

## Re-Commissioning of Counselling service for Children and Young People

To: Health Committee

Meeting Date: 15<sup>th</sup> October 2020

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: For key decisions Democratic Services can provide this reference

Key decision: Yes

Key decision number: 2020/057

Outcome: To endorse a Section 76 Agreement with Cambridgeshire & Peterborough Clinical Commissioning Group (C&P CCG) which would transfer £280,000 of Cambridgeshire County Council (CCC) Public Health funds per annum to contribute to the re-commissioning of children and young people's mental health counselling service led by C&P CCG.

Recommendation: The Committee is asked to endorse a Section 76 Agreement with C&P CCG to lead on the re-commissioning of a new children and young people's mental health counselling service.

### Officer contact:

Name: Raj Lakshman/ Holly Hodge

Post: Public Health Consultant/ Public Health Manager – Children's Mental Health

Email: [Raj.lakshman@cambridgeshire.gov.uk](mailto:Raj.lakshman@cambridgeshire.gov.uk) / [holly.hodge@cambridgeshire.gov.uk](mailto:holly.hodge@cambridgeshire.gov.uk)

Tel: 07905989337/ 07787 346069

### Member contacts:

Names: Councillors Hudson

Post: Chair

Email: [Peter.Hudson@cambridgeshire.gov.uk](mailto:Peter.Hudson@cambridgeshire.gov.uk)

Tel: 01223 706398

# 1. Background

- 1.1 During 2016/17 counselling services for children and young people across Cambridgeshire and Peterborough (C&P) were jointly commissioned between C&P CCG, Peterborough City Council (PCC) and Cambridgeshire County Council (CCC). CHUMS were awarded the contract and commenced service delivery in January 2018. PCC is the lead authority managing the contract on behalf of the three organisations, although it is jointly monitored.
- 1.2 The service model was based on the Thrive Framework, a framework being adopted across Child and Adolescent Mental Health Services (CAMH) locally. The service sits in the 'Getting Help' quadrant, supporting those experiencing mild to moderate mental health issues. Those children and young people (CYP) that sit within the 'Getting Help' needs- based group require specific targeted outcomes-focused interventions.
- 1.3 The contract for the CHUMS Mental Health & Emotional Wellbeing Service for Children and Young People service is due to expire on 30th June 2021 and therefore it needs to be re-commissioned in an appropriate way to ensure the best outcomes for CYP in Cambridgeshire.

# 2. Main Issues

- 2.1 CHUMS on day 1, experienced high referral rates and took 18 months to set up the core part of the contract. In addition the service has not always been quick to respond to changes in the delivery model when data and evidence showed it wasn't working. The challenges led to monthly performance reviews and more broadly a lack of confidence from other mental health providers in the ability to deliver and willingness to work in partnership.
- 2.2 The problems experienced by CHUMS, and more general ongoing feedback from service users and professionals, has highlighted the key challenges with the local mental health system. Children and young people are rebounding around services, and silo working is causing confusion for families and professionals left trying to navigate the plethora of unconnected services.
- 2.3 The 2019 CYP's mental health needs assessment produced by Public Health highlighted further the growing needs and gaps in provision. Covid-19 has enhanced and accelerated collaborations between providers in the CYP mental health system to stop duplication and to start to coordinate their efforts. Initially through joint working on a telephone support line (Fullscope Plus) but also working with Cambridgeshire and Peterborough Foundation Trust on managing high risk cases. This has shown commissioners that a local partnership and collaboration model is a realistic option to better meet CYP's mental health needs in the future.
- 2.4 To address some of the existing challenges the new service needs to provide:
  - A 'single front door' entry to the CAMHS system so that any CYP referred into the service gets the support they need from the most appropriate service, which may not necessarily be a single commissioned service.

- A seamless pathway across the spectrum of need. The system is simplified for service users and referrers so they do not need to navigate a complex system.
- System clinical oversight and quality assurance and evidence base for the services operating within it.

