

Health and Wellbeing Board

3 July 2014



Children and Adolescent Mental Health Services Joint Commissioning Arrangement

Report of Nicola Bailey, Chief Operating Officer, North Durham Clinical Commissioning Group and Durham Dales, Easington & Sedgefield Clinical Commissioning Group

Purpose

1. The purpose of this report is to update the Health and Wellbeing Board on the outcome of the Children and Adolescent Mental Health Services (CAMHS) commissioning review.

Background

2. Historically, the CAMHS joint commissioning agreement was established between the County Durham and Darlington Primary care Trust (PCT) and Durham County Council and Darlington Borough Council. Funding alignment was agreed in order to jointly commission new emotional wellbeing and mental health services for children and young people. The arrangement aimed to establish a more integrated system that would enable interventions to be delivered in a targeted and timely fashion.
3. The scope of the review was specific to elements of service falling within the joint commissioning arrangement. Services falling outside this arrangement include wider emotional health and wellbeing services, broader tier 3 CAMHS, tier 4 CAMHS, early intervention psychosis (EIP), learning disability challenging behaviour and crisis services.
4. Objectives of the review included: to review available information on needs assessment; examine current governance; to review current schemes commissioned under the arrangement; assess potential impact of disinvestment; explore options for formalising pooled budget arrangements; to provide recommendations that will support the development of the local mental health implementation plan/strategy.
5. Clinical Commissioning Groups' Executive Meetings have received an update report in relation to the CAMHS review. This report provides further information for the Health and Wellbeing Board.

National Context

6. National policy over recent years has focussed on improving outcomes for children and young people by encouraging services to work together to protect them from harm, ensure they are healthy and to help them achieve what they want in life.

7. The introduction of the Health and Social Care Act 2012 shifted responsibility for the commissioning of local services to CCGs led by General Practitioners. National guidance affirms that responsibility for commissioning of CAMHS lies with CCGs.
8. CAMHS are important to commissioners because:
 - One in ten children aged between 5-16 years has a mental health problem, and many continue to have mental health problems into adulthood (Green, McGinnity, Meltzer et al 2005).
 - Half of those with lifetime mental health problems first experience symptoms by the age of 14 (Kim-Cohen, Caspi, Moffitt et al 2003), and three-quarters before their mid-20s (Kessler and Wang 2007).
 - Children and young people with emotional disorders are almost five times more likely to report self-harm or suicide attempts; four and half times more likely to rate themselves or be rated by their parents as having 'fair/bad health', and over four times more likely to have long periods of time off school (County Durham Public Mental Health Strategy 2013-17).
 - Comorbidity of disorders is common – children and young people frequently have both emotional and behavioural conditions and mental illness and physical health problems (County Durham Public Mental Health Strategy 2013-17).
9. In regard to improving outcomes for children and families, No Health without Mental Health (2011) emphasises the crucial importance of early intervention in emerging emotional and mental health problems for children and young people. Effective commissioning will need to take a whole-pathway approach, including prevention, health promotion and early intervention.
10. Complexity in the commissioning landscape is acknowledged given there are eight levels of commissioning health and public health services for children and young people.

Local Context / Needs Assessment

11. The last mental health needs assessment for school-aged children in County Durham and Darlington was undertaken in 2007. This intelligence informed a refresh of the County Durham and Darlington CAMHS strategy in April 2007. Implementation of the now expired County Durham and Darlington CAMHS strategy was overseen by the CAMHS Joint Commissioning Group.
12. The exact prevalence of mental and emotional disorders in children and young people in County Durham and Darlington is not known.
13. In 2012/13 it was reported that 6,531 children and young people across County Durham and Darlington were newly referred to tier 2 or tier 3 CAMHS (Tees, Esk and Wear Valleys, NHS Foundation Trust, 2014). The greatest proportion of referrals

coming from DDES CCG (55.49%) followed by North Durham (29.69%) then Darlington (14.82%).

