Child and Adolescent Mental Health Services (CAMHS)

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1. Introduction

In Lincolnshire, Clinical Commissioning Groups (CCGs) and Lincolnshire County Council (LCC) Children’s Services jointly fund and commission Child and Adolescent Mental Health Services (CAMHS). CAMHS is currently provided by Lincolnshire Partnership NHS Foundation Trust (LPFT).

The annual CAMHS agreement value for 2018/19 is £7,358,098. The current agreement is due to expire on 31st March 2020 and commissioners need to agree the future commissioning arrangements for CAMHS.

Children’s mental health services are an increasing focus of government policy and are a specific priority in the NHS Long Term Plan. CCGs are due to receive increased funding to improve access to children and young people’s mental health services.

There is no standard delivery model for CAMHS in England; however commissioners must ensure that CAMHS is developed in line with emerging policy as well as local need.

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. This Commissioning Plan provides the overview of key findings.

<table>
<thead>
<tr>
<th>Aim of the Commissioning Plan</th>
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<tbody>
<tr>
<td>To inform decision makers of:</td>
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<tr>
<td>• The key findings of the CAMHS review</td>
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<td>• Recommended changes to CAMHS in Lincolnshire</td>
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<td>• How much funding is required</td>
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<tr>
<td>• The best route for commissioning CAMHS in the future.</td>
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Lincolnshire’s Emotional Wellbeing and Mental Health Strategy is due to be published in summer 2019. CAMHS is a key part of the local support offer that will help to successfully deliver this strategy. All recommendations made as part of the CAMHS review are in line with the proposed Strategy.

CAMHS has been reviewed separately to other local services that sit under the overarching umbrella of emotional wellbeing and mental health services, including online counselling, Healthy Minds Lincolnshire, Behaviour Outreach Support Service etc. These services are likely to require further review in due course but CAMHS review recommendations that have interdependency with these services are being considered and acted upon.
2. Current Commissioning Arrangements

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

i) 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.

ii) 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.

There is an option to extend the agreement with LPFT to 31st March 2021 but this would require approval from the Council's Executive and the CCGs. Commissioning options are further explored in Section 4.

The pooled budget for 2018/19 is set out below in more detail:

<table>
<thead>
<tr>
<th>1. Core Contract Contribution</th>
<th>Lincolnshire County Council</th>
<th>£724,589</th>
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<tr>
<td></td>
<td>Lincolnshire East CCG</td>
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<td>Lincolnshire West CCG</td>
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<td></td>
<td>South Lincolnshire CCG</td>
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<td></td>
<td>South West Lincolnshire CCG</td>
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<td><strong>Subtotal</strong></td>
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<td>1a. Commissioning for Quality and Innovation (CQUIN) Contribution</td>
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<td></td>
<td>Lincolnshire West CCG</td>
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<td></td>
<td>South Lincolnshire CCG</td>
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</tr>
<tr>
<td></td>
<td>South West Lincolnshire CCG</td>
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<td><strong>Subtotal</strong></td>
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<tr>
<td>1b. Transformation Plan Funding</td>
<td>Lincolnshire East CCG</td>
<td>£493,154</td>
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<tr>
<td></td>
<td>Lincolnshire West CCG</td>
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<td></td>
<td>South Lincolnshire CCG</td>
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<td></td>
<td>South West Lincolnshire CCG</td>
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<td><strong>Subtotal</strong></td>
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<td>£1,441,042</td>
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<tr>
<td><strong>Total Core Contract Contribution</strong></td>
<td></td>
<td>£7,009,164</td>
</tr>
<tr>
<td>2. Additional funding</td>
<td>Youth Offending Nurses</td>
<td>£69,600</td>
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<tr>
<td></td>
<td>Crisis Support to LD</td>
<td>£195,000</td>
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<tr>
<td></td>
<td>Youth Offending Psychology</td>
<td>£84,334</td>
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<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td>£348,934</td>
</tr>
<tr>
<td><strong>Total CAMHS Pooled Fund</strong></td>
<td></td>
<td>£7,358,098</td>
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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.

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1 Current additional funding streams include the Council's Children's Services, the Better Care Fund and the Future In Mind (FIM) uplift for implementing the transformational requirements of the Five Year Forward Plan.
3. CAMHS Review Findings

3.1 Current CAMHS Performance

CAMHS in Lincolnshire is rated as "Outstanding" by the Care Quality Commission (CQC). Only four specialist community CAMHS nationally have this rating (2017).

CAMHS in Lincolnshire consists of the following three main areas of provision:

i. **Core CAMHS** – direct intervention including 1:1 support, group intervention and self-help delivered by a range of professionals such as mental health nurses, psychiatrists, and psychologists. Treatment is for moderate to severe concerns including but not limited to depression, anxiety, post-traumatic stress disorder, trauma, self-harm. Young people are supported to transition to Adult Mental Health Services as appropriate.

ii. **Community Eating Disorder Service (EDS)** – direct interventions for children and young people with Anorexia Nervosa, Bulimia, binge eating and atypical eating disorders. 24 hour care is provided by the Crisis and Home Treatment Service.

iii. **CAMHS Crisis and Home Treatment Service (CHTS)** – 24/7 intensive home treatment for children and young people in crisis to prevent inpatient admissions or support young people coming out of inpatient services. There is also a specialist working in CHTS for children and young people with Learning Disabilities.

