

Decision Maker: Care Services Portfolio Holder

Date: 4th December 2012

Decision Type: Non-Urgent Executive Non-Key

Title: REVIEW OF SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH EMOTIONAL AND MENTAL HEALTH NEEDS

Contact Officer: Claire Lynn, Strategic Commissioner (ECS Commissioning),
Tel: 020 8313 4034 E-mail: claire.lynn@bromley.gov.uk

Chief Officer: Terry Parkin, Executive Director Education and Care Services

Ward: Boroughwide

1. Reason for report

In April 2012 the Children and Young Peoples Portfolio Holder agreed that the contract for services for children and young people with mental health needs (CAMHS) commissioned by the Council from Oxleas NHS Foundation Trust be extended until 31st March 2013 to sustain provision whilst a review of CAMHS was undertaken. In order to identify what is required in the future a gateway review of CAMHS services commissioned by the Council has been undertaken to consider the services in detail.

The report makes recommendations for the future focus of CAMHS, the allocation of resources and for the extension of current contracts to the end of March 2014 to enable the reconfigured service model to be specified and tendered.

2. **RECOMMENDATION(S)**

The Portfolio Holder is asked to:

- 2.1. **Endorse that the focus of the Council's expenditure should be on strengthening early intervention and prevention services as set out in paras 3.9 and 3.10 and that the Council will work with the Clinical Commissioning group during 2013 to develop and procure the new service model for CAMHS;**
- 2.2. **Approve an extension of one year, in line with Contract Procedure Rule 23.7.3, to the contract held with Oxleas NHS Foundation Trust for the provision of Child and Adolescent Mental Health Services, with a revised contract end date of 31st March 2014.**

- 2.3. Approve an extension of one year, in line with Contract Procedure Rule 23.7.3, to the contract held with Bromley Y for the provision of Counselling Services to Children & Young People, with a revised contract end date of 31st March 2014.**
- 2.4. Approve the commencement of tendering for a comprehensive CAMHS service based on the proposed model detailed in this report, with service delivery for the newly tendered service to commence from 1st April 2014.**

Corporate Policy

1. Policy Status: Existing policy. Building a Better Bromley
 2. BBB Priority: Children and Young People. Excellent Council, and Supporting Independence
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Financial

1. Cost of proposal: Estimated cost Costs within current budgets
2. Ongoing costs: Recurring cost.
3. Budget head/performance centre: Multiple budget codes across Education and Care Services department. £398,000 (Oxleas) and £98,072 (Bromley Y) contracts funded from the 'CAMHS' budget which part of the Referral and Assessment service area in Children's Social Care.

The £88,277 (Bromley Y) contract will be funded from the 'Voluntary Sector Service Provision' budget which is part of the Care and Resources service area of Children's Social Care.

4. Total current budget for this head: £as above
 5. Source of funding: Education and Care Services revenue budget
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Staff

1. Number of staff (current and additional): Services are provided by external organisations
 2. If from existing staff resources, number of staff hours: N/A
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Legal

1. Legal Requirement: Statutory requirement. Children's Act 1989 which places a duty on local authorities to safeguard and promote the welfare of children in their area who are in need by providing a range of services appropriate to need. Children's Act 2004 – duty to co-operate with relevant partners including the PCT and NHS
 2. Call-in: Call-in is applicable
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): estimated 12,351 children and young people with mental ill-health 2,087 using specialist CAMHS services
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

Background

- 3.1 Nationally it is estimated that 9.6% children aged between 5 and 19 years have a diagnosable mental health condition, and many continue to have mental ill health into adulthood. Half of people with lifetime mental ill health first experience symptoms by the age of 14, and three quarters before their mid 20's. In Bromley these national figures equate to the numbers detailed in the table below.

