

Policy and Resources Committee

16 February 2016

Title	Child and Adolescent Mental Health - Contract Extension
Report of	Commissioning Director- Children & Young People
Wards	ALL
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 Current Service Provision LBB CAMHS Contract
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Summary

London Borough of Barnet currently commissions elements of local Child and Adolescent Mental Health services provided by Barnet Enfield and Haringey Mental Health NHS Trust (BEHMHT). These elements support and complement existing services commissioned by Barnet Clinical Commissioning Group. The current contract with BEHMHT commenced approximately seven years ago and expires on the 31st March 2016.

In order to ensure that there is continuity of service availability for children and young people, adherence to regulations underpinning procurement and tendering within the European Union, and mindful of the need to deliver a stable service model whilst delivering £200,000 of efficiency savings, a waiver of the Contract Procedure Rules (CPR) is sought in order to extend the contract for one year and a variation to the current contracted specification.

Recommendations

That the Policy and Resources Committee:

1. Approve a waiver of the CPRs and permit a one year extension of the Child and Adolescent Mental Health Services (CAMHS) contract from Barnet Enfield & Haringey Mental Health Trust from 1st April 2016 to 31st March 2017.
2. Note the reduced contract value of £770,000 for which will be in place from 1st April 2016 to 31st March 2017 following approval highlighted above in line with the Council's MTFS.
3. Delegate to the Commissioning Director- Children & Young People, authority to undertake the tendering process for future contract provision

1. WHY THIS REPORT IS NEEDED

1.1 The report seeks to outline the need for a waiver of the Contract Procedure Rules to permit a one year extension of an existing council contract for the provision of Child and Adolescent Mental Health Services (CAMHS) from Barnet Enfield & Haringey Mental Health Trust.

1.2 The report details the existing contracts performance, and outlines the financial environment, procurement approach that is being adopted to support future service delivery for council funded CAMHS.

1.3 Context for the Report

1.3.1 CAMHS in Barnet

1.3.2 High quality and accessible mental health support for children and young people is vital to improve outcomes for children, and by intervening early and building young people's resilience we can improve both life chances for individuals and reduce the reliance (and cost) on public services later in life.

1.3.3 Barnet is now the largest London borough and continues to grow. There are currently 94,940 children and young people in Barnet, increasing by 8.5% to 102,978 by 2018. The increase in children and young people is largest in the south and west of the borough, where there is also a high level of deprivation, child poverty and unemployment as identified in the updated 2015 JSNA.

1.3.4 It is estimated that in Barnet 12,800 young people require tier 1 CAMH services, 5,975 require tier 2 services, 1,580 tier 3 services and 65 tier 4 services. According to National prevalence data (extrapolated to Barnet Population) conduct disorder is present in 5.8% of young people, followed by emotional disorder 3.8% of young people; and the data also suggest a significantly higher prevalence in boys between the age of 5-10 years than girls.

1.4 Child and adolescent mental disorder

- Estimated annual costs of crime by adults in Barnet who had childhood conduct disorder or sub-threshold conduct disorder: £381.8m
- Expenditure rate per 100/000 in Barnet (£1.1m) was mid-range for London boroughs
- Estimated net savings from parenting interventions to every parent of a child with conduct disorder in Barnet would be £28.1m with £22.6m of savings accruing to criminal justice

