By:	Jenny Whittle, Cabinet Member Specialist Children's Services and Malcolm Newsam – Interim Corporate Director, Families and Social Care
To:	Cabinet - 18 July 2011
Subject:	**JOINT COMMISSIONING OF INTEGRATED COMMUNITY CHILD AND ADOLESCENCE MENTAL HEALTH SERVICES**
Classification:	Unrestricted

Summary: To seek agreement from Cabinet to proceed with the joint commissioning of emotional wellbeing and CAMHS services with the Kent and Medway Primary Care Trusts (PCTs) and Medway Council and agree that Kent's contribution to the Integrated Community CAMHS should be the full amount of the current CAMHS grant i.e. £2.4 million.

Introduction

1. (1) Good mental health is an essential part of delivering Kent County Council's vision for children and young people. Mental health problems in children and young people are associated with under achievement, family disruption, disability, offending and anti-social behaviour, placing demands on social services, schools and the youth justice system as well as expensive specialist health services. Untreated mental health problems create distress not only for the child or young person themselves, but also for their families and carers, continuing into adult life and affecting the next generation.

(2) Mental health services in Kent were significantly scrutinised in late 2010. The National Support Team for Child and Adolescent Mental Health visited and made a series of recommendations, including a complete redesign of the emotional wellbeing and mental health system. Significant failings were identified in mental health services in both Ofsted and CQC inspections. Waiting times for specialist services do not compare well to other areas.

(3) At present, the Kent and Medway PCTs, Kent County Council and Medway Council each have specific budgets and commission Child and Adolescent Mental Health Services separately. It is proposed that a community based CAMHS model is procured and commissioned jointly, which will deliver a system of comprehensive services to be flexible in relation to the needs of children and young people, their families and carers.

(4) To assure this arrangement, a Procurement Partnership Agreement with the PCTs will be put in place. This agreement would enable all parties to align budgets, the resource and management and allow for the joining up of commissioning for existing or new services. Medway will be linked into the process through the alignment of the re-commissioning of their specialist services. Medway will continue to commission its primary health and emotional wellbeing services through its current arrangements. Following the procurement process, a Delivery Partnership Agreement will need to be in place.

Policy context

2. (1) All children's services, as well as many adult services, have a role to play in promoting children's mental health and wellbeing. This means that the relevant statutory and policy framework is a broad one.

Development of a new service model

3. (1) Currently, services in Kent in relation to children and young people's mental health are commissioned by KCC and by the NHS and provided by a range of statutory and voluntary sector providers. Specialist health services are provided across Kent by Kent & Medway NHS & Social Care Partnership Trust (KMPT) in West Kent and by East Kent Hospitals Foundation Trust in East Kent (EKHUFT). Primary Care services are provided by NHS Kent Community Trust. Emotional wellbeing services are provided by a range of providers, many of which are in the Voluntary Sector.

(2) Prior to OfSTED and NST, Kent had already set in progress significant consultation with clinicians and children and young people to redesign services, undertaken by Dr Alex Hassett (Senior Consultant in CAMHS). Following the NST visit the work was extended to review and learn from national models of implementation. This model is now complete and has been consulted on with the providers of current services. In addition, over the last 3 months, NHS and KCC commissioners have worked together to align the resource from both organisations in order to deliver an integrated community CAMHS service. This will connect the emotional wellbeing and early intervention services that KCC commission, with the community CAMHS services that the NHS will commission. This will result in better value for money, through better targeted services with clearer specifications and monitoring arrangements, and most importantly will link a pathway of care for children and young people. It will enable children and young people to be identified earlier and to receive interventions from services in schools and universal settings, rather than always needing specialist interventions**.** It is intended to commission an integrated community based CAMHS (primary and specialist health) with a clear referral pathway to emotional wellbeing services and vice versa with a refocus on targeted interventions in localities, with greater levels of support available for universal services. Investment will shift over time towards early intervention.