Estimated Prevalence of Mental Health Disorders in Bromley (2012)
Children and young people aged 5 – 19 years

	Prevalence of mental health disorder in (England) (%of the total population of 5-19 year olds)	Estimated number in Bromley*
Any disorder	9.6	5414
Emotional disorders	3.7	2087
Conduct disorders	5.8	3271
Hyperkinetic disorders	1.5	846
Less common disorders	1.3	733

* Estimated population of 5-19 years old in Bromley = 56401

- 3.2 A Needs Assessment has been carried out on the Mental Wellbeing of Children and Young People in Bromley by colleagues in Public Health (available in the Members' Room). It identifies the importance of mental wellbeing and the consequences of poor mental health for children and young people. These include:

- poor educational achievement
- greater risk of suicide
- greater risk of substance misuse
- antisocial behaviour, and offending
- greater risk of early pregnancy
- poor mental health is also associated with a broad range of poor health outcomes in adulthood, including higher rates of adult mental illness, as well as lower levels of employment, low earnings, marital problems and criminal activity.

- 3.3 Early identification and intervention is key in ensuring that children and young people receive the targeted support they require. Providing this support results in improved educational and psychosocial outcomes, reduced antisocial behaviour and crime as well as a reduction in ill health in both the short term and in the course of the person's life. It also ensures that use of more specialist services are minimised which is both beneficial to the individual and cost effective.

- 3.4 Within Bromley the importance of mental wellbeing for children and young people and the impact on their adult lives has been recognised and is one of the priorities in the Health and Wellbeing Strategy for Bromley. Actions for this include:

- To continue to improve provision of emotional wellbeing, mental health services, substance misuse and counselling services for children and young people, particularly through the targeting of services to early intervention, including Child and Adolescent Mental Health Services and Family Support

- Use the service reconfiguration of the Child and Adolescent Mental Health Service to seek opportunities to promote early identification and response to mental health problems
- Develop and implement a Health Visiting Commissioning Action Plan for the period 2011-2016 and continue to promote bonding between parents and baby

Current services

3.5 Nationally, service provision for children and young people with emotional and mental health needs is based on a tier system, organising provision into four tiers representing increasing degrees of complexity and severity. Services within each of the tiers, which are commissioned by a variety of organisations including Bromley Clinical Commissioning Group (CCG), the Council, schools and the government, are described below.

Tier 1:

These are provided within front line services by professionals such as Health Visitors, General Practitioners, Teachers, School Nurses and Social Workers. They are generally provided within universal settings such as schools, children and family centres and primary care and are to enable individuals to take responsibility for their own mental wellbeing and to work with individuals to prevent mental ill health. Services include the following:

- Health Visitors are the main support to families with children aged 0-5 years. They provide a series of routine checks to identify problems at an early stage and provide targeted support to vulnerable families.
- Children and Family Centres provide a base for advice, support and early intervention services.
- Schools provide a range of services. Social and Emotional Aspects of Learning (SEAL) is a recognised programme delivering a whole school approach to improving emotional health. It is delivered in most primary schools and some secondary schools in Bromley, but not in all. All schools deliver Personal, Social and Health Education (PSHE), and Bromley Healthcare also deliver “My Voice, My Choice” in year 9 in all secondary schools (a day of information and advice on drug and alcohol use, sexual health and relationships). All maintained primary schools in Bromley employ Family Support Workers. There is currently a need for training for school (including pre-school) staff in identifying or supporting emotional health problems in children. Many schools employ a school counsellor but again not all.
- The Behaviour Service provides support to children with severe problems on the brink of exclusion.
- The School Nursing Service is provided by Bromley Health Care and works with children and young people in all maintained primary and secondary schools. They give advice on health, lifestyle, relationships, and emotional issues and have a role in providing services, dealing with mild to moderate emotional and behavioural problems.

Tier 2:

Children and young people referred to this level of service have difficulties that if identified early are likely to respond successfully to short-term interventions by a single practitioner. There is one main provider of Tier 2 services in Bromley which is Bromley Y although a small

amount of Tier 2 services are still provided by Oxleas NHS Foundation Trust.

