

**Open Report on behalf of Heather Sandy,
Interim Director of Education**

Report to:	Executive
Date:	09 July 2019
Subject:	Commissioning Arrangements for Child and Adolescent Mental Health Service (CAMHS)
Decision Reference:	I017969
Key decision?	Yes

Summary:

A commissioning review of CAMHS in Lincolnshire commenced in April 2018, from which the attached Commissioning Plan (Appendix A) has been produced to make recommendations for future commissioning from 1 April 2020.

Lincolnshire has one of the highest performing CAMHS in the country, and preventative services such as Healthy Minds Lincolnshire and online counselling are resulting in lower referral rates to CAMHS locally. The evidence is clear that the joint investment from both the Council and Clinical Commissioning Groups (CCGs) has a huge impact on children and young people's (CYP) mental health services and improving the lives of CYP and their families in Lincolnshire, particularly the most vulnerable.

CAMHS is meeting statutory requirements, including those specific to the Council, and the delivery model aligns to recommendations made in national policies. Children and young people's mental health is a clear Government priority with clear targets through the "Transforming Children and Young People's Mental Health Provision" Green Paper and NHS Long Term Plan that we need to work towards.

Whilst Lincolnshire is meeting the targets for access to mental health support set by NHS England, there are still too many CYP that need support and are not accessing core emotional wellbeing or mental health services. Evidence suggests that the needs of those that are accessing CAMHS are more complex.

The service review has confirmed that extensive structural changes to the CAMHS service are not required at this time, however commissioners will ensure that the CAMHS delivery specification will be modified to include key recommendations in the Commissioning Plan.

Recommendation(s):

That the Executive:

- 1) Approves the entering into by the Council of an Agreement under section 75 of the National Health Service Act 2006 with the Clinical Commissioning Groups in Lincolnshire for the pooling of funding and lead commissioning by the Council of the Child and Adolescent Mental Health Services (CAMHS).
- 2) Approves the entering into by the Council of an Agreement under section 75 of the National Health Service Act 2006 with Lincolnshire Partnership NHS Foundation Trust (LPFT) for the exercise by LPFT of the functions of the Council in relation to CAMHS alongside relevant NHS functions.
- 3) Approves the Council maintaining the current level of core funding (£724,589) whilst working with LPFT to find areas of efficiency to increase what this funding is used for.
- 4) Delegates to the Interim Director of Education in consultation with the Executive Councillor for Adult Care, Health and Children's Services authority to determine the final form of the above agreements and approve them being entered into.

Alternatives Considered:

1.	Do nothing – current contractual arrangements will expire on 31 March 2020, therefore it is not a viable option to do nothing and allow the agreement to expire.
2.	Decommissioning – the commissioning of the service supports the Council and CCGs in fulfilling statutory duties, therefore decommissioning the service would result in significant legal and public challenge so this is not a legitimate option for consideration.
3.	Insourcing – there is no desire to bring delivery of these services within the Council or CCG away from the provider market, therefore this option is not recommended.
4.	Procurement by means of an open competitive tender – for reasons outlined in the Commissioning Plan, including lack of marketplace appetite or a varied market for CAMHS in Lincolnshire, and risk of uncertainty that a change in provider may result in, this option is not recommended.

Reasons for Recommendation:

This recommended option is based on the current service performance, stakeholder feedback and market analysis undertaken as part of the review of CAMHS and outlined in the Commissioning Plan.

1. Background

1.1. A commissioning review of CAMHS in Lincolnshire commenced in April 2018. The review considered local and national policy requirements, local need and feedback from CAMHS users/professionals, the performance of the existing CAMHS provision, a comparison against CAMHS in other areas and the supplier market. The attached Commissioning Plan aims to inform decision makers of:

- The key findings of the CAMHS review
- Recommended changes to CAMHS in Lincolnshire
- How much funding is required
- The best route for commissioning CAMHS in the future.

Current Commissioning Arrangements

1.2. There are currently two contractual arrangements in place that relate to the commissioning of CAMHS both of which expire 31 March 2020:

- An agreement (made under section 75 of the NHS Act 2006) between the Council and Lincolnshire CCGs. This agreement allows funding for CAMHS to be pooled and delegates lead commissioning responsibility to the Council.
- An agreement (made under section 75 of the NHS Act 2006) between the Council and LPFT under which LPFT exercises the Council's functions in the areas of specialist CAMHS and a range of related children's services which are the responsibility of the CCGs and the Council.

1.3. The total CAMHS pooled budget for 2018/19 was £7,358,098; CCGs contribution was £6,549,175 and Council's contribution was £808,923 (£724,589 core and £84,334 non-recurrent).