(3) The integrated Community CAMHS model (see Appendix 1) aims to:

- Ensure children and young people are as healthy as possible
- Focus on prevention, early diagnosis and early intervention to sustain health, wellbeing and independence
- Deliver support as locally as possible
- Provide the most effective treatment and cure
- Provide the right, high quality support for children and young people
- Make best use of resources and provide value for money
- Ensure children, young people and families have a say and influence
- Improve the interface between primary and specialist services and emotional wellbeing
- Improve the transition from child to adult services (18+)

(4) The key objectives of the Community CAMHS are to:

(a) Treat children, young people and their carers with respect and dignity, ensuring they are appropriately **safeguarded** and are enabled to contribute to planning their care, enabling choice and care that is **personalised** wherever possible.

(b) Ensure that all **looked after children,** where clinically prioritised**,** can access CAMHS within 18 weeks up until 18 years of age. The ambition is to reduce access times for all children and young people to much less than 18 weeks, in line with other Counties.

(c) Ensure that all **staff** working directly with children and young people have sufficient knowledge, training and support to promote the psychological well-being of children, young people and their families and to identify **early indicators** of difficulty and can support the appropriate engagement of children and young people in the development of services.

(d) Ensure that **protocols for referral**, early intervention and support are agreed and understood between all agencies and to simplify the system for parents and carers, leading to a decrease in waiting times for referral as well as treatment times.

(e) Ensure that child and adolescent mental health professionals provide a balance of direct and indirect services and are **flexible** about where children, young people and their families are seen in order to improve access to high levels of CAMHS expertise.

(f) Ensure that there is an equitable provision of **advice for staff** supporting children and young people with complex psychological or emotional problems, who may otherwise not be judged as appropriate for the involvement of specialist services.

(g) Ensure that staff understand and practice **safeguarding policies** in line with statutory requirements and with links to the Local Safeguarding Children Board.

(h) Ensure that children and young people are able to receive **urgent mental health care** when required, leading to a specialist mental health assessment where necessary within 24 hours.

(i) Ensure that children and young people with both a **learning disability and a mental health disorder** have access to appropriate child and adolescent mental health services.

(j) Ensure that children and young people in care receive direct access to a range of Children and Adolescent Mental Health services that are **appropriate to meet their needs**.

(k) Establish **clear service responsibilities, accountabilities and integrated working arrangements** between partner agencies including mutually agreed decisions when joint work is undertaken. Providers will work with Commissioners to contribute to the design and development of care pathways and joint working protocols.

(l) Ensure that children and young people within **Youth Offending Services** receive access to a comprehensive range of mental health services appropriate to their needs.

(m) Ensure that children and young people who have mental health difficulties due **substance misuse** receive access to a comprehensive range of mental health services appropriate to their needs.

(n) Ensure that the needs of children and young people with **complex, severe and persistent** behavioural and mental health needs are met through a multi-agency approach.

(o) Ensure that arrangements are in place to ensure that specialist NHS **multi-disciplinary teams** are of sufficient size and have an appropriate skill-mix, training and support to function effectively.

(p) **Reduce admissions** to inpatient care through ensuring that appropriate services are available closer to home.

(q) Ensure that when children and young people are discharged from in-patient services into their community and when young people are transferred from child to adult community services, their **continuity of care** is ensured, by application of the appropriate community transition protocols.

(r) Ensure that the **holistic needs** of children and young people (who are receiving CAMH services) are met through a range of health promoting activity e.g. smoking cessation, nutrition, exercise, substance reduction and sexual health.

(s) Ensure that **transition from child to adult services** is smooth through the implementation of a transition protocol between service providers.

(5) These objectives will be achieved by procuring a Community CAMHS and Emotional Wellbeing Services that:

- are based on an assessment of need and have a clear interface between early intervention, primary health and specialist services, providing a seamless service which supports the transition of children and young people between services, including transition to adult services
- are rigorously performance managed
- have clear criteria for early intervention, primary health and specialist services and clear and effective pathways through services
- have a single point of referral and access resulting in improved waiting and treatment times and earlier and more appropriate intervention for children and young people
- are jointly commissioned with health with an aligned budget to promote more effective integrated working and the reduction of duplication and waste.

