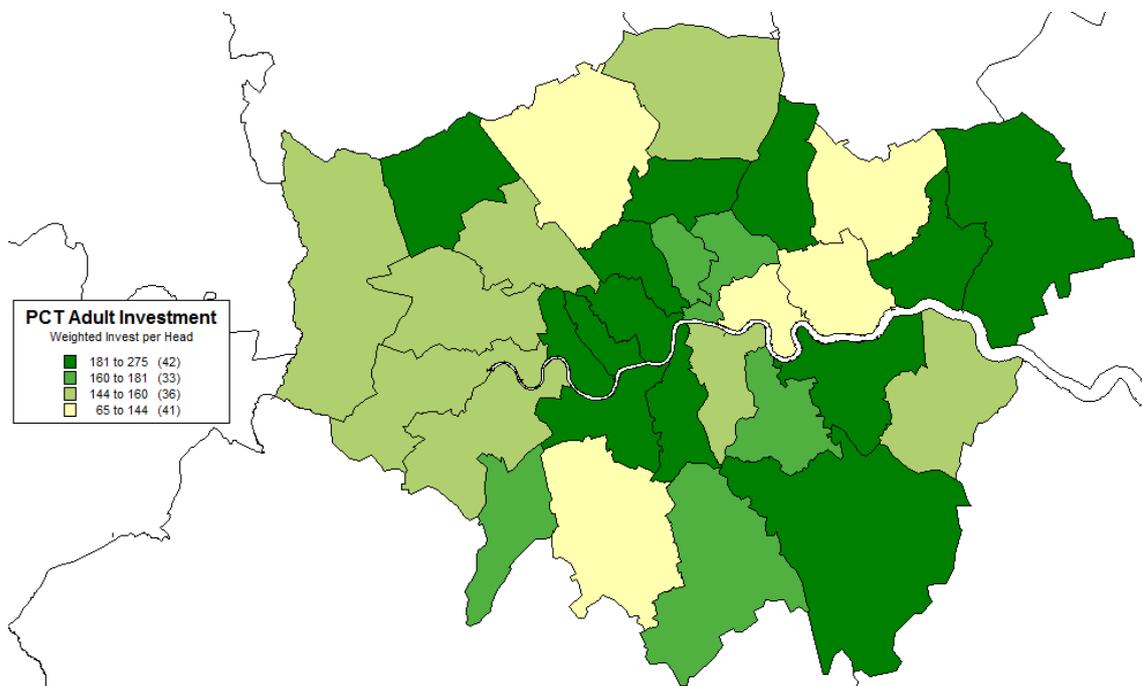
Figure 23: Quartile Map of PCT Adult Investment per Weighted Head



The next figure continues this picture but focuses in on the London area showing clearly the areas of the greatest and least investment.

Figure 24 shows the London PCTs shaded as to which quartile they fall into, with regard to weighted investment per head.

Figure 24: Quartile map of London PCTs Adult Investment per Weighted Head



PCT re-organisation where staff may be reporting on behalf of multiple London PCTs may have led to the situation where some London PCTs have reported particularly low weighted investment per head figures. This report analyses the figures as reported.

5. CONCLUSIONS

Overall the real increase in investment in working age adult mental health services in the eight year period between 2001/02 and 2010/11 is £2.418 billion or 58.5%.

The information available from financial mapping can help with understanding the services to which mental health investment is being directed and is the basis for informed action; it is a key component of good management.

Individual organisations which have such informed knowledge will find it easier to identify how they compare to others and thus plan for the future to deliver service improvements. Nationally the Financial Mapping exercise facilitates effective monitoring of progress towards current aims and targets, and the development of appropriate new ones.

The period 2009/10 to 2010/11 has seen a reported cash increase in adult mental health investment of 3.6% equivalent to 0.7%, after taking account of inflation. This demonstrates that despite financial pressures in many areas commissioners have continued to maintain the position of national mental health services relative to other services.

Investment in key priority services, Assertive Outreach, Early Intervention and Crisis Resolution has been maintained since 2009/10 alongside significantly increased funding of psychological therapy services. Psychological therapy services funding has doubled in the three year period since 2007/08.

Only 3 Strategic Health Authorities (SHAs) reported real falls in investment –after taking inflation into account with the largest drop being reported in the Yorkshire and Humber region (-0.8%). However the returns show that there remain areas to be addressed. The most prominent of these is the difference in investment per weighted head between SHAs.

