

Forward Plan reference number: FP/852/10/20

Report title: Recommissioning of the Emotional Wellbeing and Mental Health Services for children and young people	
Report to: Cabinet	
Report author: Councillor John Spence, Cabinet Member for Health and Adult Social Care	
Date: 19 January 2021	For: Decision
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County Divisions affected: All Essex	

1. Purpose of Report

- 1.1 The provision of services for Children and Young People's Emotional Wellbeing and Mental Health is a joint responsibility of local authorities and the NHS. Since 2015, the Emotional Wellbeing and Mental Health Service (EWMHS) has been commissioned collaboratively by Essex County Council, Southend-on-Sea Borough Council, Thurrock Council and NHS partners as an integrated service.
- 1.2 This report proposes that ECC continues to work in a collaborative way to commission an integrated service when the existing contract expires in January 2022.

2. Recommendations

- 2.1 Agree to work with Southend-on-Sea Borough Council, Thurrock Council and the seven Clinical Commissioning Groups in Greater Essex (the Collaborative) to scope and re-procure an integrated service for child and adolescent mental health services in Essex.
- 2.2 Agree to participate in a procurement exercise, led by West Essex CCG, to determine the successful provider for the child and adolescent mental health service for an integrated model from 2022.
- 2.2 Agree that the Cabinet Member for Health and Social Care in consultation with the Cabinet Member for Children and Families is authorised to:
 - 2.2.1 agree the procurement process to be followed including the evaluation criteria to be applied;
 - 2.2.2 agree the terms of the contract with the successful provider following completion of the procurement process; and
 - 2.2.3 agree to the terms of the collaboration agreement with the Collaborative.

3. Summary of issue

3.1 The Council and the NHS are each responsible for providing services to improve the emotional wellbeing and mental health of children and young people.

3.2 The services are provided in four tiers, which range from services designed for everyone (tier 1), to complex and critical services (tier 4) which will only be needed by a few people. This service is aimed at those needing Tier 2 and 3 interventions being:

Tier 2: Targeted services e.g. youth offending teams, primary mental health workers, educational psychologists, school and voluntary third sector provider counselling

Tier 3: Specialist services community multidisciplinary teams

3.3 Across Southend, Essex and Thurrock, Tier 2 and Tier 3 services are currently delivered by the North East London NHS Foundation Trust (NELFT) pursuant to a jointly commissioned contract which was awarded in 2015.

3.4 The child and adolescent mental health system is much broader than the recommissioning exercise detailed in this paper and is set in the context of a substantial pool of resource. Around the current EWMHS contract, sits a wealth of non-statutory, early intervention and preventative support, including school mental health teams, the Family Innovation Fund, services commissioned specifically to support children and families during the COVID-19 pandemic and a range of other smaller grants for target groups. These programmes and interventions will continue to enhance and compliment the offer in the wider system to ensure that children and families receive the right support, at the right time and in the best way. Further, it is a priority of the wider all age mental health programme that mental health is high on everyone's agenda and is considered within the commissioning of other services and interventions, for both children and adults, such that the whole system becomes more mental health aware and skilled.

3.5 Following extensive analysis and engagement, the EWMHS commissioned in 2015 was designed with the objective of removing barriers between professionals and cross-service boundaries through the development of integrated care pathways and a seamless step-up and step-down from clinical services.

3.6 The EWMHS is managed by a lead commissioning team, presently hosted by West Essex CCG. This is collectively overseen by the Collaborative through a working group called the Collaborative Commissioning Forum, which comprises senior officers from all 10 commissioning partners in the Collaborative (including the Council).

- 3.7 The existing contract commenced on the 1st December 2015 for an initial three years. Following a contract extension and subsequent variation (FP/770/07/20), the Contract is due to end on the 31st January 2022.
- 3.8 The EWMHS contributes to the delivery of the following Council's strategic priorities:
- To keep vulnerable children safe and help them live life to the full
 - To improve the health of people living in Essex.
- 3.9 The collaborative arrangements have delivered demonstrably positive outcomes for children, young people and their families. This has been monitored through regular performance management meetings overseen by West Essex CCG in their role of host commissioner, overseen by the Collaborative Commissioning Forum. The unified approach has not only made it easier for children and young people, their families, and wider professionals to navigate the single, consistent offer, but has achieved simplification and economies of scale across Southend, Essex and Thurrock.
- 3.10 There have been some important achievements within the current service, including a single point of access which provides screening, directing and/ or signposting for all referrals delivered by staff within a range of differing but complementary skills and competencies, an advice and guidance, consultation and support offer to those referring, including Education, Primary Care, Secondary Care, Social Care, voluntary/ independent sector, young people and their families, and a strengthened role with education, ensuring the education system is well connected and a key partner in the collaborative. The procurement and contract for the new service will be commissioned to achieve these same beneficial outcomes.
- 3.11 There have been improvements in recent months in terms of waiting times for children and young people to be seen for assessment and, where required, in commencing treatment. This is something that is of high priority for continued improvement both in the current contract and in the new commissioning arrangement.
- 3.12 The proposed new contract, which it is proposed will commence on the 1 February 2022, will draw on the successes of the current collaborative approach. Extensive engagement work has taken place with a range of internal and external stakeholders. In the development of the new specification, the Collaborative will also draw on the experience from the ways of working and adaptations for the COVID-19 pandemic, including use of more flexible and digital offerings as appropriate.
- 3.13 The key priorities for the Council, as agreed with the Collaborative Commissioning Forum are that the new service:
- Must emphasise outcomes for children, young people and their families
 - Must improve outreach and inclusion, removing perceived barriers and prejudices if children and young people need to access support