Need

4. (1) The Health Advisory service estimated that 15% of the total population of young people (aged 5-18) is likely to come into the category of needing a greater level of support from a comprehensive CAMHS service (In Kent this would be around **34,293** young people**)**.

(2) The table below, taken from the Draft Needs Assessment, outlines the expected number of children and young people in Kent with a treatable mental health problem accessing services in Kent.

Tier	Provision	Estimated % & expected number of children with a treatable mental health problem accessing services in Kent	
1	Practitioners working in universal services such as GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies.	15% of all children	**34,293**
2	CAMHS specialists working in community and primary care settings in a uni-disciplinary way (although many will also work as part of Tier 3 services).	58% of the 34,293 (15%) in need	**20,195**
3	Multi-disciplinary team or service working in a community mental health clinic or child psychiatry outpatient service, providing a specialised service for children and young people with more severe, complex and persistent disorders.	10% of the children in need	**3401**
4	Tertiary level services for children and young people with the most serious problems, such as day units, highly specialised outpatient teams and in-patient units.	1.87% of the 15% needing CAMHS	**634**

(3) It is important to understand that neither services nor children fall neatly into tiers. Many practitioners work in both tier 2 and tier 3 services. Children tend to move between tiers as their needs change, and many children use services from more than one tier concurrently. The intention is to commission a single managed care pathway for children and young people's emotional and mental health needs which could involve more than one provider.

(4) In Kent there is a wide range of providers for each tier over and above the 'specialist' service. How these services understand, relate and refer to each other will be crucial in meeting children and young people's needs e.g. universal services need to have a greater understanding of their role in helping (rather than simply referring) the child is a step towards an integrated CAMHS service model. Currently, the large geographical boundary of Kent and the multiple health providers existing within the County has resulted in a patchwork of commissioned services which are not all operating within one consistent framework. The PCTs have been addressing these issues and notably have commissioned a dedicated Kent Tier 4 service starting in 2011. This addresses those in

acute need (level 4) who require high levels of resource and intensity and may require their needs to be met urgently. As a child or young person moves down the model they require less intense intervention until their needs can be met by universal services. Levels of need are not rigid boundaries – they often overlap – and resources need to be deployed within the model to ensure that early intervention helps to prevent more serious problems.

Governance arrangements

5. (1) It is proposed that in the first instance budgets will be aligned and governance will be through a Partnership Agreement to be approved by KCC's legal services. The PCT will lead the procurement process for the Community CAMHS and KCC for the Emotional Wellbeing Services. The PCTs will hold the contract and contract manage the Community CAMHS services and KCC will hold the contract and contract manage the emotional wellbeing/early intervention services.

(2) FSC SMT has asked for a further report on the procurement plan and governance in July.

Role of the Voluntary and Community Sector (VCS)

6. (1) The VCS has an important part to play in improving the mental health and wellbeing outcomes for children and young people. Within the proposed model the VCS will be able to tender to deliver emotional and wellbeing services.

(2) Discussions have already taken place with some of the umbrella voluntary organisations (Kent CAN and KCFN) with regard to the development of the model. A "meet the market" event in the county has been planned for 7 July 2011.

(3) It is also proposed that a percentage of the budget allocated for early intervention will be set aside to operate as a 'community chest' for which the VCS will have access to at a local level to provide early intervention projects.

Personnel Implications

7. (1) Early discussions with Personnel have taken place to assess the potential impact for staff employed by KCC. Secondments may be appropriate in some cases for KCC staff in KCC provider services. Consultation with affected staff will take place at the appropriate time. An initial audit of KCC services funded through the CAMHS grant indicates that the maximum number affected will be 17 fte. but work is still being undertaken to identify existing services that will be incorporated into the Community CAMHS model.