Other key aspect of CAMHS for noting:

- **Single Point of Access (SPA)** – a single contact number for all CAMHS referrals.
- **Training and support to professionals** – professionals can get support to enable them to help children and young people on the cusp of needing CAMHS. This includes a Professional Advice Line (PAL), consultation clinics and training for staff working in universal services.
- **Vulnerable Groups** – children and young people that needs access to CAMHS but are from particularly vulnerable groups e.g. looked after children (LAC), learning disability (LD) and young offenders are seen within the areas of support set out above but have reduced waiting time targets and there are professionals that specialise their support to these vulnerable groups e.g. Youth Offending Nurses.
- **Children and Young People’s Improving Access to Psychological Therapies Programme (CYP IAPT)** – this is not a stand-alone service but IAPT principles (a culture of full collaboration between children, young person and/or their parent or carer) are embedded throughout all areas of CAMHS. NHS England (NHSE) and Health Education England (HEE) are overseeing the roll out of CYP IAPT and have funded training of professionals. This funding has now ceased because there is an expectation that this approach is embedded in CAMHS. Health Education England is considering if they will fund new courses but backfill of staffing will be funded locally.
- **Peer Supporters** – these are young people with first-hand experience of CAMHS who provide current CAMHS users with peer mentoring. Peer supporters are trained employees, paid a wage and are clinically supervised so that they can work directly with CAMHS users, particularly those who are disengaged with CAMHS professionals to encourage them to take up support. This has been funded from previous non-recurrent underspend and is not part of core funding.
- **Specialist 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 system, 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. This is currently funded on a non-recurrent basis through Children's Services (£84,334) and also the NHS health and justice collaborative are providing funding until 31st March 2020 for posts and this is not part of core funding.
Performance
In 2018/19 (Q1-3):

i. Core CAMHS

- There was an average of 124 calls per month to the PAL.
- 3,239 children and young people (CYP) were referred to CAMHS a 6% decrease from the same time period in 2017/8. Nationally, there was a 13% increase from (16/17-17/18) in the numbers of referrals to CAMHS compared to a 3% increase in Lincolnshire for the same time period. Lincolnshire has not seen this sharp rise and this is likely to be attributed to preventative services including Health Minds Lincolnshire and online counselling.
- 75% of referrals went on to receive an intervention from CAMHS. 25% of referrals were inappropriate of which 9% were then seen by Healthy Minds Lincolnshire. 16% of referrals were not accepted by either CAMHS or HML and signposted for other support. Inappropriate referrals are mainly attributed to poor quality referrals lacking enough information and children not meeting appropriate thresholds. There is also a known gap in provision for children with behaviour based concerns that do not have a diagnosable mental illness. These referrals are still being sent to CAMHS but CAMHS are not commissioned to provide this support.
- The statutory national waiting time target is 18 weeks from referral to assessment and a further 18 weeks from assessment to treatment. 88% of CYP in Lincolnshire were seen for assessment within 6 weeks.
- The average waiting time from referral to assessment in Lincolnshire is 2.6 weeks compared to the national average of 9 weeks.
- The average waiting time from referral to treatment in Lincolnshire is 8.4 weeks compared to the national average of 13 weeks.
- Caseloads in Lincolnshire have increased by 15% in 12 months compared to the national average of 5%. However, there has been a 20% reduction in discharges in the same time period. CAMHS are seeing more complex cases and needing to work for longer with these young people. The average number of appointments is 10 per CAMHS user.
- There were 98 CYP known to the youth offending service (YOS), 38 Learning Disability, and 63 Looked After Children accepted referrals to CAMHS.
- At December 2018, 58.5% of the current caseload was reporting a reliable positive change in their mental health outcome (Child Outcomes Rating Scale (CORS)). This is above the current national baseline of 50%.
- There have been no re-referrals CYP with an eating disorder suggesting that discharge is appropriate and CYP are managing their needs well post treatment.

ii. Eating Disorder Service (EDS)

- There were 37 accepted referrals and 100% were seen in 2 weeks for assessment. 100% of ‘urgent’ or ‘emergency’ referrals relating to eating disorder were assessed within 2 hours.
- The average number of appointments is 21 per CAMHS user.
- At December 2018, 100% of the current caseload was reporting a reliable positive change in their mental health outcome (CORS).
- There have been no re-referrals CYP with an eating disorder suggesting that discharge is appropriate and CYP are managing their needs well post treatment.
iii. Crisis and Home Treatment Service (CHTS)

- There has been a 53% reduction in paediatric admissions reported by United Lincolnshire Hospitals Trust as a direct result of CYP being able to directly access the CHTS since it was first introduced in 2016.
- 90% of CYP received an emergency telephone response within 4 hours. This is above the current national comparison of 83%. The average wait was 1.7 hours compared to the national wait of 11 hours.
- 88% of CYP received an 'emergency' face to face response within 24 hours.
- 75% of CYP received an 'urgent face' to face response within 72 hours.
- There has been an 11% reduction in Lincolnshire CYP needing inpatient support. 37 Lincolnshire young people were admitted to inpatient facilities in 2017/18. 14 were in local facilities. There has been a 34% reduction in the average length of stay for Lincolnshire young people in the local inpatient facility because they can be better supported at home by the CHTS.