1.4. Lincolnshire's average spend per CAMHS user in 2017/18 was £42.41 compared to the East Midlands average of £43.23. Lincolnshire's spend per head compared to its ten nearest statistical neighbours is £5.89 less (£48.10).

CAMHS Review Findings

Current CAMHS Performance

1.5. Lincolnshire has one of the highest performing CAMHS in the Country.

- 1.6. Preventative services such as Healthy Minds Lincolnshire and online counselling are resulting in lower referral rates to CAMHS locally. There are still too many young people referred to CAMHS inappropriately. The gap of support for young people with behavioural concerns who do not have a mental health concern needs to be addressed. CCGs, the Council and NHS providers have designed an improved pathway that needs investment, but is outside the scope of the CAMHS Commissioning Plan.
- 1.7. Waiting times to access CAMHS in Lincolnshire are really low. However, in order to meet the "Transforming Children and Young People's Mental Health Provision" Green Paper priority of a 4 week waiting time from referral to treatment more capacity would be needed to meet this target.
- 1.8. The complexity and length of treatment in CAMHS has increased as have caseload numbers. The CAMHS workforce needs enough capacity and skill to support complex needs. Outcomes are good; however, there should be a target to further improve this. Re-referral rates are low showing that young people are appropriately discharged and managing their concerns without needing specialist help.
- 1.9. Outcomes for eating disorder services are excellent and re-referral rates are nil, however more preventative support could be provided.
- 1.10. Children in crisis are in contact with a professional really quickly in Lincolnshire and this is reducing hospital and inpatient admissions.
- 1.11. If Health Education England continues to fund training of any new staff in Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) commissioners will need to work with the provider to agree this along with funding for back-fill costs.
- 1.12. Feedback on the Peer Supporters has been excellent and this is both locally and nationally recommended to continue. This is not funded currently as part of core CAMHS contribution and CCGs need to determine if they will allocate specific additional funding to cover this.

Policy Background and Statutory Duties

- 1.13. CAMHS is meeting statutory requirements, including those specific to the Council, and the delivery model aligns to recommendations made in national policies.
- 1.14. CAMHS is used as a beacon of good practice in Ofsted inspections of Children's Services and helps clearly demonstrate how the Council is delivering against the inspection framework.
- 1.15. There are some new recommendations through the "Transforming Children and Young People's Mental Health Provision" Green Paper and NHS Long Term Plan that commissioners need to consider. There is some short term NHSE pilot funding available to trial developments but this is non-recurrent.

It is likely that some recommendations will become a target/requirement. CCGs are meant to receive additional specific funding which should be utilised to support these specific additions to CAMHS:

- Schools/College to have Designated Senior Lead for mental health and Mental Health Support Teams, supervised by NHS children and young people's mental health staff
- Four week waiting time for access to CAMHS
- Expand access to community-based mental health support
- Invest more in eating disorder services
- Access to 24/7 crisis care and greatly reduced response times
- Develop new services for children who have complex needs that are not currently being met, including sexual assault
- A new approach to young adult mental health services for people aged 18-25 will support the transition to adulthood
- Reducing admissions to inpatient units and reducing the length of stay for those that require admission.

Needs Summary

1.16. There are no specific needs that are flagged as a concern compared to other areas. However, data clearly shows that local children and young people will face a number of life challenges that make them likely to need support for their mental health. Given that 13,416 Lincolnshire young people are expected to have a diagnosable mental health condition for which you would expect them to need specialist support, only 32.9% (4,413) are in receipt of a service (including CAMHS and Healthy Minds Lincolnshire). This means crudely that 9,003 young people that need support are not accessing these core emotional wellbeing or mental health services. The target for access is 35% in 2019/20 but if commissioners want to make sure that young people that legitimately need support have access to this then there needs to be enough capacity within CAMHS and other emotional wellbeing services to deliver this.

Stakeholder Engagement Analysis

1.17. The service review has confirmed that extensive structural changes to CAMHS are not required at this time. Commissioners will ensure that the CAMHS delivery specification will be modified to include key recommendations in the Commissioning Plan that do not require further funding agreement.

Benefits of Commissioning CAMHS for Lincolnshire County Council

1.18. The Council receives a number of key benefits as a result of the current integrated commissioning and joint funding arrangements which would be at risk should either of these not continue:

- Arrangements provide strong backing to the Council in meeting its statutory duties, particularly in relation to Looked After Children (LAC), CYP open to the Youth Offending Service (YOS) and CYP with Special Educational Needs or Disabilities (SEND), and also in relation to meeting requirements under the Ofsted framework.
- Lead commissioning through the Council's Children's Services Strategic Commissioning Service has helped to secure and significantly improve CAMHS performance in Lincolnshire; it provides good value for money whilst being one of the best in the country.
- Integration has also helped to ensure that services are aligned to the Council's Public Health responsibilities around children and young people's mental health and has helped secure additional funding, particularly around health and justice.
- CAMHS provides excellent support in Lincolnshire to the Council's and wider children's workforce, including Education, Youth Offending, Early Help and Social Care, enabling them to deliver better outcomes for children and young people.