14. New referral rates per 10,000 population (aged 0-17 years) differ across localities. Durham Dales has the highest rate of 799. Figures for other localities in County Durham are: Sedgefield 694; Derwentside 545; Easington 464; Chester-le-street 436; Durham City 279. Darlington new referral rate is 442.
15. Between 2009 and 2013 there has been gradual increase in referrals to CAMHS in County Durham and Darlington. There is acknowledgement that this data includes referrals to Primary Mental Health Workers, which have increased from 1,098 in 2009 to 1,902 in 2013.
16. The review has identified the necessity for a refresh of children and young people's mental health and emotional wellbeing health needs assessment, to inform future commissioning plans.
17. As detailed in paragraph 11, the County Durham and Darlington CAMHS strategy has now expired and there is a need for an updated CAMHS strategy for looked after children and care leavers. To ensure that a strategy is in place, it is proposed that an interim 1-year CAMHS/children and young people's mental health and emotional wellbeing joint commissioning strategy 2014-15 is developed by September 2014. This will be based on available intelligence, whilst the multi-agency, multi-disciplinary children and young people's mental health and emotional wellbeing group undertakes the development of a more comprehensive plan which will be implemented from 2015.
18. Service user evaluation, enabling the voices of children, young people and families/carers to be captured, will need to inform wider strategy development.

Overview of budgetary arrangements

19. The budgetary arrangements for CAMHS are complex. Much of the revenue for CAMHS sits within existing budgets held by CCGs.
20. This arrangement was managed by the CAMHS Joint Commissioning Group officers. Contracts supported by the arrangement were overseen by the same group. The pooled fund is not currently administered through formal section 75 agreements. Section 256 agreements allow for health to make payment to the local authority to support specific additional services.
21. In line with the Health and Social Care Act 2012, CCGs took over commissioning responsibility for commissioning CAMHS from the PCT as of April 2013. As North Durham CCG leads on the mental health contract, there is an understanding that North Durham CCG oversees the current arrangement.
22. The total income related to the CAMHS joint commissioning arrangement in 2013/14 was £2,703,251. Breakdown of contributions between health and local authority is 83% and 17%, respectively.

Impact of disinvestment

23. Durham County Council has advised that it will be reducing its contribution to the joint arrangement in 2014/15 and 2015/16 as part of its medium term financial planning.

Governance

24. Whilst there appears to have been a culture of partnership working in the past, the review has identified the need to restore partnership working given recent changes in the commissioning landscape.
25. Previously a County Durham and Darlington CAMHS Joint Commissioning Group was established to oversee joint commissioning on behalf of the partner agencies. Terms of reference for this group are dated July 2011.
26. The review identified a need to reaffirm lines of accountability and reporting arrangements between groups and organisations.
27. To strengthen governance arrangements, a simplified governance structure is proposed (**Appendix 2**). A new Children and Young People's Mental Health and Emotional Wellbeing Group will be established, which will be responsible for the development of a Children and Young People's Mental Health and Emotional Wellbeing plan, from 2015, including Child and Adolescent Mental Health Services.
28. The Children and Young People's Mental Health and Emotional Wellbeing Group will be supported by an Emotional Wellbeing and Mental Health Commissioning Group to undertake any commissioning for children and young people linked to the strategy.
29. Governance for the Children and Young People's Mental Health and Emotional Wellbeing Group will be through the Mental Health Partnership Board, which is a sub group of the Health and Wellbeing Board.

Review of schemes covered by arrangement

30. The joint financing arrangement has allowed additional services/pilots to be commissioned. Examples of services covered by the arrangement include: Primary Mental Health Workers; some element of tier 3 CAMHS; ASD pathway development; attention difficulties service/pathway; community eating disorder services; and paediatric liaison.
31. Whilst a significant proportion of expenditure relates to CAMHS provided by Tees Esk and Wear Valleys NHS Foundation Trust, it should be noted that the arrangement provides some services outside CAMHS e.g. educational psychology.
32. The review has highlighted a number of historic contract variations which have limited information or service descriptors. Moreover, a number of service specifications are out of date.
33. There appears to be a lack of shared understanding about how services fit together and the overarching person centred pathway.

