



Proposal no.	CS002
Directorate	Children's Services
Service Name	Children's Social Care
Area of Service	Advice and Screening

Subject:	Proposal to Reduce the Cost of Child and Adolescent Mental Health Services	Cabinet Member:	Cllr Donna Martin
Report of:	Director of Children's Services		

1 Recommendations

- 1.1 Members are asked to consider the following proposal.
- 1.2 The proposal is to reduce the cost of Child and Adolescent Mental Health Services (CAMHS) to deliver a £200k reduction in the budget allocated within Children's Social Care.

Reason for recommendation

- 1.3 The current arrangement for the provision of a CAMHS in Rochdale is based on Children's Social Care and within CAMHS some of which is currently delivered by Pennine Care NHS Foundation Trust. In addition Children's Social Care contributed £227k (in 2013/14) for the provision of a more 'generic' CAMHS service to respond to the needs of children and young people who live with their family and on the 'edge of care'.

2 Background

- 2.1 The responsibility to meet the health needs of cared for children are split between those of the NHS/CCG and Local Authority via statute under the Children Act 1989 and statutory guidance issued by the Departments for Health and Education. It is proposed through a more robust joint commissioning arrangement between the council and the CCG which is clear in its focus, priorities and contract monitoring will reduce duplication, remove inefficiencies and deliver on-going savings of £200k; without compromising the welfare of children and young people.
- 2.2 One in ten children aged five to 16 have a clinically significant mental health problem. Some of the problems most relevant to children and young people include emotional disorders (e.g. phobias, anxiety, and depression), conduct disorders (e.g. severe defiance, and physical and verbal aggression, persistent anti-social behaviour, autism spectrum conditions (ASC) and substance misuse problems. Many of these

problems are common features for cared for children who are often over-represented in adult mental health services later in life.

National prevalence data produced by ChiMat (Child and Maternal Health Intelligence Network) in 2012 has been used to estimate the number of children and young people within the Borough who may have emotional and mental health disorders; these are reflected in fig 1.

Fig 1: Estimated number of children & young people with mental health disorders by age group and sex.

Children aged 5-10 years	Young People aged 11-16 years	Boys aged 5-10 years	Boys aged 11-16 years	Girls aged 5-10 years	Girls aged 11-16 years
2420	3860	1610	1200	815	1775

Not all children and young people who experience emotional or mental health issues need to access specialist (tier 3) CAMHS service. Figure 2 provides an estimate of the numbers of children and young people that we could expect to support at each tier.

Fig 2: Estimated number of children & young people who may experience mental health problems appropriate to a response from CAMHS.

Tier 1	Tier 2	Tier 3	Tier 4
7610	3550	940	40

Rochdale has high numbers of cared for children in comparison to the national average. As of 1st April 2014 there were:

540 cared for children (314 were subject to care orders; of which the greatest number are aged 5-10 years). This figure has since reduced to 527 and has been on a downward trajectory since January 2014.

50 children placed for adoption.

83 children are subject to public law proceedings. This number has also fallen in the last 4 months.

2.3 The above information illustrates that the vast majority of children require low levels of support at an early help stage which can be delivered through universal and targeted services rather than through a specialist provision. There remains however a need for to continue to play a key role in jointly commissioning CAMHS to ensure those services are responsive to the needs of the most vulnerable children.

2.4 The Service Specification for CAMHS has been jointly reviewed in 2014, and this has provided the opportunity to refine and provide a clearer set of priorities, expectations and stronger contract monitoring arrangements. It is proposed effectively move from two separate services into a more integrated approach. It is estimated this can be

achieved and deliver a £200k reduction in the budget allocation. This would in part be achieved by deleting 4 posts that have been vacant for some time, the absence of which has not negatively impacted on the delivery of provision.