Summary of Key Findings

- Lincolnshire has one of the highest performing CAMHS in the Country.
- 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 don't 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 this plan.
- Waiting times to access CAMHS in Lincolnshire are really low. However, in order to meet the Green Paper priority (see section 3.2) of a 4 week waiting time from referral to treatment more capacity would be needed to meet this target.
- 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.
- Outcomes for eating disorder services are excellent and re-referral rates are nil, however more preventative support could be provided.
- Children in crisis are in contact with a professional really quickly in Lincolnshire and this is reducing hospital and inpatient admissions.
- If Health Education England continues to fund training of any new staff in CYP Improving Access to Psychological Therapies (IAPT) commissioners will need to work with the provider to agree this along with funding for back-fill costs.
- 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.
3.2 Policy Background and Statutory Duties

**Legislation**

The legislation which relates to children and young people's mental health is complex. Different laws apply, depending on the age, competence and capacity of the child or young person. The commissioning of CAMHS must therefore have regard to the following:

- the Children Act 1989 and 2004
- the Mental Capacity Act 2005
- the Mental Health Act 1983 (as amended in 2007)
- the Health and Social Care Act 2012
- the Crime and Disorder Act 1989

There are a number of specific statutory duties for the Council in relation to ensuring it meets the welfare needs of key groups of vulnerable children and young people:

- The Children Act 1989 Section 17(1) imposes a general duty on local authorities to safeguard and promote the welfare of children in need in their area and so far as is consistent with that duty to promote the upbringing of children by their families by providing a range and level of services appropriate to those children's needs.
- The Children Act 1989 Section 22 as amended by Section 52 of the Children Act 2004 places duties on local authorities in relation to looked after children (LAC), including the duty to safeguard and promote their welfare.
- The Children Act 1989 Sections 62 and 64 ensure that the welfare of children in voluntary and private children's homes in their area is being safeguarded.
- The Mental Health Act 1983 Sections 114 and 145 requires Local Social Service Authorities to authorise approved mental health professionals (AMHPs) to act on their behalf.
- The Crime and Disorder Act 1989 Section 38 places a duty on Local Authorities to secure that youth justice services are available in their area, including provision of support for children and young persons remanded or committed.
- The Children Act 2004 Section 11 also covers the Local Authorities duty to make arrangements to promote safeguarding and welfare of children in the youth justice system.
- The Children and Families Act 2014 places a duty on Local Authorities and health bodies to work in partnership when commissioning provision for children and young people with SEND.

**Ofsted**

Children's Services is inspected by Ofsted on specific requirements. The inspection Framework assesses the following areas in relation to children's mental health, that:

- Children in care and care leavers are in good physical and mental health, or are being helped to improve their health. Their health needs are identified and met.
- Care leavers develop the skills and confidence they need to maximise their chances of successful maturity to adulthood, including parenthood. Care leavers have trusted relationships with carers and staff from the local authority and develop supportive relationships within the community, including with family and friends. They receive the right level of practical, emotional and financial support until they are at least 21 and, when necessary, until they are 25.
- The Council uses its local Child and Adolescent Mental Health Service (CAMHS) strategy, any associated action plan and recent, relevant management information, including length of waiting time, average length of help offered and any outcome information routinely collected to manage its services for children in care and care leavers.
**Previous Policy Background**

- A landmark review carried out by the NHS Health Advisory Service in 1995, highlighted problems in the provision of care and support to children and young people experiencing poor mental health.
- *Together We Stand* provided the first coherent UK governance policy on CAMHS and proposed a tiered model spanning the spectrum of need from prevention and early intervention delivered by non-mental health specialists to specialised inpatient care.
- *No Health without Mental Health* (2011) pledged to provide early support for mental health problems, driving “parity of esteem” between physical and mental health.
- *Closing the Gap: priorities for essential change in mental health* (2014) included actions such as improving access to psychological therapies for CYP.
- The Department of Health and NHS England established a Children and Young People’s Mental Health and Wellbeing Taskforce which reported in March 2015 (*Future in Mind*) and set out ambitions for improving care over the next five years:
  - Promoting resilience, prevention and early intervention
  - Improving access to effective support
  - Care for the most vulnerable
  - Accountability and transparency
  - Developing the workforce.
- The 2015-2017 Government announced new funding for mental health, including specific investment in perinatal services and eating disorder services for teenagers.