34. There is a need to develop a shared vision that is inclusive, ensuring that children, young people and their family/carers experience a joined up seamless, high quality service irrespective of their address.
35. A full review of CCG commissioned CAMHS services should assist in developing a mutual understanding and inform a refresh of service specifications.

Emerging Themes

36. Following a review of the County Durham and Darlington joint commissioning arrangement, there are three emerging themes to recommendations: partnership; strategy; commissioning.

Partnership

37. It is recommended that a new children and young people's mental health and emotional wellbeing group is established. Governance for the Children and Young People's Mental Health and Emotional Wellbeing Group will be through the Mental Health Partnership Board, which is a sub group of the Health and Wellbeing Board.
38. This Children and Young People's Mental Health and Emotional Wellbeing Group will also provide updates to the Children and Families Partnership, as required.

Strategy

39. In regard to developing a strategy, it is recommended that an interim 1-year CAMHS/children and young people's mental health and emotional wellbeing joint commissioning strategy 2014-15 is developed by September 2014, to ensure that a current strategy is in place, based on available intelligence. The work would be led by NECS on behalf of the CCGs, with dedicated support from DCC Children's Services and public health.
40. A longer term Children and Young People Mental Health and Emotional Wellbeing strategy which would include a refreshed needs assessment, and start from 2015, will be developed as part of the overarching Mental Health Framework - No Health without Mental Health Implementation plan. This work will be led by Public Health.
41. The Children and Young People Mental Health and Emotional Wellbeing strategy commissioning group will be responsible for joint commissioning decisions in regard to implementation of the above strategy. The group will develop a statement of commitment (terms of reference) about the way in which they intend to work; to ensure high quality, efficient services are commissioned to meet the needs of the local population.

Commissioning

42. It is recommended that:
 - A shared vision for children and young people's mental health and emotional wellbeing is developed, using common terminology.

- A full review of CCG commissioned CAMHS is taken forward in line with the 2014/15 commissioning intention. The review will need to link with the broader work being led by Public Health, which will need to consider how services fit together; adopting a whole system approach, that includes education.
- Meaningful engagement with children and young people and parents and/or carers takes place when reviewing currently commissioned services and developing future services/pathways.
- Pending a review of CCG commissioned CAMHS, the service specification is refreshed.
- Key performance indicators/outcomes are reviewed to ensure they are measurable, unambiguous and collected from routine data capture. Performance dashboard based on CAMHS national data set to be explored, to enable for ongoing performance management and supporting the ethos of continuous improvement.

Recommendations

43. The Health and Wellbeing Board is requested to:

- Support the governance for CAMHS as outlined in Appendix 2.
- Note that the Children and Young People's Mental Health and Emotional Wellbeing group will also provide updates to the Children and Families Partnership.
- Agree that an interim 1-year CAMHS/children and young people's mental health and emotional wellbeing joint commissioning strategy 2014/15 is developed by September 2014, based on available intelligence.
- Agree that a longer term Children and Young People Mental Health and Emotional Wellbeing (including CAMHS) strategy, starting from 2015, is developed as part of the overarching Mental Health Framework - No Health without Mental Health Implementation plan.

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Appendix 1: Implications

Finance

Implication of disinvestment requires further discussion in the context of the Better Care Fund and non-recurrent impact to CCGs.

Staffing

Potential impact on staff, dependent on financial decision.

Risk

Risks related to disinvestment, financial risk to CCGs, commissioner reputation, impact on service capacity.

Risks to effective partnership working, joint planning, decision making and stakeholder engagement specific to CAMHS/children and young people's mental health if no decisions made about governance arrangements and future strategy.

Equality and Diversity / Public Sector Equality Duty

None

Accommodation

None

Crime and Disorder

None

Human Rights

None

Consultation

Partners have been engaged throughout the review.

Procurement

None

Disability

None

Legal Implications

None

Appendix 2