Alternatives considered

- 2.5 This proposal which involves working in partnership with the CCG to commission CAMHS for the most vulnerable residents of Rochdale Borough represents the best value for money; ensuring the council's statutory duties are met. Any alternative would require the Council working 'independently' of the CCG and likely to result in greater costs and a fragmented service for service users.
- 2.6 Members could decide not to take the proposal forward and identify alternative savings proposals.

3 Financial Implications

- 3.1 There are currently 3 social worker vacancies within the CAMHS team and that would contribute towards the savings along with a transfer to a single service. Alongside this, the Service Level Agreement budgets within CAMHS for Pennine Acute Services have savings of £78k.
- 3.2 Table 1 provides details of the reduction of CAMHS budgets within Children's Social Care Service to deliver a saving of £200k per year. The remaining budget of £515k will contribute to jointly commissioning a service that is fit for purpose alongside the CCG.

This reduction would represent 28% of the current budget spend on CAMHS.

	Savings 2015/16 £k		Savings 2016/17 £k		Total savings £k	
	On-going	One off	On-going	One off	On-going	One off
Employees	122				122	
Other Costs	78				78	
Income lost						
Net savings	200				200	
Additional income generated						
Total savings	200				200	
Implementation costs						
Total savings less implementation costs	200				200	

Financial and potential staffing impact on another service

- 3.3 There is no impact on another Service.

Voluntary Sector financial impact

3.4 There is no anticipated impact on the voluntary sector as a result of these proposals.

Asset implications

3.5 There are no anticipated asset implications.

4 Legal Implications

4.1 The council needs to ensure that it consults with residents of the Borough service users and stakeholders as part of the review process to fulfil its best value duties under the LG Act 1999 before it commissions a new CAHMS service. The council should also consider whether it has a requirement under the Public services social value Act 2012 to consult stakeholder groups on social value outcomes prior to going out to tender.

4.2 The council must ensure that it remains open minded throughout the consultation period to all alternative proposals and expressions of interest. the CAMHS service.

4.3 Consideration will need to be given with regard to the governance arrangements for the discharge of the local authority functions under the joint arrangements for the delivery of the services.

5 Personnel Implications

5.1 The proposals within this report will have staffing implications which could include the potential for TUPE transfer. Workforce consultation will be required when the position has been confirmed, following discussions with Pennine Care. As outlined above there are currently vacant posts which will not be filled. If any remaining staff are affected by the changes and were at risk, they would have the opportunity to be considered for other vacant social work posts in the service. Support will be provided in accordance with the Personnel Policy Framework.

6. Risk Assessment Implications

6.1 The proposal to reduce the level of resources commissioned is based on up to date information about local need. The proposed changes will deliver a lower cost service, based on evidence of increased needs at levels one and two that can be met through alternative approaches to those that have previously been provided. Risks are therefore relatively low.

7. Equalities Impacts

Workforce Equality Impacts Assessment

7.1 This proposal may have staffing implications and will be included in a full equalities impact assessment to be undertaken on the employees within the identified groups of staff. This analysis will be reported separately to Members.

Equality/Community Impact Assessments

7.2 There are no significant equality/community issues arising from this report; the proposals will bring together the services that are currently delivered separately and

reduce duplication. It is proposed that the referral pathways and access points will remain unchanged, therefore minimising the potential disruption for service users. The amount of service delivered will not reduce because savings are being achieved from posts that are currently vacant.

- 7.3 In addition a supporting performance/assurance framework will be put in place to monitor the performance and delivery of the proposed provider.