**Latest National Policy**

- The *Five Year Forward View for Mental Health (FYFVMH)* (February 2016), included specific objectives to improve treatment for children and young people by 2020/21:
  - Significant expansion in access to high-quality CYP mental health care
  - 70,000 additional children and young people each year will receive evidence-based treatment – significant expansion of the workforce
  - At least 1,700 more therapists and supervisors will need to be trained and employed to meet this need, as well as retaining existing staff
  - All localities should ensure a highly skilled workforce by working with the existing CYP IAPT programme
  - By 2018, all services should be working within the CYP IAPT programme, leading to at least 3,400 staff being trained by 2020/21 in addition to the additional therapists above.
- The *Policing and Crime Act* (2017) included provision to end the practice of children and young people being kept in police cells as a “place of safety”.
- A *Green Paper* on children and young people’s mental health was published for consultation in December 2017, which set out measures to improve mental health support, in particular through schools and colleges. It made three key proposals.
  - To incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health
  - To fund new Mental Health Support Teams, supervised by NHS children and young people’s mental health staff
  - To pilot a four week waiting time for access to specialist NHS children and young people’s mental health services.
- The Government’s response to the consultation, published in July 2018, committed to trial the three key proposals in the Green Paper by the end of 2019.
- The Government announced the introduction of statutory health education in July 2018. Draft statutory guidance sets out proposed requirements for RSE and health education and is intended to come into force in September 2020.
• Under the NHS Long Term Plan, the NHS is making a new commitment that funding for children and young people’s mental health services will grow faster than overall NHS funding, total mental health spending and each CCGs spend on mental health:
  o Continue to invest in expanding access to community-based mental health services to meet the needs of all children and young people needing support
  o Boost investment in children and young people’s eating disorder services
  o All children and young people experiencing a mental health crisis will be able to access crisis care 24 hours a day, seven days a week
  o Mental health support for children and young people will be embedded in schools and colleges through Mental Health Support Teams
  o Develop new services for children who have complex needs that are not currently being met, including those experiencing sexual assault
  o A new approach to young adult mental health services for people aged 18-25 will support the transition to adulthood.

Local Priorities
Children's mental health is a local priority identified in a number of strategies. These are being brought together as part of a Lincolnshire Emotional Wellbeing and Mental Health Strategy.

• One of the key themes of Lincolnshire's Sustainability and Transformation Partnership (STP) for children and young people's mental health, learning disability and autism is supporting the implementation of the Five Year Forward View of Mental Health, including increased perinatal maternal mental health support and suicide prevention.

• The Council's Children's Services commissioning priorities include supporting children to reach their potential by ensuring that they are safe and healthy, ready for school (including emotionally ready), and ready for adult life.

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

• The Public Health 5 Year Plan and Children's Public Health Priorities seek to ensure that children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable, by improving children and young people's ability to develop healthy relationships, including sexual relationships and building their self-esteem, mental wellbeing and resilience.

• Lincolnshire's Future in Mind Steering Group priorities are to:
  o Support the reduction in out-of-area placements
  o Transform community mental health support as part of the wider Integrated Neighbourhood Working programme
  o Secure recurrent investment in the children and young people’s pathway for mental health conditions.

• One of the priorities in the draft CCG Integrated Children and Young People’s Health Strategy for Lincolnshire is around preventing avoidable admissions for children who are mild to moderately acutely unwell, including those with mental ill health.
Lincolnshire’s Emotional Wellbeing and Mental Health (EWMH) Strategy
A Lincolnshire EWMH Strategy for CYP is currently being developed that will bring more joined up thinking across the whole EWMH ‘spectrum’ with the aim that “everyone works together to support all children, young people and families to be happy, healthy, safe and the best they can be in a ‘mentally healthy’ Lincolnshire”.

Emerging priorities for the Strategy place the focus for these mental health services on:
- Enhancing universal support to parents/carers, to identify risk factors early and provide effective support to empower and improve their ability to meet their child's needs that may have otherwise led to emotional wellbeing and mental health needs later in life
- Recognising that schools play a key role in promoting emotional wellbeing and mental health, and the impact this has on behaviour and learning should be realised
- Improving access to a range of support through an integrated education, health and care 'partnership' that manages referrals, assessments and wrap around support
- Identifying and providing effective workforce development opportunities, to move towards more of a community prevention and early intervention approach that is able to build and promote resilience and identifying problems early; but also making sure that when support is needed, it is effective.

Summary of Key Findings
- CAMHS is meeting statutory requirements, including those specific to the Council, and the delivery model aligns to recommendations made in national policies.
- 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.
- There are some new recommendations through the 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.
3.3 Needs Summary

- There are currently an estimated 159,658 children and young people (CYP) aged 0-19 in Lincolnshire (2015 population estimates).
- NHS England's prevalence rate for 2019/20 estimates that 13,416 0-18 years old in Lincolnshire will have a diagnosable mental health condition this year. 32.9% currently access CAMHS (32% Future in Mind target 18/19).
- Based on prevalence data an estimated:
  - 47.4% have experienced a stressful life event e.g. bereavement or illness
  - 23.6% have experienced a family or relationship breakdown
  - 0.6% 11-16 year olds have an eating disorder
  - 21.2% have experienced cyber bullying
  - 36.2% have been bullied
  - 23% do not participate in any kind of club or organisation
  - 18.4% are carers
  - 45.7% of gay/lesbian/bisexual young people self-harm
  - 6.7% of boys report low-life satisfaction
  - 15% of girls report low-life satisfaction
  - 15.7% say likes/shares on social media affect their mood
  - 79.1% use social media every day
  - 34% of 17-19 year olds use illicit drugs
  - 7.4% of 16-17 year olds are NEET
  - 21.5% of girls have self-harmed
  - 9.7% of boys have self-harmed
- 2.29% of Lincolnshire pupils have social, emotional and mental health needs (2018 census)
- For every 10,000 CYP 239 are Children In Need and 16 are Looked After Children due to abuse or neglect (2018)
- 21% 10-11 year olds are obese (2017/18 National Child Measurement Programme)
- In 2016/17 99 CYP were admitted to hospital due to mental health conditions (68.9 per 100,000 population). This is 18% lower than the national rate.
- In 2016/17 237 CYP aged 10-19 were admitted to hospital due to self-harm. For 10-14 year olds this has reduced by 42% from 15/16. National rates have increased and are 25% higher than Lincolnshire. For 15-19 year olds this has reduced by 29% from 15/16. National rates are 38% higher than in Lincolnshire. Rates for 15 years olds have been the highest out of any age group and 4/5 admissions 10-19 were females.
- There were 6 suicide deaths of CYP aged 15-19 2014-2016; the majority were male.

