

Aligning the Age for Counselling services for Children and Young People across Cambridgeshire and Peterborough

To: Health Committee

Meeting Date: 19th November 2020

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: Not applicable

Key decision: No

Outcome: to agree on one of the following options in relation to the children and young people's counselling service that is being re-commissioned:

1. Increase the Cambridgeshire County Council (CCC) contribution by £70,000 enabling young people aged 18-25 to access the service.
2. Keep the CCC funding envelope as £280,000 and reduce the age limit of the service to 18 years (up to 18th birthday) with the older age group receiving the alternative services available to them.

Recommendation: To ensure there is a counselling service up to the age of 25 years with additional funding making this feasible.

Officer contact:

Name: Raj Lakshman/ Holly Hodge
Post: Public Health Consultant/ Public Health Manager – Children's Mental Health
Email: Raj.lakshman@cambridgeshire.gov.uk / holly.hodge@cambridgeshire.gov.uk
Tel: 07905 989337/ 07787 346069

Member contacts:

Names: Councillors Peter Hudson and Anne Hay
Post: Chair/Vice-Chair
Email: Peter.Hudson@cambridgeshire.gov.uk Anne.Hay@cambridgeshire.gov.uk
Tel: 01223 706398

1. Background

- 1.1 At the Health Committee meeting on 15th October 2020 it was agreed that Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) would lead a procurement, working jointly with Cambridgeshire County Council (CCC) and Peterborough City Council (PCC), to deliver children and youth counselling services across Cambridgeshire and Peterborough.
- 1.2 The new service will be operational from 1st July 2021 and the market engagement process is currently underway.
- 1.3 Currently the service, provided by CHUMS Mental Health and Emotional Wellbeing Service is available for those aged 4 (school age) to 25 years old in Cambridgeshire and 4 (school age) to 18 years old in Peterborough. The intention is to align the age range across the service. Health committee raised concerns about reducing the upper age limit for access to the new service from 25 to 18 years in Cambridgeshire.
- 1.4 Half of all mental health problems are established by the age of 14, with three quarters established by 24 years of age¹. Prompt access to appropriate support enables children and young people experiencing difficulties to maximise their prospects for a healthy and happy life.
- 1.5 Between the ages of 16-18 years, young people are more susceptible to mental illness, undergoing physiological change and making important transitions in their lives. The structure of mental health services often creates gaps for young people undergoing the transition from children and young people's mental health services to appropriate support including adult mental health services². The NHS Long Term Plan² recognises the challenges and vulnerability associated with the young adult population and sets out the intention to extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.
- 1.6 The NHS Long Term plan aims to deliver an integrated approach across health, social care, education and the voluntary sector with a clear focus on ensuring provision is available for 0-25s. Aligning to the ambition of the NHS Long Term Plan, the service that is being commissioned therefore needs to work towards ultimately being a 0-25s service.

2. Main Issues

Estimating Need

- 2.1 Based on the 2019 needs assessment for children's mental health there are estimated to be over 13,000 young people (17-25 years old) who have a diagnosed mental health disorder in Cambridgeshire³. The number of diagnosed mental health conditions in children and young people in Cambridgeshire and Peterborough is forecast to grow by 10% between 2019 and 2024. These estimates do not take account of a range of local risk and protective factors for

¹ NHS Digital (2018) Mental Health of Children and Young People in England, 2017 [PAS]. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-youngpeople-in-england/2017/2017>