To achieve this it is essential that the service is quickly integrated within the local mental health system, working collaboratively and in partnership with existing services. No single service can provide a solution to the challenges that exist.

- 2.5 The planned changes intend to greatly improve the experience of CYP and families seeking mental health support in Cambridgeshire. The re-commissioned service will differ from the existing service in a number of ways and presents opportunities for better use of resource to offset any negative impacts. These include:
- 2.6 Increased use of online services following on from learnings from service delivery during the Covid-19 pandemic. Prior to Covid-19 there was no online delivery within this service, yet this suits some young people more than face to face delivery. This method of delivery reduces travel costs for staff and the time spent travelling.
- 2.7 Bringing what are currently 3 services together (online counselling, face to face counselling through CHUMS and Children's Wellbeing Practitioners) will potentially lead to reduced overhead costs.
- 2.8 A role of the new service will be as a single point of referral to broader children and young people's mental health services. This aims to reduce the 'bouncing' between services that CYP currently experience. Currently referrals for the same child may also be received by multiple services. Having a single route to services (or 'no wrong door' approach) will increase efficiency and make better use of resources across the whole system.
- 2.9 A number of services have expanded or emerged since the current service was commissioned. For example the Emotional Health and Wellbeing service commissioned by the CCG that works with education professionals offering advice and support in relation to pupil mental health. Since the current complex system with a plethora of providers will be simplified (single front door), therefore some of the original functions of this service will be reviewed. With a possible reduced advice function for this service there can be a greater emphasis on delivering evidence-based 'Getting Help' interventions to more children and young people.
- 2.10 C&P CCG commission the majority of CAMH Services in Cambridgeshire & Peterborough spanning the breadth of the mental health needs. This includes Cambridgeshire and Peterborough Health Foundation Trust (CPFT) who provide a range of therapeutic interventions for children and young people with moderate to severe mental health needs, as well as the Emotional Health and Wellbeing Service that provides advice and support to professionals in schools, working with young people who have a mental health need.
- 2.11 C&P CCG therefore have a wealth of experience and knowledge to draw upon when commissioning a service like this and are best placed to lead the commissioning of a service that will complement and integrate within the wider CYP's mental health service landscape. Although C&P CCG would be leading on the procurement, there will continue to be input from

Local Authority Officers in the commissioning process (including developing the service specification) and ongoing monitoring of the new contract.

- 2.12 PCC are the lead commissioner currently and the shift to the CCG leading the process means that an external agency is appointed to lead the procurement. The main implication for the change in lead commissioner though is that the service will be better aligned to the NHS Long Term plan, metrics and the NHS data monitoring.
- 2.13 This service is overseen by the Joint Child Health Commissioning Board (JCHCB) which has agreed the CCG as the lead Commissioner. Regular, fortnightly or monthly meetings, will be held with the provider throughout the mobilisation period moving to specific contract monitoring meetings and data reports with exception reporting on issues and risks that arise. This also includes Open Book Accounting examining costs and expenditure. These would be more regular at the start of the contract and move to monthly or quarterly when commissioners are satisfied this is appropriate. Public Health and the Children's Joint Commissioning Unit would continue to be an active part in this process together with the CCG. Reports will be taken back to the JCHCB who will maintain oversight of the service.
- 2.14 The service would also report data directly to the mental health services data set via national reporting routes. There will also be a strong emphasis on measuring outcomes relating to the experiences of children, young people and families, rather than focusing on outputs.
- 2.15 Authority is sought to put in place a Section 76 Agreement between CCC and C&P CCG to conduct the procurement on behalf of CCC.
- 2.16 The current contract is £736,000 per annum comprising of the following:
  - Peterborough City Council £220,000 pa
  - Cambridgeshire County Council £276,000 pa
  - Cambridgeshire & Peterborough CCG £240,000 pa

The Cambridgeshire County Council contribution to the new procurement is unchanged.

CCC's contribution going forward would be up to £280,000pa and it would be a 3 years + optional 2 years contract.