Summary of Key Findings

- 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.
3.4 Stakeholder Engagement Analysis

The extensive feedback collected from the engagement activity has been collated into a detailed Stakeholder Engagement Report, which is available upon request.

The engagement activity has shown that there has been a clear shift in stakeholder satisfaction levels since the last service review; the satisfaction levels for the service are far higher qualitatively and quantitatively than in 2015.

Given the volume of qualitative and quantitative feedback collected, the following summary table is focused on where consensus was identifiable.

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<tr>
<th>CAMHS aspect</th>
<th>Key themes from Stakeholders</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td>Professional Advice Line (PAL)</td>
<td>• Valued resource in up-skilling the universal workforce, reducing inappropriate referrals whilst ensuring that children and young people (CYP) with mental health concerns are supported by the most appropriate service.</td>
<td>• Ensure PAL remains part of core CAMHS.</td>
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<td>Routine referral processes</td>
<td>• Satisfaction rates of 87% for efficiency and clarity of the referral process, however some frustration still reported with referrals for ASD/ADHD. • Criteria and thresholds for support need to be revisited and more clearly and consistently applied.</td>
<td>• Include ability to self–refer to CAMHS in future pathway. • Review thresholds to improve access for CYP with co-morbid presentation of mental health concerns and ASD/ADHD.</td>
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<tr>
<td>Access to routine appointments</td>
<td>• Increased flexibility in appointment times needed including evening and weekend.</td>
<td>• Fund extra staffing capacity so that more people can be seen out of normal working hours.</td>
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<tr>
<td>Treatment venues</td>
<td>• Increased delivery in outreach venues including schools, colleges, GP and home treatment for those too anxious or physically unable to attend clinics. • Venues need to be more “child and young person friendly” and not shared with adult service users.</td>
<td>• Fund extra staffing capacity so that more people can be seen in different venues across the county.</td>
</tr>
<tr>
<td>Therapeutic offer and patient outcomes</td>
<td>• More access to family therapy. • Use digital platforms (e.g. Skype) for therapeutic interventions. • Increase the treatment offer for attachment disorders. • Increase the integration of CAMHS and Healthy Minds Lincolnshire to provide more fluidity of support or a ‘One Route’ offer to better meet the needs of children and young people.</td>
<td>• Ensure a digital treatment offer is developed. • Consider a single front door to access mental health and emotional wellbeing services.</td>
</tr>
<tr>
<td>CAMHS aspect</td>
<td>Key themes from Stakeholders</td>
<td>Recommendation</td>
</tr>
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<td>------------------------------------</td>
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<tr>
<td>Priority groups (e.g. LAC, LD, YOS)</td>
<td>- Additional vulnerable groups to have consideration for priority; those with significant risk factors e.g. those outside mainstream education, young carers, substance misuse (directly or in households where this takes place).</td>
<td>- CAMHS needs to respond to those with greatest severity of need. It is not recommended to keep adding different waiting times for more groups. The 4 week waiting time target should mean all young people are seen quickly and those with greatest need are seen sooner.</td>
</tr>
</tbody>
</table>
| Crisis and Home Treatment (CHTS)   | - Stakeholders value the CHTS highly. They want to see increased use of models of care in the community and access to more home based treatment routes rather than acute clinical settings.  
- Out of hours services provided need to be improved so that they are staffed 24/7 and not an on-call arrangement.                                                                                                                       | - Commit to continue core funding of CHTS and utilise any funding that the provider gets directly from NHSE to enhance the CHTS offer.                                                                                                                                 |
| Eating Disorder Service (EDS)      | - More prevention and early intervention support.  
- Further strengthen the family dynamics therapy offer.  
- Widen the scope of ED support to include those with obesity issues.                                                                                                                                   | - Train universal workforce to develop appropriate early recognition and intervention.  
- Co-location of ED with Community CAMHS to promote further integration of community outreach support.                                                                                                                                                                               |
| Learning Disability                | - Increase number of specialist LD clinicians as the provision is currently felt to be under-resourced.  
- Improve the way targeted services for CYP with LD are provided for within CAMHS and wider service pathways.  
- Increase specialist knowledge within LD to provide tailored support to service users with ASD/ADHD and mental health needs.                                                                                                          | - Fund extra LD clinicians so there is at least one specialist clinician per team.  
- Ensure all LD clinicians and other relevant staff have specialist training in Autism.                                                                                                                                                                         |
| Participation and engagement (Peer Supporters) | - Make Peer Supporters a core funded element of CAMHS.  
- Increase the number of Peer Supporters so they can work in schools to deliver groups, mental health awareness within school population as well as direct work with young people.  
- Ensure that Peer Supporters reflect the wide range of presenting needs and population characteristics of CYP.                                                                                                           | - Fund Peer Supporters as part of core CAMHS. Increase funding to enable more capacity to expand their remit.                                                                                                                                                      |
| Information and promotional resources (awareness of CAMHS) | - Further develop the meaningful engagement of CYP in the co-production of information and resources.  
- Increased use of digital platforms to raise awareness of and reduce stigma around mental health conditions.                                                                                                          | - Ensure this becomes part of the new specification.                                                                                                                                                                                                                  |
<table>
<thead>
<tr>
<th>CAMHS aspect</th>
<th>Key themes from Stakeholders</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce development</td>
<td>• More training (accredited/non-accredited) to all relevant professionals to develop their ability to directly support CYP with mental health needs.  &lt;br&gt;• Continue to train more of the workforce in CAMHS and other relevant front line professionals in CYP IAPT.  &lt;br&gt;• Explore how CAMHS can work with schools to support the up-skilling of staff to become designated mental health leads and assist schools and colleges in the county to meet the government's 2025 target.</td>
<td>• Develop a clear workforce strategy that sets out what training professionals need to undertake in Lincolnshire across the whole CYP workforce.  &lt;br&gt;• Ensure the specification clearly defines what training CAMHS need to deliver to the wider workforce.</td>
</tr>
<tr>
<td>Transitions between CAMHS and AMHS</td>
<td>• Current transitional arrangements between the two services need revisiting.  &lt;br&gt;• Age range for CAMHS should be aligned with other statutory education and Children's Health services in the county i.e. up to 19 years.  &lt;br&gt;• A specific young adults' moderate to severe mental health service should be commissioned to address the specific needs of this age group (16-24) offering something between CYP IAPT and the Adult IAPT approach (Recovery College type model).</td>
<td>• Consider if and how Lincolnshire could shift funding from AMHS to CAMHS to make the service available to those up to age 19 if commissioners determine this is their preferred approach. Also to consider if a specific 19-25 service should be commissioned.</td>
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**Summary of Key Findings**