Financial Implications

8. (1) Putting service users first requires the integration of services and organisations around the needs of the individual, personalising services wherever possible. Pooling or aligning budgets can help achieve these aims.

- A pooled budget can achieve economies of scale, integration and quicker decision making. It can take time to put in place but is appropriate where organisational boundaries are hindering the achievement of outcomes

- An aligned budget can achieve the same objectives. Budgets remain separate but are used for a jointly agreed purpose. This can be underpinned by a formal written agreement.

(2) KCC has a £2.4 million grant for CAMHS. The majority is spent on emotional wellbeing services, predominantly early intervention, although some expenditure is made on primary and specialist health services. The PCTs currently spend circa £14m. It is proposed at this stage that approximately £500 000 will be directed to support emotional wellbeing services. It is proposed that the total amount for the CAMHS grant is aligned.

(3) Under the terms of the Partnership Agreement there would be no commitment on either side to a given level of contribution to the aligned budget in any one year. Contributions would be agreed each year in the light of overall KCC / PCT budget plans. The allocation of funding from the aligned budget to particular service areas would be agreed through the Partnership Agreement. Therefore, there is no risk to the implementation of agreed budget plans for the areas of Kent County Council service covered by the agreement.

(4) The work associated with developing the agreement will be a demand on resources for FSC as will associate strategic and service commissioning and procurement work.

(5) It is possible that once GP consortia become responsible for the commissioning of NHS funded services, they would become parties to the agreement, replacing the PCTs. NHS commissioners will be further engaging and consulting with GP consortia leads in June to ensure that there is GP approval. Approval for the model in the current structure will follow through the Kent and Medway NHS Cluster Board in July 2011.

(6) Partnership and multi-agency working can be challenging. There is a need for transparency and buy in at a strategic level to ensure:

- Decommissioning existing services and ensuring the welfare of children and young people is a priority. Transition of existing service providers to new providers including moving clients who are particularly vulnerable, to new facilities or arrangements.

- Continuation of service during transition period.

Customer Impact Assessment

9. A CIA will be undertaken as part of the de-commissioning of services, and the completion of consultation as part of the procurement process.

10. **Timetable for procurement of a CAMHS Tier 2 & 3 Community Service**

May – July	**Development of specification**
July	**Approval for aligned budget sought from KCC Members and PCTs**
1st August	**Advertise and Pre Qualification Questionnaire**
1st September	**Notice of end of contract for all services going into the aligned budget**
End of September	**Invitation to Tender**
October /November	**Tender Submitted**
January	**Approval for award of contract from KCC Members and PCT Boards**
1st April 2012	**New service starts**

Recommendations

11. Cabinet is asked:

a) To NOTE the contents of the report and
b) AGREE to the joint commissioning with the Kent and Medway Primary Care Trusts (PCTs) of an Integrated Community Child and Adolescence Mental Health Service (CAMHS)
c) To APPROVE in principle to the alignment of the Kent County CAMHS funding and a Partnership Agreements with the PCT for the provision and delivery of CAMHS
d) To CONSIDER the level of KCCs contribution to the integrated CAMHS and confirm whether this should be at the level of the current CAMHS grant of £2.4 m.
e) AGREE (as notified in the forward plan) to proceed to procurement stage, in line with the proposed timetable.