Funding for CAMHS

1.19 The table below outlines the overall budget breakdown proposals required to fund CAMHS from 2020/21:

- Core Contract Contribution has been increased to include previously non-recurrent CCG funding as well as Agenda for Change pay award from 2019/20 of £163,000*.
- Youth Offending Psychology and Speech and Language Therapy (SALT) support is funded on a non-recurrent basis through the Youth Offending Service and Health Justice Collaborative.
- From 2019/20 the Commissioning for Quality and Innovation (CQUIN) amount has been reduced from 2.5% of the CCG core contract contribution to 1.25% of the revised core contribution amount. This is reflected in the following table.

		2018/19	2020/21
1. Core Contract Contribution	Lincolnshire County Council	£724,589	£724,589
	CCGs	£4,725,398	£6,594,040
	<i>Subtotal</i>	£5,449,987	£7,318,629
1a. CQUIN Contribution		£118,135	£82,426
1b. Transformation Plan Funding		£1,441,042*	-
Total Core Contract Contribution		£7,009,164	£7,401,055
2. Additional funding	Youth Offending Nurses	£69,600*	-
	Crisis Support to LD	£195,000*	-
	Youth Offending Psychology	£84,334	-
	<i>Subtotal</i>	£348,934	-
Total CAMHS Pooled Fund		£7,358,098	£7,401,055

*Added to CCG core funding in 2020/2021

1.20 There are a number of additional innovation areas that are currently funded non-recurrently (either via the Council, NHSE or CCGs). These are not included in core funding and require further discussions between the Council, CCGs and LPFT regarding future funding/delivery:

- Peer Support Workers
- Achievement of 4 week wait target following pilot
- Youth offending psychology support
- Youth offending Speech and Language Therapy (SALT)
- Backfill of CAMHS CYP IAPT staff
- Training, backfill and supervision of Council CYP IAPT staff.

Council Funding Implications

1.21 The evidence is clear that the money the Council invests has a huge impact on children's mental health services and improving the lives of children, young people and families in Lincolnshire, particularly the most vulnerable. In a different funding climate recommendations would be for the Council to invest more in CAMHS. However, the Council is under significant financial pressure with further planned funding cuts. In the light of this it is recommended that the Council maintains the current level of core funding, but works with LPFT to find areas of efficiency to increase what this funding is used for.

Other Funding Considerations

1.22 There are a number of further developments that have been noted as part of this review and in the Commissioning Plan, which are in line with both national policy and local stakeholder feedback. It is recommended that commissioners should work together following the agreement of any forthcoming funding to identify and prioritise areas for improvement in CAMHS delivery that are aligned to the NHS Long Term Plan.

2. Legal Issues:

Section 75 National Health Service Act 2006

The Council's power to enter into the proposed agreements is contained in section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 as amended.

Under the Regulations the Council can enter into the arrangements as long as they are likely to lead to an improvement in the way in which the relevant functions are exercised. The improvements that have been delivered by the existing arrangements and the future developments that would be made possible if the arrangements are continued are set out in the Report and the Commissioning Plan.

The Council and the CCGs must also consult jointly with such persons as appear to them to be affected by such arrangements. However given that this is the extension of arrangements which are currently in place and the existing provision will remain in place there are not considered to be any persons affected by the arrangements with whom consultation is required.

Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

- * Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- * Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- * Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

- * Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic
- * Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it
- * Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding

Compliance with the duties in section 149 may involve treating some persons more favourably than others

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process

An equality impact assessment has been undertaken as part of this review of CAMHS and is attached as Appendix B. This will continue to be modified as required so that it remains up to date with developments. Given this commissioning plan does not propose significant changes to existing arrangements, there are no significant adverse impacts envisaged.

Joint Strategic Needs Analysis (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Well Being Strategy (JHWS) in coming to a decision

Mental Health (Children and Young People) is a priority in Lincolnshire's JHWS:

- Building emotional resilience and positive mental health
- Taking action on wider determinants and their impact on mental health and emotional wellbeing
- Better understanding of self-harm/suicidal intent in young people
- Greater parity between mental health and physical health
- Ensuring that CYP have timely access to appropriate crisis support
- Supporting families of young people with mental health needs
- Ensuring appropriate support is in place for pupils with SEND.

In addition, key interdependencies have been highlighted between this priority and Mental Health (Adults), Physical Activity and (Young) Carers.

