

**RE-COMMISSIONING COUNSELLING CONTRACTS FOR CHILDREN AND YOUNG PEOPLE**

*To:* **HEALTH COMMITTEE**

*Meeting Date:* **10 November 2016**

*From:* **Liz Robin**

*Electoral division(s):* **All**

*Forward Plan ref:* **2016/063**      *Key decision:* **Yes**

*Purpose:* **What is the Committee being asked to consider?**  
The planned re-commissioning of children's counselling services for Cambridgeshire.

*Recommendation:* **What is the Committee being asked to agree?**

**Key Decision:** To agree to the tender of counselling services jointly with Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) through the Joint Commissioning Unit. To agree to delegating authority to the Director of Public Health, in consultation with the Chair and Vice-chair of the Health Committee, to commit funding at the time of the award of the contract.

<b><i>Officer contact:</i></b>	
Name:	Emma de Zoete
Post:	Consultant in Public Health
Email:	<a href="mailto:Emma.DeZoete@cambridgeshire.gov.uk">Emma.DeZoete@cambridgeshire.gov.uk</a>
Tel:	01223 699117

## **1. BACKGROUND**

- 1.1 Around 50% of lifetime mental illness starts before the age of 14 and continues to have a detrimental effect on an individual and their family for many years. Potentially, half of these problems are preventable.
- 1.2 Some children are more vulnerable to mental health problems than others with a number of particular risk factors increasing vulnerability.<sup>1</sup> For example, those from low-income households; families where parents are unemployed or have low educational attainment; being looked-after by the local authority; having a disability (including learning disabilities); originating in gypsy and traveller communities; within the criminal justice system; with substances misusers; and having a parent with a mental health problem.
- 1.3 Many children experience more than one risk factor, and four or five adverse childhood experiences (child abuse, parental depression, domestic abuse, substance abuse or offending) increases the risk of developing mental health problems throughout life.<sup>2</sup>
- 1.4 Nationally, there is drive to improve mental health services for children and young people as set out in 'Future in Mind', and in particular to improve access to evidence based interventions. This work is one element of a wider service redesign using the 'ithrive' model.  
  
NHS England has recently announced that by 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people, with at least 70,000 additional children and young people each year receiving evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions. We are working with colleagues in the CCG to understand what this estimate means locally.
- 1.5 Counselling services for children and young people are an evidence based treatment and should be part of a range of mental health services for children and young people. We estimate that there are approximately 12,827 children and young people aged 5-17 years with a diagnosable mental health condition in Cambridgeshire.

## **2. MAIN ISSUES**

By jointly commissioning counselling services for children and young people across Cambridgeshire and Peterborough we can bring together funding from CCC, PCC and potentially the CCG, to be combined in one contract. This will mean we have a much larger scale contract which will have more impact and crucially increase access for children and young people across Cambridgeshire to support for their mental health. It is estimated nationally that only 25% of children and young people with a diagnosable mental health condition access mental health services and the government aim is to increase this to 35%.

### **Current position**

- 2.2 Public Health currently fund the following counselling contracts for Cambridgeshire totalling approximately £240k a year. Additional funding of £80k a year was agreed in 2014/15 to

---

<sup>1</sup> ChiMat (2011).

<sup>2</sup> New Horizons Confident Communities, Brighter Futures: A framework for developing wellbeing. HM Government March (2010)

extend services in Fenland and Huntingdon.

<b>2015/16</b>			
<b>Area</b>	<b>Provider</b>	<b>Current Contract</b>	<b>Total</b>
Huntingdon and Fenland	YMCA	£52,659.16	£52,659
Cambridgeshire	Centre 33	£137,333	£137,333
Cambridgeshire bereavement services	STARS	£50,660	£50,660
<b>Total</b>			<b>£240,652</b>

- 2.3 These contracts were awarded for three years and expired in March 2016. It was agreed that they should be extended for a further year whilst the system wide redesign of children's mental health was undertaken.
- 2.4 Overall these contracts see at least 1,300 young people a year, with at least 800 of these receiving counselling. However, it has become increasingly clear through feedback from children and young people that they want to have a more flexible service offer, and standard counselling is not suitable for all. For this reason, Centre 33, have agreed new targets which reflect a wider service offer, including drop in sessions, just an initial assessment and goal setting session, further support for those with complex needs beyond 6-8 sessions, and improved access to advice.

### **3. What is proposed?**

#### **The process**

- 3.1 Fortuitously, all the existing counselling contracts in Cambridgeshire and Peterborough have reached the end of their contract period and require recommissioning. For the reasons outlined below we are currently working on jointly commissioning counselling services for children and young people through the Joint Commissioning Unit across Cambridgeshire and Peterborough. This will allow funding from CCC, PCC and the CCG, to be combined in one contract.
- 3.2 This would bring together Cambridgeshire investment of £240k and Peterborough investment of approximately £119k a year. The CCG have agreed to an in-year investment for 2016/17 of £110k (£90k counselling services and £20k on mental health awareness sessions with schools) to widen the Centre 33 service offer in Cambridgeshire. The CCG are considering further investment for 2017/18 and beyond in these services and have planned for this.
- 3.3 Existing funding from each local authority would remain focused on that local authority population, and any additional CCG funding will be split according to weighted need. Peterborough City Council would lead the tender process on behalf of the Joint Commissioning Unit.