This shows that while the variances from the English average may be narrowing there are still inequalities in expenditure per head. The challenge that commissioners must address is to reduce health inequalities, improve services and ensure value for money.

Robust information is a key element of ensuring that these three objectives are achieved. The data collected in financial mapping provides this together with a clear basis for prioritisation of local objectives. It will allow better benchmarking and monitoring of progress against national and local priorities.

Organisations should use this document, together with the other elements of the annual review such as the individual LIT reports, to evaluate current arrangements and to help them in this task. We hope that this report will help stimulate debate between all of the stakeholders, increase transparency on adult mental health investment and contribute towards maximum benefit to patients.

APPENDIX ONE

CHANGES TO THE FINANCE MAPPING PROCESS FOR 2010/11

There have not been any major changes in finance mapping between 2009/10 and 2010/11. The information requested, together with the format in which it is required, is consistent with previous years. Guidance notes that are available on the Mental Health Strategies (MHS) web site were reviewed and updated to provide information and advice for those completing the returns. Support and advice was also available from MHS to answer specific queries raised by people during the completion of this information.

We extended the original deadline for returns, in recognition of the demands on organisations finance departments.

Apart from cosmetic changes to the Excel files and enhanced guidance notes, the changes involved:

- Some simplification by merging of indirect costs and overheads into a single combined indirect costs/overheads category
- Updated name changes for Mental Health Trusts who acquired Foundation Trust status and PCTs whose preferred name changed e.g. Bolton PCT to NHS Bolton
- Updating of the weighted populations used to compare the relative financial investment between areas

APPENDIX TWO

METHODOLOGY FOR ESTIMATING VALUE OF UNREPORTED INVESTMENT

1. This year's collection has not been as complete as previously and has been undertaken during challenging and sometimes difficult circumstances.
2. 89% of LITs provided complete returns and a further 3% provided partial returns. Overall a reasonable return rate. Since some LITs vary in size and investment, the (89% and 3%) return rates do not directly reflect the value of investment that is estimated.
3. Our estimate of the unreported investment by value for 2010/11 is tabled below.

sha	Percentage by Value	
	Reported	Estimated
NHS EAST MIDLANDS	100%	0%
NHS EAST OF ENGLAND	93%	7%
NHS LONDON	88%	12%
NHS NORTH EAST	77%	23%
NHS NORTH WEST	100%	0%
NHS SOUTH CENTRAL	99%	1%
NHS SOUTH EAST COAST	65%	35%
NHS SOUTH WEST	97%	3%
NHS WEST MIDLANDS	40%	60%
NHS YORKSHIRE AND THE HUMBER	100%	0%
Total	86%	14%

4. Some SHAs provided complete updated returns for 2010/11. Others particularly West Midlands and to a lesser degree South East Coast and North East did not.
5. Several West Midlands LITs did submit returns but others (Birmingham, Dudley, Solihull, Shropshire, Stoke on Trent and Walsall) did not.
6. The reason for the lower proportion of reported investment in South East Coast was the lack of returns from East Sussex and Surrey LITs.
7. The basis of these estimates have been the last previous investment reported as part of financial mapping, uplifted for inflation using HM Treasury GDP rates. This is the methodology is in line with DH Financial policy.
8. Missing investment is not always easy to identify and estimate correctly as there is no certainty that particular services which are commissioned in one particular year, will have continued to be unchanged in following years.

Consequently, our approach has been to identify whether a particular service or group of services has not been reported, and if it was reported in the previous year; to take that previous years amount and add inflation using the latest GDP percentage to arrive at an estimated unreported "missing" investment Figure for 2010/11.

9. The national report requires any estimate of unreported data to be included in order to provide a comprehensive picture.

APPENDIX THREE

DETAILED 2010/11 INVESTMENT IN SERVICE AREAS (INCLUDING UNREPORTED INVESTMENT IN APPENDIX TWO)

The length of the coloured horizontal bars indicates the relative percentage of total direct investment for that individual direct service type