- Must ensure access to services for the most vulnerable cohorts
- Must ensure good access to more intensive provision where appropriate
- Must ensure high, continuing levels of collaboration across the system
- Must include Approved Mental Health Practitioners as part of the contract

3.14 These priorities have been developed into a set of core requirements, which will be built into the new specification. These core requirements include:

- A comprehensive safeguarding approach, training and response.
- An integrated, responsive and evidence-based Tier 2 and Tier 3 Emotional Wellbeing and Mental Health Service across Southend, Essex and Thurrock to all children and young people aged from 0 until their 18th birthday, or 25th birthday for service users with SEND.
- A service that works in collaboration with families/ carers during assessment, care and discharge planning where appropriate.
- An increased focus on wider social-economic issues, with care planning done in conjunction with schools and colleges so that children and young people do not lose out on their education, training or employment.
- More flexibility and localism in the service, with CCG locality-based services to continue.
- Early mental health support which provides information, advice and consultation to the wider children's workforce, parents and young people and is designed to empower the child and parent to support mental health requirements, improving resilience and being better able to support mental health needs in the future.
- Provision for staff working within this contract to be trained as Approved Mental Health Practitioners (AMHPs) and included on the AMHP rota

3.15 The Collaborative will use their experience and learning from the existing contract to develop the specification for the new contract in order to continue to improve services for the local population.

3.16 The Collaborative will act collaboratively in the planning, securing and monitoring of the services to plan services that meet the health and wellbeing needs of the local population. The procurement and management of the commissioning contract will be undertaken in accordance with national policy, service user needs, local needs analysis and clinical developments.

3.17 The procurement of the new service will be co-ordinated by West Essex CCG on behalf of the Collaborative. Each commissioner within the Collaborative will remain responsible for all decisions in respect of this process. The contract will be a multi-commissioner contract, with West Essex CCG being the co-ordinating commissioner. The procurement process will be an open procurement although this will be dependent on the procurement rules applicable in the UK at the relevant time. The evaluation criteria for the procurement is not yet known and it is recommended that the decision to agree the evaluation criteria and the procurement process is agreed by the Cabinet Member for Health and Adult Social Care in consultation with the Cabinet Member for Children and Families.

4. Options

4.1 The following options have been considered and assessed in the course of this recommissioning exercise:

Option	Advantages	Disadvantages
Option A Do nothing	<p>Allows ECC to gain independence and control to review and potentially re-direct funding (e.g. see Option C - ECC to commission their own CAMHS service)</p> <p>ECC could consider re-directing funding to earlier interventions (however we'll be fracturing a partnership and leaving more complex cases vulnerable)</p>	<p>Costly – ECC will cease to be part of the Collaborative Commissioning Forum and would no longer benefit from the economies of scale achieved via the 10 commissioning partners</p> <p>Risk of challenge and reputational damage with all 7 CCGs, Thurrock and Southend local authorities</p> <p>Risk of adverse outcomes for children and young people in Mid, North, West and South Essex especially those who are supported by EWMHS at the time of the end of contract.</p> <p>Risk of children and young people not having access to an integrated Tier 2/Tier 3 service.</p> <p>Risk of children and young people's emotional and mental health needs deteriorating and escalating to Tier 4.</p>
Option B - Recommended Option Agree to continue to work as part of the Collaborative to recommission an integrated emotional	<p>Opportunity to continue to work collaboratively with all 7 CCGs and Thurrock and Southend local authorities.</p> <p>Continue to build on the successes and learnings</p>	<p>Gives ECC less independence and control</p> <p>Less scope for ECC to consider other opportunities, such as re-directing funding to earlier interventions or developing in-house</p>