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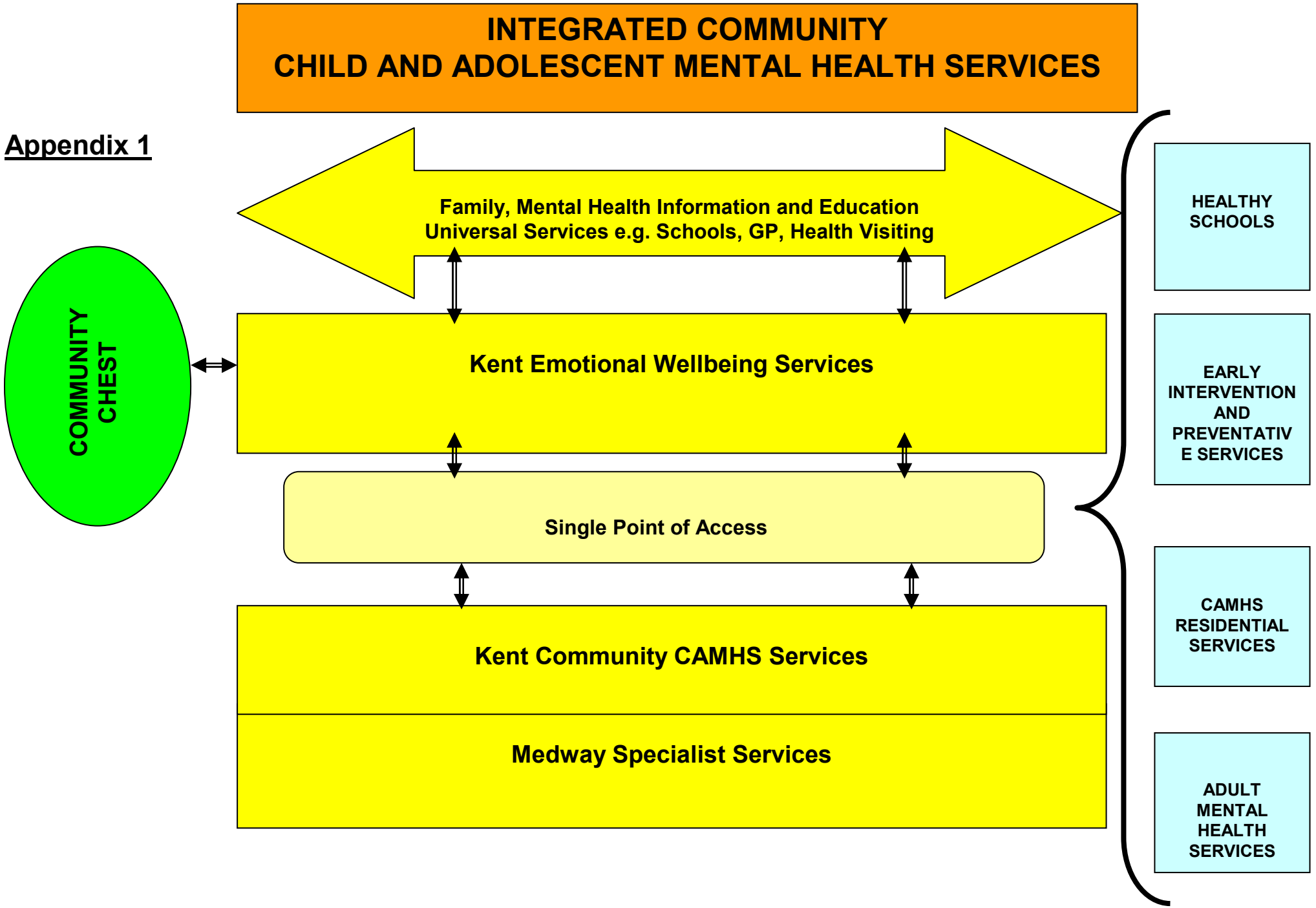
Background Information:
Ofsted Inspection
Care Quality Commission Inspection
National Support Team Inspection
CAMHS Needs Assessment
Canterbury Christchurch University – CAMHS Pathway Project

Appendix 1


INTEGRATED COMMUNITY
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES
Family, Mental Health Information and Education
Universal Services e.g. Schools, GP, Health Visiting
COMMUNITY CHEST
Kent Emotional Wellbeing Services
Single Point of Access
Kent Community CAMHS Services
Medway Specialist Services
HEALTHY SCHOOLS
EARLY INTERVENTION AND PREVENTATIV E SERVICES
CAMHS RESIDENTIAL SERVICES
ADULT MENTAL HEALTH SERVICES