ENGLAND WORKING AGE ADULTS SUMMARY 2010/11

Total Investment in Working Age Adults in £'000s = **£6,550,146.26**

	201011 Investment in £'000s	% of Direct Investment	% of Total Investment
Access & Crisis Services			
A&E Mental Health Liaison Service	£27,286.25	0.51%	
Access & Crisis Services - any other services	£20,056.12	0.37%	
Assertive Outreach Team	£138,645.52	2.58%	
ASW Service	£9,907.88	0.18%	
Crisis Accommodation	£9,409.93	0.18%	
Crisis Resolution Home Treatment Team	£266,109.62	4.96%	
Early Intervention in Psychosis Service	£104,081.01	1.94%	
Emergency Clinics / Walk-in Clinic	£1,807.77	0.03%	
Emergency Duty Team	£8,893.38	0.17%	
Homeless Mental Health Service	£8,002.17	0.15%	
Access & Crisis Services Total	£594,199.64	11.07%	9.07%
Accommodation			
Accommodation - any other services	£16,478.88	0.31%	
Adult/family Placement Scheme	£4,126.23	0.08%	
Board and Lodgings Scheme	£3,760.30	0.07%	
Hostel	£19,771.82	0.37%	
Local Authority and Registered Residential Care Home	£353,734.07	6.59%	
Staffed Group Home	£23,252.90	0.43%	
Supported Housing	£93,628.46	1.74%	
Unstaffed Group Home	£3,572.10	0.07%	
Accommodation Total	£518,324.76	9.66%	7.91%
Carer's Services			
Carers' Support Group	£1,348.71	0.03%	
Carers' Support Service	£14,684.69	0.27%	
Carers' Support Workers	£4,850.45	0.09%	
Self-help, Mutual Aid Group for Carers	£355.60	0.01%	
Short-term Breaks/Respite Care Service	£5,471.82	0.10%	
Carer's Services Total	£26,711.27	0.50%	0.41%
Clinical Services			
Acute Inpatient Unit/Ward	£653,622.85	12.18%	
Clinical Services - any other services	£44,809.87	0.84%	
NHS Day Care Facility	£26,063.94	0.49%	
Psychiatric Liaison Service - Gen Med, Surg & Palliative Care	£8,929.07	0.17%	
Psychiatric Outpatient Clinics	£90,672.98	1.69%	
Specialist mental health services	£124,966.63	2.33%	
Clinical Services Total	£949,065.32	17.69%	14.49%
Community Mental Health Teams			
Community Mental Health Team	£738,816.44	13.77%	
Community Mental Health Teams Total	£738,816.44	13.77%	11.28%
Continuing Care			
24 Hour Nurse Staffed Care	£118,959.53	2.22%	
24 Hour Staffed Care - Non NHS Registered Nursing Home	£131,845.41	2.46%	
Continuing Care - any other services	£95,118.25	1.77%	
Rehabilitation or Continuing Care Team	£47,352.94	0.88%	
Residential Rehabilitation Unit	£225,122.45	4.20%	
Continuing Care Total	£618,398.58	11.52%	9.44%

	2010/11 Investment in £'000s	% of Direct Investment	% of Total Investment
Day Services			
Day Centres/Resource Centre/Drop-in	£114,922.06	2.14%	
Education and Leisure Opportunity	£4,195.30	0.08%	
Employment Scheme	£31,410.22	0.59%	
Women-only community day services	£2,747.21	0.05%	
Day Services Total	£153,274.79	2.86%	2.34%
Direct Payment			
Direct Payments	£28,866.24	0.54%	
Direct Payment Total	£28,866.24	0.54%	0.44%
Home Support Services			
Home/Community Support Service	£72,056.26	1.34%	
Housing support	£41,124.75	0.77%	
Home Support Services Total	£113,181.01	2.11%	1.73%
Mental Health Promotion Services			
Mental health promotion	£3,068.82	0.06%	
Mental Health Promotion Services Total	£3,068.82	0.06%	0.05%
Other community and hospital professional teams/specialists			
CDW workers	£8,353.37	0.16%	
Gateway workers	£5,620.15	0.10%	
Other community and/or hospital professional team/specialist	£22,182.78	0.41%	
Primary care mental health worker	£43,017.71	0.80%	
STaR workers	£13,225.26	0.25%	
Other community and hospital professional teams/specialists Total	£92,399.28	1.72%	1.41%
Personality Disorder Services			
Personality disorder service	£28,648.82	0.53%	
Personality Disorder Services Total	£28,648.82	0.53%	0.44%
Psychological Therapy Services (IAPT)			
IAPT Employment Support	£15,708.61	0.29%	
IAPT High Intensity Therapy	£91,421.79	1.70%	
IAPT Low Intensity Therapy	£61,719.05	1.15%	
Psychological Therapy Services (IAPT) Total	£168,849.46	3.15%	2.58%
Psychological Therapy Services (Non IAPT)			
Psychology Therapies and Counselling Services	£133,201.03	2.48%	
Psychology Therapy Services - any other services	£9,458.97	0.18%	
Specialist Psychotherapy Service	£37,186.17	0.69%	
Voluntary/Private Counselling and/or Psychotherapy Service	£7,131.04	0.13%	
Psychological Therapy Services (Non IAPT) Total	£186,977.21	3.48%	2.85%
Secure and High Dependency Provision			
Local Low Secure Service	£311,720.30	5.81%	
Local Medium Secure Service	£250,842.77	4.67%	
Local Psychiatric Intensive Care Unit	£136,319.75	2.54%	
Regional Medium Secure Service	£235,376.75	4.39%	
Secure and High Dependency Provision - any other services	£81,832.20	1.52%	
Secure and High Dependency Provision Total	£1,016,091.76	18.94%	15.51%
Services for Mentally Disordered Offenders			
Community Forensic Service	£22,465.48	0.42%	
Criminal Justice Liaison and Diversion Service	£7,900.11	0.15%	
Mentally Disordered Offenders - any other services	£6,292.38	0.12%	
Prison Psychiatric Inreach Service	£21,135.06	0.39%	
Services for Mentally Disordered Offenders Total	£57,793.03	1.08%	0.88%