1.4.1 Social care

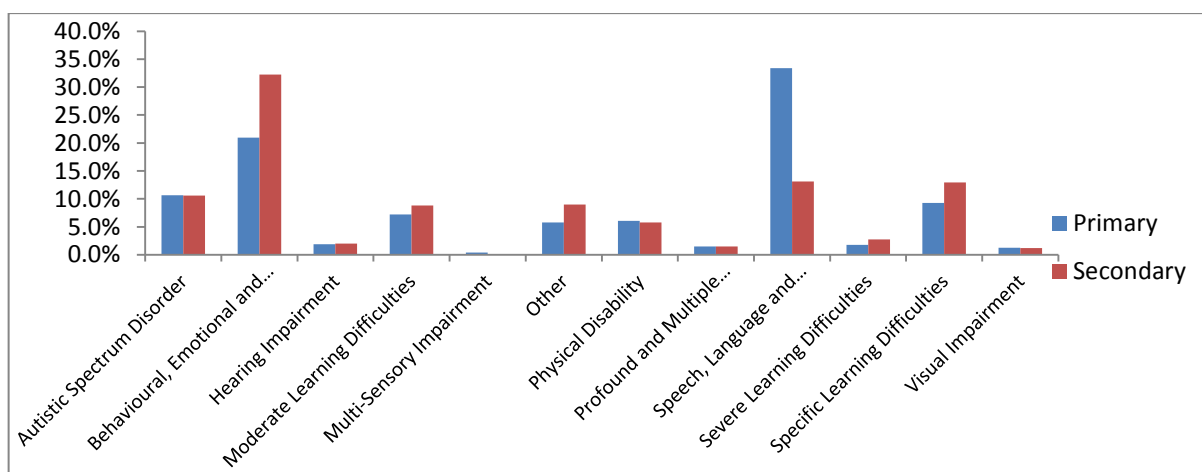
- Social care mental health clients receiving services per 100,000 population in Barnet was mid-range for London

1.4.2 Local level of risk factors/groups

Certain factors are associated with increased risk of mental disorder and poor wellbeing. Addressing such factors can reduce associated risk such as parental

mental disorder which affects more than 36,000 parents in Barnet. Child abuse, another risk factor in Barnet amounts to:

- More than 12,000 11-17 year olds estimated to have experienced abuse
- More than 6,000 under 18's estimated to have experienced non-consensual sexual intercourse or touching before age 16
- Proportion of children and adolescents in Barnet who have experienced different types of abuse who were subject of a Child Protection Plan: 1.6%
- Higher risk child and adolescent groups
 - Looked after children: Average mental health score of looked-after children worse in Barnet (13.9) is similar to national average (13.8)
 - Children with Special Education Need: Higher proportion in Barnet (20.7%) than London (19.1%) or national (18.7%)
- Special education needs: Barnet has four State-funded special schools and three Pupil Referral Units. Across all pupils with Special Educational Needs (SEN) in Barnet, the highest proportion of needs in primary schools are Speech, Language and Communication; in secondary the highest proportion of needs are in Behavioural, Emotional and Social Difficulties.
- Of the 1,751 school aged pupils with special education needs, 57% (997) are in mainstream schools. The graph below shows the percentage of children in mainstream primary and secondary schools with a special education need in 2014.



1.4.3 The table below shows, an estimate of the number of Barnet, children and young people potentially requiring a CAMH service by tiers based on national data. Although the proposal aims to move on from the tiered model, the current need information is presented in tiers as this is how it has been collected historically.

Barnet estimated need for services across the CAMHS tiers for Barnet children under 17 years^[1].

^[1] Children and Adolescent Mental Health Services (CAMHS) – Barnet: (26.01.2015) Dr Neel Bhaduri, DRAFT v2

	Tier 1	Tier 2	Tier3	Tier 4
Barnet	12,800	5,975	1,580	65

1.4.4 Prevalence of Mental Health Disorders in Barnet Children and Young People calculated from national prevalence data where available, estimates are rounded up the nearest five.

1.5 PRE-SCHOOL CHILDREN

1.5.1 Children aged 2-5 years living in Barnet with a mental health disorder estimated to be 4,120 children^[2]

1.6 SCHOOL-AGE CHILDREN

1.6.1 “Prevalence rates are based on the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria, the disorder causing distress to the child or having a considerable impact on the child’s day to day life.

1.6.2 Prevalence varies by age and sex, with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems.

1.6.3 Using these rates, the table below shows the estimated prevalence of mental health disorder by age group and sex in Barnet. Note that the numbers in the age groups 5-10 years and 11-16 years do not add up to those in the 5-16 year age group as the rates are different within each age group”.