8. Consultation

In addition to the proposed public consultation arrangements, there will be consultation with:

1. Trade Unions
2. Directly affected staff
3. 'Listen-up' group as representatives of Rochdale's cared for children
4. Corporate Parenting Board
5. Foster carers and residential care providers
6. Mental health charities

EQUALITY IMPACT ASSESSMENT FOR SAVINGS PROPOSALS

1. Please state the name of the officers leading the EIA.
Paul Marshall, Assistant Director and Julie Daniels, Head of Service.
2. Who has been involved in undertaking this assessment e.g. list the stakeholder groups which have been involved?
None to date. The proposed groups once approval for the savings proposal has been given would be: Service User Groups. Children in Care Council (looked after children). The Den (CAMHS user group). Pennine Care – current provider of CAMHS.
3. What is the scope of this assessment?
Children's Services provide and commission a range of child mental health provision to meet the needs of children on the 'edge of care' and already 'cared for' by Rochdale MBC. It is proposed, within the scope of this assessment, to consider the integration of CAMHS services for 'cared for children' with that for children on the 'edge of care' and for this to be subject to a single commissioning/contract arrangement that complies with the Council's procurement rules.
4 a). What does the function currently do? b). Describe the needs which this service meets?
The CAMHS service for 'cared for children' currently offer a 'drop in' service for Children's Social Care staff and foster carers to enable them to promote stability of their living arrangements and meet any presenting or emerging mental health needs. In addition, the service provides direct intervention with children and young people who require therapeutic intervention. This tends to be delivered by the staff employed from within Children's Social Care. In addition the CAMHS will provide an emergency response/assessment to children and young people at risk of harm (i.e. in hospital or requiring an highly specialised intervention or hospital admission due to mental health needs) and an appointment based response to children and young people with emerging or presenting mental health needs but who are not 'cared for'. Subject to the findings of the assessment an intervention, sign-posting or intervention would be provided. There are currently reported no waiting lists.
5. What proposed changes do you wish to make?
It is proposed to integrate under a single management structure the services to 'cared for' children which are currently delivered by staff employed and managed via Children's Social

Care with those provided by the CAMHS, which is delivered via Pennine Care. This will allow for a greater 'skill mix' and distribution of 'workloads', improved joint working and access to 'expertise' and more importantly a more tailored made response to all children and young people irrespective of their legal status i.e. children 'in need' and on the 'edge of care' (highly likely to become cared for) or are already 'cared for' by Rochdale MBC.

6. Who are the key stakeholders who may be affected by the proposed changes?

Service users and their parents and/carers.
Providers.
Staff employed by RMBC.

7. What impact will this proposal have on all the protected groups?

Race Equality

There is an under representation of children 'cared for' from minority ethnic groups. Notwithstanding this, it is not envisaged there will be any negative impact on this group of children/young people because the proposal is not seeking to change referral/access points; rather the integration of service delivery.

The integration of services may improve skills and knowledge of the needs for children from ethnic minority groups for all staff involved in the delivery of a mental health service due to closer working/management and supervisory arrangements. In the event there is a specific need identified within the assessment undertaken, arrangements would be made to ensure the service provision is sensitive to any identified race equality issues.

Disabled People

As service users will still be able to access services via existing and established pathways there will be no adverse impact on this group from the proposal to reduce the costs of a CAMHS via the integration of services and improved commissioning arrangement. In the event there is a specific need identified within the assessment undertaken, arrangements would be made to ensure the service provision is sensitive to any identified disability.

Carers

As service users will still be able to access services via existing and established pathways there will be no adverse impact on this group from the proposal to reduce the costs of a CAMHS via the integration of services and improved commissioning arrangement.

In addition, the proposed specification for the commissioning contract includes the continuation of offering advice and support to carers looking after 'cared for children'.

With regard to children and young people on the 'edge of care' the provision of advice and support will be subject to the findings of an assessment of need; as is the current arrangement.

Gender

As service users will still be able to access services via existing and established pathways there will be no adverse impact on this group from the proposal to reduce the costs of a CAMHS via the integration of services and improved commissioning arrangement. In the

event there is a specific need identified within the assessment undertaken, arrangements would be made to ensure the service provision is sensitive to any identified gender issues.

Age

As service users will still be able to access services via existing and established pathways there will be no adverse impact on this group from the proposal to reduce the costs of a CAMHS via the integration of services and improved commissioning arrangement. In the event there is a specific need identified within the assessment undertaken, arrangements would be made to ensure the service provision is sensitive to any identified age related issues.