	2010/11 Investment in £'000s	% of Direct Investment	% of Total Investment
Support Services			
Advice and Information Services	£11,200.49	0.21%	
Advocacy Services	£20,524.06	0.38%	
Befriending and Volunteering Schemes	£6,194.22	0.12%	
Patient Advice and Liaison Service PALS	£1,655.61	0.03%	
Self-help and Mutual Aid Group	£2,641.43	0.05%	
Service User Groups	£6,539.95	0.12%	
Staff-facilitated Support Groups	£5,272.67	0.10%	
Support Services - any other services	£17,388.22	0.32%	
Support Services Total	£71,416.65	1.33%	1.09%
Grand Total for Direct Costs	£5,366,083.08	100.00%	81.92%
Capital Charges			
CAPITAL CHARGES - ADULTS	£184,600.55		
Capital Charges Total	£184,600.55		2.82%
Indirect costs and overheads			
INDIRECT COSTS AND OVERHEADS - ADULTS	£999,462.63		
Indirect costs and overheads Total	£999,462.63		15.26%
Grand Total for Adult Investment	£6,550,146.26	100.00%	100.00%

The length of the coloured horizontal bars indicates the relative percentage of total direct investment for that individual direct service type.

e.g. Crisis Resolution Home Treatment Team valued at £266,109.62K was 4.96% of the Grand Total £5,366,083.08K Direct Costs.

The Access and Crisis Service Group of which it is a part amounted to 11.07% of the Grand Total of Direct Costs.

APPENDIX FOUR

DIFFERENCE IN REPORTED REAL INVESTMENT 2009/10 TO 2010/11 FOR KEY PRIORITY AREAS BY SHA

CHANGES IN INVESTMENT 2009/10 TO 2010/11 FOR KEY PRIORITY AREAS BY SHA

This appendix compares the change in investment in key priority areas between the investment for 2009/10, expressed at 2010/11 pay and price levels, with the amount in 2010/11.

Real term Changes in Priority Area Investment 2009/10 to 2010/11

SHA	Assertive Outreach Team	Crisis Resolution Home Treatment Team	Early Intervention in Psychosis Service	Overall Change in £'000s
NHS East Midlands	£204	£8,931	-£522	£8,613
NHS East of England	£1,334	-£412	-£529	£394
NHS London	-£1,340	£1,518	£345	£523
NHS North East	-£1,054	-£1,163	-£918	-£3,135
NHS North West	-£2,195	-£1,649	-£1,112	-£4,956
NHS South Central	-£101	-£846	£184	-£763
NHS South East Coast	£358	£143	£38	£539
NHS South West	-£197	£742	-£242	£303
NHS West Midlands	-£286	£526	-£434	£19
NHS Yorkshire and the Humber	£819	-£1,534	-£46	-£761
Total Real Term Change in £'000s	-£2,458	£6,257	-£3,235	£564

The investment figures show small reductions in both Assertive Outreach and Early Intervention services outweighed by additional investment in Crisis Resolution Home Treatment Services.