### 3. Additional changes to the service being considered

- 3.1 In addition to the changes detailed above, the age range that the service supports is being reviewed. Currently the service supports young people from 4-25 years in Cambridgeshire and 4-18 years in Peterborough. Information is being gathered to establish whether the age range in Cambridgeshire should be aligned to that of Peterborough. In 2019-20 CHUMS provided interventions for 31 young people who were 18-25 years old. Further work is underway to understand whether these young adults could be accommodated within another existing service, and whether more broadly there are services with capacity that can cater for this age group.
- 3.2 Aligning the age range of the service would alleviate confusion about who can access the service, in addition the 18-25 year old age group has quite different needs from a service

and previous attempts to utilise resource to engage this age group, through for example using Costa Coffee venues, have not been successful. The CPFT Psychological Wellbeing Service also offers mental health support for individuals aged 17 years and over via a self-referral route.

- 3.3 It is estimated that half of all mental health problems are established by the age of 14 (Kessler et al. 2005). It would be the intention that the new service is collaborative and designed to learn and respond to complex issues arising in early adolescent years. The intention would be to reduce problems experienced in later adolescence and would hope to be more effective than a broad service covering a larger age range. Furthermore reducing the age bracket would allow more resources to be focused on the under 18s which would allow for a more targeted service.
- 3.4 Further insight on this issue will be sought through the soft market testing process where it will be raised with other professionals and organisations who work within the mental health field.
- 3.5 A lead provider model is being pursued whereby a lead provider is commissioned to ensure clinical oversight, quality assurance and development of a system-wide front door which enables seamless pathways between services across the spectrum of mental health need. The lead provider works with existing local system providers, voluntary sector, communities, CYP and families to have shared goals and priorities to meet the needs in a dynamic sustainable way. This is opposed to a 'Lots' based model which would risk creating a more disconnected landscape.
- 3.6 Through the commissioning process a model that fosters collaborative working across organisations is being sought. Although there will be one lead provider, there will be a requirement to work closely with other organisations including commissioning the voluntary sector to deliver part of the contract.