- Bromley Y is a voluntary sector organisation providing counselling services to young people aged 11-23 and their families. Although Bromley Y does perform the Tier 2 function at secondary school well, its funding has been reduced and its waiting lists are increasing rapidly. The severity of the cases seen in Bromley Y has also increased. For this reason not all young people at secondary school have their needs met at an early stage. Some of these will also go on to develop much more severe needs.
- Community Paediatricians receive the majority of referrals for Attention Deficient Hyperactivity Disorder (ADHD), Autistic Spectrum Disorders (ASD) and other neurodevelopmental problems. Since the development of a local care pathway for the management of referrals with ADHD in 2008, the Community Paediatricians have seen the majority of referrals which have increased from 168 in 2008/09 to 263 in 2011/12.
- Educational Psychologists have a role in assessing children with mental health needs in schools. They provide advice to schools on the management of individual children.
- The Increasing Access to Psychological Therapies (IAPT) programme in Bromley is being extended into children's services. Oxleas NHS Foundation Trust and Bromley Y were successful in a joint bid in 2012 for government funding which will train staff from both agencies to deliver this range of interventions to children and young people who are experiencing mental health difficulties of anxiety and depression. The funded pilot only covers training costs. Delivering IAPT for children in Bromley would need to be part of funded provision in Bromley in the future through the CCG.

Tier 3:

Services in this tier provide specialist multidisciplinary assessment and treatment services to children and adolescents with severe and/or complex problems requiring a team-based, rather than a single clinician approach. In Bromley this service is provided by Oxleas NHS Foundation Trust.

Oxleas review all referrals to Tier 3 services. In 2011/12, of 1582 individuals referred (a reduction from 1850 in 2010/11), just over 1000 were seen by Oxleas with the remaining 33% re-directed to more appropriate agencies. The majority of re-directions are to Bromley Y, Bromley Children's Project or Community Paediatricians. Recent activity data for Oxleas shows no activity at all labelled specifically as Tier 2, although some children may be seen by other teams in Oxleas NHS Foundation Trust.

In the past there have been concerns about the waiting times for treatment for Oxleas' services. However Oxleas now conforms to best practice regarding assessment and treatment protocols: i.e. 8 weeks for assessment and 18 weeks for first episode of treatment. Urgent or complex cases are triaged within a maximum of 2 weeks depending on the severity of presentation and/or history. Emergency cases are dealt with on the day of referral. Waiting times are all now within national targets.

Tier 4:

Tier 4 provides for children and adolescents whose very severe and complex difficulties require a significantly higher level of specialist resource. These services include in-patient hospital-based facilities and specialist clinics. Tier 4 services are commissioned by the CCG and provided by South London and Maudsley NHS Foundation Trust (SLAM). From 2013 these services will be commissioned directly by NHS South East London. Work needs to be

undertaken to develop protocols to ensure that any child or young person from Bromley who is in hospital or specialist health placement has clear links to services within Bromley.

Review of current services

3.6 This review focused on the Tier 2 and 3 services currently commissioned by the Council, although it has been carried out in consultation with the Bromley Clinical Commissioning Group which commissions the bulk of Tier 3 and 4 services. The current contracts held by the Council are:

Details of Service	Provider Name	Contract End Date	Annual Contract Value
Provision of a Child and Adolescent Mental Health Service to Bromley – Tiers 2 and 3	OXLEAS Trust	31/03/2013	£398,000
Provision of a Child and Adolescent Mental Health Service to Bromley – Tier 2	Bromley Y	31/03/2014	£98,072
Children's Social Care: Counselling and advice for children – Tier 2	Bromley Y	31/03/2013	£88,277

3.7 Funding for CAHMS commissioned by the Council was originally provided by the Department of Health through a ring fenced grant which since 2011/12 has been incorporated into Revenue Support Grant. The grant guidance suggested that the funding be targeted towards the priorities identified in the Children’s National Service Framework published in 2004. These included early years, promotion and early intervention, multi disciplinary CAMHS teams and improvements in access for groups of children particularly at risk of mental ill health (i.e. largely Tier 2 services). However, over the last few years there have been a number of changes to CAMHS and the way in which they are commissioned, resulting in the majority of the Council’s funding being supporting Tier 3 services.