APPENDIX FIVE

PRIORITY AREAS INVESTMENT AND ACTIVITY FIGURES 2002/03 TO 2010/11

PRIORITY AREAS INVESTMENT AND ACTIVITY FIGURES 2002/03 TO 2010/11

This appendix contains the supporting information used to create Figure 9. The tables below show the annual investment figures for the three key priority areas, expressed in £'millions at 2010/11 rates and the activity data for the same periods.

	Real term Investment at 2010/11 levels			Priority Activity Levels		
	Assertive Outreach	Crisis Resolution / Home Treatment	Early Intervention in Psychosis	Assertive Outreach	Crisis Resolution / Home Treatment	Early Intervention in Psychosis
2002/03	76.5	37.7	7.8	10,830	28,430	890
2003/04	93.6	71.8	15.4	12,390	45,770	1,590
2004/05	110.8	127.8	27.6	17,500	68,760	4,370
2005/06	116.0	177.5	47.9	18,720	83,800	7,880
2006/07	120.1	202.9	56.4	18,350	95,400	11,160
2007/08	134.4	229.9	74.4	19,930	106,320	15,780
2008/09	137.9	249.6	97.5	21,000	118,400	20,540
2009/10	141.1	259.9	107.3	20,899	127,396	21,372
2010/11	138.6	266.1	104.1	20,532	131,452	21,859

Readers are reminded that matching investment figures with similar figures on activity is complicated due to the way in which the activity figures are collected. Whilst complete year figures for crisis resolution/home treatment are available, data on assertive outreach and early intervention in psychosis are collected as a snapshot in time at the end of March – the first as the number of home treatments (not patients seen) and the second as the number of patients currently being seen³.

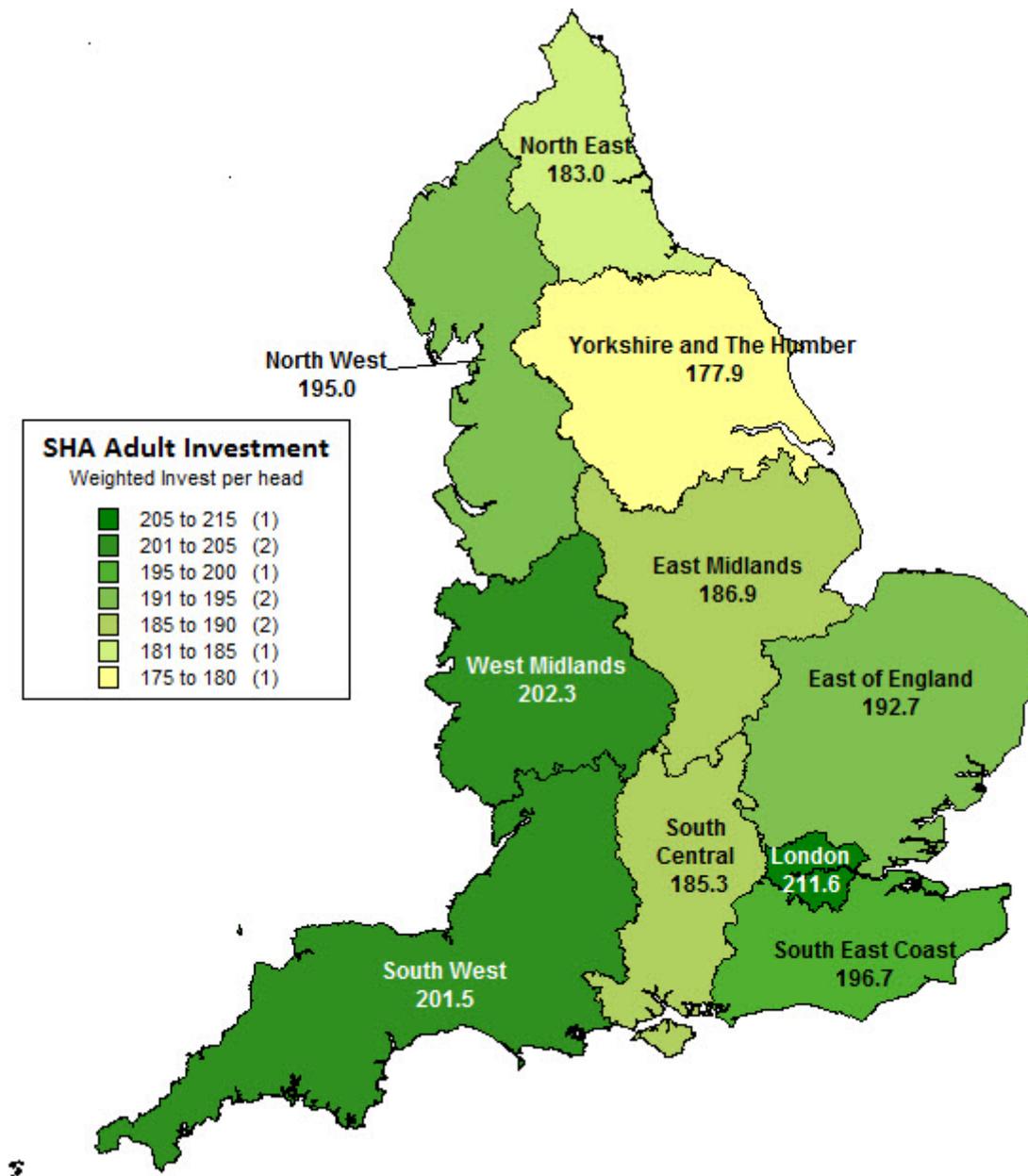
These figures do however provide a broad indication of trends since 2002/03.