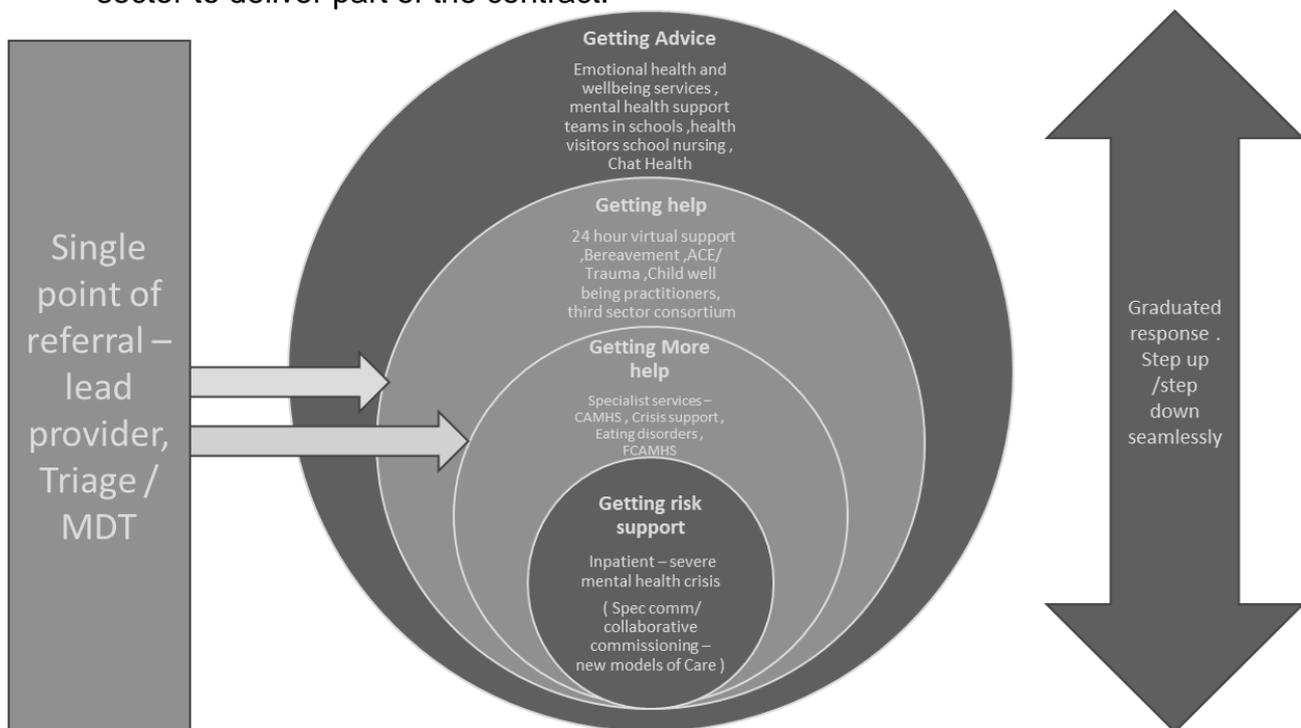


Figure 1 Adapted Thrive Model.

## 4. Alignment with corporate priorities

### 4.1 A good quality of life for everyone

The report above sets out the implications for this priority in Sections 1 and 2.

### 4.2 Thriving places for people to live

There are no significant implications for this priority.

### 4.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in Sections 1 and 2.

### 4.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority.

## 5. Significant Implications

### 5.1 Resource Implications

As detailed in section 2 the CCC investment would remain at £280k per annum and this would be transferred to C&P CCG budget to contribute to the newly commissioned service. Details regarding amounts, timeframes and 'claw back' will be covered in the Delegation Agreement to ensure Cambridgeshire's position is protected and its financial investment is solely used for Cambridgeshire residents.

### 5.2 Procurement/Contractual/Council Contract Procedure Rules Implications

A section 76 agreement permits payments to be made by a local authority to a CCG for expenditure incurred or to be incurred in connection with the performance of prescribed functions. Therefore, under this power a local authority is making a grant payment.

### 5.3 Statutory, Legal and Risk Implications

Legal support will be sought in the drawing up of the Section 76 agreement.

### 5.4 Equality and Diversity Implications

There are no significant implications within this category.

### 5.5 Engagement and Communications Implications

There are no significant implications within this category.

### 5.6 Localism and Local Member Involvement

There are no significant implications within this category.

### 5.7 Public Health Implications

The report above sets out details of significant implications in section 2.

## Implications

## Officer Clearance

Have the resource implications been cleared by Finance?

Yes Stephen Howarth

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?

Yes Gus De Silva

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?

Yes Fiona McMillan

Have the equality and diversity implications been cleared by your Service Contact?

Yes liz Robin

Have any engagement and communication implications been cleared by Communications?

Yes Matthew Hall

Have any localism and Local Member involvement issues been cleared by your Service Contact?

Yes Liz Robin

Have any Public Health implications been cleared by Public Health

Yes Liz Robin

## 6. Source documents

### 6.1 Source documents

- Mental Health and Wellbeing: Pre-birth to Age 25 years Needs Assessment (November 2019)  
<https://cambridgeshireinsight.org.uk/wp-content/uploads/2020/06/CYPMHNA-15.6.20.pdf>
- Thrive Elaborated Second Edition (2016) Wolpert et al.  
<http://implementingthrive.org/wp-content/uploads/2016/09/THRIVE-elaborated-2nd-edition.pdf>

### 6.2 Location

- Mental Health and Wellbeing: Pre-birth to Age 25 years Needs Assessment (November 2019)  
<https://cambridgeshireinsight.org.uk/wp-content/uploads/2020/06/CYPMHNA-15.6.20.pdf>
- Thrive Elaborated Second Edition (2016) Wolpert et al.  
<http://implementingthrive.org/wp-content/uploads/2016/09/THRIVE-elaborated-2nd-edition.pdf>