Estimated number of children with mental health disorders by age group and sex

	Aged 5-10 years	Aged 11-16 years	Aged 5-16 years
All	2,155	2,965	5,160
Boys	1,470	1,695	3,175
Girls	695	1,275	2,020

Source: General Practice (GP) registered patient counts aggregated up to CCG level (CCG report); Office for National Statistics mid-year population estimates for 2012 (local authority report). Green, H. et al (2004).

1.7 Prevalence Rates of Mental Health Disorders¹

1.7.1 It is important to note that the prevalence dates are out of date, but will be reviewed and plans will be altered in line with the findings from the new perseverance data due out in 2017.

¹ Extracted from Children and Adolescent Mental Health Service (CAMHS) – Barnet (26.01.2015) Dr Neel Bhaduri, Draft V2

1.7.2 As an indication of future service requirements the estimated proportion of children and young people to have conduct, emotional and hyperkinetic and less common disorders in Barnet are as follows:

- conduct disorder: 5.8% (3022, 5 – 16 year olds²)
- emotional disorder: 3.8% (2,014 5- 16 year olds)
- hyperkinetic disorder: 2.2% (1,149, 5 – 16 year olds)
- other less common disorders³ (730)
- overall admission rate (per 100,000) for mental disorders for under 18 years in Barnet is 167.6, which is 2nd highest in London compared with London at 87.1 and England at 87.6 (see below).
- expenditure rate on child and adolescent mental disorder was £1.1m which was mid-range compared to most other London Boroughs
- the most prevalent conditions are Conduct Disorder at an estimated 3,095 5-16 year olds and Mixed Anxiety and Depressive disorder at an estimated 1,405 16 – 19 year olds.
- Nationally known higher rates of mental ill health are found in young people with Learning Disabilities; with Special Educational Needs; who are looked after; homeless or sleeping rough; who attempt suicide or self-harm or; who are in the youth justice system.
- For Children in Need with a disability, the highest percentage had a learning disability (25%) or autism (25%)⁴.

1.8 CAMHS Transformation

1.8.1 Based on guidance outlined in “Future in Mind”,⁵ along with a number of service reviews that have been carried out, Barnet has developed a range of local priorities for services, as well as a number of enablers to achieve change within these services. This has been captured within the recent Barnet CAMHS Transformation Plan that was successfully assured by NHS England in November 2015.

1.8.2 The overarching priorities for CAMHS is to improve access for young people with mental health issues, supporting them at the right time and in the right place with the long term aim to reduce the number of children and young people requiring CAMHS by 2020.

1.8.3 Given the demographic pressures and prevalence rates of Mental ill health for CYP in Barnet is remodelling its service provision and seeking to utilise CAMHS Transformation funding to reframe the nature of the offer available to School settings to improve the sustainability reach and efficacy of services offered.

² Children and Adolescent Mental Health Services (CAMHS) – Barnet DRAFT (14.01.2015) Dr Neel Bhaduri, Draft V1

³ Barnet CAMHS NEEDS ASSESSMENT V2

⁴ Barnet public health 2015 - tbc

⁵ Future in Mind Department of Health 2015

2. REASONS FOR RECOMMENDATIONS

2.1 There are several reasons for the recommendations to waive the Contract procedure Rules to allow an extension of the current contract for a period of one year including:

- i. **Continuous Service availability:** There is a need to ensure a continuity of service for the delivery of CAMHS services given their key position in supporting mental health and wellbeing of children and young people.
- ii. **Timescales for Procurement:** Given that the overall contract value for Council provided CAMHS services is in excess of thresholds requiring a formal procurement process (via the Office of the Journal of the European Union or OJEU) it is a legal necessity to ensure there is an appropriate timescale and officer support to support a formal procurement and tendering process
- iii. **Improved commissioning for better outcomes within a financial envelope:** An extension allows the Joint Commissioning Unit (JCU) to more clearly understand the necessities of the service offer to be procured within the new financial envelope. An extension allows for the development of a locally responsive specification and data reporting flows to be developed. This will ensure that the service more closely meets the needs of Barnet's Children and Young People and that provision utilises the reduced available resources from Central Government to greater effect.
- iv. **Support for a move away from Tiered service provision to needs based services in line with CAMHS Transformation:** Current services are delivered within a formal tiered service structure. Following on from the key strategic drivers of Future in Mind (DH 2015) there is a need to evolve services away from this historic model of service provision and ensure a more needs based approach. The contract extension year will permit commissioners to ensure a specification is developed that more closely meets the needs of Barnet's CYP in light of the recent successful CAMHS Transformation Plan.ⁱ
- v. **Remodelling CAMHS Transformation Plan 2015-2020:** The extension and recommissioning of the council contract will be informed and shaped with Barnet CCG as the Transformation Plan is implemented.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The JCU determined that there was no alternative option available to the council given the background reasons above and the need to discharge its responsibilities and maintain service availability within the constraints of a formal procurement and tendering regulatory framework.

4. POST DECISION IMPLEMENTATION

4.1 The contract extension will permit the JCU to undertake an appropriate and robust approach to the procurement of services and ensure:

- continuous availability of services meeting the needs of some of the most vulnerable CYP in Barnet
- better understanding of and use of resources by commissioners
- Continued capacity within commissioned services that enables the council to continue to meet its statutory duty.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Council's Corporate Plan 2015-20 states that the council, working with local, regional and national partners, will strive to ensure that Barnet is a place:

- of opportunity, where people can further their quality of life
- where people are helped to help themselves, recognising that prevention is better than cure
- where responsibility is shared, fairly
- where services are delivered efficiently to get value for money for the taxpayer

This report supports the Corporate Plan delivery by supporting the delivery of early intervention and prevention CAMHS for the school aged CYP of Barnet and the need to ensure that continuity of service delivery is maintained and current services are developed to ensure a sustainable, value for money, and high quality traded service offer to support schools is developed.

5.1.2 The decision to extend links with council priorities and strategic insights: Health and Well-being Strategy 2016-2020

5.1.3 The health and wellbeing strategy is underpinned by Barnet Joint Strategic Needs Assessment (JSNA) which has shown that there are significant differences in health and well-being across Barnet, between places and between different demographic groups. As a growing and changing borough with less public money available to spend, this strategy aims to reduce health inequalities by focusing on how more people can 'Keep Well' and 'Keep Independent'.

Corporate Plan priority	Contribution of this service
For Barnet to be a place of opportunity, where people can further their quality of life	CAMHS plays a significant role in furthering the quality of life of children who have difficulties with their emotional or behavioural wellbeing at a range of levels.
Where people are helped to help themselves, recognising that prevention is better than cure	CAMHS is available at a Tier 2 early intervention level. However, regardless of the tier, CAMHS can play a role in helping children and young people to address their emotional or behavioural wellbeing at an early stage in their life, which may prevent or lessen mental health issues in their adult lives.

Where services are delivered efficiently to get value for money for the taxpayer	The recommissioning of the CAMHS service provides an opportunity to ensure value for money through market engagement and a competitive tender process.
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5.1.4 LBB seeks to intervene early, tackling problems experienced by children and young people to improve outcomes and reduce the need for more intensive, long term interventions.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The cost of the contract extension from 1st April 2016 to 31 March 2017 as outlined has been assessed as £770,000. This has been agreed with the provider.

5.2.2 Current service provision is outlined in Annex 1 and the current cost to the council of the services commissioned is £970,000.

5.2.3 This equates to a reduction in cost to commissioners by £200,000 against the current service costs.

5.2.4 This cost reduction reflects commissioner actions to address the historic migration of cost and function from one area of the overall LBB CAMHS service portfolio to another and specifically addresses the reduced need to deliver a specific Targeted Mental Health in Schools (TAMHS), which are now provided through generic CAMHS.

5.2.5 Subsequent year's provision makeup and costs to the council of any new contract which could commence at the end of March 2017 onwards will be decided as part of the CAMHS Transformation Plan and within the financial envelope agreed by Policy & resource committee.