³ Crisis Resolution Team data capture the numbers of home treatments provided over the full year. Early intervention engage with patients over three years. The reported figures are for total EI caseload at the end of a given year. Assertive Outreach teams engage with patients that are hard to engage often with chaotic lifestyles. Data shows the number of people on caseload at the end of the year.

APPENDIX SIX

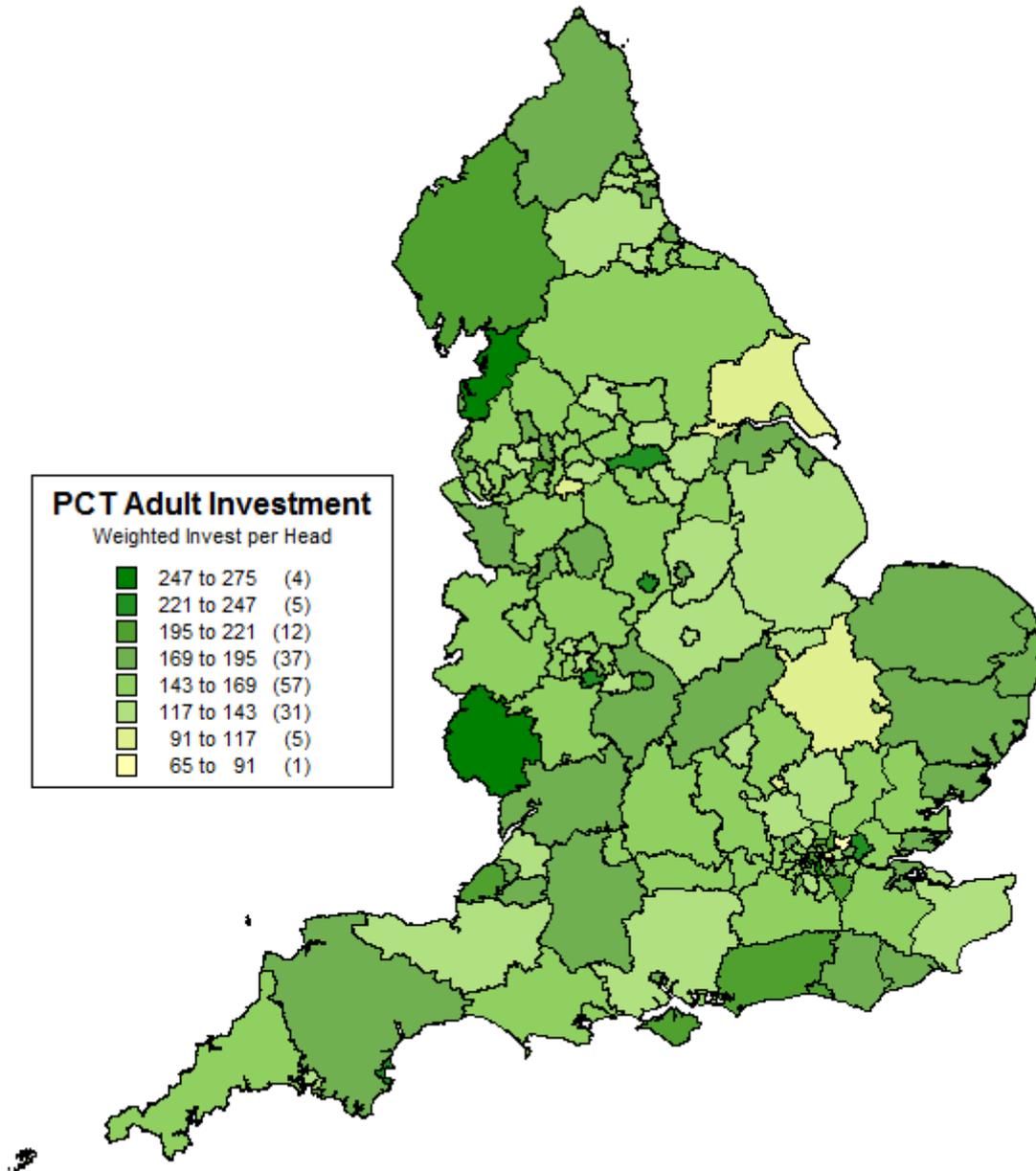
SHA AND PCT WEIGHTED INVESTMENT PER HEAD 2010/11