- The service review has confirmed that extensive structural changes to the CAMHS service are not required at this time.
- Commissioners will ensure that the CAMHS delivery specification will be modified to include key recommendations above that do not require further funding agreement (funding decisions are set out below).
3.5 Benefits of Commissioning CAMHS for Lincolnshire County Council

The Council, as a whole, makes a vital contribution to promoting and supporting good mental health in individuals and communities through:

- System-wide leadership which recognises that mental health of children and young people is a priority for all of us and cannot be tackled by any organisation working in isolation
- Public Health responsibilities to promote mental wellbeing and prevent poor mental health throughout the life course
- The overview and scrutiny of mental health provision.

The delegation of lead commissioning responsibility for CAMHS in Lincolnshire to the Council's Children's Services brings with it a number of key benefits:

- Under the lead commissioning of the Council, CAMHS has been significantly developed and improved to the point that it is now one of the best CAMHS services in the country whilst having a lower than average spend per head demonstrating good value for money. The Council has worked intensively with LPFT to improve and influence the service; targeting services that have the most impact on the children for which the Council is responsible. If the Council reduces funding to CAMHS there is a high risk that it won't continue to be delegated lead commissioning responsibility and this would mean the Council's influence would diminish. The Council has driven a clear early intervention and prevention agenda and losing this focus will undoubtedly have a wider impact on children and young people's mental health outcomes.

- The Council has driven continuous improvement in CAMHS by bidding for additional funding for pilot projects which has again improved services available for children and young people, recent examples include:
  - £200,000 one-off funding from NHS England (NHSE) was secured to fund the '4 Week Wait' pilot in 2019/20
  - £400,000 funding from NHSE and the Ministry of Justice to provide additional clinical support for children and young people open to YOS/Futures4Me until 2021.
  - The Council is bidding to NHSE to deliver the national pilot of Mental Health Support Teams in Schools, which would further strengthen the integration between CAMHS and education settings in Lincolnshire.

- The Council has led an integrated approach to CAMHS between education, health and care services and has been able to directly shape services to meet its specific duties around LAC and care leavers, those in the youth offending justice system (YOS) and children and young people with Special Educational Needs and Disabilities (SEND):
  - LAC have been prioritised to ensure shorter waiting times for assessment and treatment. CAMHS also provides intensive support to residential homes, joint care planning, and quick and easy access to the CAMHS Professional Advice Line to support the Children's Services workforce. This prevents the escalation of poor mental health and challenging behaviour and reduces the risk of placement breakdown.
  - Those open to YOS benefit from shorter waiting times, receive specialist support through the Forensic CAMHS team, as do Children's Services practitioners through direct consultation from the Crisis Team and bespoke training. The Council has worked closely with NHSE Health and Justice and CAMHS to improve the mental health pathway for those in the criminal justice system, whose mental health care requirements can be hard to meet through core CAMHS.
Specialist LD crisis support is available, as well as specialist LD clinicians within core CAMHS teams who provide support and interventions directly in Lincolnshire's schools, to help maintain children's attendance and support their educational achievement.

Three years ago over 20 young people were detained in a place of safety under section 136 of the Mental Health Act, approximately 90% of which were known to Children's Services. New integrated pathways and joint crisis planning means that there has only been one case recently.

Transition from CAMHS to Adult Mental Health Services (AMHS) is a key priority locally and nationally. The integrated commissioning arrangements currently in place have meant that Lincolnshire has already been able to develop a flexible approach to transition, with young people staying in CAMHS longer where it is felt this is still the best way to meet their needs.