5.2.6 A full analysis of resources and impacts will be generated to support the delivery of a contract commencing from April 1st 2017

5.3 Social Value

The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits.

5.3.1 Social value is "the benefit to the community from a commissioning/procurement process over and above the direct purchasing of goods, services and outcomes".

5.3.2 Commissioners have undertaken consideration of the potential positive benefits for Social Value for the proposed works, specifically the need to address the inherent health inequalities and inequity surrounding mental ill health in young people.

5.3.3 It has been determined by the Joint Commissioning Unit that the future service developments will have significant potential impact in terms of additional social value and would best serve the needs of the local community through the development of a sustainable service offer to schools as outlined in section 1 and 2 above. This will have an additional potential social benefit in encouraging providers to innovate and link delivery of CAMHS in education settings with a potential to expand the role of Voluntary and Community Services to augment delivery in future years.

5.4 Legal and Constitutional References

5.4.1 The Council can lawfully extend the CAMHS BEHMHT Contract for one year under Regulation 72 (1) of the Public Contracts Regulations 2015”

5.4.4 Constitution Responsibilities for Functions Annex A sets out the terms of the Policy and Resources Committee, which include:

- To be responsible for the overall strategic direction of the Council including Corporate Procurement (including agreement of the Procurement Forward Plan and agreeing exceptions to CPRs)
- Authorise procurement activity within the remit of the Committee and any acceptance of variations or extensions if within budget in accordance with the responsibilities and thresholds set out in Contract Procedure Rules.

5.4.2 This decision is in line with the Contract Procedure Rules. This report recommends the adoption of a waiver of all of rule 14 (excepting rule 14.1, 14.6 and 14.7 of CPR which are not relevant in this case), which requires the authorisation of the Policy and Resources Committee. Therefore rule 14 of the Councils Constitution will be waived following the Committees approval as the contract is considered materially different and in order to provide service continuity and minimise disruption a waiver of Councils Contract Procedure Rules is required in order to adopt a contract with the provider.

5.5 Risk Management

5.5.1 The JCU has adopted a formal risk minimisation approach to the delivery of council commissioned CAMHS services. This includes analysis of current provision and performance – see section annex 1 below, and liaison with procurement officers within the council and current commissioned service providers. A consultation with Children Young People families’ parents and carers potentially impacted by any service changes will be commenced during the contract extension year to ensure service delivery after 1st April 2017 evolves in consultation with these key stakeholders.

5.5.2 Key risks that are addressed by the contract extension include:

- Reduced disruption to council commissioned CAMHS service provision, providers and networks
- Impact on Barnet’s Children & Young People requiring CAMHS
- Inadequate resource, capacity and timelines to deliver a legally compliant and high quality procurement process under OJEU requirements
- Mitigation of the reduction in commissioning budget by £200,000 (in terms of delivery of services and impact on the local CAMHS providers) through a managed process of refocussing and prioritisation towards a new

specification to be delivered from April 1st 2017.

- 5.5.3** The contract extension period effectively supports the JCU risk management approach and ensures continuity of provision and continued discharge of council statutory requirements including the need to consult on the new service model to be commissioned from April 1st 2017.

5.6 Equalities and Diversity

- 5.6.1** Pursuant to the Equality Act 2010, the council and all other organisations exercising public functions on its behalf must have due regard to the need to eliminate discrimination, harassment; victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between those with a protected characteristic and those without; promote good relations between those with a protected characteristic and those without.

- 5.6.2** The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

- 5.6.3** It also covers marriage and civil partnership with regard to eliminating discrimination.

- 5.6.4** The CAMHS service is available to all children and young people meeting clinical criteria.

5.7 Consultation and Engagement

- 5.7.1** Consultation and engagement will take place from April 1st 2016 as part of the underlying process supporting the development of the new service specification and the procurement and tendering process.

5.8 Insight

- 5.8.1** Insight data has been included in the overall data and service delivery context that has been assessed in preparation of this paper and is referenced in depth in section 1 and 2 above.

6. BACKGROUND PAPERS

- 6.1** None
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