Appendix Six graphically charts the investment per weighted head for working age adult mental health services for 2010/11.



Note that the weighted population used are weighted for both mental health need and cost factors to enable a fair comparison of the relative spend per head.

Differences in weighted investment are clearly displayed when you map investment by PCT nationally as illustrated here.



Note that the weighted population used are weighted for both mental health need and cost factors to enable a fair comparison of the relative spend per head.

APPENDIX SEVEN

INVESTMENT IN DIRECT SERVICES BY COMMISSIONER AND PROVIDER TYPE 2010/11

INVESTMENT IN DIRECT SERVICES BY COMMISSIONER AND PROVIDER TYPE

This appendix shows the proportion of reported direct services investment by commissioner and direct provider types based upon the data submitted to Mental Health Strategies.

The bar chart to the right of the table shows the percentage share by each commissioner type.

By Commissioner type

Service Group	Commissioner Type		Total	Commissioner Type Share
	LA	NHS		
Access & Crisis Services	£65,015	£529,185	£594,200	
Accommodation	£395,535	£122,790	£518,325	
Carer's Services	£18,414	£8,297	£26,711	
Clinical Services	£6,068	£942,997	£949,065	
Community Mental Health Teams	£201,399	£537,417	£738,816	
Continuing Care	£65,472	£552,926	£618,399	
Day Services	£97,672	£55,603	£153,275	
Direct Payment	£25,456	£3,411	£28,866	
Home Support Services	£97,667	£15,514	£113,181	
Mental Health Promotion Services	£267	£2,802	£3,069	
Other community and hospital professional	£14,960	£77,439	£92,399	
Personality Disorder Services	£95	£28,554	£28,649	
Psychological Therapy Services (Non IAPT)	£809	£168,041	£168,849	
Psychological Therapy Services (IAPT)	£2,679	£184,298	£186,977	
Secure and High Dependency Provision	£11,438	£1,004,654	£1,016,092	
Services for Mentally Disordered Offenders	£6,506	£51,287	£57,793	
Support Services	£29,255	£42,162	£71,417	
Total Reported Investment in £'000s	£1,038,705	£4,327,378	£5,366,083	
% Directly commissioned by each	19%	81%	100%	

Commissioners are either NHS or Local Authorities. The bar chart to the right shows those services that NHS commissioners (shown in **BLUE**) are the main commissioner and those where Local Authorities (shown in **RED**) take the lead.

By Provider type

The following table and chart shows the proportion of direct services by direct provider types and is based upon the data submitted to Mental Health Strategies.

The bar chart to the right of the table shows the percentage share by each provider type. There are four types of direct provider.

- NHS - NHS Trusts, Care Trusts and Directly Providing PCTs
- Social Services – Delivered directly by Local Authorities
- Non Statutory Providers – comprising private providers, or voluntary or charitable organisations
- NGMS - services delivered by the General Medical services but funded from mainstream PCT resource allocations.