In respect to the JSNA topic, there is a well evidenced need for the support provided by CAMHS which is evidenced in the Commissioning Plan.

Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area

Specialist support is provided through CAMHS for high risk young people with complex needs (Community Forensic CAMHS); Psychologists and Speech and Language Therapists support the complex needs of young people in the justice systems, who do not meet standard diagnostic criteria, to improve pathways between local services and reduce out of area placements and reliance on admission to secure care.

3. Conclusion

- 3.1. The recommended commissioning option is to enter into two section 75 agreements with CCGs and LPFT from 1 April 2020 onwards to continue existing arrangements for CAMHS. The recommended duration for those arrangements is five years with the detailed terms of the Agreements to be determined by the Interim Director of Education under the delegated authority set out in recommendation 4.
- 3.2. It is recommended that commissioners and LPFT work together to modify or develop accordingly the CAMHS delivery specification which should be operational from 1 April 2020.

4. Legal Comments:

The Council has the power to enter into the Agreements proposed. The Agreements can properly be considered to be a public-public collaboration under Regulation 12(7) of the Public Contracts Regulations 2015. As such they do not need to be subject to a competitive procurement process. The decision is consistent with the Policy Framework and within the remit of the Executive.

5. Resource Comments:

The recommendation in the report to approve entering into a section 75 agreement of the National Health Service Act 2006 with LPFT to deliver the functions of the Council in relation to CAMHS alongside relevant NHS functions will ensure the continuation of existing services with no disruption to service users, and the Commissioning Plan identified little evidence of scope within the marketplace.

Funding of £724,589 is met from existing base budget within the Council. This funding is pooled with the CCG contribution of £6,549,175.

Value for money is being achieved by the current contract through a high performing CAMHS service, and benchmarking data shows average spending below comparable neighbours. There are areas of continuous improvement identified, which will be developed in the formalisation of the service specification.

The decision of the CCG funding going forward, notably the additional service requirements, will impact the final CAMHS offer, therefore CCG funding intentions will be important to understand and formalise.

6. Consultation

a) Has Local Member Been Consulted?

n/a

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

On 7 June 2019, the Children and Young People Scrutiny Committee considered this report and supported the four recommendations to the Executive.

During its consideration, the Committee discussed the following points: -

- Council Funding Implications (*paragraph 1.21 of main report*) - The Committee was reassured that there were strong relationships between the Council and LPFT, including challenge of the latter by the Council on how the Trust used the funding which they received.
- Clinical Commissioning Groups – The anticipated consolidation of the four Lincolnshire CCGs into one CCG was unlikely to affect future CCG funding levels and the CCG commitment to CAMHS. This is reinforced by the commitment in the *NHS Long Term Plan* that funding for children and young people's mental health services would grow faster than overall NHS funding (*Section 3.3 of CAMHS Commissioning Plan – Policy Background and Statutory Duties*)
- Emotional Wellbeing in Schools – Schools were supported by services such as *Healthy Minds Lincolnshire* and *Mobilise (Emotional Health and Wellbeing)*. In addition, Ofsted, as part of its new inspection framework (effective from September 2019), would be seeking evidence from schools on how they provided pastoral support. The 'off-rolling' of pupils will also be considered under the new Ofsted framework. Schools found to be 'off-rolling' pupils will see an impact on their overall Ofsted rating.
- Mental Health Support Teams in Schools – The Council has submitted a 'trailblazer' bid to NHS England for funding to establish *Mental Health Support Teams in Schools*, which would act as a link between pupils and young people's mental health services.
- Emotional Wellbeing and Mental Health Strategy (*Section 1 of CAMHS Commissioning Plan - Introduction*) - This strategy was being developed and would be finalised in the coming months.
- Domestic Abuse Data (*Section 3.3 of CAMHS Commissioning Plan – Needs Summary*) – There was reassurance that although data on domestic abuse had not been included in the *Needs Summary*, it was available and had been taken into account in the commissioning process.

d) Have Risks and Impact Analysis been carried out?

Yes

e) Risks and Impact Analysis

Risks are included as part of the Commissioning Options Analysis in the attached Commissioning Plan.

An equality impact assessment has been undertaken and is attached at Appendix B. This will continue to be modified as required so that it remains up to date with developments. Given this commissioning plan does not propose significant changes to existing arrangements, there are no significant adverse impacts envisaged.

7. Appendices

These are listed below and attached at the back of the report	
Appendix A	CAMHS Commissioning Plan CYPSC
Appendix B	CAMHS Review Equality Impact Assessment

8. Background Papers

No Background Papers within the meaning of section 100D of the Local Government Act 1972 were used in the preparation of this Report.

This report was written by Kevin Johnson, who can be contacted on 01522 552043 or kevin.johnson@lincolnshire.gov.uk .