- The Council is also able to take advantage of a close working relationship with LPFT to increase the effectiveness of day-to-day delivery through:
  - Regular joint meetings across services to share information and coordinate care
  - Multi-agency partnerships including police, Social Care, YOS specialist CAMHS, and Early Help
  - Co-location in the same buildings or nearby making it easier to collaborate, share information and "build a team around the person" across professional boundaries.

### Summary of Key Findings

- 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 LAC, YOS and 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.
4. Commissioning Options Analysis

4.1. Options Overview

This options analysis focuses on the commissioning of CAMHS services from 1st April 2020 onwards. The options considered for the commissioning of the service were:

a) Do nothing – this means continuing with current contractual arrangements and not altering services or funding.

b) Decommissioning – this means not commissioning any services beyond existing contracts and that services would effectively cease.

c) Insourcing – this means bringing the services within the Council or CCG with staff potentially being subject to TUPE rights and then being employed and managed by the Council or CCG.

d) Partnership – this means working in partnership with other agencies either as co-commissioner or co-provider to try to secure the continuation of services.

e) Procurement by means of an open competitive tender – this means going out to the market, by means of a competitive tender process, with the intention of continuing to outsource the service to meet the requirements of service users.

4.2. Options Appraisal

a) Do nothing

Current contractual arrangements will expire on 31st March 2020, therefore it is not a viable option to do nothing and allow the agreement to expire.

b) Decommissioning

The commissioning of the service supports the Council and CCGs in fulfilling statutory duties, covered in various legislation as listed in Section 3.2 of this Commissioning Plan. Decommissioning would be likely to result in the Council and CCGs facing significant legal challenge. Furthermore, the Council would certainly face public challenge if this service were no longer available. There are no benefits to children and families in Lincolnshire of totally de-commissioning these services and the likely result would mean that our most vulnerable children are not identified quickly and supported with problems further increasing pressure on social care and other services. This is not a legitimate option for consideration and for this reason no further detailed options analysis has been conducted.

c) Insourcing

Return delegated commissioning responsibility back to the four CCGs and retain Council funding for delivering a universal offer in house. This option is not recommended.

Benefits:

- Greater control and ability to influence the in-house offer.
- The Council may consider it a benefit to no longer be accountable for commissioning CAMHS particularly as this could release capacity of staff currently involved in the commissioning and contract management of CAMHS which is funded by the Council.
- Reduced risk of conflicting priorities across main funders leading to insecurities over contract value and length.
Risks:
- End an effective joint commissioning arrangement which achieves an integrated approach to supporting children and young people's mental health
- Disjointed service which could cause uncertainty for children and young people
- Reputational risk for the Council as it is seen to disengage with a critical service for young people
- The Council is not an expert in delivering these services and would need to invest funding in up-skilling existing staff or on additional recruitment. The Council is less likely to attract mental health nursing staff to provide a service for example who will favour working within the NHS
- Recruiting to a new service can be difficult and there is no guarantee that the service will be ready to launch with a full staffing complement that are sufficiently upskilled to deliver the service.

d) Partnership

The Council's ability to enter into partnership agreements with NHS bodies 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 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.

In Lincolnshire, CAMHS has previously been commissioned via s75 partnership agreements. There are currently two contractual arrangements in place that relate to the commissioning of CAMHS both of which expire 31st March 2020.

1) 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.

2) 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.

Legal advice has concluded that the arrangements between the County Council and CCGs and the arrangements between the County Council and LPFT are sufficiently joint and co-operative in nature that they can properly be considered to amount to 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.

It is considered therefore that the Council can lawfully extend the existing section 75 arrangements. At the same time it would be prudent to amend the s75 Agreement with LPFT to make clearer the extent of the co-operation between the County Council and LPFT that exists in practice.

Benefits:
- LPFT is the long established mental health provider in Lincolnshire local offer and is providing an outstanding service.
• LPFT already employs mental health nurses and a workforce that is trained and experienced around emotional wellbeing and mental health. LPFT would be well placed to utilise existing staff skills or employ more staff to deliver this service.
• Maintaining a single provider for both CAMHS and Health Minds Lincolnshire (HML) and Adult Mental Health Services (AMHS) will continue to ensure fluidity between services with no gaps in thresholds.
• Financial benefits from utilising existing infrastructure in place at LPFT.
• Streamlined service with no disruption to vulnerable service users as one contract ends and another begins.

Risks:
• Due to the nature of the partnership arrangement the level of commissioner’s influence and control may be limited in comparison to a contract for services, however given previous partnership arrangements have still seen significant and transformative service improvement along with high performance this is not considered to be a high risk.
• The wider provider market will not be tested to determine if there are any alternative providers who may wish to enter this market in Lincolnshire.

e) Procurement

If a contract for services was put out to an open competitive tender process, the value means it would be required to comply with the UK's Public Contracts Regulations 2015 which would require significant time and resource. There is little evidence of sufficient marketplace appetite and procurement exercise costs may not prove to be value for money.

A Market Report has been collated and analysed and is available upon request, in summary:
• The analysis shows that a varied market does not exist for CAMHS, particularly in Lincolnshire.
• The market place for delivery of clinically led moderate to severe mental health provision is dominated by local NHS trusts set up for this specific public service.

Benefits:
• No risk of legal challenge.
• Stimulate market competition to promote innovation and value for money.
• There is potential to broaden the provider market place in Lincolnshire.
• External providers may be able to attract additional funding streams to the service that the Council cannot access.