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<p>wellbeing and mental health service from 1 February 2022.</p>	<p>of the collaborative since 2015.</p> <p>Results in a joined up and integrated service for children, young people, families and other professionals in the system, with a single point of access and well-connected system of support.</p> <p>Economies of scale due to being part of a collaborative of ten partners.</p> <p>Maintains outcomes for children and young people in Mid, North, West and South Essex those who are supported by EWMHS at the time of the end of contract.</p> <p>Access to an integrated Tier 2/Tier 3 service for children and young people in Essex.</p>	<p>provision (e.g. mental health co-ordinators, educational psychologists etc.)</p>
<p>Option C</p> <p>ECC commission their own emotional wellbeing and mental health service for children and young people</p>	<p>Allows for more independence and control for ECC</p> <p>Opportunity to consider developing in-house provision (e.g. mental health co-ordinators, educational psychologists etc.)</p>	<p>Costly – ECC will not be able to benefit from the economies of scale achieved via the 10 commissioning partners</p> <p>Disjointed provision - ECC will need to create a tier 2 service which will reintroduce the barriers previously removed in 2015, with no single point of access to information, advice, guidance and consultations for Essex residents, schools, professionals and</p>

		<p>community/ voluntary sector providers.</p> <p>Gap in access to a tier 3 service for Essex children and young people in Essex Risk of damage to partnership relations'</p> <p>Risk of adverse outcomes for children and young people.</p> <p>Risk of escalating costs (e.g. spot purchasing services as insufficient time to go through procurement, increased demand on A&E, Safeguarding, increasing demand on children and adult services).</p>
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5. Links to Essex Vision

5.1 This report links to the following aims in the Essex Vision

- Provide an equal foundation for every child
- Strengthen communities through participation
- Connect us to each other and the world

5.2 This links to the following strategic aims in the Organisational Plan:

- Help people get the best start and age well

6. Issues for consideration

6.1 Financial implications

- The total forecast budget for the new Service for 2022/23 is £14.2m per annum of which ECC will contribute £1.942m per annum. This is based at 2021/22 prices and reflective of a 1.33% uplift over the current service cost. This is commensurate with the budget within the Medium-Term Resources Strategy. Over the course of the contract annual inflationary uplifts will be applied and subject to guidance on the NHS National Tariff Payment System.
- The remaining parties within the "Collaborative" including; Southend and Thurrock Local Authorities and the seven CCGs will contribute the balance. A

basic principle at the outset of the procurement is to remain within the existing financial envelope and as a minimum no deterioration in service with no windfall gains or losses between parties within the collaborative.

- The alternative of ending the current arrangements with the “collaborative” and NELFT on 31st January 2022 would require ECC to commission their own service for children’s emotional health and wellbeing, thereby creating risk that economies of scale achieved through the current arrangement would be lost and exposing ECC to greater financial cost. As a comparator, the prior model of providing the service which ceased in 2015/16 required ECC to invest just over £2m annually. The projected annual cost of the new service for 2022/23 is £1.942m whilst also delivering the benefits as outlined in 3.9 and 3.10.

6.2 Legal implications

- 6.2.1 The Collaboration Agreement will need to be in the format required by NHS England and will set out the collaboration principles between all of the parties including how risks will be shared and decisions taken. The detail of any risk sharing between the parties is not known at this time, but it is expected that this will be based on the responsibilities of each party and the funding that they are contributing. The Council are not delegating any functions to West Essex CCG and no pooled fund will be created. As the Council will be a signatory to the Commissioning Contract, there will be no need to enter into a partnership agreement under s75 of the NHS Act 2006.
- 6.2.2 The Commissioning Contract will be the NHS Standard Commissioning Contract (version 2021/22). All of the Commissioners will be signatories to the Commissioning Contract. West Essex CCG will act as the Co-ordinating Commissioner. Key decisions under the contract will be taken by the Co-ordinating Commissioner but only in accordance with the terms of the Collaboration Agreement. For example, decisions about imposing sanctions, suspension, termination, disputes will be the type of decisions which will require unanimous consent of all of the Commissioners.
- 6.2.3 The contract will be for a duration of 7 years with the right to voluntarily terminate at predetermined break points. There will be an option to extend the contract beyond its initial term for a maximum of three one-year extensions.
- 6.2.4 West Essex CCG will co-ordinate the open procurement process on behalf of the Collaborative, however each Commissioner remains responsible for all decisions in respect of this process. The process is subject to the Light Touch regime set out in the Public Contracts Regulations 2015 and further detail on the procurement process and evaluation criteria will be the subject of a separate decision.

7. Equality and Diversity implications

- 7.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 7.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 7.3 The equality impact assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

8. List of appendices

Equality Impact Assessment