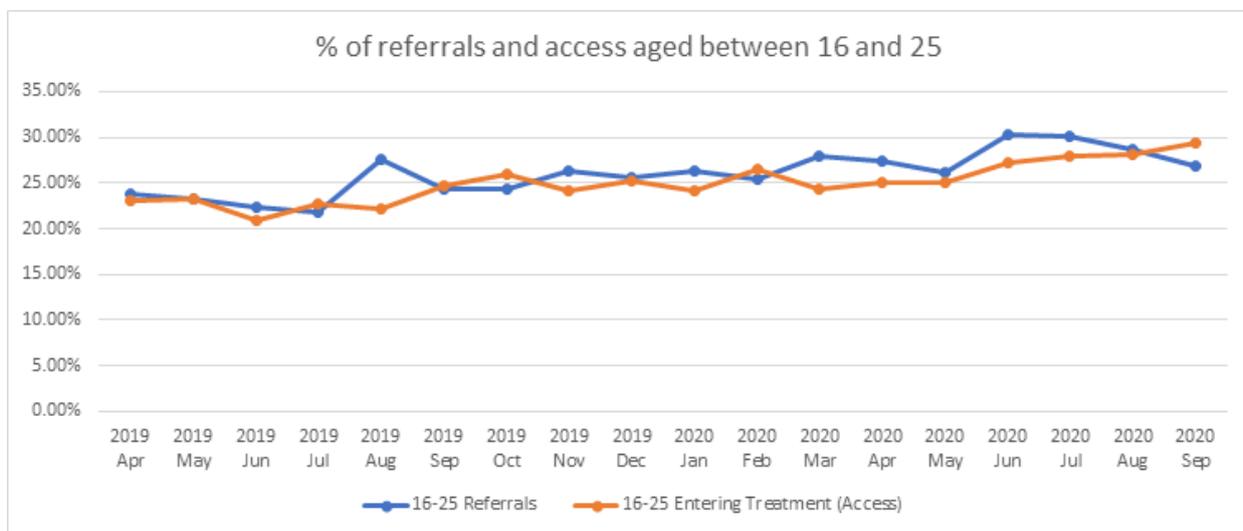
² The NHS Long Term Plan (2019) <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

³ 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>

mental health and are drawn from applying national prevalence figures (based on a large survey) to the local population. They also do not account for the potential impact of Covid-19, particularly considering the effect of unemployment, changes to education, bereavement and isolation on the mental health of this age group.

2.2 As a system we are beginning to see evidence of the impact of Covid-19 on young people accessing services and it is anticipated there will be an ongoing impact. Anecdotal feedback from services suggests there have been some increases in service usage and in some cases the complexity of cases has increased. Within the Cambridgeshire and Peterborough Foundation Trust (CPFT) Psychological Wellbeing service there has been a slight increase in those accessing the service between the ages of 16-25 years old since April 2019 and this been steady since March 2020, as show in the graph below (Figure 1).

Figure 1



Self-harm

2.3 Cambridgeshire has a significantly higher rate of hospital admissions for self-harm than the England rate, and in particular for 15-24 year olds (see Figures 2 & 3 below). Hospital admissions, although helpful as a data source, do not capture the majority of self-harm cases that do not attend emergency settings. Between July 2019-June 2020 21% (41 individuals) of 18-25s referred to the local CHUMS service presented with self-harm.

We are aware as a mental health system there are gaps in provision for individuals with self-harm with some services not accepting young people actively self-harming, and others needing the level of severity to be high for them to reach the threshold of need. A key aim of this procurement will be to ensure that this service bridges the gap in provision, ensuring the service can offer self-harm support for those that need it, but may currently struggle to access the help needed. This will be particularly important for the 15-24s age group.

Figure 2 (source: <https://fingertips.phe.org.uk/>)