Risks:
• A change in provider may result in uncertainty for vulnerable service users.
• The successful bidder(s) may not have the infrastructure in place to deliver the service and there is a high risk of staff not transferring to another non-NHS provider and staying with LPFT. Any additional recruitment would risk service delivery.
• The successful bidder(s) may not have existing local knowledge and/or relationships with schools and therefore time will need to be spent in the first year of the service developing knowledge and relationships.
• The re-procurement may receive higher costed bids.
• It could affect the Council's and CCGs wider contractual relationship with LPFT.
• CAMHS and AMHS would be provided by different organisations which would be a risk to young people transitioning to AMHS.
• This will require CCG agreement, which could affect the joint funding agreement.
5. **Recommended Option**

The recommended commissioning option is to enter into two s75 agreements between the Council and CCGs and the Council and LPFT from 1st April 2020 onwards to continue existing arrangements for CAMHS. The recommended duration for those arrangements is five years. This option is outlined in section 4.2(d) above, including specific legal advice.

This decision is based on the current service performance, stakeholder feedback and market analysis undertaken as part of the review of CAMHS.

It is recommended that commissioners and LPFT work together to modify or develop accordingly the CAMHS delivery specification which should be operational from 1st April 2020.

5.1. **Funding Recommendations for CAMHS**

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 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.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Lincolnshire County Council*</td>
<td>£724,589</td>
<td>£724,589</td>
</tr>
<tr>
<td>CCGs*</td>
<td>£4,725,398</td>
<td>£6,594,040</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>£5,449,987</td>
<td>£7,318,629</td>
</tr>
</tbody>
</table>

| 1a. CQUIN Contribution       | £118,135   | £82,426    |

| 1b. Transformation Plan Funding | £1,441,042* | -          |

| **Total Core Contract Contribution** | £7,009,164 | £7,401,055 |

<table>
<thead>
<tr>
<th>2. Additional funding</th>
<th>2018/19 (£)</th>
<th>2020/21 (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Offending Nurses</td>
<td>£69,600*</td>
<td>-</td>
</tr>
<tr>
<td>Crisis Support to LD</td>
<td>£195,000*</td>
<td>-</td>
</tr>
<tr>
<td>Youth Offending Psychology</td>
<td>£84,334</td>
<td>-</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>£348,934</td>
<td>-</td>
</tr>
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| **Total CAMHS Pooled Fund** | £7,358,098 | £7,401,055 |

*Added to CCG core funding in 2020/2021

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.

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2 Lincolnshire County Council contributions are shown as GREEN in the tables in section 5.
3 CCG contributions are shown as BLUE in the tables in section 5.
Council Funding Implications
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 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
There are a number of further developments that have been noted as part of this review and Commissioning Plan, which are in line with both national policy and local stakeholder feedback. It is recommended that commissioners should be delegated authority to work together following the agreement of any forthcoming funding, as a result of the Government commitment as part of the NHS Long Term Plan, to identify and prioritise areas for improvement in CAMHS delivery that are aligned to the following:

- Expanding access to community-based mental health services to meet the needs of all children and young people who need support, e.g. through self-referral, additional capacity to deliver interventions outside normal hours and in the home or other venues across the county, digital access etc.
- Further investment in children and young people’s eating disorder services, particularly preventative and early intervention.
- Access for CYP to mental health crisis care 24 hours a day, seven days a week, with much faster telephone and face-to-face response times.
- Support for to school/college Mental Health Support Teams, such as with appropriate staff training and supervision.
- Developing new services for children who have complex needs that are not currently being met, including those experiencing sexual assault or additional autism training to specialist LD clinicians.
- Better mental health support for young adults aged 18-25 to support the transition to adulthood, such as development of a specific “Transitions Team” across CAMHS and AMHS or increased funding to extend the age range of CAMHS.

Summary of Key Funding Recommendations

- Council to maintain its core contract contribution of £724,589 but work with LPFT to find areas of efficiency to increase what this funding is used for.
- CCGs to increase their overall contribution by £127,291;
  - To include Transformation Plan Funding, Youth Offending Nurses and crisis support to LD as part of core contribution
  - To increase core contribution as a result of LPFT Agenda for Change pay award (£163,000)
  - CQUIN recalculated and reduced to 1.25% of revised CCG core contribution.
- CCGs to agree future commissioning, and funding if required, of Peer Support Workers programme.
- CCGs to agree to prioritise and provide any forthcoming funding through the NHS Long Term plan regarding outcome of the 4 week wait pilot as well as to deliver 24/7 crisis support with much faster response times.
- Commissioners to be delegated authority to work with LPFT to identify and prioritise areas for improvement in CAMHS delivery aligned to priorities in the NHS Long Term Plan, subject to the agreement of any additional funding.
- To seek formal approval in principle from the Council's Executive in July 2019 following pre-decision scrutiny in June 2019 with a delegation to the Interim Director of Education in consultation with the Executive Councillor for Adult Care, Health and Children's Services to determine the final form of the section 75 Agreements and approve them being entered into.

5.2. Impact Assessment

The Council and CCGs must consult jointly with such persons as appear to them to be affected by changes to s75 partnership arrangements. However given that the recommendation is to extend 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.

An equality impact assessment has been undertaken and is available upon request. 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 delivery arrangements, there are no significant adverse impacts envisaged.
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