- 3.4 As the re-commissioning is likely to seek a contract of three years in length the CCC contribution to the contract will be in excess of £500,000 and therefore we are asking Health Committee to delegate authority to the Director of Public Health to award funding to Peterborough City Council who will be contracting on behalf of CCC and the CCG in this instance, when the award of contract is made.

## **Services**

- 3.4 Recommissioning these services offers the opportunity to re-design services in line with the thrive model in which support is based on a young person's needs. A broader support offer, ranging from advice and signposting to counselling and more intensive support for those with more complex needs will be delivered across the county; this is currently not the case. The service will build on existing models and any additional investment will enable more young people to access services.
- 3.5 Support will be delivered through structured sessions, but also drop-ins to cater for the variable needs of individuals and communities. The service will also make greater use of technology to cater for young people.
- 3.6 Currently counselling provision is for 12-25 year olds in Cambridgeshire, in the new contract this will be extended to 11-25 year olds in recognition of the level of need within the younger age groups. We are also considering potentially expanding the service to children of primary school age, depending on funding and feasibility.
- 3.7 Bereavement support services are provided across the county at present and this will continue to be the case in the new service, recognising the specialist support that these young people require.
- 3.8 Other key advantage of recommissioning services in this way include ensuring consistency of counselling services across Cambridgeshire. Currently we have two counselling providers in Fenland and Huntingdonshire (YMCA & Centre 33), and although we are assured that this does not effect on the ground provision to young people it is not an ideal situation.
- 3.9 We have gaps in service provision, particularly for some at risk children and young people, and in treatment provision for children of primary school age. A larger contract would mean that we may be able to address some of these gaps. It also provides an opportunity to potentially bring together small contracts, such as work providing training and PHSE support to schools, to a scale where they can potentially have greater impact.
- 3.10 Historically there have been issues with recruiting counsellors in some parts of the county and providers working across a wider geography are more likely to generate solutions to this.

## **Implications for existing service providers**

- 3.11 The scale of the contract is likely to be best met by a range of organisations working together, possibly in a consortia arrangement. This will ensure that organisations work closely together on children's mental health, and should combine organisational strengths.

- 3.12 Existing services are in some part provided by volunteers and are in part funded through other grants and charitable fundraising. They are good value for money and therefore we do not anticipate additional efficiencies from the contracts. There is however an efficiency in commissioning manpower in undertaking this retender across both local authorities and the CCG through the Joint Commissioning Unit.
- 3.13 Children's mental health services form part of the 0-19 children's programme and any contract would include the need to work with any future lead provider for 0-19 children's services. Given that the timescales for the 0-19 are well beyond April 2017, we are proposing taking this work forward now.
- 3.14 There are potential implications for the voluntary sector organisations that are currently commissioned to provide youth counselling services. In particular CCC funding accounts for the majority of Centre 33's and STARS existing funding. Removal of this funding could potentially have a significant effect on these organisations. However, this would remain a risk in any recommissioning of these services and the current contracts expired in March 2016.
- 3.15 We do not anticipate that smaller projects such as the 'HeadsUp!' project run by Ormiston or the Alliance counselling in schools provision will be included in this tender.

#### **4. Procurement Timelines**

- 4.1 A draft specification for the tender is being developed with an aim to soft-market test in November with a tender process beginning shortly after.
- 4.2 The procurement timeline means that a longer lead in time is necessary to ensure there is sufficient time to complete the process and enable any new service to be set up. Therefore an extension of the current service provider contracts for nine months has been provisionally agreed until December 2017. The aim would be to have the new service in place for November/December 2017.

#### **5. ALIGNMENT WITH CORPORATE PRIORITIES**

##### **5.1 Developing the local economy for the benefit of all**

There are no significant implications for this priority.

##### **5.2 Helping people live healthy and independent lives**

Section 1 details how this work supports young people to live healthy lives.

##### **5.3 Supporting and protecting vulnerable people**

Section 1 details how this paper addresses supporting and protecting vulnerable young people.

#### **6. SIGNIFICANT IMPLICATIONS**

##### **6.1 *Resource Implications***

The report above sets out significant implications in paragraphs 3.1-3.4, 3.12 and 4.2.

### *Statutory, Legal and Risk*

The procurement process will follow the legal statutory requirements and an exemption to contracts has been agreed to allow for this. The report sets out the implications in paragraphs 3.1-3.4, 3.13 and 4.1-4.2.

### *Equality and Diversity*

The re-commissioning of these services should ensure further improvements in equity of access for children and young people. A community impact assessment has been completed (annex A).

### *Engagement and Communications*

Children, young people, and parents have been involved in the redesign of children's mental health services. They will be involved in the procurement process and there will be engagement and wider communication as appropriate.

### *Localism and Local Member Involvement*

There are no significant implications within this category.

### *Public Health*

This report has been compiled by public health and all public health significant implications are addressed in the report.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Clare Andrews
<b>Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Virginia Moggridge
<b>Are there any Equality and Diversity implications?</b>	Community impact assessment completed (see annex A) Name of Officer: Liz Robin
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Simon Cobby
<b>Are there any Localism and Local Member involvement issues?</b>	No Name of Officer: Liz Robin
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Emma de Zoete

Source Documents	Location
<p>Confident Communities, Brighter Futures: A framework for developing wellbeing. HM Government March (2010)</p> <p>Future in Mind</p> <p>Implementing the five year forward view</p> <p>ithrive</p>	<p><a href="http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114774">http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114774</a></p> <p><a href="https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people">https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people</a></p> <p><a href="https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf">https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf</a></p> <p><a href="http://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf">http://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf</a></p>