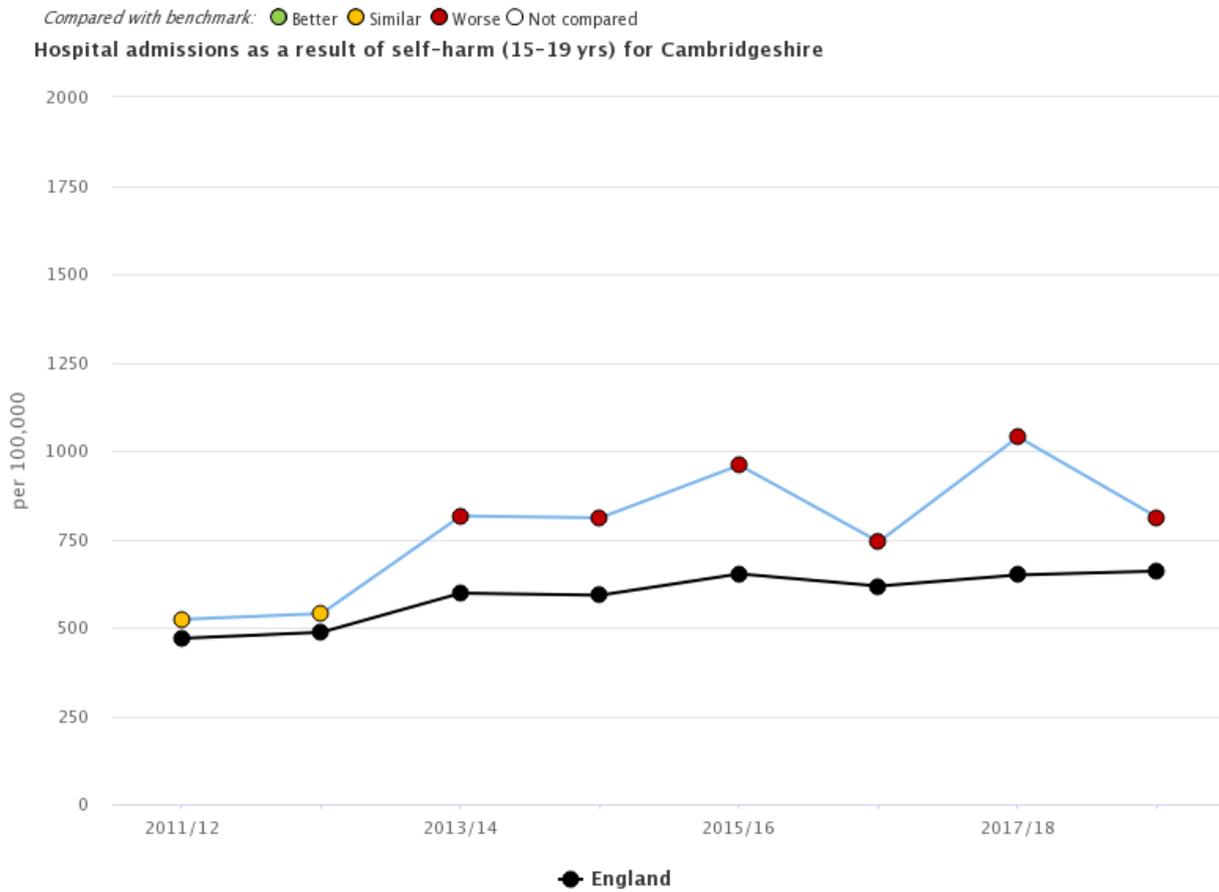
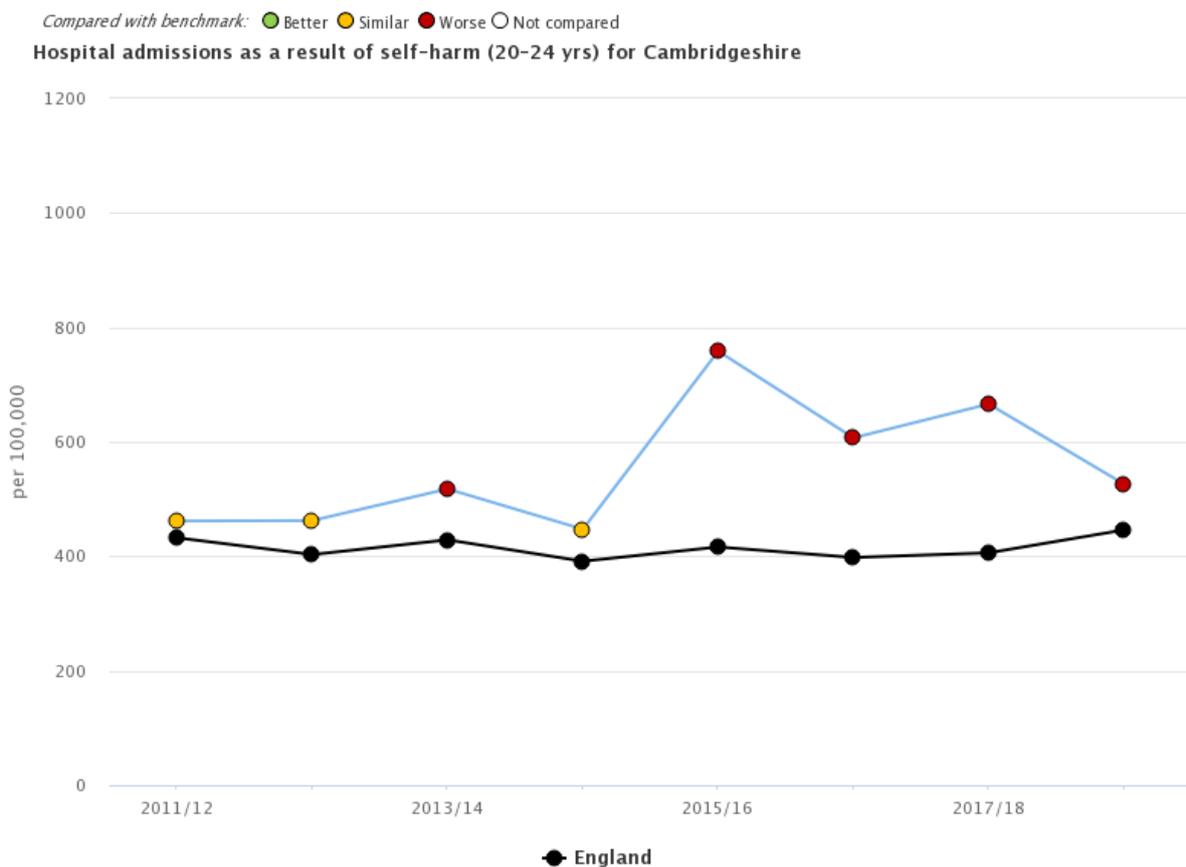