Armed Forces and Ex-Armed Forces Personnel

As service users will still be able to access services via existing and established pathways there will be no adverse impact on this group from the proposal to reduce the costs of a CAMHS via the integration of services and improved commissioning arrangement. Consideration would be given the presenting needs/circumstances within the assessment to ensure any subsequent intervention is reflective of the child/families residence.

Religion or Belief

As service users will still be able to access services via existing and established pathways there will be no adverse impact on this group from the proposal to reduce the costs of a CAMHS via the integration of services and improved commissioning arrangement. In the event there is a specific need identified within the assessment undertaken, arrangements would be made to ensure the service provision is religious and belief sensitive.

Sexual Orientation

As service users will still be able to access services via existing and established pathways there will be no adverse impact on this group from the proposal to reduce the costs of a CAMHS via the integration of services and improved commissioning arrangement. In the event there is a specific need identified within the assessment undertaken, arrangements would be made to ensure the service provision is sensitive to any issues arising from a service user's sexual orientation.

Gender Reassignment

As service users will still be able to access services via existing and established pathways there will be no adverse impact on this group from the proposal to reduce the costs of a CAMHS via the integration of services and improved commissioning arrangement. In the event there is a specific need identified within the assessment undertaken, arrangements would be made to ensure the service provision is sensitive to any issues associated with a service user who has gender reassignment needs/issues.

Pregnant Women or Those on Maternity Leave or Those who have given Birth in the Previous 26 weeks

As service users will still be able to access services via existing and established pathways there will be no adverse impact on this group from the proposal to reduce the costs of a CAMHS via the integration of services and improved commissioning arrangement. In the

event there is a specific need identified within the assessment undertaken, arrangements would be made to ensure the service provision is sensitive to their status as pregnant or a new parent.

Marriage or Civil Partnership

As service users will still be able to access services via existing and established pathways there will be no adverse impact on this group from the proposal to reduce the costs of a CAMHS via the integration of services and improved commissioning arrangement. Whilst the vast majority of service users are not likely to be married or in a civil partnership, there may be issues identified for their carers/parents who are. Consequently In the event there is a specific need identified within the assessment undertaken; arrangements would be made to ensure the service provision is suitably.

8. Conclusions and Recommendations.

What are the main conclusions from this analysis?

There are no significant issues have been identified that will impact on protected groups as a consequence of this proposal. Whilst there are no reported waiting lists, there is potential that through the loss of capacity there may be an impact on accessibility for all groups including those that are protected. However to mitigate this, the proposal does accommodate a triage/assessment arrangement and capacity to respond to service users according to their presenting need. In addition there will be a performance monitoring/assurance arrangement in place to ensure service standards are maintained.

What are your recommendations?

- That the specifications for the new services are sensitive and responsive to the specific needs of children and young people; specifically those from protected/vulnerable groups.
- That there are clear communication arrangement in place to promote the transitional arrangement and service needs, response times are made clear and service standards.

What evidence do you have which demonstrates that these measures will be effective?

Previous commissioning of sensitive services has been able to monitor and ensure the needs of vulnerable children/young people are met and provision is sensitive of individual needs.

In addition, previous integration of services have shown that the transition of service users to new services can be sensitively and successfully handled to ensure that they continue to have their needs met.

9. Please provide details of who you will consult with on the proposals and the methods which you will use to consult. State your consultation and inclusion methodology.

The Consultation and Inclusion Methodology Used.

We will consult with existing service users via existing consultation routes
We will consult with existing service users groups e.g. The Den and Listen Up
We will consult with stakeholders.

The consultation will make use of focus groups, written information and via the council website.

10. Produce an action plan detailing the mitigation measures that you propose to put in place to address any adverse impacts.

This section will be completed following the consultation process.