Service Group	Provider Type				Total	ServiceGroup
	NGMS	NHS	NON STATUTORY	SOCIAL SERVICES		
Access & Crisis Services	£329	£530,228	£16,086	£47,557	£594,200	
Accommodation	£772	£45,224	£398,631	£73,697	£518,325	
Carer's Services	£148	£2,561	£16,495	£7,507	£26,711	
Clinical Services	£1,475	£829,508	£117,467	£615	£949,065	
Community Mental Health Teams	£49	£587,768	£18,690	£132,309	£738,816	
Continuing Care	£0	£246,780	£358,475	£13,143	£618,399	
Day Services	£60	£36,877	£76,230	£40,108	£153,275	
Direct Payment	£0	£3,226	£21,486	£4,154	£28,866	
Home Support Services	£137	£8,090	£79,263	£25,691	£113,181	
Mental Health Promotion Services	£124	£824	£2,029	£93	£3,069	
Other community and hospital professional	£7,864	£57,402	£16,052	£11,082	£92,399	
Personality Disorder Services	£0	£22,336	£6,262	£51	£28,649	
Psychological Therapy Services (Non IAPT)	£4,269	£123,284	£40,134	£1,163	£168,849	
Psychological Therapy Services (IAPT)	£6,636	£151,101	£27,763	£1,476	£186,977	
Secure and High Dependency Provision	£0	£630,663	£384,239	£1,190	£1,016,092	
Services for Mentally Disordered Offenders	£461	£48,262	£5,496	£3,574	£57,793	
Support Services	£127	£6,948	£57,570	£6,771	£71,417	
Total Reported Investment in £'000s	£22,452	£3,331,082	£1,642,368	£370,182	£5,366,083	
% Directly provided by each	0%	62%	31%	7%		

Services provided by the Non General Medical Services (NGMS) sector comprise services delivered by the General Medical Services sector but funded from mainstream PCT resource allocations.

APPENDIX EIGHT

SHA INVESTMENT BY COMMISSIONER AND PROVIDER TYPE

SHA INVESTMENT BY COMMISSIONER AND PROVIDER TYPE

This appendix shows the proportion of total investment in 2010/11 by commissioner and provider types for each SHA and is based upon the data submitted to Mental Health Strategies. It excludes the estimate of unreported investment of £321 million referred to previously in this report.

By Commissioner Type

SHA	Commissioner Type		Total	Commissioner Type Share
	LA	NHS		
NHS East Midlands	£87,580	£397,747	£485,326	
NHS East of England	£121,865	£464,220	£586,085	
NHS London	£285,462	£1,174,820	£1,460,282	
NHS North East	£52,520	£288,465	£340,985	
NHS North West	£173,961	£801,540	£975,501	
NHS South Central	£63,146	£335,232	£398,378	
NHS South East Coast	£63,229	£372,785	£436,014	
NHS South West	£92,838	£442,481	£535,319	
NHS West Midlands	£105,614	£610,377	£715,991	
NHS Yorkshire and the Humber	£101,698	£514,566	£616,264	
Total Reported Investment in £'000s	£1,147,913	£5,402,233	£6,550,146	
% Commissioned by each	18%	82%	100%	

By provider type

SHA	Provider Type				Total	Provider Type Share
	NGMS	NHS	NON STATUTORY	SOCIAL SERVICES		
NHS East Midlands	£64	£316,763	£147,375	£21,125	£485,326	
NHS East of England	£0	£420,313	£147,159	£18,614	£586,085	
NHS London	£2,596	£1,063,866	£282,988	£110,832	£1,460,282	
NHS North East	£2,709	£227,375	£72,589	£38,312	£340,985	
NHS North West	£6,168	£568,387	£307,183	£93,763	£975,501	
NHS South Central	£783	£273,212	£98,386	£25,997	£398,378	
NHS South East Coast	£0	£281,414	£130,132	£24,468	£436,014	
NHS South West	£4,525	£349,557	£162,922	£18,315	£535,319	
NHS West Midlands	£350	£482,463	£191,501	£41,677	£715,991	
NHS Yorkshire and the Humber	£5,952	£411,936	£151,568	£46,808	£616,264	
Total Reported Investment in £'000s	£23,147	£4,395,285	£1,691,802	£439,912	£6,550,146	
% Provided by each	0%	67%	26%	7%	100%	

Data sources: Finance mapping returns 2010/11

Note:

Services provided by the Non General Medical Services (NGMS) sector comprise services delivered by the General Medical Service sector but funded from mainstream PCT resource allocations. Services provided by the Non Statutory sector comprise services delivered by voluntary, charitable and independent (private) organisations.