Figure 3 (source: <https://fingertips.phe.org.uk/>)



Existing Provision for 18-25 year olds

- 2.4 A range of statutory and voluntary sector services deliver mental health support for 18-25 age group in Cambridgeshire and Peterborough, some of the key services are detailed below. This does not capture all of the services delivering in Cambridgeshire and therefore some young people may be accessing alternative services that may be privately funded or national programmes, or part of further/higher education or workplace support.

Transitions Pathway

- 2.4.1 In recognition of the challenges of transitioning between child and adult mental health services CPFT community child and adolescent mental health services (CAMHS) upper age limit has risen to 18. The adult mental health age threshold has remained at 17 to provide a period of overlap for transitions to take place more gradually for those that need it.

Transitions Workers and Peer Support Workers were recruited in 2018 with the aim of a more supported and gradual process that minimised the potential negative impact of a care transition at an already vulnerable life stage. Following the introduction of the changes the number of 17 year olds receiving treatment in community CAMHS has increased from 352 in 2016/17 to 582 in 2018/19, with positive feedback from service users.

Adult Psychological Wellbeing Service (Increasing Access to Psychological Therapies [IAPT])

- 2.4.2 The Adult Psychological Wellbeing Service offers support for those living with mild to moderate depression and anxiety disorders. Individuals may access the service directly or by being referred. Across Cambridgeshire and Peterborough IAPT is delivered by 6 providers (CPFT, Insight, Cambridgeshire, Peterborough and South Lincolnshire (CPSL) Mind, Peterborough Children's Services, Lawrence Way, Group Therapy Centre) with 4,321 18-25s accessing the service in 2019/20. For each provider this equated to between 19-29% of those accessing their service. For the largest provider (CPFT), who saw over 3,400 young people, this represented 29% of their service users.