3.8 The review found that the current services of themselves deliver good care and support to children and young people. However, the Needs Assessment and the review have demonstrated that:

- due to the diversity of finding streams there is a complex but limited system of services to meet the needs of children and young people. Many young people move from service to service as their needs change leading to the potential for duplication and/ or missed opportunities for early intervention;
- the combined resources of the Council and the CCG are primarily directed towards more specialist, clinical led (i.e. Tier 3) services although the increasing demand is for more early intervention at Tier 2;
- where children and young people experience mental health difficulties it is important to ensure that the support provided is timely and targeted to provide interventions which deliver clear outcomes for the child. The concentration of Tier 2 services on counselling through Bromley Y means that there are limited options available often resulting in young people not receiving the most appropriate intervention at the optimum time and at the appropriate level ;

- there is a lack of targeted support and interventions for high risk groups such as Looked After Children and support for parents, foster parents and adoptive parents
- 3.9 The review concluded that preventative and early intervention services need to be strengthened to ensure that support is provided as early as possible to prevent the need for more specialist (and therefore more costly) services and that this is the appropriate focus of the Council's expenditure, in line with the original Department of Health recommendations and the local authority's responsibilities.
- 3.10 It is therefore proposed that the service model be redesigned based on the clear culture and understanding that individuals recover from mental ill health, that support and services are not required for life and that for most young people interventions will be short term. The principles underlying the service model will include:
- providing a single point of access to ensure that it is clear where all types of interventions and services can be accessed
 - ensuring that clear care pathways are developed related to level and complexity of need
 - expanding the range/ menu of interventions provided at Tier 2 to provide early intervention and support
 - providing a care co-ordination/lead professional role across all services for children and young people involved with services linking in with the new health, education and care plan
 - providing targeted support and interventions to high risk groups such as Looked After Children, accessed through the single point of access
 - targeting support to parents, foster parents and adoptive parents to maintain children and young people in the home

Implementing the findings of the review

- 3.11 Although the review was carried out in consultation with the CCG, it primarily focused on services funded by the Council, driven partly by the timescales for the Council's current contracts, two of which end in March 2013. However it is clear that it would be detrimental to the wider CAMHS agenda for the Council to unilaterally change the focus of its commissioning in isolation from the funding and services commissioned by the CCG.
- 3.12 The CCG has indicated that it supports the findings of the review and acknowledges that any new service model needs to take into account the impact on and linkages between all of the tiers of service. It is therefore proposed that during 2013 the Council and the CCG jointly develop the new service model in detail and agree respective funding streams in line with the proposals above and that the new services be procured in readiness for implementation in April 2014.
- 3.13 Of the three current Council contracts, two are due to end in March 2013 with the other due to end in March 2014. Subject to agreement of these proposals it is recommended that the timescales for all three contracts be aligned. Therefore, authorisation is sought from the Portfolio Holder to:

- extend the contract with Oxleas Trust for the provision of CAMHS for one year until March 31st 2014
- extend the contract with Bromley Y for the provision of Counselling services for one year until March 31st 2014

3.14 The contract values are set out in the table below:

Provider Name	Contract Start Date	Contract End Date	Annual Contract Value	Actual Annual Contract Expenditure (where different to Annual Contract Value)	Whole Life Contract Value	Details of Service
OXLEAS Trust	01/04/2012	31/03/2013	£398,000		£398,000	Provision of a Child and Adolescent Mental Health Service to Bromley
Bromley Y	01/04/2011	31/03/2014	£98,072		£294,216	Provision of a Child and Adolescent Mental Health Service to Bromley
Bromley Y	01/04/2010	31/03/2013	£88,277	£148,596 (with PCT funding of £60,319)	£264,831	Children's Social Care: Counselling and advice for children.

4. POLICY IMPLICATIONS

4.1 Access to children and young peoples mental health services is a key priority within the Children and Young People's Strategy and Portfolio Plan as it contributes significantly to the emotional health and well being of children and young people.

5. FINANCIAL IMPLICATIONS

5.1 The proposal to extend the two contracts due to end on the 31/3/2013 will have no financial implications as these will be contained within existing resources. This will allow officers sufficient time to procure a more comprehensive service model.

5.2 Officers will work with existing providers in the next few months to identify the potential for savings in 2013/14.

6. LEGAL IMPLICATIONS

6.1 It is recommended that both contracts due to end in March 2013 are extended for one year, as allowed for within Contract Procedure Rule 23.7.3 which states that a contract can be extended for a maximum of one year where a formal extension option is not already available within the contract.

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	Needs Assessment on Mental Wellbeing of Children and Young People in Bromley 23 rd April 2012. DCYP12050 Child and adolescent mental health services (CAMHS) contract award