CHUMS

- 2.4.3 Between January 2018 and September 2020 CHUMS provided one-to-one interventions to 63 18-25 year olds which accounted for 4.13% of all the counselling interventions within the service. From the data it is not possible to ascertain how many young people were not accepted by the service. In 2019-20 CHUMS provided interventions for 31 young people who were 18-25 years old. Of the young people presenting to the service between July 2019 and June 2020 the top reasons for referral were depression (28%), anxiety (21%) and self-harm (21%).

QWELL

- 2.4.4 Offers free online support and chat based counselling as well as moderated peer support forums for wellbeing support. The service launched in April 2020 and data available for May 2020 showed that the age with the highest proportion of users was 25 years old (5.19%), as this service develops it will be important to ensure there is linkage with the newly commissioned service and monitor usage within the young adult age group.

Centre 33

- 2.4.5 The 'Someone To Talk To' service offers support for children and young people in Cambridgeshire offering support for a range of issues such as housing and employment, many of these individuals also have an underlying mental health need. The service engaged

with 1,802 young people in 2019 and 2020, with 64% being from the 18-25 age group. Clients accessing the service are most frequently aged 17-20 years.

- 2.5 It is challenging to robustly draw conclusions around how much need is currently being met by service provision without data on all services. Furthermore service usage is not necessarily reflective of need as if it is not appropriate in terms of access, engagement or interventions then it will not be utilised as well as it could be. However, based on the data presented above there is a considerable gap between estimated need and the number accessing some of the core services in Cambridgeshire for this age group.
- 2.6 Community counselling services also provide a slightly different service to more clinical services. The intention is for wide engagement with other services and a holistic approach recognising the breadth of issues affecting this age group and subsequently their mental health. For example it would be expected that services are able to link to support around debt management, job seeking and sexual health services as required.
- 2.7 It is also important to consider the differing needs and development of young people. Some may feel more comfortable accessing a service designed for adults between the ages of 18-25, whereas the needs of others may be better met in a service that is more young-person focused. This is a period of transition so offering choice is important to ensure that needs are adequately met.

3. Resource

- 3.1 The CHUMS service inherited a waiting list when it took over the contract and it has continued to struggle to meet demand with young people waiting an average of 150 days (21 weeks) in Cambridgeshire (data for Quarter 2 of 2020/21) for an assessment, and an average of 20 further days for a 1-to-1 assessment. At times there has been a waiting list in excess of 700 people across the Cambridgeshire and Peterborough service and in some quarters referrals have been in excess of 1,000. During the initial Covid-19 lockdown there was a fall in referrals, with many of the referring sources being closed, which has allowed for a reduction in the waiting list (272 people on the waiting list in the last quarter) and waiting times. The volume of referrals and ensuring quick access to appropriate support has historically been a challenge for similar services too.
- 3.2 Through the market engagement work that has already taken place it has been flagged by providers that the requirements being specified are challenging within the cost envelope. Investment from CCC has remained static for the past 5 years but demand is rising. The Clinical Commissioning Group (CCG) have increased their contribution to the service for this procurement, but this is not new funding and comes from other areas within the mental health system. PCC contribute disproportionately when population size and contract activity are accounted for (currently 220K PCC and 280K CCC). This means that PCC contributes 44% of local authority funding, while children and young people from Peterborough account for only 25-30% of overall contract activity.
- 3.3 Improvements in terms of efficiency are being sought in the re-commissioned service. Greater collaboration between providers is essential with a 'no wrong door' approach and single point of referral so that young people are not rejected or bounced from one service to another. This will improve quality and experience of the service for service users and improve access, but also in the long-term leads to a reduction in wasted resource.

3.4 To align with the longer term vision of 0-25 mental health services, and to meet the growing need of children and young people in Cambridgeshire, the intention as recommended by Health Committee is to create a 4-25s service across Cambridgeshire and Peterborough as part of this procurement. The vision will be to work towards a 0-25s service in the longer term. In order to achieve this, and provide a service that is appealing and appropriate for the 18-25 age group additional investment is required. Without growth in investment any service will struggle to keep pace with the growing number of young people with a mental health need, and there is a risk of detracting resource from the younger age groups and early intervention work.

3.5 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

Currently CCC contribute 56% of local authority funding compared to PCC's 44% which is not reflective of activity levels. Across the different aspects of the service the activity for CCC is 68-71% and PCC is 25-30%.

3.6 To realign the disproportionate split in investment and activity going forward it is proposed that the investment for the re-commissioned service is as follows:

- Peterborough City Council £150,000 pa (decrease of £70,000)
- Cambridgeshire County Council £350,000 pa (increase of £70,000 on current investment in the service)

This would give a 70% (CCC) and 30% (PCC) split that is reflective of population size and activity.

The CCG are also increasing investment to £565,000 but this is not new funding to the mental health system and comes from integrating other services e.g. online services.

This would take the total contract value to just over one million and allow for the extension of the age limit to 25 years.

3.7 Options for the re-commissioning of youth counselling services:

1. Increase the CCC contribution by £70,000, to balance the CCC and PCC contributions appropriately in relation to contract activity. This would enable young people aged 18-25 to continue accessing the service.
2. Keep the CCC funding envelope as £280,000 and reduce the age limit of the service to 18 years (up to 18th birthday) with the older age group receiving the alternative services available to them.

Option 1 is the recommended option as this rebalances the funding appropriately between CCC and PCC and enables a service for 18-25 year olds to continue. While there are other services which 18-25 year olds also access, there is also evidence of significant unmet need for this age group.

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
A request is being made for an additional investment of £70,000 to ensure there is an adequate service for young people in Cambridgeshire.

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The additional investment would form part of the procurement being led by the CCG through a Section 76 Agreement with CCC. The procurement is following appropriate contractual rules and procedures and guided by NHS Shared Business Services who were awarded the contract for procurement input by the CCG.

5.3 Statutory, Legal and Risk Implications
There are no significant implications within this category.

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 and 3.

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 or No Name of Officer:
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>
- The NHS Long Term Plan (2019) <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
- Pro Bono Economics (2018) Economic evaluation of Place2Be's Counselling Service in Primary Schools. <https://www.place2be.org.uk/media/egob0dnv/economic-evaluation-of-place2bes-counselling-service-in-primary-schools-1.pdf>
- NHS Digital (2019) Talking therapies: New statistics show an increase in referrals, numbers starting treatment and recovery rates during 2018-19. <https://digital.nhs.uk/news-and-events/news/iapt-2018-19>
- Curtis, L. & Burns, A. (2018) Unit Costs of Health and Social Care 2018, Personal Social Services Research Unit, University of Kent, Canterbury. <https://doi.org/10.22024/UniKent/01.02.70995>

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>
- The NHS Long Term Plan (2019) <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
- Pro Bono Economics (2018) Economic evaluation of Place2Be's Counselling Service in Primary Schools.

<https://www.place2be.org.uk/media/egob0dny/economic-evaluation-of-place2bes-counselling-service-in-primary-schools-1.pdf>

- NHS Digital (2019) Talking therapies: New statistics show an increase in referrals, numbers starting treatment and recovery rates during 2018-19.
<https://digital.nhs.uk/news-and-events/news/iapt-2018-19>
- Curtis, L. & Burns, A. (2018) Unit Costs of Health and Social Care 2018, Personal Social Services Research Unit, University of Kent, Canterbury.
<https://doi.org/10.22024/UniKent/01.02.70995>